Board of Directors

SUMMARY REPORT for SHSC Board of Directors	**Meeting Date:**	28th September 2022
	Agenda Item:	11

Report Title:	Learning Disability Transformation: Community Model	
Author(s):	Mel Larder, General Manager and Dr Hassan Mahmood, Clinical Director	
Accountable Director:	Dr Mike Hunter, Medical Director Neil Robertson, Director of Operation and Transformation	
Other meetings this paper has been presented to or previously agreed at:	**Committee/Group:**	Quality Assurance Committee (QAC) and Finance and Performance Committee (FPC)
	Date:	June and July 2022
Key points/ recommendations from those meetings	QAC - Proposal received. The principles of the paper welcomed and supported to take to Board. FPC – Proposal received. Advised prepare an additional enhanced service model scenario, which is reflected in the paper.	

Summary of key points in report

The proposed model aims to provide the right support in the community to address the health-related needs of people who have a Learning Disability and cannot access mainstream mental health services with reasonable adjustments or require joint working with mainstream mental health services. This includes providing support to people presenting with behaviours of concern and/or mental health needs.

The new community model will be built around national agendas and focus on a significant improvement in the quality of community support and has incorporated learning from Learning Disability services rated highly by CQC.

An enhanced community model will provide alternatives to admission through responsive and effective multi-disciplinary team working. Our partners in Sheffield Place and South Yorkshire Integrated Care Board (ICB) support the proposed plans.

The potential risks identified relate to the recruitment of staff, potential funding that may be required to deliver the model, reduced access to inpatient beds, a significant change in working patterns, current waiting times, staff working beyond the core function of the service and gaps in skill mix, however, mitigations have been put in place which are detailed in the risk section.

Recommendation for the Board/Committee to consider:

Consider for Action		**Approval**	**X**	**Assurance**	**x**	**Information**	

The Board of Directors is asked to consider the proposal for an enhanced community model (dependant on the finalised financial position) and agree to commence the next steps in developing and providing such a model. Our Place and System partners will explore with us what is the remaining need for specialist inpatient provision, including public consultation where appropriate, in the context of enhanced community services being developed across the South Yorkshire System.

Please identify which strategic priorities will be impacted by this report:				
Covid-19 Recovering effectively	*Yes*	*x*	*No*	
CQC Getting Back to Good – Continuing to improve	*Yes*	*x*	*No*	
Transformation – Changing things that will make a difference	*Yes*	*x*	*No*	
Partnerships – working together to make a bigger impact	*Yes*	*x*	*No*	

Is this report relevant to compliance with any key standards?					**State specific standard**
Care Quality Commission Fundamental Standards	*Yes*	*x*	*No*		*Improving services for learning disability and getting back to good.*
Data Security and Protection Toolkit	*Yes*		*No*	*x*	
Any other specific standard?	*Yes*	*x*			*Transforming Care Agenda* *National Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) agenda* *Green Light Working* *Building the Right Support Action Plan*

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 and Experience	*Yes*	*x*	*No*		The aim of the new clinical model described in this paper is to significantly improve service users' experience and increase the focus on patient safety. There has been engagement/collaboration with carers and Experts by Experience
Financial (revenue &capital)	*Yes*	*x*	*No*		Finance is a core component as the new model will require rebalancing of resources towards community services
Organisational Development /Workforce	*Yes*	*x*	*No*		Organisational and workforce development are key to the delivery and impact of the new clinical model
Equality, Diversity & Inclusion	*Yes*	*x*	*No*		The new service model will be inclusive and consider the individual needs of service users, taking into the account the diverse population of Sheffield. There will be focus on ensuring the service meets the needs of all communities and will include the Multicultural STOMP innovation
Legal	*Yes*	*x*	*No*		Legal considerations will need to be considered including commissioner-led consultations about changes to service provision. Other legal considerations include Human Rights Legislation and the Autism Act

Sustainability	*Yes*	*x*	*No*		Care closer to home is associated with improved sustainability in health and social care services
Learning Disability Transformation **Proposed new clinical Model**					

Section 1: Analysis and supporting detail

Introduction

This paper outlines a model for a modern and dynamic specialist Learning Disability service to meet the needs of the population of Sheffield. The model has been co-produced with service users, carers, and key stakeholders. The proposed community models have been developed to offer an effective and responsive service to meet the health-related needs of people with a Learning Disability who cannot access mainstream mental health services with reasonable adjustments or require joint working with mainstream mental health services. This includes supporting people presenting with behaviours of concern and/or mental health needs.

