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Southwark Clinical Commissioning Group

**NHS Southwark CCG and Southwark Council - Winterbourne View Steering Group  
Action Plan  
Updated July 2013**

Work Area	Aims/ Objectives	Action	By Whom	When
<b>1. Strategies and care pathways</b>	<p>1.1 Ensure the JSNA reflects the needs of young people and adults with LD, autism and challenging behaviour and that the statutory agencies work together to identify the opportunities for jointly commissioning and providing integrated care and support to improve the quality of life, health, independence and wellbeing of this client group.</p> <p>1.2 To produce a three year strategy for learning disabilities for 2013-2016 that reflects the needs and lessons learned from Winterbourne View. To use information from assessments, reviews and support plans undertaken as part of the Winterbourne View work, and from</p>	<ul style="list-style-type: none"> <li>• Update the JSNA and ensure it reflects local needs</li>   <li>• Produce LD strategy and implementation plan. To identify opportunities to achieve better outcomes and VFM for money by pooling resources, jointly commissioning and integrating care pathways.</li> </ul>	<p>Chris Dorey</p> <p>TBC – NBs commissioning restructure</p>	<p>TBC</p> <p>Autumn 2013</p>

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	<p>transition, to drive the needs assessment and plans for commissioning LD support in Southwark</p> <p><b>1.3</b>The LD Executive to ensure GST, LBS, CCG, and SLaM work together and align their strategic and operational priorities and resources in order to bring about change and improved outcomes for people with LD, ASD and CB including 2 key aims:</p> <ul style="list-style-type: none"> <li>▪ To ensure personalisation is implemented across all LD pathways – including inpatients, assessment and treatment, specialist placements, residential care and supported living, continuing care in all settings, as well as people’s own homes</li> <li>▪ A greater number and a more diverse range of ordinary living options and better support for people with LD, ASD and challenging needs in the community.</li> </ul> <p><b>1.4</b>To update and report on progress and gain strategic support /direction from HWBB and SAPB as required</p>	<ul style="list-style-type: none"> <li>• Quarterly meetings of LD Executive, reporting in to the LD Partnership Board</li>   <li>• LD Executive and LD Partnership Board to oversee implementation across the LD partnerships</li>   <li>• LBS programme to deregister Southwark’s LD care homes &amp; establish supported living so users have tenancies, personal budgets (ISFs) / person centred support</li> </ul>	<p>Alex Laidler, Chris Dorey</p> <p>Alex Laidler, Chris Dorey</p> <p>Chris Dorey</p>	<p>Ongoing</p> <p>Ongoing</p> <p>Ongoing</p>
	<p><b>1.5 Challenging Behaviour pathway</b></p> <ul style="list-style-type: none"> <li>▪ Better early intervention and support for service users and families to prevent</li> </ul>	<ul style="list-style-type: none"> <li>• SLaM leading on mapping CB pathway, identifying where GSTT and LBS fit in. To</li> </ul>	<p>Karin Fuchs, consultant clinical</p>	<p>Jan 2013</p>



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	<p>the need for services and avoid care home admission in crisis</p> <ul style="list-style-type: none"> <li>▪ To publish an adult ASD strategy and ensure the JSNA reflects this priority given high prevalence in Southwark</li> <li>▪ ASD training and awareness for health and social care staff including council front line workers with customer contact</li> <li>▪ Establish a multidisciplinary health and social care community support team for adults with Autism to offer diagnosis, intervention and support for the growing numbers of people living with ASD in Southwark.</li> </ul>	<ul style="list-style-type: none"> <li>• Engage support from strategy/policy officers in LBS Children &amp; Adult services to produce and publish the strategy</li> <li>• Training underway</li> <li>• CCG funding commitment given for health posts in the Autism Community Team</li> <li>• Business case for Adult Autism community team to LBS Children and Adult Services SMT</li> </ul>	<p>Sarah McClinton/ Alex Laidler</p> <p>Alex Laidler</p> <p>Gwen Kennedy CCG</p> <p>Alex Laidler</p>	<p>April 2013</p> <p>From March 13</p> <p>March 2013</p> <p>May 2013</p>
<p><b>2. Review and move people on from hospital placements/ settings</b></p>	<p>2.1 Identify from SLaM, CCG, and LBS records the cohort of Southwark children and adults who need to be reviewed by 31 May 2013 and moved out of hospital settings by June 2014</p>	<ul style="list-style-type: none"> <li>• List of people agreed with record of reviews completed/ to be completed. List submitted for DH return including adults only – need to identify children for inclusion, if any.</li> <li>• Reviews all social care service</li> </ul>	<p>Steering Group</p>	<p>April 2013</p>

