



Safe, sustainable and productive staffing

**An improvement resource
for learning disability services:
Appendices**

This document was developed by NHS Improvement on behalf of the National Quality Board (NQB).

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- NHS England
- Care Quality Commission
- NHS Improvement
- Health Education England
- Public Health England
- National Institute for Health and Care Excellence
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Appendix 1: Publications relevant to safe and sustainable staffing in learning disability services

The publications listed will help with decision-making and developing safe staffing strategies, establishment reviews and sustainability and workforce planning, alongside professional guidelines.

NB this is not a comprehensive list.

Context	Right staff	Right skills	Right place, right time
<p><i>Building the right support</i> NHS England (2015)</p>	<p><i>Delivering effective specialist community learning disabilities health team support to people with learning disabilities and their families or carers: Executive summary</i> Learning Disability Professional Senate (2015)</p>	<p><i>Learning disabilities core skills education and training framework</i> Health Education England (2016)</p> <p>Learning needs analysis tool. Skills for Health</p> <p><i>Generic service interventions pathway: A competency framework to support development of the learning disability workforce</i> Health Education England</p>	<p>Jones D, Mitchell A, Lean Enterprise Academy UK <i>Lean thinking for the NHS</i> NHS Confederation (2006)</p> <p>Quality and service improvement tools: <i>Lean</i> NHS Institute for Innovation and Improvement</p>

<p><i>Transforming care for people with learning disabilities – next steps</i> NHS England (2015)</p>	<p>Lillywhite A, Haines D <i>Occupational therapy and people with learning disabilities: findings from a research study</i> Royal College of Occupational Therapists (2010)</p>	<p><i>Violence and aggression: short-term management in mental health, health and community settings</i> NICE guideline 10 National Institute for Health and Clinical Excellence (2015)</p>	<p>The Productive Series Releasing time to care™</p>
<p>Learning Disabilities Mortality Review (LeDeR) Programme http://www.bristol.ac.uk/sps/leder/</p>		<p><i>Improving the health and wellbeing of people with learning disabilities: an evidence-based commissioning guide for clinical commissioning groups</i> Public Health England (2012)</p> <p>Meeting the health needs of people with learning disabilities Equal treatment</p>	<p>Scorer D <i>The getting it right charter</i> Mencap</p>
<p><i>NHS Five Year Forward View for mental health</i> The Mental Health Workforce (2016)</p>	<p><i>Safe patients and high-quality services: a guide to job descriptions and job plans for consultant psychiatrists</i> Royal College of Psychiatrists (2012)</p>	<p><i>Learning disabilities: challenging behaviour</i> Quality Standard QS101 National Institute for Health and Clinical Excellence (2015)</p>	<p><i>Operational productivity and performance in English NHS acute hospitals: Unwarranted variations – An independent report for the Department of Health by Lord Carter of Coles</i> (2016)</p>

		<p><i>Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges</i> NICE guideline 11 National Institute for Health and Clinical Excellence (2015)</p>	
<p><i>Strengthening the commitment – report of the UK modernising learning disabilities nursing review</i> Department of Health (2012)</p>	<p><i>Learning from the past – setting out the future: Developing learning disability nursing in the United Kingdom</i> <i>An RCN position statement on the role of the learning disability nurse</i> Royal College of Nursing (updated 2014)</p>	<p><i>Provision of mental healthcare for adults who have a learning disability</i>, third edition Royal College of Nursing (2013)</p>	<p><i>The health equality framework and commissioning guide</i> National Development Team for Inclusion (2013)</p>
<p><i>Valuing people: a new strategy for learning disability for the 21st century</i> Department of Health (2001)</p> <p><i>Valuing people now: Summary report March 2010 – September 2010</i> Department of Health (2010)</p>	<p><i>Eight core principles for occupational therapists working with people with learning disabilities</i> Royal College of Occupational Therapists (2013)</p>	<p><i>Meeting the health needs of people with learning disabilities: RCN guidance for nursing staff</i> Royal College of Nursing (2013)</p>	<p><i>Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition</i> NHS England (2015)</p>

Driving up quality in learning disability services	<i>Mental health problems in people with learning disabilities: prevention, assessment and management</i> NICE guideline NG 54 National Institute for Health and Clinical Excellence (2016)	<i>Mental health problems in people with learning disabilities: prevention, assessment and management</i> NICE guideline NG 54 National Institute for Health and Clinical Excellence (2016)	CIPOLD (Confidential Inquiry into Premature Deaths of People with Learning Disabilities) University of Bristol
<i>Connect for Change: an update on learning disability services in England</i> Royal College of Nursing (2016)	<i>Transition from children's to adults' services for young people using health or social care services</i> NICE guideline NG43 National Institute for Health and Clinical Excellence (2016)	<i>Autism</i> Quality standard QS51 National Institute for Health and Clinical Excellence (2016)	<i>Learning disabilities made clear toolkit</i> Health education England
<i>Dignity in healthcare for people with learning disabilities</i> , second edition Royal College of Nursing (2013)	<i>Autism spectrum disorder in adults: diagnosis and management</i> Clinical guideline CG142 National Institute for Health and Care Excellence (2016)	<i>Challenging behaviour and learning disabilities: prevention and interventions for people with learning disabilities whose behaviour challenges</i> NICE guideline NG11 National Institute for Health and Clinical Excellence (2015)	<i>Mental health problems in people with learning disabilities: prevention, assessment and management</i> NICE guideline NG54 National Institute for Health and Clinical Excellence (2016)

<p>Bubb S <i>Winterbourne view – time for change</i> <i>Transforming the commissioning of services for people with learning disabilities and/or autism</i> (2014)</p>	<p><i>National LD Professional Senate briefing paper on CLDT's</i> ACPPPLD (2015)</p>	<p>In depth review of the psychiatrist workforce Centre for Workforce Intelligence</p>	<p><i>Community-based services for people with intellectual disability and mental health problems: Literature review and survey results</i> Faculty of Psychiatry of Intellectual Disability (2015)</p>
<p><i>Leading change, adding value: a framework for nursing, midwifery and care staff</i> NHS England (2016)</p>	<p><i>Cerebral palsy in under 25s: assessment and management</i> NICE guideline NG62 National Institute for Health and Clinical Excellence (2017)</p>	<p>Healthy workplace initiative Royal College of Nursing</p>	

Appendix 2: Literature review

Summary

While there is little previous research and a lack of strong evidence in this area, many professional publications identify experience-based strategies and indicators related to safe and sustainable staffing. The summary of the literature review below highlights findings under three key themes for safe and sustainable staffing in multidisciplinary teams in community and inpatient learning disability services.

Theme 1: Service models:

- how services are designed and implemented
- clarity of professional roles
- how services work in partnership
- how services engage with people who use them and other stakeholders in developing models of care.

Theme 2: Standards of care:

- recognising the issues that make safe healthcare for people with learning disabilities complex
- delivering effective care
- ensuring effective communication
- ensuring high standards of care by the multiprofessional team.

