

<b>Date</b>	<b>DARLINGTON</b>	<b>Version</b>
16.3.16	<b>Learning Disabilities Transformation – Implementation Action Plan</b>	1.2

**Locality Area(s):** Darlington Clinical Commissioning Group and Darlington Council

**Who are the key Leaders to deliver this plan:**

Donna Owens for Darlington CCG, Mark Humble for Darlington Council

<b>Strand 1: Reduce number of Learning Disability secure beds and placements across the area</b>						
<b>Lead:</b>						
<b>No Ob</b>	<b>Priority</b>	<b>Action(s)</b>	<b>Lead / Group</b>	<b>Timescale</b>	<b>Key updates</b>	<b>RAG</b>
1a	Transfer min 50% Learning Disability bed provision to community locations	Site has been identified - Proposed as the first of three schemes to provide up to 30 units of accommodation in the community, located across Durham and Darlington.	Mark Humble		Awaiting NHSE capital bid	
1b	Consider estate and planning issues	Joint Planning Group established  Landlord 4 Housing Group has applied for funding. In addition the landlord will provide a financial contribution circa. £240,000.			Awaiting NHSE capital bid	
1c	Assess policy and practice restricting community options	Enhanced community support team in place 8-8 7 days.	DO		Need to consider CJ services	
1d	Budget pooling arrangements to support transfer to community services	Consideration in Finance & Commissioning T&F group work.			Collaboration but not pooled	

**Strand 2: Reduce time spent in secure accommodation on admission**

**Lead:**

No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
2a	Assess long term patients and consider community placements	<p><b>Transitions planning</b> Two patients who have been in inpatient settings for over 10 years are currently being supported to transition to a bespoke community based provision.</p> <p>The development has been overseen by a project group of all key stakeholders and has also included a detailed transition plan.</p>			Analysis within monitoring process	
2b	Assess policy and practice that restricts release	CTR policy introduced in October MOJ/DoLs/MCA training underway	CCG			
2c	Optimise medicines and treatment processes	In Meds Optimisation T&F group	Claire Scott			

**Strand 3: Improve response to crisis and untoward events**

**Lead:**

No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
3a	Ensure effective decision making and leadership.	Joint planning group in place.	Mark Humble (Darlington)			
3b	Co-ordination of approaches from different Health professionals	As 3a				
3c	Development of 'Time Out' provision.	£20k funding approved for void property	Durham LA		Awaiting confirmation	
3d	Improve clarity in crisis plans detailing when/how to intervene	As 3a				

3e	Support Crisis Care Concordat and liaison with other emergency service providers				DO to confirm attendance	
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**Strand 4: COMMUNITY INFRASTRUCTURE 1: Improve community services for people with Learning Disabilities and/or Autism**

**Lead:**

No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
4a	Assess gaps in the infrastructure and identify opportunities for improvement.	Ongoing within the CMOC and Meds Optimisation T&F Group work				
4b	Unpick the current arrangements and pathways across key agencies supporting people whose needs and complex and challenging to services.	Community Learning Disability Teams operate in a range of community settings, Monday to Friday, 09:00 – 17:00.  Assertive Outreach and Crisis Team provide support between 09.00-17.00 seven days/week and in addition there is a nurse and support worker on call evenings & weekends from 17.00 – 08.00  Enhanced service planned to operate extended core hours over 7 days per week and allow flexibly across 24 hours.	DO & TEWV	April 16		
4c	Map statutory and VCS providers and consider suitability of current commissioning arrangements	LA Mapping registers VCS not done. VONNE may have this information. Inclusion North have some funding for this.	DO Sam Clark			
4d	Consider availability and suitability of advocacy services	Consider Rethinking Advocacy Task & Finish Group programme				
4e	Stakeholder Engagement	Provider events ongoing. Regional event planned.				
4f	Consider how PHB's will be used		DO		To go to next meeting	
4g	Consider Dowry implications		DO		To go to next meeting	

**Strand 5: COMMUNITY INFRASTRUCTURE 2: Improve services and pathways for offenders with Learning Disabilities**

**Lead:**

No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
5a	Consider current CJ referral processes and IOM team/MAPPA/Probation processes.	Local Safeguarding Leads to consider attached briefing and circulation/involvement.			 Briefing for c services and cr	
5b	Research rationale behind Learning Disability offender secure placement processes and decision making.	As 3a				

