APPENDIX 1

North Yorkshire County Council Health and Adult Services – WINTERBOURNE VIEW DRAFT ACTION PLAN

On 25th June 2012 the Department of Health (DH) published an interim report of the review into the events at Winterbourne View hospital. The Minister for Care Services, Paul Burstow, set up the review to establish the facts and bring forward actions to improve care and outcomes of people with learning disabilities or autism and behaviours that challenge. A letter from David Nicholson, NHS Chief Executive and David Behan, Director General Social Care, Local Government and Care Partnerships highlights action to be taken forward by NHS bodies and local authorities as set out in that report. This was a follow up to a letter from the Department of Health on 2 February.

The key objectives of actions are to:

- improve commissioning across health and care services for people with behaviour which challenges with the aim of reducing the number of people using inpatient assessment and treatment services
- clarify roles and responsibilities across the system and support better integration between health and care
- improve the quality of services to give people with learning disabilities and their families choice and control
- promote innovation and positive behavioural support and reduce the use of restraint
- establish the right information to enable local commissioners to benchmark progress in commissioning services which meet individuals' needs, improve the quality of care, and reduce the numbers of people in in-patient services for assessment and treatment

Section A - This action plan aims to match the current position of Health and Adult Services and NHS North Yorkshire and York against the five local actions required from the 25 June letter and the four actions from the 2 February letter. The plan evidences progress to date against each of the local actions and identifies where risks remain.

Section B - 14 actions identified at a national level to help achieve these objectives and to drive good practice and focus on improving outcomes for individuals with learning disabilities or autism and behaviour which challenges.

Section C - Six Lives action plan updated in February 2012 following the letter referred to above.

SECTION A – LOCAL ACTION

This action plan aims to match the current position of Health and Adult Services and NHS North Yorkshire and York against the nine local actions required from the 25 June letter and the four actions from the 2 February letter. The plan evidences progress to date against each of the local actions and identifies where risks remain.

