

# Report of the Strategic Director Adult and Community Services and Director of Collaboration for CCG's to the meeting of Health and Wellbeing Board to be held on 23<sup>rd</sup> July 2013

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**Subject:****The initial stock-take of progress against Winterbourne View Concordat Commitment.****Summary Statement:**

This report outlines the Bradford District stock-take. The Winterbourne View Joint Improvement Programme (local government association and NHS England) is asking local areas to complete a stock-take of progress against the commitments made nationally. The purpose of the stock-take is to enable local areas to assess their progress and for that to be shared nationally. The stock-take is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. The stock-take will provide a local assurance tool for the Health and Wellbeing Board.

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## **1. SUMMARY**

This report outlines the Bradford District stock-take. The Winterbourne View Joint Improvement Programme (local government association and NHS England) is asking local areas to complete a stock-take of progress against the commitments made nationally. The purpose of the stock-take is to enable local areas to assess their progress and for that to be shared nationally. The stock-take is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted. The stock-take will provide a local assurance tool for the Health and Wellbeing Board.

## **2. BACKGROUND**

In May 2011 a BBC Panorama programme was broadcast showing disturbing scenes of people with learning difficulties and autism being abused within a hospital. The Care Quality Commission confirmed concerns and the hospital was closed. The Strategic Health Authority identified immediate lessons to learn and commenced an assurance process.

The Shadow Health and Wellbeing Board received a progress report on the implementation of the Learning Disability Commissioning Framework 'Changing lives through real partnership' 2007 -2012 at its meeting on the 20<sup>th</sup> March 2012. The Changing Lives Programme closed in 2012 but the Council and NHS have continued to work together to implement outstanding action with the involvement of the Learning Disability Partnership Board. The report is available as a report on the Learning Disability appendix 8.2. A progress report on the Healthier Lives Project will be presented to the Health and Social Care Overview and Scrutiny Committee on the 25<sup>th</sup> July 2013.

## **3. BRADFORD DISTRICT STOCKTAKE**

The Bradford submission is attached in Appendix 8.1. Examples of good practice from Bradford were also submitted.

## **4. FINANCIAL AND RESOURCE APPRAISAL**

**4.1.** The total spend on learning disability services is over £14.3m in health and in the local authority £56m.

## **5. OTHER IMPLICATIONS**

### **5.1. Equal Rights**

The Equality Act affects the commissioning of services and all service providers in that provision has to be made in respect of 'reasonable adjustments' for people when using services. This has already proved beneficial in raising the profile of the quality of service provision for people with learning disabilities.

## **6. NOT FOR PUBLICATION DOCUMENT**

None

## **7. RECOMMENDATIONS**

**7.1.** The Health and Wellbeing Board are asked to endorse the initial stock-take of progress against Winterbourne View Concordat Commitment.

## **8. APPENDICES**

**8.1.** Initial stock-take of progress against key Winterbourne View Concordat Commitment submitted to the Winterbourne View Joint Improvement Programme on the 8<sup>th</sup> July 2013.

**8.2.** Changing Lives Progress Report on implementing the recommendations to Shadow Health and Wellbeing Board 20<sup>th</sup> March 2012.

## Winterbourne View Joint Improvement Programme – Appendix 1

### **Initial Stocktake of Progress against key Winterbourne View Concordat Commitment**

The Winterbourne View Joint Improvement Programme is asking local areas to complete a stocktake of progress against the commitments made nationally that should lead to all individuals receiving personalised care and support in appropriate community settings no later than 1 June 2014.

The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. The stocktake is also intended to enable local areas to identify what help and assistance they require from the Joint Improvement Programme and to help identify where resources can best be targeted.

The sharing of good practice is also an expected outcome. Please mark on your return if you have good practice examples and attach further details.

This document follows the recent letter from Norman Lamb, Minister of State regarding the role of HWBB and the stocktake will provide a local assurance tool for your HWBB.

While this stocktake is specific to Winterbourne View, it will feed directly into the CCG Assurance requirements and the soon to be published joint Strategic Assessment Framework (SAF). Information compiled here will support that process.

This stocktake can only successfully be delivered through local partnerships. The programme is asking local authorities to lead this process given their leadership role through Health and Well Being Boards but responses need to be developed with local partners, including CCGs, and shared with Health and Wellbeing Boards.

**The deadline for this completed stocktake is Friday 5 July. Any queries or final responses should be sent to [Sarah.Brown@local.gov.uk](mailto:Sarah.Brown@local.gov.uk)**

An easy read version is available on the LGA [website](#)

May 2013

**Winterbourne View Local Stocktake June 2013**

1. Models of partnership	Assessment of current position evidence of work and issues arising	Good practice example (please tick and attach)	Support required
<p>1.1 Are you establishing local arrangements for joint delivery of this programme between the Local Authority and the CCG(s).</p>	<p>The local arrangements for this programme is established following The learning disability strategic commissioning framework “Changing lives through real partnership” which was agreed by Bradford Council, NHS Bradford and Airedale (NHSBA) and Bradford District Care Trust (BDCT) in 2007.</p> <p>The Change Lives programme was established in September 2008 to implement the recommendations from the strategic review carried out in 2007. The strategy recommended a range of changes to services. The programme plan for change was derived from the commissioning framework and consultation work undertaken in 2008 with people with learning disabilities, their family carers and staff through the Learning Disability Partnership Board. The values and benefits realisation plan agreed in 2008 have been used as the basis for all decisions throughout the past three years and continues to inform the revised LD strategy for the next five years.. The Changing Lives programme ended in 2012 with a report submitted to the Health &amp; Wellbeing Board in April 2012. This report identifies ongoing work, that is required to achieve the future aims of Changing Lives and to address the responses following the Winterbourne View concordat.</p> <p>1. Further development of the Learning Disability Partnership Board so that people with Learning</p>		

