



Report to Healthier Communities & Adult Social Care Scrutiny & Policy Development Committee

27th January 2016

Report of: Kevin Clifford, Chief Nurse, NHS Sheffield CCG
Phil Holmes, Director of Adult Services, SCC
Liz Lightbown, Chief Nurse and Chief Operating Officer, SHSC

Subject: Quality care provision for adults with a learning disability in Sheffield: improvements and next steps

Authors of Report: Phil Holmes, Director of Adult Services
phil.holmes@sheffield.gov.uk 0114 273 6751
Liz Lightbown, Chief Nurse & Chief Operating Officer
Sheffield Health & Social Care (SHSC) NHS Foundation Trust
liz.lightbown@shsc.nhs.uk 0114 271 6713

Type of item:

Reviewing of existing policy	
Informing the development of new policy	
Statutory consultation	
Performance / budget monitoring report	
Cabinet request for scrutiny	
Full Council request for scrutiny	
Community Assembly request for scrutiny	
Call-in of Cabinet decision	
Briefing paper for the Scrutiny Committee	X
Other	

1.0 Background

1.1 In mid 2013, following changes in management arrangements, concerns began to be raised about quality of care within residential, short break and day services for adults with learning disabilities provided by Sheffield Health and Social Care NHS Foundation Trust (SHSC) and Sheffield City Council (SCC). Both organisations carried out extensive investigations that resulted in detailed improvement plans.

1.2 Sheffield's NHS Clinical Commissioning Group (CCG) were advised about this work and additionally commissioned an external review to ensure no stone was left unturned in the improvement of services.

1.3 While acknowledging the progress that had been made when evidence

was gathered in April 2015, the external review quite rightly concluded that both organisations had further to go in developing quality and consistency across learning disability services. This scrutiny has helped both SCC and SHSC to further accelerate improvements in the time since the review was carried out.

- 1.4 This report seeks to update Scrutiny on the progress of improvement actions. Safe systems are now in place across services for adults with a learning disability run by both the City Council and SHSC NHS Foundation Trust, supporting physical, emotional and financial well-being of the people served. There are a limited number of further actions to complete from original plans but the most significant issues have been fully addressed and overall both services have moved a long way since concerns were first raised in 2013-14. Both SCC and SHSC have also strengthened oversight arrangements so that services for people with a learning disability maintain a high profile, a high degree of support and also appropriate performance management.
- 1.5 However the CCG, SCC and SHSC recognise the need to go much further than just guaranteeing safety for people who use services. It is essential that people of all ages who live in Sheffield with a learning disability are afforded the same opportunities and the same sense of worth as the wider population. Many people with a learning disability make a huge contribution to their families, their communities and also the local economy. Therefore it is essential that organisations do more to work alongside them and their family carers to value this contribution, co-design their support and give them the choice and control they deserve. This report also highlights how this much more ambitious work is progressing.

2.0 The Scrutiny Committee is being asked to:

- 2.1 Consider the improvements that SCC and SHSC have made in the residential, short-break and day services that they run for people with a learning disability, note the arrangements in place to ensure good standards are sustained and consider any further oversight that Scrutiny wishes to exercise.
- 2.2 Note wider programmes to support improved outcomes being developed by SCC, SHSC and the CCG that recognise the huge contribution people living with a learning disability can and do make to Sheffield life.

3.0 Summary of Sheffield City Council improvements and next steps

- 3.1 SCC divided its improvement plans into two key themes, (a) Quality and Safeguarding and (b) Finance and Management. This has ensured a clear focus and enabled clear accountability for manageable tasks. These documents accompany this report as Background Papers A(1) and A(2).
- 3.2 The Quality and Safeguarding workstream has resulted in measurable improvements that can be summarised as follows:
 - A hugely improved focus on safeguarding, with updated information

for clients, carers and professionals, training for staff tailored to their individual roles, specialist support to assist with key issues and management oversight to ensure ongoing compliance

