



Report to Health Scrutiny Sub-Committee

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Report to: Health Scrutiny Sub-Committee

Date: 23rd March 2023

Subject: Future of health services for adults with a learning disability/autism (LDA) in Sheffield

Purpose of Report:

- To update the Health Scrutiny Sub Committee of work that has progressed since our last paper on 7th December 2022, 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
- To update the Health Scrutiny Sub Committee on engagement and co-production to date in Phase 1 of the programme.
- To inform the Committee of the move to the phase 2 of this work in carrying out an options appraisal of potential future models for the delivery of community and inpatient health services for people with a learning disability and developing a detailed proposal on a preferred future model.

Recommendations:

That the Committee:

- Note the update in this paper.
- Receive a further paper on options for future delivery of the service as soon as possible after the election period is complete and as early in May as is suitable to the Committee

Background Papers:

- Previous update provided to the Committee in December 2022: [Sheffield City Council - Agenda for Health Scrutiny Sub-Committee on Wednesday 7 December 2022, 10.00 am](#)

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

1. Purpose of paper

- 1.1 To update the Health Scrutiny Sub Committee of work to look at 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 since 2015.
- 1.2 To update the Health Scrutiny Sub Committee on engagement, co-production to date in Phase 1 of the programme of work.
- 1.3 To inform the Committee of the move to the phase 2 of this work in carrying out an options appraisal of potential future models for the delivery of community and inpatient health services for people with a learning disability/autism (LDA) and developing a detailed proposal on a preferred future model.

2. Reminder of the Background to this work

- 2.1 The national Transforming Care programme expected all areas to:
 - Reduce their over reliance and length of stay in inpatient beds to provide care in the least restrictive environments closest to home
 - Discharge people that had been in inpatient services for excessively long periods
 - Reduce the number of inpatient beds that were commissioned
 - To do this by enhancing community services to promote earlier intervention and prevention of crisis developing, when services and families struggle to manage behaviours that can be challenging to support in the community.
- 2.2 Sheffield started the Transforming Care programme with 24 people with a learning disability in hospital inpatient care, 12 of whom were in locked rehabilitation in out of city settings, many who had been in this type of provision for over 20 years; the rest of this cohort were at an 8 bedded inpatient unit, Firshill Rise, and its predecessor facility, or in other inpatient acute mental health provision. There were also 12 people who had escalated further into medium and low secure services commissioned by NHS England Specialist Commissioners.
- 2.3 The current Learning Disability service in Sheffield Health and Social Care Trust (SHSC) was commissioned prior to 2014 as a stepped model of care with three separate teams, including a community learning disability team, (CLDT), a community intensive support team (CISS) and an 8 bedded inpatient Assessment and Treatment Unit (ATU), Firshill Rise Inpatient Unit, which opened in 2017 to replace an inadequate outdated facility at the Rivermead site at the Northern General Hospital. NHS South Yorkshire Integrated Care Board commissioned 7 of the 8 beds at the inpatient Unit at Firshill Rise, with one of those beds being available to other commissioners from outside of Sheffield, and this was the only

such unit in the South Yorkshire area as other areas had previously closed their provision due to quality concerns.

- 2.4 This stepped model of care in Sheffield predated [Building the Right Support](#), the national strategy for reducing over reliance on inpatient hospital care, which included a targeted national reduction programme in the number of commissioned hospital beds, in favour of less restrictive care. Assessment and Treatment units of this nature are nationally increasingly considered to be an outdated form of restrictive provision.
- 2.5 Due to the success of the Transforming Care Programme over the last 8-9 years, the demand and need for inpatient beds has greatly diminished and South Yorkshire was acknowledged nationally as having achieved some of the best progress on reducing avoidable admissions in the country. Increasingly lowering levels of demand and occupancy for inpatient care for people with learning disability/autism have been noted prior to and since the pandemic, due to improved admissions avoidance and reduced length of stay when admissions were required.