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	<p>2.2 Undertake person centred outcome based reviews of all service users in health funded and joint funded placements and including inpatient MH wards, assessment and treatment including hospital placements, medium and low secure units, continuing care placements. To consider joint reviews for social care funded specialist placements where there is evidence of challenging health needs and/or challenging behaviour.</p> <p>2.3 To undertake person centred support planning with users and families to inform commissioning of accommodation and support in the community so that all service users in the cohort agreed with the DH move out of hospital settings by June 2014</p>	<p>users in residential care or supported living in and out of borough. Address quality/ safety issues and plan move ons</p> <ul style="list-style-type: none"> <li>• Support social care service users to move on from residential care to SL/ own tenancies</li> <li>• Joint health/ social care reviews of all health and joint funded placements (CHC, assessment &amp; treatment, medium and low secure)</li> <li>• Agree a common review protocol between SLaM, CCG, and LBS to ensure that reviews:             <ul style="list-style-type: none"> <li>○ Are person centred</li> <li>○ Are outcome based</li> <li>○ Focus on abilities rather than deficits</li> <li>○ Identify and facilitate independence choice and control</li> <li>○ Trigger access to</li> </ul> </li> </ul>	<p>Alan Beer</p> <p>Alan Beer</p> <p>Alan Beer LBS, Heidi Emery SLaM, Jackie Downing GSTT</p> <p>Alan Beer LBS, Karin Fuchs &amp; Heidi Emery SLaM, Alison Keens GSTT</p>	<p>First reviews completed Jan 2013 (then ongoing) Ongoing</p> <p>Underway – on target for completion by 31May 2013</p> <p>April 2013</p>
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		<ul style="list-style-type: none"> <li>○ independent advocacy <ul style="list-style-type: none"> <li>○ Provide a basis for person centred support planning</li> </ul> </li> <li>● Identify cohort of people in the community known to agencies who are seen to be at risk of admission/ placement and plan MDT person centred support (including those currently refusing to accept any services)</li> <li>● Agree case management arrangements across health and social care for people who need to be moved out of hospital settings by June 2014.</li> </ul>	<p>Karin Fuchs SLaM, Alan Beer LBS, Alison Keens GST, Jackie Downing GST</p> <p>Steering Group</p>	<p>May 2013</p> <p>June 2013</p>
<p><b>3. Quality Improvement and Quality Assurance</b></p>	<p>3.1 Establish joint LD Care Quality Improvement Group to be led by LBS with representation from CCG, GST, SLaM to provide leadership, strategic direction, and commitment across the partnerships and to</p>	<ul style="list-style-type: none"> <li>● Workplan to be produced but likely to include:- <ul style="list-style-type: none"> <li>○ Adopt standards/ good practice re managing CB, communicate</li> </ul> </li> </ul>	<p>Alex Laidler, Rochelle Jamieson, Kate Moriarty Baker</p>	<p>First meeting to be held in May 2013</p>