- Improvements to the physical standards of premises
- Regular monitoring, recording and rectification of health and safety issues
- Improvement of recording in relation to clients' individual records including Support Plans and regular audit of standards
- Greater emphasis on explicitly taking into account the needs of clients and family carers, in partnership with social workers
- Greater communication and supervision within the service, for example via regular team meetings and one to one sessions between managers and staff
- Greater emphasis upon understanding the individual needs of clients and placing them at the centre of decision-making around their needs (for example all clients now have a communication passport, and service documents are made available in appropriate formats)
- Improved choice of activities with a range of options guided by client feedback
- Improved awareness of physical health needs and links with NHS professionals to ensure the right follow up
- Overall approach to staff standards

3.3 However, although considerable progress has been made as above there is more the service recognises it needs to do to build on improvements:

- Further work on improving communication and engagement at all levels which will be supported by Inclusion North
- Greater emphasis upon use of advocacy for people who cannot speak up for themselves and do not have others to represent their best interests
- Further work developing Support Plans that are fully client-centred in partnership with SCC social workers
- Work with SCC commissioners to develop a range of day and short break opportunities that properly reflect current preferences, have greater benefits for clients and family carers and increase opportunities to develop skills, confidence and well-being. Further developing the Council's Sharing Lives service is absolutely key to this

3.4 The Finance and Management workstream has also achieved a number of necessary improvements:

- New guidance, procedures and controls for staff handling clients' money, consistent across all services
- Tighter managerial controls for both storage of clients' money and usage of petty cash
- A single approach for recording of financial transactions and receipts
- Client charges now handled by the Social Care Accounts Service
- Consistent monitoring and recording of clients' use of services so that access to support is equitable and charging is accurate

- Regular audits of financial transactions and money-handling processes
 - Regular supervisions and appraisals with arrangements for monitoring the frequency and quality of these
 - Improved recording of sickness absence and management follow-through to better support staff and enable return to work
 - Improvements to organisation of training opportunities, linking with staff requirements identified at supervisions and appraisals
- 3.5 Again, further improvements are currently being implemented to financial and management controls over and above those listed in 3.4:
- Making arrangements for the Council to manage appointeeships for clients who do not have other arrangements for managing their money.
- 3.6 The above process improvements and performance measures will only work if they are supported by consistent and focused leadership.
- There has been wholesale renewal of Sheffield City Council's senior management team since 2013-14, with new appointments being made at Service Manager, Head of Service and Director level. The previous interim Director and Head of Service arrangements came to an end in the autumn of 2015, with permanent appointments now in place to bring stability, support and accountability to management arrangements
 - The Cabinet Member for Adult Care and Health formally reviews progress on Learning Disability Provider Services each quarter, ensuring that further improvements are made and there is no sign of standards slipping back
- 3.7 Senior officers and Members recognise that they need to be more visible and accessible than in the past, both to ensure standards remain where they should be and also to better support clients, carers and front-line staff through being in touch with day to day realities. A number of actions are now in place to enable this:
- Regular visits to establishments from Service Managers, Head of Service and Directors
 - In depth "In Your Shoes" sessions where senior officers spend a full working day supporting clients under the supervision of front line staff, for example the day worked Stradbroke Road Day Centre by the Director of Adult Services in October 2015
 - The volunteering of Member "champions" to be attached to Learning Disability establishments and provide extra oversight and support
- 3.8 The above measures will continue to sustainably improve the safety and quality of SCC provider services. However it is important to have a wider vision for the development of support for Sheffield's adults with a learning disability that fully reflects their individual diversity and ambitions. To this end, Council Cabinet agreed a three year Commissioning Strategy in December 2014. This strategy (see Background Paper B) sets out the following objectives which are all currently being implemented:

- Services will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible
- Local support services will be more diverse so all people with a learning disability in Sheffield, whatever their age, background, or level of need, will have more choice in their support
- Social inclusion will be promoted throughout everything we do. More people with learning disabilities will be doing more within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. We will have stimulated creative and innovative ways to make this happen
- More people with learning disabilities will be in paid work and volunteering opportunities, working alongside the rest of the community
- There will be major improvements in the support for family carers, improving the support available to carers in their own right, and making life better for people with learning disabilities who live in the family home
- There will be major improvements in local accommodation and support for people who live away from their families. Housing will be high quality and the support will promote people's independence and wellbeing and will offer dignity and privacy
- Fewer people with a learning disability will live out of the city, and people who need and want to return will have been helped to do so
- Sheffield will have moved away from traditional or institutional forms of support and will focus on support which is personalised, flexible and meets people's individual needs
- Services will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships
- There will be more coordinated information about services and support across all relevant agencies
- The transition for young people with a learning disability to adulthood will be positive
- There will be strong partnerships between the Communities Portfolio, Children, Young People and Families Portfolio, Place Portfolio and NHS partners to make sure support is joined up.
- All services will provide best value for Sheffield people.
- People will say they have been fully included and involved in the planning and implementation of changes

3.9 The most important objective on the list of bullet points in 3.8 is the final one, the need to fully involve Sheffield's learning disabled population and well as their families and other supporters. The improvement plans for Learning Disability Provider Services have already been shared with clients and carers with feedback sought and acted upon. However, involvement must be seen as a two way street. It is not enough for the Council to inform people of their plans: clients and carers must be empowered to actively determine priorities and hold the Council to account for seeing them through. To help enable this, Service

Improvement Forums (SIF) have been set up for key client groups. For example, there is a SIF for people with a learning disability and a further SIF for family carers. Each of these has a chair and vice chair from the client group, and a majority of clients / carers as compared to professionals at each meeting. Not everybody is able or inclined to attend meetings so the SIF is underpinned by a wider network of clients and carers who are able to make their views known and influence agendas.

- 3.10 SCC has recognised that working accountably to people with a learning disability and their family carers, both at individual and strategic levels, is the strongest guarantee that service standards remain high. The Service Improvement Forums provide a strong foundation for this, but more work is required to continue to make connections and build further trust.

4.0 Summary of Sheffield Health and Social Care NHS Foundation Trust improvements and next steps

Between July 2013 and April 2014 SHSC undertook a Review of Culture & Practice across all the Adult Social Care Learning Disability Registered Care & Supported Living homes. The purpose was to review the: Leadership and Management; Working Practices; Culture; Experience of Residents, Tenants and their Families and the Quality of Care provided. The Executive Summary Report and Trust Board Response to the Review of Culture & Practice accompany this report as Background Papers C (1) & (2) respectively.

All issues and concerns that arose during the Review were regularly and routinely reported into the Executive Directors Group (EDG) (weekly) and the Board of Directors (monthly). Importantly they were routinely shared with the Directorate Senior Management Team (SMT) to ensure immediate action was taken as required, to ensure safer / higher quality care was delivered during and after the Review itself.

Following the Review, progress reports on recommendations and actions were regularly reported into the Directorate SMT, EDG and Board ensuring effective governance with clear lines of responsibility and accountability from frontline services to the Board of Directors. In May 2015 a new substantive Clinical Director was appointed. In December 2015 the Board of Directors received and approved the new SHSC Learning Disability Governance Framework & Quality Improvement Programme, copies of which accompany this report as Background Papers D (1), (2) and (3).

The aforementioned regular EDG/Board reports on SHSC's findings, actions and progress were also shared with the Sheffield CCG's Governing Body and SCC Executives and Directors.

4.1 Key Organisational Learning in SHSC from the Review:

To ensure a culture where dishonesty, abuse and indifference are not present or tolerated, ever, requires constant vigilance and attention, at all

levels of the organisation, from the individual to the Board and vice versa. It requires strong clinical leadership and performance management and an effective system of governance. At every level of an organisation there is a need to know what is going on and how well or not care is being delivered. The need for individual personal responsibility and to hold to account at each level is paramount.

