London Learning Disability Workforce Network

Health Education England

Developing people for health and healthcare

www.hee.nhs.uk
<table>
<thead>
<tr>
<th>Time</th>
<th>Item</th>
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<tr>
<td>12:30 – 1:00pm</td>
<td>Registration</td>
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<td>1:00 – 1:05pm</td>
<td>Welcome</td>
<td>Kathryn Jones, Dean of Healthcare Education, HEE North London</td>
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<tr>
<td>1:05 – 1:30pm</td>
<td>NHS England regional update</td>
<td>Elaine Ruddy, Strategic Programme Manager (Transforming Care) and London Regional Lead, NHS England (London)</td>
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<tr>
<td>1:30 – 2:00pm</td>
<td>Breakout Session</td>
<td>Kathryn Jones, Dean of Healthcare Education, HEE North London</td>
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<tr>
<td>2:00 – 2:15pm</td>
<td>Break</td>
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<tr>
<td>2:15 – 2:40pm</td>
<td>Learning Disability inclusion projects</td>
<td>Margaret Smedley-Stainer, Inclusion and Vulnerability Officer, Imperial College Healthcare NHS Trust</td>
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<td>2:40 – 3:00pm</td>
<td>Apprenticeships</td>
<td>Paul Marijetic, HEE North West London Apprenticeship lead</td>
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<td>3:00 – 3:25pm</td>
<td>Improving the identification and management of autism in prisons</td>
<td>Dr Alexandra Lewis, Clinical Lead/Consultant Forensic and Child &amp; Adolescent Psychiatrist, HMYOI Feltham</td>
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<td>3:25 – 3:40pm</td>
<td>Health Education England update</td>
<td>George Matuska, Transforming Care Workforce Programme Specialist and Alison Martin, HEE North West London Delivery Manager</td>
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<td>3:40 – 4:00pm</td>
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<td>George Matuska, Transforming Care Workforce Programme Specialist and Alison Martin, HEE North West London Delivery Manager</td>
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Housekeeping

- Toilets
- Fire exits & alarms
- Refreshments
- Mobile phones
- Social media
  - #LD0917
NHS England regional update

Elaine Ruddy
Strategic Programme Manager (Transforming Care) and London Regional Lead

www.hee.nhs.uk
NHS England Priorities for Learning Disabilities

- Transforming care
  https://www.england.nhs.uk/learning-disabilities/care/

- Improving health
Transforming Care

- Radically re-shaping services for people with learning disabilities and/or autism who display behaviour that challenges, including those with a mental health condition.
- Moving more services to community settings and closer to people’s homes, and giving individuals more choice and say in their care.
We have achieved a lot!

Since April 2016 we have reduced our overall inpatient bed use by 70…

In this same time we have discharged over 360 individuals from inpatient beds.

At the end of 2015 the average length of stay for patients discharged was 5.5 years, in August this year, the average LoS of individuals discharged was 1 year, this includes those in specialised commissioning secure services.

In 2016 we admitted on average 36 people to inpatient services every 3 months, currently London admits only 15 patients every 3 months.
88% of all our current inpatients have had a Care and Treatment Review (CTR), with 97% of all our long stay patients having had a CTR.

However only 25% of our inpatients have their first CTR within the required timeframes (2 weeks for children and 4 weeks for adults) and only 53% of inpatients have their repeat CTR in the required timeframes.

We do a small percentage of community CTRs.
What do we still have to deliver

London still has to reduce our inpatient bed numbers by a further 75, this includes CCG commissioned beds and Specialised beds.

We need to discharge approximately 90 patients with a Length of stay 5 years or longer.

In order to deliver this, not only will we need to provide support in the community for current patients, but ensure we can maintain community packages at prevent admissions where appropriate.
Stop Over Medicating People
with a learning disability, autism, or both

Public Health England (2015) estimates that every day 30,000 to 35,000 adults with a learning disability are prescribed an antipsychotic, antidepressant or both, when they don't have a mental health condition.

Unnecessary use of these drugs, puts people at risk of significant weight gain, organ failure and even premature death.
Problems of over medication with psychotropic drugs

- Managing people’s behaviour rather than treating a mental health condition
- Too much
- Too many
- Too long
- Health risks
- Giving prescriptions without finding out what is wrong.
- Relying on drugs at the expense of non-drug treatments like positive behaviour support.

www.england.nhs.uk
STOMP is about more than….

