

Derbyshire / Derby City Winterbourne View Action Plan – Feb 2013

RAG Status definitions used

STATUS	DEFINITION	ACTION
RED	The project/task/action requires remedial action to achieve objectives. The timeline/cost objectives are at risk	Raise to the JCB and complete an exception report to explain or gain approval for budget, time or scope changes
AMBER	The project /task action has commenced and action is being taken to resolve/ achieve outcome and is being carefully monitored. The timeline/cost/objective may be at risk.	Raise awareness to the JCB. The project /task owner will decide of an exception report is necessary
GREEN	The project/task/action is on target to succeed	None.

Theme 1: Ensuring that NHS Hardwick CCG addresses the recommendations in the DH Winterbourne View Concordat.

ACTION	OWNER	RAG rating
<p>1. For the Quality Committees of all four Derbyshire CCGs to receive an overarching action plan report in February summarising the DH Winterbourne View Review Final Report: <i>Transforming Care a National response to Winterbourne View</i> and the Winterbourne View action plan. The Winterbourne View action plan will be overseen by the Quality Committees and reported to Governing Bodies.</p> <p>Update 1st July 2013</p> <ul style="list-style-type: none"> All plans have now been developed and Strategic and Operational Transforming Care Steering groups are operational Fully project plans have been constructed and are now moving through implementation through the development of dedicated Workstreams Full reporting and Governance structures are now in place updated each month. 	DG	
<p>2. The LD JCB will receive reports on progress and will oversee the implementation of DH Winterbourne View action plan.</p>	DG	
<p>3. Governing Body of CCGs to ensure that systems and governance processes are in place to provide assurance against the action plan to ensure that they deliver high quality and appropriate care. Note- DH will explore with the National Skills Academy and the NHS Leadership Academy options to develop proposals on Board leadership development by March 2013</p>	AG	

Theme 2: Review all current hospital placements and support everyone inappropriately placed in hospital to move to community based support as quickly as possible and no later than 1 June 2014. (Although doing this can take time, the DH expects it to be carried out with pace and

a sense of urgency – whilst always putting the interest of the individual first)		
ACTION		OWNER
<p>1. To review care and agree personal care plans for all individuals whose care is funded by the NHS.</p> <p>Update 1st July 2013. All cases are now jointly reviewed by Health and Social Care.</p>	DG/SC	
<p>3. By 1 June 2013, health and social care commissioners, working with service providers, people who use services and families will review the care of all people in learning disability or autism inpatient hospital beds and agree a personal care plan for each individual based around their and their families' needs and agreed outcomes.</p> <p>Update 1st July 2013 completed</p>	DG/JV/KE	
<p>4. Reviewing care of people with a LD who are funded by the NHS (CHC or inpatient treatment) will involve joint reviews with both LA's and identification of who will be the first point of contact for each individual. A joint project group will be set up to oversee the work programme required and report to the JCB.</p> <p>Update 1st July 2013. Joint project group is set up as Transforming Care Operational Steering Group, and has a specified workstream dealing with the following actions:</p> <ul style="list-style-type: none"> • ensure joint health and social care reviews of identified clients as of April 2013 are carried out by June 2013 • ensure that each individual has a fully worked up and agreed joint health and social care plan for return to area placement if appropriate including detail of how families and carers will be supported through changes • ensure each plan for each individual has a named responsible first point of contact for all health and social care planning using agreed standardised documentation developed through workstream 2 • ensure that each individual has a fully worked up and agreed joint health and social care plan for return to area placement if appropriate including detail of how families and carers will be supported through changes • develop a system of standardised reporting mechanism regarding use of restraint, medication and DoLs application across Derbyshire • explore the use of personal health budgets during a review of funding arrangements across this client group 	DG/KE/JV	