To ensure we routinely and consistently put Service Users and their Families / Carers first and genuinely at the heart of all we do, enabling their voices to be consistently heard and acted upon.

For each member of staff to recognise and understand that upholding the rights and ensuring the safety of service users is their responsibility and is our core business. We want to consistently provide services that we ourselves would be happy to receive.

Leaders and managers must be competent and capable, always acting as role models demonstrating in their behaviour and professional relations the values we espouse as a Trust. In turn we wish all our staff to experience being well managed and well led, to be supported and treated with respect, to be appreciated and recognised for their contribution to providing high quality care. In such a work environment, the ethos of service is well articulated, understood and lived, the purpose of the team is clear, the team is appropriately staffed and high standards of conduct are realised, effective individual and team work exists and high standards of care can be delivered to all of those we are here to serve.

Establishing a clear sense of shared purpose and belonging to the wider organisation, understanding each person's role within it and the difference each person makes, is key.

4.2 The Review of Culture & Practice has resulted in measurable improvements across SHSC's Adult Social Care Learning Disability Service that can be summarised as follows:

4.2.1 Putting the Service User's Voice at the heart of what we do:

Understanding the experience of service users, their family, carers and front line staff is a powerful means through which to learn about the quality of current services, we believe engagement is essential to drive change and the service has implemented the following programme of development:

- Cloverleaf Advocacy: engaged to ensure that service users are given access to independent support and advocacy through the two financial investigation processes and at other times of key decision making
- Service user and family carer engagement: Sheffield MENCAP Sharing Caring Project commissioned to understand and support to improve the experience of service users and their family carers when accessing the following service areas:

- Respite Care Service
- Supported Living Service: Mansfield View, Stradbroke Road & Beighton Road
- Community Learning Disabilities Team (CLDT)
- Intensive Support Service (community and inpatient area).

Julia Thorpe, from the Challenging Behaviour Foundation (CBF) will mentor and advise SCP throughout their work with the Intensive Support Service.

- Initial findings are highlighting areas that can be improved upon such as the development of accessible information on admission, and sharing and building on good practice; working with services to develop improvement strategies; changes to systems and processes for routine engagement; working with services to develop a range of tools to support them to routinely engage and improving current systems for communicating
- Microsystems: Series of workshops held with service users to look at methods of obtaining in-depth feedback via focus groups. Service users have also attended the Microsystems meetings and are keen to be involved in this quality improvement work
- Carers: 6-weekly Carers Clinics (held jointly with SCC). The Carers Clinics offer family carers the opportunity to discuss any concerns, worries or frustrations they might have about the health, care and support of the person with learning disabilities and /or autism they support with senior managers from SHSC and SCC Learning Disability Service and have led to many situations being resolved before turning into a crisis
- Experts By Experience: The Directorate is working in partnership with Inclusion North to ensure experts by experience are a central focus in the delivery of the Transforming Care Agenda, Care and Treatment Reviews
- Mental Capacity Act/Deprivation of Liberty Safeguards (MCA/DOLS): A review of SHSC MCA/Deprivation of Liberty lead roles, responsibilities and reporting structures has taken place. New Steering Group and Practice Development Group established with Terms of Reference and Work Plans developed as a result. Key priority areas of work have been to ensure MCA/DOLS awareness and training for all Trust staff and a review of Trust Policy and Procedures. A programme of practice development sessions (open to SCC colleagues) has received positive feedback. Practice changes evidence that capacity assessments and best interests' decision are taking place. However this will be a focus of continued development

4.2.2 Strengthening and Improving Management and Leadership

Senior Management Structure

- The Directorate has undergone a review of its management structure with new substantive senior management appointments being made to Clinical Director, (external appointment, experienced and dynamic), Service Director and Assistant Service Director. Recruitment to other senior clinical leadership roles is underway

