

Leading Support for those with mental health issues and learning difficulties

Future NHS Stage Day Two

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Leading Support for People with Mental Health Issues and Learning Disabilities

- Gavin Esler, Stage host
- Professor Jane Cummings, Chief Nursing Officer, NHS England
- Claire Murdoch, National Director for Mental Health, NHS England, and Chief Executive Officer, Central and North West London NHS
- Vicky Stobart, Executive Director of Nursing and Quality, Guildford and Waverley CCG
- Julia Hunt, Director of Nursing at James Paget University Hospitals NHS Foundation Trust
- Sue Hartley, Executive Director of Nursing, Birmingham and Solihull Mental Health Foundation Trust
- Carl Shaw, Learning Disability Advisor
- Katy Chachou, peer support worker

Gavin:

Hello and welcome to day two. Having looked at the programme, there is a lot ahead of us. Thank you all for your contributions. One of the great things about this conference that strikes me is there are as many wise words that come from there as come from the podium. Thank you for your engagement.

Just the housekeeping, there's no fire drills. If you hear the fire alarm, it's real. The exits, you know where they are. The toilets, you know where they are, they're all marked. Staff in white t-shirts are here to help and also here to provide you with microphones if it comes to a Q&A during the day. Please continue to wear your security passes. And mobile phones, please keep them on but on silent. You can tweet and we would very much encourage you to do so and we'll look at your comments with interest.

Let's get on to the first session today. It is called leading support for those with mental health issues and learning disabilities. As we all know, mental health and learning disability nurses play a vital role. The Mental Health Forward View and the learning disability Transforming Care programme aim to transform the provision of care. Led by Professor Jane Cummings, Chief Nursing Officer for England, this session will outline the important leadership role of nursing staff, it will reflect on the challenges ahead, as well as the work that is being done across the country. Please will you welcome Professor Cummings.

Jane

Morning everyone. I'm really pleased to be here, it is a really important session. I really want you and the colleagues on the panel to identify the fantastic role that nurses play, particularly in the care of people with learning disability or mental health problems.

And I want to start by just saying a big thank you. In my job I spend a lot of time meeting frontline staff, I meet patients, I meet families, I meet carers, and I think the work that nurses, midwives, care staff and all of those in health and social care do, is phenomenal. And people are working under huge pressure at the moment, so I wanted to start the session by saying, for me, thank you very much for everything that you and your colleagues do, and please take that message home to those people that were not able to join us today.

So today we're going to focus, as I have said, on the importance of learning

disability and mental health nursing and the invaluable roles that they have for improving care for people.

I really want to push the fact that nurses and midwives, I think, should really be at the driving edge of change and improvement. I think there is a wealth of knowledge, there is a wealth of experience and there is a huge skill set that nurses can have to really drive the change that everybody wants to see. So I have said now for a while, and I will continue to say, that as we develop the STPs, I really want to see the nursing voice in them, and I particularly want to see the nursing voice of those that work in learning disability and mental health services, really looking at what's important for the local population, for the people that we serve, and really driving those changes and those improvements.

I would like to welcome the panel. We have got a great panel here today and, after I have spoken, a couple of them will just say a few words and then we will have questions and answers, so I will ask a couple of questions and I really want this as interactive as possible.

So we have, we have Vicky. She is the Executive Director at Guildford and Waverly CCG, she will discuss current challenges as well as significant opportunities that lie ahead, particularly focusing on learning disability.

Claire Murdoch, who most of you will know, is the National Director for Mental Health, a nurse and also the Chief Executive of Central and North West London NHS Foundation Trust. She will highlight the significant leadership role that nurses will play in the Mental Health Forward View, the plan and the challenging ambitions that we have been set and that we are working on at the moment.

Julia Hunt is the Director of Nursing at the James Paget University. She will talk about some of the practical issues around how learning disability nurses can help patients in different settings.

Alongside her is Carl Shaw. He works in my team in NHS England, someone with lived experience, with a learning disability, and one of six members of staff that really help hold us to account and bring the voice of people with a learning disability into our services and what we do.

And then last but not least two more colleagues. Sue Hartley, again many of you will know, Executive Director of nursing at Birmingham and Solihull Mental Health Foundation Trust. She will outline how individuals with mental health issues are being supported independent lives. And I'm really pleased that she's being joined by Katy Chachou, who was a patient, in that Trust, and now works part-time for the Foundation Trust as a recovery peer support worker. Really important work there.

So, a little bit of background. Many of you will be aware that I'm the national sponsor for the Transforming Care programme. It's a piece of work that we have been doing for a couple of years, it is an absolutely vital component for me, it is really important and one of my priority areas and we have got a few aims that we are trying to address.