<ul style="list-style-type: none"> create care pathway from Forensic, secure independent hospitals and locked rehab for identified clients including funding arrangements through SCG 		
<p>5. To commission appropriate accommodation and support for all individuals inappropriately placed in hospitals so that they receive personalised care and support in the appropriate community settings no later than 1 June 2014.</p> <p>Update 1st July 2013 Within the work of the Transforming Care Operational Group is a workstream dedicated to the assessment of current provision which is then to be measured against that identified as required following work on the pathway, a GAP analysis produced and a plan to redress any imbalance by June 2014.</p>	DG/JV/KE	
<p>6. To jointly review with the LA's advocacy services available to people with a LD.</p> <p>Update July 2013 There are plans being implemented to review current advocacy provision and ensure fit for purpose for new care pathway</p>	DG/KE/JV	
<p>7. To provide individuals with the offer of a PHB.</p> <p>Update July 2013 There are plans in place and being implemented through the work of the Transforming Care Operational group that explores the use of personal health budgets during a review of funding arrangements across this client group</p>	DG/SC	

Theme 3: Developing improved information systems

ACTION	OWNER	RAG rating
<p>1. Hardwick CCG to have in place a database/ register that identifies all people with a learning disability funded by the NHS and in particular noting those with challenging behaviour, by 31st March 2013</p>	DG	

<p>Update July 2013</p> <p>Hardwick CCG currently has in place a database/register named Einstein as described above. It is an element of the work of the Transforming Care Operational Group there is a workflow that is looking to further:</p> <ul style="list-style-type: none"> • review current governance , monitoring and quality assurance programmes and create process for incorporation of any work developed by other Workstreams to ensure everything complies with national and local requirements • review 'fit for purpose' of current Einstein database to provide management of this cohort of LD clients and prepare report for Workstreams 1-3 to review • following 'fit for purpose review' if required- create appropriate database or further develop the capacity of Einstein 		
<p>2. The LD database/register collection to be progressively improved and over time to incorporate the LD Data set requirements requested by the 2012 return to the SHA. The database/register will clearly set out which CCG and LA is responsible for individual reviews and case management responsibility.</p> <p><i>NOTE – Commissioners to make preparations for completion of an expected DH audit of current services funded fully or jointly by the NHS for people with challenging behaviour to include a snapshot of provision, numbers of out of area placements and lengths of stay. This audit is expected by March 2013</i></p> <p><i>It is expected that the audit will be repeated one year on to enable the learning disability programme board to assess progress. The DH will develop a new learning disability minimum data set to be collected through the Information Centre from 2014/15.</i></p> <p>Update July 2013</p> <p>Hardwick CCG currently has in place a database/register named Einstein as described above. It is an element of the work of the Transforming Care Operational Group there is a workflow that is looking to further:</p> <ul style="list-style-type: none"> • review current governance , monitoring and quality assurance programmes and create process for incorporation of any work developed by other Workstreams to ensure everything complies with national and local requirements • review 'fit for purpose' of current Einstein database to provide management of this cohort of LD clients and prepare report for Workstreams 1-3 to review • following 'fit for purpose review' if required- create appropriate database or further develop the capacity of Einstein 	<p>DG/GH/S C</p>	
<p>3. Commissioners to agree with CHC team/GEM how the LD Database/register will be regularly maintained and who will be responsible for this.</p> <p>Please notes above – this will be incorporated into that work.</p>	<p>DG/SC</p>	

Theme 4: Locally agreed plans to ensure high quality care and support services which accord with the model of good care, set out in Annex A of the DH Transforming Care report , by April 2014	ACTION	OWNER	RAG rating
<p>1. By April 2014 - to have agreed a joint strategic plan/pathways with both LA's to commission the range of local health, housing and support services to ensure high quality care and support for all children, young people and adults with a learning disability or autism and mental health conditions or behaviour described as challenging.</p> <p>Update 1st July 2013 There is currently a workstream associated reviewing all current accommodation provision and will provide a gap analysis by measuring current against the plan of requirement developed in the work of the Transforming Care Operational Group, which will be underpinned by a plan to move from current to required provision.</p>	DG/KE/JV		
<p>2. Commissioners to develop a revised model of specialist health care for people with a LD based on the new LD national specification and design local pathways and challenge poor practice in partnership with both LA's, people with a LD, families and other key stakeholders.</p> <p><i>NOTE - The NHSCB will also work with ADASS to develop by April 2013 practical resources for commissioners of services for people with learning disabilities, including: • model service specifications; • new NHS contract schedules for specialist learning disability services; • models for rewarding best practice through the NHS Commissioning for Quality and Innovation (CQUIN) framework; and • a joint health and social care self-assessment framework to support local agencies to measure and benchmark progress</i></p> <p><i>Note - By Summer 2015 NICE will publish quality standards and clinical guidelines on challenging behaviour and learning disability.</i></p> <p><i>By Summer 2016 NICE will publish quality standards and clinical guidelines on mental health and learning disability</i></p> <p>Update 1st July 2013</p> <ul style="list-style-type: none"> • following work completion by Workstreams specifically looking at the pathway, accommodation, how the current identified cohort came to be placed OOA, there will be a report prepared identifying what 'gold standard' looks like in Derbyshire County and City for people stepping down from locked rehab this will be submitted to the Strategic Transforming Care Group for appraisal and further action. Within this pathway development the Workstreams will address: <ul style="list-style-type: none"> ○ the identification of appropriate crisis solution to support packages of care ○ Will detail capacity in local market to meeting needs of individuals returning to community from locked rehab ○ identify person centred solutions for housing and support for individuals stepping down from locked rehab 	DG/JL		

