

**Cover Sheet Learning Disabilities Programme Board Papers**

**Report to**  
**Learning Disabilities Programme Board Meeting**

**Date of meeting**  
4 July 2013

**Attachment number**

LDPB (13)18

**Title of paper**

Draft Statement of Accountability: Post-Winterbourne View Programme of Action

**Summary**

This paper explains who is responsible for checking the actions are being completed as set out in the Winterbourne View final report and Concordat. There is an easy read version of the text in the large boxes.

**Action required / recommendation**

FOR DECISION

LDPB members are asked to:

- say if you agree with the statement of accountability or would like to suggest changes

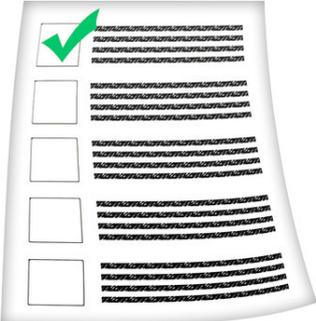
## Draft Statement of Accountability: Post-Winterbourne View Programme of Action

### Introduction

The Department of Health (DH) final report into their Review of the abuses at Winterbourne View Hospital *Transforming Care* was published in December 2012. This report was accompanied by a Concordat to which DH and a large number of external signatories signed up to commitments to action. These actions reflected the findings of the DH review. Those which were covered in *Transforming Care* document itself were summarised in annex B of the report.

*Transforming Care* and the accompanying Concordat were agreed during a time of reform in the health and care system with some new organisations and changing functions. This paper sets out the key accountabilities within the system for delivering these changes. It is drawn from a number of published accountability statements and key corporate documents which are listed at the end. The fundamental legal accountability framework which underpins the delivery of the commitments in *Transforming Care* and the Concordat is the same as for all other aspects of health and care.

We are ALL ultimately accountable to the public, particularly to people with learning disabilities and their families for what we do. This is why we all need to be as open and transparent as possible in sharing information about what we are all doing and information we have about what is happening and what outcomes are being achieved.



This paper explains who is responsible for checking what everyone is doing after Winterbourne View and whether they are doing the actions they have said they will do.



Most importantly, we are all responsible for being open with people, especially people with learning disability and their families, about what we are doing and for making a difference

## Learning Disability Programme Board

The Learning Disability Programme Board (LDPB), which is managed by DH and Chaired by the Minister of State for Care and Support, provides high level oversight of the implementation of the commitments in the Concordat and the actions listed in annex B of *Transforming Care*.

The LDPB includes amongst its members the main DH Arm's Length Bodies (ALBs) who are delivery partners in the programme, as well as self-advocates, family carers, professionals and representatives of NHS and local government. The Board will provide overall assurance on progress across the system and an opportunity for partners to provide insight into how key programmes are being delivered and to raise constructive challenge. Terms of reference are attached at annex A.



A key task of the Learning Disability Programme Board will be to check that people are doing the things they said they would and looking at what difference is being made.

## Department of Health

DH is responsible for providing strategic direction for the NHS and wider health and care system and for holding all the national bodies (funded or established by Government) to account for their operational and financial performance, ensuring that the different parts of the system work together. As part of this, DH is responsible for strategic direction and oversight of the health and care system in relation to learning disability, including its effectiveness in meeting the challenges identified in *Transforming Care* and the Concordat.

DH does this through:

- Setting national priorities reflecting *Transforming Care* through the Mandate to NHS England and through obtaining information, intelligence and appropriate monitoring
- Securing and allocating resources to deliver relevant projects and programme within *Transforming Care*. This includes providing funding to the Local Government Association (LGA) for the Joint Improvement Programme (JIP) and for a number of additional projects to deliver agreed benefits
- Sponsoring national health and care bodies (ALBs) and holding them to account for the delivery of their role and the commitments they made in the Concordat in the light of *Transforming Care*. This includes NHS England, CQC, HEE, Monitor and NICE
- Fostering relationships, including working with self-advocates and family carers and ensuring that all parts of the system and delivery partners (including those who are *not* national arms' length bodies of the DH) are working well together with common purpose to deliver the commitments in the Concordat, recognising these organisations' unique roles and autonomy in deciding how to carry out their commitments
- Accounting to Parliament and the public on progress. This will include public availability of LDPB notes and papers, regular communications on related events through

mechanisms such as social media and formal reporting in 1 year and 2 year on progress reports.

