

SHSC Quality Improvement – Greenlight Toolkit

Sheffield Health and Social Care (SHSC) NHS FT is a mental health and learning disabilities trust. They decided to use the Greenlight Toolkit to improve services and measure progress. In 2015 they set up a Greenlight Steering Group with representatives from Local Authority, CCG and the Trust. The group met every six weeks and included a Service User Governor with lived experience of learning disability and mental health and a service user with lived experience of autism. The group focussed on improving awareness of the Equality Act 2010, making reasonable adjustments, and reducing barriers to access across all trust services.

The Group completed the Greenlight Toolkit in 2017 using the questions to broker honest conversations about how we were doing. This initial audit illustrated the need for quality improvement with results showing there was 'a lot to do' =56% and 'some work to do' = 44%. The next audit took place at the end of 2019, this demonstrated improvements with results of 'a lot to do' = 22%, 'some work to do' = 45%, 'things are going well' = 33%. These audits brought focus to the work and illustrated that whilst people were aware of issues and wanted support to make improvements there still a need to create a sustainable framework through which to implement change.

Enabler: Implementing A Greenlight Policy

Following the initial audit, a comprehensive policy was written, entitled “Greenlight for Mental Health Policy for People with Learning Disabilities and/or Autism”. The policy set out what good greenlight working was and how it should be supported and implemented across all community and inpatient services. It included clear guidance about reasonable adjustments, the offer of consultative and training support from specialist learning disability and/or autism services to facilitate a joint working protocol. It was the first policy published by the Trust to include an accessible easy read section which was co-produced by experts by experience. In 2022, the policy is now on version 3 which includes improved information and best practice in working with autistic people.

Enabler: Joint Working Protocol

There is a focus on supporting the right care in the right place and for this to include principles of person-centred care, which is evidence based, strengths based and trauma informed. The joint working protocol means that service users can now access learning disability and/or autism speciality support without being referred into those services. This means that all services can be appropriately responsive to need and there is less need to refer people on. The case examples below illustrate examples of positive practice where mainstream mental health services have enhanced their offer to include people with learning disabilities and/or autism.

Enabler: Greenlight Awareness Sessions & Supporting Resources

To support services, understand what Greenlight working is a one-hour awareness session was written. This included content developed in collaboration with service users. The sessions were taken 'on tour' to services and were often scheduled as part of team meetings or CPD sessions. Following the onset of the COVID pandemic sessions were maintained via MS Teams. Every session gives an overview of learning disability and autism, impact on mental health, diagnostic

over-shadowing, the audit results, assessment tools and how to make reasonable adjustments. There are links to key local and national easy read resources such as www.easy-health.org and the University of Birmingham [easy read medication information](#). Examples of available accessible care plans are illustrated including Positive Behaviour Support and Wellness Recovery Action Plans (WRAP). To date over 250 staff have attended these sessions and had the opportunity to share their experiences of clinical practice. The training will be reviewed in line with the Oliver McGowan Mandatory Training in Learning Disability and Autism when this becomes available.

Enabler: Greenlight Champions Network

Leads from the specialist autism service and from the learning disability service support four Greenlight Champions sessions a year. These focus on practice development by encouraging practitioners to bring clinical difficulties and dilemmas as well as examples of good practice. Each meeting is also a place to share resources and offer encouragement and advice where appropriate. Often attendees will request information on specific topics in advance and this helps ensure sessions are relevant to staff need. Recent sessions have included a focus on working with people with a range of neurodiversity (e.g., ADHD, dyslexia, dyspraxia) and supporting people with autism experiencing a mental health crisis taking account of sensory impacts and risk of trauma.

Enabler: Increasing Online Resources and Easy Read Information

The Trust is in the process of updating service information and working with [Easy Read UK](#) to ensure that all services can communicate their offer in an accessible format. Work has been completed to ensure the [Trust website](#) meets the Accessible Information Standard via inclusive website functionality provided by [ReciteMe](#). Online resources have been bolstered and this has proven particularly during the pandemic where face to face meetings have not been possible. The learning disability team has developed a series of multi-disciplinary [YouTube video resources](#). There are twenty-three videos in total which have been viewed more than five thousand times, covering topics such as, dysphagia, sensory processing, low demand communication, looking after your mental health and physical health and exercise. Specialist [information and video resources](#) have been developed by the Autism Team including on outlining how to request [reasonable adjustments](#) from your employer and personal accounts of the experience of being diagnosed and living with autism.

LD Case Example 1: Helen – Accessing Early Intervention Services

Helen is a young woman who was referred to the Community Learning Disability Team for an assessment of learning disabilities. She completed the assessment which meant she was able to access enhanced social support. However, Helen's functioning started to decline, and her mental health was assessed. Helen was diagnosed with psychosis and was referred to the Early Intervention Service. Helen's care was coordinated via CPA, this meant that her family and key professionals from different services could coordinate the work and focus on her outcomes. Over the next three years this service worked collaboratively with Helen, offering education about schizophrenia, medication and psychology input to help her cope with her voices. The service liaised with the learning disability service who supported the development of accessible easy read information. Helen's coping strategies were written in her own words. Her sessions were paced to allow Helen time to process information and her team were careful to check out that she had understood information. Care plans avoided jargon and appointments were scheduled to enable her mother to attend to support Helen.