The proposed community model will be built around the national Transforming Care and Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) agendas and focus on a significant improvement in quality of community support with an increased focus on patient safety, clinical effectiveness, patient experience, improved responsiveness, an extended offer, and co-ordination of the whole Learning Disability service. The proposed model has incorporated learning from Learning Disability services rated highly by CQC, which includes innovative practices designed to improve quality of care.

An enhanced community model will provide effective alternatives to admission through responsive and effective multi-disciplinary team working that will be supported by a system approach to specialist inpatient care.

Background

The Learning Disability service (now Learning Disability Service Line) was set up as three separate teams, with a tiered approach including, a community learning disability team, community intensive support team and an assessment and treatment unit (Inpatient) in 2017**.** This model predated the national strategy for increased community-based treatment and support, with less use of inpatient care facilities.

Since 2014 the Assessment and Treatment Service (ATS) at Firshill Rise has been subject to episodes of regulatory requirements and safeguarding concerns. Following an inspection of the unit in May 2021, the Care Quality Commission (CQC) introduced conditions on the registration of the service, which were met in September 2021. However, due to the importance of ensuring we have the most effective clinical offer, the operation of the unit has remained suspended, pending clarity with our Place and System partners about the design of future pathways.

The community service in Sheffield is commissioned by the South Yorkshire ICB, Sheffield Place. The assessment and treatment unit is commissioned primarily by Sheffield Place with a small number of beds commissioned by neighbouring health communities. This is appropriately 70%/30% split, with 70% commissioned by Sheffield Place.

Transformation Programme

To ensure that the service line provides high quality pathways, a transformation programme was established to scope and redesign a community and inpatient service. The programme has been governed by a multi-agency board, which is currently co-chaired by a person with lived experience and the Clinical Director of SHSC's Learning Disability service. The programme board oversaw two workstreams, (inpatient and community), which over the last 10 months, has worked to agree the recommendations contained in this paper.

Working together with our Partners; NHS South Yorkshire Integrated Care Board, the Local Authority (LA), NHS South Yorkshire (Sheffield), Experts by Experience and NHS England & Improvement, and the regional transformation care leads, we have explored through benchmarking, horizon scanning and available data, the needs of our population. In addition, since the suspension of the Firshill ATS we have only required the appropriate hospital admission of two service users whose care was safely delivered in our adult acute admission wards, supported by the Greenlight Tool Kit.

Future Model

As the programme evolved, questions that have underpinned the co-design process include:

- What are the very best clinical pathways for people living with learning disability with moderate to severe learning disability, alongside behaviour that challenge or with comorbid mental health needs?
- What is the best way to use our resources to meet the outcomes that matter the most to the people we serve?

The model has been designed in line with the SHSC Clinical and Social Care Strategy. Evidence reviewed and analysis of best practice has demonstrated that effective clinical pathways for Learning Disabilities are supported by a responsive community offer that provides an enhanced, multidisciplinary, and evidence-based service.

Best practice, national guidance and information provided through co-production established that service users receive the best care as close to home as possible. This means the new model will increase support for service users and carers to enable people to remain safely in their own residencies where possible.

The model will provide a single Community Learning Disabilities Team that provides standard and enhanced interventions, determined by need. There will be a central point of access for all referrals into the service. The new model will improve quality of care by being more responsive, clinically effective, and focused on patient safety and enhancing patient experience. There will be a greater emphasis on a multidisciplinary team approach and assessing and managing risk with consistent application of national Stopping Over Medication of Patients with a learning disability (STOMP) and Transforming Care Agendas and the introduction of evidence-based and coproduced outcome measures. Overall, service users will receive the right support, right care, and right culture, at the right time.

The model proposes that resources are directed towards the community to significantly improve the quality of care. The national drive has been to close inpatient units as patients often received institutionalised and very long episodes of care that can be counterproductive to recovery and personal independence. The development of enhanced community care means that resources can be directed more appropriately to a wider group of people who have greater need. This will also aid earlier intervention and reduce the likelihood of inpatient admissions.

The proposal is in line with the South Yorkshire Integrated Care System recommendations for reduced reliance on Learning Disability inpatient beds, in favour of prioritising high-quality

person-centred community offer.