Under the priority heading of *Better Care for All*, the DH Corporate Plan 2013-14 sets out that it is one of the Department's priorities to oversee the programme of action in response to *Transforming Care*.

In addition to the Learning Disability Programme Board, DH run 6 weekly Post-Winterbourne View Actions Project Board meetings. Membership and terms of reference for these meetings are attached at Annex B.

The overall Programme Governance diagram is set out in Annex C.

The diagram below sets out the delivery landscape in which the post-Winterbourne View Programme of action is being implemented and highlights the key delivery partners.



Department  
of Health

The Department of Health is in charge of looking after the whole health and care system and making sure that the parts work together. This means making sure that we know what is happening on the main things people said they would do after Winterbourne View.

The Department of Health is in charge of explaining to Parliament and the public what has happened after 1 and 2 years.



## NHS England

NHS England is operationally independent from DH. What the Government expects from NHS England is set out in the Mandate. The Mandate contains a number of objectives which NHS England must seek to achieve and is the main way in which the Secretary of State for Health holds NHS England to account for the NHS commissioning system. The current Mandate wording relating to Winterbourne View programme is:

*“[NHS England’s] objective is to ensure that CCGs 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.” (4.5)*

NHS England has responsibility for commissioning some services which are more appropriate to commission at a national level, including specialised services and secure settings as well as for commissioning primary care. In addition to commissioning services itself, NHS England also has responsibility for ensuring the overall system of commissioning NHS funded services works well. They are responsible for providing information and resources to Clinical Commissioning groups (CCGs) and holding them to account for how they carry out their commissioning activities. NHS England are members of local Health and Wellbeing Boards.

NHS England set out their proposals to deliver on priorities in their Business Plan. Their current business plan for 2013/14 – 2015/16 *Putting Patients First* includes the key deliverable under their Partnership for Quality activities of *delivery of 100% of actions set out in the Winterbourne View concordat* as well as a commitment to support CCGs to improve outcomes and act proactively should they identify or anticipate a quality or safety issue in a provider, including system response to Winterbourne View. NHS England and the Department have regular accountability meetings to review performance against the mandate.

NHS England also have a Winterbourne View actions steering group who oversee NHS England’s work across all their core activities. The membership of this group is set out in Annex D.



NHS England will do what it says in the NHS Mandate and what is in their Business Plan. This means they will do all the things they said they would do in the Concordat. The Department of Health will check with them that this is happening.

NHS England will tell the Learning Disability Programme Board what progress the NHS is making.

## Clinical Commissioning Groups

Clinical Commissioning Groups (CCGs) provide the infrastructure to enable GPs, working with other health professionals, to commission services for their local communities. CCGs commission most community health services including mental health and learning disability services. Commissioners are responsible for reviewing the performance of providers through their contracts and monitoring the outcomes achieved by the service so they can manage and check the quality of services and make an informed decision when they plan services and make decisions about which providers to choose in the future.

CCGs are accountable to NHS England for how they carry out their commissioning activities in line with planning guidance which will maximise CCG freedom and autonomy to develop plans. NHS England is establishing a process to provide assurance that CCGs are effectively carrying out their commissioning duties in line with *Everyone Counts*.

CCGs are members of local Health and Wellbeing Boards.



Groups of GPs or local doctors called CCGs will decide what healthcare is provided for people with learning disabilities locally and where it is.

NHS England will check that this is happening in the way the NHS said it should so that people get care closer to home and, if possible, in the community.

Local authorities, CCGs and NHS England meet together locally in the Health and Wellbeing Board to talk about local people's needs and their plans.

## Local Government

Local authorities are primarily accountable to their own populations for the performance of services and the outcomes achieved for local people. Councils are accountable to their electorates for the decisions that they make. Within a framework of statutory duties, councillors are free to set their own priorities and determine outcomes for their local community. Local authorities are responsible for local Health and Wellbeing Boards.

Local authority data collections, which may include some relevant to *Transforming Care*, such as the Joint Self-Assessment framework (SAF), are a key mechanism for measuring the outcomes and experience of people who use services and of carers and demonstrating what local authorities have achieved. Publication of this information allows for assessment of the performance of individual local authorities, encourages sector-led improvement and supports greater local accountability.

