

Specialist Adult Learning Disability Services in NHS Greater Glasgow and Clyde – A Strategy for the Future

1. INTRODUCTION

1.1 The purpose of this strategy is to establish a clear position on the function and purpose of specialist adult NHS learning disability services and a strong sense of the unique contribution of specialist practitioners in helping people with learning disabilities achieve a good quality of life.

1.2 The scope of this strategy is limited to the role of specialist adult NHS learning disability services but we recognise that it impacts on the role of mainstream NHS services and social care services. The workstreams that we will establish to take this forward will ensure engagement and dialogue with key partners and players in this field.

1.3 This strategy has been developed by the NHSGG&C Learning Disability Strategic Forum, which includes managers and clinicians working in learning disability services in each CH(C)P area and in “Tier 4” services. It also includes academic and staff side perspectives. The Forum used an outcome focussed planning approach to guide its work and we are grateful to colleagues from carers, advocacy groups, third sector provider organisations and the Scottish Consortium for Learning Disability for lending us their perspectives.

1.4 We plan to create a number of workstreams to take forward the actions resulting from this strategy. These workstreams will involve relevant staff and will engage with other stakeholders including people who use our services and their families.

1.5 We will set out a clear implementation plan towards the end of 2012, but we anticipate that implementation will take place over two years.

2. CONTEXT

2.1 Policy Context

a) Much has changed since “The Same as You?” (SAY) was published in 2000. Lennox Castle and Merchiston hospitals have closed and the vast majority of people with learning disabilities are supported at home with their families or in supported living settings. The recent evaluation of SAY highlights the important role that effective co-ordination of health supports can play in supporting people to have good quality of life. This has a direct relationship to the goals of the Healthcare Quality Strategy for NHS Scotland. The three Quality ambitions outlined within the strategy: person-centredness, safety and effectiveness, provide a framework within which the health service experiences of people with learning disabilities can be effectively addressed.

b) The personalisation agenda and Self Directed Support (SDS) are key drivers which will shape future development of care services in Scotland. Self Directed Support and Personalisation have the capacity to put service users at the centre of their own planning, with support from the people who care for them and about them.

c) Health and Social Care systems across Scotland are facing significant strategic, structural and economic challenges, with the drive for increased integration, efficiency and localism. The Christie Commission report on the Future Delivery of Public Services identified a range of priorities for the reform of public services; all of which provide context for the development of this strategy. They include:-

- Recognising that effective services must be designed with and for people and communities – not delivered “top down” for administrative convenience.
- Maximising scarce resources by utilising all available resources from the public, private and third sectors, individuals, groups and communities.
- Working closely with individuals and communities to understand their needs, maximise talents and resources, support self-reliance and build resilience.

- Concentrating the efforts of all services on delivering integrated services that deliver resources.
- Prioritising preventative measures to reduce demand and lessen inequalities.
- Driving continuing reform across all public services, based on outcomes, improved performance and cost reduction.

d) The recently published proposals on the integration of adult health and care services will also have an impact in the coming months and years.

e) Reducing health inequalities is a key local and Government priority. Equally Well, Scotland's framework on Health Inequalities, highlighted three key recommendations specific to the lives of people with learning disabilities focusing on health improvement; proactive health reviews and access to generic health services.

f) More specifically "Strengthening the Commitment" the report of the UK Modernising Learning Disability Nursing Review, has recently published a series of recommendations which have influenced the thinking behind this strategy.

g) Ensuring robust and coherent transitional arrangements for young people is a key priority within this strategy and will involve a review of current joint systems to ensure effectiveness.