Key Differences Between the Existing and Proposed Future Model

The existing model is a step approach with a number of handovers of care. The currently SHSC's Learning Disability team are from a wide variety of professional backgrounds working within, including a Psychiatrists, Advanced Clinical Practitioner, Physician Associates, Community Nurses, Clinical Psychologists, Speech and Language Therapists, Occupational Therapists and Physiotherapists. Whilst there is a desire to work consistently as an effective multi-disciplinary team (MDT), this is inhibited by various factors including the stepped nature of the offer and clinical practice models that are not sufficiently evidenced based or focussed on formulation. The service transformation will help to address these issues and create the environment to allow consistently effective MDT working that focuses on national Transforming Care and STOMP agenda.

Within the new model, the team will focus on evidence-based pathways and defined core function. The interventions will be based on standard pathways offering a multi-professional service based on need, risk assessment and formulation. Enhanced pathways will offer a responsive, more intensive support than the standard pathways with an aim to prevent placement breakdowns and inpatient hospital admissions.

Standard and Enhanced Pathways

Standard and enhanced pathways may include Eligibility screening, Mental Health, Dementia, Autism Assessment, Transition, Dysphagia Pathway, Blood desensitisation and Needle Phobia, Bereavement work, Sensory Assessment, Posture support, Positive Behavioural support (PBS), Sensory Integration, Communication Assessment and Green Light working as appropriate.

Patients could be on multiple pathways at any given time, which will encourage improved MDT working, e.g., for a patient on the enhanced pathway, a Clinical Psychologist putting together a PBS plan and a Speech and Language Therapist assessing a patient's communication. Service users on the Enhanced pathway will not be on a waiting list but will be assessed quickly with intervention taking place daily with focus on intensity and of a shorter duration.

More Frequent MDT Reviews and More Timely MDT Response

As part of the new model, there will be an increase in the frequency of MDT meetings from weekly to daily. For referrals that are accepted to the service following triage and application of a risk rating, colleagues in the daily MDT meeting would decide which professionals' input (potentially multiple) would best meet the needs of the patient and how urgent the response needs to be, with the service potentially providing a response within 4 hours. This would encourage MDT working from the start of a patient's journey in the service, with the use and adaptation of the 'Purposeful Inpatient Admission (PIPA) model to ensure clear, planned appropriate interventions and care.

Person-Centred and Evidence-Based Nursing Care

The nursing team will be using the framework of the Moulster and Griffiths Learning Disability Nursing Model, which is a specific, values based learning disability devised model which follows the nursing process and consists of several stages:

- Person-centred screen
- Person-centred nursing assessment
- HEF (Health Equalities Framework) baseline
- Person-centred nursing care plan
- Nursing implementation of care plan recommendations

- Evaluation which will consist of another HEF and Care plan evaluation

The model is an evidence based model and combines elements from Orem's self-care model, the ecology of health model, reflective practice and the Health Equalities framework

There will also need to be significant efforts to improve our working relationships across the system, including with Social Care, Child and Adolescent Mental Health Services, mainstream mental health services and voluntary organisations, so that we can provide integrated high-quality care.

The new service offer for people with learning disability will support people to live fulfilled lives, which are as independent as possible. When people require an urgent response, services should be person centred, appropriately involve family, carers and other significant partners in their care, and the offer should include all options to support the individual to be cared for in their community wherever possible

An example case vignette below shows how the new model will positively impact on MDT working: -

Case Vignette

Mr Z is a 25-year-old male with diagnoses of Moderate Learning Disability and Autism. Three years ago, he moved from his family home to supported living because of concerns around behaviour, particularly physical aggression towards his parents, which resulted in placement breakdown.

Today, the Learning Disability service has been contacted at 1pm and requested to provide urgent support because he has displayed physical aggression towards his support staff daily for the past week, some of whom have had resulting open wounds on their skin requiring medical assessment. For the past 3 weeks, he has also damaged property in his home on five occasions, which has required external professionals to attend the home to carry out repairs. Earlier this week, a General Practitioner assessed him and had no concerns about his physical health. Due to concerns about behaviour, police were contacted who attended the home and will not be taking any further action.

