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Date: Friday, 12 July 2013

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Dear Member

**HEALTH AND WELLBEING BOARD - WEDNESDAY, 17 JULY 2013**

I am now able to enclose, for consideration at the Wednesday, 17 July 2013 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

| <b>Agenda No</b> | <b>Item</b>  | <b>Page</b>       |
|------------------|--|-------------------|
| 7.               | <b>Update Report - Public Health</b>   | (Pages 96 - 97)   |
| 8.               | <b>Update Report - Healthwatch</b>   | (Pages 98 - 100)  |
| 9.               | <b>Update Report - Children's Services</b>   | (Pages 101 - 110) |
| 11.              | <b>Adult Learning Disability Services (including Winterborne View Action Plan)</b> | (Pages 111 - 149) |

Yours sincerely

Lisa Antrobus  
Clerk

# Agenda Item 7



**Title:** Update Report –Public Health

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 17 July, 2013

**Contact:** Debbie Stark

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## 1. Achievements since last meeting

- 1.1 Following the discussion on dementia at the last Health and Wellbeing Board, we applied to Public Health England (PHE) for support from their System Leadership – Local Vision programme. This was to progress work around a 'Dementia Aware Torbay' where shops and businesses were able to work towards an award for training their staff in dealing with customers with dementia.
- 1.2 The launch event took place at the Kings Fund on 28<sup>th</sup> June, and was attended from Torbay by Gerry Cadogan of Public Health and Pat Harris from Healthwatch. The Local Vision principle is about 'rewiring public services' with citizens, not institutions at the centre'.
- 1.3 Over the summer Public Health Torbay will develop a project plan with PHE, the CCG, Torbay Healthwatch and local people. Regular updates will be forwarded to the Health and Wellbeing Board.
- 1.4 The PH ring fenced allocation formula will be reviewed by ACRA during 2014 and will have a small premium element added. The ring fence is likely to remain. The payment for open access sexual health services is almost resolved. When a non-resident visits a local clinic, the provider will invoice the distant local authority at the value they would have charged their host local authority. An audit will need to be undertaken annually to test residency and charges are accurate.
- 1.5 Temporary appointments have been made or are being advertised to cover the loss of a number of staff during the transition. The post of DPH is being shared on an interim basis by Plymouth and Torbay for the period June to end of August.

## **Challenges for the next three months**

2.1 The most recent figures for teenage conceptions has shown an increase in the rate for Torbay, putting us at one of the highest in the country. This is despite investment in evidence based interventions and is a reversal to recent trends. A project to review services for teenagers, including sexual health clinics, will be undertaken between the Care Trust, Public Health, the CCG and Children's Services.

### **3. Action required by partners**

3.1 A recent peninsula meeting of Health and Wellbeing Boards and Scrutiny committees identified alcohol as a common priority. Torbay will host a summit on this issue to create a shared action plan across partners.

## **Appendices**

None

### **Background Papers:**

The following documents/files were used to compile this report:

None

**Title:** Update Report –Healthwatch

**Wards Affected:** All

**To:** Health and Wellbeing Board **On** 10 July 2013

**Contact:** Pat Harris  
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www.healthwatchtorbay.org.uk

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## 1. Achievements since last meeting

- 1.1 On 25<sup>th</sup> June Healthwatch Torbay Manager Pat Harris attended an NHS England Conference in London to provide a joint presentation with the South Devon & Torbay Clinical Commissioning Group (CCG) on our collaborative working with partners. During the conference, the collaboration between South Devon & Torbay CCG and Healthwatch Torbay was described as the “jewel in the crown of partnership working in the South West” by the Local Government Association’s senior Healthwatch adviser, Trish Stokoe. Healthwatch Torbay was put forward for working closely with the Health and Wellbeing Board, Director of Public Health at Torbay Council and the CCG throughout transition, authorisation and the establishment of the new organisations. The collaboration included support for Healthwatch Torbay youth work initiatives, including setting up Torbay Youth Power and training a team of Young Inspectors. The youth project has been cited by NHS England as an example of national good practice and is expected to be highlighted in a keynote speech at the Association of Directors of Children’s Services national conference.
- 1.2 To date we have provided responses and recommendations to six separate Quality Accounts for local NHS Trusts and other organisations, including: South Devon Healthcare NHS Foundation Trust; Torbay and Southern Devon Health & Care NHS Trust; Devon Partnership NHS Trust; Rowcroft Hospice Quality Account; and the Adult Social Care Local Account.
- 1.3 Healthwatch Torbay volunteers took part in a special assessment designed to assess Torbay Hospital across a range of environmental aspects against common guidelines. The Patient-led assessments of the care environment (PLACE) provide an annual snapshot that gives hospitals a clear picture of how their environment is seen by those using it, and how they can improve it.

Three of our volunteers undertook training to participate in the PLACE assessments.

- 1.4 We have attended a variety of events including: the first ever National Healthwatch Conference in Birmingham; information sessions at Pembroke Surgery (Paignton) and Brixham Community Centre; the Active for Life event at Torquay Town Hall; and we have also chaired a CCG Open Forum meeting Q&A session at the English Riviera Conference Centre in Torquay.
- 1.5 Our Youth Coordinator has been working at developing a successful partnership with South Devon College and was recently asked to be a guest judge at the prestigious Worldskills UK Health & Social Care Competition, held at the College. Healthwatch Torbay, South Devon College and Torbay Youth Power (TYP) have been working closely together for a while on a variety of different initiatives.
- 1.6 For National Carers Week, Healthwatch Torbay was involved in a variety of events, including hosting a Cream Tea for Carers event at the Livermead Cliff Hotel, Torquay, attended by over 50 local carers. Our Youth Coordinator also trained young adult carers to be peer evaluators at a creative activity event for young people at Parkfield Youth Centre, to gather feedback about the young carers service.
- 1.7 We are preparing a report on the Melville Hill/Warren Road area of Torquay to outline recommendations for improvement, after a survey we commissioned discovered people, on average, die 8 years younger in that area. We are also preparing a similar survey and report on the cost of wasted medication in Torbay and are revisiting recommendations that were put forward to the Torbay and Southern Devon Health & Care NHS Trust via our domiciliary report, to see if the actions were taken forward.
- 1.8 We have created a communications plan incorporating forthcoming events, which include three separate public community engagement events in Brixham, Paignton and Torquay town centre in September. We are currently working with the Herald Express on a patient-led double page spread on how changes to the NHS will affect the public, and also to produce a regular Healthwatch Torbay monthly column.

