

Council of Governors: Summary Sheet

5th May 2016
Item No 5

Title of Paper: Learning Disabilities Vision

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Action Required:

For Information	<input checked="" type="checkbox"/>	For Ratification	<input type="checkbox"/>	For a decision	<input type="checkbox"/>
For Feedback	<input type="checkbox"/>	Vote required	<input type="checkbox"/>	For Receipt	<input type="checkbox"/>

To which duty does this refer:

Holding non-executive directors individually and collectively to account for the performance of the Board	x
Appointment, removal and deciding the terms of office of the Chair and non-executive directors	
Determining the remuneration of the Chair and non-executive directors	
Appointing or removing the trust’s auditor	
Approving or not the appointment of the trust’s chief executive	
Receiving the annual report and accounts and auditor’s report	
Representing the interests of members and the public	x
Approving or not increases to non-NHS income of more than 5% of total income	
Approving or not acquisitions, mergers, separations and dissolutions	
Jointly approving changes to the trust’s constitution with the Board	
Expressing a view on the Trust’s forward plans	
Consideration on the use of income from the provision of goods and services from sources other than the NHS in England	
Monitoring the activities of the Trust to ensure that they are being conducted in a manner consistent with its terms of authorisation and the constitution.	x
Monitoring the Trust’s performance against its targets and strategic aims	

How does this item support the functioning of the Council of Governors?

The paper provides governors with information about the strategic direction for the learning disabilities service and supports their function to be informed of and contribute to trust strategy.

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Designation of Author: Clinical Director

Date: 23rd February 2016



**SHSC Vision for Learning Disabilities 2016:
Working In Partnership to Transform Care**

DRAFT DOC

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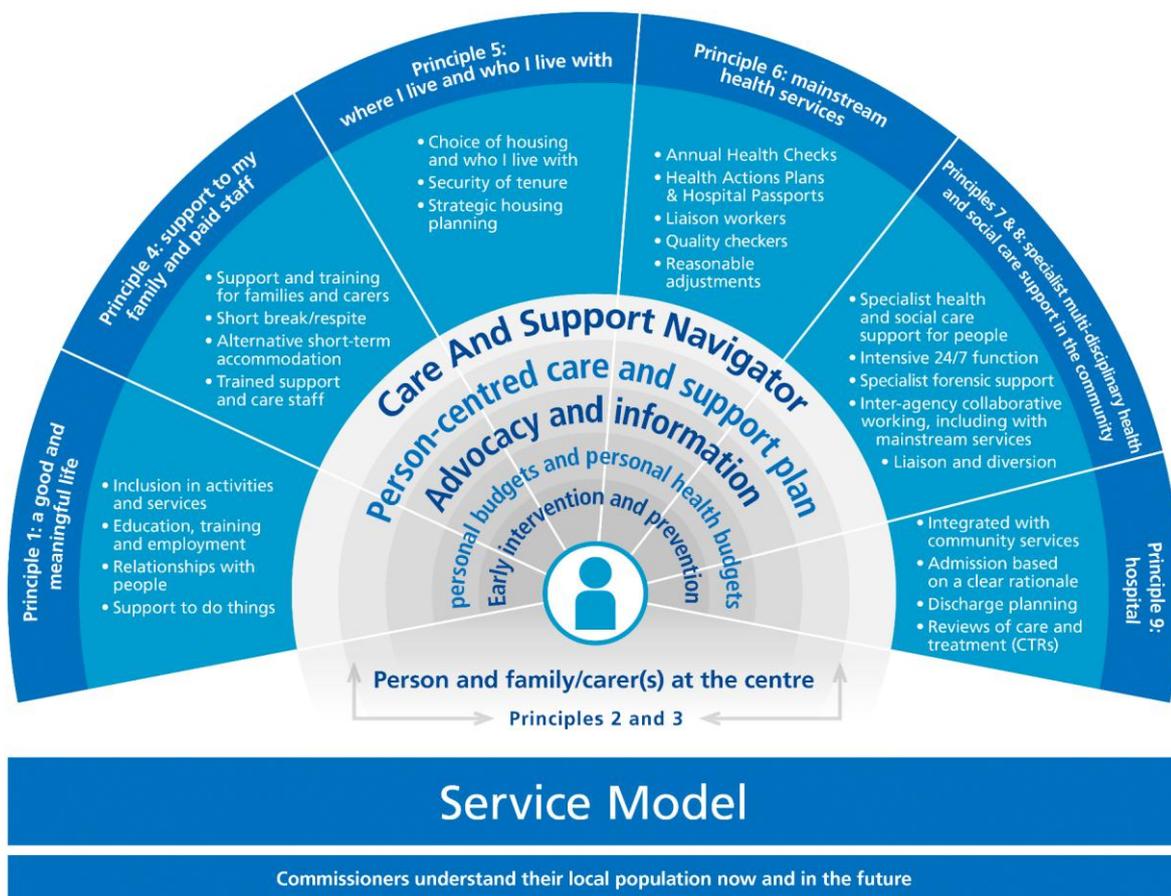
Date: 18th January 2016

