

Cover Sheet Learning Disabilities Programme Board Papers

Report to
Learning Disabilities Programme Board Meeting

Date of meeting
4 July 2013

Attachment number

LDPB (13)27

Title of paper
Progress Report NHS England: DH Winterbourne View Review: *Concordat: Programme of Action*

Summary

This is the full report from NHS England detailing the progress made on delivering the commitments from the Winterbourne View Concordat.

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

LEARNING DISABILITY PROGRAMME BOARD – 4 July 2013

PROGRESS REPORT NHS ENGLAND: DH WINTERBOURNE VIEW REVIEW *CONCORDAT: PROGRAMME OF ACTION*

Introduction

1. This paper sets out for the Learning Disabilities Programme Board the progress made by NHS England with our partners in delivering the commitments in DH Winterbourne View Review *Concordat: Programme of Action* (December 2012) and the actions set in train to further assure quality and delivery of the remaining *Concordat* commitments.
2. We are absolutely committed to ensuring that hospitals are not used as homes. We understand that how we respond to the review will be a critical test of our ability to make a real difference to improving patient safety and to caring for some of the most vulnerable people in society. NHS England aim is to ensure people with challenging behaviour in inpatient beds are appropriately placed and safe, and if not, that alternative arrangements are made for them as soon as possible, taking immediate action to resolve any safety concerns. Through using levers in the NHS, working with the Joint Improvement Programme and system partners, we will deliver the system transformation needed so that children, young people and adults with learning disabilities or autism and who have mental health conditions or behaviours that challenge¹ do not live in hospitals for inappropriately long periods of time.

NHS England Position Statement

3. The commitments from the *Concordat* which NHS England signed up to with partners are set out in Appendix 1. The key headlines are:
 - 100% of Clinical Commissioning Groups have confirmed that they had registers of all people with challenging behaviour in place from 1 April 2013 and that mechanisms are in place for their maintenance.
 - 100% of Clinical Commissioning Groups have confirmed that when reviewing individuals' care with the Local Authority they have identified who should be the first point of contact for each individual.

¹ For the purposes of this paper we use "people with challenging behaviour" as shorthand for children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges for whom we are looking to transform health and care services and improve the quality of the care offered.

- Progress on the reviews by each CCG is set out in Appendix 2. A total of 1308 Clinical Commissioning Group funded patients met the definition for a review in line with the Concordat commitments. Of these, 1273 reviews have been completed and 32 are outstanding. 8 CCGs have not completed reviews on time. In most cases they have completed nearly all of them. Four CCGs – Newcastle North and East, Newcastle West, North Tyneside, and Gateshead – account for 26 of the outstanding cases. All patients in these CCGs in Assessment and Treatment beds have had their reviews completed. The outstanding reviews are for patients in CCG-funded forensic care for which there was confusion about whether they were covered by the definition for the reviews. They have all committed to complete the reviews by the end of the month.
4. Completing and handing over the registers delivered the first of the Winterbourne View commitments, but CCGs and other organisations have highlighted that we need to do more work:
 - to ensure they are comprehensive;
 - to create and age profile;
 - to make sure we're capturing people in settings commissioned centrally by NHS England – particularly those in secure services, including CAMHS services.
 5. We are therefore doing an additional exercise (in July) to ensure that people who challenge who are in specialist funded services are included in registers, have had a Winterbourne style review which includes the Clinical Commissioning Group and the Local Authority and are part of a consistent reporting format with on-going recording by specialised commissioners. Further information on the additional exercise is detailed below.

Progress regarding the other immediate commitments is provided in appendix 3.

Next Steps to Assure Quality

6. The counts described above tell us how many reviews have been done, but not their quality. NHS England has therefore been working with system partners to determine what further quality assurance work is needed. Our joint work will focus on the following questions:
 1. Are individuals safe now?
 2. Have reviews been done properly?
 3. Are ex-Winterbourne View patients getting the right care or are robust plans in place for transition to community based care?
 4. How do we assure the quality of care for patients being treated by providers for which CQC have identified concerns?
7. There are a number of principles that will guide this work. We will:

1. Work through those organisations that have statutory responsibilities
 2. Work through the Quality Surveillance Groups established as a means of joint working between commissioners, NHS England, CQC, Local Authorities and others to share intelligence and take collective action to protect patients
 3. Ensure that urgent action is taken when required and to offer support, tools and approaches to commissioners through the Joint Improvement Programme to enable effective plans to move forward.
8. The next steps will be finalised alongside an action plan at a focussed workshop with key clinical experts, CQC, local government and the Joint Improvement Programme in early July. This will confirm the programme's underlying principles and will serve to scope out the brief. The resource required to deliver the programme through to it being fully embedded within the QSG governance mechanism which serves as the optimum structure to underpin scrutiny and challenge of quality issues and to identify best practices to be shared elsewhere.

