Board of Directors

SUMMARY REPORT	Meeting Date:	24th January 2024
	Agenda Item:	16

Report Title:	Learning Disability Transformation: Progress Report	
Author(s):	Dr Hassan Mahmood, Clinical Director Melanie Larder-Lee, General Manager	
Accountable Director:	Dr Mike Hunter, Medical Director	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Tier 2 Group/Tier 3 Group**	Quality Assurance Committee
	Date:	13th September 2023
Key points/ recommendations from those meetings	The committee received assurance around the transformation with good progression and positive feedback received. Two points of consideration. 1. The Learning Disability service to change the emphasis of reporting to assurance on quality now the service is working through transformation. 2. How do we share the good practice about co-production, particularly about how we have heard from all voices including those who are the most marginalised.	

Summary of key points in report

This paper updates the Board on progress, developments, and key next steps on the Learning Disability Transformation.

Plans have been submitted to NHS England and extensive information was supplied to the North West Clinical Senate. They gave 'caveated assurance' with no red lights and were happy for plan to continue to for the new service model.

SHSC and Sheffield Place Integrated Care Board (ICB) produced a balanced business model, financial, demand and capacity plan, staffing plan and service specification which all considered regional and national best practice and benchmarking.

The business case for the reinvestment was agreed by Sheffield ICB's Senior Place Executive Team (SPET) in November 2023. The new model will see the funding that had previously been committed into Firshill Rise inpatient unit reinvested into the community LD service model described below.

The direction of travel regarding recruitment and workforce development and organisational change, alongside an implementation plan, that will see the clinical model fully operationalised by October 2024 (phase one). Risks include ongoing recruitment challenges; however, mitigations have been put into place and the team are working with SHSC comms to develop a full marketing and recruitment campaign.

Recommendation for the Board/Committee to consider:							
Consider for Action		**Approval**		**Assurance**	x	**Information**	x
The Board is asked to receive the update for assurance and to continue to support the progress of the new Clinical Model with a view to full implementation in 2024.							

Please identify which strategic priorities will be impacted by this report:				
Effective Use of Resources	*Yes*	*x*	*No*	
Deliver Outstanding Care	*Yes*	*x*	*No*	
Great Place to Work	*Yes*	*x*	*No*	
Ensuring our services are inclusive	*Yes*	*x*	*No*	

Is this report relevant to compliance with any key standards?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	*x*	*No*		*Improving services for people with a Learning Disability and "Getting Back to Good".*
Data Security and Protection Toolkit	*Yes*		*No*	*x*	
Any other specific standard?	*Yes*	*x*	*No*		*Transforming Care Agenda* *National Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) agenda* *Green Light Working* *Building the Right Support Action Plan* *Learning from Lives and Deaths- People with a Learning Disability and autistic people (LeDeR)*

Have these areas been considered? YES/NO					If yes, what are the implications or the impact? If no, please explain why
Service User and Carer Safety, Engagement and Experience	*Yes*	*x*	*No*		*The aim of the new clinical model described is to significantly improve service users' experience and increase the focus on patient safety. There has been engagement/collaboration with carers and Experts by Experience*
Financial (revenue &capital)	*Yes*	*x*	*No*		*Finance is a core component as the new model will require rebalancing of resources towards community services*
Organisational Development /Workforce	*Yes*	*x*	*No*		*Organisational and workforce development are key to the delivery and impact of the new clinical model*
Equality, Diversity & Inclusion	*Yes*	*x*	*No*		*The new service model will be inclusive and consider the individual needs of service users, taking into the account the diverse population of Sheffield. There will be focus on ensuring the service meets the needs of all communities and will include the Multicultural STOMP innovation*
Legal	*Yes*	*x*	*No*		*Legal considerations have been considered including commissioner-led consultations about changes to service provision. Other legal considerations include Human Rights Legislation and the Autism Act.*
Environmental sustainability	*Yes*	*x*	*No*		*Care closer to home is associated with improved sustainability in health and social care services. Reducing inappropriate use of medication improves environmental sustainability in addition to direct health benefits.*

Learning Disability Transformation

Community Learning Disability Clinical Model

Section 1: Analysis and supporting detail

Introduction

Developing a modern community-based model which 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.

The new model will provide:

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.

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 both physical health and mental health risks as early as possible.

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.

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, Holistic nursing assessment, base line communication needs for all new referral coming into the service.

The new staffing structure 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. Creative therapist would enhance the patience 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.

Engagement and co-production in developing the model

As detailed in past reports to QAC and the Board, we have completed extensive engagement work throughout this process.

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. The work on engagement has been commended as extensive and innovative in its approach that has meant the work has been informed by some of the most marginalised voices in the community.

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. The board includes people who have accessed CLDT services and will form an important forum through which the Community Learning Disability Team (CLDT) can communicate and engage about its transformation work. We will continue to work closely with Sheffield Voices with introduction meeting taken place with several key diverse community groups across the city.

As a service we will continue to work on brining together feedback fand using it to inform the model and any future improvement within the service. We have action plan to respond to 10 improvement priorities that we have heard, most of which have already been considered and are included in the new model. In brief these include easy read information about our new service model, smaller waiting times, named staff, clearly explaining the role of different professionals involved in service users care and to help people understand their medication and how to reduce it (STOMP).

