

NORTH YORKSHIRE COUNTY COUNCIL**CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE****Winterbourne Concordat Review****22 January 2015****1. Purpose**

1.1 The purpose of this report is to provide assurance that the requirements of the Winterbourne Concordat are being met, inform the Committee of the progress made over the last 12 months and highlight issues for consideration.

2. Background

2.1 In 2011 a Panorama programme exposed evidence of abuse of some individuals with learning disabilities, who were living in Winterbourne View. Winterbourne View was an Assessment & Treatment Unit, privately run by Castlebeck Plc. An enquiry was held and in December 2012 the Department of Health published The Winterbourne Concordat 'Programme of Action'. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. Each organisation has a commitment to take forward the agenda.

2.2 The Winterbourne concordat required Health and Social Care commissioners to work together to ensure services commissioned for people with Learning Disabilities (LD), Autistic Spectrum Disorder (ASD) and challenging behaviour were safe, of good quality and meets the individual needs of each person.

2.3 In July 2013 the Winterbourne View Joint Improvement Programme asked each Local Area to complete an initial stocktake of progress against the Winterbourne concordat commitment. The stocktake asked about the following:

- Partnership working
- Understanding the money
- Case Management of individuals
- Current review programme
- Safeguarding
- Commissioning arrangements
- Developing local teams and services
- Prevention and crisis response
- Understanding the population
- Children and adults – transition planning
- Current and future market requirements

2.4 This report identifies progress and outlines the current position against each of the above categories. I have included, as Appendix 1, the report to Health and Well Being Board November 2014, as evidence of the Boards preparedness and commitment to this agenda. There is some unavoidable duplication in the narrative.

3. Progress to date

3.1 Partnership Working

A Winterbourne Implementation Group (renamed Transforming Care in line with national changes) has been established (chaired by Janet Probert, Director of Partnerships, Partnerships Commissioning Unit- PCU) and includes North Yorkshire County Council, City of York Council, Tees Esk Wear Valley Foundation Trust, Leeds and York Partnership Foundation Trust, chair of the North Yorkshire Learning Disability Partnership Board and Inclusion North. The group has developed an Action Plan to address each area highlighted in the Stocktake. The aim of the group is:

- To ensure the necessary evidence to provide assurance that the Winterbourne Concordat is delivered
- To be a champion for continuous improvement, aspire to excellence and to be the best in the treatment and care of those who are vulnerable.

To support the implementation of the Action Plan, Operational Groups are in place to co-ordinate the reviews of individuals and ensure a joint approach.

A Joint Strategy Commissioning Group for out of area placements has been established to analyse the feedback from the reviews, identify any themes or gaps and implications for commissioning of services and how commissioners will work with the Independent sector to ensure the correct provision of services are available within North Yorkshire to meet people's needs. This group is accountable to the Transforming Care group, however each partner also reports to its respective organisation on commissioning needs and outcomes. See appendix 2 for structure

3.2 Understanding the Money

Each organisation can identify the spend on those funded. There are currently no pooled budgets. The focus at this time is on ensuring each person is reviewed and being cared for appropriately. The development of pooled budgets will be considered at a later stage.

3.3 Case management of individuals and the review process

3.3.1 Health funded placements:

As of October 2014 the total number of people with Learning Disability (LD) and/or Autistic Spectrum Disorder (ASD) in receipt of NHS funded care is 444 across North Yorkshire (NY) and York. 368 are from NYCC area.

Of this total the total number of people in in-patient hospital settings is 21. Sixteen of these are in the two in-patient units White Horse View (Easingwold) and Oak Rise (York). All of these have been reviewed in the last six months. Nine of these are due to be discharged to community settings before June 2014.

Those who are not due to be discharged remain in the hospital setting because they are either on a section under the mental health act or their needs are considered to be too complex to move to a community setting at this time.

351 of the total are in residential placements and 81 of these are placed outside of North Yorkshire and York. No placements have been to residential settings out of area in recent months.

Of the 444 in receipt of NHS funded care 282 people are jointly funded between health and social care.

3.3.2 NYCC Social Care Placements

1. NYCC have 353 people placed out of area as of October 1st 2014 and 111 of these have LD/ASD. In the February report there was 318 people placed out of area, 115 of which were people with LD/ASD. 11 people with LD/ASD have been placed out of area since August 2013. Of the 353 placed out of area 312 are within an approx. 50 mile radius of the North Yorkshire Borders. The majority of people have moved out of North Yorkshire to be close to their families, or through personal choice

See appendix 3 for map of NYCC out of area placements.

