Learning Disability Change Programme

'A Strategy for the Future'

Proposed Service Specification for Adult Learning Disability Services in Greater Glasgow & Clyde

Executive Summary / Recommendations

1. Background

1.1 In 2012 the Learning Disability Strategic Forum produced “A Strategy for the Future” which established a clear position on the function and purpose of specialist adult NHS learning disability services in NHS Greater Glasgow and Clyde. It aimed to create a strong sense of the unique contribution of specialist practitioners in helping people with learning disability achieve a good quality of life.

1.2 Our vision was and is to ensure that the specialist NHS Learning Disability service appropriately supports people with learning disabilities to achieve the following outcomes:

1. Equal and active citizenship within society
2. Control over personal outcomes
3. Good and improved health and wellbeing
4. Being safe and feeling safe.

1.3 The strategy set out some key priorities for review and redesign which were underpinned by the following statements:

- We will seek to achieve balance between a Board-wide strategic framework and appropriate local variation with the presumption that services should be delivered as locally as possible.
- Specialist assessment/treatment beds and specialist community services are part of a single system and each should have a defined place and purpose.
- There should be a consistency of service model and practice across NHS Greater Glasgow and Clyde and it should be based on the best available evidence.
- Form will follow function
- The NHS should not be a long-term landlord.

1.4 We also agreed that the role of the specialist health service was two-fold:

- To support and enable mainstream services to adapt their approaches to meet the needs of people with learning disabilities
- To provide direct specialist interventions when support cannot be provided by mainstream services alone.

2. The Redesign Process

2.1 Following the production of the Strategy for the future, the Strategic Forum commissioned a number of work-streams to review and redesign the learning disability service. Each work-stream included professional leads and staff side organisations and drew heavily on the experience of our staff. We have also sought the views of people with learning disabilities themselves. Prior to the re-design phase we needed to establish the current patterns of activity and caseload of our community services. This included an audit of individual clinical activity and caseload activity. What emerged from these audits reinforced our belief that a significant re-design was required:

- Recommendations from the National Health Needs Assessment (HNA) for people with learning disability in Scotland and the Local HNA 2011 were not fully implemented
- There was limited focus on enabling access to mainstream services or the development of self management and anticipatory care
- There was significant variations in the interventions delivered by different professions in different geographic areas
- There was underdeveloped and variable care pathways within learning disability services and with wider mainstream NHS Services
- There were many examples of cumbersome and inefficient patient pathway processes between professions / services
- There were unacceptable waiting times in some areas and for some interventions

- There were imminent and significant workforce change in terms of retirement that requires whole system workforce planning.
- There was real potential for clinical risk in some professions with small numbers
- There was a Clinical Governance Committee that was not well attended and did not have sufficient overview.

2.2 During 2013/14, the work-streams developed a detailed service specification setting out the role and function of each profession, recommended workforce profiles, and new ways of working across Greater Glasgow and Clyde. The Service Specification aims to address the inequalities faced by people with a learning disability by:

- creating a fairer system which listens to what they want and need from specialist services
- providing clarity on the contribution of specialist health services and
- developing better ways for specialist services to support mainstream partners to deliver care

2.3 In so doing, the service specification addresses the main NHS recommendations of the “The Keys to Life”, the Scottish Government’s recently published strategy for people with learning disability which aims to address the significant health and social inequalities that people with learning disabilities continue to face.

2.4 The key issues the service specification seeks to address are as follows

- Defining the unique role and contribution of each professional staff group
- Defining the skills and competency required and recommending the composition of teams
- Clarifying and strengthening professional and clinical leadership
- Setting out arrangements for cross-system working

- Being clear about what the NHS should and should not provide

3. Defining the unique role and contribution of each professional staff group

3.1 The Strategy for the Future Action plan required us to clarify and define the role of all professions - both the specific skills and competencies required to deliver direct interventions and those skills required to support, train and facilitate mainstream services, social care providers and informal carers.

3.2 The service specification has defined the range of core clinical interventions for all professionals. It sets out for psychiatry, psychology, nursing, and AHP professions their role in supporting mainstream services – the enabling role, as well as direct interventions. In particular there is a strengthened role for psychiatry. Psychiatrists will be actively involved in developing other learning disability team members to carry out initial mental health screening to ensure that all team members are mental health aware. This in turn will free up more time to allow psychiatrists to actively support mainstream medical staff in meeting the needs of people with learning disabilities. The increased capacity will also support psychiatrists to spend more time intensively working with those who are at risk of being admitted to hospital and they will be key in creating new ways of working between hospital and community services.