## **2. Challenges for the next three months**

- 2.1 We expect to appoint a dynamic new board to officially launch at our inaugural Annual General Meeting on Wednesday 18th September (6.30pm - 8.30pm) at Paignton Library. The closing date has now passed and interviews will take place before the end of July.
- 2.2 To ensure all the feedback we capture is utilised in the correct way, we are currently in the process of implementing a brand new information database system that will allow us to quickly and easily collate and analyse all the user feedback we receive. We will then be able to produce particularly extensive

reports and recommendations at a much faster rate. The system also allows us to signpost users to the correct services and deal with enquiries very efficiently.

- 2.3 To encourage the sharing of feedback and information for our new database, we will need to engage more with users. The implementation of our new communications plan is seen as a must in achieving this.

### **3. Action required by partners**

- 3.1 We do still need our partners to continue to continue helping to publicise and support the development of Healthwatch Torbay in any dealings that they have with the public and the media, including schools. We are receiving more and more regular patient feedback which we expect to grow further – any help to achieve this would be greatly appreciated.
- 3.2 Communication as a whole could be improved. There is a need for a joined up approach with all partners to create a single point of intelligence regarding services as there is already evidence of duplication between stakeholders which is no cost effective in this current climate.
- 3.3 Partners sharing their own information and feedback with us would help provide a greater understanding of patient issues. This would help us to make the correct recommendations for improvements and/or signposting and, in turn, help all of us provide greater user satisfaction.

**Title:** Update Report – Children’s Services

**Wards Affected:** All

**To:** Health and Wellbeing Board **On:** 17 July 2013

**Contact:** Richard Williams

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**Email:** [Richard.williams@torbay.gov.uk](mailto:Richard.williams@torbay.gov.uk)

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## 1. Achievements since last meeting

### 1.1 Children’s Partnership Improvement Plan:

A refocused and restructured has begun. The new plan (called CPIP 5) will focus on 5 main areas that will further embed the improvements made and move the partnership forward.

#### 1. Performance

The early part of 2013/14 has seen many of the positive trends continue with the number of children with a child protection plan continuing to fall. The number of children in care is also starting to decrease.

Assessment timeliness is improving but at a slower rate because of sickness, agency managers moving on and a spike in referral activity. This spike has been corroborated by partners who have also noted similar increases. Permanent managers have started in the initial response team which will aid the short to medium term recovery.

The main performance themes and headlines are:

- Referral rates increased sharply in May which has been noted by other partners.
- Triaging decisions within the hub continue to match and exceed benchmarks for the % of referrals going on to social care despite the recent upturn.
- Re-referral rates continue to demonstrate the positive medium to long term impact of the improvements although, May saw a slight increase related to the spike in referrals for this month.
- The timeliness of assessment was lower in May. This has been caused because of a spike in activity, the move on of agency managers and absence of key staff during this latest period. The lack of consistent management cover has now been addressed with the appointment of 2

permanent IRT managers who took up their posts in late June. This will positively contribute to the short to medium term recovery of assessment timeliness that now must also address the increases in case loads caused by this spike in activity.

- Torbay's relatively high levels of core and initial assessment activity are continuing. More time is needed to assess if the recent spike of assessment activity will be a sustained one.
- The total number of children in need is in line with comparable authorities.
- New CAF's initiated in month have spiked upward in line with the increase in statutory assessment work.
- The timeliness of ICPCs continues to be in line with the best performance nationally and has recovered from the lower performance reported during the later part of 2012/13.
- Although the volume of Section 47 investigations fell last year, Torbay is still completing more than statistical neighbours. The figures so far for 2013/14 indicate that this higher volume is continuing.
- Supervision compliance has improved to 80% in some teams but remains an area for further improvement in the permanence team. This is being addressed with the replacement of an agency manager by a permanent member of staff (in the interim).
- Child protection numbers continue to fall. If this trend continues, Torbay will be on track to match similar authorities in 2013/14.
- The number and proportion of children on plans for more than 18 months has reduced.
- Children in care numbers have decreased to 289.

Average caseload numbers continue to be in line with the expected target apart from the 2 Initial Response Team pods which are responding to a recent spike in the number of referrals meeting the threshold for assessment.

2.1 The five main projects with CPIP 5 are outlined below

- **Project 1** Developing organisational infrastructure, business planning and Quality Assurance. This will address the embedding of a quality assurance culture that feed a new business and service planning approach. It will also address thematic issues such as information sharing.
- **Project 2** Improving Safeguarding and Wellbeing. This project will embed the recommendations made by Ofsted and oversee the development and implementation of a single assessment framework and the ongoing improvement of adoption and fostering provision.
- **Project 3** Budget recovery. This project will monitor and track all the activity that will deliver managed reductions in spend and the completion of the recruitment and retention work started under CPIP 7.
- **Project 4** School Improvement. Focusing on the ongoing role of the Authority in developing and maintaining standards of attainment this project will address the delivery of the changes under the Children and Families bill; the Virtual school; and support to underperforming schools.
- **Project 5** Development and Implementation of a Joint Commissioning strategy. This project will identify opportunities for greater shared commissioning solutions with health and others. It will also include the use



of new funding streams i.e. social finance and will work with voluntary and private sector partners to deliver the Poverty commission's plans.

2.2 CPIP 7 has been closed having achieved 81% of all the 100s of actions it was set up to complete. 27 of the 34 work packages within CPIP 7 are also now closed. The remaining 7 work packages from the old programme will transition to CPIP 5.

### 3. **Monitoring the impact**

3.1 The impact of the changes is being monitored and checked in the following ways –

- **Formal reviews** have been set over the coming 6 to 12 months to examine the longer term impact of the changes made by each work package.
- The **report card** continues which will be monitored by both the Children Partnership Improvement Executive and Children Services Management team. The report card will also continue to be developed with the addition of more information relating to early help.
- **Impact checks** on social care practice will also be completed via a dip sample of cases that will also be reported to both the Improvement Executive and the Children's Management team.
- **Case audits** - routine case audits by practice managers and SLT continue.
- **Programme management** - as before, each work package will only be signed off once progress on the stated outcomes has been tested out and assured.