2.2 Demographic Context

a) The population of people with learning disabilities is increasing. Demographic projections suggest that the numbers of people with learning disabilities will increase by 1% each year over the next 15 years, with rises at both ends of the age spectrum linked to better survival rates in premature babies and improvements in health care and general standards of living. Within Greater Glasgow and Clyde we have an incomplete picture of the numbers of people currently receiving services given the lack of an integrated information system, but we know there are approximately 5,300 people registered with the General Practices across the area. The local Health

Needs Assessment published in January 2011 gave us much more information about challenges facing this population.

b) People with learning disabilities are much more likely than the general population to suffer from mental ill-health; visual impairment; gastro-oesophageal reflux and epilepsy. They also experience problems associated with aging earlier than the general population, and there is a higher than average incidence of dementia within some groups. Despite this, there is now a robust evidence base showing that many physical, sensory and mental health needs of people with learning disabilities go unrecognised and unmet by services, with consequent negative impacts on their quality of life. Chronic diseases/long term conditions have the same adverse consequences as they do in the general population, although people with learning disabilities are more likely to present late for treatment/investigation and so are identified with a chronic disease which is at a more severe stage; or in the case of mental health / emotional distress, present in crisis. People with learning disabilities may also have difficulty understanding information about their disease / illness and how to self-care.

c) There has also been a significant change in the suite of legislation which affects people with learning disabilities with the creation of Adult Support and Protection and Adults with Incapacities. There is a need to examine the use of such legislation against the specialist care and treatment we will provide in the future.

d) Similarly, there is an increased demand to support the needs of people with learning disabilities within the criminal justice system. The prevalence of learning disability in the prison population is not known, it is however widely perceived to be under-recognised. Routine screening is not undertaken and opportunities to identify the need for a formal assessment for learning disability may be missed through poor communication.

2.3 Current Service Context

a) There have been a number of changes to the structure of NHS Adult Learning Disability services in Greater Glasgow and Clyde in recent years. The Glasgow

Learning Disability Partnership has been dissolved as has the Mental Health Partnership. Community Learning Disability teams are managed within the 6 CH(C)Ps. Some of these CH(C)Ps also manage and commission social care provision for people with learning disabilities. Tier 4 services – i.e. in-patient provision, the complex needs team, specialist epilepsy service and out of hours service are currently managed by the General Manager for Forensic Services Manager and hosted by Glasgow City CHP.

b) In-patient provision has recently been re-configured to develop an acute admission unit based at Gartnavel Royal Hospital, and a community based rehabilitative assessment and treatment unit in Renfrew. There are currently two “longer-stay” units providing a total of 14 beds in Anniesland and Kirkintilloch.

c) This redesign of in-patient provision also focussed on the use of distant and expensive “Out of Area” placements, funded wholly or in part by NHSGGC and resulted in a major reduction in “Out of Area” placements and an improved ability to provide services locally now and in the future.

d) Only in the past two to three years have services managed to recruit and retain a fully established compliment of consultant learning disability psychiatrists. Almost all medical input is provided by Consultants with very limited non-consultant medical staff within the service.

e) The primary care liaison care team continues to support general practice and access to acute service provision across NHSGGC.

2.4 Current Workforce

a) There are currently just over 211 wte nursing staff working in specialist learning disability services within Greater Glasgow and Clyde. 63 of these posts are within 8 community teams and the remainder work within tier 4 inpatient services of which approximately a third are registered nursing staff.

b) There are 12.96 wte medical staff, 13 wte psychology staff and 48.72 wte AHPs across the Board area. The deployment and skill mix is currently not consistent or based on the population of CH(C)Ps.

c) There are a number of challenges associated with the nursing workforce, including

- Redeployment to community services of large numbers of both qualified and unqualified staff from Lennox Castle and Merchiston.
- Secondments to provider agencies and other NHS Facilities and the subsequent return of these staff.
- Ageing staff profiles.
- Little or no recruitment of post graduate nurse learners.
- Residual numbers of 2nd level registered nursing staff.
- Agenda for Change, which has resulted in variance in grading / banding which has not always been consistent across the system.
- Historically high absence rates for in-patient nursing services.
- Historically very low nursing skill mix for in-patient services and high skill mix within community nursing.