One of those is to give people the opportunity to live in the setting that they feel is home, so moving people out of in-patient settings into a community. When they do need to be in hospital, being in hospital for the least amount of time as possible and improving not only the quality of care but the quality of life that people with a learning disability have.

It's about giving choice back to people so they are not being told what to do, where to go and how to live. They are given an opportunity to live in a way that they want to live and be supported to do that. As well as looking at that, we are also looking at the wider physical and mental health problems of people with a learning disability. We know that, on average people, with learning disability can die up to 15-20 years earlier than people without.

Many of those deaths are avoidable and we have a big programme looking at mortality review, understanding that, learning lessons from it and trying to improve the work that we do around that. We are also doing some work on reducing overmedication and I will talk more about that in a moment. I wanted to give you just one example. There was a guy that has got a moderate learning disability and has behaviour that can challenge others. I don't like it when people say someone has challenging behaviour because it's like a label but there is something, some people may have some behaviour that challenges other people and they need more support.

So James is 58, he was originally from the north Somerset area, but he was admitted to a hospital in Cardiff where he was an inpatient for many years. He wanted to go home and, as part of the Transferring Care Programme, the local CCG was able to access some of the funding that we have made available, they have bought a bungalow, designed and developed it with his input, he has been discharged and he is now living in a community setting and he is thriving. He is able to do things that he wants to do, he is now more independent, he can make his own breakfast and drinks when he wants one, not when someone tells him he can have one. It's a really good example of how listening to what someone wants and providing those services actually enables people to live a much more independent life and to take interest in the things that they are interested in.

So the other thing I wanted to mention around learning disability nurses is the work we are doing with Mencap. They are providing significant support to us around access to annual health checks. Annual health checks are absolutely critical. People with a learning disability should see their GP, have an annual health check every year and be on a register so that people know they have a learning disability, they can have access to the flu jab, for example.

So with Mencap's work we have something called the Don't Miss Out campaign which includes easy read information and easy read letters that people can take to their GP to say 'don't forget about me and can I have my annual health

check?'. It's really important and it's learning disability nurses that are showcasing that.

The Mental Health Five Year Forward View, a really important piece of work. I am not going to spend too much time talking about the detail because Claire will cover it when she speaks shortly. But suffice to say there is a massive amount of work going on at the moment and a real focus on improving access to mental health services. And it's needed, desperately needed, and one of the things that is one of our national priorities for NHS England. We are particularly focussing, as part of that, through the Maternity Transformation Programme, on the perinatal mental health and there is a session on the Better Births later today. But, as part of that, we have a workstream looking at perinatal mental health and supporting women to cope with any problems they get post-delivery and post-birth.

None of you would expect me to stand here and not mention Leading Change, Adding Value. I don't know how many people know about it, I recognise a lot of faces in the room but for those who aren't nurses or don't know about it this is the strategy, or framework I should say, that I launched in May last year.

The purpose of this is about the role that nurses, midwives and care staff can have in doing what it says on the tin really: leading that change, adding a huge amount of value to the work that we do and reducing variation. We all know that whatever service you look at there is enormous amounts of variation in that. So by reducing that variation and improving outcomes, improving experience and reducing costs, we help to deliver the triple aim that sits behind the Five Year Forward View.

The focus of this has been really important. A good example of that would be one of the pieces of work around the variation in smoking rates. Nationally, about 15.5% of adults smoke, which is quite a scary number really when you think about it and the damage it does. But if you look at people with a mental health illness about 40% of people with a serious mental health illness smoke and that

goes up to about 70% for those who are inpatients. So a huge issue there and the role that nurses are playing, mental health nurses are playing, across the country in really helping to support people to stop smoking, to look at different activities, to look at different ways of reducing reliance on smoking is absolutely critical and we are getting examples of that and we are putting the information on to our Leading Change, Adding Value website.

Another area we are look working on, and nurses are helping to drive this with our pharmacist colleagues, is around STOMP. STOMP is something called Stop Overmedication of People with a Learning Disability or Autism. Every day there are about 35,000 people with a learning disability who are being prescribed anti-psychotic medication and they haven't got a diagnosis of mental health issues. The impact that type of medication can have on people is phenomenal so we are driving that and we absolutely committed to reducing it.

We have about 100 care organisations signed up and we have a UK-wide learning package which has been designed with the Royal Pharmaceutical Society and we are rolling that programme out. So again, a real request from me: if you are out there, get on to it and make sure that your local services are really driving that and we stop overmedicating people.