Theme 3: Resources:

- processes used for managing resources effectively
- developing professional competence
- values-based recruitment and retention practices.

This appendix contains:

- a summary of the literature review (Evidence brief)
- a checklist derived from the literature review for commissioners and providers to refer to when reviewing staffing.

Evidence brief

Achieving ‘sustainable safe staffing’ in learning disability services: is there any evidence?

In the context of learning disability services, determining safe workforce requirements for settings where professionals work is problematic. This is partly because of the disparate nature of where they work, and this issue should not be ignored. The multiplicity of practice contexts for learning disability professionals make the adoption of a particular set of guidance for the achievement of ‘sustainable safe staffing’ difficult. The complex interaction and interfaces between the public, private, voluntary and/or independent sectors, acute general and mental health hospital settings, learning disability specialist acute services, generic community services and specialist community learning disability services create additional complications.

What is the problem?

The need for fundamental changes in how decisions are made to ensure sustainable safe staffing levels by healthcare providers has been highlighted in recent years.

In the context of learning disability healthcare services, determining safe workforce requirements for settings where healthcare professionals work is problematic. This is partly because of the disparate nature of where they work, and this issue should not be ignored. In addition the multiplicity of practice contexts for learning disability professionals makes the adoption of any one particular set of guidance difficult.

A recent systematic literature review [1] failed to locate any empirical studies that had addressed safe staffing levels in learning disability services, nationally or internationally. However, numerous studies were identified that sought to explore a range of factors that directly or indirectly impact on the delivery of safe and

compassionate learning disability care. These factors were organised into eight themes: level of client need; staff attributes; staff perception of challenging behaviour; job satisfaction; working as a team; stress; burnout and work overload; organisational support that includes staff feedback; and working in the community. The literature review concluded the need for further work to validate the context of care conclusions and further develop a context of care tool (see Appendix 5).

A further review of literature was undertaken to explore sustainability and safety of the interdisciplinary workforce in learning disabilities; this is reported on next.

Data sources

We searched the JBI Reports, MEDLINE, EMBASE, PsycINFO, CINAHL, ScienceDirect, Google Scholar, Academic Search Elite, Index to Theses (UK only), ETHOS, Theses.com and Dissertations Abstracts.

We used terms such as 'learning disability', 'intellectual disability' linked with terms such as 'safety', 'staffing levels', 'sustainable staffing', 'productivity', 'efficiency' and 'care hours per patient day'. We located no empirical studies addressing 'sustainable safe staffing' in learning disability services. However, we identified empirical studies, synthesised evidence and opinion papers (n = 37) from which pertinent themes emerged. We took a mixed methods approach to the review because of the heterogeneous nature of the evidence. Meta-synthesis was used to synthesise the findings. Foundational coding families of cause, context and process were used as a framework [2] for presenting the findings.

Key themes

1. Service models

The evidence from empirical, synthesised, as well as opinion literature suggests service design and implementation strategies [3–8], clarity of professional roles and service collaboration/integration mechanisms [3, 9–11], and stakeholder and service user engagement [4] are important in achieving 'sustainable safe staffing' in learning disability services.

The available evidence shows a wide range of models is used to organise healthcare services to meet the health and healthcare needs of people with learning disabilities. But what clearly emerges from this latest review is the lack of empirical evidence to demonstrate the effectiveness of these different models in ensuring sustainable safe staffing needed to meet the often complex healthcare needs of people with learning disabilities.

2. Standards of care

Standards of care should be underpinned by an understanding of the context of care [1, 12–16], delivery of effective care [12, 15, 17–21], ensuring effective communication [14–15, 17, 21, 22–25] and high standards of care [26]. The evidence to support this is from empirical, synthesised and opinion sources, and suggests that understanding essential standards of effective healthcare by healthcare provider agencies is integral to sustainable, safe, efficient and effective staffing in learning disability services.

3. Resources

Evidence under this theme can be grouped into three categories: processes for managing resources [27–30], developing professional competence [31-37] and values-based recruitment and retention practices [6, 30, 34, 38].

The evidence supporting this were obtained from empirical, synthesised and opinion literature that suggests that efficient deployment of financial and human resources is integral to sustainable, safe, efficient and effective staffing in learning disability services.

Conclusions

This review leaves a number of questions unanswered. The concept of sustainable safe staffing in learning disability services must be clearly understood from the complex nature of the models of care and the extent of the number of professionals and healthcare agencies involved in meeting the healthcare needs of people with learning disabilities. Without an appropriate service model of healthcare provision,

clear standards of care, and adequate processes for deploying resources, sustainable, safe, effective and efficient staffing may be challenging or unachievable.

There is a lack of robust empirical evidence for sustainable, safe staffing in learning disability services and the need for well-designed research in this area cannot be overemphasised. Research will need to focus on the context of care; relationships between sustainability, safety, effectiveness, efficiency and staffing levels; the hub and spoke model of healthcare service provision; and the impact of hospital communication passports.

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Appendix 3: Checklist for providers and commissioners developed from the literature review findings

The rapid review of literature identified three key themes and ten sub-themes that impact on safe and sustainable staffing for learning disability settings in the delivery of quality services in learning disability settings. The checklist below outlines – from these themes – a set of principles that providers and commissioners can refer to in their review of staffing to influence safety and sustainability of staffing in learning disability services. Tick Yes (Y) if there is evidence and No (N) if there is no evidence.

1. Service models		
Service design and implementation strategies	Y	N
1. The model of service provision integrates community-based non-NHS service providers.		
2. The model of service provision is evidence-based.		
3. The model of service provision is needs-led.		
4. The model of service provision is collaborative and person-centred		
5. The model of service provision enables community services to focus on supporting the transition from inpatient to community care (and minimises re-admissions into acute care).		
6. The model of service provision is proactive in identifying the health and healthcare needs of people with learning disabilities.		
7. Positive behaviour support is integral to the model of service provision.		

8. The model of service provision encourages partnership working of community health and social care services.		
9. The model of service provision includes multi-field nurses (mental health nurses, adult nurses, learning disability nurses), community learning disability nurses, consultant psychiatrists (learning disability), clinical psychologists, occupational therapists, physiotherapists, speech and language therapists, pharmacists and social workers.		
10. Strategic workforce plans focus on developing the knowledge, skills and attitudes required by all healthcare and social care professionals.		
Clarity of professional roles and service collaboration/integration mechanisms	Y	N
1. Collaboration and/or integration structures and mechanisms are clearly defined and understood by all involved.		
2. There are processes for commissioners and service providers to ensure adequate funding to meet changing healthcare demands.		
3. There is strategic involvement in national workforce development strategies and plans focused on developing competence and professional workforce capacity.		
4. There is a process for regularly reviewing relevant professional staff profiles and skill mix.		
5. Professional roles and responsibilities are clearly defined.		
6. There is a clear system for tracking and identifying people with learning disabilities between professionals, within services and between healthcare service organisations.		
7. There is a clear co-ordination and collaboration arrangement between learning disability healthcare providers and commissioners.		
Stakeholder and service user engagement	Y	N
1. There are clear strategies for involving commissioners, service users, carers and other key stakeholders in developing and evaluating services.		
2. Stakeholders and service users are engaged in and contribute to decision-making about services on an ongoing basis.		