3. VISION

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

- Equal and active citizenship within society
- Control over personal outcomes
- Good and improved health and wellbeing
- Being safe and feeling safe

Table 1 sets out these end outcomes and some of the steps along the way to achieving them.

Table 1:

Short Term Outcome	Medium Term Outcome	Long Term Outcome	End Outcome
<p>People working with PWLD have accessible and meaningful information and support to improve their approach.</p> <p>'Strengthening the Commitment' (April 2012) recommendations are reviewed and an action plan focusing on workforce capacity, capability, quality and profession is developed.</p>	<p>PWLD are better informed about a range of services and choices that reflect their needs, service delivery and strategy</p> <p>PWLD are better supported to access local services</p>	<p>PWLD have a rewarding network of support which connects them to their communities</p>	<p><i>All people with learning disabilities are equal and active citizens within society</i></p>
<p>All services are competent, confident and comfortable in including and informing PWLD.</p>	<p>PWLD influence health and care services</p>	<p>There is less stigma and discrimination towards PWLD and their contribution to their community is valued</p>	
	<p>PWLD are enabled by organisations to live an independent life the way they choose</p>	<p><i>PWLD are involved in mutually beneficial partnerships, involving relevant others.</i></p>	
<p>LD and wider service staff have positive attitudes towards people with LD and are confident about exploring choice and control.</p>	<p>Services work together to identify creative and innovative solutions which deliver agreed personal outcomes.</p>	<p>Services are designed to meet personal outcomes in the most effective way</p>	<p><i>All people with learning disabilities have maximum control over their own outcomes</i></p>

