

Cover Sheet Learning Disability Programme Board Papers

Report to Learning Disability Programme Board Meeting

Date of meeting

4 July 2013

Attachment number: LDPB (13)24

Title of paper

Updates on the 7 post Winterbourne View workstrands and Communications

Summary

This paper summarises the key achievements in each workstrand and the key milestones for the next 6 months.

Action required / recommendation

FOR INFORMATION AND DISCUSSION

LDPB members are asked to:

- note key points
- say if you agree with what the reports say
- say if you think anything is missing or you have concerns

Learning Disability Programme Board Meeting 4th July 2013

Key actions and milestones progress update

Background

1. This paper summarises the main progress made since the last Programme Board meeting in March. It includes:

- A summary of key achievements in the last period
- A high level plan and milestones for 2013
- Progress update reports for each workstrand

Project governance

2. We have developed revised terms of reference for the Learning Disability Programme Board. The terms of reference will be discussed at the meeting as will a Statement of Accountability.

Progress on the programme actions

3. We have a table of all programme actions by workstrand theme which will be available at the Programme Board meeting. This sets out by theme, all the actions in the Winterbourne View Review Report plus actions that are set out in the Concordat which are identified separately. These are “living documents” and are updated on a regular basis. These have not been circulated because they are too detailed and complicated. Some hard copies will be available at the meeting for those who want them and we are always happy to send the latest version to Programme Board members in between meetings.

Detailed reports

4. Progress updates for the separate workstrand themes are attached. These are grouped into 7 workstrands to help keep track more easily:

- Right care, right place
- Regulation, inspection and corporate responsibility
- Good practice, standards and advocacy

- Information and Data
- Medication, positive behaviour support and physical intervention
- Workforce
- Children and transition

5. No reports are reported as green overall

Green

6. These reports are rated as amber/green:

- Good practice, standards and advocacy
- Medication, positive behaviour support and physical intervention
- Workforce
- Children and Transition

Amber/Green

7. These reports are rated as amber:

- Right care, right place (including Joint Improvement Programme)
- Regulation, inspection and corporate responsibility
- Information and data

Amber

Summary highlights

8. The key activities since the last Programme Board in March include:

- The setting up of and establishment of new bodies from 1 April: NHS England, Public Health England, Health Education England and Healthwatch England.
- The Winterbourne View Joint Improvement Board (JIB) has agreed a programme of work for 2013/14 and has recruited additional advisers to support local commissioners.
- 27 March JIB meeting of commissioners on what makes for a good review
- Ministerial roundtable with providers took place on 26th March
- Ministerial meeting to consider good practice projects took place on 30 April
- Ministerial Letter to Chairs of Health and wellbeing boards on 17 May

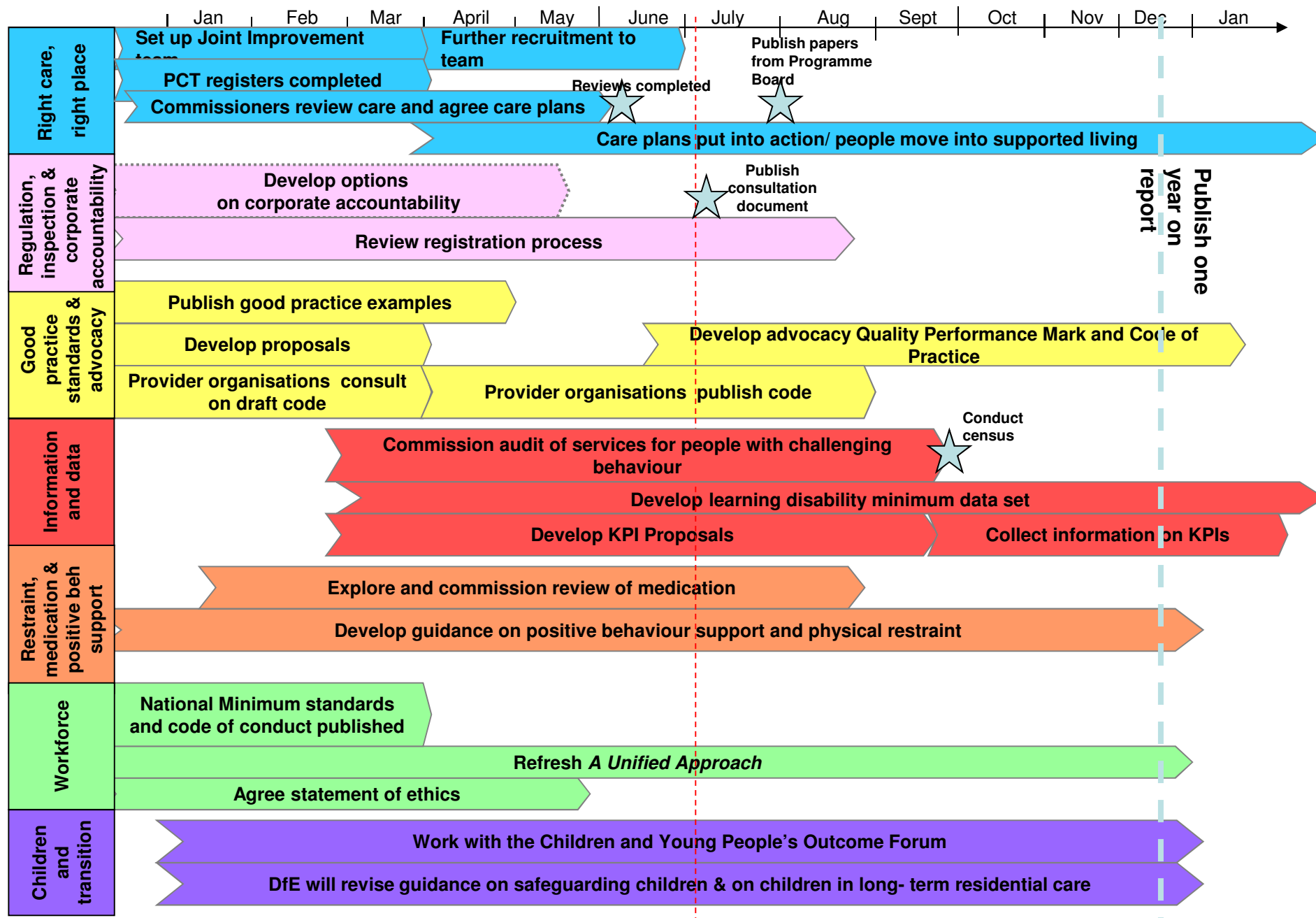
- Care reviews due to have been completed by 1 June
- Letters to NHS and Local Authorities requesting detailed information on progress with reviews – 31 May and 3 June
- Meeting of Concordat signatories on 5 June
- CQC issued consultation on the operation of a new regulatory model on 17 June

