



Report to Health Scrutiny Sub-Committee

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Report to: Health Scrutiny Sub-Committee

Date: 25 January 2024

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 and agreed since our last update in June 2023 on 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.
- To inform the Health Scrutiny Sub-Committee of the move to the implementation phase of the new model.

Recommendations:

- To note that we are now beginning phase one of implementing the model of delivery for the new Sheffield LDA service, as a positive development to better meet the needs for this population.

Background Papers:

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

1.1.1 Update the Health Scrutiny Sub-Committee (HSC) of work that has progressed since our last update in June 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.

1.1.2 Inform the Health Scrutiny Sub-Committee of the move to the implementation phase of the new model.

2. Introduction and update from the last report in June 2023

2.1 The Health Scrutiny Sub-Committee agreed in June 2023 that the proposed model to redirect the resource from inpatient services at Firshill into enhancing the community Learning Disability services could be implemented.

2.2 Following this decision, Sheffield Place Integrated Care Board (ICB) team and Sheffield Health and Social Care Trust (SHSC) produced a sustainable business model, financial, demand and capacity plan, staffing plan and specification, which all considered regional and national best practice and benchmarking.

2.3 Throughout the process, partners have submitted plans to NHS England for assurance and scrutiny. Between June and September 2023, extensive information was supplied to the North West Clinical Senate, culminating in a full day panel in September. The panel were highly complementary on the depth and scale of information provided, and the breadth of the engagement work (in common with NHS England's Assurance checkpoint feedback). The panel result was that they gave what they called "caveated assurance" with "no red lights" to Sheffield, against all key lines of enquiry, and commented that this was "a good place to be" at the end of the panel. They were happy for plans to continue to be progressed for the new service.

2.4 While the panel's advice is not mandatory, learning from these caveats has been built into the final model. For example, they had concerns about whether spot purchasing an out of city placement was in line with least restrictive care closest to home; but our proposed model will further reduce our likelihood of needing to admit people, and it is not possible to retain a previously 8 bedded

hospital unit for the risk of an occasional admission, from quality assurance, cost and safeguarding perspectives.

2.5 The business case for the reinvestment was agreed by Sheffield ICB's Senior Place Executive Team (SPET) in November 2023. This agreed that:

2.5.1 The new model will see the funding that had previously been committed into Firshill Rise be reinvested into the community LD service model described. This breaks down to £1.5m staffing resource, £0.12m for spot purchase inpatient care and the remaining for non-pay and overheads to be added to the existing community provision.

2.5.2 The ICB team will progress plans to develop a gain/risk share with SHSC for any inpatient admissions, against a continual review of performance against the incremental implementation of the new model.

2.5.3 The total cost of the future service, including the new model and existing community learning disability service, would be £5.1m.

3. Overview of the new model

3.1 The proposed community model has been built around the national Transforming Care and Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) agendas and focuses on a significant improvement in quality of community support with an increased focus on patient safety, clinical effectiveness, patient experience, improved responsiveness, an extended offer, and co-ordination of the whole SHSC Learning Disability service.

3.2 It is proposed that the new model will provide:

3.2.1 **A new single multidisciplinary Community Learning Disability Team (CLDT)** delivering core functions of standard and enhanced care pathways that are determined by need, which will influence the speed and intensity of the response. Enhanced pathways will offer a responsive, more intensive support than the standard pathways with an aim to prevent placement breakdowns and inpatient hospital admissions. Some service users may require referral to multiple pathways. Examples of pathways will include Sensory Assessment and Integration, Communication, Positive Behavioural Support and a holistic evidence-based nursing assessment.

3.2.2 **A strengthened central point of access** for all referrals into the service, with a greater emphasis on a more coordinated and holistic community multidisciplinary team (MDT) to better assess and manage service users' health-related needs and any associated risks as early as possible.

