



## NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

### WINTERBOURNE VIEW

19 JULY 2013

#### 1. Purpose

- 1.1 The purpose of this report is to report to the Board the response to the Joint Improvement Programme stocktake on Winterbourne View and to highlight areas for future development to ensure the appropriate strategic commissioning of services for people with learning disabilities and challenging behaviours in North Yorkshire.

#### 2. Background

- 2.1 The events surrounding Winterbourne View that came to light in 2011 revealed a scandalous breakdown in care for very vulnerable people. People with learning disabilities, complex needs and challenging behaviour were exposed to the most appalling abuse and mistreatment. The perpetrators have finally been brought to justice following lengthy criminal proceedings, but the ramifications from the review and subsequent enquiries are still being worked through.
- 2.2 The Department of Health published its final report in December 2012, alongside a national Concordat with a programme of action to transform services. It concluded that the failures in commissioning, service delivery and culture had far reaching implications for every health and care commissioner in England.
- 2.3 It made it clear that health and care commissioners will:
- By 1 June 2013, working together and with service providers, people who use services and families review the care of all people in learning disability or autism inpatient beds and agree a personal plan for each individual, based on their families' needs and agreed outcomes.
  - Put these plans into action as soon as possible, so that all individuals receive personalised care and support in appropriate community settings no later than 1 June 2014.
  - Ensure that all individuals have the information, advice and advocacy support they need to understand and have the opportunity to express their views.
- 2.4 The government is supporting commissioners with a Joint Improvement Programme, led by Chris Bull, Head of the Learning Disability Improvement Programme reporting to the Local Government Association and NHS Commissioning Board. The programme is to support commissioners to develop new models of care so that the 'investment going into assessment and treatment centres can shift into more appropriate community settings'.

### **3. Role of the Health and Wellbeing Board**

3.1 The Minister for Care and Support Norman Lamb has made it clear in his letter of May 2013 (Appendix 1) that Health and Wellbeing Boards have a role in ensuring that the Winterbourne View Concordat is implemented successfully and that joint strategic commissioning plans are in place. This stocktake provides a local assurance tool for the Health and Wellbeing Board and equally identifies areas where further progress needs to be made. The stocktake provides a baseline assessment across the 5 main CCG areas in North Yorkshire. Working relationships are still being established with the South Lakes, Cumbria CCG which includes the Bentham practice. This will be critical to progress over the coming months and NHS Commissioning Board support may be required to secure appropriate engagement.

### **4. Models of partnership**

4.1 During the period of NHS reorganisation over the past year the Local Authority has taken a lead with the Winterbourne work to ensure progress has been made. Senior level leadership is now required from the NHS and with the joint appointment of the Director of Partnership Commissioning for the Vulnerable Adults and Children's Commissioning Unit we expect the Winterbourne work to be led at a senior and more strategic level which will enable progress to be accelerated.

4.2 The stocktake document is attached as Appendix 2 to this report which gives the detailed picture of the current position. Some of the key areas for development are highlighted in the following paragraphs.

4.3 Further work is necessary to develop joint strategic commissioning in relation to people with learning disabilities and challenging behaviour. A more integrated approach to reviewing the needs of individuals should be developed as at present these activities are arranged on a single agency basis. Further work is needed to confirm the specialist commissioning arrangements through NHS England and how these will link with the work programme.

4.4 North Yorkshire County Council and the Vulnerable Adults and Children's Commissioning Unit (VACCU) have formed a Winterbourne Implementation Group to oversee the delivery of the Winterbourne View action plan. This includes the City of York Council, Tees Esk and Wear Valley Foundation Trust, Leeds and York Foundation Trust and the Chair of the LD Partnership Board. Airedale, Wharfedale and Craven CCG are not part of the VACCU arrangement but are committed to working in partnership with NYCC in the development and delivery of this programme.

4.5 Progress reports on Winterbourne View are also received by the North Yorkshire Safeguarding Adults Board, the North Yorkshire Learning Disability Partnership Board and the Learning Disabilities Programme Board which is internal to the Health and Adult Services Directorate at NYCC.

