

Winterbourne Action plan

Area	KEY ACTION	DEADLINE DATE	PROGRESS UPDATE	ISSUES	COMPLETION DATE	RAG RATING
1	CQC will continue to make <b>unannounced inspections of providers</b> of learning disability and mental health services employing people who use services and families as vital members of the team.	From June 2012	Merseyside Area CQC Inspections 2012 Supported Living Care Providers x 12, Dentists x 6, Nursing Care Homes x 5, Residential Care Home Provider x 6			
2	CQC will take tough <b>enforcement action</b> including prosecutions, restricting the provision of services, or closing providers down, where providers consistently <b>fail</b> to have a <b>registered manager in place</b> .	From June 2012				
3	CQC will take enforcement action against providers who do not operate effective processes to ensure they have <b>sufficient numbers of properly trained staff</b> .	From June 2012				
4	The cross-government <b>Learning Disability Programme Board</b> will measure progress against milestones, monitor risks to delivery and challenge external delivery partners to deliver to the action plan of all commitments. CQC, the NHSCB and the head of the LGA, ADASS, NHSCB development and improvement programme will, with other delivery partners, be members of the Programme Board, and report on progress.	From November 2012	National Disability Programme Board Established by Doh with the overall aim to drive forward cross-Government work to improve outcomes for people with learning disabilities within the new health, social care and welfare structures and receive regular reports from partners.	Establishment of Merseyside LD Programme Board needs consideration		
5	The Department of Health will work with the CQC to agree how best to raise awareness of and ensure compliance with <b>Deprivation of Liberty Safeguards</b> provisions to protect individuals and their human rights and will report by Spring 2014.	From December 2012	to ensure compliance by spring 2014			
6	The Department of Health will, together with CQC, consider what further action may be needed to check how <b>providers record and monitor restraint</b> .	From December 2012	Review contracts compliance. Donna Ryan			

7	The Department of Health will work with independent advocacy organisations to identify the key factors to take account of in <b>commissioning advocacy</b> for people with learning disabilities in hospitals so that people in hospital get good access to information, advice and advocacy that supports their particular needs.	From December 2012				
8	The Department of Health will work with independent advocacy organisations to drive up the quality of independent advocacy, through strengthening the <b>Action for Advocacy Quality Performance Mark</b> and reviewing the Code of Practice for advocates to clarify their role.	From December 2012				
9	A specific workstream has been created by the police force to identify a process to trigger <b>early identification of abuse</b> . The lessons learnt from the work undertaken will be disseminated nationally. All associated learning from the review will be incorporated into training and practice,	From December 2012	Once disseminated DS and HM to work with Cheshire Constabulary to ensure process in place.			
10	The College of Social Work, to produce key points <b>guidance for social workers on good practice</b> in working with people with learning disabilities who also have mental health conditions;	From December 2012	To review point with regional Winterbourne group			
11	The British Psychological Society, to provide <b>leadership to promote training</b> in, and appropriate implementation of, <b>Positive Behavioural Support</b> across the full range of care settings.	From December 2012	To consider and implement recommendations			
12	The Royal College of <b>Speech and Language Therapists, to produce good practice standards</b> for commissioners and providers to <b>promote reasonable adjustments</b> required to meet the speech, language and communication needs of people with learning disabilities in specialist learning disability or autism hospital and residential settings.	From December 2012	To consider and implement recommendations			

13	The Local Government Association and NHS Commissioning Board will establish a <b>joint improvement programme to provide leadership and support</b> to the transformation of services locally. They will involve key partners including DH, ADASS, ADCS and CQC in this work, as well as people with challenging behaviour and their families. The programme will be operating within three months and Board and leadership arrangements will be in place by the end of December 2012. DH will provide funding to support this work.	By end of December 2012				
14	By December 2012 the professional bodies that make up the Learning Disability Professional Senate will <b>refresh Challenging Behaviour: A Unified Approach to support clinicians in community learning disability teams to deliver actions that provide better integrated services.</b>	By end December 2012	JW to review document			
15	Skills for Health and Skills for Care will develop national <b>minimum training standards and a code of conduct</b> for healthcare support workers and adult social care workers. These can be used as the basis for standards in the establishment of a voluntary register for healthcare support workers and adult social care workers in England.	By January 2013	Brian Hilton.			
16	Skills for Care will develop a framework of guidance and support on commissioning <b>workforce solutions</b> to meet the needs of people with challenging behaviour	By February 2013	Brian Hilton.			