2. Standards of care		
Understanding the context of care	Y	N
1. The demographic profile of the population with learning disabilities is clear.		
2. There are systems and processes for identifying people with learning disabilities when they attend hospitals and services other than specialist learning disability services.		
3. There is training and processes to ensure primary and secondary care staff develop appropriate attitudes and knowledge, and understand the complex support needs of people with learning disabilities.		
4. Healthcare service providers involve people with learning disabilities in decision-making about their care.		
5. Processes for assessment of capacity to consent to treatment are undertaken in a timely and informed manner.		
6. There is a process for measuring the range of factors that directly or indirectly impact on the delivery of safe and compassionate care for people with learning disabilities.		
7. There are clear clinical, management and leadership structures and strategies in the organisation.		
8. The service has a governance structure that supports delivery of high standards of care, and where appropriate and timely action is taken when issues with staffing are raised.		
Delivering effective care	Y	N
1. Carers are consistently and effectively involved in decision-making.		
2. There are clear lines of responsibility and accountability for making reasonable adjustments when people need additional support while they are in a healthcare setting.		
3. There are acute hospital learning disability liaison nurses who facilitate reasonable adjustments.		
4. There are processes for appropriate implementation of the mental capacity policy.		
5. There are accessible person-centred care plans.		
6. There is effective patient participation and carer involvement in care delivery.		
7. Methods of communicating care decisions are clear.		
8. There is a multiprofessional and co-ordinated approach to delivering care.		
9. There is effective inter-professional working within multidisciplinary teams.		

Ensuring effective communication	Y	N
1. Hospital communication passports are used between healthcare professionals, and between healthcare service providers.		
2. There are formal communication processes for diagnostic and treatment decisions between carers, family members, GPs, community services, acute hospitals and other healthcare providers		
3. There are learning disability liaison nurses who facilitate inter-agency and inter-professional communication and access to acute healthcare services by people with learning disabilities.		
4. Staff engage people with learning disabilities as partners in their care planning, to learn how to communicate with service users to ensure they are able to contribute to decisions about their care.		
Ensuring high standards of care		
1. There is evidence of meaningful and comprehensive service user involvement in pre-qualifying and post-qualifying training of all healthcare professionals.		
2. There are evidence-based processes for measuring person-centred health outcomes.		
3. Resources		
Processes for managing resources	Y	N
1. There are robust and adequate processes for managing resources.		
2. There is collaboration between service providers and commissioners, and robust and adequate processes for ensuring that there are sufficient resources and capacity in healthcare settings.		
3. There are strategies for using information technology to enhance the effective and efficient management of resources.		
4. There are integrated information technology processes for managing staff deployment (including the use of appropriate evidence-based work loading tools for effective management of staff deployment) and processes for capturing data.		
5. There are clear methods of calculating workloads which take account of population geographical and demographic factors.		

Developing professional competence	Y	N
1. There is clear service user involvement in developing robust, systematic, strategic and inter-professional training strategies for staff at both pre- and post-qualifying levels.		
2. Training and skills development for all healthcare professionals in the organisation at all levels is outcome-focused, needs-led and easily transferable to everyday practice.		
3. Clinicians and other healthcare professionals contribute to the professional development of staff across all settings where healthcare is delivered.		
4. There is visible clinical leadership focused on delivering flexible learning, and development of new roles that reflect the changing needs of the population with learning disabilities.		
5. Learning disability professionals engage in inter-professional learning with acute care services and take a lead on developing values for, and the knowledge and skills of acute care staff who support people with learning disabilities.		
6. Learning disability awareness training is mandatory for all acute care and other healthcare staff who are likely to come into contact with people with learning disabilities.		
7. Training is flexible and focused on enhancing inter-professional communication.		
8. Training is integral in staff supervision and performance management.		
9. There are strategic and long-term values-based recruitment and retention strategies.		
10. There are systems to evaluate the impact of training on healthcare outcomes for people with learning disabilities.		
Values-based recruitment and retention practices	Y	N
1. There is evidence that senior staff are involved in a population-based approach to long-term strategic workforce planning at local, regional and national levels.		
2. There is a clear policy on values-based recruitment and retention.		
3. There is a process for ensuring that job descriptions for healthcare professionals are current, clear, regularly reviewed and aligned with government policy, and take account of the needs of people who use services, population demographics and local service models.		

Appendix 4: Decision-making tools for use in learning disability services

Multiplier tools

- Hurst tool – ‘the ward multiplier tool’ (Dr Keith Hurst) was developed for learning disability inpatient and community (multidisciplinary) settings in 2014/15. The multiplier tool is based on the UK Database System (from which the ‘safer nursing care tool acute multipliers’ were developed)
- Scottish multiplier tool

Caseload weighting tools

In many areas community learning disability teams use caseload analysis tools to best assure they are meeting the needs of the person and that waiting times, crisis referrals and acuity of need are regularly assessed and prioritised accordingly.

- Caseload weighting and/or acuity levels are used to manage capacity in teams supporting the allocation of work.

Outcomes monitoring tools

- [Health equalities framework \(HEF\)](#)
- Health of the Nation outcome scale – learning disabilities (HoNOS-LD)¹
- Good lives forensics model – life goals
- [Lifestar outcomes](#)
- The behavioural problems inventory – www.bps.org
- Psychiatric assessments schedules for adults with development disabilities – www.pas-add.com
- The MANS – LD scale ²
- [The World Health Organization quality of life](#)
- Learning Disability Professional Senate – rights and equality based outcomes for learning disability services

Benchmarking tools

- NHS benchmarking club
- [Keith Hurst tool full report](#)

¹ Roy A, Matthews H, Clifford P, Fowler V, Martin DM (2002) Health of the Nation outcome scales for people with learning disabilities (HoNOS—LD). Glossary for HoNOS—LD score sheet. *British Journal of Psychiatry* 180(1): 67–70.

² Skirrow, Perry (2009) *A guide to psychological understanding of people with learning disabilities*.

Appendix 5: Context of care tool

The synthesised findings of systematic literature reviews (Mafuba et al 2014; 2016) from the University of West London (UWL) were formulated into eight themes and then into a self-assessment tool to measure the 'context of care' for the delivery of safe and compassionate learning disability services. Context is a relatively new concept in the field of learning disabilities, and it relates to:

'A concept that integrates the totality of circumstances that comprise the milieu of human life and human functioning.' (Shogren et al 2014)

This 'context' can be viewed as independent and intervening variables, including personal and environmental characteristics.

Fundamental to the context of care tool is a belief that focusing solely on numbers of staff in a multidisciplinary team will not address any potential shortcomings in practice or services; rather, in addition to addressing numbers of staff, the capability and capacity of staff must be empowered in their context of practice to deliver safe and compassionate nursing care.