### 4. **Challenges for the next three months**

4.1 The formal protocol establishing the relationship between the HWBB and the LSCB has been reviewed following comments and is attached as an appendix 1. The LSCB has recently entered into the recruitment of a new Chair and this should be completed in the near future. Once appointed, it will be essential that the current LSCB structures are reviewed to prepare it for the ongoing challenges of monitoring and evaluating safeguarding across Torbay.

4.2 The appointment of the new Chair of the LSCB, the establishment of the new Lead Member for Children's Services and the appointment of the Executive Director for Operations and Finance to the Local Authority will all contribute to a sustainable future for the governance of safeguarding for children in Torbay. It is proposed to review these arrangements in the Autumn and if satisfied the DfE will remove the Local Authority from intervention. It is important to recognise the valuable contribution made by the previous post-holders of the above positions to the improvement agenda.

### 5. **Action Required by Partners**

5.1 Children's Services is currently facing increasing demands in the numbers and complexity of cases being held within its services. To respond to this

many of those services that have traditionally worked within the early intervention agenda have become focussed on a more targeted approach. This will in time ensure that Children's needs can effectively be met either just before they reach statutory intervention or will receive appropriate statutory intervention to ensure they can be stepped down. However, within this approach a gap has been left behind that needs to be filled with a new approach. This will be led by the Community Hub initiative that is being presented later on the agenda. How agencies work together to support children and families at the earliest opportunity is still the key to successful outcomes. This can only be achieved through a co-ordinated multi-agency approach. The success of this approach is both for the children themselves but also for agencies in the decreasing need for crisis intervention.

**Appendix 1:** Torbay Safeguarding Children Board (TSCB) paper "Protocol between TSCB and Torbay Health and Wellbeing Board

# Torbay Safeguarding Children Board

**Protocol between Torbay Local Safeguarding Children Board  
and Torbay Health and Wellbeing Board**

**July 2013**

Keeping children safe is everyone's responsibility

Torbay Council Children's Services ■ Police ■ Health ■ Connexions  
Youth Offending Team ■ Probation ■ CAFCASS ■ Safer Communities ■ Fire Service  
■ Schools ■ Community & Voluntary Sector

[www.torbay.gov.uk/tscb](http://www.torbay.gov.uk/tscb)

## **1. AIM**

- 1.1 The aim of this Protocol is to define how the Health and Wellbeing Board (HWBB) and Local Safeguarding Children Board (LSCB) work together in the pursuit of safeguarding and promoting the welfare of children and young people.

## **2. INTRODUCTION**

- 2.1 The LSCB is a statutory body created under the Children Act 2004. It is responsible for challenging all relevant organisations on their performance in ensuring that children and young people are kept safe in Torbay. The LSCB is responsible for developing local policies for safeguarding and promoting the welfare of children.
- 2.2 The LSCB is not a delivery body: it is a scrutiny and assurance body. However, it would expect to initiate activities which investigate and improve practice in safeguarding. It has the authority to call any local agency represented to account for its safeguarding activity.
- 2.3 The work of the LSCB contributes to the wider goal of improving the wellbeing of all children and young people. Within its wider governance arrangements, its role is to assess the effectiveness of the arrangements made by the HWBB, individual agencies and the wider partnership to safeguard and promote the welfare of children/young people.
- 2.4 The HWBB is a statutory committee of the Council. Its overall aim is to improve the health and wellbeing of the population of Torbay from pre-birth to end of life, reduce inequalities and improve the quality of health and social care services. It will do this by promoting a strategy of prevention, early intervention, re-ablement and rehabilitation; supported wherever possible by community based public health programmes, education, health care and social care.

## **3. WORK OF THE LSCB**

- 3.1 The objectives of Torbay LSCB are:
  - a. To co-ordinate what is done by each person or body represented on the Board for the purposes of safeguarding and promoting the welfare of children in the area of the authority; and
  - b. To ensure the effectiveness of what is done by each such person or body for that purpose.
- 3.2 The above objectives are pursued through the following functions:-
  - a. Developing policies and procedures for safeguarding and promoting the welfare of children, including on:
    - action where there are concerns, including thresholds
    - training of persons who work with children
    - recruitment and supervision
    - investigation of allegations

- privately fostered children
- co-operation with neighbouring authorities
- b. Communicating the need to safeguard and promote the welfare of children.
- c. Monitoring and evaluating the effectiveness of what is done to safeguard and promote the welfare of children.
- d. Participating in the planning of services for children in the area of the local authority.
- e. Undertaking Serious Case Reviews.
- f. Ensure a co-ordinated response to unexpected child deaths.
- g. Collecting and analysing information about child deaths.
- h. Publishing an annual report on the effectiveness of local arrangements to safeguard and promote the welfare of children.

#### **4. WORK OF THE HWBB**

4.1 The main functions of the HWBB are to:

- a. Assess the needs of the local population and lead the Joint Strategic Needs Assessment and development of a Joint Health and Wellbeing Strategy.
- b. Promote integration and partnership working between NHS, social care, education and public health.
- c. Support strategic joint commissioning and pooled budget arrangements, where all parties agree this makes sense.
- d. Assess the health, social care and public health commissioning strategies, plans and proposals developed by the GP Commissioning Consortium and the Local Authority.
- e. Lead on local health improvement and prevention activity.
- f. Supporting local voice and the exercise of patient choice.

#### **5. THE ROLE OF THE HWBB IN SAFEGUARDING**

5.1 The HWBB will ensure that safeguarding and child protection are cross-cutting themes in all its work.

5.2 It will ensure safeguarding is:

- a. Holistically addressed in local needs assessment; including by considering and addressing information provided by the LSCB on safeguarding priorities.
- b. Integrated into the development of the Health and Well-Being Strategy.
- c. Integrated into commissioning arrangements at both strategic and operational levels.
- d. Integrated into the Public Health agenda.
- e. Embedded and integrated into service arrangements.