## **5. Recommendations**

5.1 It is recommended that the Health and Wellbeing Board:

- Note the progress covered in the Winterbourne Stocktake including the key issues identified and the areas where support has been requested;
- Note that the Safeguarding Adults Board and the Learning Disabilities Partnership Board will continue to monitor and challenge the progress made;
- Undertake to oversee the development of the joint strategic plan required in the Winterbourne View Concordat as indicated in Norman Lamb's letter.

Report sponsor

**Helen Taylor**  
**Corporate Director – Health and Adult Services**

**10 July 2013**

### **Enclosures**

Appendix 1 - Letter from Norman Lamb – 17/5/13

Appendix 2 - Winterbourne View – Stocktake

From Norman Lamb MP  
Minister of State for Care and Support



To: Chairs, Health and Wellbeing Boards  
Cc: Council Leaders and Chief Executives  
Chairs and Chief Operating Officers, GGCs

Richmond House  
79 Whitehall  
London  
SW1A 2NS  
Tel: 020 7210 4850

*Dear Colleague,*

### **Delivery of the Winterbourne View Concordat and review commitments**

I am writing to you at the start of your taking on your statutory functions to stress the pivotal local leadership role that Health and Wellbeing Boards can play in delivering the commitments made in the Winterbourne View Concordat<sup>1</sup> which represents a commitment by over 50 organisations across the sector – including the Local Government Association, NHS England, the NHS Confederation, Royal Colleges and third sector organisations – to reform how care is provided to people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. There is widespread agreement across the sector that the care of this group of vulnerable people requires fundamental change.

The abuse of people at Winterbourne View hospital was horrifying. For too long and in too many cases this group of people received poor quality and inappropriate care. We know there are examples of good practice. But we also know that too many people are ending up in hospital unnecessarily and they are staying there for too long.

NHS England, NHS Clinical Commissioners, the Local Government Association, the Association of Directors of Adult Social Services and the Association of Directors of Children's Services each committed to working collaboratively with CCGs and Local Authorities to achieve a number of objectives by 1 June 2014, including that from April 2013, health and care commissioners will set out:

*“a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of children, young people and adults with challenging behaviour in their area.*

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<sup>1</sup> [https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127312/Concordat.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.pdf.pdf)

*This could be undertaken through the health and wellbeing board and could be considered as part of the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy (JHWS) process;*

- The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.*
- We will promote and facilitate joint and collaborative commissioning by local authorities and CCGs to support these objectives.*

Health and wellbeing boards have an opportunity through their role in agreeing the CCG and Local Authority Joint Plans to challenge the level of ambition in the plan and ensure that the right clinical and managerial leadership and infrastructure is in place to deliver the co-produced plan.

Health and wellbeing boards will, no doubt, also want to take an active interest in how far the other commitments in the Concordat, particularly those relating to care reviews having been completed by June 2013, have been achieved, as well as satisfying themselves that commissioners are working across the health and social care system to provide care and support which does not require people to live in inappropriate institutional settings.

It will only be through creative local joint commissioning and pooled budgets working with people who use services, their families, advocacy organisations and carers and other stakeholders (including providers) that we will deliver more joined-up services from the NHS and local councils in the future and see real change for this very vulnerable group.

Health and wellbeing boards are well placed to agree when a pooled budget will be established (if not already) and how it will promote the delivery of integrated care – care that is coordinated and personalised around the needs of individuals; which is closer to home and which will lead to a dramatic reduction in the number of inpatient placements and the closure of some large in-patient settings.

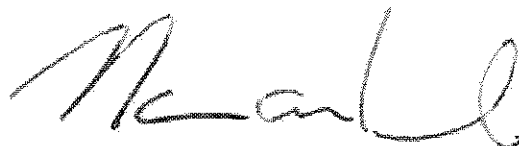
The Department of Health has supported the establishment of an NHS England and Local Government Association-led Winterbourne View Joint Improvement Board. This Board will be working closely with a range of partners to develop and implement a sector-led improvement programme working with local health and social care communities to deliver real and lasting change in the support and

care for people with learning disabilities or autism who also have mental health conditions or behaviours viewed as challenging. It will shortly be in touch with you separately to take stock of progress in your area so that any appropriate level of support can be arranged.

Due to the very public nature of these failures in care, I am sure that you will want to ensure that your health and wellbeing board is able to provide transparent public information and assurance on progress locally.