Within the self – assessment tool 'context' has been operationalised into eight themes, and then articulated into seven statements for each of the themes; some 56 separate statements in total. Clinicians are required to rate each statement, drawing on a range of evidence to support their clinical judgment, to measure compliance with these statements, thus proving a valid and reliable measure for the delivery of safe and compassionate learning disability care to people with learning disabilities in inpatient and community settings.

In developing and piloting this tool, an expert reference group worked with the UWL to provide feedback on the prototype, suggesting examples of evidence that could be used, and to test the tool in practice. The initial draft 'paper version' was extensively evaluated to provide further feedback in the development phase.

The context of care tool has been developed as a self – or peer – assessment tool, designed for use at unit/ward level, as well as directorate level in an organisation for board reporting. An Excel version has now been developed in preference, and from September 2017 is housed on a website of the UWLs Repository for three years (at which time it is expected that further evidence may have been published).

The Excel version is able to provide an immediate scoring, and visual representation of the service as well as generating draft action plans. This will be achieved through the organisation receiving a pictorial spider graph demonstrating areas of strength, and areas requiring development.

Following feedback from the reference group, the context of care tool has been designed uniquely to include the gathering of evidence to support the statements listed, and the clinician's judgment. The tool supports service development, and therefore a team may choose to use it and use the scoring to make a valid judgement of their position against the statement (the collection of evidence is an optional element of the process – but is recommended).

Because the measures on the scale within the tool were based on literature, face validity was assured. To ensure construct validity the tool has been subjected to critical review by an expert reference group of senior inter-professional professionals drawn from services across England. There has been unanimous support for the validity of the tool, both from the expert reference group, and in subsequent evaluation in the testing phases.

The internal consistency reliability of the tool has been tested, and it has good internal consistency reliability. Cronbach's Alpha coefficient for the tool was .921, and based on standardised items it is .912. Using a confidence level of 95%, a reliability co-efficient of between .89 and .97 would be expected. Because of extensive changes made to version 1 of the tool, further testing needs to be undertaken, and this will be reported on in subsequent publications.

Copies of both the paper and Excel versions of the 'context of care' tool can be found at the University of West London's repository.

To access this go to: <http://repository.uwl.ac.uk/>

In the search bar type 'Gates and Mafuba Context of Care V2'.

Both of these are available from September 2017 for three years.

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Appendix 6: Learning Disability

Professional Senate professional roles outlines

Division of Clinical Psychology - Faculty for Intellectual Disabilities

Response to NHS England Service Model for Commissioners of Health and Social Care Services – Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

This paper has been written by the Committee of the Faculty to provide NHS England with a response specifying the role that clinical psychologists are expected to undertake in implementing the Service Model. We welcome and fully endorse the Service Model and its direction of travel for people with intellectual disabilities. Although this is a NHS England publication, it is relevant to clinical psychologists across all the nations who work with children and adults with intellectual disabilities. The Faculty believe that it is imperative that clinical psychologists working with people with intellectual disabilities engage with the Service Model and the National Transformation Plan. It is vital that the profession is mobilised to engage in order to improve the lives and service provision for people with learning disabilities.

In summary the key aims are to:

- Transform care and support for this group of people to ensure wellbeing and promote equal human rights
- Build up community capacity and reduce inappropriate hospital admissions
- Ensure national consistency in what services should look like across local areas, based on established best practice.

Role of clinical psychologists

1. Assisting Commissioners, Providers, Carers and People who use services to understand the principles underpinning the Service model

Clinical psychologists have key skills that can help commissioners, providers, carers and people who use services to:

- Understand the complexity of the needs of the group served by the Service model
- Translate the evidence base for support and interventions into service descriptions
- Provide visionary leadership across the local system including leading on defining and delivering PBS, training others in PBS and ensuring that PBS is being delivered properly in services.
- Ensure that a Human rights based approach underpins all aspects of service delivery
- Identify and assist in training, consultation and support to all parts of the workforce
- Work with and, where needed, facilitate co-production work with people with learning disabilities and their families
- Use their psychological skills to assist the system to reflect and learn

2. Helping others to understand and deliver the 'golden threads'

Clinical psychologists have the expertise and understanding of helping working to deliver these golden threads in services that they are working for and with.

- Quality of life – clinical psychologists are expected work within the system to help describe what this means for people with behaviour that challenges, ensuring that people live, wherever possible, in the community, that they have fulfilling lives and that they are able to express and achieve their hopes and aspirations.
- Keeping people safe – clinical psychologists have a key role in helping others to understand and take positive risks for people balanced by a need to protect the person and others from potential harm.

- Choice and control – clinical psychologists should act as professional advocates for people in having choice and control over decisions regarding their life. Clinical psychologists are expected to help others to understand and implement the Mental Capacity Act, including undertaking thorough capacity assessments and working with others with regard to Best Interests decisions.
- Support and Interventions – clinical psychologists are expected to have a thorough understanding and competence in implementing positive and proactive Care – ensuring that they and others recognise and challenge care that is not provided in the least restrictive manner – including the use of physical and chemical restraint and low level blanket restrictions that deny people choice and control. Having behaviour that challenges in itself restricts people’s lives.
- Equitable outcomes – clinical psychologists should work with mainstream providers to support them to make reasonable adjustments to meet the psychological needs of people with learning disabilities.

3. Delivering the specialist health support

Clinical Psychologists are expected to play a key role in delivering the specialist health support required for people with learning disabilities who display behaviours that challenge. These roles will include those identified in the LD Professional Senate on the role of the specialist health professionals:

- Support to access mainstream services
- Work with mainstream services to develop their ability to deliver individualised reasonable adjustments
- Support to commissioners in service development and quality monitoring
- Delivery of direct assessment and therapeutic support

Clinical psychologists are expected to:

- Work with other professionals in mainstream services to help them understand the needs of, and support them in working with, people with learning disabilities – this may include working with colleagues in mainstream mental health or forensic services to ensure that people receive a joined up

service. Roles may include providing joint assessments, formulations and interventions, consultations, reflective practice, and training.

- Be able to lead, work in and demonstrate a thorough understanding of a positive behaviour support framework.
- Work with the multidisciplinary team to undertake timely psychological assessments of peoples' behaviour that challenges based on knowledge from the current evidence base. The range and depth of assessment will depend on the presenting problem, but should not leave the person or others in the system at risk while being undertaken. The assessment should involve the person and their circle of support and all key stakeholders.
- Work with the multidisciplinary team to use the information from the assessment to develop a single formulation which in turn informs the person's positive support plan and the range of interventions that need to be undertaken in the short, medium and longer term. Assessments and Interventions should be in line with NICE guidance and Positive and Proactive Care, promoting reduction in physical and chemical restraint.
- Work with the multidisciplinary team to develop an effective crisis and contingency plan to support the person within their community.
- Work with the multidisciplinary team to evaluate the effectiveness of the positive support plan.
- Undertake supervision and reflection to other psychologists, behaviour workers and other health and social care professionals.
- Work with families and paid staff to provide effective support.
- Participate in the CTR process both before admission and for people admitted to an inpatient setting.

