**Cover Sheet Learning Disability Programme Board Papers**

**Report to: Learning Disability Programme Board Meeting**

**Date of meeting:** 19 November 2013

**Attachment number:** LDPB (13)34

**Title of paper**

Draft outline of Winterbourne View Concordat progress report – One Year On

**Summary**

This is a draft outline of the One Year on progress report due for publication in December.

**Action required / recommendation**

FOR INFORMATION AND DISCUSSION

LDPB members are asked to:

- note the content of paper and ask any questions you have about it

**Winterbourne View Concordat report – One Year On**

**Outline version 3**

This is a report from the Minister to the public, and in particular to the stakeholders, including patients and families.

It concentrates on the two key aspects of the work since the report:

• minimising the likelihood that there will be another WV; and

• ensuring that those patients affected are receiving the right care

• each chapter to be headed with a quote from family/patient and to include an example of good practice from the stocktake or from the 0511 meeting

The report will be concise (c 20 pages plus appendices) centring on the key actions highlighted in the Concordat, supplemented where workstrands are not highlighted in the headline set.

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|  | ***“How we will make change happen” key actions*** | ***Summary content*** |
| **Introduction, to include summary and next steps** | * To include a summary of the current position of the 48 former WV patients * To emphasise that the WV programme is intended to influence wider practice.   **Key messages** (as in MS(CS)’s and Jon Rouse’s speeches at the 0511 concordat event):   * A great deal has been achieved to provide the foundation for the next phase of the programme * Concordat partners should be congratulated on how much they have done so far, at a time of major NHS and sector change * At this stage of a major programme it is frustrating that we cannot yet see a big change in outcomes – but the foundation work is critical if our changes are to be sustainable * If we try to go too fast we may end up causing more harm – we must put into practice the lessons from past closures of long stay hospitals – and from the recent experience of the swift closure of WV itself * Nonetheless we are right to be impatient to bring about wider, sustainable change * Time now to shift to a higher gear * Must be honest and transparent about what still needs to be done, and about where progress is slow * That includes publishing data at a local level, so that commissioners and providers can compare themselves with their peers and so that we can see where more support is needed – “intrusive” support if necessary   **Five key actions for the next 6 months**   * Met the commitment to ensure that individuals have moved or are moving to settings closer to family by June 2014 * Establish robust system for service users, their supporters and clinicians to feed into and challenge the initiatives being taken forward * Concerted effort to ensure that services are provided to a 21st century standard, including PBS and guidance on minimising the use of restraint * KPIs, using data from SAF and the census * Model service spec (NHSE, ADASS and ADCS) for both children’s and adults services (NB expected November) – needs to be effectively disseminated and effectively used | |
| **Chapter 1**  **Right care, right place** | 13 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  22 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;  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 6  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.   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.  Health and care commissioners will:  • 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. | Leadership arrangements (JIP, NHSE)  Resourcing – staff and finance  Establishment of work programme and timeframe  **Achieved** : All CCGs have registers in place from April 2013 and mechanisms for maintaining them  All have identified who should be the first point of contact for each individual  All reviews have now been completed  **To do**: more work on registers  • To ensure that they are comprehensive  • To create an age profile  • To make sure that we’re capturing people in settings commissioned centrally by NHS England – particularly those in secure services including CAMHS services  **To add:** NHSE exercise in July, working with secure and CAHMS providers to compete a list of needing one to note when they received a WV style review and when their CCG was notified.  **Challenges:**  JIP Stocktake: returns show mixed picture on strategic commissioning: need to pick up action in response  JIP stocktake; only 49% of returns clearly completed jointly: need to pick up action in response  JIP stocktake: Pooled budgets not widely used – to be priority area for action: need to provide detail of how this will be addressed  Rigid and sometimes arbitrary divisions between the areas of commissioning (specialist/other) are an impediment to progress  **Key challenge:** providing personalised care and support by June 2013 – priority for JIP reflected in NHSE business plan for 2013-16 – ?is progress to date on the process side? Is there is evidence of improved outcomes, or good practice egs?  **Advocacy** – stocktake figures (optimistic) do not match third sector perceptions. Care Bill amendments to address, but need also to note challenges in finding advocacy services themselves  **Accountability**: consultation re fit and proper persons test issued in July, closed Sept: need to capture outcome and next steps, eg progress on regulations  CQC strategy for **inspections** over 2013-16; CQC inspections of mental health hospitals including those with LD services will be led by Professor Sir Mike Richards. There will be a wave 1 pilot of some of these services in January 2014 using the new methods. Inspections of adult care learning disability services will be led by Andrea Sutcliffe. The new approach to adult care inspections will be trialled from Spring 2014. In the interim CQC will continue to inspect adult care services as part of its on-going programme. |
