



North Yorkshire
County Council



Learning Disability Provider Forum

Working Together for Future Services

Agenda

Time	Agenda Item
9.30 – 9.40	Welcome and Introductions
9.40 – 10.10	NYCC Quality Improvement Team – Angie Austin/Vicky <u>Laycock</u>
10.10 – 11.10	Universal Credit and Learning Disabilities – Dave Waller (Department for Work and Pensions)
11.10-11.20	Break
11.20-11.40	Community Crisis Intervention Service and Transforming Care Partnerships Update – Rhiannon Thompson/Carla <u>Pawson</u> (Tees <u>Esk</u> and Wear Valley NHS Foundation Trust)
11.40-11.45	Updates <ul style="list-style-type: none">• Inflation
11:40 – 12:00	Open Provider Discussion – Providers to bring any issues they would like to discuss
12:00	End

Quality Improvement Team

Who We Are & What We Do

CQC Ratings – Regional and National

Regional and national information illustrates a need for quality improvement in provider services.

Regionally:

- Highest % of rated good/outstanding residential homes (Joint with Doncaster).
- 67% of nursing homes were rated as good/outstanding – 7th in region.
- 89% of domiciliary care rated good/outstanding – 4th in region.

Nationally: (out of 151)

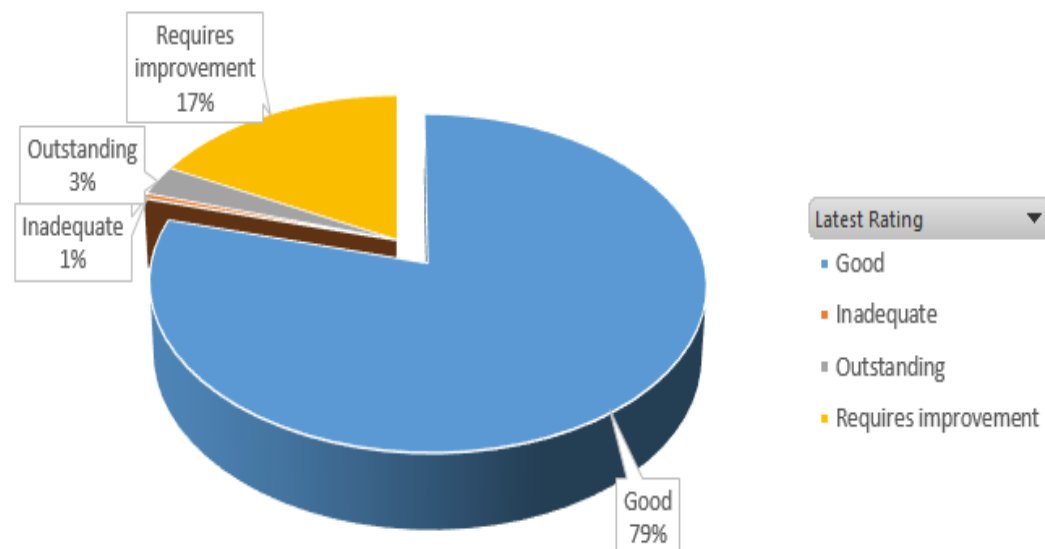
- Residential homes 54th place.
- Nursing homes 77th place.
- Domiciliary care 42nd place.

CQC RATINGS FOR CARE HOMES IN NORTH YORKSHIRE AS AT 3 APRIL 2018

Row Labels	Count of Latest Rating	
Good	161	79.31%
Inadequate	1	0.49%
Outstanding	6	2.96%
Requires improvement	35	17.24%
Grand Total	203	100.00%

