

HEALTH & WELLBEING BOARD SUPPLEMENTARY AGENDA

12 June 2013

8 WINTERBOURNE CONCORDAT (Pages 1 - 40)

Progress report from the Havering Clinical Commissioning Group approach to care planning – report and appendices now attached.

Ian Burns
Acting Assistant Chief Executive

This page is intentionally left blank

HEALTH & WELLBEING BOARD

Subject Heading:

Winterbourne View Final Report – Proposed Action Plan

Board Lead:

Joy Hollister
Group Director – Childrens, Adults and Housing –
London Borough of Havering

Report Author and contact details:

Joy Hollister
Joy.hollister@haverling.gov.uk
01708 433804

The subject matter of this report deals with the following priorities of the Health and Wellbeing Strategy

- Priority 1: Early help for vulnerable people
- Priority 2: Improved identification and support for people with dementia
- Priority 3: Earlier detection of cancer
- Priority 4: Tackling obesity
- Priority 5: Better integrated care for the 'frail elderly' population
- Priority 6: Better integrated care for vulnerable children
- Priority 7: Reducing avoidable hospital admissions
- Priority 8: Improve the quality of services to ensure that patient experience and long-term health outcomes are the best they can be

SUMMARY

This report and the accompanying document attached as Appendix 1 details the findings and proposed action plan from the Winterbourne View Report.

RECOMMENDATIONS

- To note the content of the response to the final Winterbourne View Review published by the Department of Health (DoH) in December 2012
- To provide appropriate challenge to the draft outline of the Council's response to a number of the 63 action points set out in the DoH Review.

REPORT DETAIL

1. Background to Winterbourne View

- i. On the 31st May 2011, the BBC's Panorama programme revealed horrific and systematic abuse at the privately run Winterbourne View residential hospital for people with a learning disability. This unit was administered by Castlebeck Ltd and situated in Hambrook, near Bristol.

- II. The disclosures which were made during the programme of maltreatment led to the closure of Winterbourne View and criminal proceedings against 11 staff members. A programme of inspections by the Care Quality Commission (CQC) of care services for people with a learning disability was undertaken as a direct consequence.
- III. The Department of Health (DoH) also commissioned a large scale review of the issues raised by this affair. The interim report was published last summer and after some delay, the final report was published in December 2012.
- IV. The Community Learning Disability Service (CLDS) has outlined its key actions in response to the 63 listed by the DoH some of which are listed within the body of this report. A proposed action plan which sets out a list of comprehensive actions is attached as appendix A.
- V. A number of services and institutes will implement numerous actions following on from the Winterbourne Review to ensure that the recommendations are met.

2. London Borough of Havering

- I. From April 2013 Directors, management and leaders of organisations providing NHS or local authority funded services are required to provide assurance that systems and processes are in place to ensure they deliver high quality and appropriate care. For the LBH, this assurance is being undertaken by both the Safeguarding Adults Board and by bringing reports to this Board.
- II. From April 2013 - Health and care commissioners should use contracts to hold providers to account for the quality and safety of the services they provide. There are already systems in place across health and social care to monitor services. Where the Local Authority has concerns, the Quality Team undertakes both announced and unannounced visits. A range of enforcement action will then be undertaken including informing the Care Quality Commission.
- III. By 1 June 2013 - Health and care commissioners, working with service providers, people who use services and families, will review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual, based around their and their family's needs and agreed outcomes.
- IV. All LD clients residing in residential placements funded by the local authority (both in and out of borough) have been reviewed post Winterbourne. The CLDT are also working with four clients who are in private hospital provision or assessment and treatment units. These four people all have allocated workers and are being regularly reviewed. Even if there is no current plan for discharge, contact is maintained and progress monitored.
- V. No later than 1 June 2014 - Health and care commissioners should put plans into action as soon as possible and all individuals should be receiving personalised care and support in appropriate community settings no later than 1 June 2014.
- VI. By April 2014 - CCGs and local authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. This could potentially 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) processes.

3. Care Quality Commission (CQC)

- i. From June 2012 - CQC will continue to make unannounced inspections of providers of learning disability and mental health services. NELFT is undertaking its own programme of unannounced visits.

- ii. CQC will take enforcement action against providers who do not operate effective processes to ensure they have sufficient numbers of properly trained staff. Where LBH is made aware by the CQC that enforcement action is required, the LA will ensure that all residents residing in particular provisions are reviewed. Decisions will be made about continuation of placement via safeguarding processes, including any mental capacity considerations.
- iii. From April 2013 - CQC will take action to ensure the model of care is included as part of inspection and registration of relevant services. CQC will set out the new operation of its regulatory model, in response to consultation, in spring 2013.
- iv. From April 2013 - CQC will share the information, data and details they have about providers with the relevant CCGs and local authorities.
- v. From April 2013 - CQC will assess whether providers are delivering care consistent with the statement of purpose made at the time of registration.

4. Governance

- i. In order to ensure a joined up approach to the 63 recommendations from the Winterbourne View Review, a robust approach is required from all organisations involved with care of people with Learning Disabilities. By working in partnership with the CCG, Health and Wellbeing Board and safeguarding teams we can ensure people in Havering have services of the highest quality, which promote their health and wellbeing.
- ii. The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally. This should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014. The full document is attached as appendix 2.
- iii. This document follows on from a recent letter from Norman Lamb; Minister of State regarding the role of Health and Wellbeing Boards (HWBB). The stocktake will provide a local assurance tool for the HWBB. Letter attached as appendix 3
- iv. 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 their HWBB, but responses need to be developed with local partners, including CCGs, and shared with HWBBs.

5. Workforce Development

- i. From April 2013 - Health Education England (HEE) will take on the duty for education and training across the health and care workforce. HEE will work with the Department of Health, providers, clinical leaders and other partners to improve skills and capability to respond to the needs of people with complex needs. LBH workforce development team will link with HEE to assist in developing a course for Health and Social Care staff to meet this recommendation.

6. Department of Health

- i. As part of the review, the Department of Health have a range of actions which are discussed further in the attached action plan, appendix A. Updates will be brought to the Board where their reviews require local action.

7. Services and institutes

- i. The College of Social Work will produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions.

- ii. The British Psychological Society will provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings which NELFT will hold responsibility for.
- iii. The Royal College of Speech and Language Therapists has produced a report relating to good practice standards for commissioners and providers which promotes reasonable adjustments required to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospitals and residential settings.
- iv. Skills for Health and Skills for Care will develop national minimum training standards and a code of conduct for healthcare support workers and adult social care workers. When published, we will ensure that actions are taken forward through our workforce development teams.
- v. Skills for Care will develop a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour.
- vi. From March 2013, the NHSCB will work with ADASS to develop practical resources for commissioners of services for people with learning disabilities, including:
 - model service specifications;
 - new NHS contract schedules for specialist learning disability services;
 - models for rewarding best practice through the NHS; commissioning for Quality and Innovation (CQUIN) framework; and
 - A joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.
- vii. From 1 April 2013 - The NHSCB will ensure that all CCGs develop local registers of all people with challenging behaviour in NHS-funded care.
- viii. From April 2013 - the strong presumption will be in favour of pooled budget arrangements with local commissioners, offering justification where this is not done. The NHSCB, ADASS and ADCS will promote and facilitate joint commissioning arrangements. Locally, this work is underway across the LA and the CCG.
- ix. The NHSCB will ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism receive safe, appropriate and high quality care. The presumption should always be for services to be local and that people remain in their communities.
- x. From April 2013 - The NHSCB and ADASS will implement a joint health and social care self-assessment
- xi. framework to monitor progress of key health and social care inequalities from April 2013.
- xii. By summer 2013 - Provider organisations will set out a pledge or code model based on shared principles,
- xiii. along the lines of the Think Local Act Personal (TLAP) Making it Real principles.

