

North Yorkshire

Shadow Health and Well Being Board

28 November 2012

Winterbourne View

1. Purpose:-

1.1. The purpose of this report is to brief the Board of the current position with regard to the North Yorkshire response to the Interim Department of Health (DoH) Report in response to events at Winterbourne View in 2011, to identify possible risks and to recommend further actions.

2. Background:-

2.1. Following the serious incidents exposed at Winterbourne View in 2011 there has been a significant level of scrutiny and activity to ensure that there is a comprehensive stakeholder response, and to develop an improvement framework for the future.

2.2. The following reports have now been published:

- CQC LD Review – National Overview (150 inspections).
- Interim Report - DoH (June 2012).
- Serious Case Review – Winterbourne View (South Gloucestershire Council).
- Internal Management Review – NHS.
- Internal Management Review – CQC.

2.3. The final DoH report will be published in November 2012.

2.4. The DoH published an interim report of the review into the events at Winterbourne View hospital in July 2012. The Minister for Care Services, Paul Burstow, set up the review to establish the facts and bring forward actions to improve the care and outcomes of people with learning disabilities or autism. 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 DoH on 2 February 2012. .

2.5. The main findings set out in the interim report are that:

2.5.1. There are too many people in in-patient services for assessment and treatment and they are staying there for too long. This model of care has no place in the 21st century;

- 2.5.2. Best practice is for people to have access to the support and services they need locally to enable them to live fulfilling lives integrated within the community;
- 2.5.3. In too many services there is robust evidence of poor quality of care, poor care planning, lack of meaningful activities to do in the day, and too much reliance on restraining people;
- 2.5.4. All parts of the system– commissioners, providers, workforce, regulators and government – must play their part in driving up standards of care and demonstrating zero tolerance of abuse. This includes acting immediately where poor practice or sub-standard care is suspected.

2.6. The key objectives for the actions are to:

- 2.6.1. 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;
- 2.6.2. Clarify roles and responsibilities across the system and support better integration between health and care;
- 2.6.3. Improve the quality of services to give people with learning disabilities and their families choice and control;
- 2.6.4. Promote innovation and positive behavioural support and reduce the use of restraint;
- 2.6.5. 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;
- 2.6.6. It was clear from this letter that PCTs and local authorities need to work together to assure themselves that they are continuing to take all action needed to improve outcomes for people with learning disabilities in preparation for the outcomes of the final report into the events at Winterbourne View, which will be published in the autumn.

3. Actions to date:-

- 3.1. A draft action plan has been produced which 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 may remain. It also includes information on the:
 - 3.1.1. 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; and
 - 3.1.2. Six Lives action plan updated in February 2012 following the letter referred to above.
- 3.2. 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.
- 3.3. A workshop took place on 16 November which looked at the government reports and inspection findings and checked how we are doing locally. The aim of this

workshop was to check what has happened in North Yorkshire so far and make a plan for what needs to happen locally. This is a joint workshop between the Learning Disability Partnership Board and Safeguarding Adults Board, facilitated by Inclusion North.

- 3.4. The Safeguarding Adults Board continues to have the Winterbourne View and the Enhanced Commissioning Framework on its agenda. It is clear that there is a significant safeguarding element to the recommendations although they are wider than the remit of the Safeguarding Adults Board.

4. Key Issue/Risks identified

- 4.1. There is a clear expectation from the Board that health commissioners should lead on this area of work so the main risk comes from changes to health and risk from structural fragmentation of commissioning roles and a move away from specialist commissioning posts. There is a risk that there is no Learning Disability lead currently identified in the Clinical Support Unit.

- 4.2. The risks associated with the key local action areas are:

- 4.2.1. Lead Commissioner - ensuring that the DoH Out of Area Placement Protocol / Enhanced Commissioning Framework (ECF) Project Plan are implemented. The key areas being addressed from the ECF are data quality, reviews and out of county placements;
- 4.2.2. Effective communication in reviewing placements – a countywide risk management /enablement panel needs to be put in place.
- 4.2.3. Clear multi-agency approach to safeguarding – the transfer of PCT responsibilities to Clinical Commissioning Groups (CCGs) and Clinical Support Unit present the greatest risk as this impacts both on strategic responsibilities for safeguarding and for learning disabilities commissioning;
- 4.2.4. Joint strategies for commissioning – there is a need to establish a joint CCG / Local Authority integrated commissioning model, perhaps through development of lead CCG arrangements. This could address the oversight of the Enhanced Commissioning Framework project plan.
- 4.2.5. Person centred commissioning – the risk is not associated with an individual; it is associated with changes to health and risk from structural fragmentation of commissioning roles and a move away from specialist commissioning posts;
- 4.2.6. Reasonable adjustments for people with learning disabilities to use generic mental health beds - consideration needs to be given to the terms of the current contracts with Leed and Yorkshire Partnership Foundation Trust and Tees Esk and Wear Valleys NHS Trust;
- 4.2.7. Commissioning the 'right model of care' - There is currently no 'right model of care'. The DH has identified that it will work with the NHS Commissioning Board Authority and ADASS to develop a clear description of all the essential components of a model service by March 2013. It is the local view that any Quality Framework should provide guidance on outcome focussed service development, measurement of quality against individually agreed outcomes and a risk enablement tool to allow positive risk taking in a supportive environment;
- 4.2.8. Early detection and prevention to reduce the numbers reaching a crisis - there is evidence that the population of people with learning disabilities is under represented in populations attending routine health checks/screening programmes;

4.2.9. Transition planning – it is a clear priority that health commissioners need to be involved early in the transition process.

5. Consideration of the Report:-

5.1. Health and Adult Services Management Board considered this report on 31 October and resolved

- 5.1.1. To accept the draft Action Plan including the key issues/risks identified and the HASMB leads to take the actions forward;
- 5.1.2. To agree that the draft action plan is considered by the Safeguarding Adults Board & the Learning Disabilities Partnership Board;
- 5.1.3. To agree that the draft action plan should be considered by the Health and Wellbeing Board;
- 5.1.4. To recommend that the Safeguarding Adults Board leads this work until the Clinical Commissioning Groups are fully established.

5.2. The North Yorkshire Safeguarding Adults Board considered this report on 2 November and resolved

- 5.2.1. To note the draft Action Plan including the key issues/risks identified and the leads to take the actions forward;
- 5.2.2. To monitor the development of a joint commissioning model and receive a further report to the January meeting;
- 5.2.3. To consider the Winterbourne View Serious Case Review at the next meeting.

6. Recommendations:-

6.1. It is recommended that the Health and Wellbeing Board;

- 6.1.1. Note the draft Action Plan including the key issues/risks identified and the HASMB leads to take the actions forward;
- 6.1.2. Note that the draft action plan will be considered by the Safeguarding Adults Board & the Learning Disabilities Partnership Board;
- 6.1.3. Note that the Safeguarding Adults Board will oversee monitoring of this work until the Clinical Commissioning Groups are fully established.
- 6.1.4. Receive further report on this issue including the development of a joint commissioning model.

Report Sponsor:-

Helen Taylor, Corporate Director – Health and Adult Services
14 November 2012

Enclosures:-

Appendix 1 – Draft Action Plan.

Appendix 2 – Winterbourne View – ADASS update.



Draft Action Plan



ADASS Update

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	<p>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.</p> <p>This requires a wholly integrated commissioning model that identifies lead commissioner responsibilities for each placement.</p> <p>HAS and PCT Commissioners are currently drafting a joint commissioning statement which will be presented to the CCG and CSU</p>	Mike Webster (MW)/Ann eMarie Lubanski (AML)	<p>This should only be needed if CQC are taking action/advise that action may be taken- however it would ensure consistent good practice.</p> <p>DoH OOA Placement requires identification for all placements that have NHS funding.</p>
b) Ensure that there are effective communication links between commissioners, care coordinators and safeguarding teams in reviewing placements.	2 Feb letter	<p>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.</p> <p>Review teams for HAS – learning disability out of area placements are in place now.</p> <p>HAS and PCT Commissioners are currently drafting a joint commissioning statement</p>	AML /MW	<p>May also be informal links across some parts of the system.</p> <p>Issues could be raised at HAS – OMT; new model being proposed to have 6 weekly safeguarding OMT, with input from Health and Police.</p>

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
		which will be presented to the CCG and CSU with the proposal of developing integrated teams/models		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.
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	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