4. Promoting cultural change and delivering the national transformation plan

Clinical psychologists are expected to:

- Show visionary and transformational leadership across the local system including leading on defining and delivering PBS, training others in PBS and ensuring that PBS is being delivered properly in services.
- Challenge and be challenged about care and support that is not delivered in the least restrictive manner.

- Challenge and be challenged about care and support that is institutional and inappropriately controls and restricts the person.
- Challenge and be challenged about systems that hinder effective multidisciplinary and/or multiagency working.

Clinical psychologists will work in a range of settings including NHS, Social Services and private and voluntary sector. They may work within a range of teams including intensive support teams.

5. Ensuring competencies of psychologists

Training courses for clinical psychologists must ensure that trainees complete their training with the necessary competencies in working with people with learning disabilities and/or autism within a positive behaviour support framework.

Clinical psychologists are expected to be and remain competent in the use of positive and proactive care.

Committee of the Division of Clinical Psychology – Faculty for People with Intellectual Disabilities 19th January 2016

The nursing role within the NHS England service model supporting people with a learning disability and/ or autism who display behaviour that challenges, including those with a mental health condition.

Responding as a Royal College of Nursing lead for learning disability nursing and member of the learning disability senate – Building the Right Support – NHS England service Model (October 2015) follow: www.england.nhs.uk/learning-disabilities/care/

Aim:

- to transform care and support
- ensure well- being and promote human rights
- build community capacity
- reduce unnecessary hospital admissions

- ensure consistency of care
- utilise best practice.

The nursing contribution:

Nursing skills and expertise is now (and will be in the future) a very much needed resource.

This group of healthcare professionals have the specialist nursing skills required to support other professionals and service users, families and carers.

Nursing staff are able to support children, young people, adults and older adults with a learning disability that challenges early on, before escalation, not just at points of crisis.

Community learning disability nurses are able to support people at the right time, in the right place and with expert knowledge. They are a vital resource in ensuring people get good support and care that improves their health outcomes, reduces mortality, that can be prevented and leads to better quality of life.

The Royal College of Nursing recommends in its report 'Connect for change': an update on learning disability services in England' (February 2016).

Workforce:

- A long-term workforce strategy that connects workforce planning to the transformation and delivery of services for children and adults with learning disabilities
- Every acute hospital should employ at least one learning disability liaison nurse. By 2020/21 all acute hospitals should have 24-hour learning disability liaison nurse cover
- Up-skill all general nursing staff to care for those with learning disabilities and/or autism, or those who display behaviour that challenges.

- An increase in the number of learning disability student nurse training places to grow an appropriate skilled workforce.

Services:

- Ensure that quality community services are commissioned to support the appropriate transition of people from inpatient care to living more independently in the community.
- Establish Long-term commissioning arrangements of community services to protect children and adults who rely on vital services in the community.
- Newly commissioned services in the community must provide support to children and adults, and those who provide care for them, it helps prevent crises, and not just be available at crisis point.
- Positive behavioural support to be embedded across organisations and training to be provided to those who may be caring for someone who presents with behaviour that challenges.

Nurses are a fundamental component of multidisciplinary teams.

Learning disability nursing is a distinct strand of nursing with its own educational framework, which is tailored and specialised.

Learning disability nurses:

1. Undertake comprehensive assessments of health and social care needs
2. Develop and implement care plans
3. Work collaboratively with health and social care professionals
4. Providing nursing care and interventions to maintain and improve health and promote well being
5. Providing advice, education and support to people and their carers throughout their care journey
6. Enabling equality of access and outcomes within health and social care services
7. Providing education and support to promote healthy lifestyle and choices

8. Acting to safeguard and protect the rights of people with learning disabilities when they are vulnerable and in need of additional support

March 2016

Role of specialist occupational therapists

The role of specialist occupational therapists in the NHS England service model supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Background:

In October 2015 NHS England released two important documents:

Building the Right Support – a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Supporting people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition. Service Model for commissioners of health and social care services.

These documents are available at the following link:

www.england.nhs.uk/learningdisabilities/care/

These plans highlight that children, young people and adults with learning disabilities and/or autism should have the same opportunities as everybody else to have a home in their community and have rewarding lives. For that reason NHS England is committed to closing outmoded inpatient facilities across England and expanding community provision instead.

The documents highlight a significant shift in approaches from a focus on reduction of behaviour and public protection to rights of the individual, self-autonomy and meaningful lives. Occupational therapists need to demonstrate how they can contribute to these changes, especially for the first of the nine principles.

The service model consists of nine principles:

1. **People should be supported to have a good and meaningful everyday life through access to activities** and services such as early year's services, education, employment, social and sports/leisure and support to maintain and develop good relations.
2. Care and support should be person-centred, planned, proactive and co-ordinated with early intervention and preventative support based on risk stratification of the local population
3. People should have choice and control over how their health and care needs are met with information about integrated personal budgets
4. People with a learning disability and/or autism should be supported to live in the community with training made available for families and carers, respite, alternative short term accommodation and support staff trained in supporting people who display behaviour that challenges.
5. People should have a choice about where and with whom they live.
6. People should get good care and support from mainstream NHS services using NICE guidelines with annual Health checks, Health Action Plans and Hospital Passports where appropriate, liaison workers and schemes to ensure universal services are meeting the needs of people with a learning disability and/or autism.
7. People with a learning disability and /or autism should be able to access specialist health and social care support in the community via integrated specialist multi- disciplinary health and social care teams with support that is available on an intensive 24/7 basis when necessary.
8. When necessary people should be able to get support to stay out of trouble with reasonable adjustments made to universal services at reducing or preventing antisocial or offending behaviour, liaison and diversion schemes and community forensic support.
9. When necessary when health needs cannot be met in the community they should be able to access high quality assessment and treatment in a hospital setting with pre-admission checks to ensure hospital care is the right solution and discharge planning starting from the point of admission or before.

Specialist occupational therapists with their expertise in facilitating occupational performance and occupational participation will work towards many of these nine principles but particularly the first with its focus on access to meaningful activities such as education, employment and leisure. This is because having a good and meaningful everyday life will consist of many occupations (or activities). These occupations will include self-care (eg getting dressed, eating a meal), being productive (eg participating in education, work, volunteering or doing chores around the home) and leisure (eg socialising with friends, belonging to a group, participating in hobbies).

Disruption to occupation is experienced by many people with learning disabilities and/or autism who display behaviour that challenges. Moving environments such as into or out of an inpatient unit will cause significant disruption to a person's usual occupations. A lack of occupation or imbalance in occupation can contribute to behaviours that challenge. This will also have an impact on health and wellbeing. Key components needed for occupational participation will include a supportive environment and accessible occupations that are graded to the person's interests, roles, routines and skills. Specialist occupational therapists can ensure that:

- Access, choice and variety in occupations are core provision and that occupations are adapted to facilitate inclusion of people with a range of interests, skills, health needs and abilities.
- Patterns of activities across the day and week (including evenings and weekends) include a range of opportunities relating to self-care, productivity and leisure.
- Where challenges to occupation have been identified that opportunities for interaction, engagement and involvement in occupations are created, both with others and independently.
- Plans are in place to address occupational needs that acknowledge the impact of the person's needs, physical space, social context and components of the occupation.
- Records clearly describe the occupations a person wants to, needs to, or is expected to do and will be the immediate focus for the person and staff.

