Department of Health

Positive and Proactive Care

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Overview

- Positive and Proactive Care
- Background
- Implementation
- A focus on data
- Questions

Background to Positive and Safe

- Restraint not always used as a last resort.

  Concerns about use of
- anti psychotic and anti depressant medication
- seclusion and other restrictive interventions

Background to Positive and Safe

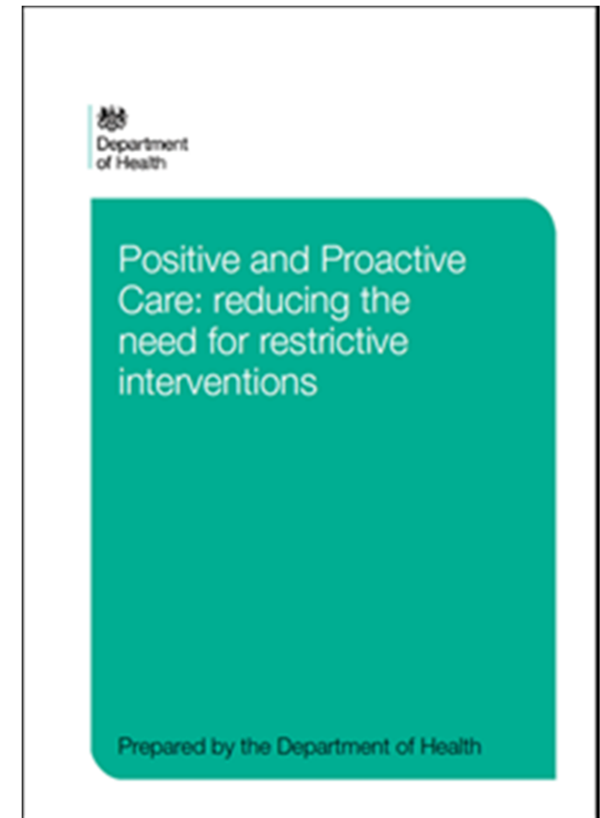
- CQC told us there were similar problems in other learning disability hospitals
- The Mind report showed big differences in the use of physical restraint

- We heard views from service users, their families and carers that restrictive interventions are used too often and not always as a last resort

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.



Aims of Positive and Proactive Care

Encourage a culture where health and care services:

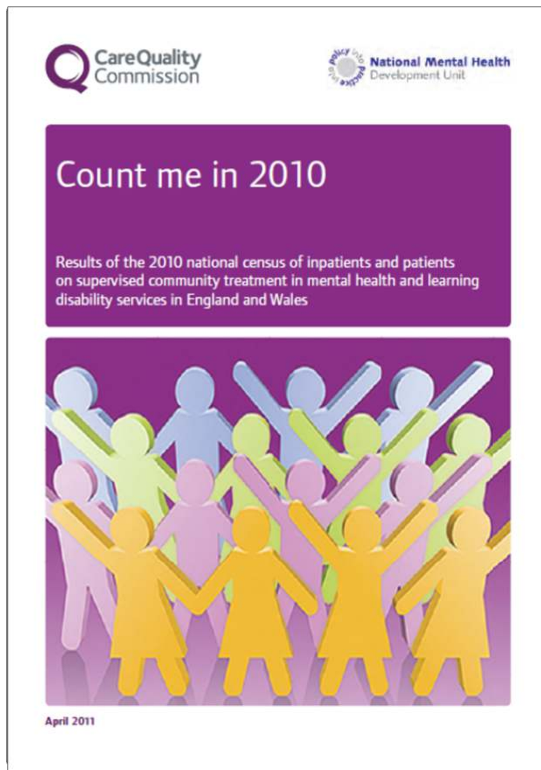
- Support people better
- Keep everyone safe
- Give people better lives
- Use restrictive interventions much less

Key Actions

Improving care	• Individualised support planning • Behaviour Support Planning • Greater user / carer involvement
Leadership, assurance & accountability	• Board level responsibility • Focus on proactive as well as reactive management • Reduction plans • Training • Reporting to commissioners • Post incident reviews
Transparency	• Publishing data
Monitoring & oversight	• CQC monitoring and inspection • Accountability

