

Alternative Action Plan – Providers Actions
Draft Actions from the November 2022 CB-NSG Meeting

Action: What is needed	How it will be done	Who will do it	When it will be done/progress updates
1. Working positively with families and valuing their knowledge and expertise Promoting wellbeing, positive relationships, and good communication with families ¹	Review existing literature on how to make the provider/family relationship work <ul style="list-style-type: none"> 3-5 key principles that should be taken on board/embedded by providers 	Freddy Jackson Brown Research Sub-Group	
	Once these key principles have been established, providers will need to sign up to them – how can this be done?	TBC to explore options (could be a wider CB-NSG action)	
2. Staff feel valued, supported and confident in decision making	Investing in CPD (see action 4 for further ideas on improving staff development)	Clive Parry/ARC to look into how this can be done and feed back	
3. Paying staff a wage that resonates with skills, expertise and how difficult the job is ²	Make clear the skill set and training required to do these jobs, and make comparisons with comparable NHS roles <ul style="list-style-type: none"> This can be used to argue for better pay for staff working in this sector and to change public perceptions of social care as 'low-skilled' 	Michael Fullerton and Clive Parry/ARC (see ARC dataset)	

¹ Could potentially link with CBF/Paradigm project (not yet underway) bringing together support workers and families to build positive relationships – will update with further details on project as it develops

² 94% of Local Authorities are paying rates for supported living services that do not allow providers to meet their statutory obligation to pay the current National Living Wage ([ARC 2023](#))

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4. Focus on staff wellbeing and retention	<p>Care providers to conduct anonymous staff survey</p> <p>Wellbeing incentive programme for providers (i.e. tax/financial incentives for good wellbeing ratings amongst staff)</p> <p>Changing the culture to promote staff wellbeing, including work around reducing closed cultures and supporting whistleblowing, and looking at best practice examples of good staff support from other organisations</p>	<p>Freddy Jackson Brown to explore how could be done</p> <p>NHS, DHSC, CQC, local authorities, other bodies (as well as organisations themselves) – ultimately responsible for putting into practice</p>	
5. Improving commitments 1g, 1h, 1i (relating to staff development and training) of the BTRS action plan	Make these SMART targets	Clive Parry	Done (see below for further details)
6. Providers to develop ' capable environments '	Identify what conditions and training are required for a care setting to be a 'capable environment', and how providers can put this in place	TBC	
7. Funding	Identifying where the funding comes from & where it is going ³	TBC (see footnote)	
8. Supporting providers to make the necessary adaptations to accommodation to enable discharge from inpatient units	Disabled Facilities Grant can be used for people being discharged to supported living settings/their own (or family) home (rented or owned) – providers to be supported to apply for and make these adaptations promptly to enable discharge	Dave Eldridge to explore further	

³ To be explored as part of wider conversations re: the alternative action plan

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(8 cont.)	DFG not available for people living in residential care settings or NHS settings – action needed to support/enable necessary adaptations to these settings <ul style="list-style-type: none"> • Widening scope of DFG to include these settings, or alternative funding pot? 	TBC (could be a wider CB-NSG action)	
	Foundations are developing a practical resource on what adaptations can be carried out that might meet these needs (previously developed resource for CYP with behaviours that challenge)	Dave Eldridge and Foundations	Foundations are holding meeting re: this in April/May
	Foundations are working on ensuring the assessments of people with complex needs (including sensory processing) are delivered effectively	Foundations (led by Rachel Russell)	

Other potential actions/points that were discussed:

1. An action around making it clear what outcomes families and people with learning disabilities can expect from the provider⁴
2. Whether checklists (which are used as proxy indicators for various important qualities/actions) adequately capture these important qualities/actions, and whether there might be a better way of measuring these (e.g., is quality of life/the experiences of people living in these services being adequately measured/assured)
3. Ensuring that, as well as being listened to as part of the process, the views and knowledge of families are actually taken on board – consulting with families to meet a requirement does not mean anything if what they say is then disregarded
4. Piloting of new model, based on/inspired by [Buurtzorg model](#), in Bristol – pilot will see whether a model like this could work in the UK⁵

⁴ Could also link with the CBF/Paradigm work

⁵ If successful, could be used as example of good/creative practice and could potentially lead to other areas taking up similar ideas/practices

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1g, 1h, 1i commitments

Commitment 1g

Supporting employers to embed the learning disability and autism core capability frameworks across all aspects of the social care and health workforces that support people with a learning disability and/or autistic people.