Occupational strengths and needs are identified in collaboration with the person using the service (i.e. getting up and dressed, making a snack).

Specialist occupational therapists assess the priority occupation with main strengths and challenges identified. Goals relating to what occupations the person will be able to do should also be stated. Potential reasons for the occupational challenges are identified, with consideration of the person, the occupation and the context. Plans need to be clear about how the person's occupational needs will be addressed. Occupational outcomes need to be recorded and relate to the person's doing and satisfaction in occupations.

Specialist occupational therapists have a role reinforcing the following principles of health enhancing occupation for people with a learning disability and or/autism who display behaviour that challenges:

- **Occupation should be seen as a basic human right for all people.**
- **A person should be able to engage in occupations which are meaningful to them.**
- **A person should have a balance of self-care, productive and leisure occupations.**
- **Occupations should be made accessible for a person, taking into account their interests, skills, abilities and health needs.**
- **Engagement in occupation promotes participation which enables a meaningful, healthy life.**

In addition, occupational therapists should be aware that of the following general points about the workforce that the documents make:

- As the closure programme for assessment and treatment units happens staff will be redeployed into enhanced community services.
- There will be a need to develop local workforces so they can increasingly support people in their own homes in community settings.

- More staff will need to work in intensive community support services that can operate 24/7.
- There will be an increased need for training in positive behavioural support (PBS) and use of the PBS competency framework developed by the PBS Coalition.
- Rights Based Training for mainstream staff will also need to increase so they are better able to work with people with learning disabilities and/or autism in mainstream services.
- There will be an increased role for staff liaison between mental health, learning disability services and forensic services.
- There will be scope to commission new workforce roles from those traditionally employed in the current service provision.
- Commissioners will define competencies, skills required and access to training for the workforce.

Definition of specialist occupational therapist taken from National Learning Disabilities Senate 2015 document *Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers* available at: www.cot.co.uk/cotss-people-learning-disabilities/resources

Occupational therapy

- Specialist occupational therapists deliver personalised assessments and interventions that focus on individuals' occupational needs; specifically barriers to occupation. Barriers can be either 'personal' (cognitive and/or physical); and/or 'environmental' (social and/or physical). People are intrinsically active and creative, needing to engage in a balanced range of activities in their daily lives in order to maintain physical and mental health.
- Support an understanding of the relevance and role of occupation in health and well-being with specific skills in activity analysis, assessment of function, collaborative goal setting and evaluation. By supporting individuals to access a range of meaningful occupations, particularly in relation to leisure, productivity and self-care, the impact of complex health and social issues

such as mental illness, multiple sensory/physical disabilities, challenging behaviour and social isolation can be reduced, issues surrounding occupational deprivation addressed, quality of life improved and health inequalities reduced. Specialist occupational therapists utilise a wide-ranging specialist assessment process with an aim to improve individuals' functional abilities, and develop existing and new skills. Occupational therapists contribute to the development of correct care packages by working closely with other health and social care services. This is particularly important at times of life transitions, for example from child to adult services, moving from family home or residential services to supported living and as health needs change such as with the onset of dementia.

Written by Genevieve Smyth—Professional Advisor Mental Health and Learning Disabilities and the College of Occupational Therapists Specialist Section- People with Learning Disabilities.

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03/08/16

The role of physiotherapy in the NHS England service model supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

This paper has been written by the Committee of the Association of Chartered Physiotherapists for People with a Learning Disability (ACPPLD) and supported by the Association of Paediatric Chartered Physiotherapists (APCP) to provide NHS England with a response specifying the role that physiotherapists are expected to undertake in implementing the Service Model. We welcome and fully endorse the Service Model and its direction of travel for people with learning disabilities. Although this is a NHS England publication, it is relevant to physiotherapists across all the nations who work with children and adults with learning disabilities. Both the ACPPLD and the APCP believe that it is imperative that physiotherapists working with people with learning disabilities engage with the Service Model and the National Transformation Plan.

In October 2015 NHS England released two important documents:

Building the Right Support – a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.

Supporting people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition. Service Model for commissioners of health and social care services.

In summary the key aims of these reports are to:

- Transform care and support for this group of people to ensure wellbeing and promote equal human rights
- Build up community capacity and reduce inappropriate hospital admissions
- Ensure national consistency in what services should look like across local areas, based on established best practice.

The role of physiotherapy

Specialist physiotherapists work with people who have a learning disability to promote physical health and mental wellbeing. Physiotherapists are expert in assessment, measurement and analysis of movement and function (HCPC.2013) to ensure effective evidence based practice in preventing and reducing support to prevent and reduce the incidence and impact of complex and multiple physical and sensory disabilities.

Physiotherapists will work in a range of settings including NHS, Social Services and private and voluntary sector.

Specialist physiotherapists practicing in learning disabilities with people who display behaviour that challenges are required to uphold the 'golden threads' of quality of life, keeping people safe, choice and control, support and interventions and equitable outcomes, that run throughout the nine principles of the service model.

Specialist physiotherapists in the field of learning disabilities are expected to:

- Provide person-centred assessments and interventions.
- Play a key role in delivering the specialist health support required by people with a learning disability.
- Facilitate and support people with a learning disability who display behaviours that challenge to access mainstream physiotherapy services where their learning disability does not impact on them doing so. This may include joint assessments, interventions and training.
- Work with mainstream physiotherapy services to develop their ability to deliver individualised reasonable adjustments.
- Work with members of the multidisciplinary team, the person's circle of support and all key stakeholders to deliver appropriate and timely interventions.
- Facilitate people with a learning disability who display behaviours that challenge to access community based sport and leisure facilities in line with the public health agenda.

- Educate and support families and paid staff in the delivery of long-term physical management programmes.
- Liaise and work collaboratively with the relevant multidisciplinary teams in the planning and support of the young person and their family during the transition process from children's to adult services.
- Be visionary and provide leadership in the interpretation and implementation of the transformation agenda in relation to services for people with a learning disability and physiotherapy services in particular.

Jenny Tinkler, Chair of ACPPLD

On behalf of the ACPPLD Executive Committee

Elizabeth Gray, Chair of APCP

On behalf of the APCP Executive Committee

The documents can be found at:

www.england.nhs.uk/learningdisabilities/care/ 2 March 2016

Role for psychiatrists in supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition

This is a position statement of the Faculty of Psychiatry of Intellectual Disability specifying the role of psychiatrists in supporting the implementation of the service model guidance. The Faculty welcomes the commitment of NHSE, LGA and ADASS in investing in enhancing community services so that there is less reliance on hospital based treatments whether in specialist intellectual disability or generic mental health settings. Although this is an English publication, it is relevant to psychiatrists across the United Kingdom who works with children and adults with intellectual disabilities. Psychiatrists are expected to engage with the Service Model and the National Transformation Plan in order to improve the lives and service provision for people with intellectual disabilities.