• Better record keeping
• Information about medicines being shared between GPs and specialists (and everyone else involved)
• Ensuring people get a diagnosis
• Stopping prescription errors

Although these are all important too

It is about
• Alternatives to medication
• A fundamental rethink of the role of psychotropic drugs for the management of behaviour which is seen as challenging
• A better quality of life
The STOMP pledge of improvement

To work together to take real and measurable steps to stop over medication:

- Royal Colleges of Nursing
- Royal College of Psychiatrists
- Royal Pharmaceutical Society
- Royal College of GPs
- British Psychological Society
- NHS England
- The Minister Alistair Burt
- Voluntary Organisations Disability Group and other social care organisations
- Also supported by the CQC, Challenging Behaviour Foundation, MiXit, Change, Bringing us Together
What about Children and Young people?

The research about STOMP was about adults
But we know children and young people face the same issues
We are working with the Royal College of Paediatrics and Child Health (RCPCH)
Developing a group that will look at the issues of STOMP specifically in relation to children and young people.
What can commissioners do?

- Work with GPs and prescribers to find out about Psychotropic drugs.
- Talk to individuals about their experience.
- Work with NHS England and CQC around embedding STOMP in services.
- Ensure STOMP is talked about at Care and Treatment Reviews.
What can health and social care providers do?

- Sign up to the STOMP pledge for social care
- Promote alternatives to medication, such as Positive Behaviour Support
- Make sure people get regular multi-disciplinary reviews of their medication
Stop Over Medicating People with a learning disability, autism, or both

https://www.england.nhs.uk/learning-disabilities/stomp/

GP Toolkit
Guidance for:
Social Care Providers
Families and people with learning Disabilities
Learning Disability Mortality Review (LeDeR) Programme
Background

- **Death by Indifference, Mencap (2007)**
  “institutional discrimination in the NHS”

- **Confidential Inquiry into premature deaths of people with learning disabilities CIPOLD (2013)**
  “pwLD dying 13-20 years younger than general population with conditions that were:
  preventable and/or amenable to treatment”
Background

- In 2013, Connor Sparrowhawk, also known as Laughing Boy or LB, was found dead in a specialist NHS unit.  
  #justiceforLB

- An independent review of deaths of people with a Learning Disability or Mental Health problems in contact with Southern Health NHS Foundation Trust MAZARS (2015) 
  <1% LD deaths were reviewed
Requirement to improve mortality reviewing across NHS

- **Learning, Candour & Accountability (CQC) – Dec 2016**
  No NHS trust could demonstrate good practice across all aspects of:
  - identifying, reviewing and investigating deaths and ensuring that learning is implemented.

- **Learning from Deaths (NQB) - Apr 2017**
  Guidance for acute, mental health and community NHS Trusts and Foundation Trusts on reviewing mortality

- **CQC inspections now look at mortality reviewing**
  They will specifically ask about MH/LD deaths
Inclusion Criteria

Who are we reviewing?
All notified deaths of people with a learning disability aged 4 years and over in England

(Initially the programme reviewed deaths aged 4-74 but the upper age limit was removed)
Notifications of deaths

The Learning Disabilities Mortality Review (LeDeR) programme is now reviewing deaths of people with learning disabilities.

To notify the LeDeR programme of the death of a person with learning disabilities please

phone 0300 7774774 (confidential line)

or use the secure website

https://www.bris.ac.uk/sps/leder/notification-system/
The LeDeR methodology

Initial Review
A worker will look at the notes written about the person that died. A worker will talk to someone who knew the person that died well.

Multiagency Review
Workers from different places will have a meeting to talk about what happened to the person that died.

Learning / Action Plan
A worker will write down ideas and plans that could help to make health and social care services better for people with Learning Disabilities.
Family Engagement in Reviews

Families offer a vital perspective because they see the whole pathway of care that their relative experienced.

Learning, candour and accountability
www.cqc.org.uk/LearningCandourAccountability
The London LeDeR roll-out

- From 1\textsuperscript{st} May all deaths to be notified & reviewed using the LeDeR process.
The London LeDeR roll-out

- 133 deaths to date
- 5 deaths fully reviewed.
- 47 Females / 69 Males
What we know so far

Cause of Death

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<td>Heart Related</td>
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<tr>
<td>Cancer</td>
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<tr>
<td>Aspiration Pneumonia</td>
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<td>Sepsis</td>
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<tr>
<td>Epilepsy</td>
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<tr>
<td>Constipation</td>
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<tr>
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</table>
Age of Death

- 4-20yrs: 8
- 20 - 30yrs: 8
- 30 - 40 yrs: 9
- 40 - 50yrs: 10
- 50 - 60yrs: 34
- 60 - 70yrs: 29
- 70 - 80 yrs: 23
- 80 - 100yrs: 2
- Age not recorded: 9

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Level of Learning Disability

- Not recorded: 33
- Mild: 33
- Moderate: 24
- Severe: 26
- Profound: 8
Place of Death

- Home of Relative/Friend: 28
- Hospice: 1
- Hospice: 5
- Hospital: 2
- Not known: 2
- Usual place of residence: 13
- Nursing Home: 67
- Other: 1

www.england.nhs.uk
Questions / Comments?
Useful Links

- LeDeR Website: http://www.bristol.ac.uk/sps/leder/

Breakout session: Prospective session exploring Learning Disability nursing careers

Kathryn Jones
Dean of Healthcare Education

www.hee.nhs.uk
Exploring Learning Disability nursing careers

What is your view about the current situation within Learning Disabilities nursing?