<p>3. Work in partnership with both LA's to establish provider frameworks that enable contracts with a range of suitably qualified local providers who have the right skills and the right ethos to provide care and support to people with complex individuals needs.</p> <p>Update 1st July 2013</p> <p>Please see notes above – following the identification of person centred solutions for housing and support there will be further work done to establish the right housing and support in the local areas by working with LA's to move towards the identified solutions.</p>	<p>DG/JV/KE</p>	
<p>4. Contract monitoring approaches to be agreed and to compliment the developing role of quality checkers</p> <p>Update 1st July 2013</p> <p>We are currently pursuing the opportunity of developing the role of Quality Checkers through an East Midlands 'Living Local' funded programme; this will be linked to Derbyshire Healthwatch and the Derbyshire Learning Disability Partnership Board.</p>	<p>DG/JV/KE</p>	
<p>5. LD Adult commissioners to work together with CYP commissioners to plan carefully and commission services for the care of young people as they approach adulthood to avoid crises; and commission flexible, community-based local supports.</p> <p>Update 1st July 2013</p> <p>Within in the remit of a workstream dealing with the development of the pathway, there is a specific action to review the current transition protocol and arrangements between CYP and Adult services and if necessary re-design to provide a protocol for implementation that address the issues across city and county and between services.</p>	<p>JL/DJ</p>	
<p>6. Health and social care commissioners to investigate and explore the possibility of pooled budgets. The strong presumption will be in favour of pooled budget arrangements with local commissioners offering justification where this is not done. The NHSCB, ADASS and ADCS will promote and facilitate joint commissioning arrangements</p> <p>Update 1st July 2013</p> <p>This issues is being discussed and address through:</p> <ul style="list-style-type: none"> The establishment of Learning Disability Lead Commissioning arrangements – a report setting out recommendations is for lead commissioning arrangements, including pooled budgets, will be taken to the Health & Wellbeing Board Oct/ December 2013. Support work /information provided by a workstream through the Transforming Care Operational Group to the Strategy Group to inform the work of the JCB. 	<p>DG/KE/JV</p>	

Theme 5: Quality monitoring, Assurance and Safeguarding

ACTION	OWNER	RAG rating
<p>1. For the local SOVA boards to have an agenda item to raise awareness of the DH Transforming Care action and for the SOVA Boards to determine what assurance of learning should be provided by board partners.</p> <p>Update 1st July 2013 There is a specific workstream set up through the Transforming Care Operational Group that is dedicated to the review of current systems of quality monitoring and assurance as well as safeguarding and governance. This workstream will also have a remit to ensure that all work in other Workstreams account for the need to drive awareness and learning throughout their work. In particular there is a workstream dedicated to the development of provider relationships and workforce planning which will include training and development packages and awareness days etc.</p>	BN/JC	
<p>2. All individuals with a LD funded by Derbyshire CCGs in an independent hospital out of area will be provided with enhanced quality monitoring to reflect the nature of the distance from local quality monitoring and assurance processes. Each person will have an increase in the number of reviews per annum.</p>	JL/GH	
<p>3. To review the responsibility for implementation of the national out of area protocol</p> <p>Update 1 July 2013 This is being dealt with through the work of the Transforming Care Operational Group – as part of a workstream looking at the current pathway and pathway re-design. The implementation of the national OOA protocol is high on the task list of this workstream to ensure rapid implementation.</p>	DG/BN/SC	
<p>4. To confirm with all providers of NHS and Independent hospitals that they have effective monitoring arrangements in place for the use of physical restraint. Contracts team to maintain a record of what approaches to control and restraint are in use across all hospital providers and what training is in place. <i>NOTE – To clarify if T – Supine is a method of Physical Intervention (PI) utilised.</i></p> <p>Update 1st July 2013 There is a specific task within one workstream project plan that address the development of a system of standardised reporting mechanism regarding use of restraint, medication and DoLs application across Derbyshire</p>	DG	
<p>5. LD case manager to monitor use of PI and at review to record the use of any seclusion, PI and any DOLs applications for each individual.</p> <p>Update 1st July 2013</p>	GH	