Response Under the New Clinical Model

The call is triaged around need and risk and a psychiatrist and Clinical Nurse specialist from the Learning Disability service attend Mr Z's home within 4 hours to carry out an urgent holistic assessment of his presentation.

There is no evidence of mental illness on Mental State Examination. However, due to concerns about risks particularly towards others, the psychiatrist initiates low-dose antipsychotic medication and explains this is being prescribed off-licence for challenging behaviour. The psychiatrist also explains that there will be regular review of the medication.

Both colleagues contribute to a holistic management plan that addresses the various risks. As part of the plan, the case is discussed in the daily MDT meeting the next day and the patient is placed on the enhanced pathway. A referral is also made to Speech and Language Therapy so that Mr Z can receive a communication assessment, the nursing team undertaken a HEF baseline and formulates a nursing plan and the psychologist starts to put together a Positive Behaviour Support (PBS) plan.

Meanwhile, Mr Z's presentation is subsequently monitored by a support worker who feeds back about his progress to the psychiatrist, CNS, Psychologist and Speech and Language Therapist in an MDT later in the week.

A plan is made for a member of the Learning Disability team to monitor his progress over the weekend by speaking to the Home Manager via telephone.

Examples of Scenarios for Different Levels of Provision for the New Model

In this paper, we provide three example scenarios of how the new model could be implemented, differing in service availability throughout the whole week and in extent of the MDT response available throughout the week. Note that these are not presented as options for decision making, which would take place through business planning and commissioning contract processes. Rather the scenarios illustrate what could be achieved in line with the current total LD resources commissioned in SHSC (Scenario 1) and what could be achieved with further commissioned resources (Scenario 2 and 3).

Scenario 1	Scenario 2
Service provision **Monday - Friday 8am - 8pm, Phone Service at Weekend 9am - 5pm**	Service provision **Monday - Friday 8am - 6pm, Weekend 9am - 5pm**
In line with current total available resources Offer an increased Multi-Disciplinary Team (MDT) professional input. Increased ability of the team to offer enhanced care to service users closer to their homes. Increases Medical time to implement the STOMP agenda. It is based on weekend cover for a limited Nursing and Nurse Associate response. Limited MDT rota cover for extended hours.	Will offer the benefits of scenario one plus: Aligned with benchmarking against other services who are rated as Good or Outstanding within Learning Disability. Based on National Learning Disability service specification. Offers a more responsive approach to service users when they need an enhanced level of support. Additional staffing across a weekend and extended hours. Extended Rota cover factored in. Increased MDT approach
Risks Service Users may not achieve a timely response when they are in a crisis or require enhanced level of support to reduce need for admission.	**Risks** Limited response out of hours**.** This proposal will need investment

Scenario 3
Service provision: **Monday - Friday 8am - 8pm, Weekend 9am -5pm**
Will offer all the benefits of option two plus: Aligned with Intensive and best practice (LD) service specification Offers the most responsive approach weekdays and weekends. Includes full Rota cover to include a full multidisciplinary offer 7 days a week.
Risk Further investment needed

The scenarios presented provide a more robust and responsive offer dependant on the level of investment. Learning Disability services are not eligible for the minimum mental health investment standard and there are no other clear additional resources currently. In terms of next steps, a decision amongst partners is required to examine scenarios, which may have an impact on Sheffield's Learning Disability bed base to release resources to support an appropriate enhanced community offer, and would require consultation led by Sheffield Place.

Planning Learning Disability Bed Base Provision

The last five years have seen a reduction in demand for inpatient Learning Disability beds both locally and nationally. This is believed to be explained as an outcome of the success of the national Transforming Care Programme; the local collaborative work of the Community Intensive Support Team; Community Learning Disability Teams and Sheffield City Council Future Options team. This is coupled with the use of Risk Registers and Care and Treatment Reviews, which have increasingly prevented avoidable admissions for people with learning disability (LD) and those with LD with autism and other comorbid conditions.

Previous local plans and consultation in circa 2017-2018 recommended that some form of inpatient bed provision would still be required in Sheffield at that time. However, demand data now reveals that that the number of beds required to meet the needs of Sheffield patients would be less than one bed out of the current commissioned resource of seven beds at Firshill. Furthermore, our system partners have indicated that they wish to work together at the South Yorkshire level to plan alternatives to hospital admission and manage any residual specialist inpatient need.