## **6. THE HWBB AND LSCB WORKING TOGETHER**

6.1 The two Boards will work together by:

- a. The HWBB consulting with the LSCB on the refresh of Joint Strategic Needs Assessment.
- b. The HWBB providing information to the LSCB, in respect of the health and well-being of children, young people and their parents/carers on at least an annual basis.
- c. The LSCB formally presenting its annual report to the HWBB and the HWBB providing a formal response to the LSCB.
- d. Identifying a named individual to ensure co-ordination of relevant activities as well as to champion safeguarding in the work of the HWBB.
- e. Ensuring that messages and information about keeping children safe are disseminated within partner organisations, including collaborating on stakeholder events.
- f. Ensuring action taken by one body does not duplicate that taken by another.

## **7. THE ROLES OF POST AND POSITION HOLDERS**

7.1 The Director of Children's Services (DCS), Director of Public Health (DPH), Executive Director of Operations and Finance (EDOF), Lead Members for Children's Services and Health and Wellbeing and Leader of the Council have central roles.

7.2 The DCS has the lead responsibility for improving outcomes for children/young people in Torbay.

7.3 The Lead Member for Children's Services is politically accountable for ensuring that the Local Authority fulfils its legal responsibilities for safeguarding and promoting the welfare of children and young people. He or she will provide the political leadership needed for the effective co-ordination of work with other relevant agencies with safeguarding responsibilities. He or she will also take steps to assure themselves through scrutiny and challenge that effective quality assurance systems for safeguarding are in place and are functioning effectively across service areas and levels of need.

7.4 The DPH is a statutory chief officer of the Council and the principal adviser on all health matters to elected members and officers, with a leadership role spanning all three domains of public health: health improvement, health protection and healthcare public health. The DPH is required to play a full part in the Council's action to meet the needs of vulnerable children, including through attendance at the LSCB.

7.5 In addition to matters relating to the health and well-being of adults, the Lead Member for Health and Wellbeing is also responsible for health improvement, performance and inequalities issues and their impact on children.

7.6 The EDOF is responsible for satisfying him/herself that the DCS is fulfilling their managerial responsibilities for safeguarding and promoting the welfare of children and young people and in particular, by ensuring that the relationship between the LSCB and HWBB is working effectively.

7.7 The EDOF and Leader of the Council should make an annual assessment of the effectiveness of local governance and partnership arrangements for improving outcomes for children and young people and supporting the best possible standards for safeguarding children and young people.

7.8 The following people are members of both the LSCB and HWBB. This will ensure clear lines of communication:

Director of Children's Services  
Director of Public Health  
Lead Member for Children, Schools and Families

## **8. PUBLIC ENGAGEMENT**

8.1 The wider public has an important role to play: keeping children/ young people safe (and healthy) is everyone's responsibility. The LSCB is looking to appoint Lay Members as full Board members, to increase communication links with the local community and support stronger public engagement in, and understanding of, children's safety issues. The LSCB will also continue to engage with children and young people to ensure their views are taken in to account in any developments. Although members of the HWBB are formally accountable to different parts of the partnership system, collectively they have a shared responsibility for developing and contributing to the delivery of the Joint Health and Wellbeing Strategy. Citizen involvement including the views of children and young people should be integral to the HWBB and seen as everybody's business.

## **9. OPERATIONAL ARRANGEMENTS**

9.1 The HWBB and LSCB will share their Board Minutes after every meeting.

9.2 This Protocol will be reviewed on an annual basis or when national guidance affecting either Board is revised or introduced.

## **10. RESOLUTION PROCESS**

10.1 Where either Board is concerned that this protocol is not succeeding in ensuring strong partnership working to keep children safe and healthy, resolution should be sought through communication between the Chairs of the Boards, the Lead Members and the Directors of Children's Services and Public Health.

This protocol is agreed by the undersigned on behalf of the Torbay LSCB and Torbay HWBB:

|   |  |
|---|--|
| <b>Torbay Local Safeguarding Children Board</b> | <b>Torbay Health and Wellbeing Board</b> |
| Chair   | Chair                                    |
| Date  | Date                                     |

DRAFT



**Title:** Adult Learning Disability Services Improvement Plan(incl. Winterbourne View Action Plan)  
**Wards Affected:** All  
**To:** Health and Wellbeing Board **On:** 17 July 2013  
**Contact:** Siobhan Grady, South Devon and Torbay CCG  
Julie Forster (Deputy Director of Adult Social Services), Torbay and Southern Devon Health and Care NHS Trust  
**Telephone:** 01803 652533  
**Email:** [Siobhan.grady@nhs.net](mailto:Siobhan.grady@nhs.net)

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## 1. Purpose

- 1.1 To provide the Health and Wellbeing Board with an update in respect of the implementation of the Winterbourne Action Plan on behalf of commissioners in South Devon and Torbay CCG the Torbay local authority, and first cut work programme for improving and redesign of learning disability services with providers.

## 2. Recommendation

- 2.1 The Health and Wellbeing Board is asked to formally note the report and recommendations for on-going monitoring and review.
- 2.2 For the Board to review and challenge the action plan in the light of the national concordat (attached appendix 2)

(The concordat expects the HWBB to challenge the level of ambition within the joint plan, ensure that the right infrastructure is in place, and comment on how much has been achieved, and assess if pooled budgets would support pace of progress)

## 3. Supporting Information

- 3.1 Winterbourne View Action Plan (appendix 1)

## 4. Relationship to Joint Strategic Needs Assessment

- 4.1 An annual self assessment of learning disability services (statutory requirement) will need to be completed and will use the JSNA as a basis but will require a more comprehensive analysis of data and predictive prevalence where none is available.

## **5. Relationship to Joint Health and Wellbeing Strategy**

- 5.1 Priority 13 in the existing strategy-Support Independent Living

## **6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy**

- 6.1 Service redesign with a more focused priorities targeting the needs of those people with learning disability.