3.2.3 Extended operating hours during the week (to 8am-6pm on weekdays and 9am-5pm on call on weekends, in phase one, and to 8am-8pm in phase two), with referral to the general SHSC out of hours crisis team outside of those hours, to offer earlier pre-working day appointments as requested by working families in our engagement work, with additional on call clinical advice and support over the evenings and weekends. This will enable the service to help reduce the risk of family/placement breakdown, admission to an inpatient setting, or an out of area placement.

3.2.4 Increased number and range of clinical and support staff, to reduce waiting times, to add to and complement the MDT, to support the additional operating hours, and to carry out a range of interventions, including Positive Behavioural Support, physical health monitoring, depot injections and blood desensitisation work. Further information is as follows:

- Professional groups such as Psychiatrists, Speech and Language Therapy, Occupational Therapy and Nursing will see their staffing levels increase in line with national benchmarking carried out by SHSC. Demand and capacity analysis has shown that for many of the professions in the service, including Speech and Language Therapy (SALT), physiotherapy, occupational therapy and psychology, people are waiting in excess of 18 weeks for interventions, and that the range of interventions is restricted. For example, SALT capacity is mainly focussed on eating and swallowing problems, so that even severe communication issues, which can lead to behavioural issues, are not addressed in a timely way.
- The new structure also includes new roles of Specialist Dieticians, as well as Art and Music Therapists, to address both waiting times and gaps in the service around the morbidity associated with poor diet and obesity, and to provide specialist psychotherapy for non-verbal individuals who have experienced trauma respectively, which is widespread in this population. The role of a Specialist Dietician will enable a range of service users' dietetic needs to be met and demonstrates local and national learning from the LeDeR programme. Art and Music Therapists would enhance the patient experience by meeting an increased variety of service users' holistic needs. Music therapists would engage service users in musical interaction to promote their emotional wellbeing and improve their communication skills with the intervention being particularly effective for people whose means of communication is non-verbal.

3.2.5 Enhanced partnership working between SYICB, SHSC, Local Authority, using a nationally mandated "Dynamic Support Register" and "Care and Treatment Reviews" to reduce the risk of avoidable admissions of people to specialist LD inpatient services.

3.2.6 Further implementation of the national "Greenlight Toolkit" guidance, to improve the support that is provided to people with Learning Disability with or

without Autism who have needs predominantly relating to their mental health in the community, and also in acute mental health wards, if admission to this type of care is required, as an alternative to an out of city placement.

3.2.7 The introduction of more evidence-based outcome measures coproduced with experts by experience and families. This will include quality of life and health measures, aimed at reducing early preventable deaths, using analysis from our learning from the reviews of deaths through the [LeDeR programme](#) and linked to our [SMI Physical Health Strategy](#) recently reported to SPET.

3.2.8 A more consistent application of the national programme to [Stopping Over Medication of Patients with a learning disability/autism \(STOMP\)](#). The new clinical model will enable the STOMP agenda to be tailored to the needs of people from an ethnic minority background.

3.2.9 Working more collaboratively with SHSC autism specialists to advise on avoiding out of city admissions for autistic people. It should be noted, however, that the focus for the service in scope of this paper is primarily on people with a learning disability, who may also have a diagnosis of Autism. People who have Autism only without a Learning Disability are supported through a different SHSC service and pathway, and this work is part of a programme that is being led across the whole of South Yorkshire, through the SYICB and the Specialist Provider Collaborative. That said, it is recognised that that we need to further enhance collaborative working practice between the Sheffield pathways for people with a Learning disabilities and Autism only.

3.2.10 In addition, as an adjunct to this work on adult learning disability at Sheffield place, we are collaborating with the SYICB LDA Programme and place leads, and with Local Authority partners to finalise plans to jointly commission for South Yorkshire an Autism only specialist clinical community team and a short stay residential model for LD and/or autism as a de-escalation provision and admissions avoidance initiative funded through SYICB Service Development Funding. This is a significant aspect of our plans to continue to impact on admissions avoidance to specialist inpatient beds.

