

**VALE OF YORK  
CLINICAL COMMISSIONING GROUP**

**GOVERNING BODY MEETING**



Vale of York  
Clinical Commissioning Group

**Meeting Date: 4 April 2013**

**Report Sponsor:**

Carrie Wollerton, Executive Nurse  
on behalf of  
Helen Mortimer  
Associate Director of Partnerships  
Vulnerable Adults and Children's  
Commissioning Unit

**Report Author:**

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Senior Commissioning Specialist

**1. Title of Paper: Winterbourne View Report: Programme of Action**

**2. Strategic Objectives supported by this paper**

- To commission high quality safe effective patient care, seeking to improve the quality of care wherever possible and including delivery of all key standards
- To reduce inequalities in health and improve the health outcomes and wellbeing of the people of North Yorkshire and York

**3. Executive Summary**

The purpose of this paper is to:

- Inform the CCG of the immediate requirements within the Winterbourne Concordat Programme of Action.
- Provide a position statement on progress against timescales.

**4. Evidence Base**

- Transforming Care: A National Response to Winterbourne View Hospital, DH. December 2012.
- NHS Mandate, DH. November 2012
- Services for People with Learning disability and challenging behaviour or mental health needs 2007, Prof Jim Mansell.
- NICE Clinical Guidance Autism. DH.
- Mental Capacity Act 2005

<p><b>5. Risks relating to proposals in this paper</b></p> <p>None</p>
<p><b>6. Summary of any finance / resource implications</b></p> <p>None to core budgets. Some SHA funding to be used for increased Case Management capacity.</p>
<p><b>7. Any statutory / regulatory / legal / NHS Constitution implications</b></p> <p>Actions undertaken to be compliant with Concordat compliant</p>
<p><b>8. Equality Impact Assessment</b></p> <p>N/A</p>
<p><b>9. Any related work with stakeholders or communications plan</b></p> <p>High level programme of action communicated to MH GP leads. Progress updates given at monthly meetings.</p>
<p><b>10. Recommendations / Action Required</b></p> <p>The Governing Body is asked to take note of required actions.</p>
<p><b>11. Assurance</b></p> <p>The Mental Health GP Leads will be kept informed of progress via monthly meetings The CCG will be provided with an update in June.</p>

# VALE OF YORK CLINICAL COMMISSIONING GROUP

Governing Body Meeting: 4 April 2013

## Winterbourne View Report: Programme of Action

### 1. Introduction and Purpose

The purpose of this paper is to:

- Inform the Clinical Commissioning Group of the immediate requirements within the Winterbourne Concordat Programme of Action.
- Provide a position statement on progress against timescales.

### 2. Background Information

- 2.1 On 10 December 2012, the Government published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.
- 2.2 The programme of action is backed up with a concordat that specifies actions to be taken within particular timescales (see attached).
- 2.3 On 24 January Ian Dalton (Chief Operating Officer and Deputy Chief Executive of the NHS Commissioning Board) wrote to each regional Director for assurance on particular actions.

### 3. Actions Required and Progress Made

- 3.1 The following outlines the actions required and the progress made against it.

#### 3.2 PCT handover to CCGs of Patient Registers

PCTs are required to develop registers of all people with learning disabilities (LD) or autism and who have mental health conditions or behaviour that challenges in NHS funded care as soon as possible and no later than 31 March.

**Progress against target:** The data has been cleansed in order to extract the accurate information. Lists of patients with LD and Autism have been extracted by each CCG. This includes the information required in the concordat such as the patients NHS numbers and commissioning lead (either CCG or Local Authority).

As the Vulnerable Adults and Children's Commissioning Unit (VACCU) is acting on behalf of the four North Yorkshire and York CCGs, this deadline has been met.

As of 20 March 2013:

The total number of people with LD / Autism in NHS funded care in North Yorkshire and York is 462

The total number of people from this list that are within the VOY CCG practice population is 151

In order that VACCU is in line with NHS data protection policy it is not appropriate for those who do not need to have access to the patient details to be given access. There needs to be an agreement between VACCU and the CCGs whether a named person such as the Lead Nurse would be the appropriate person to have access to this data to provide assurance to the CCG.

### **3.3 Review of people's care**

CCGs are required by June 2013 to have reviewed the care of all people with LD or Autism inpatient beds and to agree a personal care plan for each individual based on their and their families needs and agreed outcomes. These plans need to be put in to action as soon as possible so that by June 2014 alternative community based care arrangements are in place for all who do not need a hospital placement. Confirmation is required that a review has taken place since 1 November 2012 or is planned to take place by 31 May 2013.

**Progress against target:** From the register, the number of people have been identified within LD / Autism inpatient facilities. Although some people have had a review since November 2012 it was not felt to meet the requirements for Winterbourne. Therefore a programme of reviews will be put in place to ensure all those in inpatient facilities are reviewed in accordance with the concordat requirements by 31 May 2013.