	<p>Disabilities and their family carers can move to the co production of services.</p> <ol style="list-style-type: none"> <li>2. Learning Disability services will need to be included in the JSNA and Health and Wellbeing Strategy given national policy and the increasing numbers of people requiring services with the associated costs to the Council and health services.</li> <li>3. The implementation of an operating model for the Access, Assessment and Support function for Learning Disabilities which will align with specialist health staff and follows safe and efficient pathways as mapped out in the work with the Lean Academy.</li> <li>4. In line with the recommendations in the Strategic Review there was a requirement to consider the development of a commissioning 'pooled' arrangement with an associated risk management agreement, the Board should consider this within the integrated commissioning arrangements</li> <li>5. Continue to maintain a positive assessment in the Strategic Health Authority. Health Assessment Framework which is likely to require significant work as it has been changed substantially as a result of the SHA assurance process.</li> </ol> <p>From an AWC, BC and BD CCG perspective we are committed to working in partnership with the LA to ensure that we are committed to development and delivery of this programme. The Safeguarding Adults Board has established a 'task and finish group' which is specifically driving forward the lessons from the Winterbourne incident and is</p>		
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	<p>reporting back directly to the SAB and LD Partnership Board.</p> <p>Actions from the Safeguarding Task &amp; Finish 'Winterbourne Group' will feed into the development of the strategy and implementation plan.</p> <p>The CCG's and LA continue to work collaboratively and an updated joint strategy and implementation plan is being formulated in order to continue the changes.</p>		
<p>1.2 Are other key partners working with you to support this; if so, who. (Please comment on housing, specialist commissioning &amp; providers).</p>	<p>Social Care - In 2010, Bradford created a provider framework consisting of 29 providers offering three different lots of support – Housing Related Support, Domiciliary Care and supported living. This offers people with LD and their families or circle of support a choice of a support providers.</p> <p>Learning Disability Changing Lives Programme helped to strengthen connections with a wide range of organisation, in particular the two People First Self Advocacy organisations in the Bradford District, who are seen and operate as crucial partners, ensuring the changes achieved through the programme are having positive impacts on peoples lives and to challenge where appropriate.</p> <p>Development work has been undertaken with the Partnership Board along with commissioned work for a stronger role for the People First organisations (self advocacy groups) and Carer organisations to participate in the Partnership Board and reference groups.</p>	<p>1.2 Good News stories</p>	

	<p>There has been investment in the Council to fund a housing broker to liaise between Care Management, housing providers and Housing benefit. This post has enabled the development of new housing options for people including registered providers purchasing property from the housing market; making appropriate adaptations to meet the needs of the tenants.</p> <p>All people in supported living accommodation have been part of best interest work to ensure that all have tenancies in place. To address the difficulties in completing people's assessments, there is currently partnership working with advocacy self advocates and third sector providers to create a Homefinder service that is designed to support people to access housing options and navigate the application and referral processes that exist.</p> <p>There has also been the development of a pilot on support planning and brokerage involving people with learning disabilities, families and third sector providers. The intention is to integrate this project with the Homefinder service and A&amp;CS new customer journey project.</p> <p>We have recently contracted with a provider to take on some of the LD residential and nursing home provision that the Council has responsibility for providing. These are transformational contracts, which will lead to people having a reassessment. This involves joint working with health colleagues and local advocacy groups. The outcome of the assessments will determine people's move from existing residential provision to a model of supported living model...</p>		
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<p>1.3 Have you established a planning function that will support the development of the kind of services needed for those people that have been reviewed and for other people with complex needs.</p>	<p>There is a register of all out of authority placements. This informs 'who needs reviewing' and 'when'. Safeguarding issues are addressed as they arise</p> <p>Social Care – A project group within the LA has been established to support the commissioning an external provider to complete the reviews and support plans for people living out of area. The outcomes of these reviews will inform the planning and development of services to meet these needs. The LA will work with existing housing and support providers to support the transition of people choosing to return to the district.</p> <p>The Housing and Support Panel meets monthly in order to consider placements. Although this focuses on individuals, placements involving groups of individuals is also considered.</p>		
<p>1.4 Is the Learning Disability Partnership Board (or alternate arrangement) monitoring and reporting on progress.</p>	<p>The structures are in place within the LDPB to monitor Bradford's progress against the concordat actions. The structures that exist are five reference groups which are:</p> <ul style="list-style-type: none"> <li>• Where People Live.</li> <li>• Fulfilling Lives</li> <li>• Healthier Lives</li> <li>• People as Individuals</li> <li>• People as Citizens</li> </ul> <p>The reference groups report to the LDPB which meets bi monthly.</p> <p>The LA contracts with Inclusion North who offer support to the Partnership Board in terms of its development, role and effectiveness.</p> <p>The LA is also part of a regional commissioning group facilitated by Inclusion North who have input into the</p>		

	<p>regional responses to key issues affecting people with Learning Disabilities.</p> <p>A report was presented to the LDP in December 2012 outlining Bradford's response to the winterbourne review and the reviews of Out of Area placements.</p> <p>The task and finish 'Winterbourne Group' will seek support and advice on issues relevant to each of the reference groups that will assist feeding back actions relevant to the Winterbourne Concordat Action Plan to both the SAB and the LDPB.</p> <p>Social Care - When the work starts with reviewing the out of area placements, the outcomes of these will be presented to the board via the relevant reference groups.</p>	1.4 OOA Report to LDP	
1.5 Is the Health and Wellbeing Board engaged with local arrangements for delivery and receiving reports on progress.	<p>The LDPB reports to the Strategic Disability Partnership Board. A report was presented to the H&amp;WB in March 2012 identifying the progress made within the Changing Lives programme and the ongoing work still to do. The Board are asked to approve the outstanding work to be undertaken over the next year including the inclusion of Learning Disability Services in the Health and Wellbeing Strategy.</p> <p>The Health and Wellbeing board needs to have a better understanding of the issues linked to services for people with LD and see this as an important part of their agenda.</p>	<p>1.5 (a) Report to Bradford's H&amp;WB Board</p> <p>1.5 (b) Governance Structure for the H&amp;WB Board</p>	
1.6 Does the partnership have arrangements in place to resolve differences should they arise.	Yes		
1.7 Are accountabilities to local, regional and national bodies clear and understood across the partnership – e.g. HWB Board, NHSE Local Area Teams / CCG fora, clinical partnerships & Safeguarding Boards.	Yes		