The national service model is based on nine principles and number of “golden threads” that reflects the value base. In summary the key aims are to:

- Transform care and support for this group of people to ensure wellbeing and promote equal human rights.
- Enhance capacity of services in the community and reduce inappropriate hospital admissions.
- Ensure national consistency in what services should look like across local areas, based on established best practice.

Role of psychiatrists

Diagnosing and treating mental health problems

People with an intellectual disability have high rates of mental health comorbidity and epidemiological studies have suggested a prevalence rate of 31–41%. Specialist health support for people with intellectual disabilities and/or autism is required for a range of needs as varied as: communication, speech and eating difficulties; severe

mobility or postural difficulties; physical disabilities; psychological and psychiatric difficulties; and challenging behaviour. Psychiatrists play a key role in delivering/co-ordinating the specialist health support because of the nature of their medical training which enables them to integrate biological, psychological and social elements of healthcare into care packages to manage and alleviate mental illness and to understand the complex interactions between mental and physical health and social/environmental factors.

Psychiatrists in intellectual disability services:

- Work with other professionals in mainstream services to help them understand the mental and physical health needs of people with intellectual disabilities and support them in working with them. This may include working with colleagues in mainstream mental health or forensic services to ensure that people receive a joined up service. Roles include providing joint assessments, formulations and interventions, consultations, reflective practice, and training thus facilitating the planning of appropriate treatments, based on a formulation.
- Have a person-centred approach with a focus on the recovery and enablement models of care.
- Promote the safety of patients, carers and the public through robust risk management plans with adherence to guidelines and policies on positive risk taking, safeguarding children and vulnerable adults.
- Be able to lead, work in and demonstrate a thorough understanding of a biological, psychological and social formulation with clearly defined multi-disciplinary professional input into care plan which encompasses pharmacological, psychological, behavioural and social management strategies based on knowledge from the current evidence base and best practice guidance.
- Advise on the use of psychotropic medication where it is indicated. This can either be for mental illnesses or mental disorders with well-defined symptom clusters that have the evidence base supporting medication use.

- Work with the multi-disciplinary team to develop an effective crisis and contingency (which includes advance statements) and a personal safety plan to support the person within their community.
- Work with the multi-disciplinary team to evaluate the effectiveness of the care plans.
- Fulfil all legal requirements including those arising from the legislation on mental health, mental capacity, equality and human rights.
- Undertake supervision of and reflection to other psychiatrists and other health and social care professionals.
- Work with families and paid staff to provide effective support.
- Participate in the CTR process both before admission and for people admitted to an inpatient setting.

Assisting Commissioners, Providers, Carers and People who use services to understand the principles underpinning the service model

The nine principles of the service model aligns well with the role of the psychiatrist within the Tiered model of service provision described in the Faculty report “Future role of psychiatrists working with people with learning disability.” Trained in the developmental aspects of psychopathology and its unique presentations, psychiatrists not only facilitate the early detection and treatment of mental health disorders, but also avoid the misidentification of non – psychiatric conditions as mental disorders. They have key skills which include clinical decision-making in multidisciplinary contexts, managing dynamics in team settings, professional development of colleagues, service improvement and strive for quality, ensuring equity of access and outcomes, an ambassadorial role for health services and an acceptance of wider roles outside the employing organisation, horizon scanning to anticipate developments in policy and practice and then encourage evolution in service delivery. Therefore psychiatrists can help Commissioners, Providers, Carers and People who use services on a range of issues. They are expected to:

- Understand the range of health and social care needs of the group served by the service model,
- Recommend evidence based/informed and values based support and interventions to support the service model,

- Ensure a person-centred, whole person approach to multidisciplinary working,
- Establish patient/carer partnerships to facilitate joint learning, co-production and training,
- Identify and address workforce skills gaps and to assist in enhancing skills and competencies of the multidisciplinary workforce including carers,
- Liaison working with other professionals in primary care and mainstream services in a consultative and advocacy role,
- Ensure the right to access to services is accompanied by the positive outcomes for this group,
- Ensure a human rights approach with least restrictive options is implemented across the service model taking into consideration the relevant legislative frameworks related to equality, mental health and mental capacity.

Helping others to understand and deliver the 'golden threads'

The role of psychiatrists is to ensure equity of access and equity of outcomes for people with intellectual disabilities and/or autism, across their life span, when they come into contact with health and social care settings in hospitals or in the community, specialist or mainstream services.

- Quality of life – Psychiatrists are expected to work with peoples and systems, integrate biological, psychological and social elements of healthcare into care packages to manage and alleviate mental illness and to understand the complex interactions between mental and physical health, to help describe what this means for people with behaviour that challenges, ensuring that people live, wherever possible, in the community, that they have fulfilling lives and that they are able to express and achieve their hopes and aspirations.
- Keeping People Safe – Psychiatrists have a key role in balancing people's rights and safety, helping others to understand and take positive risks.
- Choice and Control – Psychiatrists should act as professional advocates for people in having choice and control over decisions regarding their life. Psychiatrists are expected to help others to understand the Mental Health Act 1983, Mental Capacity Act 2005 and Equality Act and ensure that they are implemented in line with the Human Rights Act. This includes acting as

Responsible Clinicians for patients detained under the Mental Health Act and undertaking capacity assessments and working with others with regard to Best Interests decisions.

- Support and Interventions – Psychiatrists are expected to keep up to date with current practice in the assessment and management of behaviour that challenges (including offending behaviour) and mental health problems in people with intellectual disabilities. They are expected to have an holistic understanding of the complex interactions between mental health, physical health and social factors and must be able to support formulating and implementing multi-disciplinary and multi-modal care plans which incorporate pharmacological, psychological, behavioural and social therapies.
- Equitable Outcomes – The principle of equity of access to mainstream services is meaningless without equity of outcome. Psychiatrists should work with mainstream providers to support them to not only make reasonable adjustments, but also ensure they have access to the required specialist skills set if needed that are important to ensure positive outcomes.

Promoting Cultural change and delivering the National Transformation Plan

Psychiatrists have a crucial leadership role to play in the National Transformation Plan. This ranges from clinical decision-making in multi-disciplinary contexts which aligns with the service model, managing dynamics in team settings, professional development of colleagues, service improvement and strive for quality, ensuring equity of access and outcomes, an ambassadorial role for health services and an acceptance of wider roles outside the employing organisation, horizon scanning to anticipate developments in policy and practice and then encourage evolution in service delivery. They are expected to:

- Challenge and be challenged about care and support that is not delivered in line with up to date guidance and best practice and that does not address health and social care needs in a holistic manner.
- Challenge and be challenged about care and support that is institutional and inappropriately controls and restricts the person.
- Challenge and be challenged about systems that hinder effective multidisciplinary and/or multiagency working.

Psychiatrists work in a range of settings including NHS, Social Services and private and voluntary sector. They may work within a range of teams including intensive support teams.