Priorities for the next period

10. Planned activities for the next period include:

- Publish consultation on corporate accountability – date TBC
- End June, launch Joint Health and Social Care Self Assessment Framework and data gathering from July to November
- Publish preliminary information from NHS on progress with reviews in July after the Programme Board
- Changes to Mental Health and Learning Disabilities Data set submitted for approval – July
- Refreshed Mandate issued for consultation
- Publish more detailed information on NHS and local authority progress from the stocktake and Mencap survey later in the summer
- July to September - engagement with providers about LD Census
- Publication of the refresh of refresh Challenging Behaviour: A Unified Approach - summer
- Launch of the provider pledge – 11 September
- Agree Key Performance Indicators (KPIs) – July to September and implement in October
- Begin the LD Census in September
- Programme of support to local commissioners to complete reviews and commission care in appropriate community-based settings – starting in the summer
- RCN to lead work on Positive Behaviour Support and physical interventions
- Provider event – October
- NCAS (ADASS/ADCS), Harrogate, 16-18 October
- Further Concordat signatories event – November

Post Winterbourne View – Key actions and key milestones 2013

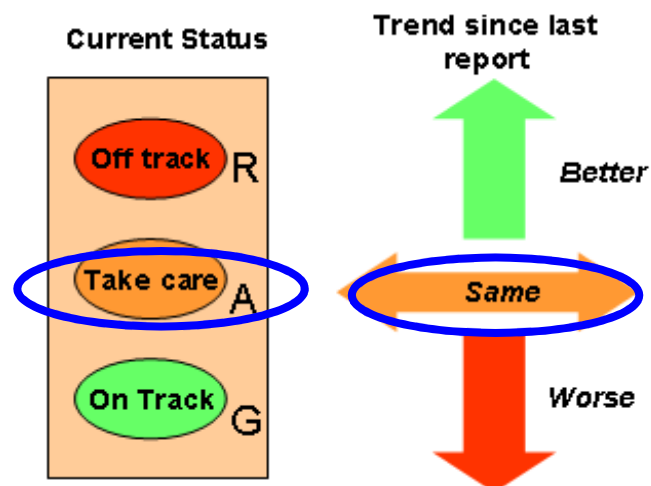




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PROGRAMME WORKSTRAND 1 : RIGHT CARE, RIGHT PLACE (JUNE 2013)

Workstrand leads: Sam Cramond, NHS England & Joint Improvement Programme (LD Team: John Crook)



