



Yorkshire and Humber Learning Disability Leadership Meeting

Tuesday 30th October in York



Welcome and Introductions

Rosy Pope welcomed everyone to the meeting. Rosy explained that she is chairing this meeting as the Lead Director for people with Learning Disabilities for the Association of Directors (ADASS) in Yorkshire and Humber. Everyone introduced themselves

Rosy said this meeting is happening to help everyone across Yorkshire and Humber work together and understand what we all need to do after the abuse at Winterbourne View to make sure people with learning disabilities have good support and are safe

What the reviews and reports have said

Jenny Anderton told everyone about the court case, inspections and reviews that have happened since the abuse at Winterbourne View.



There is a copy of Jenny's presentation with these notes.



The big things she said went wrong were:

- **Poor management and poor leaders**
- **Poor practise by people who check services**
- **Poor practise by people who buy services**
- **Poor practise by people who review services**
- **People not talking to each other, police, safeguarding and people who buy services**
- **Not listening to people and families**
- **A failure to develop and maintain local services and partnerships**

What do these issues mean to us – Group Work



We worked in small groups and talked about what we think are the important things that we need to learn from what happened at Winterbourne View.

Here are the important things we need to learn:

- Good contracts
- How to share information/concerns re individuals
- Data/information statistics (that may trigger alerts)
- Information flow – proactive and prevention
- Don't put people with problems with lots of others
- Clearer information sharing and listening (inc safeguarding and commissioning – to have an overview of full picture)
- National Safeguarding Policies
- Relationships between Health and Adult Social Care need joint commissioning/management
- Experts by experience
- Relationships with family carers
- More consultation with the people using services
- Shared view of what's right – we all have a say in what's right
- Identifying underlying causes
- Not all out of area placements are bad but should have choice
- Don't let it get bad in first place
- Hospitals are for when you're poorly – not when you're disabled
- Reciprocal arrangements for contract monitoring (national)
- Out Of Area Protocol – mandatory
- DOH/ADASS – mandatory protocols not just guidance
- Policy for out of area placements. Health and Social Care Vision, Value, Principles
- Culture – local action, local environment, owned by Government
- How do you stop this happening again? Needs to come from Government
- Big bosses don't know what is going on in their service and can't keep track
- Culture – inherent
- GPs to keep a register – mandatory
- People with learning disabilities to be a higher priority for CCGs

Here are the important things we need to learn (continued):

- | | |
|--|---|
| <ul style="list-style-type: none">• More support for staff to blow the whistle on other staff. Don't move people out of area• Economic, efficiencies, effect level of services/quality• Localised inspection• Value staff – salary, training• Employ the right people to do the job and make sure they have the right training | <ul style="list-style-type: none">• Advocacy• Changing expectations from Children's Services• Person Centred Commissioning – early intervention/support/planning 14-16+ not 17+• All staff to have a trial period and service users to be involved in interviewing and monitoring• Recruitment, workforce development |
|--|---|



What this means to me and my role

People also said what they think this means for them or what they need to do in their job

- Review process needs to be robust – signed up to by all partners
- Procurement law prevents people from being creative
- Having more community based support for providers to avoid assessment and treatment
- Commissioners – out of area only by choice. Need backing of Government and CCGS, statutory notice – otherwise difficult with cuts to meet demand

- Give providers more secure funding options to develop more appropriate services
- Looking at different ways of providing better support for the same or less money.
- Agreements from providers in area.
- KIN – make sure service users and carers know their rights. More support for families who complain
- More support for families to complain. Independent people to monitor contracts
- Getting involved in inspections and monitoring (people with learning difficulties/families)
- Checking our local services
- Writing good contracts
- Developing feedback forms
- Including 'in area' not just out of district
- Looking at our role in market development
- Influencing CCGs
- Monitoring/commissioning local services(specialist health)
- Developing improved local infrastructure/pathways
- Partnership Board – knowledge, intelligence, plan, question, questions
- Require consistent approaches to terms and data, clarity of what needs to be reported on (assessment, treatment, CHC, rehab etc)
- How to implement an action plan locally and who will take responsibility
- Need more supported living for people. Open Door Policy for family and friends.
- Looking at our internal relationships (commissioner/safeguarding)
- Risk – People with learning disabilities not high on CCGs agendas – requires collaboration, loss of Learning Disability commissioners
- Local Authorities need to follow the law

- Legal duties for owners
- Learning Disability Partnership Board need to have more influence/ensure accountability and report/links to HWB
- Commissioners need to go to providers and tell
- them what we want and their need to set standards
- My role – self advocate – write to Government and tell them what we think
- Sharing information
- Link safeguarding, IMCA/IMHAs
- Local ownership and monitoring (IMHA)
- Invest in training for all staff
- Identifying emerging themes local – changing the future
- Family members are asking more and the right questions
- My role – advocacy – need for long term work, not crisis intervention
- My role – self advocacy – we need to keep giving people more info on what is going on
- My role – makes me angry that people who purchase can't step back to find new ways to buy care
- Independent advocacy
- Identify our most important people for priority – person centred plans etc



Our big local messages

We worked in groups on what we think organisations and leaders needs to be doing or thinking about to help everyone make services better.