However, there is no national performance management of local authorities in relation to adult social care and this includes in relation to services for people with learning disabilities and local government led actions from the Concordat.

However, under the Local Government Act 1999, a council must “make arrangements to secure continuous improvement in the way in which its functions are exercised, having regard to a combination of economy, efficiency and effectiveness”. They must consult local people on how they should fulfil this duty.

The Local Government Association (LGA) co-ordinates the provision of peer support to councils. Sector-led improvement and support is co-ordinated at political level in the Local Government Association through their Improvement Board. The LGA has a systematic approach to identifying those councils that could benefit from preventative improvement support, based on data and informal conversations with the sector.



Local authorities and councils have to do what they said to their local people they would do. The law also says that they have to keep trying to get better at what they do. A group called the Local Government Association (LGA) help them do this by helping different areas of the country to work together to get better.

The Department of Health do not check what local authorities and councils. It can help local people check by making sure information on what is happening is available.

Local authorities, CCGs and NHS England meet together locally in the Health and Wellbeing Board to talk about local people’s needs and their plans.

## Health and Care Providers

Providers are primarily accountable to their patients and to people with learning disabilities who use their services and their families and to their Boards or Partnerships and to commissioners who hold them to account through contracts for the services they deliver. Accountability of providers to DH comes through commissioners and through regulation by CQC (and Monitor in the case of NHS Foundation Trusts).



Places that provide health and care services and treatment for people with learning disabilities should do what they have agreed with the CCG, their local authority or NHS England. They should also do what CQC expects.

Whoever in the NHS or local authority is paying them money for the care is in charge of making sure the care is good quality. CQC will also check they are giving the right care.

## The Joint Improvement Programme

The Joint Improvement Programme is a sector led improvement programme<sup>1</sup> established by and accountable jointly to NHS England and the LGA. The aims of the Programme are to change and drive up the quality of care and support for all people with learning disabilities or autism who have mental health conditions or behaviour that challenges and their carers to ensure better health outcomes.

This programme is overseen by a Joint Improvement Board whose membership and terms of reference are attached at Annex E. This Board includes the DH Director who is SRO for the Winterbourne View Programme.

DH provides funding for this programme of work via the LGA. This arrangement is underpinned by a Memorandum of Understanding between DH, NHS England and the LGA. This means that NHS England and the LGA are accountable to DH for ensuring that the Joint Improvement Programme delivers the programme of work to the budget as described in the Memorandum of Understanding.

The Joint Improvement Programme is not responsible for delivering or ensuring delivery of all the actions set out in Transforming Care or in the Concordat. It is not accountable for inspecting or providing assurance on the activities of every NHS and LA commissioner in England. It is responsible for providing leadership and support to transform services locally involving key partners in line with the commitments of NHS England, the LGA, ADASS and ADCS as set out in their joint commitments in the Concordat. To do this, the Joint Improvement Programme will carry out activity at a national, regional and local level.

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<sup>1</sup> Although there are similarities in aims – to provide support local commissioners to improve the lives of people with learning disabilities - the Joint Improvement Programme is not a DH run “national support team”. The *Valuing People* Support Team as well as other DH run National Support Team programmes ended in 2010/2011 in order to provide greater emphasis on local leadership of change rather than centrally driven programmes. The Joint Improvement Programme is a sector-led improvement programme and is based on a different delivery model.

The Joint Improvement Programme is there to help local areas get better at making sure the right services are there for people with learning disabilities. It will especially help them improve the lives of people with learning disability who are living in hospitals at the moment by helping areas plan better care and make sure their local people receive that care.



A Board with different people on it, including people with learning disabilities, helps to check the work of the Joint Improvement Programme and make sure they are doing the right things

The Joint Improvement Programme was set up by NHS England and the LGA and the Department of Health gave them the money to do this. The Department of Health will check with the LGA and NHS England that they are doing what they said they would with this money.

The Joint Improvement Programme will tell the Learning Disability Programme Board what progress they are making.

## **The Department of Health's Other Arms Length Bodies (including CQC & HEE)**

As well as NHS England, from 1 April 2013, Health Education England (HEE), Public Health England (PHE) and the NHS Trust Development Authority (NHS TDA) are now up and running. These bodies have been established at national level to operate at 'arm's length' from the Department, and, alongside existing bodies, such as the care Quality commission (CQC), will have a critical role in the delivery of a significant proportion of DH's priorities, including the programme of action resulting from *Transforming Care*.