Key Actions this period	Lead	Status
(18) A-D: - Model service specification – adults developed, children's work on track for consultation as per 19 - NHS Contract schedules – completed - CQUINs draft model CQUINs developed - SAF framework developed, governance and delivery structures being agree by ADASS and NHS England to roll out in July.	NHS England	Green
(19) Service specifications for adults completed. Work on children on track to be completed by the end of July and autumn consultation.	NHS England	Amber
(22 and 26) PCTs to develop registers of all people with challenging behaviour in NHS care and make clear to CCGs in handover	NHS England	Green
(30) CQC to share information, data and details they have about providers with the relevant CCGs and local authorities. (And with JIP)	CQC	Green
(20) Royal College of GPs and Royal College of Psychiatrists produce guidance on commissioning	Royal College JC Panel	Green
(21) Produce guidance on use of different inpatient services - summer	RC Psychiatrists	Amber
(42) Commissioners to review care of all people in learning disability or autism inpatient beds and agree personal care plans for all based around their and their families' needs and agreed outcomes.	NHS England	Amber
(67) Co-produce resources to support health and wellbeing boards on specific aspects of Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs). To complete by September.	DH, JIP, NHS Confed, LGA	Green

Main Achievements

Joint Improvement Programme

- Development of good practice on what a good review looks like for commissioners
- Meeting of Concordat signatories on 5 June
- Stocktake Letter issued to LA Chief Executives

Supporting Commissioning (other)

- Letter from Barbara Hakin requesting information on registers and reviews by 25 June.
- Ministerial Letter to Chairs of Health and wellbeing boards
- (20) The commissioning guidance on Mental Health Services for People with Learning Disabilities was published in June.

Next Period

Joint Improvement Programme Plans

- Analyse and validate NHS England returns with information from the LA stocktake and the Mencap survey.
- Meeting with providers in October

Other

- Publication of data later in the summer
- Another concordat event in November
- (21) Guidance on use of inpatient services – publication due in summer.



High level summary of aims:

Reviewing placements and supporting everyone inappropriately in hospital to move to community based support. Locally agreed plans to ensure quality care and support services based on the model of good care.

What was delivered since last report?

- Advice to commissioners on the content of good reviews.
- Meeting of all Concordat signatories to share information and identify synergies between workstrands.
- (20) The commissioning guidance on Mental Health Services for People with Learning Disabilities was published in June: <http://www.jcpmh.info/resource/guidance-for-commissioners-of-mental-health-services-for-people-with-learning-disabilities/>

What are the overdue delivery objectives, and why?

Royal College of Psychiatrists report has been delayed and is due to be published in the summer.

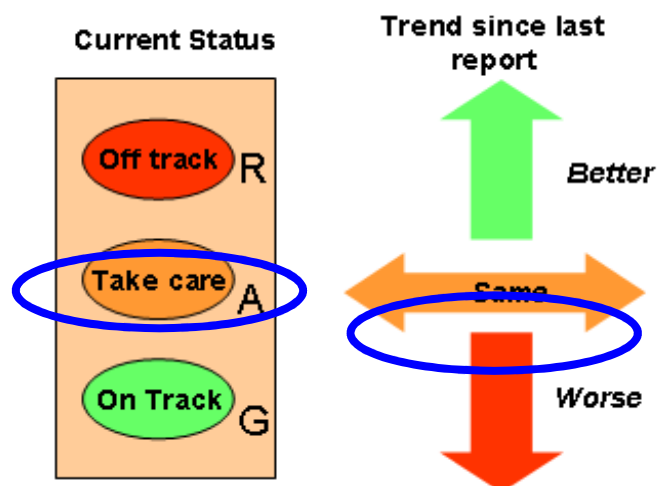
It will be clearer how much more needs to be done on reviews when the first NHS data and stocktake returns have been analysed.

What are the key milestones in the next six months?

Production of initial data on commissioners' progress of reviewing packages of care, including check against Mencap survey and other sources and visits.

Risks and Issues

That too many people will not have had their reviews. And/or that the quality of reviews is poor. People could be moved either too quickly or transferred to inappropriate settings.



<i>Key Actions this period</i>	<i>Lead</i>	
(29) CQC continued programme of inspections and enforcement action – ensuring model of care is part of inspection and registration	CQC	Green
(40) Examine how corporate bodies, Boards of Directors and financiers can be held to account for poor care including: regulatory and criminal sanctions, CQC powers, fit and proper persons test for board members	DH	Amber
(68) Review regulatory requirements for criminal records checks and provider requests for criminal record certificates	DH	Green

Main Achievements

CQC's consultation *A new Start*, published 17th June. This includes proposals to:

- introduce fundamental standards to make it easier for CQC to prosecute providers and individual directors from April 2014
- change the way we inspect services for people with learning disabilities from 2014/15
- improve the systems and checks when providers apply to register with CQC to be improved

Consultation on a new registration requirement on the fitness of directors, and on proposals to make it easier to prosecute providers for providing poor quality care published [date tbc].

CQC has introduced new registration requirements for all new learning disability services applying to register from July 2013.

Next Period

From July 2013, CQC will make sure that named directors, managers and leaders of services for people with learning disabilities commit to meeting standards and are accountable for it.

