



Report to Health Scrutiny Sub-Committee

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Report to: Health Scrutiny Sub-Committee

Date: 1st June 2023

Subject: Future of health services for adults with a learning disability in Sheffield

Purpose of Report:

- To update the Health Scrutiny Sub Committee of work that has progressed since our last paper on 23rd March 2023, on developing the emerging future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand since successful implementation of the national Transforming Care programme.

Recommendations:

That the Committee:

- Note the proposed models and options for the future of these services in Sheffield.
- Provide a view on whether sufficient engagement has taken place to enact these proposals following the engagement that we have previously reported to committee
- Receive a further update in autumn 2023 around implementation of the model.

Background Papers:

- Previous update provided to the Committee in March 2023: [Future of health services for adults with a learning disability in Sheffield.pdf](#)

Future of health services for adults with a learning disability in Sheffield

1. Purpose of the report

- 1.1 To update the Health Scrutiny Sub-Committee (HSC) of work that has progressed since our last paper on 23rd March 2023 on developing a future model for the delivery of community and inpatient health services for people with a learning disability/autism, following changes in patterns of demand over the period of delivery of the national Transforming Care programme.
- 1.2 The Firshill Rise Unit has been closed since 2021 for admissions due to quality concerns. It had also not been fully needed for admission in the 3 years preceding this leading up to closure. A paper on lessons learned from the quality issues identified at Firshill Rise was presented by Sheffield Health and Social Care NHS Trust (SHSC) as the provider of the service to HSC in March 2023. This has helped to inform the future shape of the learning disability service model.

2. Changing needs for inpatient learning disability services

- 2.1 Analysis of admissions over the last 5 years would suggest that we may only need capacity for 1 to 2 people to be admitted to specialist learning disability inpatient provision in a 12-month period, rather than requiring the commissioned 7 bedded inpatient unit at Firshill Rise.
- 2.2 This is a significant positive improvement compared to when there were 26 people within long stay inpatient care and 12 people in secure care at the start of the Transforming Care programme in 2015, most of whom had been there for many years, and there were frequent admissions required during any 12-month period.
- 2.3 Some of the reasons for this improvement and changed pattern of demand includes:
 - Work through the Transforming Care Programme on admissions avoidance conducted by SY ICB Sheffield Place Commissioners/Senior Nurse Lead, Local Authority Commissioners/Social Workers and clinicians working in SHSC's specialist learning disability services.
 - The implementation of Dynamic Risk Registers.
 - Improved coordination and oversight of patient pathways across agencies.
 - Collaborative work with Sheffield Place ICB led by the Local Authority on residential care and accommodation.

- 2.4 It is of note that after Firshill Rise closed to admissions in May 2021, there was no increase in the need for out of city hospital placements for people with a learning disability and that when a hospital admission of an adult with a learning disability has been required, this has been more directly related to their mental health needs. People have therefore been more appropriately placed and supported on the mental health acute wards through the application of a national methodology called [green-light working](#) to improve appropriate access to mainstream mental health care when required, through additional support from specialist learning disability/autism clinicians.
- 2.5 SHSC have signed up to the *Green-Light Working* commitment across their acute mental health services to improve patient experience and outcomes for this population. All people with learning disability admitted on to mental health wards in SHSC receive this Green Light working approach, which involves members from the learning disability specialist team in-reaching into the ward to offer information, consultancy and/or attendance at Multi-disciplinary Team meetings (MDT) and Care and Education Treatment Review (CeTR) meetings. This approach will be further strengthened by the proposed new enhanced model.
- 2.6 An audit of “Safe and Wellbeing Checks” was completed in 2022, which revealed that 33% of people that were inpatients in learning disability hospitals from across all places in South Yorkshire did not require to be in an inpatient setting, and some of these had experienced considerable delayed discharge after being identified as ready to be stepped down into a less restrictive environment. Inappropriate escalation into more secure services was also identified in 13% of those individuals reviewed across South Yorkshire. The rationale for these delayed discharges and escalations was linked to the absence of psychological provision within community settings, absence of specialised services available locally, and creative options not being fully explored to support discharge to community.
- 2.7 A regional commissioning solution for the Assessment and Treatment beds at Firshill Rise has been formally explored over a number of years and was discounted with our South Yorkshire partners in autumn 2022, and is not therefore a viable option, as these partners have formally stated that they do not want to co-commission assessment and treatment inpatient beds for people with learning disability at Firshill. Currently, of the people funded by the other ‘places’ within SYICB with a learning disability/autism in hospital, there are 4 people in other types of provision and in locations in regional provision, and 3 people in the Midlands at more enhanced-specialist complex needs hospital provision which Firshill was not designed for, as an assessment and treatment unit only.