<p>1.8 Do you have any current issues regarding Ordinary Residence and the potential financial risks associated with this.</p>	<p>We are unsure of the impact of the out of area reviews will have on ordinary residence locally. There is one local issue within Bradford relating to a neighbouring authority. We anticipate that the work undertaken by all LA response to Winterbourne, has potential to unsettle the market place. It may leave LA with gaps in provisions that local areas may not be able to respond timely to.</p> <p>There are also the additional costs associated to ordinary residency that LA has not forecast for, in this years budgets.</p>		<p>Support with helping us either in Bradford or working with other LA regionally to manage the market forces.</p>
<p>1.9 Has consideration been given to key areas where you might be able to use further support to develop and deliver your plan.</p>	<p>This will be driven by the outcomes from the reviews which are currently being undertaken.</p>		
<p><b>2. Understanding the money</b></p>			
<p>2.1 Are the costs of current services understood across the partnership.</p>	<p>Social Care – As a result of the Changing Lives Programme creating more clarity around the use of resources and funding plus greater accountability, there have been two presentations to the LDPB advising them of current spend against services. The LDPB expect to have regular update from Commissioners.</p>	<p>2.1 Most recent presentation to LDPB</p>	
	<p>AWC, BC and BD CCG can identify costs from all care commissioned by the NHS. This includes care commissioned directly by the CCGs through the Continuing Care team and care commissioned by the NHS England Specialised Commissioning Team on behalf of the local economy.</p>		
<p>2.2 Is there clarity about source(s) of funds to meet current costs, including funding from specialist commissioning bodies, continuing Health Care and NHS and Social Care.</p>	<p>Social Care – For people placed out of area, the current costs for each placement is known. The external provider commissioned to review all out of area placements will include a detailed evaluation of whether the service is meeting the individuals assessed needs and aspirations, including detail of the current cost of each placement and any future funding requirements where a change in service provision is identified as part of the review work.</p>		

	<p>A register exists of people who are S117, however, we have yet to agree how we will review S117 cases and from this agree what responsibility lies between health and social care.</p> <p>More work is required to set out the process and decision making when jointly assessing people for CHC funding?</p> <p>There is an issue for people living in supported living who still require CHC funding.</p>		<p>S117 - Development of an integrated health &amp; social care register of people with a learning disability</p>
<p>2.3 Do you currently use S75 arrangements that are sufficient &amp; robust.</p>	<p>The previous partnership agreement with the PCT will now sit with Bradford District CCG, Bradford City CCG and Airedale Wharfedale and Craven CCGs. This agreement is to fund the contracting and payment for nursing provision on behalf of the CCG's.</p> <p>Linked to the LD Changing Lives strategy and Programme, the Section 75 Agreement between Bradford Council and Bradford District Care Trust ended in March 2012.</p> <p>The CCG's have a standard NHS contract in place with all providers for placements that are CHC funded. All providers are expected to achieve a level of CQUIN's quality standards for the placements to remain funded. While the monitoring and contracting linked to CQUIN's is managed by the CCG's, there is a Section 75 Agreement in place between the CCG's and the LA, which places the responsibility for the contracting and payment functions for people who are continuing healthcare funded with the LA. The existing Section 75 Agreement is currently being reviewed.</p>		

2.4 Is there a pooled budget and / or clear arrangements to share financial risk.	There are no pooled budgets or risk share arrangement in place presently but is currently being explored.		Support to consider this in light of potential market impact following OOA reviews
2.5 Have you agreed individual contributions to any pool.	No		
2.6 Does it include potential costs of young people in transition and of children's services.	There is 'Growth' money from health that supports the transition of young people into adult services. Better forward planning and information sharing required between education, children's and adult services to ensure better planning for people coming into adult services. The transitions process needs to promote greater expectations for housing and employment opportunities for people.		
2.7 Between the partners is there an emerging financial strategy in the medium term that is built on current cost, future investment and potential for savings.	This will be refreshed as part of the strategy now the joint programme has ended. We need to await the outcome of the assessments to inform what future investment and savings can be had.		
<b>3. Case management for individuals</b>			
3.1 Do you have a joint, integrated community team.	<p>Services were integrated but are currently separately managed by LA and BDCT we are currently working towards a revised integrated service model .</p> <p>AWC , Bradford Districts and City CCGs have a collaborative case management arrangement across specialist care and continuing care. There is clarity of role and function and clear links with LA team. Sufficient capacity. Joint reviews underway.</p>		

<p>3.2 Is there clarity about the role and function of the local community team.</p>	<p>There is a specialist LD health team within Bradford District Care Trust (BDCT) made up of a wide range of health facilitation professionals such and psychology, psychiatry, podiatry, dentistry, intensive (behavioural) support.</p> <p>CTLD are under going a performance review to establish clarity of roles and functions around caseload management. There is capacity building being considered based on the findings of this review. We have bought in an external provider in the interim to respond to the capacity issues that exist in CTLD with the view to keeping this project on track.</p> <p>Other pilots have been set up to enable individuals to manage their own support planning and brokerage of services eg support planning and brokerage, homefinder. The aim of these pilots is to support CTLD in managing their case loads.</p>		
<p>3.3 Does it have capacity to deliver the review and re-provision programme.</p>	<p>An independent reviewing team (BIRT) was commissioned in 2011 from the voluntary sector to review support plans. Commissioners received aggregated information that was used to provide an assurance whether the service provider was operating in person centred and outcome focussed ways. In addition, issues about the quality of providers identified at reviews will be communicated from the reviewing team to contracting, this will be used to performance manage providers. Two “Working together for Change events” took place, which involved people with learning disabilities and family carers in discussion about what are the common themes coming from reviews and to</p>		