## **7. WINTERBOURNE VIEW ACTION PLAN**

- 7.1 Following the publication of the Winterbourne View hospital Serious Care Review, the Department of Health published a vision for change, entitled 'Concordat: Programme of Action'(attached). The document, signed by many agencies in Health and Social Care, committed to a programme of change to transform health and care services and to improve the quality of 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 outcomes for them. The document, in essence, commits to a rapid reduction in hospital placements for this group of people by 1 June 2014. It also states that hospitals are not homes and people should never be placed in a hospital setting long term but only for the amount of time it will take to achieve care outcomes for the individual placed.
- 7.2 Locally, the Winterbourne View task and finish group met on the 12th April 2013 following the publication of the Concordat. The group discussed the existing WV action plan which was based on interpretation of the Serious Case Review as first published, and before the CCG was authorised. It was agreed that the old action plan would be refreshed to ensure that there was a real focus on the major issues outlined in the Concordat that needed to be addressed to ensure that the CCG and its partners were able to ensure good quality of care for placed people.
- 7.3 The scope of the action plan focuses on inpatient service for Adults with Learning Disabilities. Those currently placed in inpatient hospitals as well as ensuring robust commissioning arrangements through contracts and operating principles are in place.
- 7.4 Most recently the Winterbourne view stocktake template has been released with requirement of both Local authorities and CCGs to complete by July 5<sup>th</sup>. This will provide a useful reference point in time in order to develop a joint improvement plan agreed across the local organisations.

## **8. POSITION AS AT JUNE 2013**

- 8.1 All Torbay clients currently placed in in-patient facilities have been reviewed and their personalised care plans reviewed.

Each individual's care has a first point of contact identified within the CCG (Siobhan Grady) and each has a named Care Coordinator.

Work is underway with DPT and TSDHCT as community providers to progress support packages in appropriate community settings as appropriate no later than 1 June 2014 in compliance of the Concordat.

## 9. ADULT LEARNING DISABILITY PROVIDER SERVICES

### 9.1 Devon Partnership Trust

Both South Devon and Torbay CCG and NEW Devon CCG have agreed on a redesign of adult Learning disability services that will underpin the two key areas of delivery,

Improving access to universal healthcare services

Managing people with complex needs, including behaviour that challenges within local services.

### 9.2 Torbay & Southern Devon Health and Care NHS Trust

A service review is near completion of community adult learning disability services. Recommendations for a redesign of teams is likely to be made which will integrate adult learning disability staff (OT and Nurse) in to the current locality (zone) teams across Torbay and centralise a shared approach, with the South Devon specialist adult learning disability team, comprising of (psychologist; specialist nurse psychiatry, SALT and Physiotherapy). The proposed pathway will start in zones and the zones will be staffed accordingly, retaining an element of strategic support to bring together the community LD service.)

Gaps in provision are also identified specifically in relation to physiotherapy where there is only 0.5wte servicing the whole of the Bay. As part of implementation it is expected that redirection of resources and priorities will enable the current establishment physiotherapy staffing to increase.

There is no current specialist LD OT and this needs to be reviewed to align with the DPT proposal

### 9.3 Private Provider – Huntercombe

Watcombe Hall (Torquay) and James House (Chudleigh) are operated by the Huntercombe group.

Following a safeguarding whole home investigation commissioners (Cornwall, Devon and Torbay) along with DPT and TSDHCT have worked with Huntercombe group to identify areas for improvement, provided agreed action plans and monitoring process to ensure of quality and safety for patients placed in their care. A number of themes can be summarised as follows:

- Quality of Risk assessment and care planning where provider reliance on agency and temporary staff
- Appropriate placement planning and 'move on' discharge planning with agreed outcomes.
- Review and monitoring of changes in placement provision by commissioners
- Individualised contracts to meet level of need understood by both commissioner and provider to ensure best outcomes for patient.

- Meeting the physical healthcare needs (primary and secondary) of the patients placed in private hospital.

#### 9.4 Private Providers – Modus Care

Westbrooke Grange in Barton near Torquay, Devon is a small hospital set within residential area. The property is registered with the CQC for up to 5 patients and provides five individual suites within the hospital unit. Services are offered to people with an Autistic Spectrum Disorder (ASD) who have associated mental health needs, some of whom require treatment or assessment under the Mental Health Act (1983).

Tobias House in Torquay provides care for up to 7 adults who have a diagnosis of Autism and/or associated condition and a Learning Disability. Accommodation consists of 2 individual self contained living areas and 5 single bedrooms and a choice of lounge and dining rooms.

Warwick House in Paignton provides a residential service for up to 6 adults who have a diagnosis of Autism/Aspergers

#### 9.5 Private Providers – Cygnet Health Care

Provides a range of specialist and personalised support services for people with mental health problems as well as those with autism, including Asperger's Syndrome, associated learning disabilities and complex needs, including support for people's families within supported living and outreach service

### 10. FINANCIAL IMPACT

- 10.1 Secure placements are currently commissioned and funded through NHS England as part of the specialist community function. The transfer back to local CCGs will have an impact on the costs of delivery and overall CCG budgetary position. NEW Devon hold a greater budget with a large number of patients placed in inpatient facilities and are discussing with NHS England the issue of financial risk to resolve the difficulties that may be presented.

### 11. APPOINTMENTS

- 11.1 The Commissioning team now has a lead for Joint Commissioning and someone in place to commission care for people with LD and for Children (including those with complex needs). Following a successful recruitment process including people with a learning disability on the interview panel, Dr Ellie Rowe was appointed to a new post of GP Clinical Lead for Learning Disabilities. This post will provide one session of support per week. Commissioning for social care remains within the provider and there are ongoing discussions about the best long term arrangements for joint strategic and micro- commissioning.

### 12. COMMISSIONING

- 12.1 Contracts with SDHFT, TSDHCT and SWAST contain a suite of Operating Principle's which include 'Care and Compassion', and Francis Review, and the community provider contract includes a specific OP in respect of 'Placed People.'

- 12.2 Work is on-going within the CHC team to improve quality monitoring of placements into Care Homes and other providers for IPPs. A bid is going ahead to put more resource in place to undertake quality monitoring.
- 12.3 All provides are now required to secure agreement from the CCG for any placement they wish to make outside the CCG area.

### **13. ONGOING MONITORING**

- 13.1 NHS England has set up Quality Surveillance Groups and the Area Team in the South West Peninsula has set up a local QSG, which is now functioning to share information and intelligence about providers of care, including private hospitals and residential care homes. This is designed to improve early warning of poor quality of care. The CCG is represented at the QSG by Gill Gant, Director of Quality Governance and the Accountable Officer, Dr Sam Barrell.
- 13.2 SDT CCG regularly meets with NEW Devon CCG as part of the Service Re design project and various work streams.
- 13.3 The original ~Winterbourne View 'Task and Finish Group' has agreed to morph into a local forum bringing together CCG and LA commissioners, plus providers as micro commissioners to ensure the dialogue regarding safeguarding vulnerable individuals who are placed either locally or out of area continues. The group has agreed that it is right to regard hospitals for adults with LD or autism as HIGH RISK Service and as such requiring a more intensive level of monitoring.