Key milestone/s	Date of completion	Measure of success	Commitment owner
Set specialist diploma routes linked to Skills for Care (SfC) and Health Education England (HEE) core skills frameworks, and work with the Institute for Apprenticeships to influence specialist apprenticeship routes	April 2023	Specialist pathways linked to the frameworks included in social care diplomas, and changes influenced to pathways in apprenticeships, which will provide evidence of practice leadership that delivers high quality support	Skills for Care <i>Supported by:</i> NHS England Health Education England Department for Health and Social Care
Employers to embed core capability frameworks in their training for new staff + refresher training for existing staff	[date]	[x] number of employers to have embedded the frameworks in their training, measured by confirmatory question/s in Adult Social Care Workforce Data Set (ASC WDS)	As above
Expand programme of quality checked Positive Behavioural Support (PBS) training providers and develop PBS community of Practice	April 2023	All SfC endorsed PBS training providers to have been peer quality checked. Access provided to small providers	As above
Review the Level 4 adult social care diploma and use the findings to influence changes to the associated apprenticeship standard and provide evidence of practice leadership	April 2023	Workforce Development Fund for practice leadership qualifications for services supporting people at risk of admission or recently discharged CQC expect qualified practice leaders in all services which support people in and recently discharged from ATUs	As above

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Commitment 1h

Implementing a programme of personalised workforce development for the workforce who support people with a learning disability and autistic people who may be at risk of admission or are ready to be discharged.

Key milestone/s	Date of completion	Measure of success	Commitment owner
<p>Set up programme, in collaboration with families and people with lived experience, and confirm funding arrangements where appropriate</p> <p>Deliver personalised workforce development programme to first cohort</p> <p>Commence evaluation of programme and share existing learning</p> <p>Support employers and commissioners to trial the approach using their own resources, and add to the programmes that attract Workforce Development Fund funding</p>	<p>April 2023</p>	<p>Provide update to the Delivery Board on progress and impact</p> <p>From evaluation of the pilot programme, existing evidence suggests that by focusing on the person, the programme can lead to a reduction in inpatient admissions; increase in successful discharges; improve staff retention; reduce long term costs of care; and improve quality of life for individuals</p> <p>Take up of programme to be monitored through the ASC WDS</p>	<p>Skills for Care</p> <p>Supported by:</p> <p>NHS England</p> <p>Health Education England</p> <p>Local Government Association</p> <p>Association of Directors of Adult Social Services</p> <p>Department for Health and Social Care</p>

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Commitment 1i

The Health and Care Act 2022 introduces a new requirement for registered providers to ensure their staff receive specific training on learning disability and autism, which is appropriate to their role. A robust evaluation of the trials has taken place, and a final evaluation report was published in June 2022, which will inform the next steps of the Oliver McGowan Mandatory Training programme.

Key milestone/s	Date of completion	Measure of success	Commitment owner
<p>Completion of the Oliver McGowan Mandatory Training (OMMT) trials.</p> <p>A formal public consultation on the DHSC led Code of Practice.</p>	<p>Ongoing</p>	<p>The National Development Team for Inclusion (NDTi) OMMT trials evaluation report complete with recommendations.</p> <p>Publication of the DHSC-led Code of Practice.</p> <p>A costed delivery model is agreed to support the roll out of the OMMT across the health and social care sector.</p>	<p>Department of Health and Social Care <i>Supported by: NHS England Health Education England Skills for Care</i></p>
<p>Roll-out of Oliver McGowan Mandatory Training to health and care staff</p>	<p>[date]</p>	<p>All staff working in NHS and social care settings to have completed the relevant training (either tier one or tier two)</p>	<p>As above</p>