2. NYCC and PCU have invested in extra capacity to carry out the reviews of those out of area in line with the Winterbourne concordat.
3. The NYCC Operational group has drafted guidance for staff on 'What a good review should look like'. This was used by NYCC and PCU to develop a joint checklist for the reviews of individuals to ensure a consistent approach is taken.
4. NYCC has taken the position of undertaking a complete reassessment of all people placed out of area. By June 2014 all reassessments had been completed.
5. Of those with LD/ASD placed out of area all have been reviewed
6. The reviews have confirmed that the majority are in safe and appropriate placements and a move back within North Yorkshire and York would not be in their best interests.
7. However at present 15 people with LD/Autism have been moved back into area and 2 have moved closer to North Yorkshire which has been positive and of benefit to the person and their families.
8. Pen pictures have been completed of all people with ASD or LD who live out of area. 21 people have indicated they would like to return to area or move to a more community based living arrangement within the area they are currently living. NYCC is working with these individuals to develop an appropriate plan to achieve this aim.

3.4 Safeguarding

1. Before someone is placed with a provider a check is made on the CQC status and for any safeguarding issues. This is recorded on the Winterbourne registers. Whenever someone is reviewed the checks are repeated.
2. If a safeguarding alert is raised colleagues within health and social care, commissioners, operational staff and safeguarding leads work closely to make sure the appropriate action is taken to ensure the safety of the individual. This is via direct communication between the safeguarding leads, the operational groups or multiagency safeguarding groups.
3. If concerns are picked up through the review of an individual discussions are held with the safeguarding team staff to agree any actions that need to be taken.
4. NHS England has developed a protocol for the notification of NHS Out of Area Placements (including Continuing Healthcare). This protocol is being implemented by the PCU. This enables local and out of area commissioning services to work together and communicate information, including escalating concerns about the quality of care and incidents.
5. NYCC engage fully with other Local Authorities in accordance with recommended national guidance whenever contacted by other Local authorities (Las). However, there have been some situations identified where other LAs safeguarding arrangements delegate the investigation process to care providers which can be unsatisfactory. NYCC are monitoring this process.
6. Safeguarding training is offered to all providers in the area. This is monitored and actions taken where a provider has low take up of the training.
7. Regular reports on the progress against the Winterbourne Concordat are presented to the Safeguarding Adults Boards and the North Yorkshire Learning Disability Partnership Board.
8. It is recognised that there is a need to identify those living within NY who are funded by other LA and CCGs. A register is currently being developed to support this.

3.5 Commissioning arrangements

The Joint Strategic Commissioning Group has identified the commissioning requirements informed by the outcome of the reviews and is currently developing joint commissioning plans.

3.6 Developing local teams and services

One of the issues being raised through the review process is the access to advocacy services, both in area and when someone is placed out of area.

In area: NYCC and the CCGs jointly commission Advocacy services from the advocacy consortium. The services reported that demand was high and on occasion some people have had to wait up to about 2 weeks.

The CCGs and NYCC will look at how the views of service users and carers can inform the continuous improvement of these services. Questionnaires have been used to gain more feedback from people who have used the service.

Out of area: we are monitoring through the winterbourne registers take up of independent advocacy for people living out of area. We ensure everyone has undertaken a mental capacity assessment and had a Best Interests meeting and decision where appropriate. Independent advocacy is commissioned on an individual basis.

3.7 Prevention and crisis response

1. The development of s136 Places of safety in Scarborough and York will ensure those being detained will be supported appropriately in health services and not detained in police cells. This will include those with LD/ASD and other vulnerable people detained under s136 of the Mental Health Act.
2. Section 136 is a part of the Mental Health Act which allows the police to take someone who is in a public place to a place of safety. A public place is anywhere the public are allowed to go, even if they have to pay to get in. It does not include a person's own home. They can be kept in a place of safety for up to 72 hours or 3 days. In that time they need to be checked by a doctor and an Approved Mental Health Professional to see what care they need.
3. On 23rd October and 4th December two workshops were delivered for health commissioners, practitioners and Health and Adult Services assessment staff to explore ways to develop practical solutions to reducing the need for crisis response and supporting the prevention of people with ASD or LD being admitted into Assessment and treatment Units.