Further information about the work of the improvement programme, including a recently issued framework for conducting reviews of care locally, is available on the LGA website. If you have any innovative practice to share, or views on how the programme can be designed and developed to ensure rapid progress and real and lasting change, please contact the programme chair via [Chris.Bull@local.gov.uk](mailto:Chris.Bull@local.gov.uk)

*Yours sincerely,*



NORMAN LAMB

*We hope to publish progress around the country in meeting the commitments made in the Concordat in the Summer.*

*Thanks so much for your work on this incredibly important issue!*





**North Yorkshire response: Winterbourne View Joint Improvement Programme**

**Initial Stocktake of Progress against key Winterbourne View Concordat Commitment**

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

**The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to [Sarah.Brown@local.gov.uk](mailto:Sarah.Brown@local.gov.uk)**

An easy read version is available on the LGA [website](#)


May 2013



**North Yorkshire Winterbourne View Local Stocktake June 2013**


<b>1. Models of partnership</b>	<b>Assessment of current position evidence of work and issues arising</b>	<b>Good practice example (please tick and attach)</b>	<b>Support required</b>
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>The commissioning landscape of North Yorkshire is particularly complex, with 6 CCGs across the county’s footprint. At this point we are still establishing working relationships with the South Lakes, Cumbria CCG as this entails only one GP practice this has not been a priority for them.</p> <p>The Local Authority (North Yorkshire County Council- NYCC) and the Vulnerable Adults and Children’s Commissioning Unit (VACCU) which works on behalf of 4 Clinical Commissioning groups (CCGs) in North Yorkshire have set up a Winterbourne Implementation Group. This includes the City of York Council, local Community LD providers - Tees Esk and Wear Valley Foundation Trust (TEWV) and Leeds and York Partnership Foundation Trust (LYPFT) and the chair of the LD Partnership Board.</p> <p>There has been the recent appointment of jointly funded post (between NYCC, City of York Council (CYC) Harrogate and Rural District (HaRD) Hambleton and Richmond and Whitby(HRW), Scarborough and Ryedale (SR) and Vale of York (VOY) Clinical Commissioning Groups (CCGs)) of Director of Partnerships and Commissioning. The postholder is due to commence their role in September 2013 therefore at present the responsibility for</p>		<p>If we cannot establish working relationships we may ask for support in this area.</p>

	<p>leadership for joint delivery of this programme will remain with NYCC. However we expect senior level NHS leadership to be picked up by the Director of Partnerships and Commissioning at VACCU.</p> <p>Airedale Wharfedale and Craven Clinical Commissioning Group (AWC CCG) have committed to working in partnership with the Local Authority (NYCC) to the development and delivery of this programme. It should be noted that this involves a different NHS England area team from the rest of North Yorkshire.</p>		
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning &amp; providers).</p>	<p>VACCU as referred to throughout the document are the major partner with NYCC. The 2 NHS providers TEWV and LYPFT are actively working with NYCC and VACCU to support the actions of the Winterbourne View (WBV) Concordat. Initial discussions have also taken place with neighbouring council City of York. (CYC). NYCC are anticipating a joint approach across the 2 Local Authorities and have recently developed the Winterbourne Implementation Group with the aim of achieving joint approaches to outcomes of the WBV Concordat. Contact has been made by the VACCU with the specialist commissioners but they are not yet formally engaged and this needs further action by them.</p>		<p>Engagement of specialist commissioners required.</p>
<p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.</p>	<p>NYCC Health and Adult Services have established a Learning Disabilities Programme Board (LDPRB) with a primary function of identifying and analysing service capacity and needs following the reviews of ALL people living Out of Area, which includes people with</p>	<p>NYCC have implemented a wider review of out of area placements to include ALL</p>	<p>A joint strategic planning function needs to be established</p>