Sheffield Place has defined a number of potential future inpatient scenarios, which could be used as a basis for public consultation, ranging from seven-bedded provision at Firshill as before to decommissioning and sourcing of inpatient beds from other providers as required.

Summary

The proposed model aims to provide the right support in the community to address the health-related needs of people who have a Learning Disability and cannot access mainstream mental health services with reasonable adjustments or require joint working with mainstream mental health services. This includes providing support to people presenting with behaviours of concern and/or mental health needs.

The new community model will be built around the national Transforming Care and Stopping Overmedication of People with Learning Disability and/or Autism (STOMP) agendas and focus on a significant improvement in the quality of community support.

An enhanced community service will provide alternatives to admission through responsive and effective multi-disciplinary team working that will be supported by a system approach to remaining specialist inpatient need. This will ensure that people receive the same high standard of person-centred, evidence based, and outcome focused care in the community. The model will support the NHS vision for 'Homes not Hospitals' with appropriate model of care in place, so that people with learning disability can live more independently, receive the care, and support they need and reduce the need for admission to hospital, all within their local community.

Hospital admissions do not deliver the best outcomes for these vulnerable people and are not cost effective with long and often inappropriate admissions. The new model will improve

responsiveness and co-ordination of the whole Learning Disability service and will make better use of resources so that the community services can be increased and improved, which is supported by our partners in Sheffield Place and South Yorkshire System.

Section 2: Risks

- Recruitment is vital to provide the capacity needed to deliver this model. However, this is an ongoing challenge. There is a shortage of Learning Disability trained staff.
    - Mitigation: Innovative recruitment methods are being investigated and competency frameworks developed. Ongoing discussion with universities. There will be a focus on recruiting staff with significant experience of working in Learning Disability services.

- Financial and contractual agreement for allocated funding. There is a risk that further funding will be required to support delivery of the new clinical model.
    - Mitigation: Discussion with Commissioners.

- This is a significant change project which will impact of working hours and practice across the whole Learning Disability Service including a review of working hours for all staff across.
    - Mitigation: HR processes supported by Organisational Change

- Future inpatient/out of area provision
    - South Yorkshire ICB are looking at commissioning a safe space/ crisis bed for those vulnerable adults who do not require hospital admission
    - Spot purchasing of one specialist ATS inpatient bed
    - Mitigation: The enhanced community model would decrease the need for beds

- Workforce implications – potential redeployment to be worked through. Impact of redundancy should any substantive staff not be redeployed.
    - Mitigation: The skills of staff could be redeployed to other areas with support of HR processes

- Capital Support is required for IT solution to support new clinical model alongside estate configuration/or identification of premises to co locate a larger Learning Disabilities team with adequate service user onsite facilities.
    - Mitigation: New EPR system implemented across the trust will include Learning Disability Team for future state mapping and configuration.

- There is a Risk that the new EPR system will not manage a complex case load in a way the community model would need to allocate work based on risk and complexities
    - Mitigation: Bespoke Case load management system and development of EPR

- Impact of waiting times on the implementation of new model.
    - Mitigation: Increase in staffing and recovery plans will be needed to reduce waiting time, alongside new ways of working.

- There is a risk that rebalancing investment from inpatient to community provision impacts the existing model of beds at Firshill ATS. This would require public consultation lead by the commissioners.
    - *Mitigation: Supporting ongoing discussion with Commissioners and joint option appraisal to be presented at Board levels at Place and System.*

Section 3: Assurance

Benchmarking

SHSC Learning Disability services have been part of the NHS Benchmarking process, we will continue to participate in benchmarking and ensure that the reports are used to drive service improvements.

We have joined the NHSE supported Quality Network, which is a regional peer forum for Learning Disability and focused on Key Documents and applicable national standards (e.g., NICE) or guidance issued by competent body (e.g., Royal Colleges)

- NHS England (2017) Transforming Care, Model Service Specifications: Supporting implementation of the service model.
- NHS England (2019). Building the right support: a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

With guidance from NHS England & Improvement team around area of best practice a series of face-to-face visit alongside Team meeting was facilitated to learn from their experience.

We have utilised local and SHSC-wide clinical leadership at every stage of our improvement journey, and we are engaged with external clinical leaders.

Triangulation

Learning from our previous approach to data and outcomes, we are committed to triangulate quality, performance, and experience. Going forward there will be a much greater focus on understanding experience of service users and carers. The Integrated Performance and Quality Review process will capture key data sets to demonstrate outcomes and quality.

