



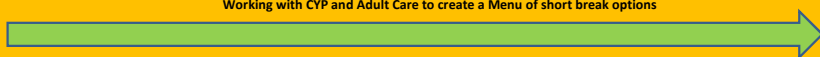



**Date last updated: 11/04/2016**

Workstream Areas	Leads	2016/17				2017/18				2018/19				Notes	Resources			
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4					
Communication, Engagement and Co-Production	Andy Gregory																	
Sign off of a TCP Communications, Engagement and Co-Production Plan.		★																
Increase the representation of people with learning disabilities and / or autism and their families / unpaid carers on the full TCP Board.																		
Increase the involvement of people with learning disabilities and/or autism and families / unpaid carers																		
Extensive engagement with family / unpaid carer groups.																		
Extensive engagement with third sector groups who support people with learning disabilities and / or autism and their families / unpaid carers.																		
Organise a comprehensive series of ' this is what the future Getting a Good Life can look like' events.																		
Develop a TCP Getting a Good Life FAQ's sheet and post to the Learning Disability and Autism webpages of each CCG and Local Authority including Partnership Board web pages.																		
Develop a set of 'this is what the future getting a Good Life can look like' materials (short videos, voice recordings, animations and other media) to promote the proposed model.																		
Promote the Getting a Good Life perspective to all families and communities.																		
Community Offer	Jim Connolly																	
21c - Joined up care - LD Theme 1 - Short Breaks (respite) Conduct a desk top analysis across all CCG and County Adult Care short break units to support the financial modelling to establish indicative Personal budgets and a process for offering a PHB, to prepare for effective person centred engagement with individuals and their families	Jackie Lawley/ Deborah Jenkinson / Miles Scott	Conduct desk top analysis across all Short Break units		★ Establish Indicative PHB and commence effective person centred engagement with people using short breaks and their families.														
Refresh the strategic commissioning review of short break options across health and social care and the options appraisal from 2012 and reaffirm recommendations.	CCGs/ County Adult Care	Refresh Short Breaks Options Appraisal and present to TCP Board	TCP Board to reaffirm future recommendations for short breaks★															
Linked to workstream - Provider and Market management signal to providers and the holiday and leisure market the need for bed based and alternatives to bed based solutions for short breaks to create more choice and a menu of options locally.	CCGs/ County Adult Care	Market Event	★ Expand the Menu of short break options															
Establish a short break menu of options	CCGs/ County Adult Care and CYP City and County	★ Working with CYP and Adult Care to create a Menu of short break options																
21 c Joined Up care - LD Theme 2 Part 1 – Intensive Support Service 1. Recruitment to develop a 7 day multi-disciplinary Intensive Support Team and team recruitment to be prioritised if required as a phased approach to align with release of available financial resource. 2. Aspiration is to commence a 7 day Intensive Support Team Model from 01/06/16 3. Evaluate at 6 months ( Dec 16) and 12 months (June 17)	CCGs/ County Adult Care and DCHSFT	Establish TCP Financial affordability for the Investment in a 7 day IST and recruit to identified posts.	Commence 7 day IST in the North of the County	★ Monitor and Evaluate the IST robust community approach and success of admission avoidance at Dec 16 and at June 17				★					this is reliant on investment from the 21c Programme Delivery Group and upon investment from Derbyshire Adult Social Care development bid. Costs identified in the 21c learning disability business case	Requires £750k				
21 c Joined Up care - LD Theme 2 - Part 2 – In-Patient Assessment and Treatment To continue with access to 6 inpatient beds on Hillside for a period of six months post start date of the 7 day Intensive support service.					During this 3-9 months monitor and evaluate each inpatient bed usage to gather intelligence about the need for access to a learning disability assessment and treatment in-patient bed, including the wider circumstances of the admission from the persons own home, reason for the admission, clinical, therapeutic needs and individual needs for specific environmental requirements. The CTR process will also be used to provide much of this information and will monitor lengths of stays.	Following a review in Dec 16 report to the TCP Board on the intelligence gathered from monitoring in-patient hospital bed usage alongside the developing service model for Intensive Support Team and determine the local requirements for learning disability assessment and treatment in-patient beds for the foreseeable future.	Commence agreed plans for future Learning Disability in-patient beds											