3.8 Understanding the population including children and transitions to adulthood

1. Preparing young people with LD/ASD for adulthood is jointly managed and supported by Health and Adult services and children and young people's services through the North Yorkshire Transitions Steering group. It has been agreed to implement in June 2014 an integrated transitions service which will take into account the population and future demands on service delivery.
2. The aim of the integrated transitions service will be improve the transitions to adulthood journey for young people 14-25, support young people to achieve

better life outcomes and provide young people and their families with consistent communication, information and approaches.

3.9 Current and future market requirements

1. NYCC have developed a Market Position Statement which will provide information to enable providers with future business development.
2. Engagement with service users and carers has taken place to gain their views on approaches to personalised support. These views have been presented to Independent providers to inform the development of services that meet people's needs and are in line with the principles of the Winterbourne concordat.
 - An engagement workshop led by Inclusion North was delivered in February 2014
 - There are updates on Out of Area placements at every North Yorkshire Learning Disability Partnership Board meeting.
 - An "open" Joint Winterbourne Implementation group meeting was held on 30th September 2014 for people receiving services, families and carers to attend. 9 people with learning disabilities attended, 2 support workers and one independent provider. The feedback from this meeting has resulted in agreed engagement with providers on how to best meet people's needs to ensure people where possible remain in their local community.

4. Issues

- 4.1 The Specialist Commissioning Group (SCG) linked to the Area Team commission services for those within the criminal justice services (CJS). Staff working within the criminal justice system may come into contact with people with learning disabilities. Evidence from the Prison Reform Trust shows that up to 7% of adult prisoners have an IQ under 70; another 25% have an IQ under 80 (this is higher in children and young people). 60% of prisoners have problems with communication - either understanding or expressing themselves or both. Prisoners with learning disabilities are five times more likely than other prisoners to experience control and restraint, three times more likely to experience segregation and three times more likely to have depression or anxiety. Changes to the area each SCG is responsible for has resulted in difficulties in collating the information of those in the CJS from North Yorkshire. The recent development of a national database will allow each CCG to receive information regarding the people in the CJS from their area.
- 4.2 Establishing a sustainable infrastructure of care and support which enables people to remain in their local area.
- 4.3 Maintaining assurances that people living out of area are regularly reviewed and the placement is in their Best Interests.
- 4.4 Developing appropriate responses to crisis to enable people to remain in their own home with intervention and support

5. Feedback from the National and Regional Winterbourne View Groups

5.1 In the autumn of 2013 each LA area was asked to complete the Health and Social Care Self-Assessment framework. A number of difficulties were experienced (nationally) in gathering this data due to the changes in the NHS structures. A summary report (see appendix 4) has been presented to the Winterbourne Implementation group for consideration.

5.2 A small task group with user representation has been formed to develop an action plan around the key target areas. The key areas for improvement include:

- The numbers of people on the LD and Downs syndrome registers reflects the requirements outlined in the LD QOF register in primary care
- Screening: People with LD are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease, Epilepsy
- That 80% of people with a LD have an Annual Health Check and these generate Health Action Plans which contain specific health improvement targets for 50% of patients.
- Screening: to ensure there is comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area and scrutinised exception reporting and evidence of reasonably adjusted services.
- Secondary care and other healthcare provides can evidence that they have a system for identifying LD status on referrals based on upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed.
- Local commissioners have good data about numbers and prevalence of people with learning disabilities and there is good information about the health needs of people with LD within the Criminal Justice System
- Evidence of 100% of health care and social care commissioned services for people with LD had full scheduled annual contract and service reviews, and demonstrate a diverse range of indicators and outcomes supporting quality assurance
- Evidence of 100% of services Involving people with LD in training and recruitment and monitoring of staff.

5.3 The national Winterbourne Joint Improvement Programme has developed the national Enhanced Quality Assurance Programme (EQAP). This will be jointly run by the Association of Directors of Adult Social Services, NHS England and CQC and will engage representatives of users and carers and their families.