Local Action Required from Health and Care services (Winterbourne View)	**Source**	**What is being done by NY Health and Adults Services for HAS** **Comments in blue from PCT Commissioners**	**Proposed Lead**	**Comment & Risks** **Comments in blue from PCT Commissioners**
a) Appoint a **lead commissioner** to coordinate the work of all commissioners of patients/residents for any facility where CQC advise that regulatory action may be taken, to ensure the welfare of the individual residents.	**2 Feb letter**	**The DoH Out of Area Placement Protocol requires the identification of a lead commissioner with regard to all placements that are wholly or part NHS funded, both in the area and outside.** **This requires a wholly integrated commissioning model that identifies lead commissioner responsibilities for each placement.** **HAS and PCT Commissioners are currently drafting a joint commissioning statement which will be presented to the CCG and CSU**	**Mike Webster (MW)/Anne Marie Lubanski (AML)**	**This should only be needed if CQC are taking action/advise that action may be taken- however it would ensure consistent good practice.** **DoH OOA Placement requires identification for all placements that have NHS funding.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
b) Ensure that there are effective communication links between commissioners, care coordinators and safeguarding teams in reviewing placements.	**2 Feb letter**	**Responsibility depends on the placement – if joint should review together. There are meetings/communication links in place now, for example Joint meetings are in place between CPQA and safeguarding.** **Review teams for HAS – learning disability out of area placements are in place now.** **HAS and PCT Commissioners are currently drafting a joint commissioning statement which will be presented to the CCG and CSU with the proposal of developing integrated teams/models**	**AML /MW**	**May also be informal links across some parts of the system.** **Issues could be raised at HAS – OMT; new model being proposed to have 6 weekly safeguarding OMT, with input from Health and Police.** **Outstanding action – to set up county risk management/enablement panel. Lead AML** **View that we move to an integrated model/teams**
c) Ensure a clear multi-agency approach to safeguarding is in place so that all commissioners and providers across health and social care within a locality understand how to respond to any safeguarding concerns that have been identified	**2 Feb letter**	**Clear safeguarding approach in place. Risk to these arrangements identified by the Board when new CCGS in place. SAB high priority – on agenda each meeting/Risk matrix adopted – being used by SAB chair in meetings with CCG leads. Safeguarding also clear priority in CCG authorisation process.**	**SAB/JP (chair)**	**RISK - Red / Amber** **Model for CCGs still being developed. Expectation that this sits with CCGs and not CSU.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
d) Work together collaboratively across PCTs and emerging Clinical Commissioning Groups and jointly with local authorities to ensure that there are joint strategies for commissioning individualised services for people with learning disabilities or autism and with behaviour which challenges.	**2 Feb letter**	**Current arrangements – lead PCT Commissioner works with HAS Officer to identify/respond to need. May need more formal arrangement. HAS and PCT Commissioners are currently drafting a joint commissioning statement/model. HASMB to review whether we need a strategic body responsible for joint commissioning.** **LDPB is to be consulted on/influence any proposals.** **NYCC Transition Steering Group (HAS/CYPS) – also covers autism. Health has place at table.** **New roles – 3 Locality Development & Commissioning Managers will be able to flag up issues through GMs/OMT.** **NHS NYY Project plan in place for Enhanced Commissioning Framework (ECF) (this has been to SAB/LDPB).** **HAS officers are contributing to the delivery of this project plan**	**AML**	**RISK - In the future - relationship between CSU and LA to be determined. Portfolio holder in CCGs – not yet in place.** **Need to establish joint CCG / LA integrated commissioning model. Perhaps through development of Lead CCG arrangement.** **The ECF and the Health Self Assessment Framework will be combined with the Valuing People Now annual report for a joint Health and Social care assessment. This will be ready for April 2013.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
e) Listen to people with learning disabilities and their family carers in developing person-centred approaches across commissioning and care;	**WV interim report 25 June 2012**	**PCT lead commissioner member of LDPB & attends Self Advocates Forum and chairs Health Task group.** **Links to community engagement paper being considered by HASMB.** **A number of LD related strategies are in place to ensure person centred approaches. (Community Lives, Housing strategy, Valuing People Now). HASMB to consider whether there is need for overall LD commissioning strategy for social care.** **ECF - Question from Julie Bolus whether HAS adopts this. But currently very health focussed. HAS officers recommend waiting for new Health and Social Care assessment to be published in April 2013 (await confirmation from Jenny Anderton in concerning responsibility to monitor implementation of ECF project plan)** **Some of the works currently undertaken by the LD Lead Commissioner falls within the remit of the CSU having been part of the Vulnerable People team's remit e.g. bringing people closer to home proposals. Other element more appropriately sit within the Public Health Arena going forward e.g. access to cancer screening programmes.** **CSU rep will attend Partnership Boards and Health Task Group. Not likely to attend Self Advocate Forum as this consultative element does not directly sit within the CSU remit.**	**Commissioners**	**RISK - PCT commissioner leaves in Oct 2012.** **Need some clarity around the Strategic engagement of CCGs in Partnership Boards, and in particular Self Advocacy Forum. CSUs do not see themselves as having a strategic role.** **RISK - not associated with an individual; it is associated with a structural fragmentation of commissioning roles and a move away from specialist commissioning posts.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
f) Build understanding of the reasonable adjustments needed for people with learning disabilities who have a mental health problem so that they can make use of local generic mental health beds;	**WV interim report 25 June 2012**	**Consideration needs to be given to the terms of the current contracts with LYPFT and TEWV. Discussion would need to sit in CMB (what is this?).** **Also applies to people with LD / MH accessing mainstream acute trusts.**	**Health lead to be identified**	**Clarify role of Health Partnership Group with regard to providers?** **RISK - The CSU will not identify an LD 'lead' as it is basing its business on a model of generic commissioners. The CSU does include a team member with LD experience but the CSU will not specifically indicate that this person will lead on LD issues or attend meetings.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
g) Commission the right model of care to focus on the needs of individual people, looking to avoid the factors which might distress people and make behaviours more challenging, building positive relationships in current care settings;	**WV interim report 25 June 2012**	**There is a quality assurance framework for contracting in place. However consideration will need to given to specification and quality framework as mentioned in Appendix 2** **See below – joint response (HAS/PCT)** **There is no specifically identified 'right model of care' and it is left to commissioners to innovate and provide strategic leadership for providers and clinicians. A Quality Framework should provide guidance on Outcome focused service development, measurement of quality against individually agreed outcomes (Life Star Approach perhaps) and a risk enablement tool to allow positive risk taking in a supportive environment.** **Some guidelines are available suggesting, for example, that people be supported closer to home, or in the least restrictive environment. These are broadly indications of what not to do and do not identify good practice.**	**MW**	**Note – national actions on embedding quality principles for commissioning (ref Appendix 2 ADASS update) ADASS and SHA are to begin work on a commission from the NHS Commissioning Board to develop a specification and quality framework for community based models as an alternative to treatment and Assessment Unit provision.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
h) Focus on early detection, prevention, crisis support and specialist long term support to minimise the numbers of people reaching a crisis which could mean going into hospitals;	**WV interim report 25 June 2012**	**This already fits with current direction of travel for HAS with personalisation and good support planning.** **Some acute trusts employ liaison nurses for people in hospital. Community Specialist Nurses are able to provide support for people living in community.** **Care and Support providers not contracted to advocate on behalf of clients in driving Health Checks / screening.** **Evidence of health inequalities- identified with the JSNA**	**AML**	**Further work will be done to determine monitoring arrangements and evidence required. (linked to Six Lives)** **RISK:** **There is evidence that the PLD population is under represented in populations attending routine health checks / screening programmes.** **In as much as this relates to people potentially not being provided with a health / screening check because they have a disability there is a connection, but this is not a 'hospital' related issue.**