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SHSC Vision for Learning Disabilities 2016: Working In Partnership to Transform Care

Vision: 2016 Forward View

The case for transformation and change is clearly set out in recently updated national plans and models¹² that aim to learn from the failures of the past³⁴. They set out future direction and provide an overview of what good looks like⁵. It is our duty to ensure the rights of people with learning disabilities are upheld and their aspirations are enabled and met. We can only achieve this through a system working in partnership with the person their family and carers. Supporting capacity to navigate the health and social community and experience real choices (either directly or through best interest) is a key prerogative, as outlined in the National Model below:



Current Position

There are 4,349 people in Sheffield who are known to the learning disabilities Case Register and/or the SHSC Insight system. This represents 0.8% of the total Sheffield population. The Case Register covers all ages - it has a larger proportion in younger age groups than the general population (23.5% aged 16-24 compared to 16.7%) and a corresponding lower proportion of older people - to some extent reflecting differing life expectancies.

¹ NHS-E, LGA & ADASS (2015). Building the right support: A national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.
² NHS-E, LGA & ADASS (2015). Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition Service model for commissioners of health and social care services.
³ Sir Jonathan Michael (2008). Healthcare For All. Report of the Independent Inquiry Into Access To Healthcare For People With Learning Disabilities.
⁴ DoH (2012). Transforming care: A National response to Winterbourne View Hospital Department of Health Review: Final Report.
⁵ See Appendix A: What Good Looks Like – A Summary From The National Model & Plan.

SHSC learning disabilities services have been used by 24.1% of adults with learning disabilities over the last 12 months with an additional 16.8% of people with learning disabilities using other SHSC services. The specific learning disabilities services are the only SHSC services used by a larger proportion of people with learning disabilities until they graduate to specific old age services in the oldest age group (60+ females and 65+ males).

The Learning Disabilities Directorate provides supported living, respite care, specialist healthcare, and support for adults with learning disabilities and their families. It also hosts the Sheffield Case Register and the Older Carers Support Service.

NHS Sheffield Clinical Commissioning Group (CCG) commissions the specialist Community Learning Disability Teams located at Love Street, and the Intensive Support Service at Firshill Rise.

Registered Residential Nursing Care, Supported Living, Respite Care, the Case Register and Older Carers' Support Service are commissioned by **Sheffield City Council**.

The accommodation and support services include:

- Buckwood View, a Registered Residential Nursing Home delivered in partnership with Guinness Northern Counties;
- Supported Living Services, also delivered in partnership with housing associations, at Mansfield View, Burngreave and Steven Close/Pottersgate Localities;
- Respite Care at Longley Meadows and Warminster Road.

It is anticipated that in 2016/17 that the Directorate's Respite Care Service, Registered Nursing Care Home, and Supported Living Services will be subject to a tender process initiated by the commissioner, Sheffield City Council. Therefore this will present a number of challenges for staff with regards to their future employment and for managers ensuring continuity of care for service users and for the organisation in terms of financial stability. The Directorate will work to support staff through this process.

The Directorate management structure is committed to introducing a new philosophy of care to transform and modernise the way SHSC provides care for people with a learning disability. Building the Right Support provides an exciting platform for transformation working in partnership with stakeholders across the local community. SHSC has an established history as a provider and lead enabler of families, professionals and carers across health, social and the third sector. Our expertise lies in our ability to provide high quality assessment, treatment, training and consultation that facilitates person centred outcomes, real choice, social inclusion and quality of life.