How we'll achieve this: five work streams

Reducing the need for restrictive interventions



Count Me In Census

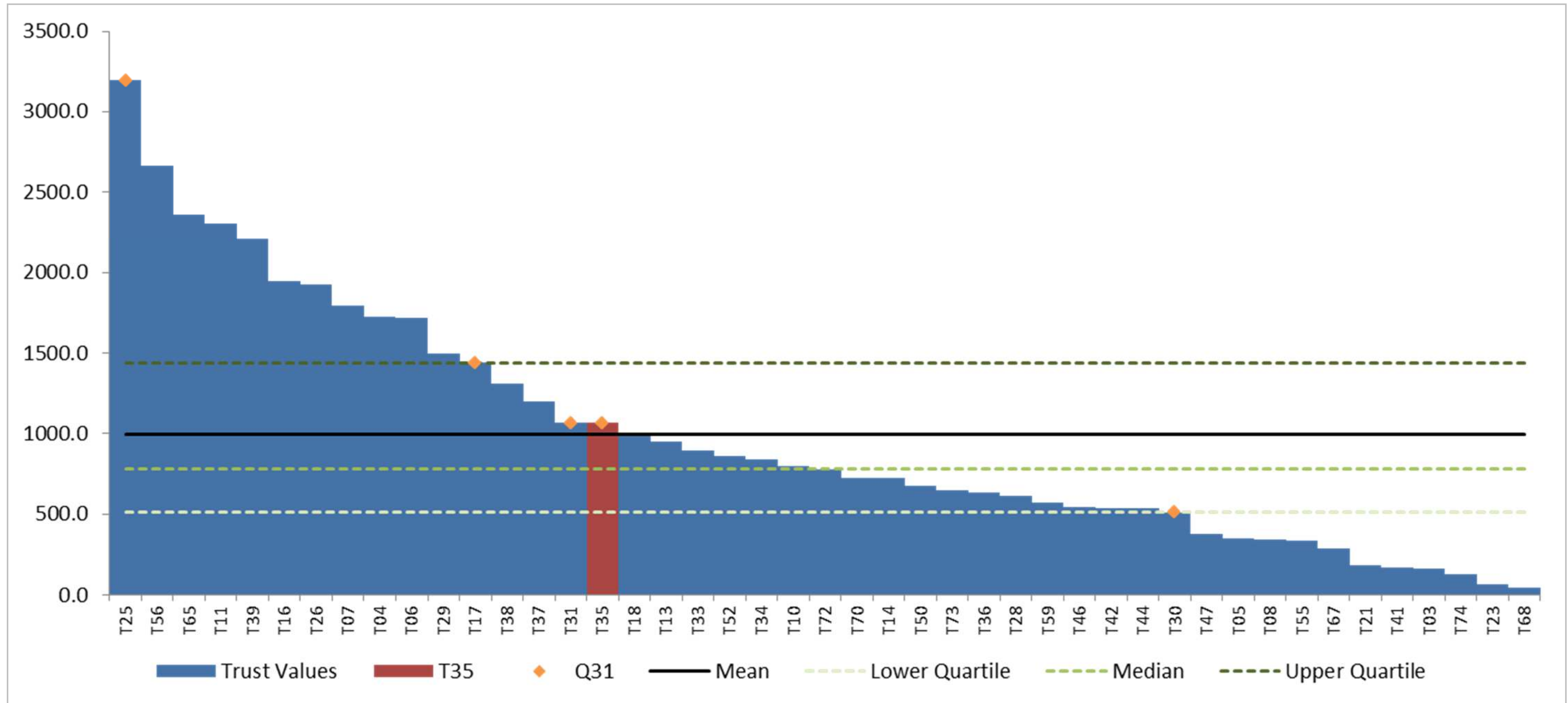
- 30% of people with LD in inpatient settings experienced physical restraint
- 14% of people in MH inpatient settings experienced restraint
- What about other settings

What do we know? MHMDS

- Number of physical restraints by gender, ethnicity and organization
- Only around 60% of organizations return data for this measure?
- Data will be routinely published by HSCIS from January 2015
- In Q1 2012/13
  512 women were restrained on 1,670 occasions
- BUT
  What does restraint mean?
  How many organisations reported anything?

Example benchmarking comparisons

Benchmarking service quality – illustrative example
Use of restraint (number of patients) per 100,000 bed days



What do we know?

- National Reporting and Learning System pilot exercise in Mersey Care and Oxford Health
- Quantitative and qualitative data from April 2015
- Patient Thermometer data
- More exposure in MH**LD**MDS and potential for more data to be collected in the longer term
- Additional data reported by NHS Benchmarking Network

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