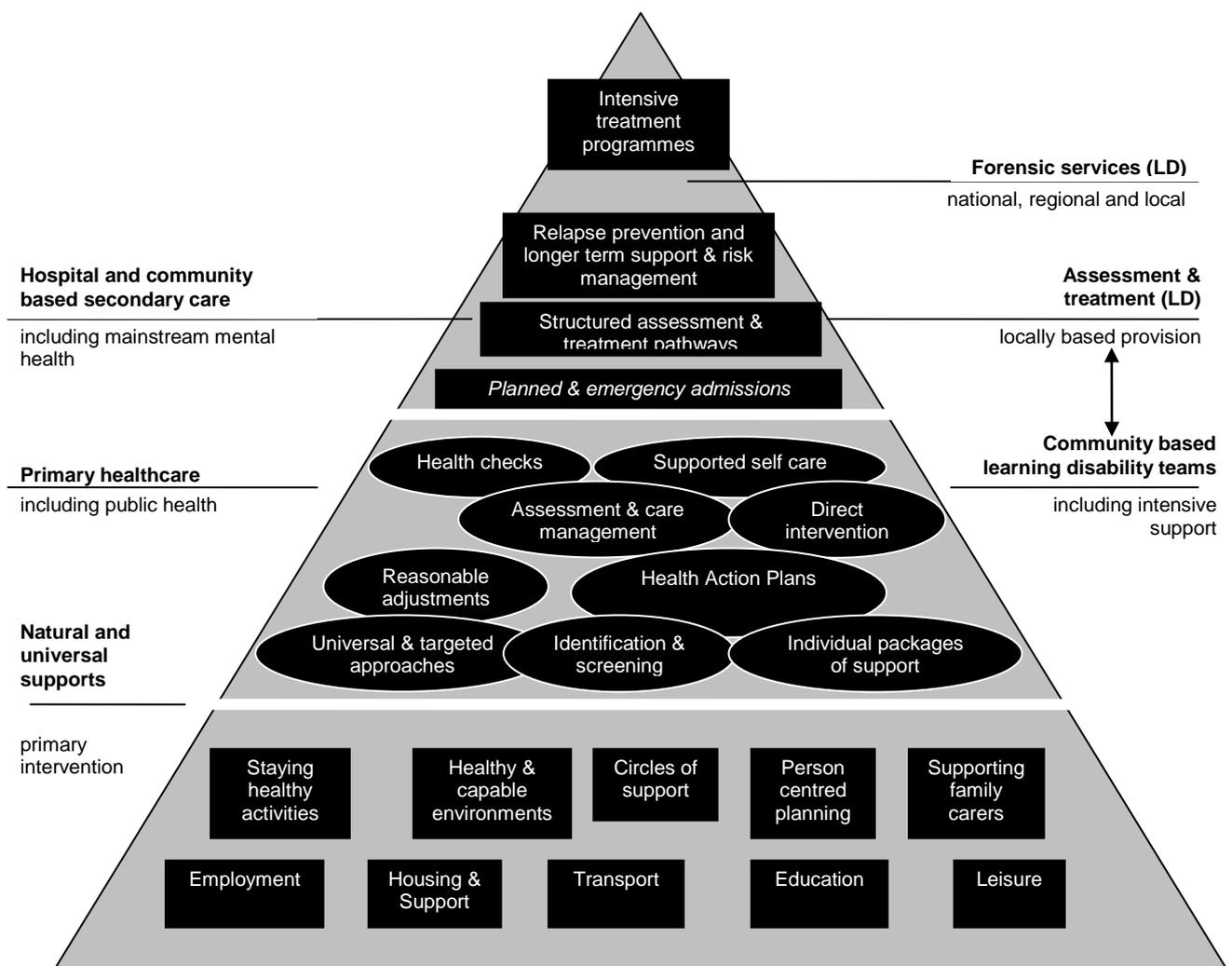
Short Term Outcome	Medium Term Outcome	Long Term Outcome	End Outcome
	<p>Specialist, core clinical, therapeutic and enabling/ support roles of each profession are defined.</p> <p>Specialist services support and enable mainstream support where support cannot be provided within mainstream services alone.</p>	Services are designed to support delivery in a person centred way	
In line with a stepped model of care, the role and contribution of community learning disability services is defined and understood.	Local approaches to self directed support actively support individuals achieve their personal outcomes	PWLD in contact with services have robust, individualised and person centre plans in place, including for times of transition.	
		PWLD are involved in mutually beneficial partnerships, involving relevant others	
	All services are person centred and as effective as possible	<i>PWLD are supported to achieve better health outcomes by their carers and wider networks (also outcome strand 3)</i>	
All clinical staff utilise evidence based approaches to care	<p>There is a strengthened evidence base about the needs and appropriate interventions for people with LD</p> <p><i>All services are person centred and as effective as possible</i></p> <p>There are clear care pathways for people with learning disabilities across the spectrum of specialist and mainstream services, e.g., primary care, palliative, dementia, epilepsy etc. services.</p>	PWLD with a broad spectrum of additional support needs are supported to achieve better health outcomes by their carers and wider networks	<i>People with learning disabilities experience good and improved health and well being</i>
Public health targets are understood and applied to	Processes and support is in place to identify health	PWLD are supported to manage their own health	

Short Term Outcome	Medium Term Outcome	Long Term Outcome	End Outcome
<p>PWLD</p> <p>In line with a stepped model of care, the contribution of mainstream (Tier one) services in relation to people with learning disabilities is defined and understood, e.g., health improvement, screening, prevention, profession and organisational liaison as well as training, education, management and leadership</p>	<p>problems in PWLD as early as possible</p> <p>PWLD are supported to be healthier</p>	<p>and wellbeing more effectively</p>	
		<p>Carers are supported, healthy and well</p>	
<p>Staff understand and are confident about working with PWLD</p>	<p>PWLD feel safe, are safe and are protected from abuse within services</p>	<p>PWLD feel safe, are safe and are protected from abuse in the community</p>	<p><i>People with learning disabilities are safe and feel safe</i></p>
<p>Services are knowledgeable, confident about, and act on legislation and procedures to support PWLD to be safe and act safe</p>		<p>PWLD have a rewarding network of support which connects them to their communities</p>	
		<p>PWLD are known, respected and connected to their neighbourhood</p>	

4. DEFINING THE SPECIALIST CONTRIBUTION

4.1 It is important when determining the contribution of specialist health services to an individual's health and wellbeing, to do so within the context of the wider system. This includes not only the readiness and capacity of mainstream services but also the help available from natural supports, family and friends.