Local Action Required from Health and Care services (Winterbourne View)	Source	What is being done by NY Health and Adults Services for HAS Comments in blue from PCT Commissioners	Proposed Lead	Comment & Risks Comments in blue from PCT Commissioners
i) Work together to plan carefully and commission services for the care of children as they approach adulthood to avoid crises; and commission flexible, community-based services.	**WV interim report 25 June 2012**	**Transitions – the NYCC Transitions Steering group and local Transitions groups have been relaunched (TSG) HAS/CYPS. The joint data base will be reported to the TSG** **HAS is working with CYPS on a personalised pathway approach - in development of localised education programmes for young people. This is in second year of delivery, with positive outcomes.** **Consider all age commissioning approach or integrated transition approach between 14 and 25.**	**AML/AT**	**A priority in the groups work will be to ensure that health is involved post April 2013.** **Adult health commissioners need to be involved early in the transition process e.g. 14 to allow appropriate strategic decisions to be made. Decisions made at 14 might be considered inappropriate for adults but difficult to retract from at 18. However, they might be appropriate and therefore help with planning for adulthood. We need to recommend that CHC commissioners are involved in any transition planning.**

SECTION B National Actions – FOR INFORMATION

The Department of Health has identified 14 actions at a national level to help achieve these objectives and to drive good practice and focus on improving outcomes for individuals with learning disabilities or autism and behaviour which challenges.

If these actions happen, more people with learning disabilities will be supported to live at home, fewer people will develop behaviour that challenges and those that do can be kept safe in their communities, far fewer people will be sent away to hospitals and where that happens, proper planning will mean that their stay will be as short as possible, because hospitals should not be places to live in. And we will be able to measure progress in doing this.

National Action Required from health and care services (Winterbourne View)		**Suggested Local Response required**	**Date**	
Improve the capacity and capability of commissioning across health and care				
i. **Contracts**: The Department will work with the NHS Commissioning Board Authority to agree by January 2013 how best to embed Quality of Health Principles in the system, using NHS contracting and guidance. These principles will set out the expectations of service users in relation to their experience. We will also work with the Towards Excellence in Adult Social Care (TEASC)4 to agree how Quality of Life principles should also be adopted in social care contracts to drive up standards.		**Response of providers to contract changes**	**By January 2013**	
ii. **Service specification:** The Department will work with the NHS Commissioning Board Authority and the Association of Directors of Adult Social Care (ADASS) to develop a clear description of all the essential components of a model service by March 2013.		**Response of providers to model service**	**By March 2013**	

National Action Required from health and care services (Winterbourne View)		**Suggested Local Response required**	**Date**	
iii. **Resources:** NICE will develop Quality Standards on learning disabilities and the autism Quality guidelines will be published in July 2012. Draft guidance for Clinical Commissioning Groups (CCGs) developed by the Learning Disability Observatory, the Joint Commissioning Panel and the Royal College of General Practitioners is available on the Observatory website.5 This is being reviewed and revised guidance will be published in October 2012.		**Response of providers to quality standards.**	Autism Quality guidelines published July 2012. Revised guidance for CCGs published in October 2012.	
iv. **Collaborative commissioning:** The NHS Commissioning Board Authority will support CCGs to work together in commissioning services for people with learning disabilities and behaviour which challenges. Health and Wellbeing Boards (HWBs) will bring together local commissioners of health and social care in all areas, to agree a joined up way to improve services.		CCGs to respond to NHS Commissioning Board Authority. Health and Wellbeing Boards (HWBs) will bring together local commissioners of health and social care in all areas, to agree a joined up way to improve services.		
Improve the quality of services which empower people with learning disabilities and their families to have choice and control				
v. **Voice:** The Department is establishing HealthWatch both locally and nationally. It will act as a champion for those who use services and for family carers, ensuring that the interests of people with learning disabilities are heard and understood by commissioners and providers of services across health and social care.		Development of local Healthwatch		

