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LEARNING DISABILITIES
MANAGED CARE NETWORK

SEAT LEARNING DISABILITIES MANAGED CARE NETWORK

WORKPLAN   2016 - 2018

**LEARNING DISABILITIES
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Context

The Learning Disability Managed Care Network continues to deliver a wide range of targeted training and professional and service development for staff of all professions and at all levels across the network. The low secure regional unit at Daleview continues to deliver a quality service at Lynebank Hospital in Fife, and is overseen by the Daleview Review Group, a partnership group made up of stakeholders from across the region. The Consultant Psychiatrist workforce continues to be successfully recruited and managed by NHS Lothian and this arrangement provides them with the professional support, ongoing professional development and the means to ensure consistency in practice.

In May 2010 the Learning Disability Regional Managed Care Network was sponsored by the Scottish Government Adult Care and Support Division to develop a conceptual model of care for people with learning disability in response to the growing pressures that NHS Board and local authority partners continued to experience. Pressures were particularly evident when striving to meet the care and support needs of people with Learning Disability and complex needs. The final report of this project "The Full Spectrum of Care for People with a Learning Disability who have Complex Care Needs" was published in April 2012. This report continues to provide a focal point for the MCN.

The 4 main areas of focus for development noted within the report are:

- The conceptual model of care
- Workforce development
- Standardisation of pathways through and between tiers of care
- Financial analysis of the conceptual model of care

Work continues on the workforce development agenda and on developing and embedding pathways, whilst local models of care and financial analysis was supported by the MCN at a board level given the ensuing complexities of health and social care integration.

In 2013 the Scottish government launched a new national Learning Disability policy, 'Keys to Life'. The strategy contained 52 recommendations, some of which were for health, some for local authorities and others to be carried out nationally. In September the Scottish government reviewed progress against the strategy and placed a focus on four key themes. These will inform the work of the MCN and are:

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- A Healthy Life
- Choice and Control
- Independence
- Active Citizenship

A number of the detailed recommendations are of specific interest to the MCN and its' stakeholders. For example recommendation 51 states:

That a Short Life Working Group be set up to establish the Scottish data on out of area placements and report on its findings on how Scotland builds the capacity needed to deliver the specialist services required more locally with an outcome that by 2018 people with learning disabilities and complex care needs who are currently in facilities out with Scotland should be supported to live nearer their family in Scotland.

The MCN is aware of small groups of the population who have a learning disability being placed south of the border or in other parts of Scotland. Integrated working and improved consideration of transition planning should enable better strategic plans to be made.

In April 2016 new Integrated Joint Boards come into operation after a busy three years in development. These have emerged differently across the region and are likely to require further differentiation as local development partnerships become more influential in local communities. This presents a challenge for the regional thinking and engagement for Managed Care Networks. However with a track record of partnership working with local authority colleagues and the third sector, the Learning Disability MCN considers integration to be a further opportunity for improving services to people with a learning disability.

The following work plan is built upon the MCN's previous work on Models of Care for those with the most complex needs, the priorities described in Keys to Life and local NHS Boards and Integrated Joint Boards priorities. It is also designed to ensure the MCN meets the guidance set out by the Scottish Government in CEL (29) 2012, see below. Delivering these objectives will support the delivery of the full spectrum of care for people with learning disability and complex care needs.

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Managed Care Networks

MCNs need to be fully integrated and embedded with NHS Boards' planning and operational service delivery and governance arrangements. The overarching aim of the MCN is to support and provide an integrated approach along the continuum of care.

CEL 29(2012) sets out standards for how MCNs should operate, these are summarised below**.**

- Clarity about management arrangements
- Defined structure and links to planning functions of constituent members - Structure attached at Appendix 2
- Publicised annual work plan
- Be based on an evidence base, and where appropriate, through quality improvement, audit, research and development inform the expansion of the evidence base
- The network must be multi-disciplinary and multi professional
- Where the network is multi agency, it must include Local Authorities and the meaningful involvement of users and Third Sector representatives in the network's management arrangements
- Each network should ensure their work is directly informed by the views and experiences of users and carers
- Network's educational and training potential should be used to the full, encompassing community, primary and secondary care services
- Each network must demonstrate continuing scrutiny of opportunities to achieve better value for money through the delivery of optimal, evidence-based care

The following workplan for the period 2016 – 2018 is full aligned with these principles.