4.2 The diagram below maps out some of the natural and formal relationships within a geography that can work together to support better health for people with learning disabilities. It is important to be clear that any change to the commissioning or provision of any part of the system has the potential to affect the capacity and effectiveness of the rest.



4.3 In reaching a view of the role of the specialist health services in supporting the needs of people with learning disabilities the Strategic Forum has agreed 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 upon the best available evidence.
- Form will follow function.
- The NHS should not be a long term landlord.

4.4 We have agreed that the role of the specialist health service is 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.

4.5 Care Pathways

a) Given the very wide range of needs that people with learning disabilities have, and the evidence we have that health needs are not always well met, a number of needs or condition-based pathways will be put in place.

b) Health needs in the learning disability population can be classified into three broad categories of need - psychological (or mental health) needs, physical needs and general health, including health improvement and screening activity.

c) The tiered care and support model seeks to enable the right care to be delivered by the right people and at the right time and place. Such a model recognises a range of levels of need - from people with lower support needs, who are able to manage and thrive with the support of their family, friends and mainstream health services, through to people who require intensive specialist support.

d) Psychological needs include common mental illness such as depression and anxiety as well as a severe mental illness such as schizophrenia and bipolar affective disorder. They also include behavioural problems, personality disorder and offending behaviour, developmental disorders such as autism, dementia and other degenerative conditions, and mental health associated with physical disability. These needs are often (but not exclusively depending on the confidence and competence of mainstream health services) met by services in the second and third tier of our pyramid.

e) Physical needs include epilepsy, sensory impairment, dysphagia and nutritional problems, end of life conditions, profound learning disability and complex physical disabilities such as sensory and communication problems. In addition many people with a significant number of health needs require high levels of medication requiring regular review. These needs are usually met by a multi-professional teams in the second or third tiers of our pyramid.