<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>complex needs, mental health conditions, frailty, physical and sensory impairments as well as people with Learning disabilities and /or Autism in residential and community based settings placement reviews.</p> <p>The Learning Disability Partnership Board (LDPB) discusses regular reports presented by the lead officer for Winterbourne View Review. NYCC and Health commissioners delivered a workshop on WBV in Nov 2012 for the LDPB. A follow up workshop is planned for Sept 2013 to be jointly delivered by NYCC and VACCU.</p>	<p>people living out of area funded wholly or part funded by the LA irrespective of impairment or condition</p>  <p>Stakeholder Feedback following or</p>	<p>when the VACCU Director is in post.</p>
<p>1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.</p>	<p>The Executive Member (Cllr Clare Wood) chairs the North Yorkshire Health and Well Being Board and has been regularly briefed on progress with the WBV review. Formal reports have been made to the Health and Well-Being Board. The initial report was in November 2012 and a further report will made on the 19<sup>th</sup> of July 2013 including a report on this stocktake.</p>		
<p>1.6 Does the partnership have arrangements in place to resolve differences should they arise.</p>	<p>Issues not resolved at a local level are discussed at the NYCC Health and Adult Services Learning Disabilities Programme Board. On a joint agency basis the Winterbourne Implementation Group will review areas of concern and identify solutions. At DASS and CCG Chief Officer level there is the recently established Integrated Commissioning Board, which has a key role in resolving differences that are escalated to the Board.</p>		

<p>1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships &amp; Safeguarding Boards.</p>	<p>Accountabilities are becoming clearer however there needs to be more discussion around these relationships and NYCC see this as being a key activity for the New Director of Partnerships and Commissioning within the VACCU. Further work will need to be undertaken to understand fully the implications of the exercise and where there are opportunities to work together.</p>		<p>Data sharing needs to be consistent and guidance would be beneficial to all organisations.</p>
<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>NYCC have significant Ordinary residence (OR) issues, and associated financial liabilities due to having 2 large Camphill Village Trust Villages within North Yorkshire (approximately 60% of the 118 people were not originally funded by NYCC). NYCC is a net importer of people with learning disabilities and older people.  The move to tenancy accommodation and a move away from residential care is an increasing trend. NYCC is committed to this policy direction but this places a considerable financial burden upon the Local Authority.</p>		<p>North Yorkshire County Council would welcome a review of the OR guidance, as well as financial support to alleviate the situation.</p>
<p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>We (NYCC and VACCU) would want to consider this after September when the new Director of Partnerships and Commissioning within the VACCU is in post, and would welcome any guidance or support from the National Commissioning Board, particularly around recommissioning and the review process.</p>		<p>Support requested.</p>
<p><b>2. Understanding the money</b></p>			
<p>2.1 Are the costs of current services understood across the partnership.</p>	<p>NYCC are currently undertaking a Value for Money exercise and using an adapted form of</p>		

<p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p> <p>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.</p>	<p>Care Cost calculator to understand costs for each individual package of care delivered Out of Area (OOA).  AWC CCG can identify costs from NHS commissioned care specialist placements that are not under the remit of the NHS England Specialist Commissioning Team and Continuing Care Team.  VACCU can identify costs from NHS Commissioned care and specialist placements not under the remit of NHS England Specialist Commissioning Team.  Information has been requested from the Specialist Commissioning Group (SCG) for information on those funded by specialist commissioning.</p> <p>All partners are aware of the individual funding arrangements, although not in the Bentham area as previously outlined.</p> <p>No</p>		<p>Support requested to identify specialist commissioning information and to engage the South Lakes CCG.</p>
<p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</p>	<p>There is no pooled budget, therefore we do not share financial risks, however where health are part funding, NYCC will pay the provider, and recharge health for costs. This means that providers are paid promptly and incur lower admin charges. This also ensures the individual receives the care required as needed.  There is a financial risk to NYCC with this policy</p>		

<p>2.5 Have you agreed individual contributions to any pool.</p> <p>2.6 Does it include potential costs of young people in transition and of children's services.</p> <p>2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.</p>	<p>No</p> <p>There are joint approaches to transitions; however we want to develop this further. As a council we are currently reviewing how to provide services to young people from 14 to 25 years in light of feedback and the Children and Families Bill.</p> <p>Harrogate and Rural District CCG are currently undertaking a review of their transitions processes.</p> <p>NYCC has a well developed medium term financial strategy, however there is no joint medium term financial strategy. This will be a priority for development with the VACCU and the Integrated Commissioning Board .</p>		
<p><b>3. Case management for individuals</b></p> <p>3.1 Do you have a joint, integrated community team.</p> <p>3.2 Is there clarity about the role and function of the local community team.</p>	<p>No. Some teams were co-located but this is no longer the case.</p> <p>AWC CCG has a collaborative case management arrangement with Bradford Districts and City CCGs. There is clarity of role and function and clear links with Local authority teams. Sufficient capacity. Joint reviews underway.</p> <p>TEWV have responsibility for four health teams with clarity of role and function. Committed to a recovery model.</p> <p>VACCU will need to give consideration to the timely inclusion of local community LD providers in the re-provision of those out of area to ensure required services are available to meet the person's needs for example access to clinical input.</p>	 <p>A good model of care questions draft 1.doc</p>	