The objectives include:

- To understand where people live now and if they are close to their family home
- For people to have high quality reviews, have a clear care plan and are receiving the best care and support possible
- New people are not wrongly admitted to assessment and treatment units and other inpatient units

- For hospitals not to be homes for anyone else in a similar situation; and
- Work is underway in local areas to provide good quality support to people in communities to support these objectives a new data collection process is being proposed.
- EQAP are making final adjustments to the data tool and then will write to CCG commissioners to request the data.

6. Next Steps

6.1 The Transforming Care Group will continue to ensure the actions are taken to meet the concordat and to give assurance to the Health and Well Being Board.

6.2 The PCU will complete the data collection as required by the EQAP.

7. Conclusion and recommendations

7.1 The Committee note the position of out of is placements and the progress made on the actions required from the Winterbourne Concordat.

7.2 The Committee to be reassured that this report demonstrates that the aims outlined in the Winterbourne Concordat are of high priority to Health and Adult Services and partners and that the focus will continue to be that people are appropriately placed, with the right care and support in their local communities near their families and friends.

7.3 The Committee to advise on what information they require for future updates.

RICHARD WEBB
Corporate Director – Health and Adult Services

Author of report:
Joss Harbron

January 2015

Partnership Commissioning Unit

Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

Report To:	North Yorkshire Health and Wellbeing Board 26 th November 2014
Report Title:	Winterbourne Update
Report For:	Update and Assurance
Date:	14 th November 2014
Prepared by:	Janet Probert – Director of Partnership Commissioning, Partnership Commissioning Unit Anne Marie Lubanski – Assistant Director Adult Social Care, North Yorkshire County Council

1. Background

In 2011 a Panorama programme exposed evidence of abuse of some individuals with learning disabilities, who were living in Winterbourne View. Winterbourne View was an Assessment & Treatment Unit, privately run by Castlebeck Plc. An enquiry was held and in December 2012 the Department of Health published The Winterbourne Concordat ‘Programme of Action’. The action plan sets out key milestones to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. Each organisation has a commitment to take forward the agenda within clear time frames to address the NHS Commissioning Board’s stated objective.

‘To ensure that Clinical Commissioning Groups work with Local Authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people.’

2. Summary

The Partnership Commissioning Unit (PCU) and North Yorkshire County Council (NYCC) have worked closely together to ensure each individual service user has a personalised needs assessment and package of care. Progress has been made against the key objectives so that the Local Authority and the Clinical Commissioning Groups have a clear understanding of their responsibilities. The positive actions are set out below but a further update will be provided in 3 months' time.

3. PCU - hospital patients

Key Action from Concordat – Health and Care Commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community facilities.

- All hospital patients have been reviewed.
- Personal care plans are in place for all patients who have been in hospital for more than 3 months. Those patients who have been in hospital for less than 3 months are still within the assessment period.
- Currently there are 9 in-patients for North Yorkshire, 7 are placed in hospitals outside of North Yorkshire. All patients have discharge and review plans in place. This data is not inclusive of short term treatment and assessment admissions or patients who are placed in secure hospital; provisions. For note: secure facilities care commissioned by NHS England Specialist Commissioners. Personal care plans are in place for all patients with the exception of recent admissions.

4. PCU - patients in community

- Care Management reassessments have been undertaken on all eligible people.
- All non-hospital patients for vulnerable people are reviewed in line with the Care Programme Approach and Winterbourne requirements.
- All patients are reviewed every 6 months.
- The Partnership Commissioning Unit currently have 226 individuals with live funding streams for individuals with a diagnosis of Learning Disability or Autism that meet the Winterbourne Concordat.
- We have 117 individuals who are currently living outside of the North Yorkshire and York boundary and out of their Clinical Commissioning Group locality. The table below shows how this figure is broken down by Clinical Commissioning Group. This population has been reviewed in full and decisions have been made with the individuals and those key to their care regarding suitability and need of continued care out of area. Where appropriate care packages are being arranged to move back in to area.