Consultations on *A new Start* and on corporate accountability completed and responses analysed

Consultation on draft regulations to commence – Autumn 2013



High level summary of aims:

Strengthen accountability and responsibility of providers, and their management, for quality of care.
Tightening the regulation and inspection of providers.

What was delivered since last report?

- CQC's consultation *A new Start*, published 17th June.
- Consultation on a new registration requirement on the fitness of directors, and on proposals to make it easier to prosecute providers for providing poor quality care published [date tbc].
- CQC has introduced new registration requirements for all new learning disability services applying to register from July 2013.

What are the overdue delivery objectives, and why?

Corporate accountability proposals were due by Spring 2013. They were delayed so they could be considered alongside the response to the Francis Inquiry and new CQC approach (*A new Start*).

What are the key milestones in the next six months?

- Consultation on draft regulations – Autumn 2013
- New regulations on fundamental standards, and fit and proper person test from April 2014

Risks and Issues

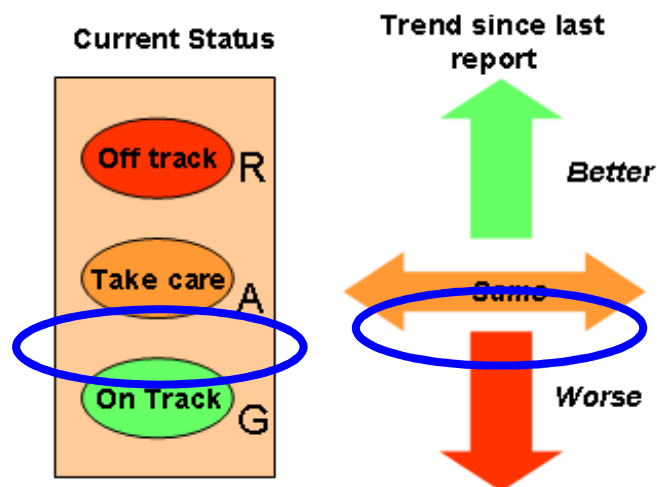
Francis Inquiry report – Further work to understand how the post Winterbourne View work fits with Francis recommendations



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PROGRAMME WORKSTRAND 3: GOOD PRACTICE, STANDARDS & ADVOCACY (JUNE 2013)

Workstrand lead: Pam Nixon, DH



Key Actions this period	Lead	Status
(44) Identify and promote good practice for people with learning disabilities across health and social care	DH with Forums, NHS, ADASS, LGA,	Green
(24) National Quality Board to set out how the new system should operate to improve and maintain quality COMPLETED	NHS England	Green
(7) Identify the key factors to take account of in commissioning advocacy for people with learning disabilities in hospitals so people in hospital get good access to information, advice and advocacy that supports their needs	DH	Green
(8) Drive up the quality of independent advocacy, through strengthening the Action for Advocacy Quality Performance Mark (QPM) and reviewing the Code of Practice for advocates to clarify their role	DH	Amber
(43) Provider organisations to set out a pledge or code based on Think Local Act Personal Making it Real principles	Providers	Green
(39) Embed the importance of Local Healthwatch involving people with learning disabilities and their families, engaging with existing Partnership Boards	DH, LGA, Healthwatch England	Green

Main Achievements

- (44) A working group of stakeholders selected 6 good practice projects and visits were reported back to the Minister at an event on 30 April.
- (7) Inclusion North are identifying key factors locally about advocacy in hospital and work will begin to spread good practice nationally in September 2013.
- (8) Action for Advocacy agreed the transfer of the QPM and Code of Practice to The Advocacy Project when they stopped operating at end May 2013.

Next Period

- (44) The Good Practice Project report will be published in July. The Joint Improvement Programme will build on this good practice with a wider event in the autumn 2013.
- (39) DH will discuss with Healthwatch England and the LGA how to deliver this commitment.
- (43) Providers have consulted on draft code. Section 64 funding sought to develop and disseminate the code.



High level summary of aims:

Improving quality and safety so that best practice in learning disability services becomes normal practice.
Ensuring good information and advice, including advocacy, is available to help people and their families.

What was delivered since last report?

Providers have consulted on their pledge.
Inclusion North have continued with their work locally on good practice in inpatient settings.

What are the overdue delivery objectives, and why?

Action 4 Advocacy closed down at the end of May and this has delayed the start of this project whilst they tried to find alternative funders. We need to consider and agree the new Advocacy Project scope for S64 funding for the QPM and Code before the project can begin.

What are the key milestones in the next six months?

(44) Good practice project report published July.
(44) Good practice event with Joint Improvement Programme, planned for the Autumn.
(43) Providers pledge launch in the summer. House of Commons reception in September 2013.
(7 & 8) Work underway to spread good practice nationally from Inclusion North work on advocacy. The Advocacy Project will provide scope for Section 64 funding to DH to consider. Work begins on the QPM and Code refresh if get approvals needed.