IMPLICATIONS AND RISKS

Financial implications and risks:

The resource implications arising from implementing the proposed action plan will be managed within existing Adult Social Care and Commissioning budgets.

The financial implications and risks arising from implementing pooled budget arrangements will be considered once this work is sufficiently progressed.

There are no direct implications arising from the HWB noting the contents of this report and the responses to the action points.

Caroline May - Strategic Finance Business Partner (Children, Adults and Housing Directorate & Public Health)

Legal implications and risks:

There are no legal implications in noting the content of the Review and the draft response of the Council.

Stephen Doye - Legal Manager (Litigation)

Human Resources implications and risks:

The outcomes and action points from the Winterbourne View Report will have a direct impact on the Council's workforce, and for that of providers and partner organisations delivering services to adults with learning disabilities from the Havering community either on behalf of, or in conjunction with, the Council. Adult Social Care will have lead responsibilities for various workforce-related actions from the report.

Adult Social Care aims to launch its new 3-year Workforce Development Strategy and Plan this summer. It will be essential to ensure that the relevant workforce implications from this report are captured within the new Plan, and that the framework of the Strategy supports what is required to deliver on the specific workforce actions coming out of the Winterbourne View Report, as set out in the report action plan.

Eve Anderson – Strategic HR Business Partner (Children's, Adults & Housing and Public Health)

Equalities implications and risks:

LBH has a legal duty of care towards service users and is also bound by the relevant Disability Legislation in terms of making reasonable adjustments to its services.

The local authority needs to ensure that the rights and duties contained in the Mental Capacity legislation are applied and that advocacy services are available.

BACKGROUND PAPERS

<https://www.gov.uk/government/publications/winterbourne-view-hospital-interim-report-improving-care-of-vulnerable-people-with-learning-disabilities>

Whilst not technically background papers the following reports were considered:

The South Gloucestershire Safeguarding Adults Board - DR. Margaret Flynn, which was published in July 2012.

<http://www.rcslt.org/searchresults?cx=011969068685854286987%3Afturkm82seq&cof=FORID%3A11&q=LEARNING+DISABILITIES>

http://www.local.gov.uk/web/guest/adult-social-care/-/journal_content/56/10171/4013688/ARTICLE-TEMPLATE

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|------|--------|-------------------|------|----|
|-----|------|--------|-------------------|------|----|

Winterbourne View Timetable of Actions

This Report sets out a range of national actions which the Department of Health and its partners will deliver to lead a redesign in care and support for people with learning disabilities or autism and mental health conditions or behaviours viewed as challenging.

The Department of Health is committed to working with partners to monitor progress, hold all players to account for delivery, and ensure better experiences and improved outcomes for this very vulnerable group of people.

LBH's response is below.