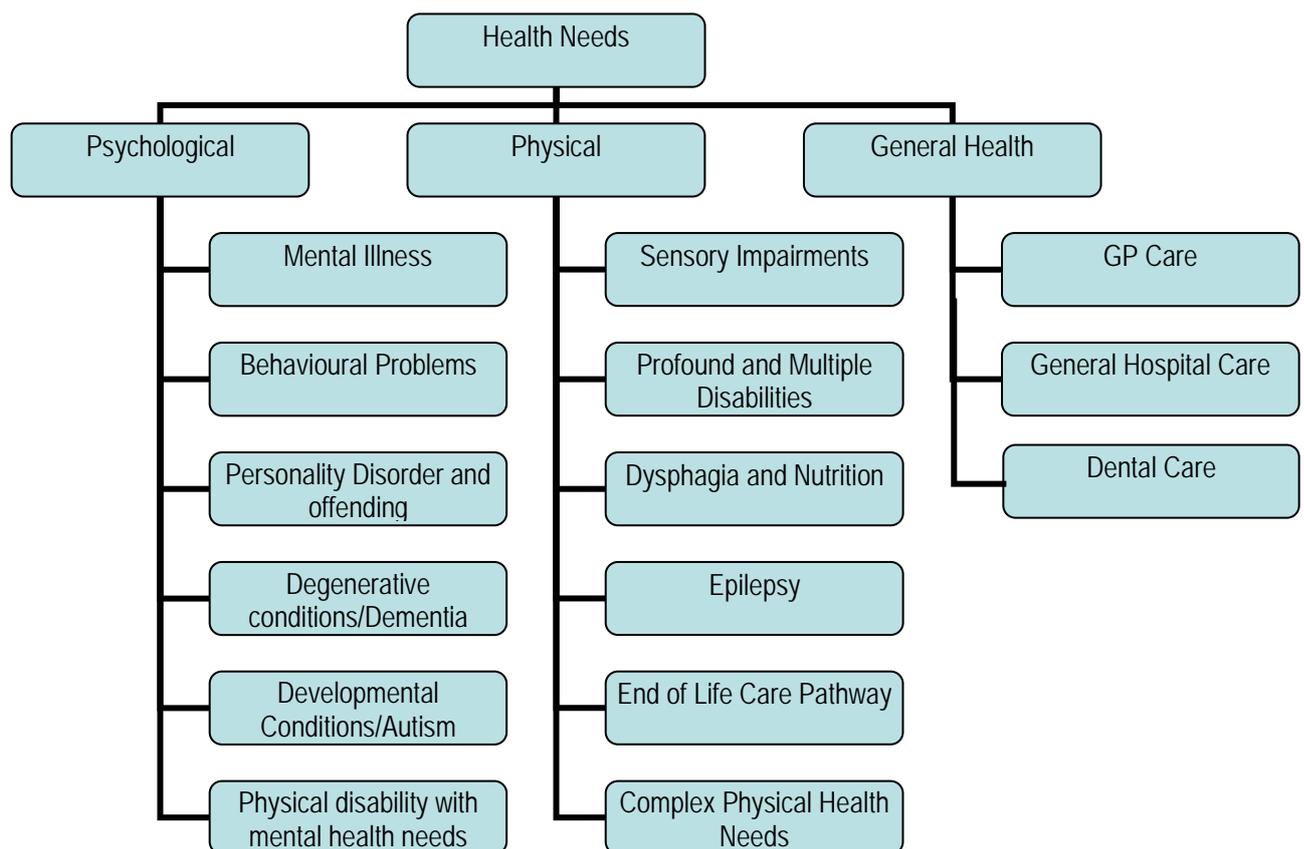
f) Finally, general health needs are those that arise from the general health needs often encountered in general practice and acute hospital settings, which we know from our health needs assessment are not always well recognised and dealt with in these settings. The role of specialist learning disability services is to support, train and facilitate the general health and other services in tier one and two of our pyramid.

g) Of course many people with learning disabilities will have all of the needs described above, and this is often a reason why both general and specialist health services don't always meet needs comprehensively. Our care pathways need to recognise this complexity.

h) The care pathways that we will establish should:-

- be person centred and reflect the distinct needs of the population,
- set out arrangements for the assessment of need,
- clarify the range and choice of evidence based care appropriate to the need,
- clarify the roles and responsibilities of staff across all agencies including social care and 'tiers' in delivering such care, both mainstream and specialist,
- have built in both health and social outcomes,
- take into consideration the roles and needs of families and carers.

CARE PATHWAY DIAGRAM



5. PRIORITIES FOR REVIEW AND REDESIGN - ACTION PLAN

5.1 In addition to developing clear care pathways which identify the specific roles and contribution of mainstream and specialist services the following are priorities for review and redesign:-

a) Nursing Workstream (Covering All Community Nursing both in Partnerships and in Primary Care/Tier 4 Teams)

- Clarify and define the nursing role - 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.
- Identify the skills and competencies of our current nursing workforce to identify potential gaps and areas for development. Develop a robust plan for learning and development which complements the range role and scope of nursing interventions.
- Identify the nursing roles that need to be in place within each CH(C)P/partnership and those which can be shared across the system - for example we anticipate that we need to have a capacity and competency in mental health and behaviour management within each local service, but we may be able to share more specialist competencies in palliative care across the system.
- Identify the number of nursing practitioners and the optimum skill/grade mix required as a minimum in each partnership.
- Review professional leadership arrangements in light of the Health Board's new professional leadership recommendations.
- Develop a nursing workforce plan with clear timescales for implementation.

b) Allied Health Professional Workstream

- Clarify and define the Allied Health Professional role and contribution both in delivering direct interventions and supporting/facilitating mainstream service delivery. Working through each professional group, test the requirement for learning disability specific services through looking for evidence of good outcomes locally and further a field.