This table shows you what people said

To Directors of Social Services (ADASS)	To Clinical Commissioning Groups (CCGs)	To others / joint messages
To ensure partnerships work equally. What is the shared vision??	Demonstrate that you are taking people with Learning Disabilities seriously by having a regular slot on the CCG Agenda and commit to leadership for GPs	A fair price for a quality service - agree on a regional rate Cheaper doesn't mean better

To Directors of Social Services (ADASS)	To Clinical Commissioning Groups (CCGs)	To others / joint messages
Framework to review/toolkit all Out of District Placements	Clarity around local priority setting	<p>CPP</p> <ul style="list-style-type: none"> - Produced an approved provider list/data, BUT contract ends in March 2013 - Risk – good work/info sharing will be lost -
CQC and local CCGs need a co-ordinated approach to monitoring	Application of eligibility of Continuing Health Care to be applied consistently nationally	<p>Partnership Boards</p> <ul style="list-style-type: none"> - Speak up about getting right support for people and changing things that don't work
<p>Who reports to the Health and Well Being Board and how do reports get highlighted/prioritised?</p> <p>What is member's responsibility?</p> <p>Who is taking responsibility for the Action Plans – can ADASS ask the Safeguarding Boards and share this with Learning Disability Partnership board as they need to know?</p>	Learning disability is your day job	<p>Learning Disability Chairs and Co-Chairs</p> <ul style="list-style-type: none"> - Don't lose the message, hold people to account - Get Co Chairs together to talk about what they are doing

To Directors of Social Services (ADASS)	To Clinical Commissioning Groups (CCGs)	To others / joint messages
Develop a standard Review Tool for Quality	Ownership, understanding, leadership and commitment for people with Learning Disabilities	Practitioners <ul style="list-style-type: none"> - This is your business, a tick box is not good enough - Think 'not on my watch'
To drive local leadership for people with Learning Disabilities	To continue to commission outreach support	CQC <ul style="list-style-type: none"> - Be clear, stop confusing people - Information sharing, timelines of information
Ensure a regional focus	Develop early good relationships/understanding with CCGs	NHS Commissioning Board <ul style="list-style-type: none"> - Sort out the GP Contracts so that Learning Disability registers and health checks are not an option
Winterbourne is an agent for change	To ensure partnerships work equally. What is the shared vision??	Health Care Providers <ul style="list-style-type: none"> - You are part of the solution not part of the problem

To Directors of Social Services (ADASS)	To Clinical Commissioning Groups (CCGs)	To others / joint messages
Has to be a priority for ADASS that Winterbourne never happens again	Framework to review/toolkit all Out of District Placements	All organisations <ul style="list-style-type: none"> - In times of austerity please don't think that there is a cheap solution
Not learning from past mistakes Empty promises are no good	How scrutiny and monitoring in private provision is managed	Safeguarding <ul style="list-style-type: none"> - Good quality care is everyone's responsibility - More joined up working re alerts and inside presence within safeguarding
Align Out of Area Protocol with Safeguarding	Make sure you commission specialist providers in each City Make sure that there is competition to keep up standards	Develop contracts that are fit for purpose
Review the content and use of the Out of Area Protocol		Ensure that Regional Commissioning Forum is fully representative and agenda includes information sharing, including safeguarding/ provider issues

To Directors of Social Services (ADASS)	To Clinical Commissioning Groups (CCGs)	To others / joint messages
Sign up to Out of Area Protocol regionally		Health and Wellbeing Boards <ul style="list-style-type: none"> - understand, challenge and hold Health and Social Care community to account
Take a lead in the contract monitoring role and information sharing		Everyone <ul style="list-style-type: none"> - share your communication - agreement to share data - share soft data with regional partners
How is leadership going to keep intelligence with all the changes – loss of staff/history?		Providers <ul style="list-style-type: none"> - don't lose your values – its core business
Develop core standards/ specifications that can be adapted locally		
Develop a national standard contract for Learning Disability services		



What we will do next in our area

The team from each area worked on an action plan for what they will do after today with what they have learnt or talked about.