17	The Department of Health will commission an <b>audit of current services for people with challenging behaviour</b> to take a snapshot of provision, numbers of out of area placements and lengths of stay. The audit will be repeated one year on to enable the learning disability programme board to assess what is happening.	By March 2013				
18	The NHSCB will work with ADASS to develop practical resources for commissioners of services for people with learning disabilities, including: • <b>model service specifications; • new NHS contract schedules for specialist learning disability services; • models for rewarding best practice through the NHS; commissioning for Quality and Innovation (CQUIN) framework; and</b> a <b>joint health and social care self-assessment framework</b> to support local agencies to measure and benchmark progress.	By March 2013				
19	The NHSCB and ADASS will develop <b>service specifications</b> to support CCGs in commissioning specialist services for children, young people and adults with challenging behaviour built around the model of care in Annex A.	By March 2013				
20	The Joint Commissioning Panel of the Royal College of General Practitioners and the Royal College of Psychiatrists will produce detailed <b>guidance</b> on commissioning services for people with <b>learning disabilities who also have mental health conditions</b> .	By March 2013	Review and implement guidance when available			
21	The Royal College of Psychiatrists will issue <b>guidance</b> about the different types of <b>inpatient services</b> for people with learning disabilities and how they should most appropriately be used.	By March 2013	Review and implement guidance when available			
22	The NHSCB will ensure that all Clinical Commissioning Groups develop <b>local registers</b> of all people with challenging behaviour in NHS-funded care.	By 1 April 2013	Completed			
23	The Academy of Medical Royal Colleges and the bodies that make up the Learning Disability Professional Senate will <b>develop core principles on a statement of ethics</b> to reflect wider responsibilities in the health and care system.	By 1 April 2013				
24	The National Quality Board will set out how the new health system should operate to <b>improve and maintain quality</b> .	By 1 April 2013	Guidance published, membership established. Meeting dates currently being agreed for 2013/14. Discussed with CCG's.			

25	The Department of Health will work with key partners to agree how <b>Quality of Life principles</b> should be adopted in social care contracts to drive up standards.	By 1 April 2013				
26	The NHSCB will make clear to CCGs in their <b>handover and legacy arrangements</b> what is expected of them in maintaining <b>local registers</b> , and reviewing individual's care with the Local Authority, including identifying who should be the first point of contact for each individual.	From 1 April 2013	On going discussions with CCG's following LD Self Assessment submission 2012. Handover Event 7th February 2013, Invitees CCG, LA Adult and Children Services, NCB LD leads MH Providers.			
27	The NHSCB will hold CCGs to account for their progress in <b>transforming</b> the way they commission <b>services for people with learning disabilities/autism</b> and <b>challenging behaviours</b> .	From April 2013				
28	Health Education England will take on the duty for <b>education and training</b> across the health and care workforce and will work with the Department of Health, providers, clinical leaders and other partners to improve skills and capability to respond the needs of people with complex needs.	From April 2013				
29	CQC will take action to ensure the model of care is included as part of inspection and registration of relevant services from 2013. CQC will set out the <b>new operation of its regulatory model</b> , in response to consultation, in Spring 2013.	From April 2013				
30	CQC will <b>share the information, data and details</b> they have about providers with the relevant CCGs and local authorities.	From April 2013	Communication with CQC			
31	CQC will assess whether providers are <b>delivering care</b> consistent with the <b>statement of purpose made at the time of registration</b> .	From April 2013				
32	Monitor will consider in developing <b>provider licence conditions</b> , the inclusion of internal reporting requirements for the Boards of licensable provider services to strengthen the monitoring of outcomes and clinical governance arrangements at Board level.	From April 2013	Ensure compliance			
33	The strong presumption will be in favour of <b>pooled budget arrangements</b> with local commissioners offering justification where this is not done. The NHSCB, ADASS and ADCS will promote and facilitate joint	From April 2013	Pooled Budget Discussions underway.			