I mentioned just now that we have a website, so one of the things we want to do now and this is a plea. Very happy for people to go out there and do this, a real plea for nurses and midwives and care staff, whoever they are, to really tell us their stories about what they are doing to improve care. We can put it on our website and we can start to circulate it and get people all over the country to share and learn from best practice.

We are not very good at doing that in the NHS, we are great at doing our own little programmes and we are not good at sharing and learning from others. If any of you have time, look on your brochures, later on there is a session in the pop-up university around Leading Change, Adding Value.

So leadership on the frontline is critical. Learning disability mental health nurses are absolutely fundamental and one of the great privileges of my job is I can go out and about and see people on the frontline. There is lots of really good, innovative work going on. So Worcestershire Royal Hospital is a trust which has had quite a lot of negative publicity and critical CQC reports. But, they are doing a significant amount of work with a specialist learning disability nurse assigned to people that are admitted to that acute hospital and they are driving improvements in care pathways and improving care in that acute setting. And they have just published a video which shows what they have done.

This year, I think I have seen a number of absolutely devastating events and I just wanted to call out the guy on the right there, who is Ian Soranzo. He works as a nurse in Claire's trust actually and he lives and works in the area surrounding Grenfell, the Grenfell Tower. The day of the fire he went to the site before going to work, he looked for his patients that he knew were living in that area, living in the tower, he also went to A&E and he went to find them and he pulled his patients out of A&Es and he has been providing support. He has helped to co-ordinate the trust's response and he has provided a phenomenal amount of support to the people that he not only lives with, or lives around, but also cares for around in Grenfell.

So this is a mental health nurse that has gone over and above what you would expect. He has done a brilliant job and I wanted to use this as an opportunity to highlight what he has done and how good that impact has been. In addition, the trust that Claire runs have just created the Grenfell Tower Trauma Service. They have about 50 vacancies that they're advertising to bring people in to provide ongoing support to people who have been through that terrible trauma. It's examples like that that demonstrate where innovation is and how good people can be when given the time and the space to do things.

Moving on rapidly, I want to talk about how we position the work we do in England

internationally. This is a picture of Lynn Wigns, who is the Regional Chief Nurse in Midlands and East. Earlier this year, she went to Barcelona and presented on Leading Change, Adding Value to the International Council of Nurses. And alongside that I am working with Lord Nigel Crisp on a global nursing campaign called Nursing Now. That's really about how we position nurses as leaders, how we look at the impact, the research and the impact of nursing on outcomes and economic outcomes in particular. We really encourage the use of things like social media to network internationally to show what we do. The NHS is incredibly well-thought of and we know that we are leading the way in many things and it's about time the image of what we do, we stand up, we talk about it, we learn from what we need to learn from and we improve what we need to improve but we really showcase the work we are doing.

Last month, the Department of Health and Health Education England published a Mental Health Workforce Action Plan. We need to employ a significant number of extra people, there will be a challenge in that, as all of you will be aware. But I was also really delighted that in the Next Steps document we identified that we were going to run a post-graduate programme for nurses. We called it Nurse First so it's like NHS Nurse First and I am pleased to say we have now done it, it's only 40, but 40 is more than nothing.

We have got 40 students that have been appointed and we have got four universities, three universities, sorry, that are going to do that. So in the north of England we have Edgehill University, in London we have King's College and then we have the University of Hertfordshire that are going to train students in the midland and east and the south of the country. Those 40 will be fast-tracked through a post-graduate programme, they will have access and come out with Masters degrees. They are supported by trusts and STPs and they will be fast-tracked into leadership positions. Really excited to do that and Claire's trust is one of the trusts that is picking that up. I am absolutely delighted that those have been confirmed and we will continue to work with them.

So before I hand over to Claire I just wanted to say that I really do believe there has never been a better time to be a nurse working in mental health or learning disability, absolutely critical time. There are so many good things that people can do and such an impact that nursing can have. There are just a few listed up there. It's a phenomenal time for people to really step up and take the lead in what is such a critical part of care. Nurses are creative, innovative, they're leaders and they can really drive that change that we all want to see.

So thank you very much for listening, I am now going to hand over to Claire who is going to talk you through the Mental Health Forward View.

Claire:

Good morning everybody. And thank you Jane for that. And apologies to those of you who may have heard me speak before both about the Five Year Forward View and possibly about nursing. I did say when I was asked to speak at this session in particular it always feels a bit like coming home for me, still a registered mental health nurse of some 33 years now. I feel privileged to have been part of an absolute quiet and steady revolution in mental health care and to have played a part at each stage of my career, from the old Victorian asylum through to where we are today – along with so many other nurses across the country.