The Department will set strategic direction and hold national bodies to account for delivering agreed outcomes.

Overall, the DH Permanent Secretary is accountable for the performance of the ALBs and the effective use of the public money which they receive. DH has responsibility for assurance that the ALBs are delivering their objectives, are operating efficiently, effectively and with regard to value for money. Each ALB has a framework agreement with DH which sets out its relationship with the Department and other bodies in the system and DH will hold them to account for their performance against this framework. In most instances, the ALBs, including CQC, whilst operating within their statutory functions and the framework agreement with DH, do so independently. DH and its ALBs have regular accountability meetings and an annual formal accountability review.

The Secretary of State retains formal powers to intervene in the event of significant failures for most ALBs but, in order to safeguard the independence of the regulators and avoid any perception of political interference, Ministers' intervention powers do not allow them to intervene in Monitor or CQC in relation to a particular case. The department of Health does retain some powers in relation to the Mental Health Act.

CQC have a Learning Disability Advisory Group who support their inspection activity in relation to LD services. Membership of CQC's group is attached at annex F.



The Department of Health has set up lots of other organisations to do things to improve health and care. The Department of Health agrees with them what they will do and checks that they are doing it.

One of the most important organisations in this group which is working to improve things after Winterbourne View is called CQC.



CQC inspect where people with learning disability are getting care and treatment and make sure they are doing the things they are supposed to. CQC have a group of people with learning disabilities who help them do this.

CQC will tell the Learning Disability Programme Board what progress they are making.

## The Learning Disability Professional Senate

Professionals, including psychiatrists, psychologists, nurses, therapists, social workers and many others have a critical role to play in delivering the Concordat commitments. Each of these professionals is represented by their own professional body, including Royal Colleges who may be responsible for some functions such as professional standards and training and development of their profession. These bodies have no formal accountability to DH and most of the actions they are leading as a result of Transforming Care and the Concordat are being done autonomously and voluntarily with no funding from DH.

In recognition of the multi-disciplinary nature of change required to transform care for people with learning disabilities, the main professional bodies have come together to form the Learning Disability Professional Senate. One of the things that the Senate is doing is review, across their membership, progress against the commitments in Transforming Care and the Concordat. The Senate are represented on the LDPB. The department of Health also attend Senate meetings and follow up with individual members how they are progressing on their concordat commitments.

Membership of the Learning Disability Professional Senate is attached at Annex G.



Doctors, nurses, social workers and other people who help people with learning disabilities are very important in changing things after Winterbourne View.

They have their own groups of other doctors, nurses or social workers who try to help them to do the right things and give them information on what to do differently.

The Department of Health does not pay for the work they have said they will do after Winterbourne View. The Department of Health does not have to check or agree their work.

They are working together in a group to talk about what they are doing. They are also talking to the Department of Health and others like NHS England to make sure we all know what is going on.

A member of this group will tell the Learning Disability Programme Board what progress they are making.

## **Risk Escalation and Managing Issues Between Delivery Partners**

DH will hold a risk register and an issues log across the whole programme of actions. These will be reviewed at the Post-Winterbourne View Actions Project Board meetings.

Systemic risks identified by DH or other key delivery partners will be addressed through engagement with the main system partners both through relevant governance Boards (e.g. PWVAPB or JIB) or separate meetings as required and depending on the underpinning accountability arrangements as summarised in this statement.

Escalation will be through the relevant responsible SROs within the key organisations and, where relevant, through the normal accountability mechanisms for DH ALB's.

The LDPB will receive reports on an overall assessment of progress and risk for each of the main programme workstrands which covers all delivery partners, regardless of their formal accountability arrangements with DH.