Ensuring a skilled and competent psychiatric workforce

The Core and Intellectual Disability Curriculum modules of the Royal College of Psychiatrists form the blue print of competencies required of a psychiatrist and a specialist in psychiatry of intellectual disability. The modules undergo constant revision to include changes in policy and practice. On completion of medical school, there is a robust training pathway which comprises of two foundation years, three core training years and three specialist training years before achieving the competency of a consultant psychiatrist. Following this, a yearly appraisal providing evidence of continuous professional development leading to a five yearly revalidation by the General Medical Council ensures a skilled and competent psychiatric workforce.

The Faculty of Intellectual Disability at the Royal College of Psychiatrists has a public engagement strategy which ensures patient and carer involvement on Faculty related standards setting, training, conferences and policy.

Psychiatrists are expected to be and remain competent in the use of Positive and Proactive Care and the appropriate use of psychotropic medications in this group resulting in a decrease of restrictive practices.

Ashok Roy, Chair

Faculty of Psychiatry of Intellectual Disability

Royal College of Psychiatrists

2/11/16



The role of Health and Care Professions Council Registered Arts Therapists (Art, Drama, Music Therapists) in the NHS England Service model supporting people with a learning disability and or/autism who display behaviour that challenges, including those with a mental health condition.

In support of transforming care and building the right support the Arts Therapies professions are actively seeking to their develop practice, evaluation, and research across a wide spectrum of work taking place with children and adults with learning disabilities in the UK. While Art, Music, and Dramatherapists are distinctly separate professional bodies there is strong collaboration in support of the Service Model.

This support is evidenced by combined representation and involvement in the Learning Disability Professional Senate which has been fully agreed and endorsed by the separate chairs of The British Association of Art Therapists, The British Association of Music Therapists, and The British Association of Dramatherapists.

Role of arts therapists

Arts therapies are a form of psychotherapy that utilise art, drama, and music as a mode of communication for clients. Despite the use of these different creative approaches clients are not expected to have particular skills, proficiency or experience in the art forms used in therapy. Arts Therapists provide psychological therapy with the aim of addressing issues relating to mental illness, trauma and abuse, and provide a means of emotional support to those people who are in crisis. Arts therapies can offer the opportunity for expression and communication using accessible approaches for people who find it hard to express their thoughts and feelings verbally.

Arts therapists are integrative practitioners drawing on a range of psychological models and working in a range of settings in the NHS, social services, third sector/voluntary sector organisations, and in private practice.

Arts therapists role in transforming care and support

Arts therapists play a role within multi-disciplinary teams in the NHS working with people who have learning disabilities. This can include:

- Involvement in prevention of admission into hospital.
- Involvement in community and inpatient pathways including discharges from hospital.
- Involvement in transitions.
- Providing direct therapeutic work with the aim of reducing distress, promoting wellbeing and supporting independence.
- Being part of care and treatment reviews.
- Therapists being involved in Positive Behaviour Planning (up to the level of their training).

The British Association of Art Therapists guidelines for therapists working with people who have learning disabilities encompass a person-centred approach. Ten areas of specific guidance have been agreed and form a consensus on good clinical practice in work with children and adults who have learning disabilities. In brief, the areas covered include:

- 1 Working relationship: Build a positive working relationship and develop an understanding of a person's strengths.
- 2 Communication: Pay attention to all aspects of communication, including written, visual, and spoken information.
- 3 Support networks: Work with people who make up support networks.
- 4 Manage risks and vulnerability: Be aware of people's vulnerabilities and know how to act upon concerns.
- 5 Establish therapy agreements: Manage therapy agreements including gaining consent for treatment, agreeing a therapy contract, and the scope of information sharing.

- 6 Assessment, formulation, and therapeutic goals: Undertake a full assessment and formulation that develops understanding about the person's strengths.
- 7 Work creatively and flexibly: Find ways of working that support the person to fully engage.
- 8 Work psychotherapeutically: Apply up to date knowledge of developmental and mental health problems and use a psychologically informed approaches.
- 9 Monitor progress: Take steps to monitor your work including getting feedback from the person about their experience of therapy and if it is helping.
- 10 Professional responsibilities and self-care: Take responsibility for having supportive professional structures in place that will develop and sustain your safe practice.

Simon Hackett – Learning disability co-ordinator - British Association of Art Therapists

Wendy Ruck – Learning disability co-ordinator - British Association of Music Therapists

Seren Grime – Learning disability co-ordinator - British Association of Dramatherapists

Speech and language therapy roles

The Royal College of Speech and Language Therapy have developed the following documents relating to their professional roles:

- Adults with learning disabilities (ALD) Position Paper RCSLT May 2010
- Inclusive Communication and the Role of Speech and Language Therapy position paper RCSLT 2016
- Five good communication standards - Reasonable adjustments to communication that individuals with learning disability and/or autism should expect in specialist hospital and residential settings RCSLT 2013

Appendix 7: Generic statement for all mainstream acute services

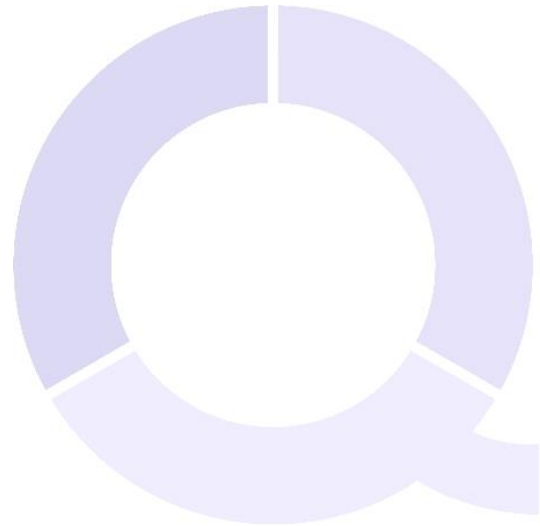
All healthcare providers must strategically plan for an interdisciplinary workforce that is able to meet the often-complex needs of people with learning disabilities within resources available. It is a legal requirement that reasonable adjustments are made to ensure people with learning disabilities have equal opportunities for their health needs to be met (Equality Act 2010). People with learning disabilities are more likely to have undiagnosed or wrongly diagnosed health needs and die prematurely from preventable causes.³

Meeting these requirements in terms of safe and sustainable staffing includes:

- ensuring that within the staffing establishment sufficient numbers of specialist staff are available
- providing regular training to the wider workforce to ensure they are able to identify people who may present with learning disabilities, autism or other complex communication needs
- flexibility in the way care is delivered, allowing enough time and support to enable quality outcomes
- all staff to be aware of their duties under the Mental Capacity Act (2005) and the need to work in partnership with the individual, their family, carers and other multi-agency professionals
- having workforce plans with the capacity to ensure that everyone's right to receive appropriate healthcare is realised.

If reasonable adjustments are not sufficient to ensure equality of healthcare, appropriate liaison with community multidisciplinary teams is required.

³ Healthcare for All 2008, CIPOLD 2013.



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