Count of Latest Rating

CQC RATINGS FOR CARE HOMES IN NORTH YORKSHIRE AS AT 3 APRIL 2018

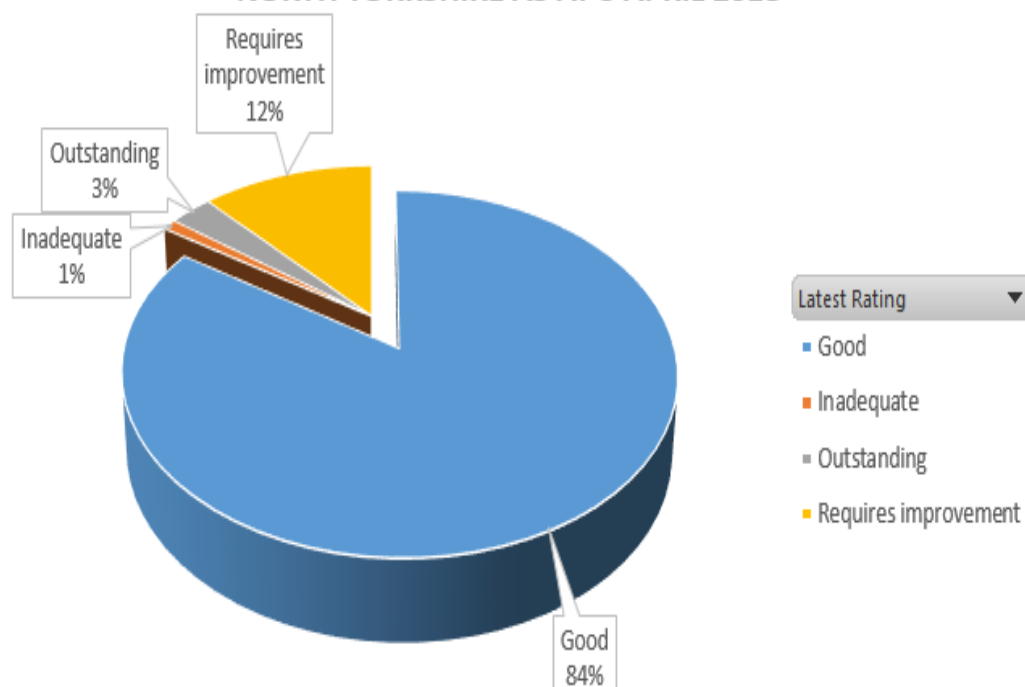


CQC RATINGS FOR DOMICILIARY CARE PROVIDERS IN NORTH YORKSHIRE AS AT 3 APRIL 2018

Row Labels	Count of Latest Rating	
Good	86	84.31%
Inadequate	1	0.98%
Outstanding	3	2.94%
Requires improvement	12	11.76%
Grand Total	102	100.00%

Count of Latest Rating

CQC RATINGS FOR DOMICILIARY CARE PROVIDERS IN NORTH YORKSHIRE AS AT 3 APRIL 2018



Who we are:

- New team within Quality and Monitoring.
- Diverse experiences and skillsets across health and social care.
- Funded for 5 FTE staff members. 1 Quality Improvement Manager and 4 Quality Improvement Officers.
- Manager and 2 Improvement Officers currently in post. Remaining 2 Improvement Officers to join shortly.
- Funding for 2 years by the Improved Better Care Fund (iBCF).

Meet the team so far...

Specialisms & geographical areas:

- Quality Improvement Manager – Angie Austin: Previously Area Service & Registered Manager in community based and residential services. Social Work assessment team experience.
- Quality Improvement Officer – Vicky Laycock: Previous Registered Manager– worked in Learning Disability and Domiciliary Care services.
- Quality Improvement Officer – Liam Dodds: Registered nurse, previous experience of adult safeguarding and learning disability services.

Aims of the team: To Improve the Quality of Service Delivery across Registered Provider Services

- The team will work collaboratively with Health and Social Care partners on behalf of Health & Adult Services to ensure a joined up approach to improving the underpinning quality of providers and work together collectively to make improvements that meet health and social care priorities.
- Innovative approach to providing specialist advice and in service support to providers- Use of Technology, Initiatives & Experts.
- Support providers to make those step changes to Improve service delivery in line with the Local Authorities standards, current best practice and appropriate regulatory measures.
- With a focus on supporting the provider in its ability to sustain a quality service through mentoring, coaching, guidance and advice.
- Working alongside providers to actively address any shortfalls in quality and support a culture of continuous learning & improvement.

Methods to achieve this:

- Planned, responsive and when possible early Intervention where agreed to all regulated providers who contract with NYCC including HAS provider Services.
- Provide and facilitate peer group support through engagement events, network groups, and building stronger relationships with private providers on a 1:1 basis.
- Create, deliver, signpost and support with learning & development for provider managers and care staff.
- Create and maintain effective access to Management Tools - Advice, Guidance and Tools on delivering a Quality Service.
- Involve, engage and develop relationships with professionals that can support services to improve and develop in a specialist area.
- Support new ways of working & Innovation from Health and Social Care.
- Work alongside managers and staff coaching, mentoring and sharing best practice.

How referrals are made to the Quality Improvement Team:

Referrals made for a QIT- Intervention will be allocated on a RAG rated decision basis. Referrals currently made will be assessed against High, Medium and Low criteria: High- Urgent same day response. Medium is a timely but planned intervention and Low is a capacity dependent and low need basis.