I want to talk about the opportunities to continue that revolution, that quiet revolution in transforming mental health care, which mental health nurses and, in fact, not only mental health nurses, but nurses of all flavours, can contribute to. I have only one slide, many of you have seen it several times before and you will see it many times in the future. It is the Five Year Forward View programme and I am going to keep putting this slide up all the way to 2021 because it is a very brief summary of some of the main headlines of what we have committed to deliver during this period.

It is not the whole programme, there are things that aren't on this one slide, but this is what we will be held to account for. Essentially, the programme intends to see a million extra people in evidence-based mental health services by the end of the period. I have only got eight minutes, so I'm just going to talk to a few of these developments and where I see nurses leading the way. And then I want to say a little bit about mental health nursing more generally. Just before I highlight a few areas where I think nurses can make a difference in the delivery of the Five Year Forward View, I do just want to emphasise that the Five Year Forward View and the priorities of the Five Year Forward View for mental health are built on a core. They are built on a set of services that already exist.

Those services are developing, they need to change, they need to transform, and they are. For example, our acute mental health teams, our acute inpatient wards are core. They are key and a bedrock to delivering great mental health care. Because they are not mentioned here doesn't mean they are not important. This is the next leg of what needs to be developed.

Anyway, so we have said we see a million extra people by the end of the period, I want to talk about children's services. We have said that we will see 70,000 more children and young people, that is with specialist eating disorder services in the community, with more evidence-based intervention, intervening earlier in the pathway of illness or distress, to fundamentally change the outcomes for people's lives so that we don't create, as it were, unwittingly, long-term patients for the future.

And nurses are leading community mental health teams for children and young people, they are playing a key role in the eating disorder services that we have set up nationally, working alongside psychologists and doctors. And because community eating disorder services for children and young people largely didn't exist until this last year - they did in little pockets, but now we have a layer of evidence-based eating disorder services across the country for children and young people - it seems to me that nurses are both leading many of those teams,

but also breaking new ground in how you work alongside families, the young people themselves and deliver evidence-based care in completely different settings, working with schools, in particular, and GPs and paediatricians. So nurses are invaluable in that space.

The crisis in urgent care pathway in mental health is under real pressure. Some areas in the country have got this, I wouldn't say cracked, but they really have. Bradford for example, and I could name others, Sheffield, have done great work looking at how we stop this pressure of beds overspilling into the private sector, long waits in A&E, real pressure in the system, and I have to say nurses have led much of that work. They have redesigned the care pathway, whether it is through the development of intensive home treatment teams, the establishment of the psychiatric liaison teams in A&E and acute hospitals more widely. And they are going to play a fundamental part in bringing an end to inappropriate out-of-area placements. This is the overspill into the private sector.

By delivering a range of evidence-based interventions in the home, in A&E, in police cells, on the streets in street triage. Go to Birmingham and see some of the great work your nurses are doing alongside the police there, where the numbers of section 136 have tailed off dramatically, where outcomes for people in distress are much better. It is nurses in those roles.

We have said that we will undertake a 250,000 physical health checks in an evidenced-based way. Largely, but not exclusively, it will be nurses undertaking the full suite of physical health checks. Some of us have had to brush up our physical health skills.

I won't talk about the good old days, there is no such thing. There are the old days and there is now and there is the future and nurses have played a massive role in all areas. However, when I trained as a nurse our physical healthcare training was pretty rigorous, and you absolutely never took a patient into your care without doing a full suite of physical health checks. That got lost and now

we are resurrecting it. It is largely nurses undertaking both those assessments with patients about lifestyle, risks to health, smoking, sedentary, loneliness, diet, things that can affect your lifestyle and nurses are leading this. We've got big CQUINs across the country and we are seeing a huge increase in patients or service user who are getting better physical healthcare.

I think the last thing I want to do - because I really want to talk you through the whole programme and I know I can't. I know, I'm being told don't you dare by Jane - is that we are also reshaping coming back to children, we are fundamentally intending to reshape the nature of care. So we are opening some more specialist Tier 4 beds, because we know there has been pressure in the south and London in particular. So we are doing that. But we intend to, as soon as we can, invest money in Tier 4 beds in the community services that I talked about earlier, but not only community eating disorder services for children, respite, crisis houses, a fundamental home treatment team, a fundamental shift in the care of children and young people, and I promise you nurses will be leading the way there as well. So that's just a kind of little flavour of what nurses are doing around the Five Year Forward View for Mental Health.