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Work Plan 2016 – 2018

Objective 1	Actions	Outcomes	Timeframe	Lead
Review membership of LD Managed Care Network in light of IJBs and realign MCN to meet future requirements	Meet with key stakeholders to review relationship of MCN with emerging Integrated Joint Boards and existing Health Boards. Agree priorities areas for joint action or for MCN support to IJBs, boards, etc.	Clarity of future MCN relationship with IJBs, health boards and local authorities. Ensure there is clear understanding of MCN role. Agreement on MCN/joint priorities.	Initial meetings with IJB and board representatives by mid 2016. Mid 2016	MCN Manager and, Clinical Lead
	Review membership of MCN groups to ensure Health Board, IJBs and other key stakeholders (NES, SG, 3rd Sector, etc) are fully represented	Ensure there is appropriate representation on all MCN groups.	Mid 2016	MCN Manager and, Clinical Lead
	Ensure opportunities to engage, either delivering or attending MCN events are made available to all key stakeholders.	All stakeholders engage fully in the range of MCN events.	Ongoing review, summarise in bi-annual report.	MCN Administrator

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Objective 2	Actions	Outcomes	Timeframe	Lead
Develop and deliver a communication strategy that ensures continued awareness and engagement with the work of the MCN	Develop a communication strategy ie map out stakeholders, agree key communication approaches and timetable	MCN Communication Strategy	June 2016 to be reviewed annually	MCN Manager and Administrator
	Circulate the draft MCN 2016 – 18 Workplan to MCN groups and stakeholders for comment and redraft as required.	Finalised workplan and sign off by MCN by April 2016	End of April 2016	MCN Team
	Enhance existing MCN newsletter (ie using MS Publisher) and maintain 3-4 editions per annum	Professional Newsletter - All constituent members of the MCN are fully aware of the work of the MCN	Quarterly	MCN Team
	Complete the MCN bi-annual report and submit to SEAT	The work of the MCN is publicised via the MCN Website	May 2016	MCN Team
	Review and update all MCN mailing lists	Better, more targeted coverage for MCN communications	April each year	MCN Administrator

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Objective 3	Actions	Outcomes	Timeframe	Lead
Support and strengthen engagement of all stakeholders with the work of the MCN	Develop opportunities for user and carer involvement in MCN work streams	Service user representation and input is demonstrable in each work stream.	Monitor membership/ service user input to each work stream annually	MCN Team
	Seek engagement with voluntary and independent sector for all MCN work	Third sector representatives participate with and input to the work of the MCN	Review progress annually	MCN Team
	Continue to build the reputation and engagement of the MCN with e.g. NES, Scotland Excel, COSLA, ADSW, etc.	The MCN team will demonstrate engagement with the key agendas informing Learning Disability Practice locally, regionally and nationally	Ongoing and reported through the newsletter, website and Annual Report	MCN Manager and MCN Clinical Lead
	Identify service pressures and strategic planning priorities across the MCN and how the MCN can help address these	The MCN will have a robust and agreed understanding of the priority pressures where Regional solutions may be appropriate	Ongoing - Female Forensic work to be progressed in 2016

MCN will feed into ASD/ CB work being progressed initially through the national agenda K2L | Strategic Planning and Commissioning Group |

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Objective 4	Actions	Outcomes	Timeframe	Lead
Continue to implement the Model of Care Framework across the LD MCN	Review and update developed structure to deliver the agreed Model of Care Implementation Plan	MCN Members agree and support the framework to implement the MoC	Ongoing via IJBs and NHS Clinical strategy	MCN Manager and MCN SMT
	Develop quality standards for the tiers of service within the Model of care, admission and discharge pathways and the associated workforce skills sets and expected outcomes for service users.	There is an agreed map of current services against the service tiers of the MoC	Ongoing	SP&C Group
		MCN members deliver services to an agreed standard of quality, with optimal therapeutic benefits and positive outcomes for patients being the utmost priority	Ongoing	MCN Boards
	Explore with NHS Boards and new IJB partners the opportunities for collaborative commissioning including	Scoping of regional pressures and priorities

Review of existing good practice and lessons that | End of 2016 | SP&C Group |

	third sector or private services	can be applied		
	Ensure the model of care framework requirements are reflected in wider MCN workforce planning and learning & development priorities	Linked workforce risk assessment and learning & development plans. MCN members can demonstrate the relationship between their local workforce plans and the implementation of the Model of care	Autumn 2016	L&D Group
	Repeat the Severe and Challenging Behaviour Survey – originally undertaken in 2006, in order to establish progress over a 10 year period.	Updated survey result and assess change, indication of progress	2016-17	SP&C Group