3. What user feedback is telling us

- 3.1 As reported to HSC in December 2022 and March 2023, we recognised that for a small number of people, continued and possible permanent closure of Firshill Rise represents a potentially significant change. Therefore, extensive service user engagement was carried out with our partners, Disability Sheffield and Sheffield Mencap and Gateway, over winter 2022/23.
- 3.2 Feedback from this engagement activity highlighted a number of concerns including:
- Increased travel for family, friends and carers to individuals placed in out of area settings.
 - Oversight of out of area placements.
 - Further enhancing community provision to provide more support for individuals and their families.
- 3.3 This feedback was explored in detail in the report presented to Health Care Scrutiny Sub Committee in March 2023, at which we sought the further views and advice of committee members, and as previously discussed with Committee, we have also sought advice through NHS England Assurance Checkpoints.
- 3.4 Following the engagement exercise, we have been considering the position that would best enable us to invest in improving community services and the local offer, in line with the national model, *Building the Right Support*, whilst also recognising the views and concerns of local people.

4. Proposed way forward

- 4.1 From collaborative work with SHSC as our provider and on jointly reviewing national and our local evidence and data, we recognise that the low level of demand now present in Sheffield means that Firshill Rise unit is no longer viable to sustain delivery of a dynamic high-quality offer, and that under-utilisation creates clinical risk, with challenges to staff to maintain clinical skills over time due to extended periods of no, or infrequent admissions.
- 4.2 As part of this process a series of possible emerging options have been explored further with key stakeholders. The criteria for understanding which of these options are viable would include:
- Strategic benefit – is the option in line with the national Transforming Care strategic direction?
 - Delivery benefits – is the option deliverable, offering an improvement to delivery and in line with patterns of demand?
 - Service user benefit – does the option address findings of the service user and carer engagement?
 - Financial benefit – does it represent value for money; is it affordable?

- 4.3 Considering the evidence and the feedback that we have received through the engagement process so far, discussion with HSC, and NHS England Assurance Checkpoint process, we wish to progress with our intention to ensure that Sheffield has a more sustainable and enhanced community service offer to the population of learning-disabled people, their families and carers.
- 4.4 In order to achieve this we believe that our best approach is to more creatively use the funding that is currently allocated to the inpatient Assessment and Treatment beds that are no longer required into preventative, personalised specialist community services that match the national model in Building the Right Support. Therefore, Sheffield ICB and Sheffield Health and Social Care Trust jointly propose that:
- Firshill Rise is not reopened, as it is not an effective use of NHS money considering the reduction in need now present in Sheffield for this type of provision.
 - The resources released from the closure is reinvested into community Learning Disabilities/Autism services with a focus on prevention and keeping people well in the community and further reduce the need for beds (see section 6 of this report for more on this model).
 - Establishment of joint arrangements between Sheffield Place ICB and SHSC to commission an alternative hospital bed if and as required, including suitable mitigations such as family travel support and monitoring of placements.

5. Mitigation of concerns in relation to the proposed changes

- 5.1 We recognise the concerns raised through the engagement process and have worked with Sheffield Voices as experts by experience to understand and design appropriate mitigations to avoid or reduce the impacts identified. These mitigations include providing support to families with their travel and support needs to ensure that they can maintain contact and oversight of their family member with Clinical and Social Work staff, on the rare occasions that a person may be placed in an out of city hospital placement.
- 5.2 We will enhance the Clinical and Operational oversight of anyone placed in hospital out of city, which will exceed the national standards for Safe and Well Checks in terms of frequency, and with a clear defined lead role identified to lead this oversight.
- 5.3 We will take the proposed model to an NHS England regional independent clinical senate to ensure that we are implementing best practice. This will commence on 30th June 2023. We will continue our engagement work with experts by experience and other stakeholders through this period.
- 5.4 On the infrequent occasions when a specialist inpatient learning disability inpatient bed is required, we will have an identified funding mechanism/funding stream in place with SHSC as our delivery partner to ensure that should an

admission be unavoidable, that there is no financial barrier to access when required, and families will not have uncertainty that this could create.

- 5.5 We will remain open to any emerging commissioning trends and opportunities that may arise in the future across the SY ICB, SY Provider Collaborative has committed to a future strategic review of all inpatient bed requirements for a wider cohort of people including those with autism only.

