

# **SALFORD CASE STUDY**

## **What services do you provide now?**

### **1. Describe your local area**

The city of Salford covers 37 square miles and the eight districts of Salford; the population is approx 220,000. Salford is an Inner City Urban environment with a developing economy based on organisations such as the BBC coming here. In terms of numbers of people with learning disabilities within Salford, there are about 350 children and 800 adults who are on the dedicated registers. National data suggests that about 0.6% of the population have a severe/profound learning disability and about 2.5% have a mild/moderate learning disability

### **2. How are services commissioned?**

The model of support operated in Salford looks to change the environment in which people live and reduce their frustration and challenging behaviour. We have been long-term supporters of Mansell. We have two priorities: that people remain living in Salford and that any Salford resident is supported to return to Salford. This requires capacity building Local Services and skilling up staff throughout the service with a strong Clinical lead from Psychiatry and Psychology.

Since 2002 Salford has successfully managed a Pooled Budget between Salford City Council and Salford NHS via section 75 of Health Act. This has helped the setting up of a seamless one point of entry service where support is not divided into Health and Social Care. At the same time a model of joint commissioning was introduced in line with Valuing people 2001. Like Mansell the Values inherent in Valuing People are central to the support we offer. This requires a strong commitment to advocacy, person centred support and planning with people.

A jointly managed integrated team was developed to implement shared risk taking but also manage the pooled budget. The pooled budget has a single responsible commissioner for learning disability who is managed by the assistant director for all joint commissioning in Salford.

Over the years strong Partnership arrangements have been developed with Health and City Council Departments to see people access the mainstream.

To assist with keeping people in Salford, Adult Social Care has Neighbourhoods, Culture, Leisure and Health Improvement in the same Directorate. This focuses staff on building choice and opportunities for people.

To assist with bringing people home Salford has developed a coming home plan, which guides staff through the process of returning people to Salford. In the

development of this Salford has a series of essential / catalytic / collaborative meetings that support the service to implement the coming home plan. The coming home plan looks to develop and implement the messages within Mansell report, and assist with the development of a diverse set of providers of which the service looks to help support to develop capability and capacity to support the most complex people.

A single service approach with clearly identified objectives allows the service to be flexible in returning people back to Salford and maintaining placements. Strong links have also been built with adult safeguarding to ensure that safeguarding policies are implemented and are used as a proactive way to highlight issues but also identify working solutions, encouraging all providers to be transparent in the support provided.

Any commissioned service is based on the principle of ordinary homes in ordinary streets; therefore we try to apply the standard of an ordinary life where people are included as Citizens. There is no residential care in Salford specific to people with Learning Difficulties. The whole service has a clear understanding of who the priority people are and this is constantly reviewed via the input they require from all parts of the service

Clear lines of communication have been established between management and case managers including Allied health professionals.

There are a number of mechanisms that support future planning and service development, this includes Out of Area, Challenging behaviour Strategy group, Partnership board, staying health task group, transition task group, and Provider forum where Commissioners and Providers act collaboratively

Specialised commissioning liaison meetings. Specific Learning disability CQUINS developed annually with local NHS foundation trust and mental health trust

### **3. Interdisciplinary community teams**

The whole Learning disability service is managed by a single assistant director from Salford city council

#### **Community Team**

- 1 Principal manager
- 2 Team managers
- 1 Health facilitator
- 1 Senior Practitioner
- 8 Learning Disability Nurses
- 5 Social workers
- 1 Carers Social worker
- 5 Community Assessment officers
- 1 Transition worker

The community team are divided into the eight districts of Salford, people supported are then allocated to appropriate workers within the patch. This helps links with Community Services. All members of the community team are allocated referrals via a central contact centre, and people are supported according to need and priority. Each house where people live has a Coordinator from the team rather than each person having a different worker. The community team operate a duty system which also incorporates PACE duty and DOLS referrals. Each patch is allocated a number of out of area individuals to ensure all reviews are actioned and regular contact is maintained. Members of the community team also chair safeguarding meetings and manage with support the Salford safeguarding process.

If individuals require specialist assessment or interventions by LDHP then an internal referral system exists. LDHP team consists of

- 1 Consultant Psychologist 1 WTE ( 1 Clinical psychologist, 1 Clinical Nurse Specialist, 1 Psychology Assistant all 1WTE, 0.2 WTE volunteer Psychology Assistant, 0.6WTE trainee Clinical Psychologist)
- 1 AHP manager 0.4WTE (SALT 1 WTE, Physio 2WTE, OT 1 WTE, 1.6WTE Art therapy 1 Total communicator co-ordinator 1 WTE )
- 1 consultant Clinical Psychiatrist ( 1 SPR 1 SHO)

The LDHP team hold weekly referral meetings to allocate individuals to the most appropriate professional pathway, this assists with identifying and allocating priority people and may include people who are out of area.