	<p>use the information as the basis for planning provision for future years. The Partnership Board monitored this work. The BIRT contract ended in June 2013 the learning from the contract is being built into the Adult Services new Customer Journey process that includes reviewing functions.</p> <p>Although the BIRT contract has ended, we are commissioning BIRT to complete the Out of Area reviews with the outcomes of the reviews informing the assessment and planning processes linked to Bradford response to the Winterbourne Concordat.</p> <p>Although currently within social care there is reduced capacity to carry out reviews, there are plans to redesign and increase capacity within the local community team. In the interim, we have asked an external provider to take on the review role for the out of area placements. Through the contracts with Turning Point and the provider framework there is greater choice and options for people to be offered alternative provision. The management of this lies in having varied accommodation to meet needs.</p> <p>The number of providers able to provide support to people has increased via the procurement of a provider framework for support, including housing related support. We have 29 providers available in Bradford now; all quality assured and contracted to provide support at a fixed hourly rate which offers improved value for money. One of the objectives of the framework was to offer people with learning disabilities and their families more choice about which providers can provide support. The framework providers have produced what they have called a “look book” that has been funded by the providers and being made available to CTLD, families, GP practises etc.</p>	<p>3.3 (a) Provider Look Book</p> <p>3.3 (b) Provider Look Book Easy Read Page</p>	
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3.4 Is there clarity about overall professional leadership of the review programme.	Yes		
3.5 Are the interests of people who are being reviewed, and of family carers, supported by named workers and / or advocates.	<p>All people being reviewed have a named worker and advocacy is available. or people are supported by their nominated family member who hold welfare power of attorney or act in best interest.</p> <p>In addition, as part of A&amp;CS approach to checking the services being provided, the Bradford Quality Assessment Framework (BQAF) has established a quality checking team, made up of experts by experience to help check to quality of services being provided. This is in the early stages of being developed.</p> <p>Bradford People First have been providing an additional check of supported living, residential and nursing services which has helped to ensure people receiving those services have a forum to share their experiences and shape service developments.</p>	3.5 Service Visit Feedback to LDPB from People First	
<b>4. Current Review Programme</b>			
4.1 Is there agreement about the numbers of people who will be affected by the programme and are arrangements being put in place to support them and their families through the process.	Sixty people have been identified as part of the programme. Arrangements are being put in place to support them and their families.		
4.2 Are arrangements for review of people funded through specialist commissioning clear.	AWC , Bradford Districts and City CCGs collaborative case management arrangement have identified all clients commissioned by specialist commissioning, allocated local case manager and have agreed programme of review/reviewing arrangements.		
4.3 Are the necessary joint arrangements (including people with learning disability, carers, advocacy organisations, Local Healthwatch) agreed and in place.	The specification given to the external provider is to complete the reviews with involvement from all key people in people's lives – including families, individuals and local advocacy organisations. A project group has been established to ensure the review programme stays on target.		



4.4 Is there confidence that comprehensive local registers of people with behaviour that challenges have been developed and are being used.	Fully confident that comprehensive local registers of people with behaviour that challenges have been developed and are being used.		
4.5 Is there clarity about ownership, maintenance and monitoring of local registers following transition to CCG, including identifying who should be the first point of contact for each individual	<p>All 3 CCG areas fully compliant – this includes the people with LD whose care is commissioned by the specialist functions of NHS England.</p> <p>Although the LA has details of people known to services but a joint register with health colleagues is not established. A joint register would help to support transition planning and improved joint working with GP practises.</p>		The LA register is not up to date and support is required to develop this in line with NHS register
4.6 Is advocacy routinely available to people (and family) to support assessment, care planning and review processes	Yes		
4.7 How do you know about the quality of the reviews and how good practice in this area is being developed.	<p>The LA has commissioned an advocacy organisation to carry out person centred reviews to help inform the care management activity for all out of area placements.</p> <p>All reviews undertaken will be monitored and approved by a panel of experts within the LA. All out of areas reviews are carried out with the support of local health and social care providers. Joint working with Bradford Local Authority will tighten up current review arrangements and links are being made with local health and social organisations that are out of area.</p>		
4.8 Do completed reviews give a good understanding of behaviour support being offered in individual situations.	<p>Staff will review all risk assessments and plans, with other professionals. Care providers are also asked to provide documented evidence of support that is being delivered and evidence its affect.</p> <p>For the out of area reviews, the external provider will review the needs of each person placed. The process will involve utilizing the care funding calculator which will hep to establish the individualised support required based on</p>		

	the persons level of need. This will help to give a good understanding of the behaviours support being offered to each individual		
4.9 Have all the required reviews been completed. Are you satisfied that there are clear plans for any outstanding reviews to be completed.	<p>All health reviews completed and follow up timetable in place with the exception of two recent cases which will be reviewed by the end of July 2013.</p> <p>Social Care - The reviews for the LA have commenced and will be completed within the timescale.</p>		
<b>5. Safeguarding</b>			
5.1 Where people are placed out of your area, are you engaged with local safeguarding arrangements – e.g. in line with the ADASS protocol.	<p>Yes but on a case by case basis. CQC and local Adults Safeguarding Boards are key partners in this and are used on this basis. However, this is a risk that has been identified and will be addressed by the 'Winterbourne Task and Finish Group' working to SAB. This group consists of representatives from Commissioning (Health and LA), Adult Protection Unit, Care Management, Community Mental Health and is tasked with addressing the issues raised by the Winterbourne SCR and related reports. In particular, the group is focusing on reviewing the relevant service provisions within the Bradford area (and out of authority placements) commissioned by both Health and the LA, in respect of the Winterbourne recommendations. The overall strategic aim to identify areas of good practice and also those areas that need to be improved and / or changed. The group reports regularly to SAB.</p>		
5.2 How are you working with care providers (including housing) to ensure sharing of information & develop risk assessments?	<p>Housing are represented on the SAB and its sub groups. Training is provided for all partners in safeguarding in order to raise awareness. Specific training courses for care providers (one for managers, one for staff) have been designed and operate on a monthly basis. Bi weekly meetings chaired by the Adult Protection Unit held with commissioners (NHS and council), care management and</p>		

	<p>the Complaints Manager in order to assess risk and plan interventions. The Adult Protection Unit also hosts Bi monthly meetings with the police safeguarding unit. Additionally bi-monthly meetings are held with local CQC inspectors and Commissioning and are hosted by the Adult Protection Unit in order to assess risk and plan coordinated responses.</p> <p>A risk assessment tool has been locally developed and approved by SAB and this is widely used by Adult Social Care and those Health Partners who have a role in the coordination of adult safeguarding cases. A training course addressing risk assessment and the use of this tool has been developed and provided for relevant staff.</p>		
<p>5.3 Have you been fully briefed on whether inspection of units in your locality have taken place, and if so are issues that may have been identified being worked on.</p>	<p>CQC report directly to the Adult Protection Unit and commissioners at our regular bi-monthly meetings and also on a case by case basis. Abstracts from CQCs' web site are routinely sent to the Adult Protection Unit. Joint interventions are also agreed at these meetings and in the planning / liaison meetings outlined above.</p>		
<p>5.4 Are you satisfied that your Children and Adults Safeguarding Boards are in touch with your Winterbourne View review and development programme.</p>	<p>SAB commissioned the 'Winterbourne Task and Finish Group' which reports regularly to SAB. The Children's Safeguarding lead is a member of SAB and a representative of the Adult Protection Unit sits on the Children's Proactive and Responsive sub group. A senior manager from Adult Services attends the Children's Safeguarding Board . All these provide avenues for reporting. Bradford has just appointed a new Independent Chair (July 2013) of its SAB and liaison meetings between him and the Chair of the Children's Safeguarding Board have already been scheduled. The work of our 'Winterbourne Group' is still</p>		

