



**Learning Disability Services  
Specialist Division**

## **Service Redesign Newsletter- Issue 2**

Welcome to the second edition of the Service Redesign Newsletter. Much progress has been made since the first newsletter was published in May 2010. We have had a number of away days to progress the Service Redesign Programme. Many of you have contributed on those days and have carried on the work in your own teams and service areas.

We have achieved the quick wins and we are now at a stage where the Service Redesign Programme has become more challenging as we embark upon producing sustainable changes in the way we work and provide services. It is good to report that to date all teams and service areas have contributed well and have risen to the various challenges in our quest to develop a service fit for the future.

Major successes to date include:- Improved communication via the Service Redesign News Letter and Service Redesign Visual Notice Boards; Implementation of the Single Point of Access; Creation of the Menus of Intervention; Implementation of Birmingham Outcome Measures; Mapping of Current State of the patient/ service user journey; Creation of a Clinical Governance Framework; Creation of a Patient Experience Group which will influence and input into our Service Redesign Programme.

Each Project Lead has produced for you a more detailed overview of their Project updates.

Many of you may already be aware that we are leading the way in Birmingham in modernising how Learning Disability Services are structured, designed and delivered. West Midlands Regional Strategic Health Authority have adopted our "Cluster model" within our Service Redesign Programme and are currently piloting it across the Region. It is likely that the work we are doing here in Birmingham will not only influence Service Redesign and Development in Learning

Disability Services across the Region but also Nationally.

As each action is achieved within the Service Redesign Programme it ceases to be a project and becomes routine operation that is embedded into our day to day activity. That is how we will achieve change that is sustainable.

The overall aim of the Service Redesign Programme is to achieve improved quality, improved clinical effectiveness, improved safety and increased patient/ service user involvement whilst at the same time improving productivity and efficiency through the elimination of waste and duplication. The Service Redesign Programme is multi-faceted and complex and we are breaking down the components of this programme into bite size pieces in order that the steps are manageable and achievable. The Project Steering Grid, that can be viewed on the Visual Board and on the shared drive is not static but will be continually, updated as each action is progressed and achieved to reveal another layer of further actions that will be required to will take us closer to achieving the overall Service Redesign Programme outcomes.

The next phase of our Service Redesign Programme will be challenging. We have already demonstrated that we can achieve the goals set and will go on to achieve future goals.

Thank you to all who have participated so far in getting us to our current position. As we enter into our next phase of the Service Redesign Programme you will continue to see changes in the way our Services are designed and delivered. All your contributions are required in a variety of ways to create the future Services. I look forward to your continued support and contribution to our Service Redesign Programme.

**Service Redesign Project Lead/ General  
Manager - Services Development Lead**

## SPA/ SHA Project

### Single Point of Access

The single point of access was launched on 06/09/10. The service is now up and running handling all external referrals received by the service.

All referrals received are then passed on to the referral panel, made up of senior clinicians from each profession. Decisions are made by the panel and referrals are passed to clinicians for assessment as appropriate.

### MDT Assessment Meetings

The BEN assessment pilot project has ended and an evaluation report completed. The report was presented to a group of senior clinicians and clinical leads on the 16/09/10. The group undertook an option appraisal exercise to decide on the future model for MDT assessment meetings. It was decided that three locality meetings would be formed using a standardised format taking on the positive features from the BEN pilot project.

A short life working group is to be formed to take this work forward and the new model for meetings will be in place by December 2010.

### SHA PIP Project

Data to support the SHA PIP project is submitted on a monthly basis and members of the service are contributing to guidance documents etc. as members of the LD PIP project sub group.

### SPA/ SHA Project Lead/ Physiotherapy Manager

## Personalised Process Project

An away day was held on 8<sup>th</sup> September which focussed on:

1) Progress achieved by teams / service areas in relation to LEAN Action plans i.e. elimination of waste and blockages and identification of issues from the Process Flow Analysis of the Current state. Verbal Feedback by each team was given on the day and they agreed to submit

written updated action plans by Friday 17<sup>th</sup> September 2010.

2) Briefing and discussion regarding the high - level "Future State" process map.

Teams/ service areas were asked to map their future state on the high level process map focussing on the clinical requirements. Teams were also asked to identify timescales for key steps e.g. assessment and interventions . This work is to be completed and sent to Jim Daly by Wednesday 6<sup>th</sup> October 2010.

3) It was agreed that priority issues that were identified by teams as outside of their control, are to be addressed by team/ service leads with Yvette Thompson by the end of October 2010.

### Personalised Process Project Lead BEN Nursing Clinical Lead

## Menu of Interventions Project

### Consultation on the Birmingham Intervention Framework

Over the next few weeks information on the Birmingham Intervention Framework (BIF) will be sent out to all clinicians via service leads. This article outlines the way in which we would like you to feedback your views via these representatives. There is no need to act until the full details are sent out.

