

DSPPSD Work Programme Template

V1.3 Updated 17/08/2006

This template is intended to assist the planning of the DSPPD work programme, including allocation of work to individual representatives and LIG's, and to feed issues into the agenda of the strategic partnership and LIG's at times appropriate to the work programme. Completed items have been removed to the end of the document

RECOMMENDATION & Outcomes	Alignment to NSF (LTC)	IMPLEMENTATION APPROACH	TIMESCALE (Orig)/Revised	PROGRESS UPDATE	DSPPD LEAD RESPONSIBILITY
<p>3.1.2 Develop a set of quality standards for all services together with key performance indicators for those services. Quality standards and performance indicators established and implemented</p>	<p>Implementation Sections: 5.6e “redesigning services including developing local protocols and pathways of care...” 5.7b “implementing existing NICE guidelines” 5.4b “draw on the evidence base for the NSF quality requirements, including service models and provision in the good practice guidance”</p>	<p>Link to work programme for care pathways – 3.3</p> <p>Integrate with quality requirements emerging from NSF & link to SW Neuro network (Diana Saunders)</p> <p>Partnership agenda Mid 2005. Major item to agree approach & allocation.</p>	<p>(Dec 2004)</p> <p>Sep 2005</p>	<p>Start May 2005</p>	<p>Health Led (NSF quality requirements - Fiona Jenkins / Derek Scarr)</p>
<p>3.1.4 Joint agency management arrangements introduced. Joint Agency management structures in place in 6 localities</p>	<p>QR1 (Integrated assessment, care planning and review) Implementation Sections: 5.3c “developing a more integrated approach to delivering services...” 5.6e “redesigning services including developing local protocols and pathways of care...perhaps integrating trust and local SSD staff in multidisciplinary teams” 5.7i “developing integrated care planning and assessment processes using guidance from the modernisation agency.”</p>	<p>Staggered implementation in line with wider integration agenda. (Exeter & E.Devon LIGs to lead?) Agenda for DSPPD May 2005</p>	<p>(Plans by Apr 2005)</p>	<p>All LIG's to provide outline implementation plans by Sep 2005</p>	<p>PCT leads/locality managers</p> <p>(Sally Slade to present Exeter integration plans 26th July)</p>

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<p>3.1.5 Medical records and patient administration systems identify and record people who have acquired brain injury and physically disabling conditions. Valid and reliable health needs data to inform future planning</p>	Implementation Section 5.7g “ensuring that electronic systems...meet the needs of people with long term neurological conditions”	To be led by Acute Trusts – RDE/NDDH/PHT/Torbay Link to SHA, Health informatics. (Phil Yates) Public Health (Jim O'Brien) Task group to be commissioned by DSP (PD) to recommend and implement change.	(By Apr 2005)		Acute Trusts Alan Tibbenham / Fiona Jenkins
<p>3.1.6 Social Services revise management information systems. Valid and reliable social care needs data is available to inform future planning</p>	Implementation Section 5.7g “ensuring that electronic systems...meet the needs of people with long term neurological conditions”		(By Apr 2005)		SSD Management Information Team & Derek Scarr. Link to Business Process Review – Tim Golby
<p>3.1.7 Consider incorporating needs of people with Sensory disabilities within remit of this partnership</p> <p>Establish priorities from Sensory Service users.</p>		DSPPD work programme to include priorities for sensory service users. <p>Proposed ‘low-key’ review of sensory service issues involving users, based on this work programme & inviting additional priorities.</p>	Sept 2004	Decision to include sensory disabilities implemented Sept 2004.	DSPPD Peter Wareham
<p>3.1.8 Mental Health Needs; formal links established between DSPPSD and the Devon Partnership Trust to ensure that these needs are planned for and met effectively. Links established and strategic planning co-ordinated for appropriate services</p>	Implementation Section 5.3c “developing a more integrated approach to delivering services...”	Ralph Hayward, Partnership Trust representative on DSPPD.	(By Sept 2004)		DSPPD

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<p>3.2 Service user/carer involvement arrangements</p> <p>3.2.1 Service users & carers are supported & enabled to be actively involved in all levels of strategic planning of services</p> <p>3.2.2 Advocacy arrangements</p>	<p>QR1 QR10</p>	<p>DSPPSD & LIG terms of ref. Support arrangements via LOD contract rework & extension</p> <p>Special arrangements for severe communication & cognitive impairments</p> <p>Receive LOD advocacy report</p> <p>Recommendations re meeting advocacy needs</p> <p>Research project into involvement and advocacy approaches for people with special needs (ABI cognitive & communication impairment)</p>	<p>Apr 2005</p>		<p>Derek Scarr to commission working groups</p> <p>ABI/Cognitive involvement & advocacy</p>

