



Department
of Health

Positive and Proactive Care

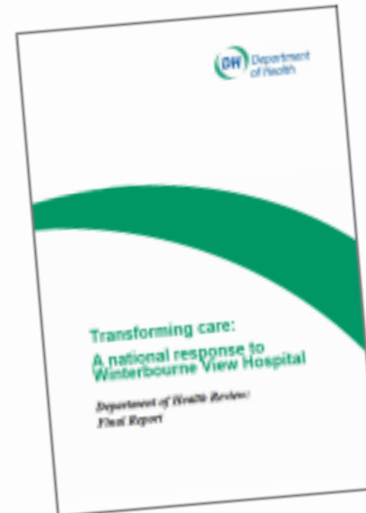
Guy Cross – Policy Lead Positive and Safe

Why?

Reducing the need for restrictive interventions

Transforming Care, DH

- Reviewing the existing guidance
- Use of restraint
- Physical interventions and positive behaviour support
- How these were reported
- Issue new guidance



Why?



Mind Report

- 49 NHS Trusts
- 20,000 incidents of restraint
- Range 3,000 – less than 50 per Trust
- 19,000 people retrained
- 1,000 restraint related injuries (60% response)
- Doesn't include Independent sector

The Way Forward

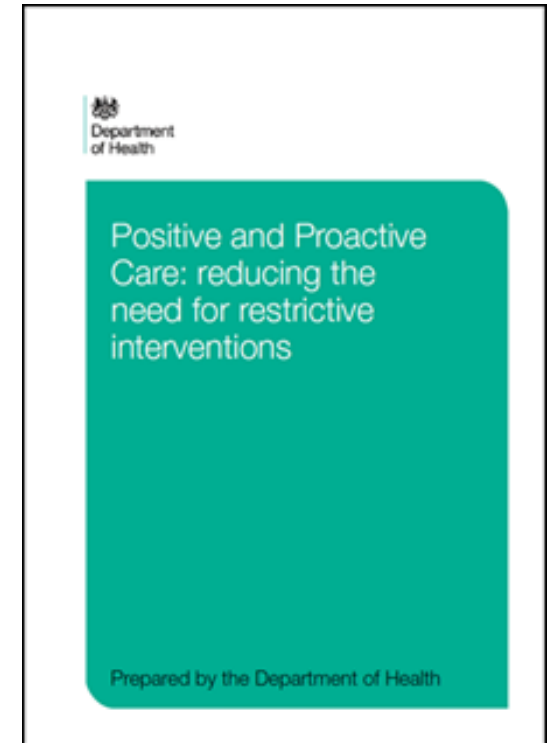


- Government level support
- Careful attention to policy and regulation
- Service user, family and advocate involvement
- Effective leadership
- Training and education
- New ways of working
- Staffing changes
- Using data to monitor the use of restrictive intervention
- Effective review procedures and debriefing

Positive and Proactive Care

Key Principles:

1. Compliance with the relevant rights in the **European Convention on Human Rights**
2. Understanding people's behaviour allows their unique needs, aspirations, experiences and strengths to be recognised and their **quality of life** to be enhanced
3. **Involvement and participation** of people with care and support needs, their families, carers and advocates is essential
4. People must be treated with **compassion**, dignity and kindness
5. Services must support people to **balance** safety from harm and freedom of **choice**
6. Positive **relationships** between the people who deliver services and the people they support must be protected and preserved.