6. Proposed future community model

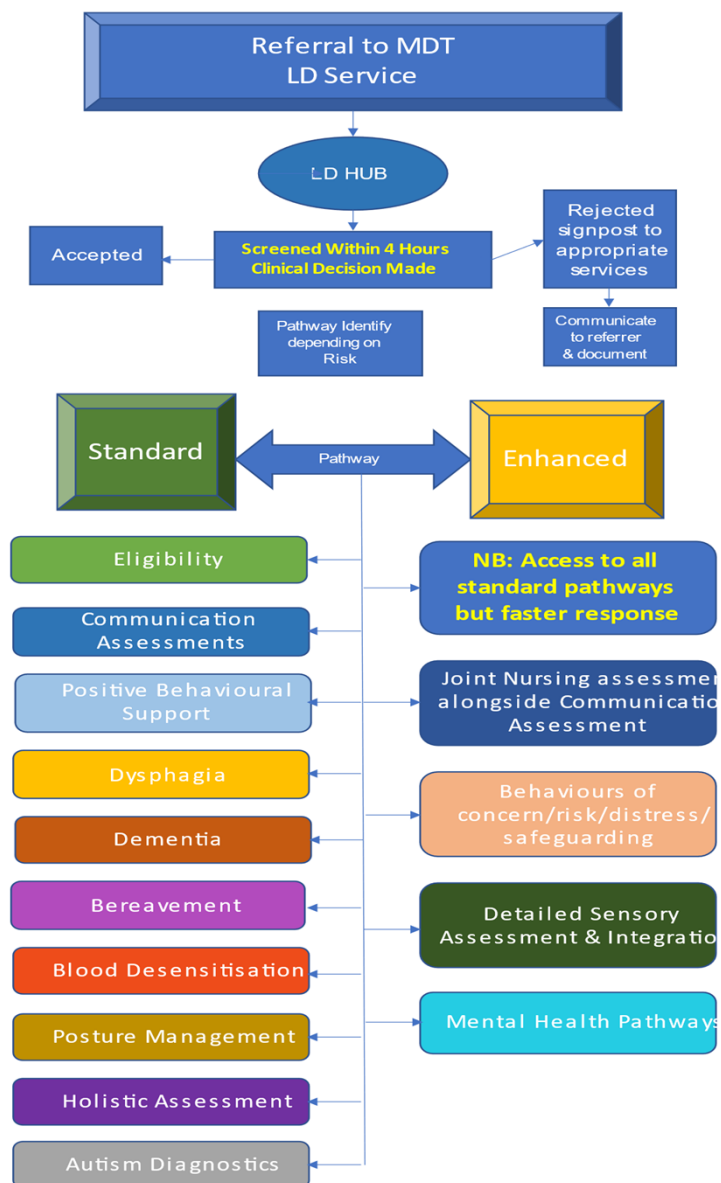
- 6.1 Throughout 2022 and 2023, SHSC and SYICB Sheffield place clinical and operational leads have engaged with people with learning disability, their family carers and other stakeholders to create an enhanced community model for the small cohort of people within the learning disability population with moderate to severe learning disability, alongside behaviours that are challenging to support and/or with comorbid autism/mental health/needs.

- 6.2 We propose that through investment into the clinical professionals within the specialist learning disability service, the new model will provide:

- A single pathway into one Community Learning Disabilities Team (CLDT), which will provide standard and enhanced interventions, determined by need
- A central point of access for all referrals into the service, with a greater emphasis on a coordinated community multidisciplinary team (MDT) approach to better assess and manage risk
- An improved MDT offer to stabilise and reset care plans/manage titration of medication through increased clinical and support staff, including nursing, speech and language therapists, occupational therapy, psychiatry, dieticians, physiotherapy, and other therapists
- Extended operating hours during the week with additional on call clinical advice and support over the weekends
- A more consistent application of the national programme to Stop Over Medication of Patients with a learning disability/autism (STOMP)
- The introduction of more evidence based and coproduced outcome measures
- Improved prevention and early intervention when a person with learning disability is experiencing a deterioration in their emotional wellbeing, mental health or behaviour that is challenging to support.
- Increased support available to families and paid carers to help to manage behaviour that is challenging to support without the need for the person to be removed to inpatient services

- 6.3 We are working on effective alternatives to hospital admission through the development of a short stay crisis-bed residential model with our regional partners. The service would support individuals as a de-escalation provision, to prevent breakdown of living arrangements. SHSC Learning Disability team will

have access rights into this placement and offer clinical oversight of people from Sheffield being admitted, to ensure timely return to their community.



7. Next steps

- 7.1 The proposal will be worked up to a full business case which will go through the relevant governance and decision-making bodies in SYICB/Sheffield Place and SHSC as the service provider, over the summer period in order to commence mobilisation of the new model as soon as possible.
- 7.2 HSC and NHS England have commented on the engagement undertaken as an example of good practice. NHS England advised that they feel there would be no additional materiality gained from further consultation.
- 7.3 Therefore, we believe that the extensive engagement to date has provided us with sufficient insight about the views and concerns of individuals who may be

impacted by these proposals, and that further consultation would provide confusion and uncertainty to individuals, as well as delay the advantages of implementing alternative provision as outlined above.

7.4 We therefore ask for the view from HSC regarding whether sufficient engagement has taken place to enact these proposals, given the engagement process that we have previously reported on and our position stated above and below.

8. Recommendations for HSC

- Note the proposed models and options for the future of these services in Sheffield.
- Provide a view on whether sufficient engagement has taken place to enact these proposals following the engagement that we have previously reported to committee.
- Receive a further update in autumn 2023 around implementation of the model.