3. Current situation

- 3.1 The Firshill Rise Unit was closed, initially temporarily, in 2021 due to quality concerns, but has remained closed during a period of quality review and there are also recurrent difficulties in recruiting specialist staff to reopen the service, especially given the reduced demand and need for admissions.
- 3.2 A separate paper is being presented on learning that arose out of those quality issues, to the Health Scrutiny sub-committee on 23rd March 2023 by Sheffield Health and Social Care Trust as the provider of the service. Learning from the quality concerns is at the heart of wanting to provide a better model of service for this population.
- 3.3 Currently Sheffield has only 1 person with a learning disability in inpatient care commissioned by NHS South Yorkshire Integrated Care Board, and 1 person in secure care, commissioned by NHS England. These individuals are in specialist placements out of Sheffield which are monitored by SHSC and NHS South Yorkshire Integrated Care Board clinical and managerial staff. This is a remarkable position compared to when there were 26 people within inpatient care at the start of the programme, and 12 people in secure care, and with many admissions per year subsequently, until the impact was felt from our collective work on Transforming Care, to better predict and avoid crisis and breakdown of community care.
- 3.4 Analysis of admissions over the last 5 years would now suggest that we would need only capacity for a maximum of 1 to 2 beds per year for people with learning disability, rather than the 8 bedded inpatient unit at Firshill Rise, as we are no longer experiencing the demands for inpatient care as had been the case before the Transforming Care programme commenced. As stated, this is a measure of the success of the programme of work by SHSC clinicians, Local Authority managers and Social Workers, and the NHS South Yorkshire Integrated Care Board on reducing avoidable admissions, by better tracking people in crisis and supporting people more effectively in the community. As part of this programme

we also now track admissions into acute mental health units of people without learning disability but who have autism alone with mental health conditions, and are working across South Yorkshire Integrated Care Board on looking at the specific needs of this particular population. However, it should be noted that their needs are different to the people with learning disability who would have been supported at Firshill Rise and this service would not be suitable for people without an intellectual impairment, as the interventions and approaches would not be appropriate.

3.5 To maintain and improve on this success for people with learning disability and to continue our mission to reduce the need to access restrictive care, in line with the national directive, we need to further enhance the specialist clinical community offer to families and care providers in Sheffield by extending it to evenings and weekends to offer more crisis interventions. Stakeholders have told us that this is needed, and is when patterns of demand can peak. Currently, if someone goes into crisis in this period, it is more difficult for out of hours services to manage people and support them optimally, to maintain their home living arrangements, leading to placement breakdowns and some avoidable admissions. Having no specialist learning disability clinical advice to families and other health professionals over evening and weekends is a gap which we know families and other health and social care services would like us to address.

3.6 The approach is in line with the national direction of travel and the NHS South Yorkshire Integrated Care Board Transforming Care recommendations for a decrease in reliance on the most restrictive learning disability inpatient assessment treatment beds, in favour of prioritising a high-quality extended person-centred community offer. However, as previously stated to Health Scrutiny Subcommittee it may mean the permanent closure the Firshill unit in order to redirect the funding into the community learning disability/autism service and as the unit would be unviable to just open with one bed for learning disabled people from a both a quality and cost effectiveness perspective. As a result, engagement is being carried out to explore what this might mean for service users and their families and to explore meaningful alternatives.

4. Approach to engagement

4.1 NHS South Yorkshire Integrated Care Board, Sheffield Health and Social Care NHS Foundation Trust and Sheffield City Council learning disabilities commissioners have been working in partnership to ensure that local people who may use this service are involved in the development and consideration of proposals about this service, and that their individual legal duties around involvement are met.

4.2 Involvement on developing a new offer for learning disabilities health services consists of 2 main phases.

- **Phase 1: Engagement on the key issues and challenges**

Engagement on the key issues and challenges (such as reduced demand for beds, increased demand for community offer, and so on) and collating of views with a special focus on the views of people with lived experience,

service users carers and family members. Phase 1 of the engagement has now been completed with the outcomes of this activity summarised below.

- **Phase 2: Developing a set of options following the involvement of phase 1**

The feedback received through the phase 1 involvement stage will be used alongside financial, quality and other commissioning information to develop viable options for the future need and provision of Learning Disability inpatient provision and on options to enhance community service provision.