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<p>3.3 Develop integrated care pathways for conditions including:</p> <ul style="list-style-type: none"> ▪ Multiple Sclerosis (known or suspected) (S&WD / MS soc & NICE Guidelines) ▪ Traumatic Head Injury (Peninsula work ? Joan) ▪ Stroke (Done?) ▪ Motor Neurone Disease (S&WD) ▪ Chronic Fatigue Syndrome (M.E.) (? Dev & Cornwall - Professor Anthony Pinching?) ▪ Spinal Cord Injury (S&WD) ▪ Parkinson's Disease (?ED) ▪ Rheumatoid and Inflammatory Arthritis (SD/SWD ? Musculo-Skel pathway?) ▪ Epilepsy and Blackouts (?SW Neuro Network – Diana, & Nice Guideleines) <p>Pathways for other conditions to be considered.</p>	<p>QR1 (Integrated assessment, care planning and review) QR2 QR3 QR4 QR5 QR11 Implementation Sections: 5.6e “redesigning services including developing local protocols and pathways of care...” 5.4c/5.7b “implementing existing NICE guidelines on multiple Sclerosis, Epilepsy, Acquired Brain Injury...”</p>	<p>(Link to 3.1.2 quality standards and 3.6, 3.7, 3.8, Hospital services) Implementation to align to NSF recommendations.</p> <p>Central definition of “What” & quality standards; Local definition of “How” & implementation.</p> <p>Individual LIGs to lead on separate pathways & present recommendations to DSPPD for countywide implementation. Agenda 1-2 pathways per meeting for scrutiny.</p> <p>Need to ensure social care service elements included in all pathways.</p>	<p>(By April 2005)</p>		<p>Heath Led. Link to Peninsula Neuro Network</p>
<p>3.4 Establish Countywide Disability Information Service DIS implemented, operational and working to established quality standards</p>	<p>QR1 (marker 4) Implementation Section 5.7f “providing improved information locally... for people who use services and carers...”</p>	<p>Integrated with DCC public access strategy, Care Direct. Project Steering Group involving Paul Searle, Derek Scarr, Linus Whitton, other stakeholders. Further external consultation.</p>	<p>(Service plan by Sep 2004) Implementation by Dec 2005</p>	<p>Stage 1 consultation complete, Approach paper & recommendations agreed Jan 2005. Steering group to be set up by Apr 2005 Implementation by Dec 2005</p>	<p>Derek Scarr</p>

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<p>3.5 Assessment & Case Co-ordination. (Link to 3.1.4) The establishment of a single point of specialist contact at locality level, linked to integrated Joint Agency Teams of staff with specialist skills & knowledge using:</p> <ul style="list-style-type: none"> ▪ Single Assessment Process ▪ Consistent eligibility & quality standards ▪ Continuity of contact ▪ Shared records & IT ▪ Child/adult transition protocol 	<p>QR1 Integrated Assessment, care planning and review (markers 1,2,3) QR4 (marker 3) Implementation Sections: 5.6e “redesigning services including developing local protocols and pathways of care...perhaps integrating trust and local SSD staff in multidisciplinary teams” 5.7i “developing integrated care planning and assessment processes using guidance from the modernisation agency.”</p>	<p>To be progressed in tandem with joint agency management arrangements (Link to 3.1.4)</p> <p>Agenda for DSPPD May 2005 to determine approach/strategy</p> <p>Link DSPPD to transition implementation group. Ensure protocol embedded into service processes</p>	<p>(Plans by April 2005)</p>	<p>Link implemented</p>	<p>Locality led</p> <p>Derek Scarr</p>