The clinical psychology team with the LD service take the clinical lead in the process of bringing people back to Salford and prevention of placement breakdown, and the community team take the commissioning lead.

Another main work stream for psychology team is the development of capacity and capability of the wider workforce of commissioned services in Salford and families. The psychology team hold regular meetings with managers from community team to ensure appropriate allocation and priority to referrals

### **Services commissioned in Salford**

- Day Services x 3 (Staff employed by SCC) within day service a Development Team which consists of (2 WTE Person centred planning workers, 1 WTE development workers for learning disability services, 1 WTE Autism development worker
- Short-term Breaks (1 Respite centre) (Staff employed by SCC)
- Shared Lives Adult placement (Staff employed by SCC)
- Supported tenancy service 16 property's (Staff employed by SCC)
- Supported Tenancy service independent providers +40 property's

- Supported employment
- Garden centre (Social enterprise)
- Individualised community support as required for individuals

#### **4. What other local services are you involved with?**

As already outlined there is a strong commitment to opening up ordinary opportunities and multi agency working. There are also partnerships within the arena of Health and Social Care with an emphasis on joint working with Mental Health.

- There is a Full time dedicated Learning Disability psychiatry team, which links in with Learning Disability management systems
- Joint working protocols with MH, LD service and older adults
- Joint care co-ordination between LD and MH for identified individuals
- Training of generic mental health services i.e. IAPT
- Use of community mental health teams for routine support for individuals in the community who have LD and MH
- Use of beds at local generic mental health trust
- Links with older adult service for dementia services,
- Links with other services across the northwest to ensure sharing of best practice

#### **5. What support do you provide in a crisis?**

As the service seeks to plan support there are very few crises and people continue to live in the same place. In eight years there has been 5 breakdowns of placement with three people returning to Salford to live within two years of the crisis happening. There are no dedicated special teams or Residential care beds as we have built up capacity in the overall service to support people through their frustrations in their living situation.

In response to a crisis, there are clear policy and procedure guidelines which seek a measured and supportive reaction to challenges. The Challenging Behaviour Policy highlights the use of the Challenging behaviour service leads as first point of advice and support.

Early intervention support is also provided by the Challenging behaviour pathway in terms of Challenging behaviour consultation sessions, training. Detailed communication between psychiatry, psychology team and community teams. The success of this can be seen from the fact that only 6 people have a written up programme for physical intervention. This figure has diminished over the last 5 years.

Physical health checks or interventions including admissions are seen as a clear priority and this may involve the use of our links with the local hospital via their assistant director for safeguarding who will liaise with appropriate hospital

departments to ensure a joined up approach or development of individualised hospital admission pathways.

Salford does not have a specific crisis team, but utilises mechanisms highlighted above to assist with early identification to situations and prompt input at this early stage.

The workforce of commissioned services has free access to training around challenging behaviour including crisis management, this training is clearly monitored and staff are required to regularly attend updates. The training concentrates on very clear proactive positive behaviour strategies as well as covering least restrictive reactive strategies. Where required additional hours are commissioned for people, and this maybe to facilitate environmental changes for the person in crisis which may include consideration of service changes required for the person to continue to live in their home.

As part of a Multi Agency approach there has been research into staff burnout and expressed emotion when dealing with CB and also research into friendships. There has been Involvement with Liverpool LD services and Liverpool University in Human rights risk assessments and least restrictive support strategies. Use of annual restrictive practice audit across all services commissioned in Salford.

Data is collected about individuals and services in relation to frequency, severity of incidents of Challenging behaviour. There is ongoing development of Salford wide challenging behaviour policy which all providers sign up to. The policy is used to ensure that least restrictive practices are used rather than to improve the way staff restrain people. An easy read version of this policy has been developed by people supported in Salford.

## **6. Use of assessment & treatment beds:**

Over the last three years we have only had one requirement of assessment and treatment unit and this initially used local mental health service before transfer to specific unit that had been individually identified as being able to provide short term rehab until they were able to return to Salford. In the last three years the only other admission to secure setting has been a transfer from a HMP to secure hospital and this was facilitated via Northwest Specialised Commissioning

## **7. How do you involve people and their family carers.**

As already stated there is a strong commitment to work in Partnership with people and their carers. Person Centred Support and the advent of personalisation requires greater choice and control for people .The Partnership Board and sub groups work to see that planning, managing change and monitoring of progress is done together.

All training that is offered to staff is also offered to parents and carers, this helps with joint working with families as they have had the same information that staff receive to add to their expert knowledge of their family member. Within the assessment process of either returning or maintaining placements family involvement with the assessment process. Parents have also been involved in training of new staff who are to support their relatives. Parents and people supported have also played an active role in recruitment of new staff to the psychology team.

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