What career pathway would you like to see for Learning Disabilities in London?
Purple pathways to improve patient experience

Margaret Smedley-Stainer
Inclusion and Vulnerability Officer, Imperial NHS Trust

Developing people for healthcare
www.hee.nhs.uk
Purple pathways to improve patient experience

Margaret Smedley-Stainer
Inclusion + Vulnerability
Overview

• Background numbers
  • Understanding LD activity at ICHT

• What Imperial is doing
  • Purple Pathways
  • Reasonable adjustments
  • Hospital Passports
  • Communication Aids
  • Accessible Information Standard- easy read patient information
  • Carers’ Partnership with Imperial
  • Training

• Summary
• Questions
Disability in the UK

>1:5 or 21.5% = >12 million people

- Learning disability: 1:50
- Hearing impairment: 1:6
- Vision impairment: 1:30
- Autism: 1:100
- Wheelchair users: 1:50
London population 2017
8.75 million (estimate)

learning disabilities: 1:50
or 2% = 175,000 people

autism spectrum: 1:100
or 1% = 87,500 people
Learning disabilities: co-morbidities

- Visually impaired – 33.3%
- Coronary Heart Disease – 39%
- Hearing impaired – 40%
- Dementia – 14%
- Epilepsy – 33.3% (20 x more likely than the general population)
People with learning disabilities have longer hospital stays than people without learning disabilities.

Mean duration of episode - bed days

- **Older age adult**
  - No LD: 3.4
  - With LD: 4.8

- **Working age adult**
  - No LD: 2.3
  - With LD: 3.4

- **Children + young people**
  - No LD: 2.0
  - With LD: 3.0

More adults with learning disabilities access inpatient services through A+E making preparation difficult.

Proportion of episodes with emergency admissions

- **Older age adult**
  - no LD: 45%
  - with LD: 65%

- **Working age adult**
  - no LD: 29%
  - with LD: 54%

- **Children + young people**
  - no LD: 49%
  - with LD: 25%

Understanding our Learning Disability activity at ICHT

Challenges:

• Local authorities will not supply a list of people with learning disabilities registered with their services
• GPs do not record a patient’s learning disability on their referral letters

Solutions:

• Maintain database of all patients with learning disabilities
• Flag Electronic Patient Records
• Mail Margaret Campaign – series of ‘wanted’ posters around the wards and departments for staff and patients to see
• Using the Purple Pathway process staff notify the IVO when a patient attends or is admitted to any services within the Trust
• Email alert system to automatically notify IVO, discharge team and head of patient experience each time a known patient with LD is admitted to one of our hospitals or attends A&E

Results:

• In two years our adult database has risen from 4 to over 200 and continues to increase. Nothing like the full picture but we can use this data to look for trends, case studies etc.
Purple Pathways
for patients with learning / communication disabilities
### Reasonable adjustments

**Reasonable adjustments**

- **Take time**
  - Allow more time – double consultation periods
  - Avoid the patient having to wait
  - Avoid noisy, busy periods, offer first or last appointments, first on theatre lists
  - Avoid follow-up appointments unless clinically essential

- **Tell people what you are doing**
  - Speak directly to the patient
  - Explain and demonstrate what you are about to do
  - Use pictures / symbols / photographs / actions
  - Check consent throughout
  - Offer pre-procedure visit to departments

- **Keep language simple**
  - Avoid complex language, jargon, idioms and metaphors as these can be taken literally
  - Make sure your facial expressions and tone of voice match what you say
  - Speak clearly and not too fast

- **Good environment**
  - Environment is very important
  - Some people are particularly sensitive to light, movement, sound, smell and touch
  - Keep the environment as calm as possible, quiet and uncluttered, consider side rooms

- **Help people understand**
  - Avoid diagnostic overshadowing
  - Don’t assume the behaviour is a result of the learning disability
  - See the person not the disability
  - Consider sensory impairment

- **Understand behaviours**
  - Allow time for what you have said to be processed (at least 6 seconds)
  - Check understanding – ask what you have said
  - Repeat and rephrase if necessary
  - Use pictures, symbols, actions

- **The person and carers**
  - Work in partnership with carers as they know the person best
  - Read Hospital / Communication Passports to get to know the person better
  - Ask what support is needed

- **Questions**
  - Ask direct, brief questions
  - Only one or two information words per sentence
  - Avoid difficult concepts such as ‘time’
  - Check answers, ask again in a different way

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**Person Centred**

- **Communication style**
  - Speak directly to the patient
  - Explain and demonstrate what you are about to do
  - Use pictures / symbols / photographs / actions
  - Check consent throughout
  - Offer pre-procedure visit to departments

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Imperial College Healthcare

NHS Trust
Hospital passports

This is my Hospital Passport

For people with learning disabilities coming into hospital

If you need to contact someone who knows me really well, please contact my main carer.