3.3 Following a review of Pharmacy services it is recommended that community pharmacists are more involved in the care of people with learning disabilities.

4. Defining the skills and competencies required and team composition

4.1 The Strategy for the Future action plan required us to identify the skills and competencies of our current workforce to identify potential gaps and areas for development; to develop a robust plan for learning and development which complements the range role and scope of clinical interventions; and to

identify the roles that need to be in place within each CH(C)P and those which can be shared across the system.

4.2 A system wide audit of nursing learning and development was undertaken to review the current level of skills and competences against future requirements. We recommend that a nursing learning and development plan is developed which makes specific reference to the contribution of nurses at each grade of seniority commensurate with each specific future clinical intervention. We have recommended changes to grade mix for the nursing workforce.

4.3 We reviewed the specialist teams which support the geographically based community teams in some areas and concluded that nurses currently based centrally (Complex Needs Services / Learning Disability Liaison Team) are based within local teams. We also concluded that the small specialist epilepsy service should be aligned with neurology. The Complex Needs Team will no longer exist in its current form. It serviced the former Greater Glasgow area of the Board. In the Clyde area, local teams developed the competence and confidence to meet the needs of people with challenging behaviour locally. We intend to strengthen this capacity at local level throughout the Board area. We propose to redesign the out-of hours nursing service which also only provides a service to the former Greater Glasgow, and propose to devolve the resource to partnerships and the mental health out of hours service.

4.4 Learning Disability Liaison Nurses will continue to provide the range of clinical interventions currently delivered, focussing on acute care interfaces, proactive health checking, support to General Practitioners, but will be aligned and integrated with local teams, with some system wide co-ordination. Learning disability nursing has not had the benefit of Practice Development Nurse and it is recommended that a post is created to drive forward Board wide nursing developments.

4.5 For AHPs, as a consequence of more clearly defining the clinical interventions, a change to the number and grade mix is proposed which sets out local team composition but reflects the need for robust governance and clinical supervision across the system. Proposals take account of the need for co-dependences across localities to address cross cover issues and professional peer support which to date has been inconsistent and inequitable.

4.6 We have recommended investment in Speech and Language Therapy alongside a wider reach in this profession's contribution to delivering highly developed communication strategies across all interventions.

4.7 There were different models for the delivery of podiatry and dietetics across Greater Glasgow and Clyde, and after review we have recommended that both podiatry and dietetics are embedded within mainstream services, with clear care pathways providing specialist knowledge to not only learning disability services but the wider NHS system. We have recommended that a practice development dietician post is created to support the new model for dietetics.

4.8 It is recommended that in line with developing psychological therapies for people with learning disabilities, the contribution of all professions is further strengthened as detailed in the service specification.

4.9 The review and redesign has focussed on the role and function of professionally qualified staff, but in taking forward implementation we propose to review the role of unregistered staff against a proposal to develop a 'generic' support worker role.

4.10 The service specification sets out a model for multi-disciplinary teams in each CH(C)P area, supported by cross-system networks to share expertise and learning.

4.11 It is also recommended that as these workforce changes occur clinical quality data are collated to measure the impact of the changes. In practice this will mean regular clinical audit which explores clinical activity and governance. This will enable adjustments to be made either to the pace of change, or workforce profiles, and/or other measures to be put in place as the service further develops.

5. Clarifying and strengthening professional and clinical leadership

5.1 The Strategy for the Future action plan required that we review professional leadership arrangements in light of the Health Board's new professional leadership arrangements.

5.2 In developing the service specification the nursing work-stream was led by the Professional Nurse Adviser for learning disability, who in turn sought advice from the Nurse Director for Partnerships. The Clinical Director for learning disability services led the psychiatry/pharmacy work-stream. The Partnership professional leads for podiatry, dietetics, physiotherapy, occupational therapy and psychology were involved and/or consulted during the design phase. The service specification recommends a system of Board-wide care group clinical leadership, with single care group leads for each profession, with professional reporting lines into the now well-established professional leadership structure. This will support the development of evidenced based practice and coherent learning and development. We have designed a system where clinical leadership is clearly described and understood. We are recommending that there is a separation of general management and professional leadership. Each CHCP/Partnership will need to set out their local arrangements. The size of the service dictates that clinical leadership and supervision may be shared across CH(C)P boundaries.

6. Setting out arrangements for cross-system working

6.1 The specialist NHS learning disability service is comparatively small, with a workforce of approximately 167 fte working in a very large geography.