Just before I finish, I want to say a few things about mental health nursing. We're going to be recruiting to more mental health nursing posts, to care for an extra million people by 2021 and we know that we have seen more nurses leaving the profession in recent times, and we know recruiting to the additional posts is going to be a real challenge. Jane has talked about some of what we are going to be doing to achieve that, however. It seems to me quite honestly there has never been a better time to be a mental health nurse, and for any mental health nurses or those leading teams where nurses are. I want to say this to you: we need to become really vocal about what our skills are. Our skills of assessment, review, of complex working in networks of care. We need to become the experts in co-production and working alongside service users in their own care. We need never to come up with a plan, a care plan, that hasn't been produced at least in partnership, even at times of great crisis. We need to become the experts in that

space. Housing, debt, employment, physical healthcare, these are the domains of mental health nurses. When I qualified you could be a CPN, work in a day hospital or work an acute ward. That was 100 years ago, I grant you. Now you can work with new mums, mums planning a family, you can work with children in the ways I have said, you can be in the triage cars out with the blue light, out with the police.

The opportunities for mental health nurses have never been greater, I'm calling on you all to step forward and step up. I have got to quote Florence Nightingale before I stop. She said, "rather ten times die in the surf, heralding the way to a new world, than stand idly on the shore". Mental health nurses, your time has come, you need to be leading teams, systems of care, directors of nursing for the future, my job, your job. So, on that note, I leave you. Thank you very much for listening to me.

Vicky:

Thank you very much and good morning everybody. As a learning disability nurse, I'm absolutely delighted to be invited by Professor Jane Cummings to share with you my thoughts about how learning disability nursing is transforming care.

Learning disability nurses promote health, well-being and independence. And much more than that, they see the person for who they want to be. I'm going to start by giving a very brief background to my career. I will then share with you my perspective about the unique skills, knowledge and expertise that learning disability nurses have and I will give you an example from the area that I currently work in, which is Surrey. And then I will finish by looking at opportunities that lie ahead and questions that you may want to take back to your area.

So this is just a little collage of my career. I registered as a learning disability nurse in 1993 and for me it was the start of a lifelong interest and commitment to

support people with learning disabilities. I have loved every minute of my career, and still today I have the same passion and drive to improve and empower.

The start for me on my journey was the moment that I set foot into a long-stay institution in 1991 and I was on placement there as a 19-year-old. I saw for the first time how some people with learning disabilities were living. I immediately thought, what can I do, what's my contribution and what change can I make for the better?

And from that moment on, I changed from the adult branch of nursing to learning disabilities. I have never really looked back. What drives me is a strong sense of responsibility in making a difference at an individual level. And now, as an Executive Director in a CCG, with a lead for commissioning CAMHS, adult mental health, learning disabilities, lead for safeguarding adults and children and also complex children, my leadership is to influence and steer and to get great outcomes for people. Key to all of this is working alongside families and carers, as well as making sure that staff within the system are motivated and well supported. I have had a really diverse career, across different settings and this is a real theme for learning disability nurses. We are quite bold and not afraid to be creative and try new things and be left-field thinkers.

A potted history of the settings I have worked in over the last few years is: I have worked in, over the last 24 years, a school setting, a community nurse for people with learning disabilities, I went into nurse leadership and management so I could affect change, a visiting lecturer at university. A real theme is working with integration and developing integrated services. I have actually been employed by a council for seven years, so when I managed integrated services in London I moved into being employed by a council. I have been a safeguarding designated nurse and now I'm an Executive Director and I have been in that role since 2013.

Quality improvement and wider systems leadership has really been a theme of

my career. Every single day I still ask the question, how can I empower people within the system that I work to better support and improve lives? It is a really fundamental question that takes me right back to when I started my nurse training in 1990. I believe that skills I use to as an Executive Director are really grounded in everything that I learnt as a learning disability nurse. So I have a really strong awareness of using power in a respectful way. Collaborations and partnerships are everything. And always don't accept that there is not a solution to a problem. Motivate and boost people, it can be really tough out there.

So every area has learning disability nurses. They work in a variety of settings across health and social care, and they make a significant difference to transforming the lives of those they support. Often they are quite an untapped resource, both for the individual, but also for population health. Sometimes my experience over my career is that learning disability nurses are not often as high-profile as other areas. Helen Lavery kind of coined it by saying, "they are not yet featured on Holby City or Casualty." Will we have made it when we do see that, who knows?

Don't underestimate their impact and the value they have in supporting people with learning disabilities to reach their potential and ambition to live their life how they really want to. I think learning disability nurses really get partnership working in collaboration and every day in my career now I look back to my days as a community nurse working with families, multidisciplinary teams, and the real importance of relationships and rapport with people. It is at the centre of everything we do.

Trust is key, as is the depth of relationships you develop. This can be translated through to support people. What I have found is it is the small things that really make a difference. Whether I'm strategically commissioning or whether it is through an interaction with somebody, making it personal you really can't go wrong.