<p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>	<p>NYCC has invested to create additional reviewing capacity that will deliver the aims of the WBV programme. All NYCC assessment teams have undertaken awareness rising sessions on Concordat Actions. An NYCC operational task group has been established to coordinate the reviews of Out of Area (OOA) placements and undertake quality audits of reviews.</p> <p>This group has developed draft guidance on “What a good review should look like” for staff following the LGA framework.</p> <p>A complex needs reviewing team is delivering comprehensive reassessments of the majority of the complex OOA placements.</p> <p>The NYCC operational task group and complex needs reviewing teams are working closely with Continuing Health Care colleagues. There have been concerns about the capacity of the CHC team that transferred to VACCU from the PCT.</p>		
<p>3.4 Is there clarity about overall professional leadership of the review programme.</p>	<p>Due to the complex nature of the changes in health commissioning, NYCC Health and Adult services has lead on the WBV Concordat Actions to date. Senior NHS leadership will be achieved through the Director of Partnerships Commissioning who comes into post September 2013.</p>		
<p>3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.</p>	<p>All people being reviewed have a named worker and advocacy is provided where necessary.</p>		
<p><b>4. Current Review Programme</b></p>			

<p>4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.</p>	<p>NYCC has taken the perspective that ALL people placed out of area will be reviewed to ensure they are placed appropriately and it is in their Best Interests. We have prioritised the reviews of those individuals who fall within the Winterbourne Concordat in the first instance.</p> <p>Partners have identified numbers of people affected by the programme and arrangements are being put in place to support them and their families.</p>	
<p>4.2 Are arrangements for review of people funded through specialist commissioning clear?</p>	<p>VACCU Response: VACCU have been informed that there are 15 people from North Yorkshire and York who are being funded through Specialist commissioning and all have been reviewed. A breakdown by CCG has been requested.</p> <p>Airedale Wharfedale and Craven (AWC) CCG collaborative case management arrangement with Bradford Districts and City CCGs have identified all clients commissioned by specialist commissioning, allocated local case manager and have agreed programme of review/reviewing arrangements.</p>	
<p>4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.</p>	<p>Not at this point, however, we ensure access to advocacy for any individual who requires this support.</p>	
<p>4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.</p>	<p>NYCC has concentrated on a comprehensive search to identify all people living out of area. We will undertake the development of a comprehensive local register of people with</p>	<p>Clarity on data protection and sharing of</p>



4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual

behaviour that challenges on completion of the OOA Reviews.

AWC area fully compliant.

VACCU Response: Registers of all those with LD/Autistic Spectrum Disorder for the HaRD, HRW, SR and VOY CCG are complete. Registers of all those who have other behaviour that challenges are in progress.

VACCU hold the registers on behalf of HaRD, HRW, SR and VOY CCGS.

A register by CCG of those funded by Specialist Commissioning Group (SCG) has been requested.

NYCC Health and Adult services has a comprehensive register of all people living out of area funded or part funded by NYCC HAS. This is updated on a monthly basis and shared with all assessment teams.

CYC, NYCC and VACCU are in early discussions about an information sharing protocol of registers.

AWC area fully compliant – this includes the people with Learning Disability whose care is commissioned by the specialist functions of

patient identifiable information for those who are fully health funded but expectation that reviews are jointly undertaken.

NYCC would value any information on models of good practice.

