Initial Report on New Horizons Consultation – Summary

July 2012

New Horizons Project Team
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New Horizons Project Team

Tommy Stevenson  
Clinical Services Manager  
Learning Disability Service / CAMHS

Janette McCreath  
CLDT Co-ordinator  
Learning Disability Service

Jan Thomson  
Interim Operational Manager / Senior Nurse  
Learning Disability Service  
Email: jan.thomson@aapct.scot.nhs.uk  
Phone: 01292 614973

Jim Smith  
CLDT Co-ordinator  
Learning Disability Service

Dominic Jarrett  
Research and Information Officer  
Learning Disability Service  
Email: dominic.jarrett@aapct.scot.nhs.uk  
Phone: 01563 578748 or 01292 614972

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For copies of the full reports related to the New Horizons project, please contact D. Jarrett (details above)
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1. Introduction

The NHS Learning Disability Service in Ayrshire and Arran has undergone considerable change over the past 10-years. A large part of this has stemmed from the Scottish Executive review of services for people with learning disabilities, ‘The Same as You?’ (2000), but it has also been informed by documents such as NHS Health Scotland’s Health Needs Assessment Report - People with Learning Disabilities in Scotland (2004), and Promoting Health, Supporting Inclusion (Scottish Executive, 2002). Other national and local documents have also had considerable influence, but first and foremost, change has been influenced by the service needs of people with learning disabilities.

How the service has evolved over this period has been guided to a large extent by a local planning document referred to as the Health Model. This was drawn up in 2001 with the intention of supporting the retraction of long-stay hospital accommodation for clients, via expansion of the Community Learning Disability Teams, establishment of the Assessment and Treatment facility within Arrol Park, and mapping of other key service connections that needed to be established. A good deal of what the Health Model proposed has been realised, while other aspects (particularly in relation to staffing levels) have been constrained by prevailing service conditions across the public sector as a whole.

Across the UK, NHS services are having to adapt to ongoing budget restrictions and seek to implement ‘lean’ approaches, which ask much from services seeking to maintain the quality of care they deliver to clients. Greater focus on preventative approaches, self management of care, and delivery within the community are also expected of NHS services, facilitated by closer working with local authority services and other partners.

Shifting the Balance of Care¹, and its associated Integrated Resource Framework (IRF) projects, captures the Scottish Governments aspirations in relation to these aims. One project carried out locally as part of this programme of work had a large focus on people with learning disabilities, and identified a number of avenues for the development of services to facilitate a greater emphasis on enablement of individuals, and the role of the community in relation to this.

The Learning Disability Service (LDS) is already well placed to respond to these emerging priorities. However, given the scale of their potential impact, now is an opportune time to re-examine the Health Model, and consider in detail its continuing relevance for the health of people with learning disabilities, and the staff who support them in achieving this.

¹ (see http://www.shiftingthebalance.scot.nhs.uk/ for more information)
2. The New Horizons Process

Achieving a meaningful engagement with the various partners involved in delivering, supporting, or accessing the NHS Learning Disability Service was a priority for the project team from the outset. To date, the process has involved a variety of mechanisms, and it is intended that this pluralism will continue to characterise the work to come.

- At the start of 2011, an online questionnaire was disseminated to all 180 identified staff within the NHS Learning Disability Service, of which 92 completed forms were returned (51.1%)

- Following on from this, a series of 16 interviews with key senior members of the service took place, followed by a series of 11 focus groups with staff in the community and the facility at Arrol Park Resource Centre.

- The VIPs (Virtual Inclusive Partnership), an East Ayrshire service user group, was commissioned to undertake the engagement with service users and carers in the last quarter of 2011. This comprised 2 road-shows for people with learning disabilities within each locality, and a questionnaire to carers (of which 58 were returned).