	<p>being undertaken, but the findings and implications will be shared with the Children’s Board both between the Chairs and via Children’s Proactive and Responsive sub group.</p>		
<p>5.5 Have they agreed a clear role to ensure that all current placements take account of existing concerns/alerts, the requirements of DoLS and the monitoring of restraint.</p>	<p>LA Commissioning Team provide alerts to all partner agencies regarding current bans on admissions to particular care providers.</p> <p>Regarding DoLS, there is a training program for the private sector, and MCA DoLS training for independent care home providers is part of this training package. A multi disciplinary team of Best Interest Assessors with expertise crossing all relevant professional areas (nurses, social work) carries out Best Interest assessments. Separation exists between adult safeguarding and DoLS. MCA DoLS constitutes a separate sub group of SAB. Our Best Interest Assessors have been trained in issues of restraint and control and routinely make DoLS recommendations to encourage least restrictive practices.</p>		
<p>5.6 Are there agreed multi-agency programmes that support staff in all settings to share information and good practice regarding people with learning disability and behaviour that challenges who are currently placed in hospital settings.</p>	<p>Multi agency safeguarding training is available, and is actively promoted (strongly supported by commissioning arrangements), to all providers (private and otherwise), hospital staff and others. A secure web based adult protection alert system is available for all staff and the public to make referrals to the Adult Protection Unit (including whistleblowers) supported further by Bradford’s Safeguarding website (where information can be viewed relating to practice both at a local and national level). The website contains issues of our Adult Safeguarding Journal which outlines local, regional and national safeguarding developments and practice. The journal is also distributed to target groups electronically.</p> <p>There is strong statutory involvement and support from partner agencies in SAB and in the SAB sub groups. Local hospital trusts have adult safeguarding leads who provide</p>		

	help and guidance to staff and who also monitor safeguarding alerts (the acute hospital safeguarding lead has access to the Adult Protection Data base so that they can monitor alerts being made from their hospital and observe trends, patterns, training issues, quality etc.). All the adult protection leads participate in the SAB sub groups and use these forums to provide information and practice relating to learning disability and challenging behaviour.		
5.7 Is your Community Safety Partnership considering any of the issues that might impact on people with learning disability living in less restrictive environments.	The CSP deals with the safety issues of all communities of interest, including people with a learning disability, through its Neighbourhoods and Communities Strategy Group. Hate Crime has been an issue of particular concern for people with a learning disability and Bradford People First have provided training on hate crime to organisations such as Police , Bus companies.		
5.8 Has your Safeguarding Board got working links between CQC, contracts management, safeguarding staff and care/case managers to maintain alertness to concerns.	Yes. The Adult Protection Unit hosts a bi-weekly planning meeting with care managers and commissioning (from both the LA and Health partners). These meetings also include the Complaints Manager for the LA, Managers from Adult Social Care and infection Control Officers. The primary aim of the meetings it to address and monitor risk as it relates to specific care providers and agencies and coordinate joint responses across agencies. Liaison and planning meetings with Police Safeguarding Unit and local CQC inspectors are held on a bi-monthly basis and share the same objectives as the bi-weekly meetings. Local CQC Inspectors attend all relevant adult protection meetings that are coordinated by the Adult Protection Unit. The regional CQC manager meets on a regular basis with the manager of the Adult Protection Unit in order to discuss regional structural and locally strategic safeguarding developments. The Regional CQC Manager also attends SAB once a year and also on a 'by invitation' basis.		
<b>6. Commissioning arrangements</b>			
6.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and	From CCG perspective the support needs of people who have been identified as being suitable to move from		

treatment/in-patient settings.	current environment can be accommodated within existing commissioning arrangements.		
6.2 Are these being jointly reviewed, developed and delivered.	Joint commissioning arrangements will be part of the updated Joint Learning Disability strategy now the Changing Lives programme has ended.		
6.3 Is there a shared understanding of how many people are placed out of area and of the proportion of this to total numbers of people fully funded by NHS CHC and those jointly supported by health and care services.	Health - We share our info with the LA to inform overall health and social care picture		
6.4 Do commissioning intentions reflect both the need deliver a re-provision programme for existing people and the need to substantially reduce future hospital placements for new people.	Review of current health funded inpatient provision completed May 2013 and recommendations are embedded in commissioning plan.		
6.5 Have joint reviewing and (de)commissioning arrangements been agreed with specialist commissioning teams.	The joint reviewing and decommissioning arrangements will be reviewed as part of the updated Joint Learning Disability strategy now the Changing Lives programme has ended.		
6.6 Have the potential costs and source(s) of funds of future commissioning arrangements been assessed.	The LA are about to start this work through the contract with an external provider. This will be reviewed on an ongoing basis.		
6.7 Are local arrangements for the commissioning of advocacy support sufficient, if not, are changes being developed.	Local advocacy services are jointly commissioned. There is 'Choice Money' available from NHS to fund advocacy support for people out of area needing advocacy support. This money will also support the work required for people choose to return to district.		
6.8 Is your local delivery plan in the process of being developed, resourced and agreed.	This stock take will inform our delivery plan. It will also indicate the resources required.		
6.9 Are you confident that the 1 June 2014 target will be achieved (the commitment is for all people currently in in-patient settings to be placed nearer home and in a less restrictive environment).	People will be offered opportunities to move closer to home. There is currently only one Bradford resident with an LD who is placed in secure care outside of Yorkshire, at Rampton Hospital. This is the High Secure Hospital for the Yorkshire catchment area and remains the most appropriate placement for this person.		