## Further Information

Further information on some of the principal accountabilities in the health and care system which are relevant for *Transforming Care* and the Concordat can be found at:

### DH

Department of Health 2013-14 Corporate Plan

<https://www.gov.uk/government/publications/department-of-health-corporate-plan-2013-14/department-of-health-2013-14-corporate-plan>

Department of Health Accounting Officer system statement

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/126966/Accounting-Officer-system-statement.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126966/Accounting-Officer-system-statement.pdf.pdf)

### The NHS

The Mandate: a mandate from the Government to the NHS Commissioning Board: April 2013 to March 2015

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/127193/mandate.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/127193/mandate.pdf.pdf)

Guide to the Healthcare System in England; Including the Statement of NHS Accountability for England (May 2013)

<https://www.gov.uk/government/publications/guide-to-the-healthcare-system-in-england>

Everyone Counts: Planning for Patients 2013/14 (guidance for Clinical Commissioning Groups)

<http://www.england.nhs.uk/wp-content/uploads/2012/12/everyonecounts-planning.pdf>

Putting Patients First: the NHS England Business plan for 2013/14-2015/16

<http://www.england.nhs.uk/wp-content/uploads/2013/04/ppf-1314-1516.pdf>

### Local Government

Department of Health Accounting Officer system statement

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/126966/Accounting-Officer-system-statement.pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/126966/Accounting-Officer-system-statement.pdf.pdf)

Accounting Officer Accountability Statement for Local Government (CLG):

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/6264/2110027.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/6264/2110027.pdf)

Taking the Lead: Self regulation and Improvement in Local Government

[http://www.local.gov.uk/c/document\\_library/get\\_file?uuid=4f52922f-9531-45f2-8e34-1fe02689a1ec&groupId=10171](http://www.local.gov.uk/c/document_library/get_file?uuid=4f52922f-9531-45f2-8e34-1fe02689a1ec&groupId=10171)

**CQC**

CQC Business Plan 2013/14

[http://www.cqc.org.uk/sites/default/files/media/documents/cqc\\_businessplan\\_2013\\_09.pdf](http://www.cqc.org.uk/sites/default/files/media/documents/cqc_businessplan_2013_09.pdf)

## Learning Disability Programme Board: draft terms of reference and membership

### Terms of reference

1. The Learning Disability Programme Board is there to:
  - check what is happening on the main pieces of work the Department of Health and their key partners, including in the NHS and local government, have said they will do to improve the health and wellbeing of people with learning disabilities
  - make sure that there are not big gaps in what should be happening across health and care services to improve the health and lives of people with learning disabilities
  - check on what is happening on important pieces of work in other parts of Government which could make a difference to the health and wellbeing of people with a learning disability. This could include: housing, changes to benefits, education and jobs
2. The Learning Disability Programme Board includes people with learning disabilities, family carers and other key stakeholders so that they can say what progress they think is happening, where there are problems and say what they think about any new plans.
3. Since the publication of the Department of Health Review final report *Transforming care: A national response to Winterbourne View* in December 2012 a very important task of the Programme Board will be to check delivery of the programme for change set out in the DH Review of Winterbourne View final report. The programme for change was also shown in the Concordat or agreement which has been signed by many delivery partners including members of the Programme Board.
4. The Programme Board will check delivery by:
  - (i) Asking delivery partners if they are doing what they agreed to do as part of the programme of change. They include: NHS England, the Joint Improvement Team, Clinical Commissioning Groups (CCGs), the Care Quality Commission (CQC) and local government and a representative of the Professional Senate;
  - (ii) Checking progress against milestones
  - (iii) Monitoring the risks to things happening;
  - (iv) Making sure that information about what is happening is open and that the annual reports on progress happen. These will be published in Parliament.

## **Membership**

### **Chair**

Norman Lamb, Chair, Minister for Care and Support (DH)

### **Stakeholders**

Karen Flood - Co-Chair National Forum of People with Learning Disabilities (Supported by Paula Cambourne)

Craig Hart - Co-Chair National Forum of People with Learning Disabilities (Supported by Catherine O'Byrne)

Vicki Raphael - National Valuing Families Forum (NVFF)

Viv Cooper - NVFF and the Challenging Behaviour Foundation (CBF)

Jan Tregelles - Mencap

Ciara Lawrence – Mencap (Supported by Ailis Hardy)