Arrangements will be made to include people with lived experience and/or their representatives, family carers and other stakeholders in this phase of the process. This is the phase we will soon be moving into, following discussion and any further feedback from the Health Scrutiny Subcommittee meeting on 23rd March 2023.

Should the outcome of options appraisal suggest that substantial change may be proposed, the proposals will be subject to NHS England's assurance checkpoint process which would look at whether the proposals satisfy the government's four tests, and NHS England's test for any proposed bed closures.

The government's four tests of service change are:

- Strong public and patient engagement
- Consistency with current and prospective need for patient choice
- Clear, clinical evidence base
- Support for proposals from clinical commissioners

Additionally, NHS England & Improvement expect commissioners to be able to evidence that they can demonstrate that sufficient alternative provision, such as increased community services, is being put in place alongside or ahead of bed closures, and that the new workforce will be there to deliver it. A meeting has been arranged with NHS England & Improvement on 28 March to continue this dialogue and scrutiny assurance.

Depending on the outcomes of the options appraisal, a further formal public consultation process may need to take place. The key determinant on whether this is required will be whether the defined options would result in a substantial variation to the service currently being provided. As Committee members will be aware, NHS England guidance states that public consultation may not be required in every case, sometimes public involvement will be sufficient.

The Health Scrutiny Sub-Committee further guidance will be sought on this position at the Phase 2 checkpoint with Committee, hopefully as soon after elections as is convenient to Committee to facilitate In May. A full consultation plan would be developed in the instance of this being required. A full public consultation can take between 8-12 weeks.

5. Summary of the outcomes from Phase 1 Engagement on the key issues and challenges

5.1 Phase 1 ran from January-March 2023, with an initial announcement of the work on this area at the Learning Disabilities Partnership Board in January 2023.

5.2 To ensure we engaged service users, families, carers and stakeholders in a person-centred way, we provided grants to two community organisations (Sheffield Voices and Sheffield Mencap & Gateway) supporting individuals with a learning disability to co-produce involvement activity and to help us to develop the set of open questions to accompany the issues paper to promote meaningful dialogue on the issues faced. Using two organisations meant we were able to increase the diversity of the people consulted.

5.3 Engagement was done through a number of face to face and online events and feedback has been gathered from a range of people with a Learning Disability, their families and carers, including those who had used the inpatient facilities at Firshill Rise in the past. An online survey was also developed to allow people to consider and respond virtually.

5.4 Feedback was received from **178** individuals overall. This included **109** individuals with a learning disability and/or or autism, and **69** carers, family members, or support workers. 165 of these responses were received by Sheffield Voices and Mencap through their direct involvement activities. 13 responses were received through the online survey. Full engagement reports can be shared on request.

Engagement carried out – Sheffield Voices

5.5 In February and March 2023 Sheffield Voices alongside Healthwatch Sheffield ran a series of events in the Learning Disability community. These events were about how the temporary closure of the unit in Firshill Rise has impacted people, and how they want the future of community learning disability mental health services to look. Participants were asked different questions around:

- what they need to keep safe and well,
- and what support learning disability services could offer them;
- what support services could offer their family members.

Through a number of creative sessions on five different day opportunities, as well as an open event to answer different questions in an accessible way, attendees were supported to share their experiences while creating collective art.

5.6 The following were the key themes following on from the engagement exercise, as written by Sheffield Voices:

- People agreed there needs to be more work done to prevent people from reaching a point where they need to go to hospital.