| **Chapter 2**  **Regulation, Inspection, corporate accountability** |  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 7 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 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.  CQC will continue to make unannounced inspections of providers of learning disability and mental health services employing people who use services and families as vital members of the team.  CQC will continue to make unannounced inspections of providers of learning disability and mental health services employing people who use services and families as vital members of the team. | Stocktake: 76% of places have clear and evidence-based monitoring processes (stocktake P31)  Stocktake highlights issues of definition  • NHSE working with JIP to develop standardised data collection tools; and  • An assurance framework or dashboard on which to capture the findings.  Census data forthcoming 2014  KPI development  These are continuing and include experts by experience. On track to make inspections at least once a year. CQC currently increasing numbers of experts by experience in inspections, including family carers.  The registration changes that CQC have introduced include changes to the statement of purpose, guidance for registration assessors on site visits and interviews with registered managers. These raise the bar and require that providers set out in their statement of purpose that an organisation must name individuals at Board level who have day to day accountability and responsibility for quality, safety and compassionate care. CQC will report on progress in more detail at the July Programme Board. CQC will review existing statement of purpose. Future inspections will link statement of purpose with fundamental standards |
| **Chapter 3**  **Quality and safety: Good practice, standards and advocacy** | DH will work with independent advocacy organisations to drive up quality  DH will work with independent advocacy organisations to identify key factors for commissioning hospital services  DH will work with LGA and Healthwatch England ..to embed the importance of involving people with learning disabilities and their families  NICE will publish Quality Standards and clinical guidelines  The Department of Health will explore with the Royal College of Psychiatrists and others whether there is a need to commission an audit of use of medication for this group. As the first stage of this, we will commission a wider review of the prescribing of antipsychotic and antidepressant medicines for people with challenging behaviour. | Care Bill progress  Inclusion North has scoped  Joint work programme agreed. Guidance under review  Guideline Development Group set up. Mencap involved as stakeholder  Final meeting on 20 September produced initial scope of collaborative, led by NHS Improving Quality. Scope currently being developed by NHS IQ for launch of collaborative to take work forward. Work on audit of MHRA data also being pursued. |
| **Chapter 4**  **Information and data** | DH to commission audit of current services to take a snapshot of provision, out of area placements and length of stay. To be repeated one year on  DH, HSCIC and NHSE to develop measures and KPIs  NHSE and ADASS to implement joint SAF  DH and JIP to monitor and report on progress nationally, including comparative info on localities | Census completed Sept: initial publication of data 13 Dec.  Draft KPIs discussed Oct. Indicator development underway – checking data sources and robustness. Drafts to be tested with stakeholders  2013/14 SAF under way  In hand. So far info only published at regional level: to be addressed |
| **Chapter 5**  **Quality and safety - Restraint, mediation, positive behaviour** | [NB the key actions and the Concordat commitments do not seem to map.]  DH working with CQC on Deprivation of Liberty safeguards  Police working on early identification of abuse  British Psychological Society providing leadership on Positive Behavioural Support across all settings  DH and partners to publish guidance on positive behavioural support to minimise use of physical restraint  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 | Part of CQC planning  ECCA producing materials for members  DH to meet ACPO/HO to check progress - ?key area to highlight?  Accreditation criteria for training being revised. BPS will identify further core competencies  RCN leading on drat for consultation Dec 2013. Part of wider work programme to reduce restraint.  Just completed Lords Report stage  ADASS report that many safeguarding Adults Board have considered WV issues and local arrangements. ?Assurance mechanisms? |
| **Chapter 6**  **Quality and safety - Workforce** | 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.  Skills for Care and Skills for Health will develop national minimum training standards … by Jan 2013  Skills for Care will develop a framework of guidance and support on commissioning workforce solutions … by Feb 2013  The Academy of Medical Royal Colleges …will develop core principles on a statement of ethics to reflect wider responsibilities in the health and care system  Through the Whistle Blowing helpline, DH aims to increase awareness of whistleblowing for staff … by Jan 2013 | Complete – published in March to coincide with Francis  ? any evidence to suggest that it is being used?  Complete: published Feb: being disseminated through SIC and NDTI. Provider groups report circulating framework amongst members. Some clinical concerns  ? evidence of spread?  ? evidence of impact?  ? clinical concerns met/addressed?  Proving challenging. Urgent follow-up under way with RC: as the ethics are key to this agenda this looks like an important area of challenge to be acknowledged.  Helpline run by Royal Mencap  ?evidence of use ?  ?evidence that staff confident to use ?  ?evidence of changing practice s a result ? |
| **Chapter 7**  **Children and transition** |  Planning will start from childhood.  DH and DfE will introduce a new single assessment process an Education, Health and Care Plan … to include young people up to age 25.  Ofsted, CQC, HMIC will introduce a new joint inspection of multi-agency arrangements for the protection of children in England | **Key message**  – vital that Transforming Care is carried through for children as well as adults: we are committed to the life course approach.  Reconstituted Children and Young People’s Heath Outcome Forum to look at this in its forward work programme  SEN reforms in Children and Families Bill – gone through Committee Stage  CDC working with CBF on DH-funded project to up skill workforce  CDC also producing guidance  From 2014: on track: SEN reforms in Children and Families Bill: through Commons and enters Lords 7 Oct. JIP leading on lifecourse service planning aspects  Challenge re lack of clarity about impact on multi-agency inspection  ? Inspection key to maintaining quality so need to say a bit about where this has got to (?and what is happening in the interim?) |
| **Appendix 1** | Summary of all Concordat commitments and progress |  |
| **Appendix 2** | Heat maps/ atlas of variation using SAF data |  |
| **Appendix 3** | investment summary: headline expenditure (actuals) to date plus planned expenditure 2014/15 |  |