3.2.11 Enhanced support to those who do need admission to an inpatient unit:

- It is recognised that the demand for inpatient admissions is not perfectly predictable, but we have evidence of a consistently reducing level of demand, over a five-year period through our work on admissions avoidance.
- We feel that it is prudent as part of our planned model to have a risk share with SHSC for up to one admission per year, with quarterly reviews of the position between ourselves and SHSC. Financial resource will therefore be held in reserve over the financial year to mitigate the risk should a specialist inpatient Learning Disability or autism admission be required, and which would be sourced as close to Sheffield as possible,

with all quality assurance measures in place to oversee any such placement, and to achieve appropriate lengths of stay.

- On the rare occasion that a specialist LDA bed does need to be sourced and inpatient admission to a mainstream mental health ward is not an adequate solution, there will be:
 - An enhanced monitoring regime which will exceed the national Safe and Well Review schedule of 6-8 weeks delivered by SHSC clinical and/or ICB staff for any hospital placements made. This will exceed SYICB wide guidelines for quality and safety assurance. We have committed to this enhanced approach to address a point raised by Health Scrutiny Committee around quality of care and safeguarding.
 - Suitable mitigations such as practical, emotional, or possible financial support for family travel, where appropriate, (subject to suitable controls), or support for virtual visits for families as required for any hospital placement that must be made outside of Sheffield.
 - We have committed to this enhanced approach to address a point raised by Health Scrutiny Committee around support to families who may be disadvantaged from the continued closure of Firshill Rise.

4. Engagement and co-production in developing the model

4.1 As [detailed in past reports to the committee](#), we have completed extensive engagement work throughout this process, and the model is also based on significant service user feedback, including:

- Providing easy read information about the new service model.
- A service that has smaller waiting times and is available when people need it.
- Making the building and reception welcoming.
- Having named staff for people using our service.
- Clearly explaining the role of different professionals involved in the delivery of care.
- Helping people understand their medication and how to reduce it (STOMP).
- Attending community forums like the Partnership Board, We Speak, You Listen and the Big Voice so people can ask questions about the service and give feedback.

- Looking at the role of Peer Support Workers/ Peer advocates/expert by experience with the service.
 - Offering art and music therapy.
 - Being clear about what happens at discharge and how people can get help in the future.
- 4.2 We will be developing a joint engagement/co-production plan to support implementing the new model and for continued engagement to make sure service users are at the centre of the new model. We plan to summarise some key messages on the outcome of this work on the future model of service delivery that links to the original engagement work on the model and updates members of the public and people with LDA and their families. We will work with community organisations and Experts by Experience to develop these messages.
- 4.3 SHSC are also involving service users in developing outcomes for the new model, and an attached appendix contains further details relating to this work.
- 4.4 It is recommended that the Learning Disabilities Partnership Board continues to be updated and involved in this work going forward.

5. Recruitment and workforce development

- 5.1 Within the SHSC Learning Disability Service, there has already been success with recruitment, including a Modern Matron with significant experience of working in Learning Disability Services, a substantive Consultant Psychiatrist, Art and Music Therapists, Speech and Language Therapists, and a Community Nurse for the Community Intensive Support Service. A Community Nurse has completed their Non-Medical Prescriber Course whilst a Trainee Advanced Clinical Practitioner and Community Nurse has become an Advanced Clinical Practitioner. This will give a positive signal to trained and experienced clinicians to attract them to want to work in Sheffield's new clinical service model.
- 5.2 Community Nursing colleagues have been trained in Positive Behaviour Support (PBS), to better support people who exhibit behaviours of distress or whose behaviour services find challenging to support, which will increase the availability of PBS for service users, resulting in a more responsive service, as well as creation of an environment to allow consistent implementation of the STOMP agenda.

6. Next steps

- 6.1 The following are next steps that we have committed to and are already working on:
- 6.1.1 To agree and sign off the service specification.
 - 6.1.2 To jointly look at and develop an engagement/co-production and communications plan between the ICB and SHSC, and to update and involve the Learning Disabilities Partnership Board on a regular basis.
 - 6.1.3 SHSC to continue to proceed with the implementation plan with a view to operationalising and evaluating the impact of the new clinical model.
 - 6.1.4 SHSC and the ICB to continue to work with the SYICB partnership and Provider Collaborative on monitoring need and demand over the next five years for inpatient beds for people with LDA and autism, and to work on any commissioning implications that arise out of any changed future patterns of need and demand that are identified.