6.10 If no, what are the obstacles, to delivery (e.g. organisational, financial, legal).			
<b>7. Developing local teams and services</b>			
7.1 Are you completing an initial assessment of commissioning requirements to support peoples' move from assessment and treatment/in-patient settings.	The commissioning requirements to support peoples' move from assessment and treatment/in-patient settings will be part of the updated Joint Learning Disability strategy now the Changing Lives programme has ended.		
7.2 Do you have ways of knowing about the quality and effectiveness of advocacy arrangements.	<p>Regular monitoring reports are submitted quarterly from the local advocacy organisation. More formal monitoring meetings need to be re-established to review these returns. The LDPB feeds back from self advocacy groups and the local LD advocacy organisation.</p> <p>The Out of area reviews will have a multi agency approach to undertaking the reviews. This includes involvement for our local advocacy organisations. An overview of all this work will be presented to the panel of experts. This will include a review of the quality and effectiveness of these advocacy arrangements.</p> <p>The local Case Manager regularly interviews every person in receipt of specialist services (at least twice annually). As part of this process he discusses any involvement by advocates, and also engages directly with advocates during formal CPA reviews.</p> <p>In relation to continuing healthcare, the advocate's views are fully included in the review.</p>		
7.3 Do you have plans to ensure that there is capacity to ensure that Best Interests assessors are involved in care planning.	Presently, there is capacity to provide best interest assessments as part of the care planning process and we have a high level of BIA activity.		
<b>8. Prevention and crisis response capacity - Local/shared capacity</b>			

<b>to manage emergencies</b>			
8.1 Do commissioning intentions include an assessment of capacity that will be required to deliver crisis response services locally.	An assessment of capacity was undertaken in early 2013 and confirm s adequate capacity. BDCT provides in the community (Intensive Support Team) within their existing commission and local bed base remains available to work in partnership with IST to deliver short term stabilisation and management intervention.		
8.2 Do you have / are you working on developing emergency responses that would avoid hospital admission (including under section of MHA.)	The CCG's currently have an SLA in place with BDCT for the provision of an Intensive (Behavioural) Support Team, who provide an important role in supporting people in the community and to either prevent admission to hospital or support discharge back to their home. There is currently a review of the SLA underway, led by health.		
8.3 Do commissioning intentions include a workforce and skills assessment development.	<p>Within the LD provider framework there is an established workforce development sub group, where providers share expertise, knowledge and training opportunities. Any emerging specialist training or support provision identified during the assessment and review processes can be fed into this sub group for the providers to consider how they meet those needs and any potential skills/gap that may exist.</p> <p>The local health facilitation team also offer free training to all providers.</p> <p>The IST also offer training for providers and families.</p> <p>The LDPB commission support from Inclusion North who hold workshops and training events around key themes for people with LD and the families/carers.</p>		
<b>9. Understanding the population who need/receive services</b>			
9.1 Do your local planning functions and market assessments support the development of support for all people with complex needs, including people with behaviour that challenges.	The Changing Lives Programme developed a landscape for change from traditional services and limited choice for people with learning disabilities. Over the life of the	See 2.1 previous example of good practice	



	<p>programme a wide range of services were reviewed and moved from statutory health provision (BDCT) to a number of private sector providers with contractual obligations on the new providers to transform the inherited traditional services into person centred and outcome focused services over the lifetime of the contracts.</p> <p>In particular, the transformation contract with Turning Point is arranged in such a way to see if a transition approach from nursing/residential setting to their own supported tenancy works for individuals. To achieve this there is a major cultural shift required for staff and families.</p>		
<p>9.2 From the current people who need to be reviewed, are you taking account of ethnicity, age profile and gender issues in planning and understanding future care services.</p>	<p>This will form a key part of future planning provision and assist in our ability to enable people to move nearer to Bradford if they are living outside of Bradford.</p>		

<p><b>10. Children and adults – transition planning</b></p> <p>10.1 Do commissioning arrangements take account of the needs of children and young people in transition as well as of adults.</p> <p>10.2 Have you developed ways of understanding future demand in terms of numbers of people and likely services.</p>	<p>There is a clear transition pathway within Adult continuing Healthcare.</p> <p>The LA has a small adult transition team based within the adult CTLD service. It is recognised that this team require more capacity to manage the increasing number of young people (many with complex needs) coming through transition.</p> <p>There is ongoing joint work with children’s, educational services and adults around integrating the transition pathway. This is managed through the Special Educational Needs for Disability group.(SEND)</p> <p>In addition to this, planning has started – led by education and supported by adults - to work with schools around raising young people with disabilities and their families, expectations for future provision. This is focused on future housing and employment requirements.</p>		
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<p><b>11. Current and future market requirements and capacity</b></p> <p>11.1 Is an assessment of local market capacity in progress.</p> <p>11.2 Does this include an updated gap analysis.</p> <p>11.3 Are there local examples of innovative practice that can be shared more widely, e.g. the development of local fora to share/learn and develop best practice.</p>	<p>The outcomes of the Changing Lives Programme are feeding into a review of Bradford’s existing Market Position Statement that is currently taking place.</p> <p>The assessments/reviews will also shape what future provision is required.</p> <p>The Market Position Statement identifies gaps which will require an analysis for how we respond to these.</p> <p>Currently, the regional LD forums are used to share and learn about existing projects and to promote best practice.</p>		
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Please send questions, queries or completed stocktake to [Sarah.brown@local.gov.uk](mailto:Sarah.brown@local.gov.uk) by 5<sup>th</sup> July 2013

**This document has been completed by**

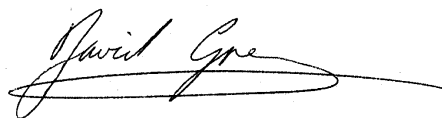
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Signed by:



Chair HWB .....

LA Chief Executive ....

*Tony Reames*

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# **Report of the Strategic Director of Adult and Community services to the meeting of Shadow Health and Wellbeing Board to be held on 20 March 2012.**

## **Appendix 2**

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**Subject: Progress report on the implementation of the Learning Disability Commissioning Framework “Changing lives through real partnership” 2007-2012.**

### **Summary statement:**

The learning disability strategic commissioning framework “Changing lives through real partnership” was agreed by Bradford Council, NHS Bradford and Airedale and Bradford District Care Trust (BDCT) in 2007. The change programme to implement the recommendations was established in September 2008. The strategy recommended a range of changes to services. This report outlines the changes which have been delivered and the areas which require more joint work in order to complete implementation of the strategy.

Services for people with a learning disability will require scrutiny from the Board in the future, the Board is asked to consider how this should be undertaken.

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Janice Simpson  
Interim Strategic Director Designate of  
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**Portfolio: Social Care  
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**Improvement Area:  
Health and Social Care**



## **1. Summary**

The learning disability strategic commissioning framework “Changing lives through real partnership” was agreed by Bradford Council, NHS Bradford and Airedale (NHSBA) and Bradford District Care Trust (BDCT) in 2007. The change programme to implement the recommendations was established in September 2008. The strategy recommended a range of changes to services. This report outlines the changes which have been delivered and the areas which require more joint work in order to complete implementation of the strategy.