<p>4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes</p> <p>4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.</p> <p>4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.</p>	<p>NHS England.</p> <p>There is mixed experiences of available out of area advocacy. Some councils spot contract, therefore we have additional expenditure to purchase this service, as we cannot access an existing service, whilst in other areas this is available with no charge. It is offered to people where there may be significant changes to the way they support is provided.</p> <p>NYCC and VACCU have a case file audit system to check the quality of the reviews. NYCC is also developing a checklist of 'what a good quality review should look like' supported by the LGA framework issued in March 2013.</p> <p>NYCC and VACCU Joint Response: Staff will review all risk assessments and plans, with other professionals. We have good examples of people moving from services and both services have worked together to support the transition for the person.</p>		<p>This is an area where we may require centralised financial support.</p>
<p>4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.</p>	<p>VACCU Response: All those with LD/Autistic Spectrum Disorder in hospital in patient settings were reviewed by 31<sup>st</sup> May 2013. A review of all those out of area including those in residential settings is planned. Assessment of the capacity required to undertake this will be undertaken with NYCC. NYCC have taken the wider approach of reviewing ALL people OOA, and have</p>		

	<p>established an operational task and finish group which is coordinating all of the reviews, the quality of the reviews and monitoring completion and outcome of the reviews. As stated we will prioritising all Winterbourne Reviews.</p> <p>There is a clear plan for all outstanding reviews to be undertaken by May 31<sup>st</sup> 2014.</p>		
<p><b>5. Safeguarding</b></p> <p>5.1 .Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.</p>	<p>We engage fully with other local authority safeguarding arrangements whenever we are contacted by other local authorities in accordance with the ADASS cross boundary protocol.</p> <p>During a complex investigation of a large scale learning disability provider in our area, we developed our work to communicate with other authorities who had placed in our area. Our good practice helped to influence the eventual ADASS protocol.</p> <p>We have identified some situations where other local authorities safeguarding arrangements delegate the investigation process to care providers which can be unsatisfactory.</p> <p>NYCC practice is to engage with the local contracting team to discuss any concerns and gain information including safeguarding concerns as part of the assessment process.</p>		
<p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments.</p>	<p>This happens through Baseline Assessment Visits (BAV) (quality visits) risk assessments and care planning documents are viewed to ensure they are in place and robust. Where they are weak an action plan is developed and monitored with the provider to ensure</p>		

<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>	<p>improvements are made. Safeguarding activity is promoted through Baseline Assessment Visits (BAVs) and the provision of free safeguarding training which is offered to all providers in the area. This is also monitored and actions taken where a provider has low take up of the training. Non-residential providers who are located out of county but deliver care in county can access NYCC training and participate in Baseline Assessments.</p> <p>There is regular engagement with housing providers regarding the development of supported housing. The NYCC lead on Supporting People meets with the seven District Council Chief Housing Officers regularly.</p> <p>A multi-disciplinary Engagement Meeting is held every quarter, with attendance from NYCC Contracts, Procurement and Quality Assurance Team, NYCC Safeguarding, CCG CHC/Safeguarding, CQC and Police. Information is shared regarding planned visits and inspections by all agencies, themes from safeguarding processes, on-going investigations involving providers and any areas of concern. Adult Safeguarding Officers, Contracting Quality Assurance Officers, CHC/Safeguarding nurses and CQC inspectors liaise on a regular basis about specific issues.</p> <p>CPQA team regularly checks the CQC website to ensure that they have reviewed any recently published inspection reports and alerts from the website have been set up.</p> <p>NYCC Operational Winterbourne View</p>		
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	<p>reviewing group are undertaking an audit of CQC ratings for all OOA placements, and are monitoring safeguarding alerts and where Best Interest decisions have been undertaken.</p>	
<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>Adults Safeguarding Board has standing item on Winterbourne which monitors progress of the Concordat Action Plan.</p> <p>The Adult Safeguarding Board receives and offer critical feedback on the programme from both the health and social care perspective. This is useful in providing an impartial review. The Assistant Director for Social Care Operations sits on both the SAB and co-chairs the Joint Transitions Steering Group (with Children and Young Peoples Services and Health Commissioners).</p>	
<p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p>	<p>C/ref 5.1 and 5.3 for response. All assessors will contact the local Contracting Team where the individual lives and discuss quality, safeguarding trends and any other concerns of the provider before the review/reassessment takes place.</p>	
<p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p>	<p>Yes – including appropriate membership of the Board</p>	
<p>5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.</p>	<p>North Yorkshire has a two tier local authority structure with 7 District Councils. Community Safety Partnerships operate at District Council level with varying levels of engagement.</p>	