Transforming Everyday Lives [Principles 1, 2 & 3]

SHSC will be a leading partner in the delivery of specialist services supporting people with learning disabilities with extraordinary needs to lead ordinary lives. This involves access to the same community opportunities and choices as the wider population. Nationally we know that the health and mental health of this diverse group has suffered due to a lack of social inclusion, barriers to access to mainstream services and an over reliance on restrictive specialist services. We will work with all agencies to support the community embrace compassion, diversity and enablement and reduce stigma and discrimination. By forging close and effective links with other agencies there is also an opportunity to support a wider understanding of community opportunities and to support choice and inclusion through signposting and social prescribing.

Transforming Social Provision [Principle 4]

SHSC currently provides respite, registered care and supported living. Over recent years commissioning direction in the provider market economy is moving towards smaller third sector social providers through a process of tendering and procurement.

SHSC - Specialist High Level Support & Short Breaks

Our vision is to remain in the market providing bespoke care solutions for those people who require the highest level of expertise and NHS levels of governance. A review of out of city placements and recent Care & Treatment Reviews taking place within Sheffield illustrate that there is a demand for bespoke highly specialised packages of care. Our quality improvement work in respite services and commitment to future innovation in the form of "**Great breaks for extraordinary people**"⁶ illustrate a motivation to modernise our provider services and create opportunities for people with the most complex needs. We believe bespoke local provision is an ethical alternative to restrictive and expensive out of area packages. To achieve this the local health and social system requires access to provision catering for people with multiple, diverse and complex needs including:

- complex physical health needs
- mental health and learning disability
- specialist neurodevelopmental issues
- severe challenging behaviour
- forensic issues

SHSC will continue to work alongside local partners to provide supported living, registered care and health respite/short breaks within Sheffield where it is determined that our service is the best fit for the individual needs of service users. Our aim is to provide commissioners with a choice within the market so that the right package of care is available in line with service user need.

Working In Partnership with Families, Carers & the Third Sector

The majority of people will not require such a high level of input and their needs will be met by the third sector supported living market. Our vision is to work in partnership to enhance the capability of these providers. This expertise will support families and the fledgling provider market to build capability and resilience. To achieve this we have a vision of a **Positive Behavioural Support Academy (PBS-A)** providing centre of excellence level input for carers and providers working with people whose behaviour challenges and places them and their home provision at risk. Operating as an open access resource PBS-A will provide training, consultancy and supervision to all families, carers and providers. The academy should be 'for the people and by the people' and support a range of stakeholder narratives (including service users, experts by experience and other providers) to contribute to its delivery.

Positive Behaviour Support⁷ is an internationally recognised best practice model for supporting people with learning disabilities and their carers. It formulates challenging behaviour as having a function or a meaning. The model supports an inquisitive approach stimulating shared responsibility for reducing restrictive practices⁸, supporting an improved quality of life and alternative ways of communicating need.

SHSC has the skill to provide a significant degree of governance and oversight for the local health and social community. Our specialist skill set means we can nurture partner agencies and families by offering consultancy, supervision and training in health specialisms including learning disability, mental health, challenging behaviour, autism, sensory integration, PBS, and MCA. An open access academy model (PBS-A) is in line with the provisions of the Children and Families Act and the Care Act, which focus on outcomes, personalisation and wellbeing. It focuses on strengthening support in the community by building on the provision of preventative support that will avoid crises and help support people to be active members of their communities, with all the benefits that brings.

SHSC is in an ideal position to offer a wide range of health related training and consultancy options. These include system wide support across areas such as:

⁶ See Appendix B for our aspirational vision for Short Breaks.

⁷ <http://www.bild.org.uk/our-services/positive-behaviour-support/capbs/introduction-to-pbs/>

⁸ DoH (2014). Positive and Proactive Care: reducing the need for restrictive interventions.

- Physical health & learning disability
- Dysphagia
- Accessible information and inclusive communication
- Mental health, wellbeing & learning disability
- Challenging behaviour & positive behaviour support
- Clinical governance & the role of Periodic Service Review⁹

Our aim would be to work in partnership with service users, carers, expert by experience and other key stakeholders to provide a holistic model of support benefiting from diverse resources within the city.