The immediate next steps include:

1. A deep dive regarding the former patients of Winterbourne View (number to be determined) priority will be to those patients still in NHS funded inpatient beds. This will involve joint action with NHS England regional nurses/clinicians, CQC, local government, and the Joint Improvement Programme.
2. A wider sampling exercise to test the quality of reviews. This work will be targeted on those few CCGs where there are reviews outstanding, from intelligence gathered through the Joint Improvement Programme stocktake and through regional NHS England intelligence.
3. A deep dive review of those patients in services which CQC has concern. The reviews will involve commissioners, NHS England regional/area teams and CQC and the Joint Improvement Programme.

In the medium term working with the Joint Improvement Programme to develop:

- standardised data collection tools;
 - an assurance framework or dashboard on which to capture the findings.
9. Following discussion this week, a letter will be sent to Clinical Commissioning Groups setting out the action to follow. NHS England will work with the Joint Improvement Programme to ensure similar messages are shared with local government. Further information will be made available as the work progresses over the summer and autumn.

Former patients of Winterbourne View

10. NHS England collects anonymised reports provided by commissioners relating to the 48 former patients of Winterbourne View. This information identifies trends related to individual support. The last collection identified of the former patients of

Winterbourne View 34 people are in social care settings and 14 people in health settings. Although the information is anonymised, the small numbers of people concerned means that individual patients could be identified if a detailed breakdown of their care is published, NHS England is required to undertake a risk assessment as part of Information Governance requirements to determine what information can be made available to the Learning Disability Ministerial Programme Board and Joint Improvement Board.

Specialised services

11. During July, to ensure a comprehensive and rigorous approach, an additional exercise will be overseen by NHS England. This will require by the end of July Area Teams to work with secure and CAMHS providers to complete a list of all children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges note when they received a Winterbourne View style review and when their Clinical Commissioning Groups was notified. This will ensure that all children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges in secure or Child and Adolescent Mental Health inpatient services have been identified and their details passed to the Clinical Commissioning Groups for inclusion in local registers, have either had or are identified as needing a review in line with Winterbourne View Review principles and this has been notified to their CCGs and are included in a consistent recording format with on-going recording as further reviews take place.
12. Any individuals identified as part of this additional exercise as having an outstanding review will be notified to the Ministerial Learning Disability Programme Board alongside the time-scale confirmed for completion of the reviews so that those inappropriately placed in hospital are moved to community based support as quickly as possible and no later than 1 June 2014.

Communication of key messages to Clinical Commissioning Groups

13. NHS England following discussion at the Learning Disability Ministerial Programme Board will be writing in our next communication with CCGs as follows:
 - the requirement to report regularly to the Health and Wellbeing Board on progress with the actions making reference Minister's letter previously circulated.
 - reinforcing the model of care and the role of CCGs in working with Local Authorities to transform care locally.
 - further information to raise the profile of the Winterbourne View Joint Improvement Programme's work programme.
 - further information on forthcoming tools/guidance e.g. service specification, Joint Health and Social Care Self-Assessment Framework and the Joint Improvement Programme stocktake.

NHS England will work with the Joint Improvement Programme to ensure alignment of messages with local government.

Data collection and sharing

14. NHS England will continue to work with the established DH & Joint Improvement Programme data group to ensure that NHS England data is shared to support triangulation of information through other data collection exercises for example, the Joint Improvement Board Stocktake, Count Me In Census, Joint Health and Social Care Self-Assessment Framework and NHS returns. This will help us to monitor how far we are on the journey to reduce the number of hospital placements and improve community-based support for people with challenging behaviours by 1 June 2014 and report on progress nationally and contribute to the follow-up reports.