### **14. WHAT NEXT?**

- 14.1 The CCG through its commissioning directorate and arrangements for commissioning with TSDHCT and DPT must achieve the following:
- ensure that the right local services are available, regardless of who commissions them, for young people and adults with learning disabilities or autism who also have mental health conditions or behaviour that challenges;
  - 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.
  - 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;

Private provider contracts for individuals have a system of review and will include visits to observe care.

- 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 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;

## **15. RISKS TO DELIVERY**

### **15.1 Compliance**

Whilst the aim of the Winterbourne View Project is to establish everyone in appropriate community accommodation by 1<sup>st</sup> June 2014, this does not automatically mean that all clients will return to the South Devon and Torbay area. Some people may wish to stay in their current location and some people may be under legal restrictions, such as Home Office order, that would prohibit their move to the community.

The development of local provider skills to support repatriation needs to take place to ensure that placements do not fail in the community. Supporting many of the people the CCG is seeking to place, requires effective skill set to maintain good quality care. NEW Devon CCG and Kernow CCG is currently exploring a means to develop a provider training and support consortium which the South Devon and Torbay CCG would be keen to join.

### **15.2 Finance**

Discussions are underway with NHS England to raise the issue of financial risk to Clinical Commissioning Groups and resolve the difficulties this may present in respect of changes in support and commissioning.

Effective prevention of escalation of need requires lower level investments in to care and this is likely to be required through Social Services. Current local authority financial pressures may impact upon this required investment.

### **15.3 Accommodation**

It will take time to establish new providers and there is an urgent need to support the market. The CCG wants to work with the local authority on a market statement and procurement.

Additional housing needs to be identified and this must be tailored to an individual's needs; having the correct environment to support a person is critical to the success of the placements.

Working with Torbay council and Devon county council is essential to deliver this expectation.

The development of local provider skills to support people moving back to home areas needs to take place to ensure that placements do not fail in the community. Supporting the people that the CCG is seeking to place, requires an effective skill set to maintain good quality care. The CCG is currently exploring a means to develop a provider training and support consortium with Kernow CCG, and potentially Torbay South Devon CCG.

### 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**

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

May 2013



Winterbourne View Local Stocktake June 2013

| 1. Models of partnership   | Assessment of current position evidence of work and issues arising  | Good practice example (please tick and attach) | Support required   |
|--|---|--|--|
| <p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>  | <p>Yes, there is a joint approach between the CCG and local authorities (Torbay and Devon) with a co-ordinated approach to completing an agreed single response.</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>Supported people as well as neighbouring CCG leads are engaged in local planning and review meetings. Although in its early stages, regular meetings will take place to continue and maintain the momentum of work that has begun and to meet the outcomes set.</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>All people have been reviewed and there are regular planning meetings with relevant people including commissioners, current providers and potential providers to progress more the community based and appropriate care packages. The aim is to develop a framework, and an individual with the appropriate experience and skill mix will be joining the Social Care Team in September 2013, on a part time basis for 6 months. Additional resources to secure this arrangement permanently will be required. The cost of a WTE to fulfil this role and function is estimated to be £50,000.</p> |  | <p>Commitment that funding of £50,000 will be available to sustain this post</p> |
| <p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress</p>  | <p>A review of the current LD Partnership Board in Torbay is taking place. There are plans in place to</p>  |  |  |

establish a health sub group which will have as its membership representatives from Health and Social Care and the newly appointed CCG GP Clinical Lead. In Devon the existing LDPB has a health sub group in place. Linkages between the two Boards are being developed and Commissioner's and Providers from Torbay recently attended the Devon Board meeting. A reciprocal invitation for Devon to attend the Torbay LDPB is being considered.

1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.

Update report on Winterbourne View and Learning Disability is scheduled for July meeting with a proposed discussion topic later in the year. The Health and Wellbeing Board has met twice and has received the Safeguarding Adults annual report for Torbay for 2012 which contains updates on actions. There are no patients from Southern Devon that have been identified as part of the Winterbourne View Review.

1.6 Does the partnership have arrangements in place to resolve differences should they arise.

There is an open and transparent ethos between partner organisations which enables differences of opinion to be discussed and resolved taking into account the service users best interests. Should there be an unresolved issue this would be escalated to the CCG Governing Body and the T&SDHCT Board and the Devon arbitration service respectively.

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 for a, clinical partnerships & Safeguarding Boards.

Regular reporting is made to the NHS England Area Team, Adult Safeguarding Board, CCG quality committee and a report is due to the CCG Governing Body and Health and Wellbeing Board in July for Torbay and for Devon a report is due to the

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| <p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</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>Adult Safeguarding Board and Health and Wellbeing Board on 5<sup>th</sup> September 2013. There is representation from Learning Disability services on the Torbay and Devon Safeguarding Board, the Integrating Safeguarding Committee (for Torbay) which provides assurance to the TSDHCT Board and there are regular meetings between TSDHCT and LD Commissioning Managers from the CCG. Regular meetings take place across the two CCG's with good LD representation.</p> <p>Torbay receives a significant number of OOA requests. Under negotiation currently is a proposal to provide accommodation and support for 4 young people from other local authority. Devon have separate arrangements with Devon County Council</p> <p>Yes, the size of the geography and capacity within the team is a potential issue in relation to undertaking large scale commissioning of the market particularly in relation to housing for complex patients. Whilst also managing the area of risk around finance in terms of ordinary residence; and access to primary care services. CCG and LAs collaboration is essential. National guidance is required with regards to the rebasing of financial flows between specialist commissioning to CCG's when patients move to in-area CCG commissioned providers.</p> | <p>National guidance on how the funding follows the patient when a patient is transferred from a specialised commissioned provider to a CCG commissioned provider.</p> |
| <p><b>2. Understanding the money</b></p> <p>2.1 Are the costs of current services understood across the partnership?</p>   | <p>TSDHCT holds a database held for each patient and costs of care package. There are arrangements in place for monthly reporting to be provided by the</p>  |  |

