

Board of Directors – Public

SUMMARY REPORT

Meeting Date:

25 September 2024

Agenda Item:

16(b)

Report Title:	Learning Disabilities Programme Review	
Author(s):	Mel Larder Lee, General Manager, Learning Disabilities Chin Maguire, Programme Manager	
Accountable Director:	Dr Helen Crimlisk, Interim Executive Director, Medical	
Other Meetings presented to or previously agreed at:	Committee/Group:	Executive Management Team
	Date:	19 September 2024
Key Points recommendations to or previously agreed at:		

Summary report

This report sets out programme progress and delivery, an assessment of the impact on service user experience during the transformation, activities to close the programme and lessons learned.

Background

In 2021 a number of internal controls led to the Director of Nursing sharing serious concerns with the CQC regarding the quality of care at Firshill Rise Assessment and Treatment Service. This led to a number of actions to improve the service but following the CQC inspection undertaken in May 2021, Firshill Rise Assessment and Treatment Service (ATS) was rated as inadequate and a regulatory warning notice was issued requiring significant improvements to be made. In September 2021 ATS closed: all patients were discharged to good community placements; staff were redeployed and a pause period was agreed to allow for a programme of work to be delivered to define a new Learning Disabilities service model.

During the time the national Transforming Care programme, which aimed to improve the lives of people with learning disabilities and / or autism who display behaviours which challenge this, was successfully delivered. Based on this the NHS South Yorkshire Integrated Care Board (ICB) recommended a decrease in learning disability inpatient assessment treatment beds and prioritised a high-quality extended person-centred community offer.

This changed the scope of the programme, which for the previous 12 months had focused on developing service models for ATS and the Community Intensive Support Service (CISS) to now designing and the implementation of service models for CISS and the Community Learning Disabilities Team (CLDT.)

Programme progress – what has been delivered

The programme was reset in January 2023 with a planned end date of December 2023. The following has been delivered, noting any delays incurred where relevant:

- The teams have joined into one integrated multidisciplinary specialist learning disability service, it is acknowledged that further work is still required to blend the teams, however staff are working across

both Firshill and Grenoside locations rather than their original base of work only, joint team and referral allocation meetings are taking place and professions such as nursing are working closely together.

- Posts have been brought into the service such as an Arts, Music and Speech and Language Therapists and a Physiotherapy Assistant.
- New models of care such as the implementation of the Moulster Griffin (2019) model for LD nursing care has been adopted
- An approach for adopting Stopping Over Medication Prescribing (STOMP) has been developed, improvements have been evidenced and work is taking place to further embed
- A Practice Development Forum has been stood up to implement a positive behaviour support framework as per NICE guidelines
- The new clinical, staffing and service models have been agreed. This took longer than planned as:
 - The formal decision to close ATS was taken by the ICB in August 2023 which had an impact on finalising the models.
 - Redesign activities were required as the funding envelope for the service became clear. The service specification was approved in April 2024
 - The models required oversight and agreement from the NHS Clinical Senate which was not included in the original timescales. The Senate issued their final report in November 2023 which provided positive feedback.
 - Unanticipated delays in programme delivery have resulted from several clinical leaders leaving. These resignations were predominantly related to personal circumstances. Adverts are now out for new clinical and nursing leads.

When timescales have required revision these have been robustly assessed by the Programme Board prior to agreement.

While the transformation activity has been taking place data shows that over the past 12 – 24 months service users have reported:

- That they largely had a good experience of care provided by the service, were likely to recommend to others and were treated with respect
- Psychology Service outcome measures show that service users experience higher satisfaction in terms of quality of life and decreased risk and distress at discharge than at assessment.
- Average wait time in 2022 was 13.5 weeks, it has fallen to an average of 9.3 weeks in 2024 for the Community Learning Disability Team.

Programme progress – activity to be completed

The service remains in the consultation stage of the organisational change process as concerns have been raised by staff regarding the proposed change to work on call at weekends 9am – 5pm (excluding bank holidays.)