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|----------------|---|---|--|----------|
| 1. | From June 2012 | CQC will continue to make unannounced inspections of providers of learning disability and mental health services employing people who use services and families as vital members of the team. | NELFT are undertaking its own programme of unannounced visits. LBH Quality Team will undertake visits to local LD providers where significant safeguarding concerns have been identified. Also when the CQC notify LBH of failing providers or problematic services. LBH Commissioners would be involved. | Jackie Phillips Commissioning and Rinaldo Meza Quality CCG Lead. | On going |
| 2. | From June 2012 | CQC will take tough enforcement action including prosecutions, restricting the provision of services, or closing providers down, where providers consistently fail to have a registered manager in place. | No specific actions for LBH. LBH will continue to highlight concerns about providers to LD Commissioners and via Safeguarding processes where appropriate. | Not applicable for names Lead however this is everyone's responsibility. | |
| 3. | From June 2012 | CQC will take enforcement action against providers who do not operate effective processes to ensure they have sufficient numbers of properly trained staff. | Where LBH is made aware by the CQC that enforcement action is required the LA will ensure that all residents residing in particular provisions are reviewed and decisions made about continuation | CLDT and Safeguarding and Quality Teams. | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|--------------------|---|--|---|----|
| | | | of placement via safeguarding processes including any mental capacity considerations. Where failing providers are identified information will be shared with other Las who may also have funding and placement accountabilities. | | |
| 4. | From November 2012 | The cross-government Learning Disability Programme Board will measure progress against milestones, monitor risks to delivery and challenge external delivery partners to deliver to the action plan of all commitments. CQC, the NHSCB and the head of the LGA, ADASS, NHSCB development and improvement programme will, with other delivery partners, be members of the Programme Board, and report on progress. | ASC will continue to monitor updates from the LD Programme Board as and report and update local appropriate Boards i.e. Health and Wellbeing and the LD Partnership Board. | HoS | |
| 5. | From December 2012 | The Department of Health will work with the CQC to agree how best to raise awareness of and ensure compliance with Deprivation of Liberty Safeguards provisions to protect individuals and their human rights and will report by Spring 2014. | The volume of DoLS requests are monitored via the LBH Safeguarding Team and reported to the SAB. Continue to raise awareness of DoLS with all providers via the Provider Forums. | Lead – Chair of the LBH SAB. Tom O’Vens Commissioning. Quality Team Rinaldo Meza. | |
| 6. | From December 2012 | The Department of Health will, together with CQC, consider what further action may be needed to check how providers record and monitor restraint. | Refer to action 1 | | |
| 7. | From December 2012 | The Department of Health will work with independent advocacy organisations to identify the key factors to take account of in commissioning advocacy for people with learning disabilities in hospitals so that people in hospital get good access to information, advice and advocacy that supports their particular needs. | NA | | |
| 8. | From December | The Department of Health will work with independent advocacy organisations to drive up the quality of independent advocacy, | . Brief this item at the LDPB June 15, | | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|-------------------------|--|---|---|----|
| | 2012 | through strengthening the Action for Advocacy Quality Performance Mark and reviewing the Code of Practice for advocates to clarify their role. | 2013 and ensure that People First and other advocates are aware. Locally contracted advocacy services receive regular contract reviews which focus on quality and outcomes. | | |
| 9. | From December 2012 | A specific work-stream has been created by the police force to identify a process to trigger early identification of abuse. The lessons learnt from the work undertaken will be disseminated nationally. All associated learning from the review will be incorporated into training and practice, including Authorised Professional Practice. | LBH will continue to cooperate with all Police investigations with regard to Adult Safeguarding. | | |
| 10. | From December 2012 | The College of Social Work, to produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions; | Document not currently published. | Andrew Sykes CLDT | |
| 11. | From December 2012 | The British Psychological Society, to provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings. | NELFT responsibility | Linda Batty | |
| 12. | From December 2012 | The Royal College of Speech and Language Therapists, to produce good practice standards for commissioners and providers to promote reasonable adjustments required to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospital and residential settings. | http://www.rcslt.org/speech_and_language_therapy/commissioning/resource_manual_for_commissioning_and_planning_services | Maxine Slapper (Lead SLT NELFT LD Services). | |
| 13. | By end of December 2012 | The Local Government Association and NHS Commissioning Board will establish a joint improvement programme to provide leadership and support to the transformation of services locally. They will involve key partners including DH, ADASS, ADCS and CQC in this work, as well as people with challenging behaviour and their families. The programme will be operating within three months and Board and leadership arrangements will be in place by the end of December 2012. DH will provide funding to support this work. | LBH Watching Brief. | | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|----------------------|--|---|--------------------------------|----|
| 14. | By end December 2012 | By December 2012 the professional bodies that make up the Learning Disability Professional Senate will refresh <i>Challenging Behaviour: A Unified Approach</i> to support clinicians in community learning disability teams to deliver actions that provide better integrated services. | The 2007 version continues to be relied upon? Once published this guidance will be taken to NELFT's Professional Leads Group for discussion. Havering Leads will inform LBH/CLDT. | Linda Batty and Dr Bini Thomas | |
| 15. | By January 2013 | Skills for Health and Skills for Care will develop national minimum training standards and a code of conduct for healthcare support workers and adult social care workers. These can be used as the basis for standards in the establishment of a voluntary register for healthcare support workers and adult social care workers in England. | Workforce Development Steering Group to consider supporting the establishment of a voluntary register. | Jennifer Manson and HoS. | |
| 16. | By February 2013 | Skills for Care will develop a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour | No specific action for LBH. | | |
| 17. | By March 2013 | The Department of Health will commission an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay. The audit will be repeated one year on to enable the learning disability programme board to assess what is happening. | Any reports or learning outcomes arising from these audits will be considered and actioned locally where necessary. | HoS | |
| 18. | By March 2013 | The NHSCB will work with ADASS to develop practical resources for commissioners of services for people with learning disabilities, including: <ul style="list-style-type: none"> • model service specifications; • new NHS contract schedules for specialist learning disability services; • models for rewarding best practice through the NHS; commissioning for Quality and Innovation (CQUIN) framework; and • a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress. | Ensure that LBH Commissioning is aware of the output from these various areas - via Head of Service. | HoS | |
| 19. | By March | The NHSCB and ADASS will develop service specifications to support | NA | | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|-------------------|--|---|--|----|
| | 2013 | CCGs in commissioning specialist services for children, young people and adults with challenging behaviour built around the model of care in Annex A. | | | |
| 20. | By March 2013 | The Joint Commissioning Panel of the Royal College of General Practitioners and the Royal College of Psychiatrists will produce detailed guidance on commissioning services for people with learning disabilities who also have mental health conditions. | CCG and NELFT Psychiatry and LD Commissioners to take forward. When the guidance is published. | Alan Steward CCG and Health Commissioners | |
| 21. | By March 2013 | The Royal College of Psychiatrists will issue guidance about the different types of inpatient services for people with learning disabilities and how they should most appropriately be used. | NA | | |
| 22. | By 1 April 2013 | The NHSCB will ensure that all Primary Care Trust develop local registers of all people with challenging behaviour in NHS-funded care. | CCG not LBH | | |
| 23. | By 1 April 2013 | The Academy of Medical Royal Colleges and the bodies that make up the Learning Disability Professional Senate will develop core principles on a statement of ethics to reflect wider responsibilities in the health and care system. | Any reports or learning outcomes arising from these audits will be considered and actioned locally where necessary. | | |
| 24. | By 1 April 2013 | The National Quality Board will set out how the new health system should operate to improve and maintain quality. | NA | | |
| 25. | By 1 April 2013 | The Department of Health will work with key partners to agree how Quality of Life principles should be adopted in social care contracts to drive up standards. | Make LBH Commissioning aware - redraft of Commissioning Strategy and Action Plan | Jackie Phillips | |
| 26. | From 1 April 2013 | The NHSCB will make clear to CCGs in their handover and legacy arrangements what is expected of them in maintaining local registers, and reviewing individual's care with the Local Authority, including identifying who should be the first point of contact for each individual. | NA | | |
| 27. | From April 2013 | The NHSCB will hold CCGs to account for their progress in transforming the way they commission services for people with learning disabilities/autism and challenging behaviours. | NA | | |
| 28. | From April 2013 | Health Education England will take on the duty for education and training across the health and care workforce and will work with the | Workforce Development Team to link into Health Ed England with | Jennifer Manson | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|-----------------|--|---|-----------------|----|
| | | Department of Health, providers, clinical leaders and other partners to improve skills and capability to respond the needs of people with complex needs. | regard to course development for Health and Social Care Staff. | | |
| 29. | From April 2013 | CQC will take action to ensure the model of care is included as part of inspection and registration of relevant services from 2013. CQC will set out the new operation of its regulatory model, in response to consultation, in Spring 2013. | Refer to action 1 – and model of care will be included as part of local monitoring arrangements. | Rinaldo Meza | |