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	<p>commission the support for providers to embed personalisation, choice and control and improve quality across the range of LD provision in Southwark. Purpose of Group is:</p> <ul style="list-style-type: none"> <li>▪ To embed a culture of quality and improvement and accountability</li> <li>▪ To work in collaboration with providers and users and carers to drive quality improvement and culture change</li> <li>▪ To report into the Winterbourne View Steering Group to demonstrate better outcomes and quality</li> <li>▪ To encourage innovation, creativity, and bespoke solutions for those with the most complex needs</li> </ul>	<p>expectations, embed in service specs</p> <ul style="list-style-type: none"> <li>○ Guidance for staff</li> <li>○ Training and support for providers</li> <li>○ Strengthening links between providers and MDTs</li> <li>○ Quality assurance systems that ensure continuing improvement including audit and learning from incidents and complaints</li> <li>○ Identify options / models for engaging family carers in monitoring safety and quality – NDTi recommendations (eg Family Consultants, pwld employed to inspect services)</li> <li>○ Benchmark quality of placement providers</li> <li>○ RAG rating for providers to identify &amp; address under</li> </ul>		
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		<p>performance/quality issues</p> <ul style="list-style-type: none"> <li>○ Staff competency framework re ASD &amp; CB &amp; personalisation</li> <li>○ Recruitment practices in providers.</li> </ul> <ul style="list-style-type: none"> <li>● LBS to increase CMO capacity to jointly review placements with health and social care and support quality assurance/improvements.</li> </ul>		
<p><b>4. Contracting and Brokerage of LD care</b></p>	<p>4.1 To ensure that contracting and brokerage of all commissioned care for people with LD is of good or excellent quality and provides value for money, achieving safe services and promoting independence choice and control for all service users.</p> <p>4.2 To identify opportunities for joint working between CCG and LBS to strengthen contracting and brokerage and obtain better</p>	<ul style="list-style-type: none"> <li>▪ Produce and implement a common Out of Area Placement Protocol across LBS, CCG and SLaM to ensure safer placements in homes offering quality and value for money</li> <li>● Revise specifications and contracts for A&amp;T and</li> </ul>		



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	value for money	<p>specialist challenging behaviour placements.</p> <ul style="list-style-type: none"> <li>• Agree a common spot residential contract to cover:             <ul style="list-style-type: none"> <li>○ Open access for visitors</li> <li>○ Personalised support</li> <li>○ Positive behavioural support and restraint</li> <li>○ Record Keeping</li> <li>○ Risk assessment</li> <li>○ Staff training</li> <li>○ Access to independent advocacy</li> <li>○ DOLS</li> <li>○ Quality healthcare and support</li> <li>○ GLTK standards and guidance</li> </ul> </li> <li>• Revise review/monitoring process to cover above, include pwld and families monitoring</li> </ul>		
Advocacy	<ul style="list-style-type: none"> <li>• Ensure access to independent advocacy for all pwld but particularly to ensure quality advocacy for people who lack capacity, cannot communicate their needs easily eg non verbal, and those</li> </ul>	<ul style="list-style-type: none"> <li>• Check quality and capacity within the Cambridge House spot contracting arrangements for supporting the anticipated volumes of people involved in</li> </ul>	Chris Dorey	April 2013

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	<p>who are isolated from families, friends and communities.</p> <ul style="list-style-type: none"> <li>• To ensure that all staff offer access to advocacy where this would be of benefit to empower the service user</li> <li>• To make sure health and social care staff undertaking assessments and support planning with service users are supported by senior managers as required where there are difficult negotiations with providers and professionals within specialist placements and assessment and treatment eg psychiatrists, where we need to advocate on behalf of the service user to help move them to independent living</li> </ul>	<p>this project</p> <ul style="list-style-type: none"> <li>• Common review protocol, supervision</li> <li>• Service managers and senior managers to be alert to need to support decision making and planning processes with families professionals and providers</li> </ul>	<p>Alex Laidler, Alan Beer Kate Moriarty Baker, Mike Callaghan.</p>	
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