Delivering Effective Governance / Practice

- A new Governance and Quality Improvement Framework has been designed and implemented to support a culture of outstanding quality at every level of the Directorate. Although in its early stages, this framework will enable the Directorate to deliver well-led, safe, responsive, effective and caring services to the people supported. Changes to the way in which information is obtained, collated, analysed and reviewed is already being used to identify early signs of problems, as well as identifying examples of excellent practice that others can learn from. Some examples of areas of progression are detailed as follows:

- Increased prominence of safeguarding, investigation and trend identification within the Directorate
- Monitoring of CQC Inspection outcomes and resulting action plans. Mansfield View receiving a rating of 'Good' from its most recent inspection
- Review and analysis of incidents which has resulted in a targeted 'falls' training programme
- Operational Protocol review and development across the Directorate
- Performance and productivity improvements that has ensured referrals to the Community Learning Disabilities Team are responded to efficiently and waiting lists are kept to a minimum
- Staffing capacity and capability monitoring which provides an overview of the utilisation of resources, identifying and responding to areas where shortfalls exist or areas of increased use of flexible staff etc.
- Performance management systems established which enable: monitoring of delivery of supervisions and Performance and Development Reviews, their frequency and sampling of quality. Achievement of training and development against the mandatory framework
- Established an annual programme of Audits e.g. Detailed Risk Assessment Measure
- Established programme to National Institute of Clinical Excellence Guidance and its application into practice
- Senior Manager unannounced quality monitoring visits to Provider Service areas, in and out of hours. A format for systematically recording these visits and actions is being devised
- As part of the reconfiguration of the Provider Services, a review of the use of waking nights has been undertaken and actions have

been taken in some areas to remove waking nights and implement a system of internal rotation. A programme to support Nurse Rotation is now in development

- In 2014 the Learning Disabilities Directorate participated in the NHS Benchmarking Network LD Provider Project. Participation in the project has enabled the Directorate to benchmark itself across a wider range of metrics across the health community, the outcomes of which have informed the Directorate Quality Improvement Plan.

Service Meetings

- Monthly Service Meetings have been established to provide networking opportunities for staff across the Directorate and to provide a platform to support a culture of collaborative working and service development. This forum is used to share learning and best practice through interactive practice development topics. For example on the 12th May 2015 a staff consultation event was hosted to discuss the government green paper, “No Voice Unheard, No Right Ignored – a consultation for people with learning disabilities, autism and mental health conditions”

Organisational Development

- The Directorate has begun to establish a programme of organisational development which has initially focussed on supporting leaders through a time of significant change, empowering them to develop their own skills through for example accessing courses such as ‘Crucial Conversations’.
- In addition, the Directorate has commissioned support from NHS Elect and Diversity Matters, external consultancy to support the delivery of a programme of development days targeted to first line managers and above for all service areas. These service specific development days provide teams with an overview of national direction and examples of innovative practice. Vision, direction, culture and quality were key themes through which the Directorate has developed a deeper understanding of how it functions and its needs in relation to on-going transformation.

Residents Financial Services (RFS) - management of money and personal property

- External audit by KPMG (review of the Trust’s arrangements for managing monies belonging to service users) commissioned in 2014 in response to the emergence of fraud. Recommendations made and action plan implemented across the Trust.
- Revised RFS guidance, procedures and controls for staff handling service user monies and the management and disposal of service user property implemented and consistently applied across all service areas. Guidance includes safe storage, recording and receipt management.
- Staff subsistence practices ceased and new guidance implemented across all areas. Practice is audited within monthly monitoring

processes.