### Background to the Project

The interventions project set out to describe what work clinicians do with service users. This was defined as a multidisciplinary exercise and it was therefore important to describe interventions in a way that does not reflect the views, philosophy or jargon of any single profession. It was anticipated that this tool would enable us to demonstrate our activity levels in a way that was more meaningful than the present system of counting contacts. Being clear about our interventions was also identified as a key step in understanding the current standard of service that we provide and for taking future steps to improving the quality of our service as a whole.

## Progress to Date

Representatives from each professional group have submitted details of all of the interventions that occur in their area (nearly 300 in total). These have been examined and categorised in a framework that is based on that which the department of health has adopted for mental health services. The framework has been extensively modified to take account of our focus on a disability model of health care rather than the illness model used in mental health. It has also been modified to cover our broader coverage of physical conditions.

It is anticipated that interventions being used throughout the Learning Disability Services will be recorded on BOS forms. The BIF consists of 5 main intervention headings and 36 sub-headings. These will appear in drop down lists for ease of completion of the BOS form.

## Purpose of this Consultation

The framework has been looked at by learning disabilities teams across the West Midlands and appears to cover all reasonably foreseeable interventions. The next stage is to ensure that we have good definitions for each heading and sub heading of the framework. This will enable clinicians to reliably place their interventions under the correct headings.

## What you can do to help

The main task is to review the BIF so that we can ensure that the definition for each heading is easy to understand. It is also important to ensure that the scope of the definition covers all of the interventions that should appear under that heading. To assist you with commenting on the definitions, the full list of approximately 300 current interventions under their BIF headings will be circulated. This should give you an idea of the scope of each heading. You will be asked to make a note of any elements that you think should be added to or removed from each definition.

In going through this task for each of the 36 headings you are likely to think of interventions that were not picked up in the first stage of the BIF development process. You will be asked to

make a note of these with a brief description of what the intervention entails and indicate which heading you think they should be listed under. At this stage it is unlikely that the headings will change substantially but there is plenty of scope for modifying the definitions to include broader areas of intervention.

## How to Feedback

Feedback is via your team/ deputy who will attend a feedback meeting. This meeting will be facilitated by Joanne Cartwright and will aim to incorporate all of the points raised by this consultation exercise. It is therefore important for you to get your feedback to your representative in time for them to bring it to the meeting in October.

## Next Steps

The final framework will be incorporated into the BOS process. This will enable us to capture details of all of the interventions that are undertaken within the Learning Disability Service. Over time we will start to collect information on the evidence base for each intervention, together with the skills and competencies that are required for professionals to deliver the intervention. As this is a massive task, initial efforts will focus on the interventions that the BOS identifies as occurring most frequently.

Thank you in advance.

**Menu of Interventions Project Lead/ Consultant Psychiatrist**

## Governance Project

The revised Learning Disability Services Governance Framework will be launched in October 2010.

**Governance Project Lead/ Support Services General Manager**

## Outcome Project

BOS implementation within each profession is making good progress.

An audit system has been agreed to evaluate its use as follows;

- Implementation audit will be repeated in December with active case file review to check for completed BOS
- Documentation audit will begin in October with 2 active cases BOS forms being reviewed each month in supervision to ensure that they are brought completed appropriately.

The paperwork has been updated and includes drop down boxes for the needs. Please make sure you are using the most up to date BOS form which is from July.

The next steps with the outcomes project are to:

- To agree a SHA region wide outcome form based on our BOS form.
- To be part of identifying and developing region wide rating scales to use alongside BOS
- To be part of developing a region wide single pre and post intervention screening tool/ quality of life measure possibly adapted from HONOS LD
- To integrate the intervention categories into the BOS form
- To set up a sub project to implement MDT BOS use in line with the implementation of clinical coordination.

**Outcome Project Lead/ Occupational Therapy Manager**

## Inclusion Project

The Inclusion Project has progressed on the majority of its actions and has reached 100% on more than half.

This is largely due to the terrific input from the members of the Inclusion Group, who have made time in their busy schedules for our monthly meetings and gone the extra mile to complete allocated tasks.

The Inclusion Project is dedicated to including service users in all aspects of the redesign project and to finding new ways of working with them to achieve this.

**Inclusion Project Lead  
Assistant General Manager**

## Communication Project

The Communication Project has progressed well.

Major achievements to date include:

- Admin staff have been asked to update the telephone directory on the intranet site which is almost complete
- Supporting the communication of the single point of access launch

The next steps in the communication project are to re-develop the intranet and external website and to produce a communication strategy for Learning Disability Services.

**Communication Project Lead  
Personal Assistant**