| 30. | From April 2013 | CQC will share the information, data and details they have about providers with the relevant CCGs and local authorities. | No specific action – apply watching brief. | | |
| 31. | From April 2013 | CQC will assess whether providers are delivering care consistent with the statement of purpose made at the time of registration. | Refer to action 1 – review of statement of purpose will be included as part of local monitoring arrangements. | | |
| 32. | From April 2013 | Monitor will consider in developing provider licence conditions, the inclusion of internal reporting requirements for the Boards of licensable provider services to strengthen the monitoring of outcomes and clinical governance arrangements at Board level. | No specific action for LBH | | |
| 33. | From April 2013 | The strong presumption will be in favour of pooled budget arrangements with local commissioners offering justification where this is not done. The NHSCB, ADASS and ADCS will promote and facilitate joint commissioning arrangements. | LBH remains committed to pooled budget arrangements as the best way of ensuring effective integrated services for people with LD. HoS /LBH to ensure local Commissioners are aware. | HoS | |
| 34. | From April 2013 | The NHSCB will ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism receive safe, appropriate and high quality care. The presumption should always be for services to be local and that people remain in their communities. | No Specific Actions for LBH | | |
| 35. | From April 2013 | Health and care commissioners should use contracts to hold providers to account for the quality and safety of the services they provide. | Contract monitoring procedures. | Jackie Phillips | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|------------------|---|--|------|----|
| 36. | From April 2013 | Directors, management and leaders of organisations providing NHS or local authority funded services to ensure that systems and processes are in place to provide assurance that essential requirements are being met and that they have governance systems in place to ensure they deliver high quality and appropriate care. | Discuss with Commissioning and Quality LBH to ensure process is in place. Ensure that governance criteria are widely known. | AF | |
| 37. | From April 2013 | The Department of Health, the Health and Social Care Information Centre and the NHSCB will develop measures and key performance indicators to support commissioners in monitoring their progress. | NA | | |
| 38. | From April 2013 | The NHSCB and ADASS will implement a joint health and social care self-assessment framework to monitor progress of key health and social care inequalities from April 2013. The results of progress from local areas will be published. | CLDT will be alert to the issue of the newly designed framework. | | |
| 39. | From April 2013 | The Department of Health will work with the LGA and Healthwatch England to embed the importance of local Healthwatch involving people with learning disabilities and their families. A key way for local Healthwatch to benefit from the voice of people with learning disabilities and families is by engaging with existing local Learning Disability Partnership Boards. LINks (local involvement networks) and those preparing for Healthwatch can begin to build these relationships with their Boards in advance of local Healthwatch organisations starting up on 1 April 2013. | AF will brief this to LDPB June 15, 2013 - AF to work with others with regard to briefing and actions when available. Via the LDPB and other Board's service users will be made aware of Healthwatch. The LDPB will be encouraged to become involved. | | |
| 40. | By Spring 2013 | The Department of Health will immediately examine how corporate bodies, their Boards of Directors and financiers can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps. We will consider both regulatory sanctions available to CQC and criminal sanctions. We will determine whether CQC's current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account and will assess whether a fit and proper persons test could be introduced for board members. | No specific actions however a Watching Brief to apply. | | |
| 41. | From Spring 2013 | CQC will take steps now to strengthen the way it uses its existing powers to hold organisations to account for failures to provide quality care. It will report on changes to be made from Spring 2013. | Watching Brief | | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|----------------|--|---|--|----|
| 42. | By 1 June 2013 | Health and care commissioners, working with service providers, people who use services and families, will review the care of all people in learning disability or autism inpatient beds and agree a personal care plan for each individual based around their and their families' needs and agreed outcomes. | This links directly to the work that NELFT is undertaking with regard to Autism Pathway and Assessment work. When this is available CLDS will bring to the attention of the LDPB. | Annette Froud and Head of Service in role as co-chair of LDPB D Horne (NELFT) | |
| 43. | By Summer 2013 | Provider organisations will set out a pledge or code model based on shared principles - along the lines of the Think Local Act Personal (TLAP) Making it Real principles. | LBH Commissioning regarding TLAP (Think Local Act Personal).Watching Brief | Jackie Phillips | |
| 44. | By Summer 2013 | The Department of Health, with the National Valuing Families Forum, the National Forum of People with Learning Disabilities, ADASS, LGA and the NHS will identify and promote good practice for people with learning disabilities across health and social care. | CLDT to be alert to the output from these groups and will brief on the detail when known. Annette Froud - Head of Service | | |
| 45. | By summer 2013 | The Department of Health will explore with the Royal College of Psychiatrists and others whether there is a need to commission an audit of use of medication for this group. As the first stage of this, we will commission a wider review of the prescribing of antipsychotic and antidepressant medicines for people with challenging behaviour. | No specific actions for LBH | | |
| 46. | By June 2013 | The Department of Health and the Department for Education will work with the independent experts on the Children and Young People's Health Outcomes Forum to prioritise improvement outcomes for children and young people with challenging behaviour and agree how best to support young people with complex needs in making the transition to adulthood. | At a local level CLDT will brief Community Nursing and the Specialist Nurse for Challenging Behaviour about this remit. Will also ensure that this action is put on a Transitions Agenda for discussion or other appropriate forum. Annette Froud or delegated other. | Annette Froud all involved in Transaction work. | |
| 47. | In 2013 | The Department of Health and the Department for Education will develop and issue statutory guidance on children in long-term residential care. | No specific actions for LBH - other than circulating the guidance once it becomes available. Any specific actions will be undertaken by the | Andrew Sykes – including the Children with Disabilities | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|------------------|---|---|--|----|
| | | | SAB. | Team | |
| 48. | In 2013 | The Department of Health and the Department for Education will jointly explore the issues and opportunities for children with learning disabilities whose behaviour is described as challenging through both the SEN and Disability reform programme and the work of the Children's Health Strategy. | Annette Froud is part of the steering group for SEND and will ensure that other members are aware of the detail of this. Head of Services; Adult Social Care and Learning and Achievement to discuss - to also include the Children with Disabilities Team. | Annette Froud and Steering Group re SEND | |
| 49. | In 2013 | The Department of Health will work with independent advocacy organisations to drive up the quality of independent advocacy. | Local advocacy services to be monitored. This action to be briefed at the June 15, 2013 LDPD. | Annette Froud or delegated person. | |
| 50. | In 2013 | The Department for Education will revise the statutory guidance <i>Working together to safeguard Children</i> . | Any revisions to statutory guidance will be addressed through LBH SAB governance procedures to include feedback from the Children with Disabilities Team | Head of Service and Group Director | |
| 51. | In 2013 | The Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations will work with ADASS and ADCS to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children, young people and adults with challenging behaviour. This should include a focus on the safe and appropriate use of antipsychotic and antidepressant medicines. | Discuss with Dr Bini Thomas- Annette Froud action. Andrew Sykes to discuss with Danny Wilson Community Nurses Modern Matron - NELFT. | Annette Froud | |
| 52. | By December 2013 | The Department of Health will work with the improvement team to monitor and report on progress nationally, including reporting comparative information on localities. We will publish a follow up report by December 2013. | No specific actions | | |
| 53. | By end 2013 | The Department of Health with external partners will publish guidance on best practice around positive behaviour support so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk and never to punish or humiliate. | LBH Commissioning and Service areas need to be alert to the work currently in progress by DoH to ensure that any compliance issues are addressed and any changes to | Safeguarding Adults Board and others. | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|---------------------------|---|---|---|----|
| | | | monitoring processes are adopted. | | |
| 54. | By end 2013 | There will be a progress report on actions to implement the recommendations in <i>Strengthening the Commitment</i> the report of the UK Modernising learning disability Nursing Review. | No specific actions for LBH however the CLDS will liaise with NELFT with regards to the community nurses No specific actions for LBH | | |
| 55. | By end 2013 | CQC will also include reference to the model in their revised guidance about compliance. Their revised guidance about compliance will be linked to the Department of Health timetable of review of the quality and safety regulations in 2013. However, they will specifically update providers about the proposed changes to our registration process about models of care for learning disability services in 2013. | Watching Brief | | |
| 56. | From 2014 | The Department of Health will work with the Department for Education to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood. | Annette Froud is part of the steering group for SEND and will ensure that other members are aware of the detail of this. Head of Services; Adult Social Care and Learning and Achievement to discuss. As above. | Annette Froud and others. | |
| 57. | By April 2014 | CCGs and local authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. This could potentially 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) processes. | Group Director, Head of Services and local Service Managers to be alert to the requirements of this action. | Alaine Clarke Gemma Andrews regarding JSNA? | |
| 58. | No later than 1 June 2014 | Health and care commissioners should put plans into action as soon as possible and all individuals should be receiving personalised care and support in appropriate community settings no later than 1 June 2014. | Also links to 42 above. Local strategies and plans will be revised to ensure that this action is supported locally. | Annette Froud and Head of Service | |