Ivan Ellul

Director of Partnerships, NHS England

28 June 2013

APPENDIX 1

Commitments for NHS England from the DH Winterbourne View Review Concordat: Programme of Action

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.

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;
- 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.

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.

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.

APPENDIX 2

Clinical Commissioning Group Data

CCG level data – South Region

Area team	CCG	Total no. of inpatient reviews required (a)	Total no. of completed reviews (b)	Total no. of outstanding reviews (c)	Completion date for outstanding reviews (d)	% completed reviews with 1 st point of contact (e)
Wessex	Dorset	4	4	0	N/A	100%
	Hampshire CCGs	19	17	2	End July 2013	100%
	Southampton	3	3	0	N/A	100%
	Portsmouth	2	2	0	N/A	100%
	IOW	1	1	0	N/A	100%
BGSW	Wiltshire	6	6	0	N/A	100%
	BANES	0	0	0	N/A	N/A
	Gloucestershire	6	6	0	N/A	100%
	Swindon	2	2	0	N/A	100%
Devon & Cornwall	Kernow	4	4	0	N/A	100%

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	NEW Devon	14	14	0	N/A	100%
	South Devon & Torbay	4	4	0	N/A	100%
Surrey & Sussex	Surrey Heath, NE Hamps & Farnham	2	2	0	N/A	100%
	Guildford & Waverley	2	2	0	N/A	100%
	North West Surrey	10	10	0	N/A	100%
	Surrey Downs	8	8	0	N/A	100%
	East Surrey	10	10	0	N/A	100%
	Coastal West Sussex	3	3	0	N/A	100%
	Brighton & Hove	10	10	0	N/A	100%
	Crawley	4	4	0	N/A	100%
	Horsham & Mid Sussex	2	2	0	N/A	100%
	High Weald Lewes & Havens	2	2	0	N/A	100%
	Eastbourne, Hailsham & Seaford	3	3	0	N/A	100%
	Hastings & Rother	10	10	0	N/A	100%
Thames Valley	Oxford	12	12	0	N/A	100%

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	Newbury & District	3	3	0	N/A	100%
	North & West Reading	3	3	0	N/A	100%
	South Reading	4	4	0	N/A	100%
	Wokingham	3	3	0	N/A	100%
	WAM	2	2	0	N/A	100%
	Bracknell & Ascott	1	1	0	N/A	100%
	Slough	2	2	0	N/A	100%
	Aylesbury Vale	7	7	0	N/A	100%
	Chiltern	8	8	0	N/A	100%
Kent & Medway	Canterbury & Coastal	3	3	0	N/A	100%
	Ashford	0	0	0	N/A	N/A
	Thanet	3	3	0	N/A	100%
	South Kent Coast	3	3	0	N/A	100%
	Swale	2	2	0	N/A	100%

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	Dartford, Gravesham & Swanley	2	2	0	N/A	100%
	Medway	3	3	0	N/A	100%
	West Kent	13	13	0	N/A	100%
BNSSSG	Bristol	25	25	0	N/A	100%
	Somerset	1	1	0	N/A	100%
	North Somerset	16	16	0	N/A	100%
	South Gloucestershire	3	3	0	N/A	100%

CCG level data – Midlands and East region

Area team	CCG	Total no. of inpatient reviews required (a)	Total no. of completed reviews (b)	Total no. of outstanding reviews (c)	Completion date for outstanding reviews (d)	% completed reviews with 1 st point of contact (e)
Leicestershire & Lincolnshire	Lincolnshire East	8	8	0	N/A	100%
	Lincolnshire West	10	10	0	N/A	100%
	South Lincolnshire	1	1	0	N/A	100%
	South West Lincolnshire	6	6	0	N/A	100%
	East Leicestershire & Rutland	4	4	0	N/A	100%
	West Leicestershire	4	4	0	N/A	100%
	Leicester City	12	12	0	N/A	100%
Hertfordshire & South Midlands	Bedfordshire	7	7	0	N/A	100%
	E&N Hertfordshire	11	11	0	N/A	100%
	Herts Valley	13	13	0	N/A	100%
	Luton	4	4	0	N/A	100%
	Corby	0	0	0	N/A	N/A