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<p>HOSPITAL SERVICES 3.6 Hospital Outpatient Specialist clinics for diagnosis & follow-up Co-ordination of patients shared between specialities. (e.g. shared OP clinics & co-ordination of OP appointments to minimise travel) 3.7 Hospital Inpatient Timely access to specialist expertise, advice and assessment Appropriate equipment and environment 3.8 Specialist Hospital Care All patients with new physically disabling problems seen within 24 hours of admission by a relevant specialist. Availability of a full range of diagnostic tests and consultant opinions 24 hours a day. Availability of dedicated beds with relevant specialist multi-disciplinary assessment and treatment. All PCTs develop commissioning arrangements with a provider of post acute inpatient neurological rehabilitation sufficient to meet the needs of their population. Working with the Specialised Services commissioning group PCTs and Social Services should ensure value for money in existing contracts and re-negotiate as required.</p>	<p>QR2 (markers 1,2)</p> <p>QR2 (marker 1,3) QR11</p> <p>QR2 (markers 1,2,3,4) QR3 (markers 1,2) QR4</p>	<p>To be implemented in line with NSF "Quality requirements" recommendations</p> <p>Proposal for joint agency NSF workshop(s) to align these recommendations & plan implementation within NSF timeframes.</p>	<p>(By Dec 2005)</p> <p>Outline implementation plan by ??</p>		<p>Health led (Acute Trusts)</p> <p>(DDA group at RDE)</p> <p>LIG's to promote implementation locally</p>

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<p>3.9 REHAB CONTINUUM Initial assessment, treatment and rehabilitation for acute conditions Reassessment, treatment & maintenance of long term conditions Time-limited enablement Long term support of independent living A flexible continuum of these services is equitably available in all localities.</p>	<p>QR4 (markers 1,2,3,4) QR5 (markers 1,2,3) QR8 (markers 1, 3) (QR6 – Vocational rehabilitation)</p> <p>Implementation Section 5.6e “redesigning services including developing local protocols and pathways of care...perhaps integrating trust and local SSD staff in multidisciplinary teams”</p>	<p>Linked to the implementation of joint agency management & team arrangements (3.1.4 and 3.5)</p> <p>Implementation of social care component via PD commissioning strategy for social care services (See also 3.10 and 3.14</p>	<p>(2005/6)</p>		<p>LIG Leads</p> <p>Derek Scarr - PD commissioning strategy for social care services</p>
<p>3.10 An equitable day services commissioning strategy is implemented across Devon to provide a range of community-based meaningful daytime opportunities linked with leisure, education and employment.</p>	<p>QR8 (markers 1, 2) QR5 (marker 1 re: day rehabilitation)</p> <p>Implementation Section 5.7h “reviewing local implementation of NHS continuing care and adult social care to ensure it is in line with national guidance and meets the needs of local people with long term conditions”</p>	<p>As a specific focus within Devon Social Services Day Service review:</p> <p>Develop Commissioning Strategy & needs analysis Review current provision against above</p> <p>Develop explicit quality standards (3.1.2) Workforce plan (3.15) Review existing users against FACS</p>	<p>(2005/6)</p>		<p>Derek Scarr - PD commissioning strategy for social care services</p>

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<p>3.12 Specialist Therapy Equipment 1.A single PCT should manage all specialist equipment services, including The Exeter Mobility Centre, specialist community equipment and assistive technology services, alongside their joint agency integrated team on behalf of the whole health and social services community for that part of Devon to which these services apply. This arrangement should run alongside the existing arrangements for the Plymouth-based Disablement Services centre.</p> <p>2.That a comprehensive review of the professional mix within these services is undertaken.</p> <p>3.That speech language therapy services in localities are reviewed in line with the development of integrated health and social care services within localities.</p> <p>4.That communication aids and assistive technology provision are reviewed across Devon.</p> <p>5.That the geographic location of the Exeter Mobility Centre is reviewed. 6.That a comprehensive review of orthotics, prosthetics services is undertaken.</p> <p>7.That the N.H.S. Modernisation Agency Wheelchair collaborative Project is continued, supported and its recommendations implemented within that part of Devon to which its services apply.</p>	<p>QR7 (markers 1,2,3,4)</p>	<p>DSPPD agenda item to determine approach to and allocation of this recommendation</p> <p><i>(Sally Helen Maria Fiona to produce broad approach recommendations ?)</i></p>	<p><i>(Project plan by Dec 2004)</i></p>	<p>Deferred for operational resolution of contract issue.</p>	<p>Health Led Acute Trusts + <i>(Helen /Fiona/Maria)</i></p> <p><i>(Plymouth PCT) (S.Devon service is commissioned from Torbay)</i></p>

