

WBV Action Plan

- This document only concerns the actions continuing on from WBV, there is a separate document concerning LD joint commissioning actions

Workstream	Objective	Actions	Lead	Gr	Timescale	Comments
1	Single commissioning strategy in place - pooled budget established	1.1 Review current commissioning and intentions of CCG/LA and the principle of pooled budgets	JC/JCC	MN/VH/DL/ET/HM	Jan-14	Split of work will be agreed when project manager is in post. Stakeholder workshops in Autumn- specs by Jan 14 CCG have project brief for redesign of health services for LD - Linked to Joint Commissioning
		1.2 Review current JSNA : identify development priorities from JNSA to support commissioning	JC/JCC	MN/DL/ HM	Jan-14	In terms of health input this will be led by Mike Naji In terms of social care Hazel Mathews and Emma Townsend are leading
		1.3 Use audit tool to review current service provision and outcomes	JC/JCC	MN/VH/DL/ MT	Jan-14	
		1.4 Use outcomes of audit to agree priorities for service development with LA/CCG commissioners Priorities to include - ensuring pathway for use of A and T units agreed - Identify how increasing capacity within County to meet needs of people whose behaviour challenges	JC/JCC	MN/VH/DL/ MT	Jan-14	
		1.5 Draft single commissioning Strategy	JC/JCC		Apr-14	
		1.6 Agree single commissioning strategy	Joint Commissioning Board		Apr-14	as above
		1.7 Establish review process for current advocacy services : use outcome of review - to identify development requirements for advocacy provision - establish implementation plan for developing advocacy provision, including on-going review processes	New CCL/Mike/Victoria		Jan-14	Currently there is a review of performance /activity being completed by Miriam Turner (CCG) and Annie Paddock (LA) - roles and responsibilities are being agreed

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	2a	Roles and responsibilities of Case Managers and Care Coordinators clearly defined	2a.1 Draw up draft roles and responsibilities for case managers that <ul style="list-style-type: none"> - specify roles and responsibilities of clinical expertise to support case management process - ensures meets requirements around robust care planning - ensures appropriate mental health practice - supports monitoring processes - ensure robust communication with families - ensures local safeguarding processes and procedures include <ul style="list-style-type: none"> b) processes for care coordinators to inform commissioners of relevant safeguarding concerns (see requirement 18) c) processes for care coordinators, commissioners and CQC inspectors to work together in regard to safeguarding alerts 	ME/DL	MN/MB/RW	Jan-March 14	Mark Edwards will cover this work until the new CCL is in place. Mike Naji will cover the health aspect. ME to meet with RW and CTPLD management team to establish current work. VH replaced with DL as CCG lead Contract variation is needed to clarify RW's responsibilities to clarify what is commissioned and what is not. Project Group will work on this.
			2a.2 Agree roles and responsibilities with <ul style="list-style-type: none"> a) CCG b) LA commissioners 	ME/DL	MN/MB	Jan-March 14	VH replaced with DL as CCG lead
			2a.3 Review roles and responsibilities with case management service providers : draw up change programme to meet requirements	ME/DL	MN/MB/RW	Jan-March 14	VH replaced with DL as CCG lead. RE added as LA project group member
			2a.4 Oversee future contract requirements around MHA applications	ME/DR	MB/ET	Jan-14	
			Draw up draft process for commissioners to periodically review case management processes : agree implementation plan	ME/DL	MB/ET	Jan-14	

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	2b	Effective placement process in place - assurance of aspects around the workforce and the skill mix.	2b1 Establish review process for evaluating how - outcomes are currently incorporated into care planning process for placements - what criteria are used to agree the use of providers	DL/RW/ME	ET	Jan-14	Wiltshire CCG Specialist Placement Coordinators to input for health has already started this piece of work and it will be reflected in DOH Contract. DL added as CCG lead
			2b.2 Use outcomes of review process to - support the development of case management process : link to Objective 3 <i>Roles and responsibilities of case managers clearly defined</i> - establish criteria for agreeing use of providers and implement process for using criteria - develop value-for-money methodology to support the process for agreeing providers	DL/RW/ME	MB/ET	Jan-14	This needs to run in parallel with the service specification development. DL added as CCG lead
	2c	Effective monitoring process in place for placements	2c.1 Review current process for monitoring placements across - CCG (part of the review process for CHC & SPP) - LA to see what is happening and whether it is what we want it to look like.	ET/RW/DL	MB/JB	Jan-14	JB, Senior Contracts Officer in LA will link with health ie contracts ?
			2c.2 Risk stratify services to determine priorities for monitoring	ET/RW	ET/DR	Jan-14	linked with spec development re roles/responsibilities. Council policy to be shared to allow for harmonisation
			2c.3 Use outcomes of monitoring review to - agree effective monitoring processes, including using risk stratification - maintain local register of all people with challenging behaviour in NHS-funded care - agree roles and responsibilities for undertaking monitoring : link to Objective 2 <i>Roles and responsibilities of commissioners clearly defined</i> and Objective 3 <i>Roles and responsibilities of case managers clearly defined</i> - ensure effective feedback processes are in place, including use of safeguarding information and feedback - ensure there is capacity for pharmacy led reviews where required	ME/DL	LF/MB/MN/JB	Jan-14	Linked to spec and contract. The local list of LD with complex needs is shared between the Council and the CCG (integrated CTPLD)
			2c.4 Review the competencies and capacity requirements for staff involved in monitoring : implement development plan to ensure required levels of competency and capacity are met by identifying levels of training	ET/DL	Project group	Jan-14	as above
			2c.5 Review current practice for working with providers who are not meeting contractual requirements	ET/DL	MB/DR/JB/HM/L F	Jan-14	as above