<p>For the identified cohort of those with challenging behaviour who are in OOA placements in locked rehab, we have two dedicated workers from health and social care background who are working with a current number of 18 clients and each has had a joint assessment and is subject to ongoing care monitoring and development of care packages to return them locally in a supported way. In the course of this work the use of seclusion, PI and DoLs will be part of the review.</p>		
<p>6. LD case manager will review and monitor the use of as required PRN medication as part of routine person centred review.</p> <p>Update 1st July 2013 As above</p>	GH	
<p>7. Providers to be requested to provide evidence that pharmacy led medication reviews take place and to share with commissioners any outcomes and recommendations.</p> <p>Update 1st July 2013 As above</p>	GH	
<p>8. To collate evidence in contract monitoring that the implementation of the MCA in relation to decision-making, capacity and restrictions is checked/audited and any improvement plans implemented.</p> <p>Update 1st July 2013 As above</p>	DG	
<p>9. All providers to demonstrate evidence of whistleblowing policies and to provide assurance of practices and procedures in place.</p> <p>Update 1st July 2013 As above</p>	DG	
<p>10. Ensure quarterly complaints reports presented to Quality Committees identify any emerging themes/trends in relation to the care of people with a LD and are subsequently reported to the CCG Governing Body</p> <p>Update 1st July 2013 Discussed at the Transforming Care Steering Group 27th June 2013 and agreed the Group would a) receive information/ intelligence on complaints and b) monitor the reporting of complaints through the Governance structures. Formal arrangements with the Quality Team are being developed.</p>	JC	
<p>11. Ensure within the contract that complaints procedures used by providers of services to people with a LD are in accessible/ easy read formats.</p> <p>Update 1st July 2013</p>	DG/JL	

Discussed at the Transforming Care Steering Group 27 th June 2013 and noted that the new national locked/ unlocked rehab. specification has this requirement included; other contract schedules will be reviewed and amended, as necessary.		
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Theme 6; Improving the Capability and Leadership of the workforce

ACTION	OWNER	RAG rating
<p>1. To establish workforce and development plans in place to meet the required culture of approaches and expertise to deliver local support to people with a LD with complex needs.</p> <p>Update 1st July 2013 There is a specific workstream set up through the Transforming Care Operational Group that is dedicated to the review of current systems of quality monitoring and assurance as well as safeguarding and governance. This workstream will also have a remit to ensure that all work in other Workstreams account for the need to drive awareness and learning throughout their work. In particular there is a workstream dedicated to the development of provider relationships and workforce planning which will include training and development packages and awareness days etc.</p>	<p>JC/DG/JV/KE</p>	<p></p>
<p>2. To audit the training requirements of providers procured through all framework agreements specifications are upheld.</p> <p>Update 1st July 2013 There is a specific workstream set up through the Transforming Care Operational Group that is dedicated to the review of current systems of quality monitoring and assurance as well as safeguarding and governance. This workstream will also have a remit to ensure that all work in other Workstreams account for the need to drive awareness and learning throughout their work. In particular there is a workstream dedicated to the development of provider relationships and workforce planning which will include training and development packages and awareness days etc.</p>	<p>DG/KE/JV</p>	<p></p>

Key to Owners – DG – Dave Gardner, AG – Andy Gregory, JC – Jim Connolly, JL – Jackie Lawley, GH – Georgina Horobin, SC – Sharon Cooper, KE – Kirsty Everson, JV – Julie Voller, DJ – Deborah Jenkinson, BN – Bill Nicol