<p>5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.</p>	<p>Work has been undertaken on hate crime with engagement between North Yorkshire Police and the LD Partnership Board which has been highly successful.</p> <p>Safeguarding operational management teams meet 3 times a year to focus on areas of joint concern with police and health commissioning colleagues.</p>		
<p><b>6. Commissioning arrangements</b></p> <p>6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p> <p>6.2 Are these being jointly reviewed, developed and delivered.</p> <p>6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.</p>	<p>VACCU Response: From a AWC, HaRD, HRW and SR Clinical Commissioning Group perspective the support needs of people who have been identified as being suitable to move from current in-patient environment can be accommodated within existing commissioning arrangements.</p> <p>Assessment of commissioning requirements for those within two inpatient facilities Oak Rise and White Horse View (VOY CCG) are in progress.</p> <p>VACCU response: Currently no joint arrangements other than on case by case basis with Local authority staff</p> <p>This mapping is currently being undertaken.</p> <p>AWC CCG response: Information has been shared and only one patient as outlined in 6.4. ( also see response to 4.5)</p>		

<p>6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.</p> <p>6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.</p> <p>6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.</p>	<p>AWC Response: Only 1 patient: current care is appropriate to needs and family happy with placement and client prognosis is such that it is likely that this will be an 'end of life' placement. VACCU response: Discussions underway with partners to re-provide care in the community for those whose discharge is planned and to consider reduction of future in patient placements.</p> <p>AWC are positive in terms of joint reviewing approaches however there is no decommissioning plans for this group VACCU response: Not yet .The Specialist Commissioning group have reviewed all people that are funded by them. Further work needed on improving communication and information sharing.</p> <p>Further work and actions to be agreed.</p>		
<p>6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.</p> <p>6.8 Is your local delivery plan in the process of being developed, resourced and agreed.</p> <p>6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).</p>	<p>There is mixed experiences of available advocacy. Some Councils spot contract, therefore NYCC have additional expenditure to purchase this service, whilst in other areas this is available with no charge. It is offered to people where there may be significant changes to the way their support is provided. Where there are safeguarding concerns there is access to IMCA. As outlined in 3.3</p> <p>NYCC response: NYCC has 479 people in OOA placements. 29% (106) are people with LD and 4% (15) are people with Autism.</p>		

<p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>	<p>NYCC are committed to undertaking a review and an analysis of what is in the person's Best interests with each person living out of area by June 2014</p> <p>VACCU Response: We are confident that all people in inpatient settings who are out of area will be placed nearer to home and in less restrictive environments by June 2014 where it is in the persons' best interests.</p> <p>Currently unsure about those in out of area placements commissioned by Specialist Commissioners.</p> <p>Commissioning intentions are to have processes for reviewing those out of area as robust as those for those in area.</p> <p>People will be placed nearer to their current home if that is what they want and it is in their best interests. There are some examples of people wanting to be placed in other parts of the county to be nearer to family members. It has been recognised that current market capacity is a challenge in terms of enabling people to return to live in North Yorkshire with the right type of accommodation and availability.</p>		
<p><b>7. Developing local teams and services</b></p> <p>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.</p>	<p>VACCU Response: Assessment in process – for majority of those with LD/Autistic spectrum disorder, those moving from inpatient settings will be absorbed within local service. Negotiations underway with providers regarding those within in area in patient</p>		



<p>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.</p>	<p>facilities.</p> <p>NYCC operational staff would contact NYCC contract team to check that the Advocacy service if on provider list, if not, they would need to check that they were quality assured via the host Local Authority and whether there was any concerns about that provider before agreeing to use of that service. AWC Response: Currently not really applicable for AWC client.</p> <p>The host Local Authority would inform NYCC Contracting team via letter of agreement that all advocacy services commissioned on behalf of NYCC are on the host LA's approved provider list and comply with quality assurance standards.</p> <p>Those advocacy services within North Yorkshire commissioned by the CCGs or NYCC have quality and effectiveness monitored as part of the contract monitoring process.</p>		
<p>7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.</p>	<p>NYCC Response only: There is an significant training package for all qualified staff, which includes complex decision making, therefore we feel confident that Best Interests is integral to care planning. The LD Partnership Board has suggested that a review of the quality of training is undertaken to ensure assurance of the quality of Best Interest decisions.</p>		
<p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b></p>			

