Dr Ashok Roy
Clinical Lead for Learning Disabilities
Health Education England (HEE)
Developing a Highly Skilled Workforce to Improve Care for People With Learning Disabilities

Ashok Roy
Consultant Psychiatrist for Adults with Intellectual Disabilities
Solihull Community Services
Medical Lead, Specialist Assessment and Treatment Service, Brooklands Hospital
Conflict of Interests

- Chair, Faculty of Intellectual Disability Psychiatry, Royal College of Psychiatrists
- Clinical Advisor, Health Education England
- Chair, Birmingham Autism Partnership Board
- Trustee, Autism West Midlands
- Trustee, BILD
- Member, Expert Reference Group, Birmingham CCG
Learning Disability Workforce Programme

• Develop the generic and specialist learning disability workforce, to ensure it is available in the right numbers and possess the skills competencies and knowledge, to enable people with a learning disability and/or autism to live independent and fulfilling lives in the community.

• Delivered in partnership with Skills for Care and Skills for Health

• Establishing a learning disability children and young people programme and autism children, young people and adult programme
Key Areas

- Expert advice, guidance and support to Transforming Care Partnerships (TCPs)
- Leadership
- Family and unpaid carers
- Developing workforce solutions
- Expert Reference Group
- Access to Positive and safe approaches
Specialist inpatient services

Specialist Community Support: occasional or intermittent

Direct Support

The person, family and friends

Mainstream Services
Redistribution of Skills

Specialist inpatient facilities

Specialist and generic community services

Service user in own home

Skills, competencies and knowledge

@NHS_HealthEdEng
Expert Advice, Guidance and Support to TCPs

- Enable TCPs to develop a workforce workstream – governance, agendas and enablers

- Develop TCPs capability to access and utilise workforce intelligence data – advise on existing and potential data sources

- Provide TCPs with knowledge to access relevant tools and resources

- Work in partnership with TCPs, Transforming Care Partners and family carers to deliver an effective programme of work
Three Tiered Delivery Approach

**National Level**
- New Role Development
- Forum facilitation
- Cross agency co-ordination
- National workforce planning
- Workforce Modelling
- Workforce Intelligence

**Regional Level: North/South/Midlands & East**
- Workforce planning workshops
- Facilitation with and support for local HEE Leads
- Sharing good practice between regions
- Supporting enabler development

**Local / Partnership Level**
- Workforce planning workshops
- Workforce workstream support (Membership & ToR)
- Competency Framework
- Facilitation with support for local HEE Leads and Skill for Care Leads
- Learning Needs Analysis
- PBS funding
- PBS training with people and families
- Learning Disability Awareness
- Autism Awareness resources
- Leadership for commissioners and system leaders
- Education Commissioning
- Market Intelligence
Leadership

- Launched #inspiring leaders campaign – developed five inspirational films and a resource sign posting page

- Leadership development programme for learning disability commissioners and system leaders across England
Family and Unpaid Carers

• Trained 15 experts by experience and developed a directory of people and organisations who can deliver training

• Developing a film demonstrating the leadership role of family and unpaid carers

• Hosting an expert reference group exploring the skills and role of families and unpaid carers, in planning and maintaining successful care and support
Workforce Solutions

Workforce modelling and redesign

• Adult and Transition Learning Disability Skills and Competency Framework
• ‘How to guide' and generic role templates for specialist learning disability community teams
• Learning Disability Core Skills Education and Training Framework
• Guidance- Care Role to Deliver Building the right support
• PBS Skills and Competency Framework
• Learning disability community team modelling tool
Generic Service Intervention Pathway: Competency Framework

**Identifies the competences required** to deliver Learning Disability services i.e. what you would expect to see from a competent workforce.

Training Needs Analysis Tool

Compares the required competences with the current competence of staff to **identify any learning and development needs.**

Learning Disabilities Core Skills Education & Training framework:

Specifies the minimum content and provides guidance for delivery of education and training to **meet identified learning needs.**
Workforce planning and market shaping

• Develop and implement an approach to maximise the apprentice levy
• Work with system partners to increase attractiveness of a career in learning disability services
• Develop and launch workforce labour market shaping guidance

Resources

• Autism awareness sign posting page
• Specialist advice to develop CTR E-learning training
• Developing a film demonstrating how communication resources can be utilised to transform health and social care services
Expert Reference Group

Advice, oversight and guidance on the skills, knowledge and competencies needed across the workforce to meet needs of individuals, their families and carers with a learning disability, autism and/or behaviour that challenges
Learning Disability Direct Support Workforce