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	Milton Keynes	5	5	0	N/A	100%
	Nene	6	6	0	N/A	100%
Derbyshire & Nottinghamshire	Erewash	1	1	0	N/A	100%
	Hardwick	3	3	0	N/A	100%
	Mansfield & Ashfield	8	8	0	N/A	100%
	Newark & Sherwood	11	11	0	N/A	100%
	North Derbyshire	1	1	0	N/A	100%
	Nottingham City	20	20	0	N/A	100%
	Nottingham N&E	0	0	0	N/A	N/A
	Nottingham West	1	1	0	N/A	100%
	Rushcliffe	2	2	0	N/A	100%
	Southern Derbyshire	12	12	0	N/A	100%
Essex	North East Essex	4	4	0	N/A	100%
	West Essex	2	2	0	N/A	100%

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	Mid Essex	3	3	0	N/A	100%
	Basildon & Brentwood	6	6	0	N/A	100%
	Castle Point & Rochford	1	1	0	N/A	100%
	Southend	4	4	0	N/A	100%
	Thurrock	5	5	0	N/A	100%
Shropshire & Staffordshire	East Staffordshire	5	5	0	N/A	100%
	South East Staffordshire & Seisdon Peninsula	10	10	0	N/A	100%
	Cannock Chase	7	7	0	N/A	100%
	North Staffordshire	4	4	0	N/A	100%
	Stafford & Surrounds	2	2	0	N/A	100%
	Stoke on Trent	26	26	0	N/A	100%
	Telford & Wrekin	3	3	0	N/A	100%
	Shropshire	6	6	0	N/A	100%
Birmingham, Solihull & Black	Dudley	6	6	0	N/A	100%

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Country	Sandwell & West Birmingham	10	10	0	N/A	100%
	Walsall	26	26	0	N/A	100%
	Birmingham South & Central	5	4	1	30 June 2013	100%
	Solihull	2	2	0	N/A	100%
	Wolverhampton	7	7	0	N/A	100%
	Birmingham Cross City	11	10	1	30 June 2013	100%
Arden, Herefordshire & Worcestershire	Redditch & Bromsgrove	1	1	0	N/A	100%
	South Worcestershire	4	4	0	N/A	100%
	Wyre Forest	1	1	0	N/A	100%
	Herefordshire	3	3	0	N/A	100%
	Warwickshire North	2	2	0	N/A	100%
	South Warwickshire	4	4	0	N/A	100%
	Coventry & Rugby	15	15	0	N/A	100%
East Anglia	Cambridgeshire & Peterborough	9	9	0	N/A	100%

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	Great Yarmouth & Waveney	6	6	0	N/A	100%
	Ipswich & East Suffolk	18	18	0	N/A	100%
	North Norfolk	4	4	0	N/A	100%
	Norwich	4	4	0	N/A	100%
	South Norfolk	3	3	0	N/A	100%
	West Norfolk	6	6	0	N/A	100%
	West Suffolk	6	6	0	N/A	100%

CCG level data – London region

Area team	CCG	Total no. of inpatient reviews required (a)	Total no. of completed reviews (b)	Total no. of outstanding reviews (c)	Completion date for outstanding reviews (d)	% completed reviews with 1 st point of contact (e)
North West London	Brent	19	19	0	N/A	100%
	Ealing	14	14	0	N/A	100%
	Harrow	3	3	0	N/A	100%
	Hillingdon	12	12	0	N/A	100%
	Central London CCG	7	7	0	N/A	100%
	West London	3	3	0	N/A	100%
	Hammersmith & Fulham	7	7	0	N/A	100%
	Hounslow	12	12	0	N/A	100%
North Central & East London	Barking and Dagenham	4	4	0	N/A	100%
	Barnet	11	11	0	N/A	100%
	Camden	5	5	0	N/A	100%
	City & Hackney	9	9	0	N/A	100%

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	Enfield	8	8	0	N/A	100%
	Haringey	18	18	0	N/A	100%
	Havering	4	4	0	N/A	100%
	Islington	10	7-10	TBC	N/A	100%
	Newham	10	10	0	N/A	100%
	Redbridge	3	3	0	N/A	100%
	Tower Hamlets	4	4	0	N/A	100%
	Waltham Forrest	5	5	0	N/A	100%
South London	Bexley	3	3	0	N/A	100%
	Bromley	5	5	0	N/A	100%
	Croydon	15	13	2	Reviews scheduled to coincide with change in care setting for both	100%
	Greenwich	5	5	0	N/A	100%
	Kingston	4	4	0	N/A	100%