Services for people with a learning disability will require scrutiny from the Board in the future and the Board are asked to consider how this should be undertaken.

## **2. Policy Context**

- 2.1 Valuing People (2001) and Valuing People Now (2009) are the main policy documents relating to adults with a learning disability.
- 2.2 The Government is committed to improving the life chances of people with learning disabilities and the support provided to their families. Government policy is that people with learning disabilities should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.
- 2.3 In 2008 as part of Valuing People Now and in support of the principles in 2.2 the Department of Health (DH) required PCTs to transfer the responsibility of the commissioning of social care for adults with a learning disability from the NHS to Local Authorities along with the appropriate level of funding. In Bradford the funding transferred which is now part of the specific revenue funding allocation for learning disabilities is £12m in 2011/12.
- 2.4 In 2007 Mencap published “Death by Indifference” which reported on the deaths of people with learning disabilities as a result of not receiving equal access to health services. As a result the DH commissioned the report “Healthcare For All”, and the Ombudsman’s report “Six Lives” followed in March 2009. The DH issued a letter in February 2012 to PCTs stating “that people with learning disabilities continue to face real health inequalities and that it remains a priority for the NHS to work to improve health outcomes for this excluded group”.

## **3. Outline Needs Analysis in Bradford**

It is estimated that there are approximately 8,700 people with a learning disability in Bradford District. The Council’s Adult services are currently funding support plans for 1,870 people, the figure in 2007 at the time of the strategic review was 1,385 (source BDCT).

The number of people over 65 years old is 168, this has doubled since 2007 and a third of them are in residential or nursing care.

Young people transferring from children’s services to adult services has averaged between 60 to 80 per year over the past three years. In 2011 there were 17 people

with a learning disability in receipt of services who died, this means that there are increasing numbers of people with a learning disability in Bradford who require support from the council and PCT.

General Practice learning disability registers in May 2011 had 2,027 recorded with 1,321 having an annual health check (67%).

NHSBA commission specialist health services for adults with a learning disability from BDCT and 1,700 people are known to the service. The health facilitation team have 498 open referrals, therapists have 932 open referrals, and specialist psychiatrists have 323 open referrals.

NHSBA have in February 2012, 68 people with Learning Disabilities who are continuing healthcare funded and 28 who are jointly funded between the Council and PCT, this has increased from 36 people fully funded in 2009 and 7 jointly funded.

Learning disabilities account for 20% (195) of the referrals to Safeguarding adults with 60% of these referrals being substantiated and 26% inconclusive.

#### **4. Background**

- 4.1 The Council agreed a Section 31 Partnership Agreement with Bradford District Care Trust in 2002. Social care services for adults with a learning disability transferred from the Council to Bradford District Care Trust as a result of this agreement in 2002.  
Section 31 Partnership Agreements were repealed under the National Health Service Act 2006 and were replaced by the provisions contained in Section 75 of the Act.
- 4.2 In 2007 the Council, NHS Bradford and Airedale and Bradford District Care Trust agreed to commission a strategic review of all services for adults with a learning disability. The learning disability strategic commissioning framework "Changing Lives through real partnership" was accepted by Bradford Council, NHS Bradford and Airedale and Bradford District Care Trust (BDCT) in 2007. The strategy recommended a range of changes to services; Appendix 11. 1 provides a detailed progress report on implementation of the recommendations.
- 4.3 The Changing Lives Learning Disability programme has been established within Adult Services since September 2008 to implement the changes in partnership with NHS Bradford and Airedale and Bradford District Care Trust. The Programme Director is a jointly funded post between NHS Bradford and Airedale and the Council with a programme team resourced by the Council.
- 4.4 Scrutiny of the implementation of the recommendations from the strategic review has been ongoing as outlined in section 13.
- 4.5 The independent review into three serious untoward incidents and subsequent developments in the learning disability services in Bradford published in January 2010 concluded that, "successful implementation of the change programme has the potential to ensure the system risks are removed and that services provided are of a high quality."

## **5. Progress Report**

- 5.1 The programme plan has been derived from the commissioning framework and consultation work undertaken in 2008 with people with learning disabilities, their family carers and staff through the Learning Disability Partnership Board. The values and benefits realisation plan agreed in 2008 have been used as the basis for all decisions throughout the past three years.
- 5.2 A number of nationally recognised specialists have contributed to the change programme in developing a system that promotes person centred thinking/planning, with a focus on outcomes, social inclusion, independent living, self advocacy and carer advocacy.
- 5.3 The Lean Academy has worked with the multidisciplinary community team to draft efficient and effective pathways, this work included implementing the personalisation customer journey.
- 5.6 An independent reviewing team has been commissioned in 2011 from the voluntary sector to review support plans. Commissioners will receive aggregated information which can be used to commission services. Working together for Change events, which involve people with learning disabilities and family carers in discussion about what are the common themes coming from reviews have been held to use as the basis for planning for this year. The Partnership Board will overview this work and it will be included in the annual report. Any issues about the quality of providers identified at reviews will be communicated from the reviewing team to contracting, this will be used to performance manage providers.
- 5.7 Development work has been undertaken with the Partnership Board along with commissioned work for a stronger role for the People First organisations (self advocacy groups) and Carer organisations to participate in the Partnership Board and reference groups.
- 5.8 The number of providers able to provide support to people has increased via the procurement of a provider framework for support, including housing related support. We have 29 providers available in Bradford now; all quality assured and contracted to provide support at a fixed hourly rate which offers improved value for money.
- 5.9 The Section 75 Partnership Agreement between Bradford Council and BDCT has been revised and was signed in May 2010. The strategic commissioning function had previously transferred back to the Council in October 2008 and operational commissioning in April 2010; this included the transfer of the management of the social work team back to the Council.
- 5.10 The revised Section 75 Partnership Agreement between the Council and Bradford District Care Trust set out an agreed timetable to transfer all social care services for people with a learning disability provided by Bradford District Care Trust to third party providers or in default, for the Council to take direct responsibility for the services. The changes offer more choice and control for people using the services and their families.