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			Use review to agreed structured process for working with providers who are not meeting requirements, including processes for ending contracts and decommissioning services	ET/DL	MB/DR/HM/JB/L F	Jan-14	as above
			2c.6 Draw up draft process for commissioners to periodically review inspection and monitoring processes : agree implementation plan	ET/DL	MB/DR/JB/HM	Jan-14	as above

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	3	Information sharing protocols in place to support best practice	3.1 Establish review of current protocols and practice	David Noyes/CSU/ Simon Truelove SIRO	Ian Kirby	Oct-13	Awaiting outcome of Caldicott 2
			3.2 Use outcome of review to develop change programme to - establish robust information protocols between all agencies - develop good practice	Contract meetings	IK	On-going	
Delivering revised service model	4	Agreed service model in place	4.1 Establish audit tool based on - Mansell Report requirements - requirement for generic mental health services to support people with LD and autism - requirement to reduce use of A and T units(links to 7)	MT/DL	MT/MB	Apr-14	When new CCL is in post - deadline may be extended if a procurement process is required. This is linked to joint commissioning
			4.2 Implement change programme to operationalise commissioning strategy - commissioning strategy including new service model and specifications (to include engagement/consultation) - New service procurement/tendering /contract variation Implement NICE quality standards and clinical guidelines on challenging behaviour and LD (issued summer 2015) Implement NICE quality standards and clinical guidelines on mental health and LD (issued summer 2016)	MT/DL	MT/DL	Apr-14	Commencing from April 14 (6-9 months procurement potentially)

Workstream	Objective	Actions	Lead	Gr	Timescale	Comments
	5 Effective contracting process in place	5.1 Establish audit tool based on Winterbourne requirements and to be included as part of standard Quality Schedule in all contracts	DL/ ET	ET/DR/LF/EH	Apr-14	Await guidance from Concordat
		5.2 Audit current contract arrangements for - CCG - LA	DL/JB	ET/DR/LF/EH	Apr 14-ongoing	
		5.3 Review implications of bringing in changes to contracting process to meet requirements : link to - Objective 6 <i>Effective monitoring process</i> - Objective 3 <i>Roles and responsibilities of case managers clearly defined</i>	MN/JB	ET/DR/LF/EH	Apr-14	
		5.4 Agree priorities for changes to contracting process - agree standards for specific requirements within contracts	DL/IC	MT/JB	Apr-14	Contract advice from CSU required
		5.5 Consult with service providers of proposed contract requirements	DL/IC	MT/JB	Apr-14	Contract advice from CSU required
		5.6 Implement change programme for contract process	DL/JC	MT/JB	Apr-14	Contract advice from CSU required

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Other requirements	6	All Winterbourne residents and current A and T placements are followed-up to ensure appropriate arrangements are in place	6.1 Undertake specific exercise to follow-up all previous Winterbourne patients a) to ensure the impact of any abuse experienced or witnessed is minimised b) who remain in hospital with a view to return them to their own communities 6.2 Undertake specific review of current placements within A and T units to ensure there are clear plans for discharge	DL	MB	Ongoing	DL has just appointed 2 people to help with this. We have 5 assessment and treatment patients at present. RW to send MB information monthly and commissioners will meet regularly
	7	All people in learning disability or autism inpatient beds to have personal care plan based around their and their families' needs and agreed outcomes by June 2013	7 Review all in-patient placements and develop personal care plans as required : link to <i>Objective 9 Effective placement process in place (including effective assessment and treatment facilities in Wiltshire (with effective care pathways)</i>	DL/Interim C	MB	On-going	All have the same quality schedule as for the contracts. They will be monitored though the monthly quality review meetings. - This is in place
	8	All individuals should be receiving personalised care and support in the appropriate community settings no later than 1 June 2014.	8 Collate outcomes of reviews and identify commissioning needs to meet requirement to have all people in appropriate community setting by June 2014 : link to <i>Objective 7 Single commissioning strategy in place</i> Establish monitoring process to ensure target is met	DL/ME	MB/MT	Jun-14	Linked to Joint Commissioning
	9	Medicines Management	9 Establish review process for current use of anti-psychotic medication use : use outcomes of review to - agree if targets needs to be agreed to reduce usage - establish action plan to meet targets	Nadine Fox/ME	?	TBC	Completed - Nadine Fox to supply written confirmation.