Number of individuals living outside the North Yorkshire and York boundary	
Hambleton Richmondshire and Whitby Clinical Commissioning Group	28
Harrogate and Rural District Clinical Commissioning Group	23
Scarborough and Ryedale Clinical Commissioning Group	20
Vale of York Clinical Commissioning Group*	46
Total	117

**It should be noted that there is a small percentage of individuals within the VoYCCG figure that fall within the City of York.*

5. Local Authority – clients

- North Yorkshire County Council are working with all individuals who have expressed a wish to return to North Yorkshire to live. This will be supported on an individual basis.
- As of October 2014 the total number of people with LD/ASD in receipt of NHS funded care is 444 across North Yorkshire and York.
- 368 are from NYCC area.
- In-patient hospital settings - Those who are not due to be discharged remain in the hospital setting because they are either on a section under the mental health act or their needs are considered to be too complex to move to a community setting at this time.
- 351 of the total are in residential placements and 81 of these are placed outside of North Yorkshire and York. No placements have been to residential settings out of area in recent months.
- Of the 444 in receipt of NHS funded care 282 people are jointly funded between health and social care.
- NYCC have 344 people placed out of area as of 1st October 2014 and 108 of these have LD/ASD. In the February report there was 318 people placed out of area, 115 of which were people with LD/ASD. 11 people with LD/ASD have been placed out of area since August 2013. Of the 344 placed out of area 312 are within an approx. 50 mile radius of the North Yorkshire Borders. The majority of people have moved out of North Yorkshire to be close to their families, or through personal choice.

- NYCC has taken the position of undertaking a complete reassessment of all people placed out of area. By June 2014 all reassessments had been completed. Of those with LD/ASD placed out of area all have been reviewed.
- The reviews have confirmed that the majority are in safe and appropriate placements and a move back within NYY would not be in their best interests.
- However, at present 12 people with LD/Autism have been moved back into area and 2 have moved closer to North Yorkshire which has been positive and of benefit to the person and their families.
- Pen pictures have been completed of all people with ASD or LD who live out of area. 21 people have indicated they would like to return to area or move to a more community based living arrangement within the area they are currently living. NYCC is working with these individuals to develop an appropriate plan to achieve this aim.

6. Register

Key action from Concordat - Ensure that all Clinical Commissioning Groups develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;

- The PCU on behalf of the Clinical Commissioning Groups have a live Register of all individuals diagnosed either with a Learning Disability or Autism Spectrum Disorder who have a mental health condition.

7. Commissioning Plan

Key action from Concordat - Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour that accords with the model of good care. These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.

- A strategic North Yorkshire commissioning plan is being developed in partnership to support people to remain in area and reduce unavoidable admissions where possible.
- The PCU and Local Authority are working together to draft a joint commissioning plan. The first draft should be completed by December 2014.
- A Service User engagement meeting was also held on 30th September which raised important themes. The meeting on the 30th September was a helpful way of connecting with service users. A second Service User engagement meeting will be arranged for January 2015 and the PCU will endeavour to invite service users and self-advocates from across North Yorkshire

- A Learning Disabilities Practitioners Workshop was held on 23 October with key expertise from Providers, Local Authorities and Health and Social Care Commissioners in attendance. The purpose of the workshop was to work through some 'real life examples' to consider how unnecessary admissions and out of area placements might be avoided and how this can be fed into the joint commissioning plan. The workshop on the 23 October was considered useful. A further workshop has been arranged for 4th December. The purpose of the second workshop is to build on the work from the previous workshop to develop a clear way forward for health services that support people with a learning disability.
- The PCU have met with with Local Independent Health Providers on 11th November to look at Business Plans to meet North Yorkshire and York local needs for repatriation of the Winterbourne population. A further two Provider meetings have been arranged for 13th and 19th November.
- The draft commissioning strategy will be developed by December 2014 for consultation with all Stakeholders.

8. Clinical Commissioning Group key objectives

The CCGs are also assessed against 6 key objectives of which the following have been achieved:-

- % of patients not placed on a register.
 - 100% of patients are on the register.
- % of patients without a care coordinator.
 - 100% of patients have a care coordinator.
- % of patients who have not been formally reviewed for more than 26 weeks.
 - 100% of patients have been reviewed.
- % of patients who have had a care plan review and are without a planned transfer date.
 - 100% of patients have had a care plan review and have a planned transfer date
- % of patients without a planned transfer date.
 - 100% of patients have a planned transfer date
- % of patients in a non-secure hospital setting for more than 2 years.
 - 100% of patients have been assessed and reviewed including those under the Ministry of Justice. (An annual report is submitted for these patients)