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
		<p>has place at table.</p> <p>New roles – 3 Locality Development & Commissioning Managers will be able to flag up issues through GMs/OMT.</p> <p>NHS NYY Project plan in place for Enhanced Commissioning Framework (ECF) (this has been to SAB/LDPB).</p> <p>HAS officers are contributing to the delivery of this project plan</p>		<p>arrangement.</p> <p>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.</p>
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	<p>PCT lead commissioner member of LDPB & attends Self Advocates Forum and chairs Health Task group.</p> <p>Links to community engagement paper being considered by HASMB.</p> <p>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.</p> <p>ECF - Question from Julie Bolus whether HAS adopts this. But currently very health</p>	Commissioners	<p>RISK - PCT commissioner leaves in Oct 2012.</p> <p>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.</p>

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
		<p>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)</p> <p>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.</p> <p>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.</p>		<p>RISK - not associated with an individual; it is associated with a structural fragmentation of commissioning roles and a move away from specialist commissioning posts.</p>
<p>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;</p>	<p>WV interim report 25 June 2012</p>	<p>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?).</p> <p>Also applies to people with LD / MH accessing mainstream acute trusts.</p>	<p>Health lead to be identified</p>	<p>Clarify role of Health Partnership Group with regard to providers?</p> <p>RISK - The CSU will not identify an LD ‘lead’ as it is basing its business on a model of generic</p>

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
				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.
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	<p>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</p> <p>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.</p> <p>Some guidelines are available suggesting, for example, that people be supported closer to home, or in the least restrictive environment. These are broadly indications</p>	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
		of what not to do and do not identify good practice.		
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	<p>This already fits with current direction of travel for HAS with personalisation and good support planning.</p> <p>Some acute trusts employ liaison nurses for people in hospital. Community Specialist Nurses are able to provide support for people living in community.</p> <p>Care and Support providers not contracted to advocate on behalf of clients in driving Health Checks / screening.</p> <p>Evidence of health inequalities- identified with the JSNA</p>	AML	<p>Further work will be done to determine monitoring arrangements and evidence required. (linked to Six Lives)</p> <p>RISK: There is evidence that the PLD population is under represented in populations attending routine health checks / screening programmes.</p> <p>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.</p>

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
<p>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.</p>	<p>WV interim report 25 June 2012</p>	<p>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</p> <p>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.</p> <p>Consider all age commissioning approach or integrated transition approach between 14 and 25.</p>	<p>AML/AT</p>	<p>A priority in the groups work will be to ensure that health is involved post April 2013.</p> <p>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.</p>

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				
<p>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.</p> <p>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.</p>		Response of providers to contract changes	By January 2013	
<p>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.</p>		Response of providers to model service	By March 2013	
<p>iii. Resources: NICE will develop Quality Standards on learning disabilities and the</p>		Response of providers to quality standards.	Autism Quality	

National Action Required from health and care services (Winterbourne View)		Suggested Local Response required	Date	
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.			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		
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		NHS and local authorities to demonstrate to the Department of Health that they have taken action.		

National Action Required from health and care services (Winterbourne View)		Suggested Local Response required	Date	
care and choice and control is available in all settings, including hospitals.				
<p>vii. Providers: The Department <u>expects providers</u> to deliver high quality services and prevent abuse. This includes:</p> <ul style="list-style-type: none"> • actively promoting open access for families and visitors, including advocates and visiting professionals • making sure recruitment practices recruit the right people. <p>The Department will also discuss with providers developing and promoting a voluntary accreditation scheme.</p>		<p>Expectations on providers to deliver high quality services and prevent abuse. And consider voluntary accreditation.</p> <p>Discuss with Department of Health developing and promoting a voluntary accreditation scheme.</p>		<p>Need statement of how our in house providers and external providers will do this.</p>
<p>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.</p>		<p>Respond to this initiative</p>	<p>April 2013</p>	
<p>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.</p>		<p>Will give a framework for monitoring/feedback/accountability</p>	<p>Autumn</p>	
<p>ix. Care Quality Commission: The Department will look at how CQCs registration requirements could be changed to drive up the</p>		<p>Providers will need to operate under new regime.</p>		

National Action Required from health and care services (Winterbourne View)		Suggested Local Response required	Date	
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.				
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	
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		Local response to the concordat	Sign up in the Autumn	

National Action Required from health and care services (Winterbourne View)		Suggested Local Response required	Date	
of care and better outcomes for people with learning disabilities or autism and behaviour which challenges.				
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	<ul style="list-style-type: none"> • 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. <ul style="list-style-type: none"> • Completed
	2. Consistent countywide approach for Learning Disability Partnership Board from January 2011 onwards.	G	<ul style="list-style-type: none"> • 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 feedback to commissioning 	<ul style="list-style-type: none"> • 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