Each area were sent a copy of their action plan with these notes



What we think is important for the future

The group from each area said the first big action they will take is:

North East Lincolnshire	Develop Partnership working more by setting up a Learning Disability Provider Forum
North Lincolnshire	Build on our Complex Care Review – turn into an action plan and make people accountable
Doncaster	Develop more our Joint Learning Disability contract and monitoring
Barnsley	Quality contracts – start using it

Rotherham	We will make sure people who live or work in care homes know about Advocacy
Bradford	Develop a central intelligence service to log information so we can see any trends
Kirklees	Include Experts by Experience in contract monitoring
Leeds	Work together to look at people experiences and Person Centred Planning and take those messages to the CCG Health & Well Being Board
North Yorkshire	We are holding an inclusive meeting to develop the Action plan to be accountable to the Board
Sheffield	Put a plan in place to join up all the work we are doing – get people to understand what commissioning intentions are
East Riding	Get a shared Statement of intent and sign up on Out of Area Placements across health and social care
Wakefield	Develop a shared vision and what all partners should be doing

What will happen next

Rosy will take the feedback from today to the ADASS group

Everyone agreed it would be good to have another leadership meeting
People's ideas for this next meeting were:

- Shared responsibility
- Review against what we said and the National Programme
- Commissioning strategy in our areas – what works, hourly rates
- Delivering creative local provision
- Talk about what is happening in other areas, hold people to account report back on outcomes
- Personalisation/RAS how are people doing
- Understand if anything has changed
- Barriers to real change happening
- Risks from the new structures
- Approaches to personalisation
- Are there any regional initiatives to consider
- How can we decide what is more important/urgent
- A forum which must continue and grow with increased representation
- Progress on actions from today
- Outcomes from the DH Report
- Sharing of action plans and local or regional improvements
- Progress and DoH findings

Date of the next meeting:
28th January at 10am in York

The next meeting will be about –

- Checking what is happening in local areas on the Winterbourne View Action Plans
- The Health and Social Care Self - Assessment and how it should work in the future

Feedback from the meeting



Was the meeting useful?

- Extremely useful – to have Rosy present was very good, good to hear from other areas and learn/share experiences
- Timing good, enough content and time to consider ideas as well as mixed with presentations
- Thought it was good
- A way of sharing best practice and how people got there/main challenges
- Well explained
- Helpful day
- First class – “ON THE BUTTON!”
- Excellent chair – good useful discussion of all key issues
- Very useful meeting, time to consider, reflect and plan

- Helpful day, time out is so very vital
- Really useful meeting
- I thought it was very good and everyone got together and shared ideas
- Positive
- Good that we got our point across as self advocates
- Good networking. Good to hear ideas that other are doing
- I have learnt a lot today about everything in this meeting – thank you
- Well focused, well paced and good to keep emphasising resulting actions



What could've been done differently?

- Different place/time
- Couldn't always hear okay
- Different location
- CQC should be represented
- Not enough chocolate biscuits

Who was at the meeting

Name	Area
Rosy Pope	ADASS / East Riding
Heather Raistrick	SHA
Alison Porter	East Riding
Derek Barker	East Riding
Neil Griffiths	East Riding
Liane Kirk	East Riding
Jo Barnes	NE Lincs
Angie Walker	NE Lincs
Gary Stark	NE Lincs
Janet Wright	Leeds
Steve Foy	Leeds
Norman Campbell	Leeds
Sharon Graham	Barnsley
Joanne Price	Barnsley
Karen Smith	Rotherham
Kate Tufnell	Rotherham
Robert Parkin	Rotherham
Laura – Supporter	Rotherham
Louise Metali	Rotherham
Debbi Gittins	Wakefield
Nicola Pearce	Wakefield
Barrie Warner	Wakefield
Peter Collier	Doncaster

Wayne Goddard	Doncaster
Mark Feeney	Kirklees
Gary Wainwright	Kirklees
Sarah Roberts	Kirklees
Nicola Cromack	Kirklees
Joss Harbron	North Yorkshire
Sue Lear	North Yorkshire
Joanne Mosby	North Lincs
Julie Clark	North Lincs
Dave Rosser	Bradford
Karen Amos	Bradford
Damien Marshall	Bradford
Tim Pickles	Bradford
Mairead O Donnell	Bradford
Bill Hodson	Health & Well Being Collaborative
Heather Burns	Sheffield