National Action Required from health and care services (Winterbourne View)		**Suggested Local Response required**	**Date**	
vi. **Personalisation:** The Department expects the NHS and local authorities to demonstrate that they have taken action to assure themselves and the public that personalised care and choice and control is available in all settings, including hospitals.		NHS and local authorities to demonstrate to the Department of Health that they have taken action.		
vii. **Providers:** The Department expects providers to deliver high quality services and prevent abuse. This includes: • actively promoting open access for families and visitors, including advocates and visiting professionals • making sure recruitment practices recruit the right people. The Department will also discuss with providers developing and promoting a voluntary accreditation scheme.		Expectations on providers to deliver high quality services and prevent abuse. And consider voluntary accreditation. Discuss with Department of Health developing and promoting a voluntary accreditation scheme.		Need statement of how our in house providers and external providers will do this.
The Department is working with the Think Local, Act Personal group and providers to identify the barriers in the housing market to increasing the availability of different housing options for people with learning disabilities with behaviour which challenges and to encourage and facilitate local solutions. This work should be completed by April 2013.		Respond to this initiative	April 2013	
viii. Quality: By autumn the National Quality Board will publish a report setting out how the new system architecture will identify and take action to correct potential or actual serious failure. This will provide clarity on the distinct roles and responsibilities of different parts of the system.		Will give a framework for monitoring/feedback/ accountability	Autumn	

National Action Required from health and care services (Winterbourne View)		**Suggested Local Response required**	**Date**	
ix. **Care Quality Commission**: The Department will look at how CQCs registration requirements could be changed to drive up the quality of services on offer and ensure that unannounced inspections can take place any day and any time of the week. CQC will review their on-going inspection of learning disability services, including the 150 hospitals and care homes recently inspected.		Providers will need to operate under new regime.		
Clarify roles and responsibilities and promote better integration				
x. **Integrated workforce:** The professional bodies that make up the Learning Disability Professional Senate will carry out a refresh of Challenging Behaviour: A Unified Approach to support clinicians in community learning disability teams to clearly describe how different services fit together to deliver the best outcomes by December 2012.		Clinicians in community learning disability teams will need to respond to the refreshed Challenging Behaviour approach.	Refresh due by December 2012	
xi. **Professional standards**: The Academy of Royal Colleges and the professional bodies that make up the Learning Disability Professional Senate will develop core principles on a statement of ethics to reflect wider responsibilities in the new health and care system by April 2013.		Professionals in the new health and care system will need to respond to the core principles/statement of ethics developed.	Core principles by April 2013	

National Action Required from health and care services (Winterbourne View)		**Suggested Local Response required**	**Date**	
xii. **Concordat:** The Department is working with key national partners including the Association of Directors of Adult Social Services, the Local Government Association, the NHS Confederation, professional bodies including the Royal Colleges, health and care regulators, the Association of Supporting Living and the NHS Commissioning Board Authority to sign up to a concordat in the autumn committing each signatory to the actions they will take to deliver the right model of care and better outcomes for people with learning disabilities or autism and behaviour which challenges.		Local response to the concordat	Sign up in the Autumn	
Promote innovation and reduce use of restraint				
xiii. **Restraint:** The Department will work with the Department for Education (DfE), Care Quality Commission (CQC) and others to drive up standards and promote best practice in the use of positive behavioural support and ensure that physical restraint is only ever used as a last resort.		Restraint policy/procedure?		
xiv. **Measuring progress**: The Department of Health will work with the NHS Commissioning Board Authority to agree what information and data we need to collect to measure progress – whether that is how long people stay in assessment units, how far they are from home, the experience of people who use care and support and their carers or other information that supports commissioners and providers to benchmark their activities.		Data work being done as part of enhanced commissioning project plan		

SECTION C - North Yorkshire County Council Health and Adult Services – SIX LIVES ACTION PLAN – FOR INFORMATION

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
Effective leadership and communication (inc. health)	1. Effective links between Learning Disability Partnership Board and Safeguarding Adults Board.	**G**	• Receipt of Annual Reports • VPN SDM active member of SAB • Receipt of progress reports from Six Lives report by January 2011.	Ongoing, Assistant Direct of Health and Adult Services attend both boards. • Completed
	2. Consistent countywide approach for Learning Disability Partnership Board from January 2011 onwards.	**G**	• Terms of Reference & governance arrangements for Board. • Task groups and sub groups in place including health sub group. • Gap analysis of Health and Adult Services/NHSNYY provision. • Areas for improvement from Health Ambitions report actioned. • Actions from Green Light tool kit are fedback to commissioning	• **Moved from amber to green** • completed • Completed • Ongoing – Key role of Health Task Group • Ongoing – Key role of Health Task Group Lead commissioner for Learning Disabilities from PCT is co-chair of Health Task Group, member of North Yorkshire Learning Disability Partnership Board and attends the Self Advocates Forum
	Coherent local partnership in ensuring protection of vulnerable adults from abuse.	**G**	• Safeguarding Adults Board Annual Report.	• Annual Report 2010/11 published October 2011 shows that partnership is robust.
	3. Effective use of the Health Self Assessment Framework to influence direction of services.	**A**	• HSAF reflected in Joint Strategic Needs Analysis	• Workshops on HSAF specifically for people with Learning