Risks and Issues

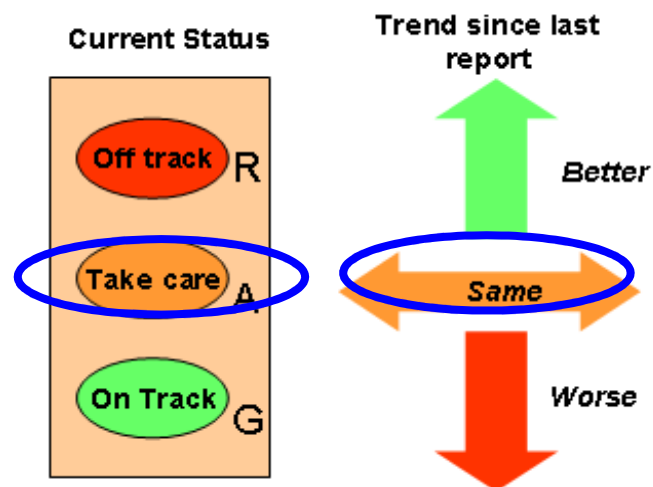
Good practice not embedded across all areas. Need to make sure linked closely with Joint Improvement Programme work on what good looks like.
Further delay on starting work on the QPM and Code refresh if the funding is not agreed or is delayed.



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PROGRAMME WORKSTRAND 4 : INFORMATION & DATA (JUNE 2013)

Workstrand leads: Zawar Patel DH, Sam Cramond, NHS England/Joint Improvement Programme



Key Actions this period	Lead	Current Status
(17) Commission 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. To be repeated 1 year on.	DH	Amber
(37) Develop measures and key performance indicators (KPIs) to support commissioners in monitoring their progress	DH, NHS England, HSCIC	Amber
(38) Implement a joint self-assessment framework (SAF) to monitor progress of key health and social care inequalities and publish the results from local areas	NHS England, ADASS	Amber / Green
(52) Monitor and report on progress nationally, including reporting comparative information on localities - Initial stock take of progress of key Concordat commitments	DH, NHS England/LGA JIP	Amber
(61) Develop a new learning disability minimum data set to be collected through the HSCIC	DH, HSCIC	Amber / Green

Main Achievements

- Census (audit) commissioned
- Data Set changes proposed
- Joint SAF finalised
- Local stocktake undertaken
- WV commitments included in CCG assurance framework
- Concordat signatories updated on progress

Next Period

- Reports from Local Stocktake
- Carry out census (audit)
- Develop KPIs building on SAF and other data sources
- Progress work on Data Set
- Address issues including aligning health, social care and education data



High level summary of aims:

Ensure transparent information and robust monitoring to deliver transformed care and support and to make sure the public, people with challenging behaviour and families know whether we are making progress.

What was delivered since last report?

- Local stocktake, census (audit) commissioned, data set progressed, Joint SAF finalised

What are the overdue delivery objectives, and why?

- Census (audit) – commissioned late due to need to identify appropriate method for gathering data
- Joint SAF – Need to align with organisational responsibilities in new health and care system
- Key Performance Indicators - Started discussions post April as prioritised stocktake, census (audit) and SAF to draw out KPIs using these

What are the key milestones in the next six months?

- Undertake and report on census (audit)
- Implement Joint SAF
- Develop and implement KPIs
- Report from local stock take
- Ensure all groups (children, young people and adults) and all relevant data are included in progressing actions

Risks and Issues

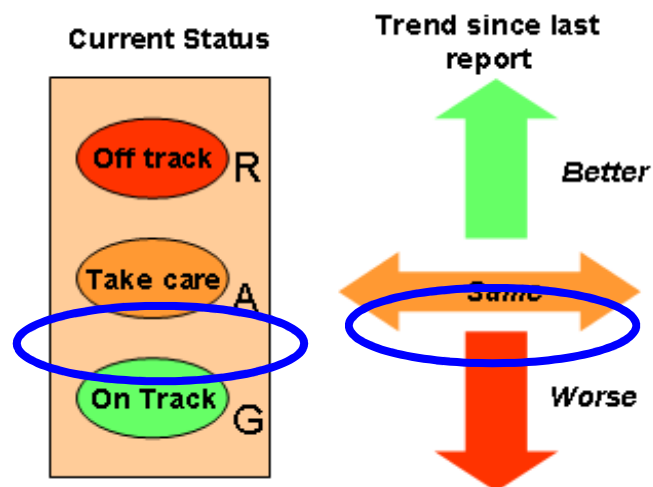
- Potential duplication, leading to poor compliance and / or excessive burdens on organisations
- Delays in commissioning and undertaking actions
- Collect wrong / incomplete data, lack of assurance on key issues – Testing scope of collections with key partners and stakeholders
- Potential gaps, meaning lack of transparency on baseline data against which to measure progress and improvements
- Need to ensure alignment with other developments, e.g. Zero Based Review of adult social care data