Transforming Access to Primary & Secondary Health Care [Principle 6]

With this in mind we believe our unique selling point as a specialist provider is to support existing primary and secondary health services, supporting them through specialist health liaison, consultancy and training to be able to respond appropriately and inclusively to the needs of this group.

We have nursing expertise to enhance primary and secondary care settings, working in partnership to support reasonable adjustments, develop accessible resources and learn together through a review of patient journeys.

Transforming Specialist Learning Disability Services [Principle 7, 8 & 9]

The Learning Disability Directorate (LDD) currently provides specialist health inputs for 25% of people who have a learning disability across the city. This provision is invaluable to people whose needs cannot be met by other more mainstream services.

Our vision is to provide positive and proactive stepped care pathways providing expert input that support quality of life outcomes and prevent or reduce restrictions placed on the individual. Delivering health and well-being outcomes for the following groups are key priorities:

- People with profound and multiple learning disabilities.
- People with learning disability and mental health problems whose needs cannot be met by other services.
- People whose behaviour is perceived as challenging and who are at risk of being cared for in a more restrictive environment due to placement breakdown or crisis.
- People with learning disability and neurodevelopmental issues whose needs cannot be met by other services.
- People with learning disability and dementia whose needs cannot be met by other services.

A responsive service is capable We believe that every service user presents with a range of dynamic or more static/long-term set of needs, conditions, vulnerabilities and risks. Our job is to work alongside these people to offer real choice in a manner that is proactive and preventative whenever possible and response and effective when more intensive and specialist input is required.

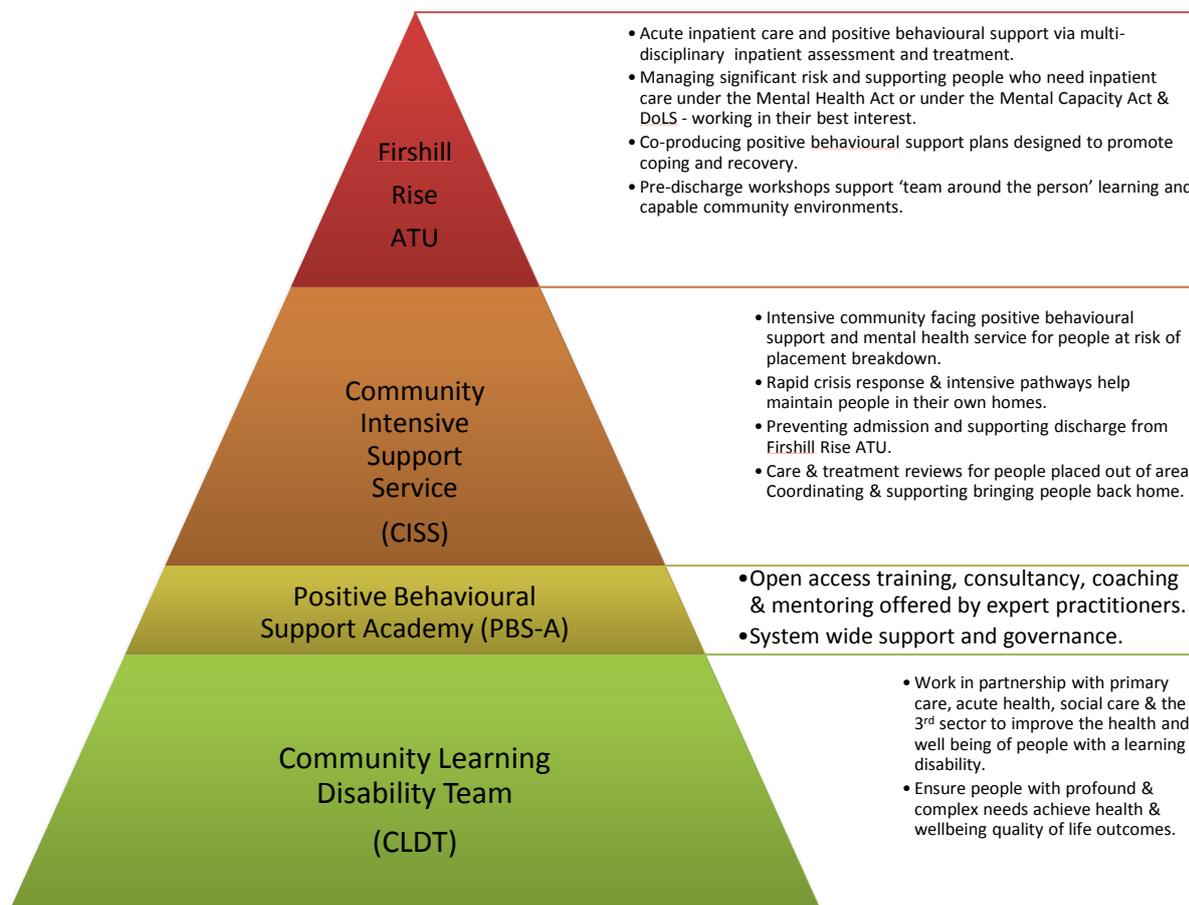
A stepped care model enabling the appropriate intensity and responsiveness of input to be stepped up and stepped down is required. The model needs to deliver standard and custom care across and be responsive to need and circumstance. Our vision is to provide the right care, by the right person at the right time, enabling:

- Prevention
- Early detection
- Long term support
- Intensive support

⁹ LaVigna, G., Willis, T., Shaull, J., Abedi, M., Sweitzer, M. (1994). The Periodic Service Review: A Total Quality Assurance System for Human Services & Education.

- Rapid response to prevent crisis
- Crisis response

The proposed stepped care model is outlined below:



The stepped care model is designed to support diverse needs and respond flexibly through direct and indirect inputs. The Positive Behavioural Support Academy functions to build capability and resilience through the skilled support of families, carers and social care providers. Where capability is failing and there is a risk of placement/package breakdown CISS provides direct input via its rapid response or intensive support functions. Our vision is to reconfigure the workforce so that CISS provides both clinical expertise and sufficient capacity in the form of Development Workers to bolster existing care packages and prevent admission.

The ultimate aim is to reduce demand on Firshill Rise so that its inpatient resources can be relocated further down the model. Such a move is also in line with strategic direction looking to reduce inpatient beds and look at regional commissioning.

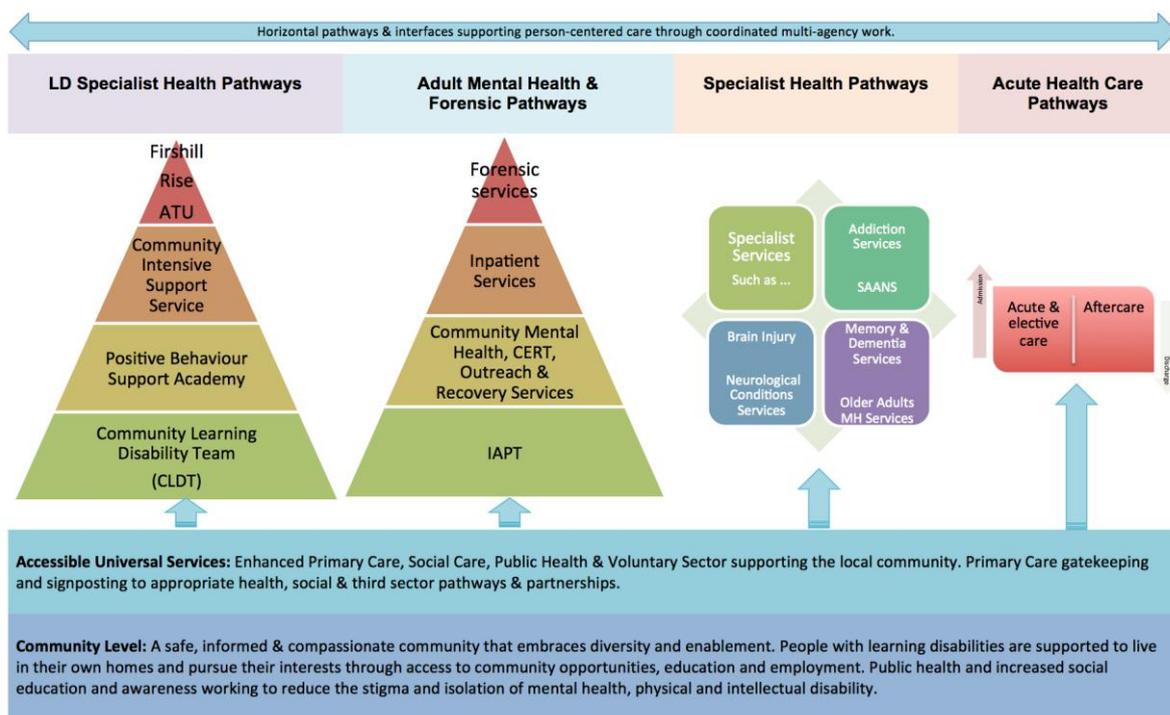
Improving Clarity & Capability through Shared Pathways