34	The NHSCB will ensure that CCGs work with local authorities to ensure that vulnerable people, particularly those with <b>learning disabilities and autism</b> receive safe, appropriate and high quality care. The presumption should always be for services to be local and that people <b>remain in their communities</b> .	From April 2013	Completed			
35	Health and care commissioners should use contracts to hold providers to account for the <b>quality and safety of the services</b> they provide.	From April 2013	On-going			
36	Directors, management and leaders of organisations providing NHS or local authority funded services to ensure that systems and processes are in place to provide <b>assurance that essential requirements are being met and that they have governance systems in place</b> to ensure they deliver high quality and appropriate care.	From April 2013				
37	The Department of Health, the Health and Social Care Information Centre and the NHSCB will develop <b>measures and key performance indicators</b> to support commissioners in monitoring their progress.	From April 2013				
38	The NHSCB and ADASS will implement a <b>joint health and social care self assessment framework</b> to monitor progress of key health and social care inequalities from April 2013. The results of progress from local areas will be published.	From April 2013	SAF co-owned between CCG and LA. To be completed by July 2013. Awaiting final paperwork			
39	The Department of Health will work with the LGA and Healthwatch England to embed the importance of local <b>Healthwatch</b> involving people with learning disabilities and their families. A key way for local Healthwatch to benefit from the <b>voice of people with learning disabilities and families</b> is by engaging with existing local Learning Disability Partnership Boards. LINKs (local involvement networks) and those preparing for Healthwatch can begin to build these relationships with their Boards in advance of local Healthwatch organisations starting up on 1 April 2013.	From April 2013	LD Partnership Board and healthcare for All Group			

40	The Department of Health will immediately examine how corporate bodies, their <b>Boards of Directors and financiers can be held to account</b> for the provision of poor care and harm, and set out proposals during Spring 2013 on strengthening the system where there are gaps. We will consider both regulatory sanctions available to CQC and criminal sanctions. We will determine whether CQC's current regulatory powers and its primary legislative powers need to be strengthened to hold Boards to account and will assess whether a fit and proper persons test could be introduced for board members.	By Spring 2013				
41	CQC will take steps now to strengthen the way it uses its existing powers to <b>hold organisations to account for failures to provide quality care</b> . It will report on changes to be made from Spring 2013.	From Spring 2013				
42	Health and care commissioners, working with service providers, people who use services and families, will review the care of all people in <b>learning disability or autism inpatient beds and agree a personal care plan</b> for each individual based around their and their families' needs and agreed outcomes.	By 1 June 2013	Reviews are on-going and recorded in the register			
43	<b>Provider organisations</b> will set out a pledge or code model based on shared principles - along the lines of the <b>Think Local Act Personal (TLAP)</b>	By Summer 2013				
44	The Department of Health, with the National Valuing Families Forum, the National Forum of People with Learning Disabilities, ADASS, LGA and the NHS will <b>identify and promote good practice</b> for people with learning disabilities across health and social care.	By Summer 2013				
45	The Department of Health will explore with the Royal College of Psychiatrists and others whether there is a need to commission an <b>audit</b> of use of medication for this group. As the first stage of this, we will commission a wider review of the <b>prescribing of antipsychotic and antidepressant medicines</b> for people with challenging behaviour.	By summer 2013	Once guidance available, review and implement			