Volunteers were sought to cover the on call activity for a trial of 6 months to establish the demand and the type of calls being received. However, the number of volunteers was insufficient to operate full weekend coverage. To mitigate any impact from this the Urgent and Crisis team will continue to take calls from service users out of hours and specific training continues to be provided to the team. Although not originally planned, the decision to train urgent and crisis staff around the management of crisis presentation in LD as mitigation for the challenges to fill the weekend rota will have overall benefits regarding Green Light working.

It is planned that in October the consultation period will end and staff will begin to work to the agreed revised job descriptions. Any required training and recruitment activity is due to commence over the same period.

Focus will be placed on operationalising the new model, communicating the changes to staff, service users and partners and other implementation activities. The move to closing the programme will be based on

whether it has delivered its agreed objectives. At this point, learning will be captured, a review of the programme's performance will take place and a plan for the post implementation review and benefits realisation activity will be agreed.

The dates for this activity are to be confirmed post closure of the formal consultation period. The planned date to move to programme closure in January 2025 is at risk currently.

A Project Manager, reporting to the Programme Manager, starts in post in October for 6 months to implement and close the programme providing increased capacity to support delivery.

It is noted that the implementation of this revised operational and workforce model will require real culture change and ongoing OD support will be important to success.

Lessons learned

Lessons have been learned from the programme which will be disseminated and built into programme and project methodology.

Planning and Resources:

We must ensure that projects are planned at an appropriate pace for delivery and agreed based on the activity to be undertaken and the available resources. Plans are to be agreed jointly with the SRO, clinical, operational and change leads as expectations can be misaligned and unrealistic plans developed to meet an immediate need.

Actions:

- Clinical service redesign approach to be revised based on learning from this programme, CMHT and PCMHT. This is to be built into the Integrated Change Framework. Owner: Head of PMO, October 2024
- Clinical Lead role to be filled for the programme. Owner: SRO, September 2024

Staff engagement

It has to be acknowledged that staff engagement can take place but until consultation occurs and individuals know how changes are going to impact them then concerns may not be raised. The amount of time allocated to the formal consultation process should reflect this.

Action:

- Workshop to be scheduled to review the organisational change activity and build into project methodology and integrated change framework approach. Owner: Head of PMO / General Manager, December 2024

Programme governance

To confirm at the outset the governance and oversight requirements and a timetable of reporting and requirements of reports.

Action:

- Ensure service redesign programmes' governance and reporting routes are clear and illustrated at the outset, ensuring that guidance is provided so sufficient time is planned within the programme for governance activities. Owner: Head of PMO, November 2024

Recommendation for the Board/Committee to consider:

Consider for Action		Approval		Assurance	X	Information	X
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Recommendation: The Board of Directors is asked to consider if there is sufficient assurance that programme understands the activity to be taken to successfully close and has adequate controls in place

Please identify which strategic priorities will be impacted by this report:					
				Effective Use of Resources	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Deliver Outstanding Care	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
				Great Place to Work	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
				Ensuring our services are inclusive	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Is this report relevant to compliance with any key standards?			State specific standard		
Care Quality Commission Fundamental Standards	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	No <input type="checkbox"/>		Person centred care, visiting and accompanying, dignity and respect, Consent,
Data Security and Protection Toolkit	Yes <input type="checkbox"/>		No <input type="checkbox"/>	<input checked="" type="checkbox"/>	
Any other specific standard?			<input checked="" type="checkbox"/>		
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 <input type="checkbox"/>	<input checked="" type="checkbox"/>	No <input type="checkbox"/>		Service user and carer safety and experience is a key consideration within all programmes within the portfolio.
Financial (revenue & capital)	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	No <input type="checkbox"/>		Finance is a core component of all programmes within the portfolio.
Organisational Development /Workforce	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	No <input type="checkbox"/>		OD and workforce considerations are key to agreeing the scope, delivery and impact of all programmes within the portfolio.
Equality, Diversity & Inclusion	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	No <input type="checkbox"/>		QEIA is undertaken as part of each programme and informs the programme structure, stakeholder engagement and outcomes.
Environmental Sustainability	Yes <input type="checkbox"/>	<input checked="" type="checkbox"/>	No <input type="checkbox"/>		Sustainability is considered within all programmes and projects