The stepped care model for adults with learning disabilities exists within a wider health system. Pathways need to clearly articulate who is coordinating care and how different services work together. Failure to do this results in service users falling between services or being passed around. Priority areas for development include:

- Transition from child to adult services with an emphasis on supporting people with severe challenging behaviour and/or mental health difficulties as early as possible in their lifespan and ensuring a robust transfer of care between agencies.
- Interface between primary care and specialist learning disability services, supporting enhanced capacity within primary care via primary care liaison.

- Interface between acute care and specialist learning disability services, supporting reasonable adjustments and a communication of need as outlined in HAPs & Hospital Passports.
- Interface between specialist health and social services for people with learning disability supporting a holistic approach and better coordination of health and social packages required for the prevention of admission and/or discharge planning (from out of city or from Firshill ATU).
- Interface between mainstream mental health services and specialist learning disability services (Green Light for Mental Health¹⁰), supporting reasonable adjustments enabling access to key services such as IAPT, early intervention for psychosis and personality disorder services.
- Interface between forensic services, court diversion and specialist learning disability services, supporting capacity to provide coordinated multi-agency support for people who present a risk to the community.

The diagram below illustrates the underpinning framework feeding SHSC pathways. For people with learning disabilities access to CLDT should be activated by a referral at a point where other mainstream services are unable to offer appropriate support for the person's primary need (e.g., substance misuse, mental health, ASD, dementia). True person centred care requires all services to work together across the health and social system, this means developing increasingly robust horizontal pathways (including green light working and joint working protocols) which support multi-disciplinary and where necessary multi-agency working.



The diagram above illustrates the complex care system faced by service users. Our aim is to bring clarity to our service pathways and to make explicit:

- Who our service users are
- What we do
- What we achieve with them and for them

Learning from the Fast Tracks

Over the summer of 2015 the national transforming care team supported six 'fast track areas' to draw up plans for service transformation. A £10 million fund was made available to these areas to support implementation of new ideas across localities with diverse demographics. It should be noted that some of

¹⁰ <http://www.ndti.org.uk/major-projects/current/green-light-toolkit-2013>

these areas have bed usage¹¹ that is significantly greater than that seen in Sheffield and our surrounding CCG cluster¹². An overview of key innovations are outlined below:

Innovation	Currently in place within Sheffield?
Investment in short term crisis beds with specialist staff & access to an in-reach/outreach team providing intensive support when needed.	The Community Intensive Support Service (CISS) provides an in-reach/outreach function and Firshill Rise beds have been used at times of need.
Retention & building the confidence of staff and family/carers in the community by providing a development plan including access to PBS training and rights-based training.	Training and workshop work is currently offered for those with the most complex needs. Could be further expanded and improved via the PBS-Academy approach.
Developing an integrated CLDT as well as a Crisis Intervention Service and a small number of community based assessment and treatment services.	Our CLDT is not integrated but front line staff are currently co-located. CISS and Firshill Rise ATU provide crisis support and assessment & treatment.
Reshaping and strengthening advocacy services to support rights.	Advocacy development is underway via SCC.
Developing a more robust model for delivering short breaks.	Current out-dated respite models are undergoing improvement plans.
Neurodevelopmental services to support people with ADHD & ASD.	Sheffield does not have a clear integrated approach to neurodevelopmental disorders, assessment and post diagnostic support.
Improved carers support.	Sheffield has a number of carers support groups. Further focus could be brought to these groups via a PBS-A forum.
Working to bring adult and children's services together into a dedicated integrated service. This will have a single point of access.	Sheffield continues to work on strengthening its transitions pathway. A PBS-A could provide support across the lifespan.
Strengthening their community forensic team to enable faster supported discharge and a greater use of community restriction orders.	Currently an improvement opportunity for Sheffield with learning from the CERT providing a vanguard model.
Implementation of integrated personal health & social budgets and improving accessibility of mainstream health services.	Individual choice will shape services. Enhanced primary care, acute liaison, flags and risk registers all in place or being worked upon.