Next Steps:

Alongside our ICB colleagues 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.

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 involving service users in developing outcomes for the new model,

Development within the last three months

(i) National Clinical Senate

South Yorkshire Integrated Care Board commissioned the North West Clinical Senate to undertake an independent clinical review of the proposed models of care for the future delivery of services to adults with learning disabilities in Sheffield. They fully support the direction of travel and noted the very strong case for change, including the 2021 ‘inadequate’ CQC rating of the Assessment and Treatment Service at Firshill Rise.

They wished to commend the Sheffield system’s response to this issue and noted the substantial and impressive amount of work undertaken to date. Despite additional information provided, the panel gave assurance of the model with 12 caveats and made several recommendations against these. All of these have been considered within the clinical model and as part of the implementation plan.

(ii) Funding

The business case for the reinvestment was agreed by Sheffield ICB’s Senior Place Executive Team (SPET) in November 2023. The new model will see the funding that had previously been committed into Firshill Rise inpatient unit 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. The total cost of the future service, including the new model and existing community learning disability service, would be £5.1m.

(iii) Recruitment and Workforce Development

Within the SHSC Learning Disability Service, there has been success with recruitment to the following roles: a substantive consultant psychiatrist who will commence in February 2024. A specialty doctor has been successfully recruited from India, start date to be confirmed. A Modern Matron with significant experience of working in Learning Disability Services, Art and Music Therapists, Speech and Language Therapists, and a Community Nurse for the Community Intensive Support Service. A Clinical Nurse Specialist has completed their Non-Medical Prescriber Course whilst a Trainee Advanced Clinical Practitioner has become an Advanced Clinical Practitioner specialising in Learning Disability.

In October 2023, the SHSC Learning Disability Service's General Manager, Modern Matron and Clinical Director presented at the SHSC Professional Forum.

The advanced clinical practitioner has undertaken a STOMP audit to inform service delivery and quality. A draft action plan has been produced and in early 2024 this will be finalised and agreed within the Learning Disability Team.

Team Engagement

There has and continues to be full engagement from both the Community Learning Disability Team and the Community Intensive Support Team, who participate in task and finish groups and workstreams. In November 2023, the first full Team Away day was held, this provided an opportunity for reflection, provide an update on the model in terms of the plan, new post, funding agreement and timescales, alongside developing further aspect to operationalise aspect of the model. The day received great feedback and an open forum to ask and clarify questions.

Development within the team

Community Nursing colleagues have been trained in Positive Behaviour Support (PBS). 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.

Training and introduction of the Moulster and Griffiths (M&G) learning disability nursing model of care, which is person-centred, evidence-based, outcome focussed and reflective. This also supports with the requirements of revalidation allowing for reflection and linking to current best evidence to support nursing intervention. Aligned to the M&G is the health equalities framework (HEF), an outcomes framework based on the determinants of health inequalities.

Next Steps:

- SHSC alongside the ICB will progress plans to develop a gain/risk share for any inpatient admissions, against a continual review of performance against the incremental implementation of the new model.
- Learning Disability Service Operational Policy draft has been produced, which requires further development.
- Green Light Working continues to be developed to ensure improved working between colleagues in the Learning Disability Service and mainstream mental health services.
- Developing job descriptions and person specifications for new posts
- Review current job description and person specification to ensure these are fit for purpose and align to the new ways of working.
- Move into full Organisational change to include the discussion of working hours.

- Work alongside our communication team to develop a marketing and communication strategy to support the recruitment of new staff.
- Agree and sign off the service specification with our commissioners.
- To jointly look at and develop an engagement/co-production and communications plan between SHSC and the ICB.
- To continue to proceed with the implementation plan with a view to operationalising and evaluating the impact of the new clinical model.
- On Call – to develop the on-call offer, process and policy and develop working relationships with out of hours teams to support the flow of calls.
- Further develop a training plan for each professional group and the team alongside new ways of working, templates, and processes.
- There is a plan to introduce 'multicultural STOMP' to SHSC.

How we will keep you informed:

An update about the progress of the Learning Disability Service Transformation will be provided to the Quality Assurance Committee in April 2024.

Section 2: Risks

Risk	Impact	Mitigation
Recruitment is vital to provide the capacity needed to deliver this model. However, this is an ongoing challenge. There is a shortage of Learning Disability trained staff.	Not the required number of skilled staff to meet service user need	Innovative recruitment methods are being investigated and competency frameworks developed.
This is a significant change project which will impact of working hours and practice across the whole Learning Disability Service including a review of working hours for all staff	Impact the development and implementation of the clinical model	Staff engagement and contribution to the new model design and operational implementation

Section 3: Assurance

Conclusion:

The team are working towards the new clinical model and have already implemented changes in readiness for go live.

Over the next few months, the team will continue to implement PDSA cycle to new ways of working and piloting, feeding back and developing new forms, processes and then delivering training session to staff.

The Art and music therapy have undertaken a short evaluation of the impact of their work with service users.

The team have engaged with GP Collaborative regarding the change of referral form.

The team will monitor waiting list, complaints, incidents alongside the service users/carers feedback as part of the outcome measures.