### **External Delivery Partners**

Alan Rosenbach/ Philip King – Care Quality Commission

Alick Bush - The LD Professional Senate

Chris Bull - Joint Improvement Team

Ivan Ellul - NHS England

Tim Breedon - NHS Confederation

Andrea Pope-Smith - ADASS learning disability lead

Rosy Pope – ADASS learning disability lead

Bill Bentley – Local Government Association

Bill Mumford - Providers Forum and TLAP

Chris Welsh – Health Education England

Ann Marie Connolly – Public Health England

### **Other Government Departments**

Howard Bines - Department for Business, Innovation and Skills

Helen Nix - Department for Education

Nicola Lomas / John Skinner – Department Work & Pensions

### **Department of Health**

Jon Rouse - DG, Social Care, Local Government and Care Partnerships

Bruce Calderwood - Director, Mental Health, Disability and Equality

Frances Smethurst - Deputy Director, Learning Disabilities and Autism

John Crook - Learning Disabilities and Post Winterbourne View Programme

Karen Turner – Deputy Director, Children: Developing Well

Ben Thomas - Professional Lead Nursing Mental Health and Learning Disability

Rachel Holynska - Deputy Regional Director - East Midlands

Secretariat provided by DH LD policy team

## **Post Winterbourne View Actions Project Board: terms of reference and membership**

The Winterbourne View Review Project Board will be responsible for monitoring and oversight of progress of the 63 actions set out in the report (and others set out in the Concordat) on a six-weekly basis – in particular:

- (i) taking forward work on those actions which fall to DH
- (ii) checking progress against key milestones for other delivery partners
- (iii) monitoring and actively managing risks to delivery
- (iv) ensuring progress is regularly reported on and published.

### **Membership**

Bruce Calderwood, Chair

Chris Bull / Sam Cramond – Joint Improvement Programme

Ivan Ellul – NHS England

Emma Harrison – Mencap (*providing external challenge/DH Strategic Partner representative*)