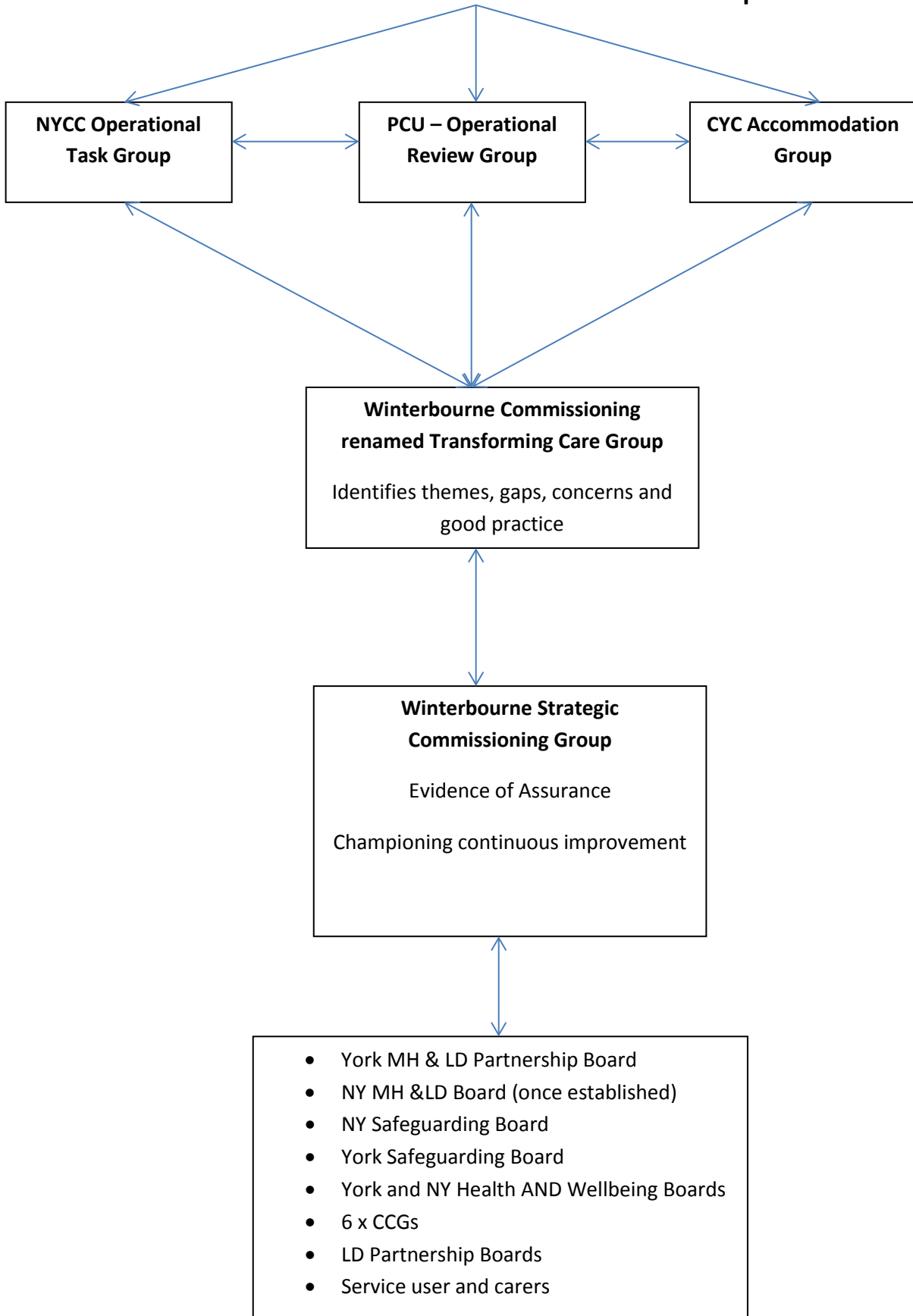
9. Additional Actions

- At the point of the October 2014 Winterbourne Quarterly returns it was noted by the NHS England Area Team of the good work undertaken by Health and the Local Authority on the monitoring of non-hospital Learning Disability population.
- It is noted that there have been more frequent and urgent requests from NHS England Area team for Winterbourne information. The PCU has been able to respond within these tight timescales.
- The development of Place of Safety (section 136 services) in North Yorkshire will ensure those being detained will be supported appropriately in health services and not detained in police cells. This will include those with LD/ASD and other vulnerable people detained under s136 of the Mental Health Act.
- NYCC and the PCU have invested in extra capacity to carry out the reviews of those out of area in line with the Winterbourne concordat. The NYCC Operational group has drafted guidance for staff on 'What a good review should look like'. This was used by NYCC and PCU to develop a joint checklist for the reviews of individuals to ensure a consistent approach is taken.
- The PCU are now reporting to all four Clinical Commissioning Groups on a monthly basis on the Winterbourne population in accordance with the concordat requirements with an agreed template. These reports are to be submitted the second week of the month. The November reports have been submitted.