This slide is taken from the strengthening the commitment, modernising learning disability nursing 2012. I think for all of the learning disability nurses I have ever met, values are central to what they do. This branch of nursing works at individual level and also population level and there are quite a few nurses now in strategic roles and some colleagues out there in the audience I am delighted to see. I believe that curiosity in how things interrelate and creative thinking often leads people into these positions. Learning disability nurses work across organisational boundaries, so across acute, primary care and specialist and we'll hopefully hear some of that from panel members.

Central to the role is effectively identifying and meeting needs and promoting health outcomes. There is a lifetime continuum in facilitating choice and control. I could go on but I think the key thing I want to say is that strong partnership ethos is in everything that learning disability nurses do and it's a deep understanding that when power is shared it can transform care.

I have been very fortunate to be the SRO in Surrey for Transforming Care for a year now and that is a role that is shared with the AD for Adult Social Care in Surrey. Our community and learning disability teams work very closely with our intensive support team which is a newly commissioned service as a result of closing 12 assessment and treatment beds. The team, which are multi-professional are working with people in crisis in the community to prevent hospital admission and they are understanding why someone may challenge and they are supporting them to have a good quality of life in the community. It may not reduce the challenge but the impact is reduced. And what we have seen over the last year is that there has been a reduced need for inpatient beds and we have had so many positive comments from people who use services and also from family members.

I just want to give you a very brief example from Surrey about a man called Josh who is 20-years-old and he has a host of complex health issues. He has a moderate learning disability, cystic fibrosis, diabetes, scoliosis and it's known that

his health will deteriorate when he gets older. Josh was adamant that he wanted his own home and the key to this was somewhere where he wouldn't have to move out of when his health worsened, as there'd been a pattern of this, about him being settled where he was and then having to move when his health status changed. The community nurse worked closely with him, his family, his social worker and others. And through a detailed understanding of his health needs, through person-centred and a nursing healthcare plan, worked with the provider to ensure that they could be confident that they could meet his long-term needs.

A few months ago, I'm really delighted to say, he moved into a supported living setting which he wanted. And the community nurse provided education to the team supporting him and around his related health needs and with ongoing support to pick up the phone if that's what he needed. And I think this is a theme around the long-term relationship that learning disability nurses often have with people they are supporting. The providers and Josh are confident that they can refer back to the learning disability nursing service in future, if they need to.

The great thing was that that the family wrote to the trust to say that the work was "amazing", had "changed their lives", and the nurse was made employee of the month by the Trust. Had he not been assessed by a community nurse, he would have ended up in a nursing home more than likely. The latest update I have had is that he is now visiting his girlfriend on the other side of Surrey, which is a long way if you know Surrey.

He is part of his community, he goes food shopping, he cooks for himself and he goes to hospital appointments on public transport and visits his parents. The key is that through skilled knowledge and creativity and persistence of the community nurse, working closely in partnership, she really took the time to understand what he wanted and he is now just living his life. From my point of view, what could be more fulfilling as a career?

So I would like to finish, I know time is short, by just saying that, just really to plug learning disability nurses, the only professional group specifically trained to work with people with learning disabilities. And this level of preparation currently provided at a degree level, alongside the breadth in competence and knowledge which they develop, makes them a unique and critical component of the delivery of comprehensive skills. They have the ideal skill set to transform care.

There is an ambitious reality. They do understand the constraints but also have a way of getting the best outcomes from the resources that we have. Because often the outcomes don't cost money, these are often the best solutions. This comes from a can-do approach and the core function is about dissolving barriers and not being afraid to have difficult conversations and making what might seem impossible possible.

So I would like to close by saying I hope this has given you some insight and I could talk all day, but I am trying to summarise. I am sorry if I have gone over, Jane. My gentle challenge to you is to understand where learning disability nurses are working in your area and, more importantly, to understand the impact that they are making to the system and how they can contribute to a greater degree.

Learning disability nurses are keen to share their skills with others and so recognising this and their contribution, do give them the opportunity to support you and what you are doing locally to making a difference to people's lives. Thank you for listening.

Jane

Thank you to you to Claire and Vicky for really giving, I think from the heart what it's like to be a mental health learning disability nurse, and also what the opportunities are.

I want to just go back to the panel and I have a couple of questions. We have

asked people what they would like to know and I think, if we can we, will open it up to you well.

So Julia, could you kick us off? I am interested in understanding what you have done in James Paget Hospital. Can you talk through some of the challenges and how nurses have made an impact?