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Lambeth	4	4	0	N/A	100%
Lewisham	4	4	0	N/A	100%
Merton	2	2	0	N/A	100%
Richmond	3	3	0	N/A	100%
Southwark	10	10	0	N/A	100%
Sutton	0	0	0	N/A	N/A
Wandsworth	13	13	0	N/A	100%

CCG level data – North region

Area team	CCG	Total no. of inpatient reviews required (a)	Total no. of completed reviews (b)	Total no. of outstanding reviews (c)	Completion date for outstanding reviews (d)	% completed reviews with 1 st point of contact (e)
Cheshire Wirral Warrington	Warrington	6	6	0	N/A	100%
	West Cheshire	6	6	0	N/A	100%
	Eastern Cheshire	3	3	0	N/A	100%
	South Cheshire	3	3	0	N/A	100%
	Vale Royal	4	4	0	N/A	100%
	Wirral	5	5	0	N/A	100%
Greater Manchester	AWL	14	14	0	N/A	100%
	Bolton	12	12	0	N/A	100%
	Bury	7	7	0	N/A	100%
	HMR	10	10	0	N/A	100%
	Oldham	7	7	0	N/A	100%
	Manchester	26	26	0	N/A	100%

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	Salford	11	11	0	N/A	100%
	Stockport	4	4	0	N/A	100%
	T&G	9	9	0	N/A	100%
	Trafford	5	5	0	N/A	100%
Durham, Darlington & Tees	Hartlepool & Stockton	9	9	0	N/A	100%
	Darlington	4	4	0	N/A	100%
	South Tees	6	6	0	N/A	100%
	Durham Dales, Easington & Sedgefield	8	8	0	N/A	100%
	North Durham	4	4	0	N/A	100%
Cumbria, Northumberland, Tyne & Wear	Newcastle North and East	13	5	8	End July 2013	100%
	Newcastle West	10	3	7	End July 2013	100%
	North Tyneside	13	5	8	End July 2013	100%
	Northumberland	0	0	0	N/A	N/A
	Cumbria	8	8	0	N/A	100%

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	Gateshead	7	4	3	End July 2013	100%
	South Tyneside	11	11	0	N/A	100%
	Sunderland	8	8	0	N/A	100%
North Yorkshire & Humber	Hambleton, Richmondshire & Whitby	2	2	0	N/A	100%
	Harrogate & Rural District	2	2	0	N/A	100%
	Scarborough & Ryedale	2	2	0	N/A	100%
	Vale of York	13	13	0	N/A	100%
	North East Lincolnshire	1	1	0	N/A	100%
	Hull	11	11	0	N/A	100%
	East Riding of Yorkshire	11	11	0	N/A	100%
	North Lincolnshire	10	10	0	N/A	100%
South Yorkshire & Bassetlaw	Barnsley	9	9	0	N/A	100%
	Bassetlaw	9	9	0	N/A	100%
	Doncaster	19	19	0	N/A	100%

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	Rotherham	4	4	0	N/A	100%
	Sheffield	7	7	0	N/A	100%
Lancashire	Lancashire North	5	5	0	N/A	100%
	Fylde & Wyre	3	3	0	N/A	100%
	Greater Preston	8	8	0	N/A	100%
	Chorley & South Ribble	3	3	0	N/A	100%
	West Lancashire	2	2	0	N/A	100%
	Blackburn with Darwen	2	2	0	N/A	100%
	East Lancashire	9	9	0	N/A	100%
	Blackpool	13	13	0	N/A	100%
West Yorkshire	Airedale, Wharfedale & Craven	1	1	0	N/A	100%
	Calderdale	5	5	0	N/A	100%
	Wakefield	3	3	0	N/A	100%
	North Kirklees	4	4	0	N/A	100%