Recommendations

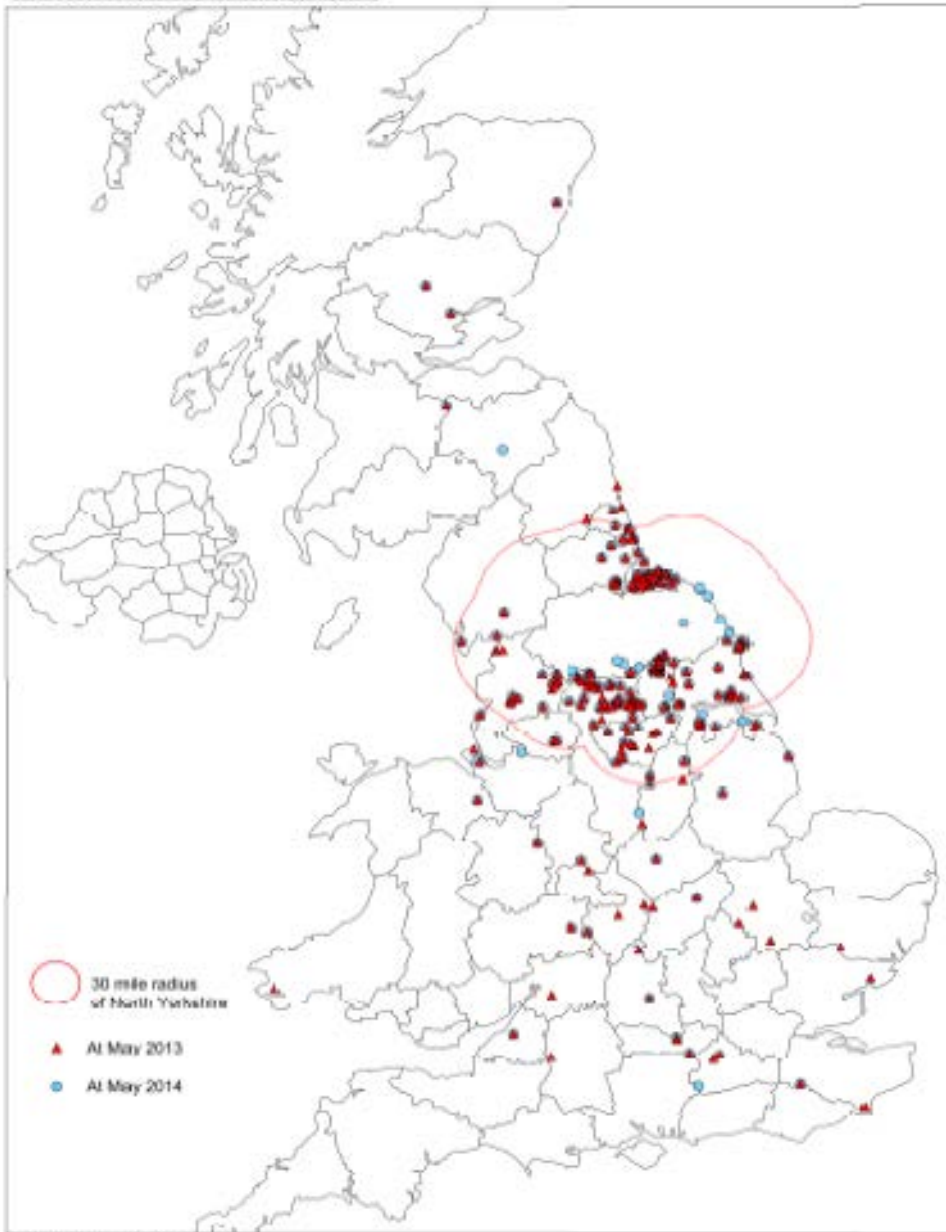
1. Note the Report
2. Members of the Health and Wellbeing Board to continue to promote integrated multi-agency working on the Winterbourne Agenda and to support the Joint Commissioning Plan.
3. Due to the importance and profile of the Winterbourne Agenda it is proposed that the Health and Wellbeing Board is to be updated in 3 months' time.