- There were some people who wanted to have a hospital setting specifically for people with learning disabilities to go to when they were very unwell, and others who wanted another setting that wasn't a hospital but that had the same high level of support.
- Everyone agreed there needs to be somewhere that isn't in the community for a short stay with high support. To quote one person: *'It's about the people, not the place when it comes to the right support.'*
- Everyone asked said they want the immediate support in a hospital setting to be in Sheffield, not elsewhere. They said that sending people away is not right, and denies them access to their friends, families, and support networks.
- Some people said that they don't like out of authority/area placements as it's too far for family to travel and it increases risks of abuse when no one is visiting.
- Those who would like to go away would want this option to be a 'therapeutic break', rather than being sent away to a hospital.
- A quote from a parent whose child was in Firshill was: *"The support the staff were able to give in Sheffield, in a familiar environment, as well as me being able to go and see them saved my child's life."*
- People said that there needs to be a single point of access when they feel unwell. Someone who they could go to who was preferably known to them through other learning disabilities services, who would be able to support them through a triage to decide what mental health support they need.
- People said they do not feel that different support teams, such as mental health and social care teams, communicate well enough with each other. They say their support often feels fragmented, and like they are not seen as a whole person, just a list of issues. People said this leaves them without support, or being referred to the wrong support, like being referred to IAPT services only to be told they don't meet the right criteria.
- There needs to be better access to information and pathways for people and their families. When people do not feel safe and well, they do not know who to turn to for fear of being "locked up or sent away." They felt misunderstood and like no one knew what support to give them.
- With better information and communication from services, in accessible formats, people and their families would feel like their needs are being taken care of properly.
- People say there is still a lot of stigma around mental health and learning disabilities. They say they feel like they are treated as the problem, or not involved in their own care. This is also the case with another participant who used to have a 'care-coordinator' for their family who supported them in hiring Personal Assistants and with hospital admissions. Now this is not in place they lack any long term support other than what their day opportunity can offer and they feel 'forgotten about'.
- There needs to be specific Learning Disability and/or similar disability offer which includes learning disabilities services in Sheffield. Someone said they have been sent to a mainstream hospital in the past because their disability profile was complex and no one really knew how to help them.

Engagement carried out – Sheffield Mencap and Gateway

5.7 Sheffield Mencap and Gateway met with 6 groups of adults with learning disabilities and/or autism, equating to 48 adults. This included 10 1-1s with people and 7 carers. The engagement work went well and they were able to engage and collect a range of feedback. The age range was wide from people in their 20s up to those in their late 70s.

5.8 The following were the key themes following on from the engagement exercise:

- The majority of people would like increased and improved support in their community and the confidence to seek that help to prevent hospital admission.
- Amongst carers there was reported concern of an hospital admission being outside of Sheffield as this would impact the wider family setting and not just the adult with a learning disability.
- Many carers feel the wider family are not considered when it comes to supporting adults with learning disabilities, this is a common theme for all support, and often a person with a learning disability is part of a larger unit/ bubble, and when removed impacts the everyone else in that support unit/ bubble.

Engagement carried out – NHS South Yorkshire Integrated Care Board survey link

5.9 The survey was completed by 13 people. It was shared around networks through the Communications Team and through the Learning Disability and Autism Team within NHS South Yorkshire Integrated Care Board.

5.10 The following were the key themes following on from the survey:

- Respondents would prefer inpatient beds to be in Sheffield if they were required
- If beds are not readily available, then they won't be used unnecessarily.
- Respondents would prefer an enhanced community offer
- There was mention of a safe place, safe environment and wrap around support for people with a learning disability to access
- Clear and accessible information to support people with a learning disability in crisis is important.
- A wider social care review/support/input is required to support those in crisis
- A responsive service is important.

6. Proposed next steps

- 6.1 The feedback received through the phase 1 involvement/engagement stage will be used alongside financial, quality and other commissioning information to develop viable options for the future need and provision of Learning Disability inpatient provision and on wide options to enhance and improve community service provision. There could be several options that are viable and possible, and these will be appraised based on their feasibility and suitability to improve the quality of the offer in Sheffield.
- 6.2 Engagement and coproduction of these options and options appraisal will continue and will include the support of community organisations working with individuals with a learning disability.
- 6.3 We will present the outcomes of the options appraisal to Committee, ideally in May, after the elections, should Committee be able to facilitate this for a further steer from Committee.
- 6.4 Should the outcome of options appraisal and the views of the Health Scrutiny Subcommittee suggest that substantial change may be proposed, the proposals will be subject to NHS England's assurance checkpoint process which would look at whether the proposals satisfy the government's four tests, and NHS England's test for any proposed bed closures.

7. Recommendations for the Board

- 7.1 Note the update in this paper on progress on engagement.
- 7.2 Receive a further paper on options for future delivery of the service as soon as possible after the election period is complete.