- 5.11 New providers have been procured in order to transfer services from Bradford District Care Trust .Three providers were procured from the provider framework for supported living services, all three are specialist charities. Day services were transferred to a specialist charity after a competitive dialogue process and residential and nursing services have transferred to a specialist charity which has a learning disability division. Respite care services will transfer to a limited company at the end of March. The value of services transferred is £25m. It involves around 1700 service users and has affected around 780 whole time equivalent members of staff. This has required a significant amount of project work for the Council and for BDCT over the past year.
- 5.12 In 2009 the Strategic Health Authority (SHA) established a Learning Disability Health Assessment Framework to establish how well Primary Care Trusts and their partners were achieving four targets. The four targets were:
- People still in hospital settings
  - Access to mainstream health services
  - Safety
  - Services for those needing more support

Bradford has completed four annual assessments

In 2011 the SHA assessed Bradford as being green on all targets and to having met the key challenges set by the Partnership Board. The SHA commended the following:

- 100% of GP practices received full points on the Quality and Outcomes Framework for having registers of people with a learning disability
- Bradford People First mystery shopping in Bradford GP practices
- Good access to mental health services for people with a learning disability
- Implementation of the Six lives action plan including the focus on trend analysis linked to complaints involving people with learning disabilities.
- Safeguarding Adults Commissioning Policy in provider organisations
- Enhanced specialist health services provided by BDCT

- 5.13 The NHSBA have commissioned additional specialist health services from BDCT in 2009/10, including a strategic health facilitator and health facilitation team.
- 5.14 In May 2011 a BBC Panorama programme was broadcast showing disturbing scenes of people with learning disabilities and autism being abused within a hospital. The Care Quality Commission confirmed concerns and the hospital was closed. The SHA identified immediate lessons to learn and commenced an assurance process. The Council commissioner and the PCT commissioner have completed the assurance process which has been validated as amber with some areas green.

## **6. Programme of work in the next year**

- 6.1 The Changing Lives programme is planned to close in 2012, however there is still work outstanding which will be undertaken as part of the future joint working between the Council and PCT/Clinical Commissioning Groups.



6.2 The outstanding work to note is:

6.2.1 Further development of the Learning Disability Partnership Board so that people with Learning Disabilities and their family carers can move to the co production of services.

6.2.2 Learning Disability services will need to be included in the JSNA and Health and Wellbeing Strategy given national policy as outlined in section 2 and the increasing numbers of people requiring services with the associated costs to the Council and health services.

6.2.3 The implementation of an operating model for the Access, Assessment and Support function for Learning Disabilities which will align with specialist health staff and follows safe and efficient pathways as mapped out in the work with the Lean Academy.

6.2.4 In line with the recommendations in the Strategic Review there was a requirement to consider the development of a commissioning 'pooled' arrangement with an associated risk management agreement, the Board should consider this within the integrated commissioning arrangements.

6.2.5 Continue to maintain a positive assessment in the Strategic Health Authority. Health Assessment Framework which is likely to require significant work as it has been changed substantially as a result of the SHA assurance process.

## **7. Financial and resource appraisal**

7.1 The total spend on Learning Disability Services in the PCT is £14.3m as reported in the Learning Disabilities Partnership Board Report for 2011/12.

7.2 Adult and Community Services budget from 2011/12 is £45m but the projected spend for this financial year is likely to be higher.

7.3 The change programme has undertaken significant work over the past year to ensure value for money services, but more work will be required over the next year

7.4 The demand for services has increased with increasing numbers of people with Learning Disabilities as outlined in Section 3.

7.5 The cost of services has also increased because the number of people with complex needs has increased, and people are living longer with the consequence that they experience the associated health problems which relate to aging.

## **8. Other Implications**

8.1 Equal Rights

The Equality Act affects the commissioning of services and all service providers in that provision has to be made in respect of "reasonable adjustments" for people when using services. This has already proved to be beneficial in raising the profile of the quality of service provision for people with learning disabilities.

An Equality Impact Assessment has been carried out on the Changing Lives Programme.

## **8.2 Human Rights Act**

Any new contracts with new providers have incorporated the legal responsibilities in relation to human rights.

## **8.3 Trade Union**

Employees and their trade union representatives have been fully consulted on the changes which have been implemented as a result of the programme. The Unions will continue to be consulted on any further changes.

## **9. Not for publication document**

None

## **10. Recommendations**

10.1 The Board are asked to note the report and are invited to comment.

10.2 The Board are asked to approve the outstanding work to be undertaken over the next year including the inclusion of Learning Disability Services in the Health and Wellbeing Strategy.

## **11. Appendices**

11.1 Changing Lives Progress Report on implementing the recommendations January 2012.

## **12. Background documents**

12.1 Report of the Strategic Director Adult and Community Services to the meeting of Executive on 30 March 2010 –Bradford District Care trust Section 75 Partnership Agreement.

12.2 Report of the Strategic Director of Adult & Community Services to the meeting of Executive held on 22 July 2010 – Options for the future provision of day services for adults with learning disabilities.

12.3 Report of the Strategic Director of Adult and Community Services to the meeting of Executive held on 5 November 2010 – Appraisal of options for the future provision of day services for adults with learning disabilities.

12.4 Progress reports to Social Care Overview and Scrutiny Committee on the Learning Dis A BBC Panorama programme was broadcast on Tuesday ability programme on 16 September 2009 and 13 January 2011.

12.5 Provider Framework Pre Contract Brief report to Social Care Overview & Scrutiny Committee on 16 September 2010.

12.6 Residential, Respite and Nursing Home Pre Contract brief to Social Care Overview & Scrutiny Committee on 13 January 2010.

- 12.7 Report to Social Care Overview & Scrutiny Committee on the Variation to the Section 75 Partnership agreement 31 March 2011.
- 12.8 Report of the Strategic Director, Adult & Community Services to the meeting of Corporate Governance on 15 April 2011 – Project management arrangements for the Learning Disability Change Programme which will include the transfer of social care services for adults with a learning disability from Bradford District Care Trust.
- 12.9 Report to the Social Care Overview & Scrutiny Committee 6 July 2011 Transitional arrangements within the Section 75 Partnership Agreement between the Local Authority and Bradford District Care Trust on services for people with learning disabilities.
- 12.10 Strategic Review of Learning Disabilities Council Executive 18 December 2007 – Changing lives through real partnership a commissioning strategy 2007-2012.
- 12.11 Progress report to the Health Overview and Scrutiny Committee 1 March 2012 on the Learning Disability Healthier Lives project and SHA assurance process.