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PROGRAMME WORKSTRAND 5: MEDICATION, POSITIVE BEHAVIOUR SUPPORT & PHYSICAL INTERVENTION (JUNE 2013)

Workstrand leads: Pam Nixon, DH and John Crook, DH



Key Actions this period	Lead	Status
(45) Explore whether there is a need to commission an audit of use of medication for this group. As a first stage, commission a wider review of the prescribing of antipsychotic and antidepressant medicines for people with challenging behaviour	NHS CB with Royal College of Psychiatrists	Green
(51) Ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of people all ages with challenging behaviour.	Royal College of Psychiatrists, Royal Pharmaceutical Society	Green
(53) Publish guidance on best practice around positive behaviour support so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk	DH	Amber
(53) Consider what further action may be needed to check how providers record and monitor restraint	DH/ NHS England/ NHSIC	Green/ Amber

Main Achievements

(45 & 51) Meeting on medication actions with all key stakeholders held on 3 May. Agreement to gather good practice guidance and available data before decision on audit. CQC commissioned to provide data from Second Opinion Doctors. Agreement to pursue a collaborative for safe and appropriate medicines.

(53) Meeting with Royal College of Nursing, RC Psych and clinicians to discuss setting up consortium led by the RCN to develop PBS & physical intervention guidance and set of values to include a refresh of 2002 DH/DfE guidance. A framework for commissioning training in PBS and restraint is being developed by Skills for Care.

Next Period

(45 & 51) Final meeting stakeholders on 19 July to review prescribing data. NHS England has oversight of both actions including collaborative hosted by NHS Innovation and Quality.

(53) Skills for Care to set up steering group of clinicians and stakeholders to oversee training framework project.

(53) RCN agree to lead a 'consortium' of professionals and practitioners to develop guidance and values framework. Linked data and information work to be taken forward within workstrand 4.



High level summary of aims:

Improve quality and safety so that there is better understanding of how to use physical restraint properly and good practice on positive behaviour support and the environment so that challenging behaviour is reduced. Tackle over-use of antipsychotic and antidepressant medicines to ensure the best course of action for the patient.

What was delivered since last report?

(45 and 51) Meeting with stakeholders on 3 May.

(53) Meeting with Royal Colleges and clinicians on PBS and physical intervention to agree setting up an RCN led consortium to take work forward and the key elements of work.

What are the overdue delivery objectives, and why?

(53) is difficult within time but we are discussing with RCN how to make sure a product is delivered by December 2013

What are the key milestones in the next six months?

(51) Setting up of Collaborative

(53) Skills for Care (working with Skills for Health) consult on framework for commissioning training on physical intervention and positive behaviour support.

(53) RCN led work fully underway on guidance on positive behaviour support and set of values

(53) Consider data and information needs on recording incidents of restraint with NHS England and NHS IC.

(45) Clarity around whether a medication use audit will be required

Risks and Issues

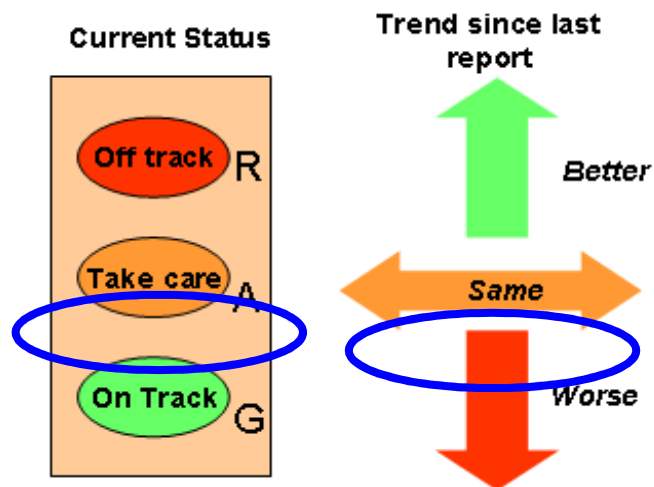
Challenges in reaching the same view between stakeholders especially on positive behaviour support and physical intervention



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PROGRAMME WORKSTRAND 6: WORKFORCE (JUNE 2013)

Workstrand Lead: Anita Wadhawan (DH)



Key Actions this period	Lead	Current status
(15) DH to agree next steps with Skills for Care on the National Minimum Training standards and code of conduct published in March.	Skills for Care & DH	Green
(21) The Royal College of Psychiatrists will issue guidance about the different types of inpatient services for people with learning disabilities and how they should most appropriately be used. Publication likely over the summer.	The Royal College of Psychiatrists	Amber
(23) The Academy of Medical Royal Colleges and the bodies on the Learning Disability Professional Senate (LDPS) will develop core principles on a statement of ethics to reflect wider responsibilities in the health and care system.	The Academy of Medical Royal Colleges & LDPS	Amber
(28) Health Education England (HEE) have taken on the duty for education and training across the health and care workforce from 1 April 2013 and will work with partners to improve skills and capability to meet the needs of people. DH to follow up progress with HEE following its recent meeting early in June.	Health Education England & the Department of Health	Green

Main Achievements

(10) The College of Social Work & British Association of Social Work first draft of good practice standards sent to the National Forum in March. A brief guide to be published shortly, followed by an in-depth guide to be published in November.