| No. | Date | Action | LBH CLDS Response | Lead | By |
|-----|------------------|---|--|------|----|
| 59. | In 2014 | The Department of Health will update the Mental Health Act Code of Practice and will take account of findings from this review. | No specific action – Watching Brief. | TBA | |
| 60. | By December 2014 | The Department of Health will publish a second annual report following up progress in delivering agreed actions. | Watching Brief | TBA | |
| 61. | From 2014/15 | The Department of Health will develop a new learning disability minimum data set to be collected through the Health and Social Care Information Centre. | Watching Brief and Discuss what needs to be done locally with regards to the collection of data - via the LBH Performance Team | TBA | |
| 62. | By Summer 2015 | NICE will publish quality standards and clinical guidelines on challenging behaviour and learning disability. | Watching Brief | TBA | |
| 63. | By Summer 2016 | NICE will publish quality standards and clinical guidelines on mental health and learning disability. | As item 62 | | |

DRAFT

This page is intentionally left blank



DH Winterbourne View Review

Concordat: Programme of Action

Concordat: Programme of Action

| DH INFORMATION READER BOX | | |
|----------------------------|--|-----------------------------------|
| Policy | Clinical | Estates |
| HR / Workforce | Commissioner Development | IM & T |
| Management | Provider Development | Finance |
| Planning / Performance | Improvement and Efficiency | Social Care / Partnership Working |
| Document Purpose | For Information | |
| Gateway Reference | 18518 | |
| Title | Winterbourne View Review: Concordat: A Programme of Action | |
| Author | Department of Health | |
| Publication Date | December 2012 | |
| Target Audience | PCT Cluster CEs, NHS Trust CEs, SHA Cluster CEs, Care Trust CEs, Foundation Trust CEs , Medical Directors, Directors of PH, Directors of Nursing, Local Authority CEs, Directors of Adult SSs, GPs, Directors of Children's SSs | |
| Circulation List | PCT PEC Chairs, PCT Cluster Chairs, NHS Trust Board Chairs, Special HA CEs, Directors of HR, Directors of Finance, Allied Health Professionals, Communications Leads, Emergency Care Leads, Voluntary Organisations/NDPBs | |
| Description | The concordat / agreement sets out a programme of action to transform services for people with learning disabilities or autism and mental health conditions or behaviours described as challenging. It sets out specific actions to which each organisation has committed to take forward within clear timeframes. | |
| Cross Ref | DH Review - Transforming care: A National Response to Winterbourne View Hospital DH Review: Winterbourne View Hospital Interim Report | |
| Superseded Docs | N/A | |
| Action Required | N/A | |
| Timing | N/A | |
| Contact Details | Mental Health, Disability and Equality Department of Health Room 313A Richmond House 79 Whitehall SW1A 2NS | |
| For Recipient's Use | | |

DH Winterbourne View Review

Concordat: Programme of Action



Learning Disability Professional Senate

Vision for change

The abuse of people at Winterbourne View hospital was horrifying. Children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviour that challenges have for too long and in too many cases 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 unnecessarily in hospital and they are staying there for too long. This must stop.

We (the undersigned) commit to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them¹.

These actions are expected to lead to a rapid reduction in hospital placements for this group of people by 1 June 2014. People should not live in hospital for long periods of time. Hospitals are not homes.

We will safeguard people's dignity and rights through a commitment to the development of personalised, local, high quality services alongside the closure of large-scale inpatient services and by ensuring that failures when they do occur are dealt with quickly and decisively through improved safeguarding arrangements. Safeguarding is everybody's business.

All parts of the system - commissioners, providers, the workforce, regulators and government - and all agencies - councils, providers, the NHS and police - have a role to play in driving up standards for this group of people. There should be zero tolerance of abuse or neglect.

The Government's Mandate to the NHS Commissioning Board² sets out:

"The NHS Commissioning Board's objective is to ensure that Clinical Commissioning Groups work with local authorities to ensure that vulnerable people, particularly those with learning disabilities and autism, receive safe, appropriate, high quality care. The presumption should always be that services are local and that people remain in their communities; we expect to see a substantial reduction in reliance on inpatient care for these groups of people."

We commit to working together, with individuals and their families and with the groups that represent them, to deliver real change. Our shared objective is to see the health and care system get to grips with past failings by listening to this very vulnerable group of people and their families, meeting their needs and working together to commission the range of support which will enable them to lead fulfilling and safe lives in their communities.

¹ For the purpose of this Concordat we will use the phrase "people with challenging behaviour" as shorthand for this group

² <http://www.dh.gov.uk/health/2012/11/nhs-mandate/>

How we will make change happen:

The key actions are:

- **Health and care commissioners will review all current hospital placements and support everyone inappropriately placed in hospital to move to community-based support as quickly as possible and no later than 1 June 2014:**

The NHS Commissioning Board (NHSCB) will:

- ensure that all Primary Care Trusts develop registers of all people with learning disabilities or autism who have mental health conditions or behaviour that challenges in NHS-funded care as soon as possible and certainly no later than 1 April 2013;
- make clear to Clinical Commissioning Groups (CCGs) in their handover and legacy arrangements what is expected of them, including:
 - in maintaining the local register from 1 April 2013; and
 - reviewing individuals' care with the Local Authority and identifying who should be the first point of contact for each individual.

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 care plan for each individual, based on their and 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. This support will include self-advocacy and independent advocacy where appropriate for the person and their family.
- **Every area will put in place a locally agreed joint plan for high quality care and support services for people of all ages with challenging behaviour, that accords with the model of good care.** These plans should ensure that a new generation of inpatients does not take the place of people currently in hospital.
 - This joint plan could potentially be undertaken through the health and wellbeing board and considered alongside the local Joint Strategic Needs Assessment and Joint Health and Wellbeing Strategy processes.
 - The strong presumption will be in favour of supporting this with pooled budget arrangements with local commissioners offering justification where this is not done.
 - **There will be national leadership and support for local change.** The Local Government Association and NHSCB will establish a joint improvement programme to provide leadership and support to transform services locally. They will involve key partners including the Department of Health (DH), The Society of Local Authority Chief Executives and Senior Managers (SOLACE), the Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) and the Care Quality

Commission (CQC) and will closely involve service providers, people with learning disabilities and autism and their families in their work. The programme will be operating within three months, with the Board and leadership arrangements in place by the end of December 2012. DH will provide funding to support this work.

▪ **Planning will start from childhood.**

- DH will work with the Department for Education (DfE) to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;
- DH and DfE will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England.