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<p>3.13 Services for Carers: Active promotion of carers' assessments Carers' assessments undertaken at time of hosp discharge</p> <p>Equitable & flexible arrangements to provide carers breaks (respite)</p> <p>Provide specialist training for informal carers</p>	<p>QR10 (markers 1, 3)</p>	<p>Ensure alignment & inclusion of PD issues through Devon-wide carers' involvement framework. LIG level link to local carers forums.</p> <p>Develop respite commissioning strategy</p> <p>Progress voucher schemes within direct payments/self-directed care agenda.</p>	<p>(2004/5/6)</p>		<p>Social Services Derek Scarr/Geoff King</p> <p>LIG Leads</p>
<p>3.14 Accommodation: Countywide strategic planning for meeting housing needs Equity of waiting times for adaptations Consistent eligibility criteria Effective use of housing stock Extra Care housing strategy Neuro Rehab arrangements Joint agency commissioning strategy for res/assessment/rehab Options for Mardon House Options for Danby House</p>	<p>QR7 (marker 5) QR8 (markers 1, 4) Implementation Section 5.5e "influencing the provision of housing related support for this group of people..."</p>	<p>Strategy integration with Devon Strategic Housing Group, Housing Support Strategic partnership. For Supporting People, Derek Scarr now attending OP&PD stakeholder project group</p> <p>Investment through LAA strategy</p> <p>Assessment of need & options appraisal</p>	<p>(2004/5/6)</p>		<p>Danby Mardon TBA</p> <p>Derek Scarr - PD commissioning strategy for social care services.</p>

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<p>3.15 Workforce Issues Mandatory disability awareness training Workforce issues/training needs arising from Care Pathways development Workforce issues/training needs arising from quality standards development Workforce issues/training needs arising from joint agency team arrangements</p>	<p>QR1 (marker 4) QR8 (markers 2, 4) QR10 (marker 5)</p> <p>Implementation Sections: 5.6c “analysing and profiling the skills of the local workforce” 5.6d “Identifying key training needs for all local agencies working within the health, social service and voluntary sector”</p>	<p>Link to SS and NHS Learning & Development strategies & ADP programme</p> <p>Develop existing awareness training package & roll out via both corporate L&D strategies & via LIGs.</p> <p>Ensure workforce development implications are considered for each planned change under all recommendations.</p> <p>DSPPD to lead on promoting disability awareness training as an early priority.</p>			<p>Joint Agency Led</p> <p>(Derek Scarr to commission working group to draft Specification for Dis Awareness)</p>

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3.16 Additional recommendations		Proposals to be produced & implementation prioritised by DSPPD	(to be determined)		Derek Scarr
1 Parenting Support	QR10		2005/6		
2 Ethnicity mapping/engagement	QR1				
3 Public Transport & Access					
4 BCHS Charter	QR1				
5 Welfare to Work	QR6 Vocational Rehab.				
6 Statement of principles	QR1				
7 Direct Payments	QR8 (marker 4)				
8 Disability Register					

Completed Items:

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<p>3.1 Organisational arrangements: Devon-wide strategic partnership 3.1.1 County-wide Strategic Partnership established.</p>	<p>Implementation Sections: 5.3c “developing a more integrated approach to delivering services...” 5.5d “setting up integrated planning and commissioning arrangements with SSD’s ...with agreements for shared financial responsibilities including pooled budgets” 5.5c “setting up a local implementation team to take agreed NSF priorities forward”</p>	<p>Set up, agree terms of reference, membership etc. Ensure agendas & work programme meet BVR & NSF implementation timescales</p>	<p>Sep 2004 Ongoing</p>	<p>✓ Achieved: Partnership established Sep 2004, & meeting bi-monthly</p>	<p>Alan Tibbenham Sally Slade Derek Scarr</p>
<p>3.1.3 Locality Implementation Group established in all areas</p>	<p>Implementation Section 5.5c “setting up a local implementation team to take agreed NSF priorities forward”</p>	<p>Terms of Reference agreed. LIG established covering each locality. Integrated with user/carer involvement arrangements (see 3.2) Each LIG to produce local work programme & update reports to DSPPD</p>	<p>(Dec 2004)</p>	<p>✓ Achieved: LIG’s established covering all localities by Mar 2005.</p>	<p>PCT leads/locality managers</p>
<p>3.11 Community Equipment</p>	<p>QR7</p>	<p>Strategic responsibility for the ICES brought within DSPPD remit. Service to be developed further in line with local need, NSF recommendations & national standards</p>	<p>(monitoring & ongoing development)</p>	<p>Implemented Jan 2005</p>	<p>Ian Deakin</p>