Joint Assessments and Reviews of People



Appendix 3: Map of NYCC Out of Area Placements

OUT OF COUNTY ADULT PLACEMENTS (02 May 2014)



David Garsford, Performance & Change Management
Ordnance Survey MapData - Crown Copyright North Yorkshire County Council 10001768 (2014)



The Joint Self Assessment Framework



What's happening in Yorkshire & Humber



The Joint Self Assessment Framework

We are talking about the Self Assessment North Yorkshire did

Other areas in Yorkshire and Humber did this too

We are talking about this because we want to make sure the Partnership Board can check on and be part of what happens now

What's it all about?



The Joint Self- Assessment is a way of checking how good services are working for people with learning disabilities and their family members. It checks things such as:

- Housing
- Going to the doctors or the hospital
- If the local swimming baths or libraries are accessible
- How personal budgets are working for people

What it includes



The big things (sometimes called measures) that have been checked:

Staying Healthy- This includes lots of things such as getting a good service from the doctors, chemist, dentists or when going to hospital.

Being Safe- This includes lots of things such as in their own home, in hospital or out and about where they live

Living Well- This is about lots of things such as having a say about how services should would or being welcomed by their community

What we found out

Some things were hard to get or prove

- The numbers
- Understanding some questions were hard
- The time to do it



Some areas did not include people with learning disabilities or families in their work

What we found out

Some things are going well

- Every area did the self assessment to check how they are making things better
- Lots of people are getting good support in acute hospitals areas said
- Most areas says services are listening to and acting on complaints



What has happened



Local areas filled the self assessment in by December 2013

We read all the self assessments to check how they compare to each other

The officers who are responsible for the self assessment have worked together to check each other's work – peer review workshop

What about **North Yorkshire**?

Each question gets a score

There are 27 questions

8 Reds

16 Ambers

3 Greens



What about North Yorkshire?

Greens – going well

- B3 We monitor the standards of care offered to people with LD by our Providers
- B7 Commissioning Strategies and Equality Impact Assessments are shared with people who use services
- All appropriate providers can show they have policies in place to monitor the use of the Mental Capacity Act.



What about North Yorkshire?

Ambers – needs more work

- A3 Annual Health Checks – more people need them
- A7 LD liaison function in acute setting
- A8 General primary and community services (eg dentist, optician, community nursing)
- B1 Evidence of at least 90% of all care packages including personal budgets reviewed at least annually



What about **North Yorkshire**?

Ambers – needs more work

- B4 Assurance of safeguarding for people with LD in all provided services and support (some not all)
- B6 Providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture.
- B8 Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience



What about **North Yorkshire**?

Ambers – needs more work

- C1 Effective joint working
- C2 Local amenities and transport
- C3 Arts and culture
- C4 Sport & leisure
- C5 Supporting people with learning disability into and in employment
- C6 Effective Transitions for young people



What about **North Yorkshire**?

Ambers – needs more work

- C7 Community inclusion and Citizenship
- C8 People with learning disability and family carer involvement in service planning and decision making including personal budgets
- Family Carers



What about **North Yorkshire**?

Reds – needs a lot more work

- A1 LD QOF register in primary care
- A2 Screening: People with LD are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardiovascular disease Epilepsy
- A4 No evidence that the Annual Health Check and Health Action Plans are integrated.



What about **North Yorkshire**?

Reds – needs a lot more work

- A5 Screening: Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area
- A6 Primary care communication of LD status to other healthcare providers



What about **North Yorkshire**?

Reds – needs a lot more work

- A9 Offender Health & the Criminal Justice System
- B2 Contract compliance assurance
- B5 Training and Recruitment – Involvement



What will happen now



Each area will now make an action plan on what is important to make better

Areas in Yorkshire are working together to plan what they can help each other with

What will happen now



The big ideas from all of Yorkshire and Humber will be fed back to NHS England and Directors of Social Services

The Area Team are working hard to make sure the numbers are easier to get in the future



Any questions?



If we cannot answer any questions today please write them down and we will find out the answer and send it to you