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Objective 5	Actions	Outcomes	Timeframe	Lead
Continue to develop and deliver learning and development initiatives	Carry out a Training Needs Analysis to update previous analysis and identify priority training needs	Revised and prioritised training needs analysis across the MCN, this will inform future seminar/workshop programme	Autumn 2016 and bi-annual refresh thereafter	L&D Group
	Work in partnership with academic partners and all MCN members to develop the seminar programme for registered and senior practitioners	Annual programme is advertised (via Newsletter, website and flyers) across all members and interested stakeholders	Publish programme of events on 6 month rolling basis.	L&D Group
	Continue to develop the range of topics and presenters to support continued professional development.	MCN members will be able to access a range of CPD events to support contemporary best practice	Quarterly review at LDG meetings. 10 Courses delivered during January – June and September – November annually	L&D Group
	Training Course for Non-Registered Health and Social Care Support Workers – increase to 2 programmes per year	All member agencies contribute to the planning and delivery of the Support Workers courses		L&D Co-ordinator and L&D Group

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		All member agencies release of Support Workers to attend the course		
	Joint training with Social Work and Third Sector services	MCN and stakeholders identify areas for joint training and education MCN supports delivery of joint training opportunities	Quarterly review at LDG meetings	L&D Chair and MCN Manager
	Support Good Practice Initiatives in response to key publications informing the Learning Disability community	MCN members are supported to implement knowledge and practice changes as required and remain abreast of contemporary initiatives across the LD field	Ongoing	MCN Team

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Objective 6	Actions	Outcomes	Timeframe	Lead
In partnership with NES and SG deliver the HEF project	Deliver the agreed project – on time and on budget - to support the roll-out and evaluation of the HEF across LD nursing within the region.	MCN boards have identified the target LD nurses and trained them in use of HEF	August 2016	HEF Project Manager HEF Project Manager
	Evaluate the impact of the HEF on practise.	MCN boards have nurses who have improved practise in terms of explicitly addressing health inequalities through their use of HEF	August 2016	HEF Project Manager
	Evaluate the impact of the HEF on service users.	MCN boards are supported in the implementation of the HEF tool in all identified nursing teams	August 2016	HEF Project Manager
		Regional implementation is evaluated to identify key issues for national roll-out of HEF	Ongoing	HEF Project Manager

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	Lead/support the national roll out of the HEF	MCN collaborates with NES and SG in order to support national implementation process	March 2017	

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Objective 7	Actions	Outcomes	Timeframe	Lead
Carry out a MCN wide workforce review to identify existing and future pressures and actions that the MCN can take to support workforce planning and development	Continue to support the recruitment, induction and development of the NHS Lothian based MCN Consultant Psychiatric workforce.	The MCN has an appropriate medical workforce	Ongoing	NHS Lothian Lead Psychiatrist/ MCN Manager
	Ensure consultant job planning reflects the service requirements across the region.	The MCN medical workforce has a robust structure for job planning and appraisal	Annually	
	Support Consultants with re-validation, including the service user questionnaire process	People with Learning Disabilities are involved in the development of services	Annually	
	Demonstrate compliance with all relevant HR policies in management of the Regional Consultants e.g. Induction to local LD services	Staff governance standards maintained; safe and effective care	Ongoing	

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	Carry out a MCN wide review of the LD workforce to look at current and future supply and demand issues given known drivers ie demography, psychiatry trainee numbers, planned service developments, etc.	LD workforce risk assessment and identification of strategies to minimise risks	End of 2016	MCN Manager

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Objective 8	Actions	Outcomes	Timeframe	Lead
Ensure appropriate governance of the LD MCN in accordance with CEL 29(2012)	Ensure SEAT governance arrangements are in place and working. MCN Clinical Lead and Manager attend SEAT meetings (DoPs and DoFs, Regional Planning Group) to report on MCN work	Executive Directors of member boards are appropriately informed and in support of the work of the MCN	Ongoing – reviewed in April of each year.	MCN SMT and the Director of Regional Planning.
	Meet with IJBs to develop understanding of new planning processes across the region and how best MCN can link in with IJBs processes	Member representation of the MCN SMT supports the revised planning processes and work of the MCN	Review by April 2016	LD MCN Chair
	Review Senior Management Team role, remit and membership in light of above.	SMT reflects new planning processes	Review by April 2016	Director of Regional Planning, MCN Clinical Lead and Manager

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Appendix 1

CORE PRINCIPLES OF THE MCN

The extract below is an extract from CEL 29(2012) "Managed Clinical Networks: Supporting and Delivering the Healthcare Quality Strategy" July 2012.