**Strand 6: Mobilise skilled workforce**

**Lead:**

No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
6a	Identify opportunities to develop current service provision	LD Community Service to launch April 16	<b>TEWV</b>			
6b	Identify skills gap and opportunities for staff and stakeholder training and development.  Incl. MCA, DoLs,CTOs, Safeguarding, Guardianships.	1 day PBS awareness training 300 staff ,15 people per course, =20 days training 2 day in-depth training – 200 staff = 28 days training 48 days training at a cost of £700 per day = £33,600 Development of training tools/course materials £5,000 Total £38,600 This will link in with the overarching regional bid to develop				

		the PBS Regional Hub (via Workforce T&F Group).				
6c	Develop standard operating procedures to support the transformation programme	Part of the Workforce Development T&F group work				

<b>Strand 7: Early Intervention</b>						
<b>Lead:</b>						
No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
7a	Develop early intervention strategy and implementation plan	LA documentation to be assessed	DO		CTR process review	
7b	Consider possible early identification process improvements	Risk & Data sharing Task & Finish group work ongoing				
7c	Children, Young People and Transitions processes	Potential funding for Strategic Commissioning Post (£45k & £36k)		End March 16		

<b>Strand 8: Improve communication and information availability</b>						
<b>Lead:</b>						
No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
8a	Identify opportunities for more effective information sharing systems and processes.	Part of the Risk/Data Sharing T&F group work				
8b	Ensure emergency duty teams can access information on persons being dealt with.		DO			
8c	Identify communication barriers and undertake activity to close gaps and remove obstacles		DO			
8d	Assess pathways, eligibility and	Link to post at 7c				

	service provision to identify streamlining opportunities					
8e	Provide whole picture knowledge. Identify provision to ensure processes are not geared to screen out but see the person as a whole	Learning Impairment Network designed to ensure person-centred care is at the heart of the programme.	LIN			

<b>Strand 9: Wider council involvement</b>						
<b>Lead:</b>						
No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
9a	Identify issues and implications for community services including recreation, leisure, education, planning, etc.	Mark Humble liaises as part of the Learning Impairment Network processes. Will continue in the Transformation Programme.	LIN			

<b>Strand 10: Wider community involvement</b>						
<b>Lead:</b>						
No Ob	Priority	Action(s)	Lead / Group	Timescale	Key updates	RAG
10a	Involvement of Learning Disability Partnership Boards.	Local implementation is led at the Learning Impairment Network (created from the Learning Disability Partnership Board).  Darlington also has a People's Parliament which is chaired by Mark Humble and co-chaired on rotation by a service user/family member where the programme is discussed.				

10b	Involvement of local people in learning disability funding.	Consider how to involve local people in decisions on how local money is spent.				
10c	Embed co-production principles and monitor process outcomes.	Confirm and Challenge processes to consider co-production achievement.				

<b>Strand 11: Funding and Modelling</b>						
<b>Lead:</b>						
<b>No Ob</b>	<b>Priority</b>	<b>Action(s)</b>	<b>Lead / Group</b>	<b>Timescale</b>	<b>Key updates</b>	<b>RAG</b>
11a	Funding use and effectiveness	Provide detailed feedback on the impact of the funding received, as we will need this for the refreshed plan and feedback on impact of the previous funding.		End March 16		
11b	Modelling and implementation	Describe how the transformation funding has been used to help the transition from the old to new model of care and pay for double running.		End March 16		

## CONFIRM & CHALLENGE QUESTIONS

Who leads the local groups?	Local implementation is led at the Learning Impairment Network (created from the Learning Disability Partnership Board). Darlington also has a People's Parliament which is chaired by Mark Humble and co-chaired on rotation by a service user/family member where the programme is discussed.
Who attends these groups?	Local Authority, Carers, Providers, Service Users and other interested parties.
Where and how do they meet?	Meet every two months in the Dolphin Centre: <a href="http://www.healthwatchdarlington.co.uk/learning-impairment-network">http://www.healthwatchdarlington.co.uk/learning-impairment-network</a>
Where do they feed into?	Sit under Healthwatch. Feed into the Transformation Board.
How are they talking to local people and families	As above – via People's Parliament
What is the involvement with Learning Disability partnership boards (if not involved, how are they kept informed & updated?).	As above – via People's Parliament and Learning Impairment Network