Referrals made for QIT Intervention can only be made by the QACO allocated to the provider service currently and will mainly be as a result of:

- Baseline Assessment or Follow Up Visit
- CQC inspection with a rating of Special Measure, Notification Served, Requires Improvement/ Inadequate
- Request from Actions agreed at a Collective Care Meeting
- Provider Failure - Serious Incident or Emergency Situation
- Suspension

Contact us:

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Universal Credit and Learning Disabilities

Dave Waller (Department for Work and Pensions)

Break



The Community Crisis Intervention Practitioner (CCIP) Service

North Yorkshire & York & Selby

Tees, Esk & Wear Valleys NHS Foundation
Trust

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History and context

- Transformation Care for People with a Learning Disability (born out of events at Winterbourne View)
- TCP – identified that there was a local need to explore how we managed people in crisis/people with a behavioural presentation to help reduce the need for MH hospital admissions
- NYY&S LD services alongside TCP developed a proposal for a pilot project to support people who may be at risk of admission to MH Hospitals
- Funding of 150,000 came from NHSE and was match funded from TEWV.

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Pilot focus

1 year project – extended to 2 years

Three main areas of focus

- Crisis response (including an OOH telephone support line (phone a friend))
- Supervision and guidance support to front line CTLD staff
- Workforce development (including 3rd sector partners)

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Achievements so far...

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Crisis Response

- Agreed criteria for the service
- Referral process established
- Developed a crisis response model focussed on stabilisation
- RAG rating criteria in place to support CTLD to identify individual's who may be at risk of admission, placement breakdown etc.

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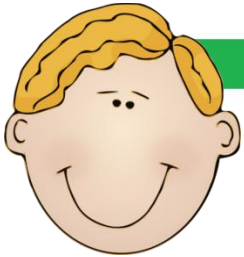


Benjamin's Story – Case Example

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Patient Stories – “Benjamin’s Story”

- 22 years old, living with family at the time of crisis.
- Family were unable to cope with the increasing level of aggression
- Unsure whether deterioration of behaviour was due to mental health crisis
- Moved out of area as there was no provision locally
- Several safeguarding alerts and family visiting every other day to ensure basic care needs were being met

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“Benjamin’s Story”

Referral made to CCIP, work undertaken included:-

- Rapid response – ability to do so
- Joint assessment completed with Consultant Psychiatrist at point of crisis to consider behavioural factors
- Good external partnership working to facilitate an emergency placement (to prevent inpatient admission)
- Continued liaison with partners and family to review placement and facilitate a transfer back into the local area
- Full co-ordination of transition plan ending in a positive transition

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Supervision & Guidance to CTLD



- PBS champions in each CTLD team and also in the inpatient service
- Offer of telephone support to crisis teams (out of hours)
- Embedding of evidence based practice competency framework surrounding PBS
- Development of a structured model of coaching to CTLD staff using case review/case management, peer learning

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Tommy's Story – Case Example

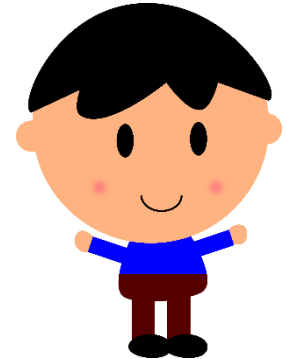
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Patient Stories – “Tommy’s Story”



- 79 years old, living in a nursing home
- Undiagnosed ASD
- Lived at the home for the last 4 years. The home has changed significantly in this time i.e. increased number of residents
- Daily incidents of property damage and verbal aggression.
- Evidence of punitive practices and inadequate support



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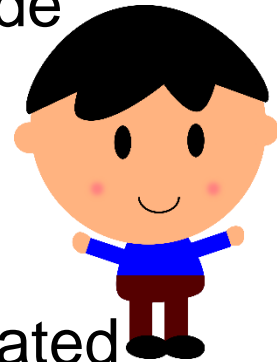
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“Tommy’s Story” – CCIP/Team Involvement

- Situational management session completed alongside nurse to build competencies and skills
- Supervision/coaching of the PBS pathway meant it quickly became apparent that the placement was inappropriate. Function of behaviours of concern related to social attention.
- Worked with LA & CHC to identify an alternative provider.
- Tommy moved to a new home within 4 weeks.