▪ **Improving the quality and safety of care:**

- DH commits to putting Safeguarding Adults Boards on a statutory footing and to supporting those Boards to reach maximum effectiveness;
- All statutory partners, as well as wider partners across the sector will work collaboratively to ensure that safeguarding boards are fully effective in safeguarding children, young people and adults;
- Over the next 12 months all signatories will work to continue to improve the skills and capabilities of the workforce across the sector through access to appropriate training and support and to involve people and families in this training, eg through self-advocacy and family carer groups.

▪ **Accountability and corporate responsibility for the quality of care will be strengthened:** DH will immediately examine how corporate bodies and their Boards of Directors can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps.

▪ **Regulation and inspection of providers will be tightened:** CQC will use existing powers to seek assurance that providers have regard to national guidance and good models of care. CQC will continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital parts of the team when relevant and appropriate to do so.

▪ **Progress in transforming care and redesigning services will be monitored and reported:**

- The Learning Disability Programme Board, chaired by the Minister for Care and Support, will lead delivery of the programme of change by measuring progress against

Concordat: Programme of Action

milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;

- The Department of Health will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Detailed commitments are set out at **Annex A**.

Signed by:

- Action for Advocacy
- Adults with Learning Disabilities Services Forum
- Association of Chief Police Officers
- Association of Directors of Adult Services
- Association of Directors of Children's Services
- Association for Real Change
- Autism Alliance UK
- British Association of Social Workers
- British Institute of Learning Disabilities
- British Psychological Society
- Care Quality Commission
- Challenging Behaviour Foundation
- Changing our Lives
- Chartered Society of Physiotherapy
- College of Occupational Therapists
- Council for Disabled Children
- Department of Health
- English Community Care Association (ECCA)
- Healthwatch England
- Health Education England
- Housing Learning and Improvement Network
- Housing & Support Alliance³
- Independent Healthcare Advisory Services
- Learning Disability Professional Senate
- Local Government Association (LGA)
- Mencap
- National Autistic Society
- National Care Association
- National Development Team for Inclusion
- National Forum of People with Learning Disabilities
- National Institute for Health and Clinical Excellence
- National Housing Federation
- National Quality Board
- National Valuing Families Forum
- NHS Clinical Commissioners
- NHS Commissioning Board
- NHS Confederation
- Royal College of General Practitioners
- Royal College of Psychiatrists
- Royal College of Nursing
- Royal College of Speech and Language Therapists
- Royal Pharmaceutical Society
- Shared Lives
- Sitra
- Skills for Care
- Skills for Health
- The Health and Social Care Information Centre
- The College of Social Work
- The Society of Local Authority Chief Executives and Senior Managers (SOLACE)
- United Response
- Voluntary Organisations Disability Group

³ formerly the Association of Supported Living and Housing Options

Concordat commitments

The NHS Commissioning Board (NHSCB), NHS Clinical Commissioners, the Local Government Association (LGA), Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS) commit to working collaboratively with CCGs and Local Authorities to achieve the following objectives by 1 June 2014 to:

- ensure that the right local services are available, regardless of who commissions them, for children, young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges;⁴
 - all people with challenging behaviour in inpatient assessment and treatment services are appropriately placed and safe, and if not make alternative arrangements for them as soon as possible. We expect most cases to take less than 12 months;
 - review funding arrangements for these people and develop local action plans to deliver the best support to meet individuals' needs;
 - review existing contracts to ensure they include an appropriate specification, clear individual outcomes and sufficient resource to meet the needs of the individual and appropriate information requirements to enable the commissioner to monitor the quality of care being provided;
 - ensure that everyone has a named care co-ordinator;
 - improve the general healthcare and physical health of people with learning disabilities – for example, all individuals in these services have a comprehensive health check within 6 months and a health action plan;
 - involve children, young people and adults with challenging behaviour and their families, carers and advocates in planning and commissioning services and seek and act on feedback about individual experience;
 - ensure that planning starts early with commissioners of children's services to achieve good local support and services for children and better transition planning for children with disabilities moving from children's to adult services;
 - ensure that from April 2013, health and care commissioners, 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. 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 Well-Being 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.
 - We will take account of the information and data shared by CQC when making decisions to commission care from proposed service providers.
 - We will expect CCGs and directors of adult social services to provide assurance to the Joint Improvement Programme that they are making progress in these areas and are commissioning safe and appropriate care.

⁴ For the purpose of this Concordat we will use the phrase "people with challenging behaviour" as shorthand for this group.

- Directors of children's services will be responsible for overseeing the overall quality and delivery of health and wellbeing services for children and young people for local authority commissioners; and directors of adult services will have similar responsibility for the overall quality and delivery of health and wellbeing services for adults.

Provider representative organisations⁵

We commit to publish plans that support our members to provide good quality care across health, housing and social care, as set out in the model of care⁶ and including:

- safe recruitment practices which select people who are suitable for working with people with learning disabilities or autism and behaviour that challenges;
- providing appropriate training for staff on how to support people with challenging behaviour;
- having appropriately trained, qualified and experienced staff,
- providing good management and right supervision;
- providing leadership in developing the right values and cultures in the organisation and respecting people's dignity and human rights as set out in the NHS Constitution;
- having systems in place which assure themselves, service users and families, carers, local Healthwatch and the public that essential requirements are being met and that they deliver high quality and appropriate care;
- identifying a senior manager or, where appropriate, a Director, to ensure that the organisation pays proper regard to quality, safety and clinical governance for that organisation.

In addition:

- We will bring forward a pledge or code model based on shared principles along the lines of the Think Local Act Personal (TLAP) Making it Real principles for learning disability providers by April 2013;
- We commit to working to significantly reduce the number of specialist hospitals in line with proposals in this concordat and working with our members to develop models that reflect the need for high quality community based approaches.⁷

Care Quality Commission

We commit to take the following actions – we will:

- use existing powers to seek assurance that providers have regard to national guidance and good models of care;
- take steps now to strengthen the way we use existing powers to hold organisations to account for failures to provide quality care and report on changes to be made from Spring 2013;
- take action to ensure the model of care is included as part of inspection and registration of relevant services from 2013. CQC will set out its new regulatory model in its response to the consultation in Spring 2013;
- include reference to the model in our revised guidance about compliance. Our revised guidance about compliance will be linked to the Department of Health timetable for the

⁵ Includes the Adults with Learning Disability Services Forum, Association for Real Change, ECCA, Housing & Support Alliance, the Independent Healthcare Advisory Services, National Care Association, National Housing Federation, NHS Confederation, Shared Lives, Sitra and Voluntary Organisations Disability Group.