Julia

The key thing for us is we have a fantastic acute learning disability liaison nurse and recognising the massive contribution she has made to the services we deliver. But building upon her excellent work, we have integrated learning disability nurses into our general nursing establishment. We are an acute district hospital but what we recognise is that very specific skill set that learning disability nurses bring can just improve our overall care that we deliver to patients - much more patient-centred, advocates sharing those skills and we recognise that as an absolute asset.

Some of the challenges that we are facing, and why it is important to upskill our workforce more than just the routine training and education of staff, is influencing that skill mix within your staff group, is to meet the increasing challenges in the community. Because we've found that people that access our services in an acute setting are often those that are hitting transitional phases in their life. Quite often adolescents unfortunately present themselves in our emergency department, having experienced a breakdown in their support in the community. Well now staff, because they have an increased awareness of the transforming agenda, working with the acute liaison nurse and the community services, can much more focus on what the patients need to support them to get the right help in place. Perhaps they are the people that are actually requesting those community educational treatment reviews. It would be much more proactive in doing the right thing for patients and making sure that all staff groups are working truly in the true essence of best interest, not just saying they know what is best for a patient, but actually involving patients/carers in doing the right things for those

who access our service.

Jane:

Thank you. Sue, you heard, we all heard, Claire talk about mental health nurses driving the change we need to see with the Forward View. Can you talk about what you have done in your organisation and how you have helped people get the independence back and how you think nurses should step up and improve?

Sue:

I suppose I have a short confession to make. I am in my 35th year of working in the NHS as a nurse and I am so proud to be a nurse. But I am not a mental health nurse and I so wish I was, because I absolutely echo what you have said. This is the time for mental health nursing. I am so proud to be leading a mental health organisation and wish to continue for the longevity of my career in pursuit of perfection, for mental health nursing and the outcome of our service users. It is absolutely the right time for nursing and for mental health nursing.

In our organisation we are fortunate because we cover Birmingham and Solihull, so a large population base which is hugely diverse and there is not a service that we don't provide. So, in terms of the challenges around the Five Year Forward View, we meet the needs of all of those. Nursing is absolutely instrumental and our service users, our carers, our commissioners, ask nurses to be pivotal in that role and that, you know, going back to the 60s, requires courage, commitment, all of those things.

If you start at the grassroots level, the work we have done - and Katie has her own story - around putting recovery, real recovery, at the focus of everything we do, putting the person at the centre and allowing the expertise of the mental health nurse, and I don't mean care co-ordination because I think it's an ugly

word, to really support that individual in gaining the skill set around them, whether it's a medical intervention, whether it's a peer recovery worker, whether it's the skills of the mental health nurse around their care planning, their crisis management, their risk assessments, but actually it's nursing that is pivotal to that. I see that every month. I do one shift, at least, a month across our organisation and I see it every day.

At a more strategic level, I have a senior nurse in the audience who is part of our Test Bed Zone who is working on an urgent care model around information sharing and diverting a crisis for individuals. But nursing has been critical in informing the innovation in the way forward. Again, at a more strategic level, one of our clinical directors is a nurse which is fantastic. Linda Playford is clinical director for our older adults and specialty service and she works tirelessly across the STP, particularly around the dementia agenda and is very well-regarded.

I guess, here am I today championing the role of mental health, and will continue to do so, and have just had the fortunate opportunity of being invited by the Indian Society of Psychiatrists to present at their annual conference next year on the role and function of nursing in mental health. For those who are not aware, nursing is less strong in those communities, and now they are thinking about the role. So now is the time and we have to grab this and really do what is right for the population and, equally important, what is right for the profession.

Jane Cummings:

Thank you, Sue. Carl, I am pleased you have been able to join the panel. Can you talk a little bit about how learning disability nurses have helped you and also what it's been like working with us and what you have been doing with us?

Carl

Thank you for your question, Jane. I'd like to talk about my journey as a person with a mild learning disability. I remember from a young age going to a building where people asked me questions and I went through an exercise of someone

visiting a shop and through that they saw what I was able to do. And I remember being told that yes, I have a learning disability and I was told that I would never have friends, a social life, I wouldn't have a job, go on holiday, I wouldn't have all of those things the average person has.

As a child that really sunk in for me and so I remember my parents telling me stories. I don't exactly remember, I was very shy and I couldn't do basic tasks, so my parents told me when I was at school, I would always be the kid at the middle of the playground not interacting with anybody.

Sometimes my parents would ask, "do I want to help my dad clean the car?" And I would say, "I have a learning disability, I can't do it". But, one thing that stuck in my mind is, my mum said, "you are kind of using that as an excuse a bit." So, after she said that I started to think if I try and do things I will see how I got on and that actually worked, I got quite independent. The other part of my life, after I left school I felt I did really well at school and I got five GCSEs - grades like Cs and Ds, but to me I passed. I was quite glad about that.