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	Greater Huddersfield	6	6	0	N/A	100%
	Bradford City	0	0	0	N/A	N/A
	Bradford Districts	2	2	0	N/A	100%
	Leeds West	5	5	0	N/A	100%
	Leeds North	9	9	0	N/A	100%
	Leeds South & East	4	4	0	N/A	100%
Merseyside	South Sefton	2	2	0	N/A	100%
	Southport & Formby	0	0	0	N/A	N/A
	Liverpool	9	9	0	N/A	100%
	Knowsley	1	1	0	N/A	100%
	Halton	0	0	0	N/A	N/A
	St Helens	2	2	0	N/A	100%

APPENDIX 3

NHS England progress update

Providing leadership and support to transform local services

- NHS England worked with the Local Government Association to establish the Winterbourne View Joint Improvement Programme Board to provide constructive challenge and support to Clinical Commissioning Groups and Local Authorities to achieve the required transformation. The programme plan was presented at the Joint Improvement Programme Board on the 20 June.
- Papers submitted to the NHS Commissioning Board Executive Management Team in October 2012 and May 2013 setting out progress and challenges for delivery of the Winterbourne View commitments ensuring Executive sight on the Winterbourne issues.
- Established a Winterbourne View Steering Group drawn from across the NHS England directorates chaired jointly by the Chief Nurse and Director of Policy with attendance from the Chair of the Joint Improvement Programme, it meets monthly to drive forward improvement and monitor progress.
- June 2013 NHS England Leadership Forum a session led by the Director of Partnerships on Winterbourne View with Directors from Area and Regional Teams.
- National Clinical Director and Lead Nurse for Mental Health and Learning Disabilities posts advertised to provide dedicated clinical leadership to the NHS England learning disability programme of work (including Winterbourne View).
- Planning meeting held (21 June 2013) to establish an NHS England learning disability matrix team to include Regional and Area Teams.

Listening to service users and their carers to understand their priorities for improvement

- In December 2012 the NHS England Board met with a group of self-advocates with learning disabilities in a closed session to explore how people with learning disabilities experience NHS services. A commitment was made to hold a follow up event to ensure that NHS England reflects the needs of learning disabled people in its work and to explore how it can deliver improved outcomes for them.
- NHS England held a follow up event in May 2013 focussing on improving health outcomes for learning-disabled people to inform the development of the domain visions to make sure that NHS England does what people with a learning disability and family carers need it to do. In attendance were people with learning disabilities, their families and carers; various independent advocacy charities/community and voluntary sector organisations (e.g.

MENCAP, Changing Our Lives) and a range of clinical and non-clinical staff from across NHS England.

- NHS England Patient Public Involvement Team to become a member of the Winterbourne View Joint Improvement Programme Engagement sub-group.

Providing tools and resources for commissioners

- The former SHA learning disability lead for the South West chaired a joint project with ADASS and others to develop a model service specification.
- Further work is underway (to be completed by July) to develop a children's service specification. Consultations will take place over the summer.
- Development of potential CQUIN models, and support of NHS England to develop new schedules for the NHS Standard Contract.
- The former SHA learning disability leads have been working with ADASS and NHS England to develop the new Joint health and social care self-assessment framework for roll out from July 2013.
- The Quality of Health Principles in the system have been included in the NHS contract guidance.

Holding commissioners to account for improvement

- The Interim CCG Assurance Framework for 2013/14 makes specific reference to Winterbourne View; this will help NHS England, patients and the public identify how well Clinical Commissioning Groups are performing in their role as the commissioners of local health services.
- The Chief Executive NHS Commissioning Board and Director General for Social Care wrote to SHA and PCT Chief Executives in December 2012 regarding the programme of action set out in the Department of Health's Report into events at Winterbourne View.
- The Chief Operating Officer/Deputy Chief Executive NHS Commissioning Board wrote to Regional Directors in January 2013 seeking progress with the handover of registers from PCTs to CCGs (by April 2013) and reviews of people's care (by June 2013). The letter requested that Regional Offices work with Area Teams to ensure that the necessary actions are in hand to ensure safe transition of responsibility.
- The acting Chief Operating Officer/Deputy Chief Executive NHS Commissioning Board wrote in June to Regional Teams, Area Teams and CCGs seeking updated data on progress with reviews and registers.
- NHS England has circulated to CCGs the Joint Improvement Programme stocktake to be led by Local Authorities and has provided guidance to regional teams as to how they can support the process.