### **3.4 Progress Monitoring**

The NHS Commissioning Board is required to report on progress on Winterbourne View to Ministers on a regular basis. A position statement is required on:

- i. The number of people on the registers currently in LD/Autism inpatient beds
- ii. Number of those people who have received an appropriate review between November 2012 and February 2013
- iii. Number of people yet to be reviewed
- iv. Confirmation of the capacity to complete outstanding reviews

#### **Progress:**

i. **The number of Adults** on the registers currently in LD/Autism inpatient beds for Vale of York CCG is **1**

ii. The number of those people who have received an appropriate review between November 2012 and February 2013 is **0**

iii. The number of people yet to be reviewed is 1

These figures do not include those patients who are in:

- NHS LD admission ward at Oak Rise: There are currently 6 inpatients under daily review.
- NHS LD assessment and rehabilitation at White Horse View: There are currently 8 inpatients under daily review, who will be placed in concordance with Winterbourne.

i. **The number of Young People** with LD / Autism in placements is **3**  
Patients under the age of 18 with the designation North Yorkshire County Council or City of York Council have their placement commissioned and contracted by either North Yorkshire County Council or the City of York Council. NHS North Yorkshire and York PCT is a funding partner to these agreements.

ii. The number of young people who have received an appropriate review between November 2012 and February 2013 is 0

iii. The number of young people yet to be reviewed is 3

iv. Confirmation can be given of the capacity to complete outstanding reviews by utilising funding provided from the Strategic Health Authority to increase case management capacity in order to meet this target.

#### **4. Process**

This exercise has highlighted the urgent need to review the databases that hold information about NHS funded cases. A proposal will be drawn up to develop a single comprehensive database that is fit for purpose, and allows easy access to information by CCG regarding for example specific conditions / ages / providers / finances.

#### **5. Recommendation**

The Governing Body is asked to:

5.1 Note the content of the paper.

5.2 Agree if a named person(s) is to have access to the register in accordance with data protection policy and inform VACCU of the decision.

**Attached:** Winterbourne Concordat Actions

## WINTERBOURNE CONCORDAT: ACTIONS

Winterbourne Concordat	Actions	Date
<p>Develop by 1 April 2013 and maintain local registers of all people placed in NHS-funded care, setting out clearly which CCG and Local Authority is responsible for them.</p>	<p>PCT to update existing lists confirming commissioning lead agency for each individual adult with a learning disability in NHS funded care .</p> <p>To breakdown the list by new CCG boundaries;</p> <p>To ensure the list contains the minimum information required included in point 2 below;</p> <p>To confirm who the updated CCG list will be passed to with responsibility for updating and maintaining the list.</p> <p>To report to the SHA actions completed</p>	<p>28 February 2012;</p> <p>28 February 2012;</p> <p>28 February 2012;</p> <p>28 February 2012;</p> <p>28 February 2012;</p>
<p>Review by 31 May 2013 the care of all people in learning disability or autism inpatient beds.</p> <p>Develop a comprehensive personal care plan for each individual, based on their and their families' needs and agreed outcomes.</p>	<p>PCTs to initiate, complete where possible and ensure included within the quality handover to Area Teams for ongoing action by CCGs;</p> <p>The register of (Adults) people with a learning disability and or Autism in NHS funded care who in addition are inpatients within assessment and treatment beds to identify:</p> <p>date of <b>last and next</b> review (one of which needs to be between 1 November 2012 and 31 May 2013) that;</p> <ul style="list-style-type: none"> <li>• is inclusive of a personalised care plan;</li> </ul>	<p>The NHS National Commissioning Board to request that CCGs report on the completion to Area Teams by 31 May 2013 and to respective Health and Wellbeing Boards.</p>

<p>All individuals in these services have a comprehensive health check within 6 months and a health action plan.</p>	<ul style="list-style-type: none"> <li>• with a discharge plan;</li> <li>• with a realistic estimated discharge date;</li> <li>• highlighting whether this date is before or after June 2014;</li> <li>• with a named lead local clinician;</li> <li>• the date a comprehensive physical health check has been undertaken between 1 November 2012 and 31 May 2013</li> <li>• with an individualised Health Action Plan;</li> <li>• with associated appropriate and available independent advocacy to support move on;</li> </ul> <p>The information to be on a spreadsheet for PCT to hand over to the CCG.</p>	
<p>Following the result of that review, bring back into community-based settings as soon as possible, and no later than 31 May 2014, everyone inappropriately placed in hospital;</p>	<p>SHA to request PCTs ensure the quality handover to Area Teams includes the need to confirm the local joint capacity between CCG, CSU and LA is available to meet identified need from the reviews to implement a discharge plan moving back into the community of choice. This should include Area Teams co-ordinating a risk assessment to be undertaken by CCGs on delivery.</p> <p>A Risk assessment to be developed by the NHS Commissioning Board.</p> <p>NHS Commissioning Board and Director General for Social Care (Improvement and development lead and a lead Deputy Director for Social Care), to analyse the results of the risk assessment on delivery to prioritise improvement resources across local health and social care systems.</p>	<p>To be reported to the NHS Commissioning Board (Improvement and development lead) by June 2013.</p> <p>July 2013</p>

Commission Independent Advocacy Support	PCTs to initiate, and ensure included within the quality handover to Area Teams for ongoing action by CCGs;	31 <sup>st</sup> May 2013
Have in place, as part of formal annual plans for 2014/15 a strategic plan to commission the range of local health and social care support services required to meet the needs of children and adults with challenging behavior in their locality.	Will be included in the joint health and social care self assessment for 2013/14.	2013/14.
Ensure that health and social care commissioners commission against clearly defined standards of quality, safety and openness in contracts with all providers to drive up quality....and drive up the quality of clinical leadership and practise within NHS/ independent providers	<p>NHS Contract should be used for all NHS commissioned services;</p> <p>Contracts should be monitored and reviewed;</p> <p>lead commissioning arrangements should be clear for all CCGs and specialist commissioning groups;</p> <p>The Updated NHS contract will be available for implementation from a set date (to be confirmed by the NHS CB)</p>	On going.