



Report to Health Scrutiny Sub-Committee

Author/Lead Officer of Report: Heather Burns, Deputy Director of Mental Health, Learning Disability, Autism and Dementia Transformation, NHS Sheffield Integrated Care Board

Tel: heather.burns@nhs.net

Report of:	NHS South Yorkshire
Report to:	Health Scrutiny Sub- Committee
Date:	7 th December 2022
Subject:	Future Model for the provision of health services for people with Learning Disability/Autism

Purpose of Report:

- To inform Health Scrutiny Sub Committee of work to look at developing and implementing a future model for the delivery of community and inpatient health services for people with learning disability/autism (LDA), following changes in patterns of demand over the period of delivery of the national Transforming Care programme.
- To outline an engagement, co-production and consultation process and timeline for this work
- To outline the underlying issues relating to this work
- To give the Committee and opportunity to comment on this work

Recommendations:

That the Committee:

- I. notes the issues that the paper proposes to progress work on, and the intention to rebalance and modernise the provision and model of community services to support people with learning disabilities and their families in Sheffield.
- II. agrees to the planned work to address this through the coproduction, engagement and consultation processes outlined over the next 5 months.

Background Papers:

<https://www.gov.uk/government/publications/building-the-right-support-for-people-with-a-learning-disability-and-autistic-people>

- 1. SCC Scrutiny Committee paper: Learning Disability/Autism Services Engagement Plan November 2022**
- 2. Sheffield Learning Disability and Autism Summary Issues Paper November 2022**

1. SCC Scrutiny Committee paper: Learning Disability/Autism Services Engagement Plan November 2022

2. Historical Service Background

2.1 The existing Learning Disability/Autism (LDA) service in Sheffield Health and Social Care Trust (SHSC) was commissioned some years ago as a stepped model of care with three separate teams, including a community learning disability team, (CLDT) community intensive support team (CISS) and an 8 bedded Assessment and Treatment Unit, Firshill Rise Inpatient, which opened in 2017.

2.2 Since this time, increasingly lowering levels of demand and occupancy for inpatient care have been noted prior to and since the pandemic, due to improved admissions avoidance and reduced length of stay when admissions were required.

2.3 This stepped model of care in Sheffield predated Building the Right Support, the national strategy for reducing over reliance on inpatient hospital care, which included a targeted national reduction programme in the number of commissioned hospital beds, in favour of less restrictive care. Assessment and Treatment units of this nature are nationally increasingly considered to be an outdated form of restrictive provision.

2.4 NHS Sheffield commissioned 7 of the 8 beds at the inpatient Assessment and Treatment Unit, at Firshill Rise with one of those beds being available to other commissioners from outside of Sheffield, and this was the only such unit in the South Yorkshire area as other areas had previously closed their provision.

2.5 As part of the delivery of the Transforming Care Programme, additional capacity has been co-commissioned across the SY ICB to provide a Forensic Outreach Liaison team for people with LDA and forensic needs to enhance the community provision. Sheffield has been able to enhance some aspects of its community LDA service, but less so than other local South Yorkshire areas, who did not have resources pre-committed to an inpatient unit.

3. The national Transforming Care programme expected all areas to:

- Reduce their over reliance and length of stay in inpatient beds to provide care in the least restrictive environments closest to home

- Discharge people that had been in inpatient services for excessively long periods
- Reduce the number of inpatient beds that were commissioned
- To do this by enhancing community services to promote earlier intervention and prevention of crisis developing, when services and families struggle to manage behaviours that can be challenging to support in the community.

3.1 Sheffield started the Transforming Care programme with 24 people with learning disability/autism (LDA) in hospital inpatient care, 12 of whom were in locked rehabilitation in out of city settings, many who had been in this type of provision for over 20 years; the rest of this cohort were at Firshill Rise, and its predecessor facility, or in other inpatient acute provision.

3.2 Due to the success of the Transforming Care Programme over the last 7 years, the demand and need for inpatient beds has greatly diminished and South Yorkshire was acknowledged nationally as having achieved some of the best progress in this area.

3.3 Currently Sheffield has only 1 person with learning disability in inpatient care commissioned by NHS Sheffield, and 1 person in secure care, commissioned by NHS England. These are in specialist placements which are monitored by SHSC and NHS Sheffield clinical and managerial staff. Firshill Rise is not viable to operate on such small numbers.

3.4 Analysis of admissions over the last 5 years would now suggest that we would need only capacity for 1-2 beds per year, as we are no longer experiencing the demands for inpatient care as had been the case before the Transforming Care programme commenced.

3.5 This is a measure of the success of the programme of work by SHSC clinicians, Local Authority managers and Social Workers, and the former Sheffield CCG leads to reduce avoidable admissions, by better tracking people in crisis and supporting people in the community.

3.6 We do believe that in order to maintain and improve on this success and to reduce the need to access restrictive care, we need to further enhance the specialist clinical community offer to families and care providers by extending it to evenings and weekends to offer more crisis interventions which stakeholders have told us is needed, and when patterns of demand can peak.