But I remember quite struggling at work because I didn't really know what I wanted to do at work and I went to learn Health and Social Care Level 2 because people said I had a caring nature and everyone said I would be good in a support role, or working with the elderly, so I did and in those roles, I did struggle a bit.

People started to notice I needed support. Even then I went through several jobs and my auntie at the time was learning to be a learning disability nurse herself. My Nan was a carer in the community for people with learning disabilities and they gave me some good advice.

They said, yes you have a mild learning disability but if you have patience and learn those things. Those things really meant a lot to me as a person. And now, I have my own car, I have my own flat, I don't get support, I have been on holiday

with friends and I feel like I am living a good life. And in NHS England, well actually talking before I got my role at NHS England, I worked for a community care provider for a company called Dimensions and I was a quality auditor which involved going to people with learning disabilities' homes and checking if they were getting a good service, if they were getting good support.

I did that for eight years so I saw what good and bad support looked like and now I'm in the role as a learning disability advisor. I have been employed nearly two years, two years next month, and some of the things I am involved in: there is several different work streams happening. So, like Jane said, there is STOMP, which is Stopping Overmedicating People with Learning Disabilities, Autism or Both. There's another piece of work which is about concerns and complaints, improving systems and making it easier for people.

And unfortunately my colleague Gavin can't be here today and I have another colleague, David Gill, and we are all learning disability and autism advisors. We all advise on specific work streams, like the two I have mentioned. I co-lead on these projects.

I feel really empowered to have my say and I have a big influence. So in terms of learning disability nurses, during the early stages of my life I didn't have a lot to do with learning disability nurses but through my role with NHS England, particularly with STOMP, the overmedication work, I have sort of learned that learning disability, you guys have a lot of importance with regards to that, because it may be the doctors or the psychiatrist who prescribe medication, but I think when you are learning you have a real drive to say well actually why are you saying these things, and I think that is so important.

My auntie, being a learning disability nurse, she really helped me with my confidence. She really helped me to think well yeah, you are a person with a learning disability but you bring key experience, you have lived this life. That's why I'd say learning disability nurses, you all have a key role. And thinking about

my auntie she helped me gain in confidence.

Jane:

Thank you Carl, thank you very much. So Katy, not only have you had personal experiences and being cared for within Sue's trust but you work as a peer support worker and support other people who are struggling with mental health issues. Can you talk a bit about what has been important for you, how nurses have helped you, but also how others could replicate the model and if you think it is a good way of working?

Katy

I started volunteering with a trust about two-and-a-half years ago. My history is in perinatal mental health. I suffered from postpartum psychosis after my daughter was born and I was sectioned when she was just nine days old. This led to being on the mother and baby unit in Birmingham for about six months and then I also developed bipolar disorder as well.

So I started volunteering because I wanted to give something back, because I felt that the mother and baby unit had done a lot for me. I'm also a qualified nail technician so I decided I wanted to come on to the unit and offer manicures or pedicures to the mums. I do two evenings a month, it is very informal and it is a very relaxed setting. We can just have a nice chat with the mums, not always talking about their mental health, but being able to talk about things like medication or settling into the unit or discharge and what it's like to live back in the community.

But I would say the main thing that I can offer is hope. It is so vital and often when I say to them, you know I was here five years ago, they really can't believe it. So I did that voluntary for two years and the unit now do pay me for that because they recognise my commitment to doing it. And I have also been working as a recovery peer support worker in the trust with Sue and the recovery team in our

recovery college. So I work on the meet and greet desk and welcome students who can often be very nervous and also I co-facilitate some of the courses.

And then, any advice - if there are other organisations that want to replicate the peer support model, we use the Institute of Mental Health for the training. I think it is really important to do training for the role. This is also accredited by the Open University and it is an 11-day training programme with an assignment at the end and this was followed by voluntary and paid employment as well. And yeah, I think in our strategy, the recovery strategy, it is really important that everybody in the trust knows how important the peer support worker role is, so we are doing work trying to promote that because all teams do need to be on board.

I'm very supported by the mother and baby nursing team. When I come on they give me a briefing about any new mums or if anyone is particularly unwell and I feel very supported as well at the end of one my shifts to be able to talk through anything that might have worried me or anything like that. So I think in relation to nursing with peer support it is all about you know working better together, in peer support we have more time to spend with service users. And yeah, I wish there had been a peer support worker for me when I was poorly, because I think we are very effective.

Jane:

Thank you very much. I'm really conscious that we have got the next session people entering the room so that's great, got double whammy, you have listened to us as well as the next session. Can I thank the panel very much for their insight, their expertise and their support for this day and thank you for coming and listening