Alongside task above from June 2016 – November 2016 conduct a joint rationalisation of all available bed based accommodation across all partners in Derbyshire that may be suitable to provide access to a specialist accommodation for planned and unplanned circumstances.	CCGs/ City and County Councils		Joint rationalisation of available bed based accommodation		Report findings to TCP Board										
To identify from the accommodation review suitable alternative facilities that can provide a variety of specialist accommodation to provide assessment and treatment outside of a person’s own home supported by the Intensive Support Team. (Dec 2016).					To agree philosophy for access to the specialist accommodation and how this will be commissioned and delivered.										
To utilise the findings from the reviews in tasks above to confirm the number of Learning Disability assessment and treatment inpatient beds required at Hillside.	CCG/ City and County Councils and DCHSFT				To agree and confirm the number of LD assessment and treatment beds required for the future and implement and adjustments										
21 c Joined Up care - LD Theme 2 - Part 3 – Community LD Teams To strengthen the professional therapy composition of the current community learning disability teams (CLDTs) with targeted recruitment that will deliver the skill mix and expertise required for the future community model.	DCHSFT													Proposed timescale is subject to detailed financial planning and operational diversion/ adjustments within DCHS to current workforce vacancies	This will require both investment and recycling of existing budgets.
DHCFT - Pathway service improvement and development Commissioners and provider to ensure the strategic and operational alignment; awareness and management of risks; development of services are in line with North and South Units of Planning and influencing the contract in line with local plans and particularly the new TC national service model.															
Develop an action plan identifying the way forward for service improvement, particularly within the existing ATSS no bed based model and CLDT models.		To make recommendations to the DHcFT Contract Management Group in relation to Adult Learning Disabilities services.													
Develop care pathways (Including recommendations for future as part of DHcFT’s PPT work and joint commissioner pathway development of support to people who display behaviours that challenge)															
To review activity targets and propose a new method of reporting for LD services, considering outcome based activity measures and the HEF.															
To ensure health and social care approahes and delivery are linked to the actions and required outcomes of both the Learning Disability and the Autism self-assessment frameworks.		Ongoing.													
Reduction in inpatient usage and avoidance / all age CTR’s and all age at-risk of admission register etc CTRs commissioners intend to overhaul the current approach to coordinating, administering and conducting CTRs this will involve expanding the current capacity to competently meet the demands faced by committee CTRs blue lights 10 day CTRs and the normal embedding of this process. o Ensure that there is sufficient capacity to support all necessary CTR activity in adults and children’s sections. o Standardising and integrate CTR processes across all cohort groups and ages... o Monitor whether each individual who has a CTR has a person centred crisis intervention plan (if aproprate) that is agreed, signed off and distributed in advance to all contributing professionals, providers and carers. o Developing effective care, crisis & relapse planning with clients, carers and families. o Develop and maintain a shared, all ages risk register.															
Forensic pathway o Review work undertaken by the Forensic Working Group and pre and post sentencing pilot.															
Confirm CPA, case co-ordination and support planning roles and responsibilities for all individuals across the five cohorts.															
Care and Support for Adults on the Autistic Spectrum	Deborah Jenkinson / Trevor Wright														
Implement reduction in Autism Diagnosis waiting time initiative to meet NICE guidelines	CCGs	Implement initial service improvement programme with current providers				Review impact and further Requirements	Ongoing work to ensure adherence to NICE guidelines and management of waiting times								

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Provide a management of change programme for existing staff working across in-patient areas, community teams and residential teams, – in line with requirements of the National Model and Vision and Aims of the 21c LD workstream and TCP ambitions. (Dec 15 – June 2016). ⌚ Development of a comprehensive workforce and development plan. ⌚ Design and implement training to enable staff to be more confident and assertive when participating in CTR's / MDT's. ⌚ Ensure providers are enabled to give a confident, timely and co-ordinated response to crisis in community settings ⌚ Agree and implement a clear all age's pathway for staff awareness and training on working with people with learning disabilities. ⌚ Agree and implement a clear pathway for staff awareness and training on positive behaviour support. ⌚ Provide individual programmes and training for positive behaviour support to build individual and family resilience. ⌚ Provide training to individuals and families to enable them to contribute to Education, Health and Care Plans and support planning.		Review of current workforce	Identifying future skill requirements across organisations based on future service plans Identifying gap analysis	Modelling workforce scenarios	Undertaking organisational development, culture and values and behaviour work	Further Stakeholder engagement Planning, designing, commissioning and delivery of specific training for existing staff	Recruitment of new roles and employment issues across organisations.	Recruitment of new roles and employment issues across organisations.	Recruitment of new roles and employment issues across organisations.	Further Stakeholder engagement Planning, designing, commissioning and delivery of specific training for existing staff	Recruitment of new roles and employment issues across organisations.	Recruitment of new roles and employment issues across organisations.	Recruitment of new roles and employment issues across organisations.	This is linked to the Community offer workstream	
o Review current methodologies used for preventing and managing behaviours and implement an accredited, best practice model for positive behaviour support across all ages and cohorts.		Implementation	Implementation	Implementation	Implementation	Further Stakeholder engagement Planning, designing, commissioning and delivery of specific training for existing staff	Implementation	Implementation	Implementation	Further Stakeholder engagement Planning, designing, commissioning	Implementation	Implementation	Implementation		
Finance and Activity	Miles Scott														
Improve the information and analysis of learning disabilities and autism and carers in an all ages JSNA.															
Work with IT and Performance leads to develop an in depth profile of children and adults in the five cohorts of Building the Right Support.															
Finance and operational leads to develop a profile of current open cases and costs for those individuals.															
Improve the knowledge of the unit costs of existing service provision.															
Developing robust financial metrics and data collection systems to ensure clear financial overview of the Transforming Care agenda to make best use of Dowry's and Transformation monies.															
Developing a detailed financial & activity baselines and plans throughout the programme including revised spend for NHS England Specialised Commissioning beds as information becomes clearer;															