Alan Rosenbach – CQC

John Crook - DH

Amy Key / Nikki Yorke – DH Comms

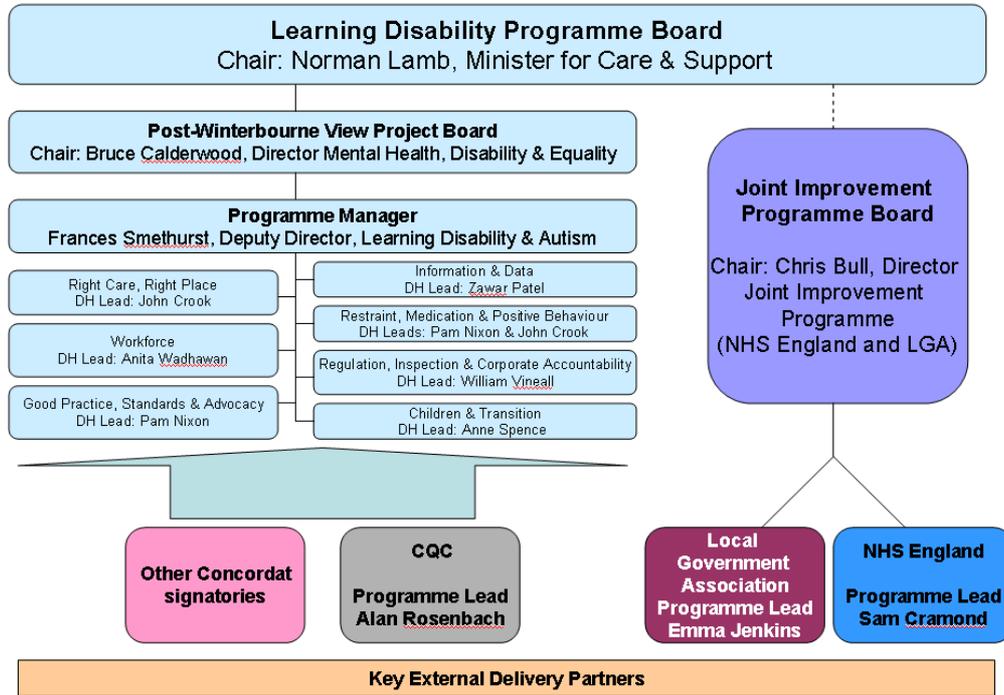
Zawar Patel - DH

Frances Smethurst – DH

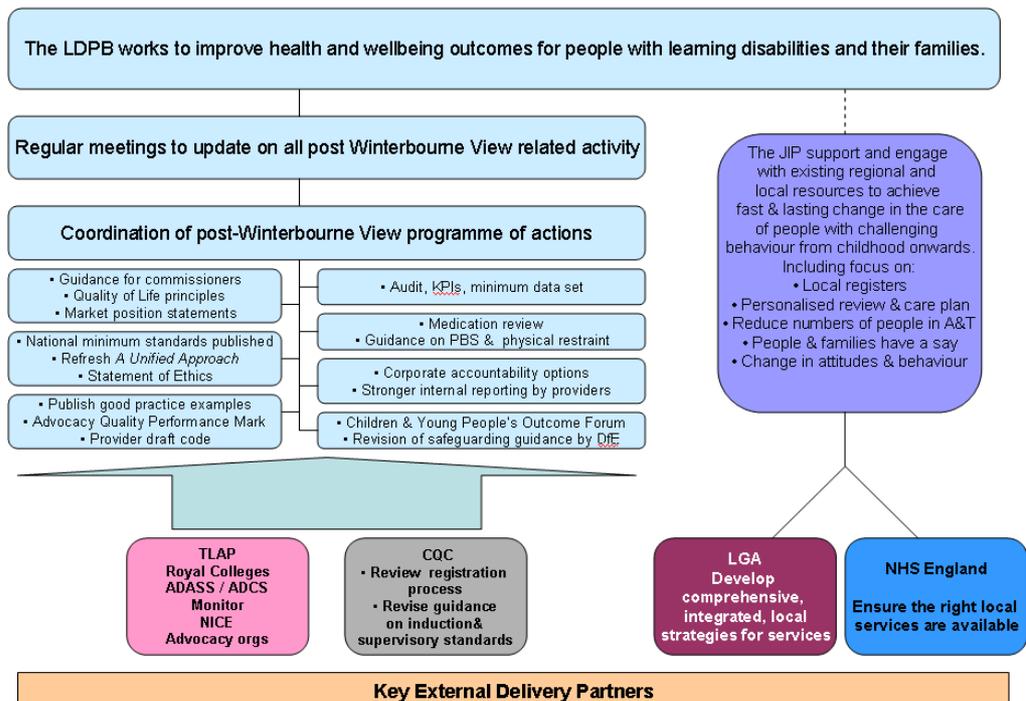
William Vineall – DH

Note: Membership to be reviewed at next Project Board meeting 18 July.

**Post-Winterbourne View Actions:  
Main Programme & Project Delivery Structure**



**Their Main Role or Aims**



**NHS England Winterbourne View Steering Group**Membership:

Bill McCarthy (Chair) – National Director: Policy  
Ray Avery – Partnership Manager  
Geoff Baines – Head Of Patient Experience  
Juliet Beal – Director Of Nursing: Quality Improvement & Care  
Chris Bull – Joint Improvement Programme Chair  
Olivia Butterworth – Head Of Public Voice  
Kate Caston – Head Of Specialised Commissioning (Corporate)  
Pia Clinton-Tarestad – Head Of Commissioning Policy & Resources  
Sam Cramond - Head of Partnerships  
Jane Cummings – Chief Nursing Officer  
Mike Durkin – Director Of Patient Safety (Domain 5)  
Ivan Ellul - Director of Partnerships  
Hilary Garratt – Head Of Nursing  
Vanessa Gordon – Associate Director Patient Safety  
Gill Harris – Regional Chief Nurse (North)  
Anthony Kealy – Head Of Partnerships  
Martin McShane - Director For Long-term Conditions (Domain 2)  
Ed Mitchell – Clinical Fellow (Domain 2)  
Kath Murphy – Assistant Head Of High Secure Mental Health Services  
Luke O’Shea – Head Of Patient Participation  
Judi Thorley – Executive Nurse  
Geraldine McCarry (Secretary) – Business Manager

Role:

To co-ordinate Winterbourne View related activity across NHS England.