- Increasing demand
- Challenges in recruiting and retaining staff, conflicting timescales and workforce development taking place after employment
- Care Roles to Deliver the TCP Guidance offers a potential solution
  - Developed in partnership with subject matter experts, PIV providers, education providers and family carers
  - Career and education framework
  - Appropriate/minimum level of supervision, skills, competencies and knowledge
  - Pool of available workers with generic skills, combined with person centred training
  - Incorporates personal budgets and PAs, equivalent roles in health and Generic Role Templates for Specialist Learning Disability Community Teams
Learning Disability Nursing

• How can higher education institutes develop a flexible future for learning disability nurses

• What skills do the future learning disability nursing workforce require

• People with a lived experience should be at the heart of shaping curriculum

• Explore other specialities who adopt a community based development approach

• Career campaign to show all of the opportunities and exciting career trajectories available
Learning Disability Forensic Workforce

- Two predominant service models – learning disability forensic teams and generic mental health services

- Identified challenges:
  - Sustaining community forensic provision
  - Identifying and acquiring specialist skills
  - Skills family members and carers require to effectively support relatives moving back into the community
  - Attractive role for social care support staff and what specialist skills do they require
  - Understanding the needs of individuals who cannot be fully accommodated within either mental health or learning disability services
  - Variation in provision
Developed and test four scenarios to understand the patient pathway across a range of forensic and learning disability services.

Key findings include:

- All scenarios identified a shortage of social work, psychotherapy and behavioural therapy skills
- Consistent pathway to care for a person with a server learning disability and a person with a learning disability who has a forensic history of sex offending
- Varied pathway to care for a person who has offended with a mental health condition and suspected learning disability
- A need to develop a cross sector pathways and clarify the role of a criminal justice system and forensic services
Next Steps

- Establish a task and finish group to validate finding, repeating the survey across a broader range of services

- Gather evidence to understand the prevalence, skills and competencies required to support people with a mild, moderate and severe learning disability

- Reconvene to discuss finding and identify potential workforce solutions

- Continue to explore the skills and role of specialist learning disability services focusing on the family and unpaid carers, psychiatry and autism workforce
REDUCING RESTRICTIVE PRACTICE

AUTISM AWARENESS

MEDICATION AUDIT

VIOLENT INCIDENTS

POSITIVE BEHAVIOUR SUPPORT
Embedding PBS Locally

- Obtaining Executive level support
- Creating multi professional implementation team
- Engaging with services
- Changing systems and processes
- Training
- Inspection by CQC
Personalising PBS

- Review
- Assess
- Make sense together
- Implement
- Integrated treatment plan
- Behaviour support plan
Total Number of Restraints

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>784</td>
<td>644</td>
<td>474</td>
</tr>
</tbody>
</table>
## Medication Given

<table>
<thead>
<tr>
<th>Year</th>
<th>2013</th>
<th>2014</th>
<th>2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>As required medication doses</td>
<td>135</td>
<td>79</td>
<td>40</td>
</tr>
</tbody>
</table>
Learning from Local Project

- A whole systems approach is slow and labour intensive
- Needs commitment and resource
- Multiple initiatives need to be managed simultaneously
- Early signs are positive
- Needs longer term evaluation
- Can this work continue?
The Positive Behavioural Support and Autism Training Fund was funded by the ‘positive and safe programme’ for:

- Developing ‘skills around the person’
- Interagency / multi agency work at a person centred level
- Providing training in line with PBS competency framework and good autism practice
- Contribution to the discharge or avoided likely admission
Aims of the Fund

• To support people with LD and employers of service providers
• To foster innovation in providing PBS and Autism skills and knowledge, and skills in delivering training in these topics
• To learn from others and share good practice
• To promote and explore person-centred, multi agency workforce development
Participants completed two separate questionnaires online; 

**Monitoring questionnaire (immediately after delivery)**

<table>
<thead>
<tr>
<th>No. grants awarded</th>
<th>No. of organisations</th>
<th>Monitoring responses</th>
<th>Evaluation responses</th>
</tr>
</thead>
<tbody>
<tr>
<td>169</td>
<td>65</td>
<td>63</td>
<td>57</td>
</tr>
</tbody>
</table>

**Evaluation questionnaire (around 3-4 months after delivery)**
Monitoring and Evaluation

• To monitor the progress of the funds distributed
• To assess the actual delivery against that planned
• To assess the costs of training
• To provide an opportunity for early feedback on the impact of the training
• To measure short term outcomes of the funding programme
Summary

• **169** grants were awarded to **65** organisations spread across England

• The fund provided an estimated **2,900** training interventions for a total investment of **£557,600** (average of **£191** per intervention)

• The interventions were undertaken by social care and health workers at all levels and by individuals’ family carers.