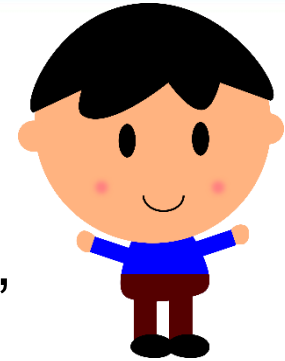


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“Tommy’s Story” – Feedback



Tommy’s feelings regarding the move

- Referred to his new home as ‘the best place’
- The staff bought him a new plastic gun and a wireless bell that sounds like a bird. These both make him smile
- Tommy repeats that he ‘likes it here’ and wants to stay
- It is quieter
- He is happy that he no longer has a catheter (removed within 2 weeks) and finally has a new wheelchair which is comfy

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Workforce Development – (Including 3rd Sector Partners)

- Active support ‘train the trainer’ programme – delivered to a group of clinicians who are currently developing a training package for all clinicians in NYY&S area.
- Provider workforce development – 2 individuals (from one provider organisation) completing a BTEC in PBS, mentored by the CCIP service.
- Innovation – The use of body cameras as an observation technique in an attempt to prevent inpatient admission

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Lilly's Story – Case Example

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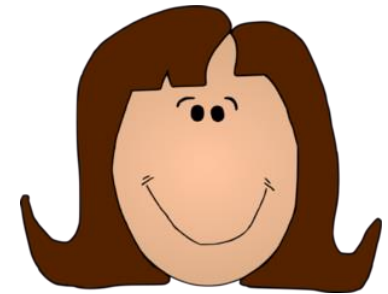
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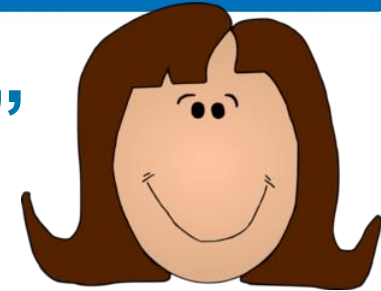


Patient Stories – “Lilly’s Story”

- 56 years old, living in a residential home
- Diagnosis of ASD
- Lived at the home for the last 2 years, before this she had only ever lived with her parents who are now very elderly
- Lilly struggles with where she lives as the 4 other residents are non verbal and there is evidence that staff do not always support Lilly in the right way (mainly due to a lack of understanding around ASD and PBS).

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Patient Stories – “Lilly’s Story”



- The principles of Active Support were introduced to the staff team
- After just one week both Lilly and staff were seeing improvements and are much more positive going forward.



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Sammy's Story – Case Example

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Patient Stories – “Sammy’s Story”



- 22 years old, living with his mother
- Diagnosis of ASD and Schizophrenia
- Lived at home for the last 4 years with limited services
- Increased incidents of self-harm and property damage.
- Safeguarding alert and request for CTR made after serious incident happened within the home. Team unsure whether current presentation is due to MH or is behavioural

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“Sammy’s Story”

Consideration given to hospital admission

- Three previous admissions – all detrimental
- No LD bed locally
- Due to increased anxiety/distress admission would be unlikely to be a true representation of the Sammy’s normal presentation.
- No resources for intensive observations in the Sammy’s home and Sammy would be unlikely to cope with unfamiliar people being in his home environment.



Body Camera’s as an alternative – pilot



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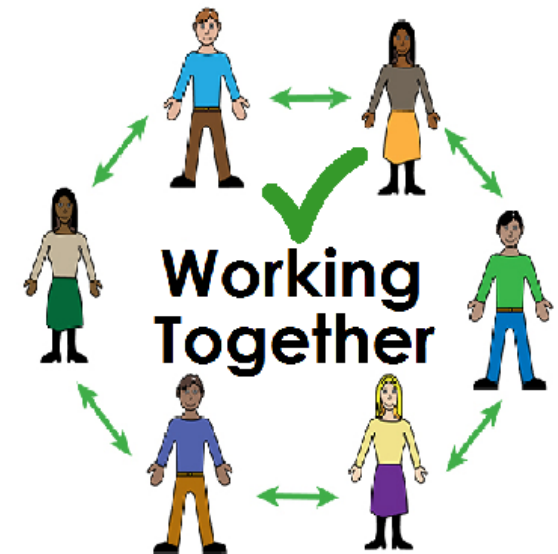
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What's gone well

- Positive outcomes for patients
- Successfully find alternatives to hospital admission
- Continued investment in upskilling the CTLD workforce
- Investment from providers in meeting the standards of PBS frameworks and delivery
- CCIP role becoming established within all NYY&S teams



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Next Steps...

- Agree additional commissioned funding to sustain and establish the CCIP service model
- To work with commissioners in developing robust contracts around quality placements and skilled workforce – are services fit for purpose?
- Develop a wider understanding of 3rd sector skills and future requirements



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Any Questions???

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Update – NYCC Quality and Monitoring Team

Open Provider Discussion



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Learning Disability Provider Forum

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Thank you for attending