⁶ References to the model of care are to the model set out in the Department of Health Review: Winterbourne View Hospital Interim Report (2012)

⁷ Signed up to by the Housing and Support Alliance, Voluntary Organisations Disability Group, Sitra, National Housing Federation and Housing LIN.

review of the quality and safety regulations in 2013. However, we will specifically update providers about the proposed changes to our registration process about models of care for learning disability services in 2013;

- continue to make unannounced inspections of providers of learning disability and mental health services, employing people who use services and family carers as vital members of the team;
- share the information, data and details we have about prospective providers with the relevant CCGs and local authorities through our existing arrangements;
- take a differentiated approach to inspections between different sectors of care provision to ensure the inspections are appropriate to the vulnerability and risk for the different care user groups, subject to the outcome of consultation on its new strategy;
- assess whether providers are delivering care consistent with the statement of purpose made at the time of registration, in particular whether treatment being offered and length of stay is aligned to the statement of purpose. Where it is not, CQC will take the necessary action to ensure that a provider addresses discrepancies either through changes to its services or changes to its statement of purpose;
- take tough enforcement action, including prosecutions, restricting the provision of services, or closing providers down, where providers consistently fail to have a registered manager in place or where there are other breaches of registration requirements;
- also consider whether it is able to use its existing powers to carry out a fit and proper person test of Board members as part of the registration of providers;
- take enforcement action against providers that do not operate effective recruitment procedures to ensure that their staff are suitably skilled, of good character and legally entitled to do the work in question. Operating effective recruitment procedures is a legal requirement and providers must be able to demonstrate to CQC that they have adequate procedures in place;
- continue to run the CQC stakeholder group that helped to shape and define the inspection of the 150 learning disability services. This will continue to meet twice yearly and will be chaired by the CQC Chief Executive. CQC will review the role and function of the group as part of that work programme to make sure it continues to provide advice and critique on CQC's inspection and monitoring of providers;
- meet with executives of provider organisations when there are serious concerns about quality and safety issues to discuss their governance and improvement initiatives to deliver safe and effective care;
- CQC's strategic review, launched in September 2012, includes a review of the delivery of its responsibilities under s120 of the Mental Health Act 1983 for the general protection of patients detained under the Act. This includes wide powers for CQC to review the exercise of functions and use of safeguards under the Act and investigating complaints by any person detained under the Act.

Skills for Care and Skills for Health

We commit to driving up the competency of the workforce by promoting positive behaviours, values and attitudes and by improving the skills, the learning and the qualifications of those working with people with learning disabilities and behaviour that challenges:

- Skills for Care will develop by February 2013 a framework of guidance and support on commissioning workforce solutions to meet the needs of people with challenging behaviour;

- Skills for Care and Skills for Health have been jointly commissioned by the Department of Health (DH) to develop a code of conduct and training standards that could be used by a body (or bodies) establishing a voluntary register(s) for healthcare support workers and adult social care workers in England as part of its standards for inclusion on a register from 2013.

Professional bodies that make up the Learning Disability Professional Senate⁸ and other professional bodies

We commit to providing clear professional leadership and support training of professionals providing care – in particular:

- to develop core principles on a statement of ethics to reflect wider responsibilities in the new health and care system by April 2013;
- to carry out a review of *Challenging Behaviour: A Unified Approach* by early 2013 to support professionals in community learning disability teams to deliver actions that provide better integrated services;
- as the Royal College of Nursing, to work with all 4 UK leads in taking forward the recommendations in *Strengthening the Commitment*, the report of the UK modernising Learning Disability Nursing Review, with a focus on workforce, leadership and education;
- as the Royal College of General Practitioners (RCGP) to commit to improving the lives and the care of people with learning disabilities and their families in their local communities and to the training of doctors to look after vulnerable groups in our society;
- as the Joint Commissioning Panel of the RCGP and the Royal College of Psychiatrists, to produce guidance on working with people with learning disabilities who also have mental health conditions by March 2013;
- as the Royal College of Psychiatrists, to issue guidance about the different types of inpatient services for people with learning disabilities, including some guidance aimed at commissioners;
- as the Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations, to work with ADASS and ADCS to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children and adults with learning disabilities. This should include a focus on the safe and appropriate use of anti-psychotics and anti-depressants;
- as the College of Social Work, working in collaboration with BASW and other professional organisations and with service user led groups, to produce key points guidance for social workers on good practice in working with people with learning disabilities who also have mental health conditions;
- as the British Psychological Society, to provide leadership to promote training in, and appropriate implementation of, Positive Behavioural Support across the full range of care settings;
- as the Royal College of Speech and Language Therapists, to produce good practice standards for commissioners and providers to promote reasonable adjustments required

⁸ This includes the Royal College of Psychiatrists, the Royal College of Nursing, the College of Occupational Therapists, the Royal College of General Practitioners, the College of Social Work, Chartered Society of Physiotherapy, the Royal College of Speech and Language Therapists, other professional bodies include the British Association of Social Workers and . the British Psychological Society.

to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospital and residential settings.

- To ensure that these actions are taken forward with people with learning disabilities and their families.

National Quality Board

The National Quality Board will by April 2013 set out how the new health system should operate to improve and maintain quality. This will provide clarity on the distinct roles and responsibilities of different parts of the system and how they should work together in the best interests of those using services.

The National Institute for Health and Clinical Excellence (NICE)

The National Institute for Health and Clinical Excellence (NICE) will publish Quality Standards and clinical guidelines on challenging behaviour in learning disability in Summer 2015 and on mental health and learning disability in Summer 2016.

Healthwatch

Healthwatch England will work with the Department of Health and the Local Government Association on how local Healthwatch will involve people with learning disabilities and their families, including working with Learning Disability Partnership Boards.

Health Education England

HEE commits to improving the quality of care for all patients from April 2013, including those with challenging behaviour, by identifying training needs and ensuring there is an education and training system fit to supply a highly trained and high quality workforce.

NHS Commissioning Board

In addition to the above actions, we commit to supporting changes in services that deliver improved outcomes - in particular, we will work with partners including ADASS and providers to develop practical resources for commissioners, including:

- model service specifications by March 2013;
- new NHS contract schedules for specialist learning disability services;
- models for rewarding best practice through the NHS Commissioning for Quality and Innovation (CQUIN) framework;
- a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress.

In January 2013, with DH, we will set out how to embed Quality of Health Principles in the system, using NHS contracting and guidance.

Association of Directors of Adult Social Services (ADASS) and Association of Directors of Children's Services (ADCS)

We commit to helping members to share best practice and to work with the LGA, the NHS CB and CCGs on the above actions and in addition:

Concordat: Programme of Action

- all local authorities and their local safeguarding partners, including the police and NHS organisations, should take action from now, ensuring that they have robust safeguarding boards and other arrangements in place;
- Safeguarding Adults Boards should review their arrangements and ensure they have the right information sharing processes in place across health and care to identify and deal with safeguarding alerts;
- We will produce guidance notes and simple key questions to raise awareness, ensure visibility and action at a local level and to empower members of Safeguarding Adults Boards, Health and Wellbeing Boards and Learning Disability Partnership Boards by December 2012.

Local Government Association (LGA)

- We commit to working with the NHS CB to provide leadership and support to the transformation of services locally via the development of an improvement programme. This will include supporting commissioning authorities to develop comprehensive, integrated local strategies for services for people with challenging behaviour. We will involve key partners including DH, SOLACE, ADASS, ADCS, NHS Clinical Commissioners and CQC in this work. The programme will be operating within three months with the Board and leadership arrangements being in place by the end of December 2012.