- All staff trained in RFS and Counter Fraud procedures which includes completion of the 'Fraud in the NHS Counter Fraud Competency Mapping Workbook'.
- Criminal investigations:
 - o Wensley Street Residential Care Home investigation led to the dismissal of Deputy Manager who received a 2-year custodial sentence for the theft of service user monies.
 - o Mansfield View Supported Living Locality investigation led to the suspension of two members of the management team. Case remains 'live' with a 3-week Crown Court hearing scheduled for May 2016.
 - o Monthly audits of service user monies undertaken by:
 - o RFS team who sample purple books from individual services in order to allow an independent reconciliation to vouchers issued.
 - o Independent checks of individuals expenditure records undertaken by the Assistant Service Director and Business Support Manager documented and reported back to the Trust Audit committee.
 - o 360 Internal Audit RFS Follow-up completed in February 2015.

4.2.3 Raising the Value & Esteem of Learning Disabilities Across the Trust / Culture

- Learning Disabilities has been a prominent focus at EDG and Board level with the Clinical and Service Directors attending to present regular verbal and written updates. Two key Board sessions were as follows:
 - o March 2014 - The Board's role in developing the culture in the Learning Disability Service Board Development Session
 - o May 2014: Presentations on:
 - Confidential Inquiry into the premature deaths of People with Learning Disabilities: Findings and recommendations from Trust Stock take
 - Winterbourne View Review, Concordat and Actions Up-date Briefing
 - Directorate Updates on the Respite Care Service, Green Light Toolkit and Practice and Culture Review Confidential Up-date
 - Sessions have been held with Trust Service and Clinical Directors to share the outcomes and lessons learned from the Culture and Practice Review

4.2.4 Care and Support Planning

- Audits of Care and Support Plans have been undertaken across all provider service areas with supplementary on-going visits being made to carry out observations of support in practice. This work has resulted in changes being made to the way in which individuals care and support is delivered, monitored and reviewed. The Directorate recognises that there is still further work required to ensure that individuals and their family/carers are fully engaged in this process and that the structure and content of care and support plans are much

more accessible to the individual

- Community Learning Disabilities Team Input (CLDT): A programme of work to review and update the CLDT Care Pathway has taken place which has resulted in improvements being made to individual and team productivity and performance, changing the way in which referrals are received and responded to. The CLDT now have a more focussed 'enabling' role in working with social care providers

4.2.5 Audit

- A series of audits have taken place which have improved the quality of service delivery internally to the Directorate and some have had wider implications for other LD Provision across the city, two examples are noted as follows:
 - o DNAR Audit: Tool implemented across Directorate the findings shared with Safeguarding and Sheffield Teaching Hospitals Foundation Trust (STHFT).
 - o Dysphagia Audit: City wide audit implementation following the death of a service user and attendance at Coroners Court. Audit is to determine which service users are in receipt of a modified diet and if this is recorded appropriately within the care/support plan. A sample format of how we provide guidelines and a list of danger signals which would trigger a referral if the person does not currently have guidelines in place has been developed. This audit is scheduled for completion in 2016 but is already identifying individuals who require Speech and Language Therapy input for individuals who require support around eating and swallowing

4.2.6 Medicines Management:

- PRN Medication Audit completed and findings shared with Medication Committee. On-going review of medication and action plans implemented in response.
- Prescribing Observatory for Mental Health (POMH-UK) The Learning Disability Directorate has been identified as a national leader in best practice according to the latest POMH-UK audit of anti-psychotic prescribing (POMH-9c). POMH-UK aims to help specialist mental health Trusts/healthcare organisations improve their prescribing practice.

4.2.7 Staff Development to Support a Change of Culture and Practice

- The development of staff across the directorate has been crucial in moving service forward and has been supported by a number of key training delivery programmes:
 - o 2-Day Care and Compassion Training Programme: delivered February to March 2014 to 350 staff. Covered National and Local context for LD Services, Social Role Valorisation; Person Centredness, Professional Behaviours/Codes of Conduct, MCA,