The core principles of MCN development are re-stated here, with some minor modifications based on practical experience:

1. Each MCN must have clarity about its management arrangements, including the appointment of a person, usually known as the Lead Clinician (or 'Lead Officer' if it is a multi-agency Network), who is recognised as having overall responsibility for the functioning of the Network. Each Network must also produce an annual report to the body or bodies to which it is accountable, and that annual report must also be available to the public.

2. Each Network must have a defined structure that sets out the points at which the service is to be delivered, and the connections between them. This will usually be achieved by mapping the journey of care. The structure must indicate clearly the ways in which the Network relates to the planning function of the body or bodies to which it is accountable.

3. Each Network must have an annual plan, setting out, with the agreement of those with statutory responsibility for the delivery of services, the relevant standards, the intended quality improvements and, where possible, quantifying the outcomes and benefits to those for whom services are provided, as well as their families and carers. The Social Work Performance Improvement Framework and developing work on joint inspection will be relevant to multi-agency Managed Care Networks.

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4. Each Network must use a documented evidence base, such as SIGN Guidelines where these are available, and should draw on expansions of the evidence base arising through continuous quality improvement and audit, which all MCNs are encouraged to undertake, as well as relevant research and development. All the professionals who work in the Network must practice in accordance with the evidence base and the general principles governing Networks.

5. Each Network must be multi-disciplinary and multi-professional, in keeping with the Network concept. Multi-agency Networks will cover Local Authority services such as Social Care. There must be clarity about the role of each member of the Network, particularly where new or extended professional roles are being developed to achieve the Network's aims.

6. Each Network must include meaningful involvement of those for whom services are provided, and by the voluntary sector, in its management arrangements, and must provide them with suitable support and build the capacity of these individuals to contribute to the planning and management arrangements. Each Network should develop mechanisms for capturing the views and experiences of service users and their carers, and have clear policies on: improving access to services; the convenience of services; addressing health inequalities; the dissemination of appropriate, up-to-date information to service users and carers; and on the nature of that information. The 'Voices' programmes run by Chest, Heart & Stroke Scotland and the Neurological Alliance of Scotland can support MCNs in achieving this aim.

7. Networks' educational and training potential should be used to the full, in particular through exchanges between those working in the community and primary care and those working in hospitals or specialist centres. All Networks should ensure that professionals involved in the Network are participating in appropriate appraisal systems that assess competence to carry out the functions delivered on behalf of the relevant NHS Board or governing body, and that the participating healthcare professionals are involved in a programme of continuous professional development.

8. Each Network must demonstrate continuing scrutiny of opportunities to achieve better value for money through the delivery of optimal, evidence-based care that adds value from the patient's perspective, optimises productivity and reduces unwarranted variation. Networks should be supported to deliver continuous quality improvement. The value Networks add

should also be assessed in terms of their contribution to an organisational culture that promotes learning, quality improvement, collaborative inter-professional and team-based working, adherence to agreed and evidence-based protocols to improve outcomes, equity of access and quality of life.

Links with NHS Boards

9. For MCNs to be successful, they need to be fully integrated and embedded with NHS Boards' planning and operational service delivery and governance arrangements. This could be said to occur when the MCN is seen by NHS Boards as providing appropriate strategic leadership, effective engagement and continuous quality improvement activity and data to support the Board's corporate aims.

10. NHS Boards should agree with MCNs their annual work plan, which will include the service delivery and quality improvements for which the Network will be accountable, and the way in which these will be delivered through local management arrangements. MCNs will be more likely to influence commissioning of services and resource allocation when they can demonstrate the clinical evidence base, and also their ability to respond to the needs of patients and carers in a way that delivers measurable improved outcomes.

There needs to be clarity about the reporting and governance arrangements for the MCN within the relevant NHS Boards. Annual work plans and annual reports should be developed and agreed jointly with operational management teams and signed off by Boards. MCNs' governance arrangements should operate through an Executive Clinical Lead such as the Medical Director or Director of Nursing, and in line with the Board's clinical governance structures. The requirement that the diabetes MCNs need to have their reports to the Scottish Diabetes Group signed off by a senior manager in the Board is an example of this approach in action.

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Appendix 2 LD MCN Delivery Structure