3.7 We would therefore like to engage with service users, families, carers and stakeholders in how we develop a new model for Learning Disability services which address the changes in demand for inpatient services and acknowledges the requirement for further enhancing community services.

This enhancement in community can only occur if we are able to reinvest resources from the underutilised inpatient offer at Firshill.

3.8 There has been significant involvement activity that has already taken place on what people want to see in an enhanced Community Learning Disability Service by Sheffield Health and Social Care Trust, and commissioners outlined below, which whilst it doesn't form the main focus of the planned involvement and engagement activity being presented in this report, it is clearly connected as a proposal to enhance the offer of community care in Sheffield as an alternative to restrictive inpatient care.

3.9 The involvement and engagement process that we are outlining will focus on the reduced demand for inpatient care and what a future model needs to be for Sheffield to secure good community services, but to ensure access to inpatient care if unavoidable.

4. SHSC's proposed community model

4.1 SHSC propose to streamline their current model of delivery and to provide one Community Learning Disabilities Team - to provide standard and enhanced interventions, determined by need, through a central point of access for all referrals into the service replacing the separate CLDT and CISS teams described earlier.

4.2 The new model will improve quality of care by being more responsive, effective, and focused on patient safety, with an emphasis on admissions avoidance. There will be a greater emphasis on a multidisciplinary team approach and assessing/managing risk with consistent application of the national "Stop Over Medication of People with a learning disability" (STOMP) and the Transforming Care agenda and with the introduction of increased evidence based and coproduced outcome measures.

4.3 Overall service users will receive the right support, right care, and right culture, at the right time consistent with the national drive to enhance community services and reduce over reliance on inpatient beds.

4.4 The community provision supports earlier and more intensive intervention that means service users are less likely to need experience placement breakdown and avoidable escalation to inpatient admission. The development of enhanced community care also means that resources can be directed more appropriately to a wider group of people with greater need.

4.5 The proposal is in line with the national direction of travel and the South Yorkshire Integrated Care Board Transforming Care recommendations for a decrease in reliance on learning disability inpatient assessment

treatment beds, in favour of prioritising a high-quality person-centred community offer.

5. Public involvement on developing a new offer relating to inpatient care

5.1 NHS Sheffield SY ICB and Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council LDA Commissioners will work in partnership to ensure that local people who may use this service are involved in the development and consideration of proposals about this service, and that their individual legal duties around involvement are met.

5.2 In parallel, Sheffield City Council are embarking on a new Enhanced Social Care Framework to stimulate competent providers of supported living to offer their services to Sheffield and are also working on a improving respite provision, both of which will reduce breakdown of placement and home circumstances through an improved offer.

6 Involvement on developing a new offer for LD health services will consist of 3 main phases:

6.1 Phase 1: Engagement on the key issues and challenges (e.g. reduced demand for beds, increased demand for community offer, etc.) and collating of views with a special focus on the views of people with lived experience, service users cares and family. Phase 1 will run for 8 weeks between 14 November 2022, with an initial announcement of the work on this area at the LD Partnership Board, and through to 8 January 2023. This will lead to the development of co-produced open questions aiming to seek views of service users and stakeholders.

6.2 Due to the complex nature of the interdependencies of this work, the involvement activity is to be informed by an issues paper which will highlight all the important and relevant background information.

6.3 An Easy Read summary will be developed to support involvement with people living with a learning disability and we will provide grants to community organisations supporting individuals with a learning disability to co-produce involvement activity and to help us to develop the set of open questions to accompany the issues paper to promote meaningful dialogue on the issues faced.

6.4 An online survey will also be developed to allow people to consider and respond virtually and we will work with existing groups and community partners to ensure that people are informed and have an opportunity to be involved in this work.

7. Phase 2: Developing a set of options following the involvement of phase 1

7.1 The feedback received through the **phase 1** involvement stage will be used alongside financial, quality and other commissioning information to develop viable options for the future need and provision of Learning Disability inpatient provision and on options to enhance community service provision. Arrangements will be made to include people with lived experience and/or their representatives, family carers and other stakeholders in this **phase 2** process.

Should the outcome of options appraisal suggest that substantial change may be proposed, the proposals will be subject to NHS England's assurance checkpoint process which would look at whether the proposals satisfy the government's four tests, and NHS England's test for any proposed bed closures.

The government's four tests of service change are:

- Strong public and patient engagement.
- Consistency with current and prospective need for patient choice.
- Clear, clinical evidence base.
- Support for proposals from clinical commissioners

Additionally, NHS England & Improvement would expect commissioners to be able to evidence that they can demonstrate that sufficient alternative provision, such as increased community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it. This assurance process would be concluded prior to any consultation being launched.

8. Phase 3: Formal consultation on options and then decision Q1/Q2 2023.

Depending on the outcomes of the options appraisal, a formal consultation process may need to take place. A full consultation plan would be developed in this instance. A full consultation can take between 8-12 weeks so this full process and sign off would likely be around May 2023.