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
				Board and attends the Self Advocates Forum
	Coherent local partnership in ensuring protection of vulnerable adults from abuse.	G	<ul style="list-style-type: none"> Safeguarding Adults Board Annual Report. 	<ul style="list-style-type: none"> 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	<ul style="list-style-type: none"> HSAF reflected in Joint Strategic Needs Analysis <p>Should this move to green</p>	<ul style="list-style-type: none"> Workshops on HSAF specifically for people with Learning Disabilities held – 40 people attended. Health and Adult Services commissioning manager attended Learning Disability Partnership Board. PCT Commissioner linked with Health and Adult Services and Service Development Manager to ensure HSAF reflected on future Joint Strategic Needs Assessment. New JSNA due Summer 2012.
Good partnership working and co-ordination across agencies (inc. health and transitions)	Inter-agency liaison process in place for learning disabilities	G	<ul style="list-style-type: none"> Regular meetings of strategic and policy leads from North Yorkshire County Council Health and 	<ul style="list-style-type: none"> Ongoing – arrangements work well.

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
			Adult Services and NHS provider and commissioner. <ul style="list-style-type: none"> • HSAF jointly completed annually with carers and self advocates. 	Yes
People and families well involved in planning / review and delivery of services (inc. advocacy)	People and families understand complaints/safeguarding processes.	A	<ul style="list-style-type: none"> • Complaints/safeguarding leaflets in accessible formats. • Feedback from people and families about safeguarding process. 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • People and families involved in contracting process. • NY family carers forum in place 	<ul style="list-style-type: none"> • Moved from red to amber • Remains in work plan – SDM to link with contracting. Yes in place for 12 months.

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
	People enabled to self advocate.	G	<ul style="list-style-type: none"> • 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 being a person with a learning disability. 	<ul style="list-style-type: none"> • Moved from amber to green • Yes <p>Yes</p> <p>Yes</p> <p>Yes</p>
Following Routine procedures (inc. training and awareness)	Lessons learned from regular and specific case file audits.	G	<ul style="list-style-type: none"> • Action plan to Safeguarding Adults Board January 2011 	<ul style="list-style-type: none"> • Six Lives Action Plan considered by SAB Jan 11.
	Staff training and induction routinely includes: <ul style="list-style-type: none"> • learning disability awareness • legislation • human rights • communication techniques • person centred approaches • adult safeguarding • mental health awareness • equality awareness • dementia awareness 	G	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • All ongoing

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
			<ul style="list-style-type: none"> • 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 	
Quality of management	Effective integration of MCA into services for vulnerable people.	A	<ul style="list-style-type: none"> • MCA training widely delivered • Links between MCA procedures and safeguarding procedures. • MCA LIN to report to Safeguarding Board. Should this move to green? 	<ul style="list-style-type: none"> • 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	<ul style="list-style-type: none"> • SAB performance report • 	<ul style="list-style-type: none"> • Moved from amber to green • Performance and Quality Assurance report adopted by

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
	Continuity of good practice by new provider of learning disability health services and acute trust providers.	A	<ul style="list-style-type: none"> • Monitoring by Health Task Group (of LDPB). • Monitoring through inter-agency liaison process. • Feedback from quality assurance processes, linking in with Care Quality Commission. • All Hospital trusts to have Equality Schemes that show how they will make reasonable adjustment for people with learning disabilities. The Department of Health has published guidance to help them do this. 	<p>SAB Jan 2012. Practice group developing process for multi-agency audit process by April 12.</p> <p>Moved from red to amber In place with regular scrutiny of governance arrangements.</p> <p>In place – ongoing</p> <p>Considered by Health Task Group – also on the agenda of Safeguarding Board. SDM/SAPO to approach Trusts to refresh Action Plans (previous exercise August 11) with specific reference to Equality Scheme. To liaise with NHS NYY (AS)</p>
Complaint handling	Complaints/safeguarding procedures operate in person centred way.	A	<ul style="list-style-type: none"> • Complaints/safeguarding leaflets in accessible formats. 	<ul style="list-style-type: none"> • Safeguarding leaflets in accessible format in development. Priority area. LDPB doing mapping exercise of use of easy read styles across the

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
			<ul style="list-style-type: none"> • 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. 	<p>partnership. The complaints leaflet is available in easy read format, and audio on request.</p> <ul style="list-style-type: none"> • 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.

Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
	Review of complaints and adverse incidents leads to improved practice in service.	G	<ul style="list-style-type: none"> • Lessons learned protocol for safeguarding. • Joint contracting/safeguarding team meetings. • Practice sub group of Safeguarding Adults Board 	<ul style="list-style-type: none"> • Ongoing - following a complaint the responding manager completes an action plan to identify any lessons to be learned or actions to be taken and if appropriate this is shared more widely. • Ongoing – joint protocol being developed. Task on improved information sharing about collective care settings. • Practice sub group established June 11 – ongoing work, lessons learned, learning from serious case reviews.
	Joint approach to responding to complaints	A	<ul style="list-style-type: none"> • Joint protocol in place (presently in draft form) 	<p>In terms of the joint protocol, this has never been formally signed off by the agencies. However, we are generally working in a coordinated way by discussing and responding jointly to</p>

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Standard (from 6 Lives)	Outcome	RAG	Evidence	Update February 2012
				complaints where possible.

Winterbourne View – ADASS update

August 2012

Following the serious incidents exposed at Winterbourne View in 2011 there has been a significant level of scrutiny and activity to ensure that there is a comprehensive stakeholder response, and to develop an improvement framework for the future.

ADASS has been involved throughout with regular updates on progress provided to the ADASS Executive and the LD Policy Network (copies available on request).

The following reports have now been published:

CQC LD Review – National Overview (150 inspections)
Interim Report - Department of Health
Serious Case Review – Winterbourne View
Internal Management Review – NHS
Internal Management Review – CQC

The final DH report will be published in October 2012.

The DH has facilitated a number of stakeholder events to ensure that all key issues are reflected in the final report. ADASS presented the following issues which we believe need to be strengthened on the final report:

- Full and proper reference to Adult Safeguarding
- Importance of joint / collaborative health and social care commissioning
- Potential for expanded care and case management model providing regular contact with people in more complex settings
- Whole system leadership to ensure change and improvement requirements are delivered
- National standards framework for Advocacy
- Issues relating to Mental Health and use of the Mental Health Act
- Whole life planning and links to Children's Services
- Work force planning.

The final DH report and Concordat will also include an outcomes and performance framework, and consideration is being given to how the National Learning Disability Programme Board can be developed to monitor and scrutinise implementation and progress.

Other considerations for the Concordat are:

- Ensuring good quality information and advice are available and easily accessed

- Role of Healthwatch to encompass people with a learning disability and family carers
- Role of Healthwatch England in monitoring progress
- Development of key performance indicators
- Audit of local services – to establish baseline of current position.

In addition to this work there are three other areas of activity underway:

ADASS and SHA (LD Leads Group) are working together to develop a joint LD Self Assessment Framework to replace the current NHS LD Self Assessment and the Valuing People Now Learning Disability Partnership Board Assessment. The draft questionnaire will be shared with the LD Policy Network and ADASS Executive prior to confirmation and submission to DH.

ADASS and SHA (LD Leads Group) 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. Awaiting Terms of Reference / Brief from Geoff Baines (SHA).

West Midlands Regional Health and Social Care response:
A Steering Group has been set up to develop the following:
'Tool Kit for Improvement'

To encompass:

- Learning re Safeguarding and required improvements (ie: role and influence of Adult Safeguarding Board)
- Alternative models of care / best practice examples
- Integrated commissioning and contract monitoring review approaches
- Quality Frameworks
- Whole Life planning (links to Children's Services)
- Engagement and Involvement model/s
- Performance and outcomes monitoring (including role of the Learning Disability Partnership Board)

The aim is to develop the toolkit alongside the publication of the DH Concordat and emerging projects and to share the outcomes / products across all regions.

At the NCAS Conference in Eastbourne (Thursday, am), there will be a workshop called 'Beyond Winterbourne View', jointly chaired by ADASS and the Challenging Behaviour Foundation and will include Sean Gallagher (Acting Director General), National Valuing Families Forum and National Forum for People with a Learning Disability. The workshop will summarise key issues and learning, highlight best practice and explore how we work together to ensure the incidents at Winterbourne View do not happen again.