Moving Forwards in Partnership

SHSC is committed to work with commissioners and partner agencies to ensure better care, best value and services that get it right first time. We are committed to supporting a system wide transformation in social care delivery and in being active partners in delivering the best care for the person on an individual basis according to need. The learning disability service is committed to play its part in delivering high quality inputs including:

- Direct specialist clinical care pathways (working with the person)
- System wide indirect inputs (i.e., working with mainstream and third sector agencies) to develop workforce capability & support governance through training, consultancy and external quality review.

We hope this document clarifies opportunities to transform and improve services bringing outcomes including better care and social support, value for money and ultimately real quality of life outcomes for people with learning disabilities and their families.

¹¹ The Sheffield CCG cluster group currently has a 'mid-table' position in relation to reliance on CCG-commissioned inpatient services.

¹² The national plan proposes that we form a CCG cluster with Doncaster, Rotherham, North east Lincolnshire & North Lincolnshire.

D. Newman

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19th January 2016

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Service Director – Learning Disabilities

Appendix A: What Good Looks Like – A Summary From The National Model & Plan.

The national model and plan focuses on the following at risk groups.

1. People with mental health problems:
The future aim is provide better identification and treatment of mental health problems amongst children and adults with learning disabilities and / or autism in the community.
2. People who present significant challenging behaviour:
The future aim is to offer highly skilled, highly personalised care and support that can be stepped up and down in intensity as required.
3. People who present with forensic risk to others:
The future aim is to have better coordinated services where specialist health & social work effectively alongside forensic health teams to provide planned, proactive and coordinated support from an early age.
4. People who are long stay NHS campus patients:
The future is to eradicate these through the provision of highly personalised packages of care within the community; ensuring rights are safeguarded via advocacy support.

What Do Good Services Look Like?

The starting point is that:

- People's homes are in the community.
- People's rights are protected.
- Mainstream services make reasonable adjustments and support access to all people for their pathways.
- Specialist learning disability services support access to services via training, advice and liaison.

From the point of view of the person, good services achieve the following ([hyperlinks included](#)):

1. Provide [planned, proactive & coordinated](#) support through my local care coordinator. I received [personalised](#) care. I have a coproduced 'Person Centred Care And Support Plan' and I have a copy of it.
2. Give me [accessible information](#) so I can make choices and have control over my [personal budget](#).
3. Support me to live in the community with support from and [for my family](#) and carers. They receive [training in PBS](#), support & access to respite/short-breaks.
4. Support me to have [choice](#) about [where I live and who I live with](#).
5. Help me have a fulfilling and purposeful everyday life, including access to education, training and [employment](#).
6. Include mainstream services making [reasonable adjustments](#) enabling me to access health resources (Annual Health Check, HAP, Hospital Passport). Primary care and acute care Liaison Staff support this to happen. Mainstream adult mental health services (including [IAPT](#)) [support me](#) and make service improvements via the [Green Light Toolkit](#). The quality of mainstream support is [continually monitored and checked](#).
7. Help me to access [specialist health and social support](#) in the community. Pathways supporting transition, [collaborative care across providers](#) including 24/7 MDT support help me to stay well and prevent package breakdown or [restriction](#).
8. Help me to stay out of trouble. Community forensic expertise is available to help me stay safe, multi-agency protocols and [liaison and diversion](#) schemes support me through the criminal justice system.
9. Support me to access high quality hospital assessment and treatment when my needs can't be met in the community. This provision is of a very high quality and [Care & Treatment Reviews](#) ensure I don't stay there longer than I need to. Access to secure inpatient facilities may be necessary for people who present a forensic risk to others.