LD Case Example 2: Omar – Accessing Psychotherapy Services for Trauma

Omar is a middle-aged man with a moderate learning disability who was experiencing severe health anxiety associated with PTSD. He struggled to leave his home without the support of his mother and feared he would become ill and die. Omar completed initial work with a psychologist from the community learning disability team which made links between his current difficulties and a past trauma as a young man in which he had witnessed someone become severely ill and die. Omar reported experiencing nightmares and flashbacks in which he relived these past events. A trauma informed CBT approach was adopted but this did not reduce the frequency of flashbacks. Omar was referred to the specialist psychotherapy service who worked closely with the Psychologist from the learning disability service to complete an assessment for Eye Movement Desensitisation & Reprocessing (EMDR) therapy. This evidence-based approach is designed to reduce flashbacks and nightmares and help restore memories to being experienced a distant rather than being reexperienced 'in the moment'. Omar was supported with easy read information, shorter sessions and was given more time to complete the course of therapy. Sessions were arranged so that his mother could attend initial assessments and support him with the anxiety of leaving the home. Omar made significant progress, he started being able to leave the home and despite the pandemic he made the choice to move out of his family home into supported living. Omar's positive experience of EMDR led the learning disability team to go onto to train two therapists in EMDR so that trauma informed approach was available across settings.

LD Case Example 3: Sam – Accessing Mental Health Inpatient Services

Jean is a middle-aged woman with a mild learning disability who had complex physical health needs associated with chronic pancreatitis, diabetes and epilepsy. Over the last year Jean had been experiencing a relapse in her mental health and had become severely depressed, psychotic, and suicidal. She had stopped caring for herself, complying with medication and she had lost a lot of weight. Jean was under CPA with the learning disability team and as her health declined a referral was made to the Intensive Support Service. It was agreed that Jean needed an assessment under the Mental Health Act, and she was admitted to a mainstream mental health inpatient service under section 2. Support Workers and nurses from the Intensive Support Service visited Jean every day to illustrate they were committed to supporting her and to build up a trusting relationship. Clinical leads from the learning disability service attended every MDT, CTR and CPA meeting to help support Jean's assessment, intervention and discharge planning. Staff from the inpatient service attended a Greenlight Awareness session, reasonable adjustments were discussed, and resources shared. Jean was provided with easy read information about her health needs, alongside her Wellness Recovery Care Plan and Positive Behaviour Support Plan. By working together, the inpatient and community teams were able to plan a safe and timely discharge to a home in the community that had the right skills to support Jean's ongoing recovery.

Autism Case Example 4: Julie – Joint Working Autism Assessment

Julie is a service user in an inpatient rehabilitation unit. She thought she might be autistic and the psychologist in the unit contacted Sheffield Adult Autism & Neurodevelopmental Service (SAANS). The referring clinician was happy to lead on the assessment, and SAANS supported this process by providing pre-assessment questionnaires and the assessment templates. Information was gathered from a range of different sources. A consultation appointment was set up virtually over MS Teams to discuss all the available information, including the clinicians' observations, and come to a diagnostic decision. In this case, based on the information gathered, we agreed the client did not meet criteria for ASD and a diagnosis was not given. Completing this assessment through consultation prevented lengthy waits for a specialist and unnecessary delays in her treatment from the mental health team. It also meant that the team and staff which know her the best carried out the assessment, enabling a more comprehensive and joined up assessment in an environment the service user was familiar with. The process from the initial

request for consultation to the report being completed and outcome shared with client (by the referring clinician and checked by SAANS) took two months which is significantly shorter than the current waiting times for assessment within SAANS. Feedback from the clinical psychologist completing the assessment received via email was, “This is absolutely fantastic. What a great consulting process. I like it a lot”.

Autism Case Example 5: Jack – Joint Working Autism Assessment

Jack had been referred to the At Risk Mental State (ARMS) pathway within the Early intervention service for support with depression and anxiety. He was struggling with isolation, suicidal ideation and paranoia and had been very fixated on negative news and conspiracy theories on social media. The psychologist in the team working with Jack thought he may be autistic. They sought advice from Sheffield Adult Autism & Neurodevelopmental Service (SAANS) and agreed to be supported in assessing Jack as part of his recovery journey. Assessment tools were shared and information was collected to form a comprehensive report outlining Jack’s current strengths and needs and his developmental profile. A virtual MS teams meeting took place with the referring psychologist and SAANS, followed by a face-to-face meeting with both workers and the service user to discuss the outcome of the assessment and recommendations. It was agreed that a diagnosis of autism was appropriate for Jack. This helped inform his ongoing care as supporting professionals could tailor their interventions to be more “autism friendly”. As a result, his mental health care plan was more person-centred and took account of Jack’s autism, his strengths and interests as well as his vulnerabilities. Furthermore, it meant that his mental health needs were met without him having the stress and additional delays caused by being passed between services.

Overview – Challenges & Reflection

The COVID pandemic has been a challenge for all services across the NHS and its system partners. The Greenlight toolkit brings into focus that people with added health and well-being vulnerabilities require the right treatment, delivered by the right service in the right way. For people with a learning disability and/or autism this means they want the opportunity to access the same treatment and support as everyone else. This paper highlights the journey of one mental health and learning disability trust in benchmarking and improving standards against the Greenlight Toolkit. The process to date has supported a conversation about inclusivity and quality improvement. The work is ongoing, and we look forwards to applying the new Greenlight Audit and coproducing an audit that can guide the next phase of work towards inclusivity for everyone.