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| <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>Provider to the Commissioner. A soon to be appointed Admin person will be the single point of contact and will set up and maintain a CCG database which will provide regular updates to Commissioners. In Devon, current costs are identified and future spend estimated.</p> <p>Torbay - CHC and CCG funding is managed through a Complex Care Panel consisting of representatives from all funding streams, including children's services. This meets on a monthly basis. There is a financial risk to CCGs when a patient has been in a Specialist Commissioning establishment transfers to a CCG commissioned service as the money does not follow the patient. A rebasing exercise is urgently needed to ensure that there is no financial risk to the CCG.</p> <p>Yes there is an arrangement in place to delegate Torbay Council responsibilities to TSDHCT. In Devon, S75 arrangements are not sufficiently in place. No pooled budgets are being considered or developed.</p> | <p>See previous comment</p> |
| <p>2.4 Is there a pooled budget and / or clear arrangements to share financial risk.</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>There is no pooled budget currently. However there are clear responsibilities regarding financial risk between Torbay Council and TSDHCT regarding Adult Social Care funding. A multi-agency complex care panel meets monthly to make decisions regarding funding and risk regarding individuals with complex needs. See previous response from Devon.</p> <p>No</p> <p>Transition arrangements have been reviewed and are included, with children's services in the complex care panel.</p>   |                             |

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| <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>TSDHCT have reviewed their reporting systems and have developed more robust reporting arrangements for Adult Social Care including LD. This gives details of cost and volume broken down by GP cluster (Zones) and specialist service and is tracked on a monthly basis. Ordinary residence cases are tracked on an individual basis.</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>3.3 Does it have capacity to deliver the review and re-provision programme.</p> <p>3.4 Is there clarity about overall professional leadership of the review programme.</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>Yes .Community teams are multi-disciplinary and fully integrated across the local authorities and CCG's</p> <p>The Torbay LD team has carried out a review of the function of the team including workforce and there are likely to be significant changes from September 2013. This is in parallel to a similar pieces of work that is being carried out in Devon by Devon Partnership Trust.</p> <p>Yes. There are 5 Torbay residents in receipt of in-patient services. There are no patients from the Southern Devon area.</p> <p>Yes clear communication and reporting arrangements across the LA's and CCGs are in place.</p> <p>Yes named workers with support from Advocates</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>4.2 Are arrangements for review of people funded through specialist commissioning clear.</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>Yes</p> <p>Yes reviews are reported to Complex Care Panel</p> <p>Yes in its infancy, and will be developed. The 2012 Safeguarding Adults Report has been shared with Healthwatch together with the Business Plan for</p>  |  |

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| <p>2013/14.</p> <p>Partial. An audit of people who live in Torbay and Southern Devon and are known to the Community Learning Disability Team and have, or can present with offending behaviour was carried out by a Clinical Psychologist. A new service has been launched by Devon Partnership Trust (June 13). The new Liaison and Diversion Service will provide screening assessments for those presenting in the criminal justice system with mental health, learning disability and alcohol and substance misuse issues. There will be an opportunity to work closely with the service to develop a register.</p> <p>Further planning needs to take place to establish this register. Resources and expertise need to be identified in order to set this up effectively.</p> <p>Yes</p> <p>System needs development, however. It has been suggested that one way of doing this would be to expand the LD Nurses forums to include nurses currently employed in private hospitals and specialist residential care will provide the opportunity to share good practice and to monitor quality of provision. There is currently an initiative from TSDHCT to implement the use of the Quest tool to monitor the performance and wellbeing of local teams. We would like to provide support and facilitation to enable this to happen and would estimate the cost to be £20,000 p.a.</p> <p>Yes, reviews are MDT with family involvement. Extended nurses forum will give the opportunity for</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>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</p> <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>Additional resource of £20,000 to provide support and facilitation to enable this to happen</p>  |   |

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|  |  | <p>NHS nurses to influence practice within private hospitals/specialised residential care . Devon has identified the need for more behavioural 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>There is currently an action plan in place to complete all reviews. This year including those that are outstanding. Due to complexity, cost and risk associated with some of the individuals, a very small highly skilled team is in place to ensure that the needs of individuals are being met effectively within available resources. For future sustainability of this function, beyond 31<sup>st</sup> March 2014, resources will be required to continue and develop this essential function. The financial benefits to commissioners are expected to be significant and will far out way the cost of continuation of this team. Devon has suggested that better links need to be made by Specialised Commissioning.</p> |  |
| <p><b>5 Safeguarding</b><br/>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>Yes as appropriate. Evidence – Out of Area Safeguarding teams has contacted the relevant TSDHCT Commissioning Team .</p>   |  |
| <p>5.2 How are you working with care providers (including housing) to ensure sharing of information &amp; develop risk assessments?</p>  |  | <p>Engagement within forums such as The Frequent User Panel (high attenders to A &amp; E/Police/SWAST/Fire) and the Torbay Vulnerability Forum.</p>   |  |
| <p>5.3 Have you been fully briefed on whether inspection of units by our locality have taken place, and if so are issues that may have been identified being worked on.</p>        |  | <p>Not fully briefed by CQC. Information is obtained through accessing the web site.</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>Torbay and Devon Safeguarding Adults Board receives regular reports and updates on progress with the Winterbourne View review.</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>Clarity is required as to whether Devon and Torbay SABs have recognised that there is a role for them in ensuring all current placements take account of</p>   |  |

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| <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>existing concerns, alerts, requirement of DoLs and the monitoring of restraint.</p> <p>There are currently Community Learning Disability Nurses situated at South Devon Healthcare NHS FT and within the Torbay and South Devon Community. There are LDPBs in Devon and Torbay. Where there are specific requirements for sharing the learning and experiences such as Retinal Screening and desensitisation, bespoke sessions have been arranged.</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>We have not yet entered into conversations with the safer communities partnership although briefing paper is due to be considered following Health and Wellbeing Board.</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>Torbay Safeguarding Adult Board has membership from CQC, TSDHCT contracts team, Safeguarding and Statutory Providers. TSDHCT host the Safeguarding Team and the Single Point of Contact and the Zone Managers regularly link with the contract team and care case managers for individual alerts. Torbay SAB also holds learning events following serious case reviews that are attended with all of the above.</p> <p>Devon SAB has membership from CQC, Safeguarding Team and Statutory Providers.</p> <p>Contact is made with the contract team and case managers by the safeguarding adult officers in relation to individual alerts. NEW Devon and Devon CC are developing a care collaborative to review the commissioning of Care Homes within Devon County Council, linking to initiatives by TSDHCT within Torbay.</p> |
| <p><b>6. Commissioning arrangements</b></p>  |  |