## Joint Improvement Board

Note - to be updated

### Membership:

Chris Bull (Chair)  
Bruce Calderwood (DH)  
TBC (DfE)  
Alan Rosenbach (CQC)  
Dr Katie Armstrong (CCG)  
Andrea Pope-Smith (ADASS)  
Terry Parkin (ADCS)  
Rachael Shimmin (ADCS)  
Beverly Dawkins (from Challenging Behaviour National Strategy Group)  
Sally Burlington (LGA)  
Gavin Harding (National Forum)  
Ivan Ellul (NHS England)  
Marie Batey (NHS England)  
Martin McShane (NHS England)  
Julian Hartley (NHS Improvement)  
Viv Cooper (National Valuing Families Forum)  
Professor Tony Holland (University of Cambridge)  
Professor Gyles Glover (LD PHO, Public Health England)  
Professor Eric Emerson (University of Lancaster)  
Dave Williams (Salford Council)  
Tony Hunter (SOLACE)

### Terms of Reference:

The aim of this programme will be to work with local areas and influence national policy, to support local areas to provide swift and sustainable action across the system and across people's life course. Local partners will need to ensure that the services that are commissioned from childhood onwards are personalised, safe and local. This should result both in a movement away from the use of long stay, large-scale hospital services and also lead to real and rapid change in the attitudes and culture around care. It is not the intention to create a large organisation but rather to support and engage with existing regional and local resources to achieve change.

## CQC Learning Disability Advisory Group

Note - to be updated

### Members

Alan Rosenbach	Care Quality Commission
Alicia Wood	Housing and Support Alliance
Alick Bush	Learning Disability Professional Senate representative
Andrea Pope-Smith	Association of Directors of Adult Social Services
Andrew Lee	People First
Ann Chivers	British Institute of Learning Disabilities
Anthea Sully	Learning Disability Coalition
Ben Thomas	Department of Health
Beverley Dawkins	Mencap
Bill Hodson	Care Quality Commission
Cally Ward	National Valuing Families Forum
Carrie James	Care Quality Commission
Chris Bull	Joint Improvement Programme
Chris Thompson	NHS Confederation and the Priory Group
David Behan	Care Quality Commission
Duncan Stephenson	Care Quality Commission
Elizabeth Tysoe	HM Inspectorate of Prisons
Fiona Ritchie	Turning Point
Frances Smethurst	Department of Health
Gavin Harding	National Forum of People with Learning Disabilities
Ian Hall	Royal College of Psychiatrists
Jacqueline Bell	Association of Real Change
Jan Goldsmith	Nursing and Midwifery Council:
Jim Blair	St George's Healthcare NHS Trust
Jo Carroll	NHS Confederation
John Adams	Voluntary Organisations Disability Group
Jonathan Senker	VoiceAbility
Lucy Hamer	Care Quality Commission
Mark Lever	National Autistic Society
Munyaradzi Hute	NHS London
Oi Mei Li	National Family Carer Network
Peter Cheer	Sense
Peter Kinsey	Care Management Group
Richard Hawkes	Scope
Sally Taber	Independent Healthcare Advisory Services
Sam Pryke	Department of Health
Sheila Hollins	House of Lords
Stephan Brusch	NHS London
Theresa Joyce	South London and Maudsley NHS Trust
Viv Cooper	Challenging Behaviour Foundation

## Learning Disability Professional Senate

### Members

Alick Bush	British Psychological Society
Gemma Gray	British Psychological Society
Karen Dodd	British Psychological Society
Ashok Roy	Royal College of Psychiatrists
Ian Hall	Royal College of Psychiatrists
Della Money	Royal College of Speech & Language Therapists
Vicki Baker	Royal College of Speech & Language Therapists
Elenor Birkett	Royal College of Speech & Language Therapists
Genevieve Smyth	College of Occupational Therapists
Jo Ball	College of Occupational Therapists
Jenny Tinkler	Chartered Society of Physiotherapy
Sue Over	Chartered Society of Physiotherapy
Ann Norman	Royal College of Nursing
David Currie	Royal College of Nursing
Sandy Bering	Commissioners
Matthew Hoghton	Royal College of GPs
Owen Davies	College of Social Work
Crispin Hebron	Nurse consultant network
Sue Turner	IHAL- Public Health Observatory
Gyles Glover	IHAL- Public Health Observatory
Eric Emerson	IHAL- Public Health Observatory
Rob Greig	National Development Team for Inclusion
Jo Poynter	SHA National leads group
Viv Cooper	Challenging Behaviour Foundation
Jo Hough	PRTC /National Valuing Families Forum
Denise Hill	National Forum (Voiceability)
Zawar Patel	Learning Disability Confidential Inquiry & PHO
Bruce Calderwood	Department of Health
Frances Smethurst	Department of Health