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
Good partnership working and co-ordination across agencies (inc. health and transitions)	Inter-agency liaison process in place for learning disabilities	**G**	• Regular meetings of strategic and policy leads from North Yorkshire County Council Health and Adult Services and NHS provider and commissioner. • HSAF jointly completed annually with carers and self advocates.	• Ongoing – arrangements work well. Yes

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
People and families well involved in planning / review and delivery of services (inc. advocacy)	People and families understand complaints/safeguarding processes.	**A**	•Complaints/safeguarding leaflets in accessible formats. • Feedback from people and families about safeguarding process.	• Safeguarding leaflets in accessible format in development. Priority area. Learning Disability Partnership Board doing mapping exercise of use of easy read styles across the partnership. • Safeguarding questionnaires distributed to people/families from Nov 11. Feedback to be presented to the Board April 2012.
	People and families influence improvements to service delivery.	**A**	• People and families involved in contracting process. • NY family carers forum in place	• **Moved from red to amber** • Remains in work plan – SDM to link with contracting. Yes in place for 12 months.
	People enabled to self advocate.	**G**	• Current self advocates groups maintained. • Countywide self advocates forum in place. • Self advocate representation on the Local Area Groups and Learning Disability Partnership Board. • Co-chair of LDPB	• **Moved from amber to green** • Yes Yes Yes

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
Following Routine procedures (inc. training and awareness)	Lessons learned from regular and specific case file audits.	**G**	• Action plan to Safeguarding Adults Board January 2011	• Six Lives Action Plan considered by SAB Jan 11.
	Staff training and induction routinely includes: • learning disability awareness • legislation • human rights • communication techniques • person centred approaches • adult safeguarding • mental health awareness • equality awareness • dementia awareness	**G**	• Training plans for Health and Adult Services and health, including use of Reasonable Adjustments i.e. Using a hospital passport or communication book • Being able to record who has a learning disability and what adjustments they need. • Using the support of carers and families • Having a health facilitator or acute liaison nurse to improve systems and understanding. • Use of communication support in practice e.g. communicator guides for PSI	• All ongoing

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
Quality of management	Effective integration of MCA into services for vulnerable people.	**A**	• MCA training widely delivered • Links between MCA procedures and safeguarding procedures. • MCA LIN to report to Safeguarding Board. Should this move to green?	• Ongoing, Extended training from Jan 12. MCA/DoLS training strategy being developed and monitored through safeguarding adults training group. • In place. MCA/safeguarding protocol included in safeguarding procedures. • In place. MCA LIN & Board agreed reporting structure from July 2011.
	Quality Assurance system in place for safeguarding.	**G**	• SAB performance report •	• **Moved from amber to green** • Performance and Quality Assurance report adopted by SAB Jan 2012. Practice group developing process for multi-agency audit process by April 12.
	Continuity of good practice by new provider of learning disability health services and acute trust providers.	**A**	• Monitoring by Health Task Group (of LDPB). • Monitoring through inter-agency liaison process. • Feedback from quality assurance processes, linking in with Care Quality Commission.	**Moved from red to amber** In place with regular scrutiny of governance arrangements. In place – ongoing Considered by Health Task Group – also on the agenda of Safeguarding

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
Complaint handling	Complaints/safeguarding procedures operate in person centred way.	**A**	•Complaints/safeguarding leaflets in accessible formats. • Procedures and practice show that this is in place. • Training programmes show that this is in place. • Self directed support implementation plan. • Feedback from people and families.	• Safeguarding leaflets in accessible format in development. Priority area. LDPB doing mapping exercise of use of easy read styles across the partnership. The complaints leaflet is available in easy read format, and audio on request. • Gap analysis of Health And Adult Services/NHSNYY provision inc. policies/procedures/training programmes is ongoing • Everyone when assessed is given a complaints leaflet as part of the initial information pack • At the end of the complaints process a feedback questionnaire is sent, however the return rate is low.
	Review of complaints and adverse incidents leads to improved practice in service.	**G**	• Lessons learned protocol for safeguarding.	• Ongoing - following a complaint the responding manager completes an action plan to identify any