DOLs, Restraints, Best Interests, Care and Support Planning and the 6 C's

- Positive Behavioural Support Programme: The Directorate has commissioned a programme of training from the British Institute of Learning Disabilities (BILD). The aims being to support the culture and practice of Positive Behavioural Support within the Directorate. To date 54 staff attended 'basic awareness' or 'intermediate' courses and a cohort of ten passed a three day 'coaches training course'
- Clinical and Management Supervision: Targeted to first line managers and above. This training will enable managers to effectively supervise their staff ensuring clarity of responsibility, accountability and support the quality of service delivery

4.2.8 Human Resources Management (HR):

- With the significant changes that have taken place over the past 2 years the Directorate has seen an increase in sickness absence levels and the application of HR Processes. The Directorate has therefore, increased HR advisor capacity to work alongside managers to support:
 - Improved recording, monitoring and review of sickness absence procedures
 - Develop skills and knowledge and support managers in the application of HR Procedures such as capability and disciplinary investigation

4.3 The Board of Directors of SHSC wishes to work collaboratively with Service users and their families, the CCG and SCC, and other agencies to create a coherent vision, strategy and community for all people with a learning disability supporting individuals to lead fulfilling, happy and meaningful lives in Sheffield and its surrounding areas. Detail of the Trust Board's position is covered in the accompanying Background Paper C (2)

5.0 Further improvements via robust partnership arrangements

5.1 The integrated service that oversaw Learning Disability provision on behalf of both SHSC and SCC had moved away from the vision and values of both organisations, resulting in the failings set out by both internal and external reviews. Sections 3.0 and 4.0 describe how SCC and SHSC have each been ensuring improvement with their respective staff groups through systematically addressing previously identified concerns and through developing broader engagement and ambition alongside Sheffield's adults with a learning disability and their family carers.

5.2 Both organisations have also continued to work in partnership, both at case level and via strategic forums. Firstly the Safeguarding Adults Executive Board has provided strong leadership. The Board and the wider partnership are attended by both SCC and SHSC. Safeguarding Adults in Sheffield is led by an independent chair, and pulls together leads from

across the spectrum including key NHS organisations, the police, housing and adult social care. There is also a strong connection to service user voice. The Safeguarding Adults Board has remained apprised of both SCC and SHSC work to ensure improvements and has provided a critical friend role in relation to these. The Board has also championed improved standards and greater inclusion of people with a learning disability more generally. For example, the recent independent review into unexplained deaths at Southern Healthcare Foundation Trust will be debated by the Safeguarding Adults Executive Board in the next session, with a view to understanding key points of learning for both health and social care organisations in Sheffield.

- 5.3 Secondly SHSC and SCC work closely together in integrated care workstreams under the joint leadership of the CCG and Council commissioners. The focus of current integration activity is around the person not the organisation. In other words, energy is directed at considering new ways of working that put clients and family carers at the centre (for example only being asked once for key pieces of information, having clearer arrangements to help them co-ordinate their care, providing better information about opportunities in their local neighbourhood). Previous attempts to integrate organisations providing care in other parts of the country have failed because they have prematurely focused on new structures and governance without first resolving key issues of delivery for the people they are intended to serve. The intention in Sheffield is to get the foundations right before building the house.
- 5.4 Therefore, SHSC and SCC are jointly working within various aspects of the “People Keeping Well”, “Active Support and Recovery” and “Ongoing Care” workstreams that make up the current Integrated Commissioning Programme. Alongside other NHS and community organisations, both are committed to form following function in relation to new ways of working that better support adults with learning disabilities in line with their wishes.

Background Papers:

- A. Progress on SCC improvement plans, December 2015:
(1) Part 1 Quality, Safety and Safeguarding
(2) Part 2 Financial and Management Controls
- B. Sheffield City Council Learning Disability Commissioning Strategy 2014-17
- C. SHSC Review of Culture & Practice:
(1) Executive Summary Report, July 2014
(2) Trust Board Response December 2014
- D. Progress on SHSC Action / Improvement Plans:
(1) Final Action Plan, August 2015
(2) LD Governance Framework, December 2015
(3) Quality Improvement Plan, December 2015