There are six CH(C)Ps, which during the course of the next year will evolve into integrated Health and Social Care Partnerships. It is very important that there continues to be cross-system arrangements supporting local management of local services within the partnerships, otherwise local services may no longer be sustainable. Resources have been allocated over the years using different methodologies, and various service delivery models have come and gone. Local services can only be robust if they are adequately resourced and we will apply a population based resource allocation model alongside the recommended workforce profile to ensure each partnership area has the resources to support a multi-disciplinary team.

6.2 It is important that in-patient and community services work as a single system and the previous fractured relationships between 'tier 4' and 'tier 3' services become a thing of the past. For that reason we are recommending that we look at options to bring more closely together the responsibility for in-patient services and overall co-ordination of cross-system working for learning disability. This may will include the option of hosting within the same Partnership. The cross-system co-ordination will include responsibility for clinical governance, strategic planning, whole-system performance and Board wide work to develop care pathways. Local CHCP Directors/Chief Officers will be responsible for the management of local services and local performance.

6.3 The service specification sets out a co-dependency framework across NHS Greater Glasgow and Clyde which supports system-wide collaboration in the management of cross cover, clinical risk and care pathway development. It also recommends the introduction of networks which provide a system wide response to low frequency, but high tariff clinical interventions such as advanced challenging behaviour approaches, offending behaviour and end of life / palliative care.

6.4 The Clinical Governance Committee has been reviewed in terms of role, functions and relationships with the wider governance fora in NHS GGC and has a new, robust work-plan and active membership drawn from each partnership in Greater Glasgow and Clyde and in-patient services.

7. Being clear about what the NHS should not provide

7.1 The Strategy for the Future established that the function and purpose of NHS adult learning disability services should be clearly defined. It required that we reviewed the employment/therapeutic services that had been established at the time of the Lennox Castle resettlement programme to establish alternative models of delivery where appropriate. These services were Silverbirch and Artform.

7.2 The responsibility and resources for Silverbirch have been transferred to East Dunbartonshire Council. We have undertaken an option appraisal on the Artform project and it is recommended that the NHS no longer delivers this service, which would be more appropriately delivered by the third sector. Work is underway to establish the current needs and circumstances of the people who use Artform to establish if an alternative is required.

7.3 The Strategy for the Future was also clear that the NHS should not continue to be a long term land-lord. It required us to review the configuration of the remaining 14 longer stay beds and develop a programme to enable where possible, current residents to move to their own homes with the support they need to sustain them safely in the community and live good lives. This will need to be implemented in partnership with relevant local authorities.

7.4 This in itself is a significant programme of work and will have challenging workforce implications. Whilst it is clear that some men and women with learning disabilities will always require a skilled and structured support plan and the on-going input of a range of NHS professionals, it is clear that this can be delivered through alternative models by alternative providers, albeit in very close partnership with the NHS. It is therefore recommended that we establish a resettlement programme with Glasgow City Council and other home authorities and that we close the beds and transfer resources to the new integrated partnerships. We will also develop, through our care pathway work, in partnership with local authorities, a robust process which avoids longer term NHS care, delayed discharges and supports best use of

remaining in-patient settings to ensure that people with learning disabilities do not become “stuck” in Assessment and Treatment beds.

8. Summary of Recommendations

- To support the redefinition of the core clinical interventions set out in the detailed service specification.

- To support the revised grade-mix and workforce profiles set out in the service specification.

- To develop a detailed workforce plan setting out the timescale for implementation following the workforce change policy.

- To integrate the functions of the Complex Needs Team and Learning Disability Liaison Team (LDLT) into local partnership learning disability teams, with system wide co-ordination of the LDLT.

- To devolve the resource assciated with Out Of Hours to partnerships and the mental health out of hours service.

- To align the Epilepsy Team to the neurology dept of Southern General

- To create Practice Development Nursing capacity for the learning disability service.

- To support investment in Speech and Language Therapy.

- To embed specialist learning disability podiatry and dietetics into mainstream services.

- To review the role and function of unregistered staff.

- To endorse the arrangements set out in the service specification for professional leadership and clinical supervision.

- To support the separation of general management and clinical leadership.

- To explore options which lead to whole system co-ordination of in-patient services and cross-system working.

- That the NHS no longer delivers the Artform project and to seek alternatives for service users.

- To establish a resettlement programme to help people currently in long-stay services move to their own homes with the support they need to sustain them safely in the community.