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| <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>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>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 an identify appropriated 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>Current mapping of people placed and current commissioning arrangements. Provider and commissioner in regular contact as to planned movement and alternative placements.</p> <p>Yes as above.</p> <p>Yes, regular update on reviews, visits and developments, shared spread sheet is provided monthly by TSDHCT to CCG.</p> <p>Commissioning intentions have been formalised in a written document "Getting a Life and not just a service" Following the stocktake a further review will take place</p> <p>TSDHCT has a business support and quality team but further development is required to ensure multi agency involvement. Devon has highlighted that there needs to be a clear process and specification for transition.</p> <p>Costs of currently placed people are known and forecasting likely future expenditure is taking place.</p> <p>Yes advocacy is in place the service is being developed to offer increased levels of choice.</p> <p>Yes. There are plans in place to produce an updated commissioning strategy for LD which will feed into the Market Position Statement (MPS)</p> <p>Current plans indicate that one person is restricted by home office legislation and a further person is placed out of the area with highly complex needs which may not be met locally. Work is continuing to</p> |
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| <p>6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).</p>  | <p>identify potential providers.<br/><br/>Lack of local provision for highly complex individuals.</p>   |  |   |
| <p><b>7. Developing local teams and services</b><br/>7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.<br/>7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.<br/>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>Yes, as they provide reports directly to social workers who have commissioned the service.<br/><br/>Yes by regular contract monitoring of IMCA services.<br/><br/>Yes</p>  |  |   |
| <p><b>8. Prevention and crisis response capacity - Local/shared capacity to manage emergencies</b><br/>8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.<br/>8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)<br/>8.3 Do commissioning intentions include a workforce and skills assessment development.</p> | <p>Not currently. A commissioning strategy is due to be developed shortly<br/><br/>Not at present, however consideration is being given to work with niche providers who could support people who are on the verge of being admitted.<br/><br/>A review of local NHS provider teams is near completion</p>  |  |   |
| <p><b>9. Understanding the population who need/receive services</b><br/>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>Reactive rather than proactive response to demands on the service at present. Limited resources and conflicting demands contribute to this.<br/><br/>All people have been reviewed and there are regular planning meetings with relevant people including commissioners, current providers and potential providers to progress more the community based and appropriate care packages.</p> |  | <p>As previously stated additional funding of</p> |

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| <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 aim is to develop a framework and an individual with appropriate experience and skill mix will be joining the Torbay Social Care Team in September 2013 part time for 6 months. Additional resources to secure this arrangement will be required. The cost of a WTE to fulfil this role and function is estimated to be £50,000.<br/>Yes.</p> | <p>approx. £50,000 required to sustain this post.</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>This is an area that requires development and appropriate resources to ensure that transition from children's services to adult services is seamless, appropriate and involves the service user and their families in the decision making process.</p> <p>Horizon scanning is an area for future development and needs appropriate resources to deliver an effective plan.</p>   |  |  |
| <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>Market position statement is being prepared for Adult Social Care which should be finalised by January 2014 and will cover market capacity and identify any gaps in provision. This will include LD services.</p> <p>See previous comment</p> <p>The LDPB meets bi-monthly and has as its membership representatives from a broad range of stakeholders.</p> <p>One innovation that will take place in August 2013 is a 'Blue Light Day' which is an event that is being held to increase awareness and break down the barriers that exist regarding contact with the emergency services. Police (Cars, dogs and their handlers), Fire, Ambulance, Lifeboat, Dartmoor Rescue will be on site as well as the Healthy Lifestyles Team, Local Radio. This is taking place during LD awareness week.</p> |  |  |

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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This documents has been produced in collaboration with colleagues from Torbay and Southern Devon Health and Care Trust and NEW Devon Clinical Commissioning Group.

Signed by:

Chair HWB .....

LA Chief Executive .....

Page 131

cc rep.....



**DH Winterbourne View Review**  
*Concordat: Programme of Action*

## Concordat: Programme of Action

| DH INFORMATION READER BOX  |  |                                   |
|----------------------------|--|-----------------------------------|
| <b>Policy</b>              | Clinical   | Estates                           |
| HR / Workforce Management  | Commissioner Development   | IM & T                            |
| Planning / Performance     | Provider Development   | Finance                           |
|                            | Improvement and Efficiency   | Social Care / Partnership Working |
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| <b>Target Audience</b>     | 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   |                                   |
| <b>Circulation List</b>    | 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  |                                   |
| <b>Description</b>         | 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. |                                   |
| <b>Cross Ref</b>           | DH Review - Transforming care: A National Response to Winterbourne View Hospital<br>DH Review: Winterbourne View Hospital Interim Report   |                                   |
| <b>Superseded Docs</b>     | N/A  |                                   |
| <b>Action Required</b>     | N/A  |                                   |
| <b>Timing</b>              | N/A  |                                   |
| <b>Contact Details</b>     | Mental Health, Disability and Equality<br>Department of Health<br>Room 313A Richmond House<br>79 Whitehall<br>SW1A 2NS   |                                   |
| <b>For Recipient's Use</b> |  |                                   |

# 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 them<sup>1</sup>.**

**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 Board<sup>2</sup> 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.**

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

<sup>2</sup> <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

## Concordat: Programme of Action

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 Alliance<sup>3</sup>
- 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

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<sup>3</sup> 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;<sup>4</sup>
  - 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.

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

## Concordat: Programme of Action

- 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 organisations<sup>5</sup>**

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 care<sup>6</sup> 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.<sup>7</sup>

### **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

<sup>5</sup> 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.

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

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

## Concordat: Programme of Action

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 Senate<sup>8</sup> 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

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<sup>8</sup> 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.

## Concordat: Programme of Action

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

## Concordat: Programme of Action

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;

## Concordat: Programme of Action

- 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.



## Concordat: Programme of Action

### 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.*