The work described above (referred to as Phase 1) has been reported on to the project steering group, and continues to inform the ongoing development of the New Horizons process. Currently, the project team is engaging with partners elsewhere within the NHS, and within the local authorities, education, provider agencies, and advocacy. This activity will include

- Interviews and focus groups with key individuals and groups of staff across a variety of settings

- Circulation of an online questionnaire to community and other teams within the NHS and local authorities.

Delivery of the above activity will not comprise the completion of the New Horizons process: the New Horizons label is being associated with a programme of consultation and change which will continue to develop over the coming years. Individual components of this process will be reported on as they are completed, and will inform the ongoing strategic planning activity within the Learning Disability Service, in the context of a progressive and incrementally changing health and social care environment across all care groups.
3. **Key Findings and Recommendations**

The Phase 1 activity has generated a number of themes and associated actions which the project team plan to progress, supported by the steering group and in collaboration with the existing governance and planning structures within the Learning Disability Services. Some of this activity may be taken forward by sub-groups created within the service.

### 3.1 Maximising the role of support worker staff

Feedback from staff has given some indication of a need to better acknowledge and facilitate the development of support level (un-trained) staff within the service. Current avenues for taking this forward include exploring the application of the Positive Behavioural Supports methodology (as promoted by NES) within the service, particularly in relation to support staff.

Staff expressed some concerns regarding the balance of qualified staff within the service. Related to this was an acknowledged lack of opportunity for progression among support staff.

- Proposals to rebalance the workforce to reflect the activity required of it will be explored over the coming months. As part of this, developing new expectations for the support worker roles will create greater flexibility and responsiveness within the service.

### 3.2 Reconfiguring workforce

Rebalancing the workforce, and supporting the acquisition of relevant skills, requires an understanding of the needs of the current learning disability population and future population demands, and the extent to which existing staff skills sets match these. Feedback within the New Horizons process suggested that clinicians were observing an increasing prevalence of issues in relation to substance misuse, as well as training issues in relation to dementia, mental health, and current health promotion messages.

- It is intended to undertake a more detailed training needs analysis to look at the current skill set of staff within the service, and to relate this to a profiling of the needs of the learning disability population known to the service. In looking at the existing skill set, there will be a deliberate focus on the qualities and experiences that individuals bring to their roles, and how the service can better recognise and benefit from those resources. Part of ensuring that the service has a relevant skill set will involve a consideration of the balance of professions, and new opportunities for sharing activity across professions. An analysis of referral patterns to the service will inform the
3.3 Re-thinking community and in-patient assessment and treatment

There was a clear indication from the staff feedback of a perceived disconnect between the community and ‘in-patient’ arms of the Learning Disability Service. Some experienced this disconnect as impeding effective communication or admission/discharge processes. This mirrors feedback obtained in relation to the review of the Community Learning Disability Teams, undertaken approximately 10-years. Addressing this disconnect, in the interests of supporting a single service identity, knowledge and skill base, and better outcomes for individuals, will be a key priority for the service over the remainder of the New Horizons process.

It is of note that a recent report by the Care Quality Commission on services in England providing residential care for people with learning disabilities (NHS, local authority, and private) describe a need for, ‘innovative commissioning that means people are able to stay in their local communities and so maintain important relationships.’ Facilitating such innovation will require a whole system consideration of the assessment and treatment function of the service, within both in-patient and community settings.

- Some pieces of work are already planned or underway in relation to an examination of the role and function of the Assessment and Treatment Unit at Arrol Park. This includes an ongoing collaboration with members of the Patient Quality Improvement Partnership (PQIP), and the planned application of the SR12 review methodology to the service. It is hoped that this activity will contribute towards developing stronger collaborative practice across the community and inpatient arms of the Learning Disability Service. Furthermore, exploration of a rebalanced, re-focused and re-configured workforce across the service will seek to explore opportunities for the flexible provision of staff across both service settings.