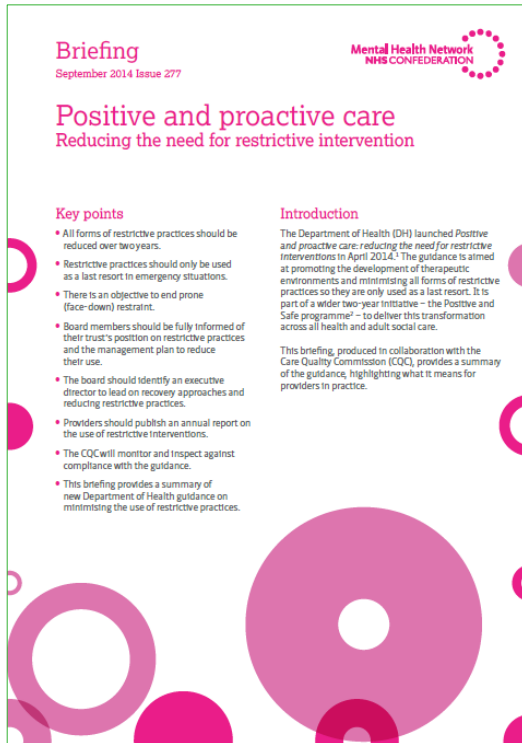
Positive and Proactive Care - Key Actions

Improving care	<ul style="list-style-type: none">• Individualised support planning• Behaviour Support Planning• Greater user / carer involvement
Leadership, assurance & accountability	<ul style="list-style-type: none">• Board level responsibility• Focus on proactive as well as reactive management• Reduction plans• Training• Reporting to commissioners• Post incident reviews
Transparency	<ul style="list-style-type: none">• Publishing data
Monitoring & oversight	<ul style="list-style-type: none">• CQC monitoring and inspection• Accountability

Positive and Proactive Care Implementation

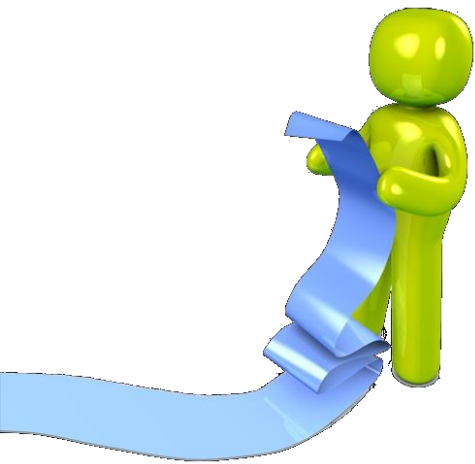
Key Points:

- All forms of restrictive practices should be reduced over two years.
- Restrictive practices should only be used as a last resort in emergency situations.
- There is an objective to end prone (face-down) restraint.
- Board members should be fully informed of their trust's position on restrictive practices and the management plan to reduce their use.
- The board should identify an executive director to lead on recovery approaches and reducing restrictive practices.
- Providers should publish an annual report on the use of restrictive interventions.
- The CQC will monitor and inspect against compliance with the guidance



Improving data quality

- Short term plan – collection by the NHS Benchmarking Network covering August 2014 and January 2015
- Long term plan – make the ‘official statistics’ meaningful. More detail and improved recording using the Mental Health Minimum Data Set
- Improve NRLS reporting – pilot work: Merseycare & Oxford
- NHS Patient thermometer



Building a Network of Champions

- What have you done to reduce the use of restrictive interventions?
- How could you promote your work?
- 30+ champions at the first event with focus on mental health services
- Aim to double the numbers in February and increase the scope
- Now circa 150 members of the Champions Network
- Convening culture change workshops
- 6Cs website for good practice



Workforce development

- Aim to have online awareness level Positive and Safe training available from January 2015
- Mirror approach taken with dementia and develop a framework to support workforce development to masters level
- Subject to ministerial approval central funding available in 2015/16
- Support for research and academic partners
- LD professional senate and / or MH Joint Commissioning Panel – key principles for training
- LD nursing specific initiative to standardise PBS learning outcomes at point of qualification – possible implications for NMC



Standards, guidance and compliance

- MHA Code of Practice chapter 'Safe and Therapeutic responses to disturbed behaviour' has been redrafted taking account of comments made during the consultation.
- Volume 2 of 'Positive and Proactive Care; reducing the use of restrictive interventions on children and young people'
- Role of the CQC
- NICE guidance due April 2015



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