(15) Skills for Care National Minimum Training standards and code of conduct was published in April. Next steps to agree implementation with DH.

(16) Skills for Care have published 'Supporting staff working with challenging behaviour' published (May) a guide for employers. Due for publication in June are Individual case studies to accompany the guide.

Next Period

(12) The Royal College of Speech & Language Therapists good practice standards for commissioners and providers to promote reasonable adjustments required to meet speech, language and communication needs of people will be published in November.

(54) The progress report on actions to implement the recommendations in Strengthening the Commitment the report of the UK Modernising learning disability Nursing Review will be published at the end of 2013.



High level summary of aims:

Improve quality and safety through improving the capability of the workforce so that staff are properly trained in essential skills supported by good clinical and managerial leadership. Health and care professionals should understand and be supported in achieving minimum standards and aspire to best practice. Members of staff should feel it is safe to raise concerns when things go wrong and be listened to.

What was delivered since last report?

See progress on actions (10), (15), and (16) overleaf under main achievements.

What are the overdue delivery objectives, and why?

(21) The Royal College of Psychiatrists was due to issue guidance about the different types of inpatient services for people with learning disabilities and how they should most appropriately be used in March, but there has been differences of opinion within the membership. DH met RC Psych in May to discuss. This is now likely to be published over the summer.

(23) Ethics statement was due by 1 April 2013 – delayed. DH discussing with Royal College of Psychiatrists and Academy of Medical Royal Colleges how to progress.

What are the key milestones in the next six months?

To ensure progress is maintained to deliver the actions on (12), (14), (21) and (54) as listed overleaf under reporting for the next period.

Risks and Issues

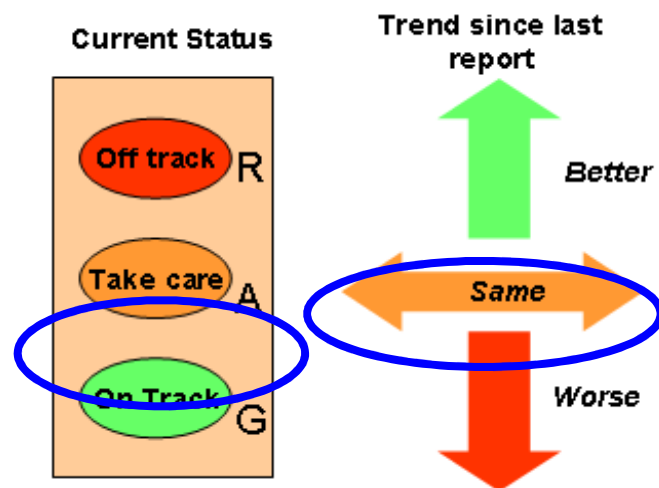
(21) Need to ensure professional bodies agree about key issues from Winterbourne View and products don't give confusing or mixed messages.



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PROGRAMME WORKSTRAND 7: CHILDREN AND TRANSITION (JUNE 2013)

Workstrand leads: Helen Nix, DfE, Gareth James and Anne Spence, DH



Key Actions this period	Lead	Current Status
(56) Introduction of a new single assessment process and Education, Health and Care Plan for children and young people with special educational needs (subject to parliamentary approval).	DfE/DH	Green
(46) Children and Young People's Health Outcomes Forum to prioritise improvement outcomes for children and young people with challenging behaviour and agree how best to support young people with complex needs in making the transition to adulthood (to report in September 2013).	DfE/DH	Amber /Green
(47) Develop and issue statutory guidance on visiting children in long term residential care (in 2013).	DfE/DH	Green
(19) First meeting of key children stakeholders to discuss development of core service specification for commissioning services for children and young people with challenging behaviour (to be published in 2013).	NHS England, ADASS, ADCS	Amber

Main Achievements

- The Children and Families Bill had its third reading in the House of Commons on Tuesday 11 June. The Bill introduces new arrangements for the joint commissioning of education, health and care services for children and young people with special educational needs.
- The arrangements now include a statutory duty on Clinical Commissioning Groups to secure the health services they have agreed for an individual's Education, Health and Care Plan.
- First draft of statutory guidance on visiting children in long term residential care developed.