9. Governance

These initial plans will be presented at the following meetings for scrutiny and assurance:

- Health Scrutiny Sub-Committee – 7 December 2022
- Strategic Public Involvement Experience and Equality Committee – 20 December 2022
- MHLDDA Delivery Board in January and April 2023

Draft Timescales

Date	Milestone
14 November 2022	Involvement start
8 December 2022	Health Scrutiny Sub-Committee
20 December 2022	Strategic Public Involvement Experience and Equality Committee
8 January 2023	Involvement end
w/c 23 January 2023	Options appraisal
25 January 2023	Health Scrutiny Sub-Committee
13 February 2023	Consultation start (if required)
9 April 2023	Consultation end
TBC	Strategic Public Involvement Experience and Equality Committee
TBC	Health Scrutiny Sub-Committee
3 May 2023	NHS South Yorkshire ICB decision

10. Ask of the Committee

The committee is asked to:

- I. Note the issues outlined and comment
- II. Indicate any initial considerations relating to this piece of work
- III. Note any additional considerations relating to the planned co-production, engagement and consultation process and timeline

11. Sheffield Learning Disability and Autism Summary Issues Paper November 2022

1. Transforming Care and the National Learning Disability and Autism Programme

1.1 Transforming Care aims to improve the lives of people with a learning disability or autism. It says there should be fewer inpatient beds as people should be able to live in the least restrictive place possible, such as their own homes, but receive active care and interventions if they develop behaviours that are challenging to support in these environments, so avoiding inappropriate admissions.

1.2 Many times when people go to into learning disability and autism specialist hospitals due to breakdown of their original home placement, they may stay there many months longer than they need to as they can often lose their tenancies, when some care providers refuse to take the person back when they are ready for discharge. Additionally, people can lose independence skills that are difficult to regain to be able to live back in the community.

1.3 We have improved some community clinical and other services to prevent people from having to go to learning disability and autism inpatient services, over the Transforming Care programme period, but want to invest more in prevention, early intervention, and to provide individuals, families and care staff with increased access to support from specialist learning disability and autism clinicians in people's own homes over extended service hours, as hospitals are not homes.

2. Firshill Rise Assessment and Treatment Inpatient Unit

2.1 We spend £1.3 million each year on 7 inpatient beds at Firshill Rise.

2.2 Following the success of the Transforming Care programme we now believe that we only need a maximum of 2 beds for people with a learning disability in crisis, when inpatient treatment may be unavoidable.

2.3 We are therefore paying for more beds than we need currently, and this is preventing us from investing more in the community clinical services to better support people to prevent crisis and home/placement breakdown.

2.4 We have been asking people about how we might be able to give better community support. Some of the money that we spend on beds that are no longer required could be better invested in these community interventions.

- 2.5 The Care Quality Commission inspected Firshill Rise and said that it was not giving the care needed and Sheffield Health and Social Care NHS Foundation Trust agreed to not take any more admissions. Sheffield Health and Social Care NHS Foundation Trust have since relooked at their model and believe that they could improve their community services to prevent the need for as many inpatient beds.
- 2.6 We still need to make sure there are enough beds of the right sort as close to home as possible for anyone that really needs them, but Firshill Rise is not sustainable as a 1-2 bedded inpatient unit.
- 2.7 Sheffield City Council is leading work with partners to improve some other aspects of the care and support in the community that people with learning disability and autism and their families' need to keep them well, safe and to avoid placement breakdowns, such as respite care and an improved Enhanced Supported Living Framework.
- 2.8 We are also working on a solution for people with a learning disability and autism across South Yorkshire, which includes the development of a step up/admissions avoidance facility to meet the needs of people in a crisis who do need some time away from home to stabilise them, but who do not need hospital admission. This facility will be co-commissioned across South Yorkshire, and the specification is being developed for both the learning disability and autism population and for people who are on the autistic spectrum.

3. The emerging needs of people with autism who do not have a learning disability

- 3.1 The needs of people with autism but without a learning disability have increased in terms of crisis presentation over the last 3 years. Mostly people from this cohort can be supported well and appropriately in acute mental health care settings if they need inpatient admissions to treat a presenting mental health crisis.
- 3.2 However, there are a small number of autistic people with complex needs and sensory issues who do not have good outcomes from this acute mental health inpatient provision, and we are working with partners across South Yorkshire to look at pathway improvements, as the numbers of people are still too small to be able to develop local solutions. We are also working with Sheffield Health and Social Care NHS Foundation Trust to see how they can improve the experience that this cohort have in inpatient care, through improved staff training, and access to advice from autism specialists.

3.3 Firshill Rise is not suitable as an inpatient provision for autistic people without a learning disability as we would not mix people presenting with a learning disability in such a facility.

4 Questions

We want to ask people...

- How have you been impacted by the temporary closure of Firshill Rise?
- What type of support is needed for people with a learning disability when they have a crisis?
- What are the potential issues of having learning disability crisis beds outside Sheffield?

This page is intentionally left blank