46	The Department of Health and the Department for Education will work with the independent experts on the 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 <b>making the transition to adulthood</b> .	By June 2013	Once guidance available, review and implement			
47	The Department of Health and the Department for Education will develop and issue <b>statutory guidance on children in long-term residential care</b> .	In 2013	Implement statutory guidance when available			
48	The Department of Health and the Department for Education will jointly explore the issues and opportunities for children with <b>learning disabilities whose behaviour is described as challenging</b> through both the SEN and Disability reform programme and the work of the Children's Health Strategy.	In 2013				
49	The Department of Health will work with independent advocacy organisations to drive up the <b>quality of independent advocacy</b> .	In 2013				
50	The Department for Education will revise the statutory guidance <b>Working together to safeguard Children</b> .	In 2013	Implement guidance when available			
51	The Royal College of Psychiatrists, the Royal Pharmaceutical Society and other professional leadership organisations will work with ADASS and ADCS to ensure medicines are used in a safe, appropriate and proportionate way and their use optimised in the treatment of children, young people and adults with challenging behaviour. This should include a focus on the <b>safe and appropriate use of antipsychotic and antidepressant medicines</b> .	In 2013	Implement guidance when available			
52	The Department of Health will work with the improvement team to monitor and report on progress nationally, including <b>reporting comparative information</b> on localities. We will publish a follow up report by December 2013.	By December 2013				
53	The Department of Health with external partners will publish <b>guidance on best practice around positive behaviour support</b> so that physical restraint is only ever used as a last resort where the safety of individuals would otherwise be at risk and never to punish or humiliate.	By end 2013	Implement guidance when available			



54	There will be a progress report on actions to implement the recommendations in <b>Strengthening the Commitment</b> the report of the UK <b>Modernising learning disability Nursing Review</b> .	By end 2013	Implement actions when available			
55	CQC will also include reference to the model in their <b>revised guidance about compliance</b> . Their revised guidance about compliance will be linked to the Department of Health timetable of review of the quality and safety regulations in 2013. However, they will specifically update providers about the <b>proposed changes to our registration process</b> about models of care for learning disability services in 2013.	By end 2013	Work with providers to support when new registration process available			
56	The Department of Health will work with the Department for Education to introduce a new <b>single assessment process</b> and Education, Health and Care Plan to replace the current system of statements and learning difficulty assessments for children and young people with special educational needs; supported by joint commissioning between local partners (subject to parliamentary approval). The process will include young people up to the age of 25, to ensure they are supported in making the <b>transition to adulthood</b> .	From 2014	Pending 2014 legislation SEND.			
57	CCGs and local authorities will set out a joint strategic plan to commission the range of local health, housing and care support services to meet the needs of people with challenging behaviour in their area. This could potentially be undertaken through the health and wellbeing board and could be considered as part of the local <b>Joint Strategic Needs Assessment</b> and Joint Health and Wellbeing Strategy (JHWS) processes.	By April 2014	Sharon MacAteer leading working with the Mersey Network and Liverpool University.			
58	Health and care commissioners should put plans into action as soon as possible and all individuals should be receiving <b>personalised care and support in appropriate community settings</b> no later than 1 June 2014.	By 1st June 2014	On-going			
59	The Department of Health will update the <b>Mental Health Act Code of Practice</b> and will take account of findings from this review.	In 2014				
60	The Department of Health will publish a second <b>annual report</b> following up progress in delivering agreed actions.	By December 2014				

61	The Department of Health will develop a new <b>learning disability minimum data set</b> to be collected through the Health and Social Care Information Centre.	From 2014/15	Comply to data set when available			
62	<b>NICE</b> will publish quality standards and clinical guidelines on <b>challenging behaviour and learning disability</b> .	By Summer 2015	Comply once standards and guidance available			
63	<b>NICE</b> will publish quality standards and clinical guidelines on <b>mental health and learning disability</b> .	By Summer 2016	Comply once standards and guidance available			