Next Period

- (56) Special Education Needs (SEN) reforms to progress to Lords Committee stage by summer recess. Draft Code of Practice on SEN to be published for consultation Autumn 2013.
- (46) Children and Young People's Health Outcomes Forum to progress their work on outcomes for children with challenging behaviour (to report in September 2013).
- (47) Draft guidance for children in residential care to be shared with key stakeholders.
- (19) DH and DfE to continue working with NHS England, independent experts in the Children's Health Outcomes Forum and others on developing service specification for children, young people and adults with challenging behaviour (to be published in 2013).
- (74) DfE Ministers to continue discussions with Ofsted about taking forward multi-agency inspections on child protection issues.
- Specific measure for Learning Disability to be included in the Improving Access to Psychological Therapies (IAPT) programme for children and young people from September 2013.



High level summary of aims:

To deliver integrated support to vulnerable children and young people with challenging behaviours. This should include early and effective intervention with care co-ordinated around and tailored to the needs of the individual child or young person.

What was delivered since last report?

- (50) Revised and updated Working Together to Safeguard Children published March 2013.
- (56) Work to support passage of the Children and Families Bill (on track). 10 Pathfinder Champions selected from local authorities piloting the new joint commissioning arrangements in the run-up to their introduction in September 2014.
- (47) First draft statutory guidance for children in long term residential care developed.
- (19) First meeting of key children's groups to discuss the core service specification for children and young people with challenging behaviour on 14 May.
- Meeting with Royal Colleges and the Council for Disabled Children on 23 May to discuss how best to support the children's workforce to deliver high quality care to disabled children, young people and adults.
- NICE have started development of clinical guidelines and standards on transition from childhood to adulthood.

What are the overdue delivery objectives, and why?

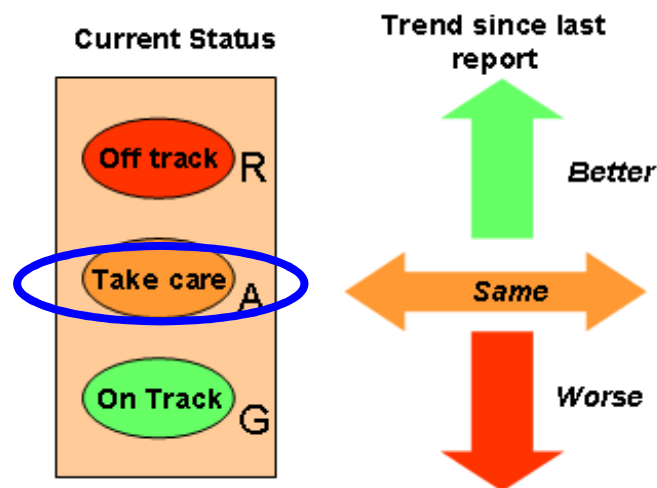
- (46) Advice on outcome and transition from the Children and Young People's Health Outcomes Forum. After a delayed start, work is now underway. The Forum will report in September 2013.
- (74) New joint inspection of multi-agency arrangements for the protection of children in England. DfE Ministers still negotiating this action with Ofsted.
- (19) Service specification for children and young people done after adult specification, but now being put back on track.

What are the key milestones in the next six months?

- Special Education Needs (SEN) reforms to progress to Lords Committee stage (before summer recess).
- SEN Code of Practice published for consultation (Autumn 2013)
- Report from the Children and Young People's Forums on development of improvement outcomes (by September 2013)

Risks and Issues

- Difficulties in achieving multi-agency agreement on the joint inspection commitments



Main Achievements

- Concordat event generated media coverage in the trade press on areas that may fail on Winterbourne View actions.
- Worked with JIP to develop a communications approach and short-medium term action plan including putting appropriate resource in place, developing a social media presence and developing a comprehensive list of communication channels to reach a broad range of target audiences.

Next Period

- A communications virtual team will be established, made up of representatives from DH, JIP, NHS England, LGA and other stakeholders to take forward communications across the workstrands.
- The communications strategy and plan will be further developed, including a clear narrative that connects all the action on this area.
- Making links with JIP engagement strategy and improve web presence.



High level summary of aims:

- To inform key stakeholders of actions taken in response to Winterbourne View, key milestones and intended achievements.
- Demonstrate progress (based on the experiences of people with learning disabilities, autism and behaviours which challenge) across the programme of work and show where more needs to be done, spreading best practice and challenging the sector where necessary.

What was delivered since last report?

n/a

What are the overdue delivery objectives, and why?

n/a

What are the key milestones in the next six months?

The following provide communication opportunities / will require a robust response:

- Corporate Accountability consultation launch – 4th July
 - Mencap survey
 - Local authority stocktake (findings and next steps)
- Autumn Events: LD Census (Sep), Good Practice event (Oct), Concordat event (Nov)

Risks and Issues

The JIP needs to establish its presence to the field and tightening communications activity will assist in that. Awareness of the programme urgently needs to be built. Communications advice and support has been offered to the JIP to help build comms capacity within the programme and DH will continue to work with JIP on communications.

There is a real need to keep close to what is happening on the ground and to the individuals who lived at Winterbourne View. Risk can be mitigated via intelligence gathered through the joint improvement programme, media monitoring and close working with stakeholders.