7. Recommendations for Health Scrutiny Sub-Committee

- To note that we are now beginning phase one of implementing the model of delivery for the new Sheffield LDA service, as a positive development to better meet the needs for this population.

Appendices

- Learning Disabilities: Co-Production Update, 4th January 2024

Learning Disabilities: Co-Production Update

4th January 2024

SHSC Co-Production Steering Group

The Coproduction steering group continues to meet and includes people with lived experience, SHSC engagement team, MENCAP and Sheffield Voices. The aim is to support engagement and self-advocacy for people with a learning disability who access SHSC services.

ICB Board

In November 2023 Mary Bottomly supported by David Newman attended South Yorkshire Mental Health, Learning Disabilities and Autism Provider Collaborative Board. Mary is person with lived experience of learning disability and mental health with extensive experience of self-advocacy. She is also a co-author of the SHSC led 'What does good STOMP look like' guidance. Mary gave a powerful account setting the scene for the importance of person centred and trauma informed care to Chairs and CEOs across the region.

Sheffield Learning Disability Partnership Board

In 2023 the Learning Disability Partnership Board had been reorganised and now has 20 representatives who are people with lived experience. There is an inclusive approach to reasonable adjustments with pre-meets to support engagement and planning. A big focus is the city-wide Learning Disability strategy. The board includes people who have accessed CLDT services and will form an important forum through which the CLDT can communicate and engage about its transformation work.

MENCAP

MENCAP have recruited a primary care learning disability nurse who is engaging with people across the city to raise awareness and ensure Annual Health Checks and Health Action Plans are in place. Close working links have been set up between this new post and our CLDT nurses. These links helped ensure we had a

coordinated approach for Learning Disability week with services promoting access to health and reasonable adjustments for people with learning disabilities.

Sheffield Voices

In 2023 SHSC CLDT has continued to work closely with Sheffield Voices. The organisation has grown in membership and activity over the last year. The organisation is supporting self-advocacy, art and drama, inclusive research and social engagement across a range of community hubs. Initial introduction meetings have taken place or are planned with Firvale Community Centre, ISRAAC, Tinsley Community Centre and Darnall Primary Care Centre. These events aim to connect with and invite diverse communities to join the central Big Voice events at the town hall.



In 2024 there will continue to be “We Speak You Listen” events using drama, art, games and talks to focus on advocacy and support. Each session has a theme close to the heart of the community including access to health. There are also **Big Voice** events planned at the Town

Hall with attendance from statutory, voluntary agencies, City Counsellors and all community centres for people with a learning disability and/or autism. SHSC attends each of these events with a table providing information and support about how to access our services. It is also a place to humbly receive feedback about what is going well and what needs to be improved.

Upcoming dates:

24th Jan 24: You Speak We Listen. 10-12pm @ Burton Street

23rd Feb 24: Big Voice. 10-2pm @ Town Hall

CLDT – Transformation Programme

In 2023 the learning disability service continues to work on bringing together feedback and using it to inform the new model. We have an action plan which helps us to respond to the 10 improvement priorities that we have heard. These include:

1. Providing easy read information about our new service model

2. A service that has smaller waiting times and is available when people need it
3. Making our building and reception welcoming
4. Having named staff for people using our service
5. Clearly explaining the role of different professionals involved in our care
6. Helping people understand their medication and how to reduce it (STOMP)
7. Attending community forums like the Partnership Board, We Speak, You Listen and the Big Voice so people can ask us questions about the service and give us feedback
8. Looking at the role of Peer Support Workers with our service
9. Offering art and music therapy
10. Being clear about what happens at discharge and how people can get help in the future

These themes and their actions will be built into our operational policy which is the document that details how the service will work. We continue to seek routine feedback via Friends and family surveys, post discharge surveys and compliments and complaints.