<p>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.</p>	<p>VACCU response: Crisis services are commissioned. We are currently negotiating the commissioning of Section 136 services for the 4 CCG areas.  AWC response: TEWV team at Skipton will provide within existing commission in community.  The Joint (VACCU/NYCC/CYC) Winterbourne Implementation Group are to discuss shared understanding and agreement on responses to emergency/crisis situations.</p>		
<p>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)</p>	<p>VACCU response: Plans are in place to commission improved services for those detained under Mental Health Act and develop joint training programme with partners within police, community mental health and Learning Disability services council staff, ambulance staff and Acute General Hospital staff.  NYCC have invested in an additional 7.5 FTE Advanced Mental Health Practitioners (AMPH) posts.</p>		
<p>8.3 Do commissioning intentions include a workforce and skills assessment development.</p>	<p>Intentions are to include workforce and skills development within plans. Local MH/LD Providers are undertaking a training needs analysis as part of overall service development plan.</p>		
<p><b>9. Understanding the population who need/receive services</b></p>			
<p>9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.</p>	<p>NYCC response: We have clearly identified them as a priority group and we have established a number of strategic approaches such as the NYCC Health and Adult Services Learning Disability Programme Board. One of</p>		

<p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>the aims of this Board is to bring together information from reviews and assessments and compare this to current provision. Using this information, we can plan longer term changes to the market.</p> <p>Local engagement with service users and carers and providers is planned to inform future planning of services for people with complex needs including people with behaviour that challenges.</p> <p>NYCC complete Equality impact assessments for all service transformation and development. Further engagement with colleagues in public health will take place to inform planning.</p>		
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<p><b>10. Children and adults – transition planning</b></p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>NYCC HAS does not have any joint commissioning arrangements with NYCC Children and Young People Services (CYPS), however there are continued joint strategic discussions to on how to develop these approaches in the future and we are currently considering as previously outlined the possibility of a joint 14 to 25 years services.</p> <p>It is recognised that much of the former work on transitions has been focussed on pathways between children’s and adults services, and not on whether adult services are young adult responsive and are the kind of services that younger people want to use. Further work is needed on this.</p> <p>There is a Transition data base and spread sheet, updated quarterly that captures education, social care and health information (around CHC) that go to</p>		<p>Support, advice and shared learning/experiences of other Local Authorities would be useful.</p>
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	Local Transition Groups in three areas quarterly.		
<p><b>11. Current and future market requirements and capacity</b></p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>NYCC HAS is producing a Market position statement for local providers which will provide information to enable them to plan future business development.</p> <p>We also have a Market Development Board, of which includes the Independent Care Providers, Voluntary sector, Health (VACCU) and housing providers. It is recognised that WBV actions need to be considered on future agendas</p> <p>Some this work has been undertaken by the NYCC Learning Disability Programme Board. Analysis has been undertaken about provision with local Supportive Living providers.</p> <p>Further work is needed regarding transitions.</p> <p>NYCC recognise that there is a need for further work, however WBV actions are a regular agenda item on NYCC HAS Learning Disabilities Programme Board and mapping of need and market capacity is on-going.</p> <p>VACCU are undertaking a piece of work to identify gaps in some provision. Negotiations with providers due to take place to identify possible solutions to meet gaps in current pathway.</p> <p>NYCC and VACCU are organising a Provider Workshop for Autumn 2013 to discuss market capacity and development.</p>		<p>NYCC and VACCU would welcome support to develop a greater understanding of future market requirements and developing capacity.</p>

	<p>NYCC, CYC and VACCU have initiated a joint working group to deliver on WBV Concordant, with an emphasis on analysis of market capacity, gaps and joint approaches to market development. Within the last 12 months NYCC have held provider forums with Learning Disability providers to explore the development of accommodation with support. NYCC SAB holds an annual North Yorkshire Safeguarding Conference. Gavin Harding, co-chair of the National Forum delivered a speech on need for changes following Winterbourne View at the conference in 2012.</p>	
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Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

**This document has been completed by**

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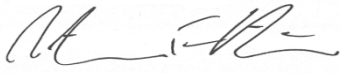
Contributions from: NYCC HAS/CYPS/ AWC CCG / VACCU

Signed by:



Chair HWB

**County Councillor Clare Wood**



LA Chief Executive

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