Association of Chief Police Officers (ACPO)

We recognise the importance of working together with statutory agencies, local authorities and safeguarding partners to enhance the service provided to vulnerable adults. We have reviewed the overall learning from Winterbourne View and will ensure the following:

- The one direct recommendation relating to the police regarding the early identification of trends and patterns of abuse has been fully recognised by Avon & Somerset Police. A specific workstream has been created by the force to identify a process to trigger early identification of abuse. The lessons learnt from the work undertaken will be disseminated nationally.
- All associated learning from the review will be incorporated into training and practice, including Authorised Professional Practice.

The Department of Health

We have set the strategic direction and proposals for legislation to reform health and social care. We commit to the following additional actions to provide a clear framework and improve quality, enable change to happen and to measure and monitor progress:

Children and transition

- The Department of Health (DH) and Department for Education (DfE) will work with the independent experts on the Children and Young People's Health Outcomes Forum to consider how to prioritise improvement outcomes for children and young people with challenging behaviour and how best to support young people with complex needs in making the transition to adulthood. This will report by June 2013;
- DH will work with the DfE to introduce a new single assessment process and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The

process will include young people up to the age of 25, to ensure they are supported in making the transition to adulthood;

- DH will work with DfE to develop and issue statutory guidance on children in long-term residential care (s85 and s86 of the Children Act 1989) in 2013;
- DH and DfE will jointly explore the issues and opportunities for children with learning disabilities whose behaviour is described as challenging through both the SEN and Disability reform programme and the work of the Children's Health Strategy.
- DfE is revising *Working Together to Safeguard Children*, statutory guidance on how organisations and individuals working with children should work together to safeguard and promote their welfare. The guidance will be published in due course. *Working Together to Safeguard Children* will make clear that professionals will be required to recognise and consider the differing needs of all children - babies, disabled children and older children - so that they can offer them the most appropriate help and support at the right time;
- From June 2013 Ofsted, CQC, Her Majesty's Inspectorate of Constabulary (HMIC), Her Majesty's Inspectorate of Probation and Her Majesty's Inspectorate of Prisons will introduce a new joint inspection of multi-agency arrangements for the protection of children in England;
- Under the new inspection frameworks published in September 2012, Ofsted will make judgements on the overall effectiveness, outcomes for children and young people, quality of care, safeguarding as well as leadership and management.

National leadership and support for local change

- DH will provide funding to support the Local Government Association and NHSCB to establish a joint improvement programme to provide leadership and support to the transformation of services locally;
- The national market development forum within the TLAP partnership will work with DH to identify barriers to reducing the need for specialist assessment and treatment hospitals and identify solutions for providing effective local services by April 2013;
- The Developing Care Markets for Quality and Choice programme will support local authorities to identify local needs for care services and produce market position statements, including for learning disability services;
- We will work with sector leaders on co-produced resources to support health and wellbeing boards on specific aspects of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). As part of this work, we will explore how, in responding to the issues raised in the Winterbourne View review, we will ensure that health and wellbeing boards have support to understand the complex needs of people with challenging behaviour;
- We will work with key partners to agree by April 2013 how Quality of Life principles should be adopted in social care contracts to drive up standards;

Strengthening accountability and corporate responsibility

- DH will review the regulatory requirements in respect of criminal records checks and whether providers should routinely request a criminal record certificate on recruitment from 2013 once the impact of the new service is understood;
- DH will immediately examine how corporate bodies and their Boards of Directors and financiers can be held to account for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps;

- We will consider both regulatory sanctions available to CQC and criminal sanctions. We will determine whether CQC's current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account.

Improving the quality and safety of care

- We have already committed to putting Safeguarding Adults Boards on a statutory footing (subject to parliamentary approval). DH will revise statutory guidance and good practice guidance to reflect new legislation and address findings from Winterbourne View, to be completed in time for the implementation of the Care and Support Bill;
- DH will, together with CQC, consider what further action may be needed to check how providers record and monitor restraint;
- With external partners, DH will publish by the end of 2013 guidance on best practice around positive behavioural support so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk and never to punish or humiliate;
- We will work with CQC to agree how best to raise awareness of and ensure compliance with the Deprivation of Liberty Safeguards (DOLS) provisions to protect individuals and their human rights and will report by Spring 2014;
- We will update the Mental Health Act Code of Practice during 2014 and this will take account of findings from this review;
- We will produce a progress report by the end of 2013 on actions to implement the recommendations in *Strengthening the Commitment*, the report of the UK Modernising Learning Disability Nursing Review;
- Through the Whistleblowing Helpline, we aim to increase awareness of whistleblowing for staff within the health and social care sectors. The helpline will advise employers on embedding best practice policy and procedure and staff on how to raise concerns and what protection they have in law when they do so;
- We will explore with the Royal College of Psychiatrists and others whether there is a need to commission an audit of use of medication for this group. As the first stage of this, DH will commission by summer 2013 a wider review of the prescribing of antipsychotic and anti-depressant medicines for people with challenging behaviour to report;
- We will work with the National Valuing Families Forum, the National Forum of People with Learning Disabilities, ADASS, LGA and the NHS to identify and promote good practice for people with learning disabilities across health, housing and social care by June 2013;
- We will work with independent advocacy organisations and other key partners to:
 - identify the key factors to take account of in commissioning advocacy for people with learning disabilities or autism in hospitals so that people in hospital get good access to information, advice and advocacy including self advocacy that supports their particular needs; and
 - drive up the quality of independent advocacy, through strengthening the Action for Advocacy Quality Performance Mark and reviewing the Code of Practice for advocates to clarify their role.

Measuring and monitoring progress

- By March 2013, DH will commission an audit of current services for people with challenging behaviour to take a snapshot of provision, numbers of out of area placements and lengths of stay;
- The audit will be repeated one year on to enable the Learning Disability Programme Board to assess what is happening;
- We will work with the Information Centre and the NHSCB to develop measures and key performance indicators (eg on numbers of people in hospital, length of stay) to support commissioners in monitoring their progress from April 2013;
- We will develop a new learning disability minimum data set to be collected through the Information Centre from 2014/15;
- We will continue to collate a suite of information and evidence relating to people with learning disabilities and behaviour which challenges and the health inequalities they experience and report on these to the Learning Disability Programme Board;
- The cross-government Learning Disability Programme Board, chaired by the Minister of State for Care and Support will lead delivery of the programme of change by measuring progress against milestones, monitoring risks to delivery and challenging external delivery partners to deliver to plan, regularly publishing updates;
- We will work with the improvement team to monitor and report on progress nationally. We will publish a follow-up report one year on by December 2013 and again as soon as possible following 1 June 2014, to ensure that the steps set out in this Concordat are achieved.

Forums and voluntary sector organisations

We, the undersigned who represent people who use services, self-advocates and families undertake to challenge statutory and public bodies in how they are delivering against these commitments.

This page is intentionally left blank

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 Colleagues,

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 Concordat¹ 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.

¹ https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127312/Concordat.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

Yours sincerely,



NORMAN LAMB

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

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

This page is intentionally left blank