Engagement

It is paramount that to meet the outcomes that matter the most to the people we serve, co-production and co-creation is critical to the transformation of health and social care services. Co-production goes beyond patient and public involvement, centring power and voice of people who use service in the change process. This is even more important in the provision of learning disability services, given peoples vulnerability, high risk of breaching human rights and the uniqueness of service users' needs.

A Co-production group has been established working with an expert by experience, the communications team, engagement, and experience team, Sheffield Place, and quality improvement team. The General Manager has worked to ensure there is a two- way communication between carers of adults with complex LD and Dual Autism diagnosis and a small group of carers have been engaged with the service development since November 2021. Feedback has been central to the service redesign. We have an opportunity to embrace this approach in our redesign and this is reflected in the plans above.

We have delivered two interactive workshops that are centred on experience and this learning was at the centre of design. The Co-Chair of the programme board has lived experience as a user of SHSC services.

We have also looked outwardly and met with NHS England's Experience of Care Professional Lead for Co-Production and obtained useful resources.

Engagement with staff

Staff working in the SHSC learning disability teams have been involved in the model development workstreams. The workstream runs fortnightly and even through the summer there was good engagement and active participation demonstrating the ownership of the proposed model.

Engagement and partnership working continues with the former Clinical Commissioning Group (now NHS South Yorkshire Sheffield), Regional Partnerships and Social Services.

Section 4: Implications

Strategic Priorities and Board Assurance Framework

1. Covid-19 - Recovering effectively.
2. CQC – Continuing to improve
3. Transformation - Changing things that will be effective
4. Partnerships – Working together to have a bigger impact

The work links to all SHSC's strategic aims of providing outstanding care, creating a great place to work, making the best use of resources, and reducing inequalities.

Equalities, diversity, and inclusion

The programme will consider the cultural transformation and workforce agenda. Quality and Equality Impact Assessments are to be, completed and reviewed on a regular basis. It is important to note that the Global Pandemic has further worsened the inequalities experienced by some communities, making some services more difficult to access due to digital poverty and worsening social determinants that can impact on service users and families.

Assertive engagement of our diverse communities is critical. This means that we need to go into different spaces to engage people, rather than expect people to come to us. The process of change will be subject to Quality and Equality Impact Assessments (QEIA), which will be overseen by the Medical Director and Director of Nursing, according to our established procedure for QEIAs.

The centre of redesign will be aligned to the Clinical and Social Care Strategy, which is explicitly committed to reducing inequalities as one of its main drivers.

Multicultural STOMP was innovated in Birmingham in 2020 and was a national first, aimed at improving STOMP implementation for people with Learning Disability and/or Autism from an ethnic minority background. This was recognised as "outstanding practice" following a CQC inspection in another Trust in 2020. There is a plan to bring "Multicultural STOMP" to SHSC.

Culture and People

Workforce engagement is an essential enabler. There is widespread engagement across the Learning Disability team, and they are actively participating and leading the improvement journey forward.

To achieve national expectation and meet local need, a shift in the cultural components of workforce will be critical to our success. Strong relationships with the workforce and staff side will be a

continuous process. Leadership is paramount and the work will strongly connect with the Leadership Development offer currently being established in SHSC

Integration and system thinking

All stakeholders in the system have worked in partnership to co-produce and engage in the Transformation. They are on the membership and attend Learning Disability Board, Clinical Delivery Group and workstream groups as appropriate. The recommendation has been discussed and minuted at South Yorkshire Learning Disability, Autism Strategic and South Yorkshire Transformation Care Partnerships boards and with third sector organisations should as Sheffield Voices.

Financial

The new community model will need significant financial support to ensure a well-staffed service.

Capital Support will be needed for IT solution to support the new clinical model alongside estate configuration/or identification of premises to co-locate a larger Learning Disabilities team with adequate service user facilities onsite.

Any proposals and responses to commissioners must include sufficient overhead and estates costing. Finance and estates will be fully involved in all costings

Compliance - Legal/Regulatory

Regulation – The inpatient unit is rated inadequate, and it is critical that future services are compliant with regulations of the Health and Social Care Act and allied with best practice and national guidelines.

Legal – Autism Act and Human Rights legislation will underpin service redesign.