• For most, the anticipated costs were accurate

• Most people had **built in review or evaluation** of the training
All who had conducted evaluation had considered the training to be a success.

- Positive feedback from learners (n=20)
- Improved skills and knowledge (n=17)
- Improved practice (n=12)
- Increased confidence (n=7)
- Team building (n=3)
## Findings – The impact of training on the person

<table>
<thead>
<tr>
<th></th>
<th>Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>Improved quality of life through better relationships and reduced isolation</td>
<td>81%</td>
</tr>
<tr>
<td>Supported better communication in daily lives</td>
<td>77%</td>
</tr>
<tr>
<td>Reduced use of any form of restrictive practices</td>
<td>74%</td>
</tr>
<tr>
<td>Reduced frequency, duration or intensity of incidents of challenging behaviour</td>
<td>72%</td>
</tr>
<tr>
<td>Helped support independent living in community and engagement with meaningful activities</td>
<td>68%</td>
</tr>
<tr>
<td>Supported transition in living arrangements</td>
<td>55%</td>
</tr>
<tr>
<td>Increased contact with family and friends</td>
<td>49%</td>
</tr>
<tr>
<td>Helped move toward reduction in medication used</td>
<td>47%</td>
</tr>
</tbody>
</table>
Examples of impact on the individual

• “The person is more settled, he does not seem to be as anxious and is more relaxed in his home environment”
• “Improved physical health due to improved care”
• “Intensive interaction has been really useful in building relationships. The person has begun calling people by their names, where previously she was shouting man or woman ... she is able to do more adventurous trips out...and largely it is the staff team understanding and skills that have contributed to this”
• “Much improved quality of life, developing positive relationships with staff team, decrease in challenging behaviours”
• “Immediate improvement in self-esteem, quality of life, access to activities and positive relationships”
• “The individual is now experiencing independent living with the right levels of support”
Findings - Impact of training on learners

- Reduce stress at work: 98%
- Improve person centred care: 98%
- Better multidisciplinary working: 96%
- PBS competence level A: 91%
- PBS competence level B: 88%
- Improve career progression: 88%
- Increase train the trainer confidence: 86%
- PBC competence level C: 81%
Findings – Impact of the Training on the Organisation

- Improved quality of services delivered: 96%
- Improved staff practices: 96%
- Improved efforts to share learning with others: 92%
- Shared vision and language: 69%
- Increased compliance with regulations and policy: 63%
- Reduction in staff burnout, injury or sickness: 62%
- Better organisational working: 60%
- Better staff retention: 54%
- Review of organisation policies etc: 50%
- Cost savings to organisation: 50%
Examples of the Impact on the Organisation

• “Professionals are now far more adept at putting themselves in the person’s world thus helping them and others to understand what can be done to minimize anxiety and stress”
• ”The training has impacted on the culture of the service, and translated to staff adopting the view that challenging behaviours perceived are a form of communication that a need is not being met well”
• ”The how process has changed the way we manage and identify behaviours … focusing on triggers has meant a reduction in interventions and restrictive practices”
• ”We have started to build PBS training into all of our staff inductions”
• ”Lower staff turnover, reduced stress and better reflection”
• ”Staff are more confident when dealing with challenges, reducing the incidents”
Discharge from in-patient services or avoidance of admissions

82% of organisations who were hoping to reduce or avoid hospital admission for the person as a result of the training felt they had achieved this.

- Estimates for the number of avoided admissions ranged from 1-5 per organisation.
- 27 organisations felt they had reduced or avoided hospital admission for others using the services following training.
Learning from National Project

• This training was well received
• The benefits to individuals using services were evident and all methods of delivery achieved good outcomes
• Learners greatly benefited from the fund
• There was clear impact on organisations and widespread agreement that the funding had allowed skills development to happen
• The fund was crucial in enabling hospital discharges and avoiding admissions
Challenges

- Data and intelligence across the learning disability workforce; unknown suppressed demand and expected undersupply of learning disability nurses

- Supply of the whole learning disability workforce to deliver the new service model across the lifespan
Recent Developments

- PBS Academy/Centre for the Advancement of PBS
- STOMPLD (Stopping overmedication)
- Safer Staffing
- Workforce development tools
Questions

ashok.roy@covwarkpt.nhs.uk