Appendix B: Sheffield Short Breaks & Life Experiences

Our vision for the future is a move away from concept of 'respite'. Respite is guilt-laden word implying rest from something difficult or unpleasant. It fuels the wrong emphasis and wrong model.

Service users and families deserve the best ...

“Great breaks for extraordinary people.”

After all the right to live at home and be supported at home is not only a moral prerogative it is an economic driver. It is a well-known fact that carers save the NHS & Social Services **£87 billion pounds per year**.

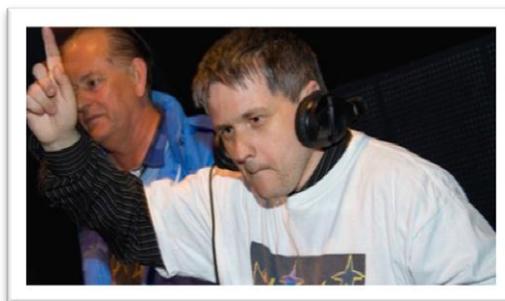
<http://www.telegraph.co.uk/finance/personalfinance/insurance/longtermcare/2816699/Carers-save-NHS-87bn-a-year-for-1.39-an-hour.html>

Service users and the families want a two-way deal. They deserve a guilt free “win, win” experience. To achieve this they need an opportunity that enriches the lives of service users and gives family carers the opportunity to recharge their batteries and attend to other aspects of their life.

Short Breaks

Sheffield is ideally located to support diverse life experiences and sensory breaks:

- Skills break (links with education and employment to gain experience and confidence)
- City break (leisure, city life, shopping & eating)
- Peak District break (countryside, tranquillity, animals, nature)



A new model is required that moves away from the current out of date hospital building base. A city hub (with links to education and employment) is required alongside a Peak District countryside hub. The vision needs to include access to:

- Modern facilities communicating a high aesthetic value.
- Discreet assisted technology (if you need it is there and programmable – if you don't it is invisible).
- Inclusive environments shared with the people who do not have a learning disability led population.

SHSC can support people with the most complex needs to access skills breaks, stimulation breaks and relaxation breaks as well as longer-term holidays. Our skilled multidisciplinary staff (particularly AHPs) can align clinical understanding (e.g., ASD, dysphagia, posture management and skin care, sensory & communication profiles mental health, challenging behaviour) with the person's dreams and aspiration as detailed in the Person Centred Plan. We are ideally positioned to offer planned person centred breaks that enrich the life experiences of service users.

- **Residential short break centres**

Dedicated short break centres where people can come and stay for a few days while parents or

family carers have a break. Short breaks give people the opportunity to make friends, try new activities or learn new skills (education, city or countryside options). Working with other local organisations to try and offer as many different opportunities as possible, tailoring what's on offer to what people want to do. Activities might include cooking, swimming, learning a musical instrument, using a Wii games console, or writing letters or emails to friends and family. As well as being active, people might just want to relax in front of the TV, watch a movie, go shopping, attend their usual church service, or pop down the pub.

- **Support at home**

For parents or family carers who need to go away with work, spend quality time with other family members or simply have some time away to themselves, support at home may be the answer. We're able to offer respite care in your home for a set period of time to suit.

- **Day opportunities**

We can support people to get out and about in the community for a few hours, build new skills, make friends and try new activities, and give family members a break. Activities on offer could include anything from dancing to water-skiing (Rotherham Valley Country Park), jewellery making to photography. We support people to take part in day, evening or weekend activities.

- **Holidays**

We can support people to go on holiday with family or friends. This might be a few days camping in the UK, a few weeks in a more exotic destination, or a special family visit.

SHSC will also work with local third sector organisations to provide support so that people with complex needs have access to breaks whilst giving the workforce a chance to recruit, train and develop their capability, therefore preventing unnecessary admission into hospital for social reasons. We will continue to work with commissioners and partner agencies and recommend a **full consultation on the future model** to ensure better care, best value and services that get it right first time. We are committed to supporting a system wide transformation in health and social care.



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