3.4 Building the service around a strengths and assets based model

Building on the discussion of enabling communities within the East Ayrshire IRF project, the role of the Learning Disability Service as a community focused, health promoting one has been a key theme for the New Horizons process. While staff as a whole see the core function of the service as being around intervention, there was also a recognition of the importance of pro-active, health promoting activity. How the service best takes forward this agenda within the context of an asset based

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approach (as is advocated by the Chief Medical Officer\(^3\)) requires further discussion. It is also of note that the recent review of learning disability nursing pays attention to the development of the public health role of the profession.

- Re-balancing the workforce, as discussed above, may be one means of facilitating an enhanced focus on health promotion and enablement, through the development of the roles of support staff, guided and supported by trained staff. Part of this development should entail a discussion of the potential of generic support workers, working across professions (and potentially, across agencies). Another mechanism for taking forward asset based approaches lies in the health assessment employed within the service. Staff views in relation to this generally suggested an opportunity for streamlining its implementation, however there is an opportunity to go further than that, and explore the potential for redesigning the health assessment process in its entirety, the better to support an asset based, enabling, community focussed, and co-created response to people’s needs. Such an approach would, perhaps, go some way to creating new opportunities for the kind of meaningful, respectful dialogue which service users and carers indicated that they valued, and which they did not always experience.

3.5 Facilitating the creation/delivery of joined up strategic intent

Achieving a meaningful dialogue with individuals in relation to their needs requires a holistic approach. Staff clearly indicated that they saw such an approach as already being fundamental to the work of the service, and as being something which they and the people accessing the service valued. Carers also reflected on the way in which staff will go ‘above and beyond’ the strict remit of their role in order to assist. There was an explicit recognition among some staff that it is no longer sufficient for people to operate within silos: that people need to be thinking about taking on non-traditional roles.

In the context of the ongoing discussion around integration issues, the existing good practice around joint-working with the local authorities, which many staff spoke of, provides a strong basis from which to explore the ramifications of more systems-focused integration, such as that outlined within the recent consultation document\(^4\).

- Members of the Learning Disability Service participated in the delivery of the East Ayrshire Integrated Resource Framework project. Many of the discussion points within the original report of that project are of considerable relevance to the New Horizons process, and it is hoped that these can

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usefully inform the service’s contribution to the local integration agenda. The current work of the New Horizons project team encompasses engagement with the local authorities, and it will be essential to extend that engagement at an appropriate point in the process, in order that the developing partnership agenda, with its associated concerns around efficiency, can be reflected within the Learning Disability Service’s evolution. As part of this, consideration would be given to new roles achieved through workforce reconfiguration such as local area co-ordination. The varied roles of local area co-ordinators evidenced across Scotland, and the successes associated with their implementation in some parts of Ayrshire, create an opportunity to explore their full potential in relation to health improvement and community capacity building.

3.6 Additional opportunities – increasing responsiveness to existing and developing agendas

There are a variety of other issues explored within the New Horizon process which will require additional, detailed consideration in their own right, including (but not limited to):

- Current activity in relation to primary and acute care – outcomes to date and possible development
- Service links within the NHS (and with local authority), including mental health, addictions, and children’s services
- Methods of effective communication and information sharing within the Learning Disability Service
- The role of the Learning Disability Service in relation to the Autism Spectrum Disorder population and other individuals currently falling out-with its criteria
- Appropriate responses to forensic issues within the learning disability population.

The full report on phase 1 of the New Horizons process explores the above issues and others to a fuller extent, while also presenting the results of the various engagement approaches undertaken. Within the report of the East Ayrshire IRF project, a hope was expressed that the document would remain a live one – that it did not represent the completion of the IRF process, but just a summation of the activity so far. A similar aspiration could be expressed for the full report on phase 1: that the discussion within it continues to inform the New Horizons process, and that future actions carry the document’s original intentions into all forthcoming dialogue with partners. Translating the scope of that report and the ones to follow into a manageable form which can usefully support participation will be essential, and it is hoped that this summary goes some way to achieving this.