- Identify which AHP roles need to be in place within each CHCP/Partnership and those which can be shared across the system.
- Identify the skills and competencies of our current AHP workforce to identify potential gaps and areas for development. Develop a robust plan for learning and development which complements the range role and scope of Allied Health professions interventions.
- Identify the optimum skill/grade mix for the different AHP required in each partnership and across the system.
- Review professional leadership arrangements for AHP groups given the Health Board's new professional leadership arrangements for AHPs.
- Develop an AHP workforce plan with clear timescales for implementation.
- Review the employment/therapeutic services (Silverbirch and Artform) that continue to be provided by the NHS in Greater Glasgow and Clyde to establish alternative models of delivery where appropriate. This will be implemented in partnership with relevant local authorities.

c) Psychiatry Workstream

- Define the unique contribution of LD psychiatry services, with a specific focus on practice variation and use of inpatient services.
- Identify ways of increasing the capacity of LD Psychiatry to provide more intensive community mental health treatment with a focus on pro-active and relapse prevention care.
- This workstream will also incorporate the role of pharmacy across each of the tiers.

d) Psychology Workstream

- Define the unique contribution of LD psychology and look at alternative models for delivering psychological interventions including optimum skill/grade mix and the development of other professional groups to deliver intervention as appropriate.

- A review of how LD health services provide access to psychological interventions will be an essential step towards the psychological therapies HEAT target

For all the professional groups ensure that the structure that emerges is a consequence of form following function and that resource allocation is based on population need. Partnership Directors have already agreed a population based Resource Allocation Model which will be applied when we implement the redesign. It has also been agreed that no partnership will make changes or efficiency savings independently of this Board-wide process.

e) Inpatient Workstream

- 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. This in itself is a significant programme of work and will have challenging workforce implications.
- Develop through our care pathway work, in partnership with local authorities, a robust process which avoids longer term NHS care, delayed discharge 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.

f) Criminal Justice Workstream

- Explore current practice of support for individuals with learning disabilities within prison and develop an appropriate model of support and care pathways on release from custody.*

g) Information and Measuring Effectiveness Workstream

- Explore current arrangements for data capture and recording and consider information sharing requirements. Identify appropriate measures that are specific and outcome focussed.

* Scottish wide review funded by Scottish Government, delivered by NHS Greater Glasgow and Clyde.

h) Infrastructure Workstream

- Develop a comprehensive workforce plan and financial framework for the strategy which determines appropriate levels of investment and efficiency savings.

i) Programme Management

- This programme of activity will be led by the CHCP Director in East Renfrewshire on behalf of NHS Greater Glasgow and Clyde.
- The Learning Disability Strategic Forum will provide governance and oversight and will provide regular updates and reports to the CH(C)P Directors.
- A programme manager will be recruited and workstreams developed to take forward the actions. These workstreams will include staff side representation and will be responsible for ensuring relevant user, carer and third sector engagement.

6. TIMESCALES

The workstreams will be established over the summer and will provide an initial report towards the end of 2012. A clear timetable for full strategy implementation with critical milestones will be included in the report but full strategy implementation will take us to the end of March 2014, with the potential for the in-patient programme to complete by March 2015.

7. CONCLUSION

The NHS provided specialist adult learning disability services in Greater Glasgow and Clyde have developed historically over the years and have been subject to a number of significant re-organisations, but without benefit of a whole-system review of their contribution and purpose. This Strategy for the Future describes the contribution of the specialist learning disability service to help people with learning disabilities achieve a good quality of life and sets out a number of workstreams that will be taken forward over the next six months to develop clear care pathways and consistent models of service that take account of local need. Before we redesign

services we have to be very clear of their purpose and form will follow function. It is however inevitable that this strategy will result in some changes to our current structures and workforce, and we will work closely in partnership with staff and their representatives to take forward these changes over the coming months and years.