Name:

Relationship to me:

Telephone:

How you can help me to consent:

This passport is for helping hospital staff to care for me by giving them information about my needs

Things you must know about me

- Things you need to know about me

- Other important things

- Things I like:

- Things I don't like:

- Other things:
Communication aids

The basics

**Yes**

**No**

**My need**

**Toilet**

**Food/drink**

**Get dressed**

**Watch TV**

**Bed**

**Chair**

**BSL Fingerspelling Alphabet**

[Images of hand gestures for each letter A to Z]

**Procedures**

- CT Scan
- ECG
- EEG
- MRI Scan
- Tracheostomy Suction

Please

Thank you

Hello

Goodbye

My name is-

[Website: www.british-sign.co.uk]
Do you need information in other formats?

Please tell a member of staff how we can help you
or email: accessible.information@imperial.nhs.uk
We will add this information to your records
Having a general anaesthetic

An easy read guide
Carers’ Partnership with Imperial

We welcome carers

I am a carer

We work in partnership with our patients’ carers. If you are a carer, please ask for your carer’s passport and let staff know who you are.
Carers Partnership with Imperial

Information for carers

- Consultant's name: ..............................................................
- Ward name: .................................................................
- Ward telephone number: ................................................
- Ward Manager's name: ....................................................
- Named nurse: ...............................................................  

Information for carers of people with dementia

Our consultant is: ............................................................
We are on ward: ..............................................................
The ward telephone number is: ...........................................
The ward manager's name is: ............................................

Carer’s Charter

At Imperial College Healthcare NHS Trust we understand the importance of carers involvement in our patients’ lives. We want to work in partnership with carers to deliver the best possible patient experience.

We will:
- Provide you with an information booklet and carer’s passport
- Involve you in the patient’s care planning and treatment
- Listen to you as an expert with in-depth knowledge of the patient’s needs and desires
- Work collaboratively with you
- Include you in multi-disciplinary team meetings and discharge plans
- Be kind and supportive of your role as a carer

You will:
- Share the patient’s hospital passport and/or health action plan with the Trust
- Wear your carer’s passport whilst at the hospital
- Agree with staff the best times for you to be on the ward
- Leave the ward if requested to do so for clinical reasons

Together we will:
- Aspire to deliver the best possible experience for our most vulnerable patients

A carer is someone who provides unpaid practical and/or emotional support to a vulnerable person whose needs are related to physical or learning disabilities, dementia, communication difficulties, frailty or mental health problems.
HEE funded Learning Disability and Autism training 2017-18

PBS
Positive Behaviour Support

Reasonable adjustments

Communication

Patient experience

MCA Consent DoLS
Summary

- Context of numbers of patients with learning disabilities nationally and in London
- How Imperial is approaching this challenge
  - Purple Pathways
  - Reasonable adjustments
  - Hospital Passports
  - Communication Aids
  - Accessible Information Standard - easy read
- Carers’ Partnership with Imperial
- Training

Thank you
Apprenticeships

Paul Marijetic
Apprenticeship Lead HEE
New Apprenticeship standards

Assessment Plans approved

- Healthcare Support Worker level 2
- Senior Healthcare Support Worker level 3
- Adult Care Worker level 2
- Lead Adult Care Worker level 3
- Team Leader level 3
- Operation/Department Manager level 5
- Nursing degree level 6
- Nurse Associate level 5
- Mentoring level 3
- Assessor Coach level 4
- Business Administrator level 3
Nursing Degree Apprenticeships

Assessment Plan

Typically takes 48 months
Care Certificate is highly recommended
Degree in Nursing delivered by an NMC Approved Education Institute (AEI), which will include:

• minimum of 2300 practice hours and 2300 hours of theory
• Workplace support (NMC Mentor) in a range of practice settings in accordance with the NMC guidelines
• Meeting the NMC Essential Skills Clusters
• Passing through the three NMC progression points
Assessment Plan

• Typically take 24 months
• Care Certificate is highly recommended
• Include a level 5 regulated qualification
• English and maths level 2
• Approx. 3375 hours devoted to structured learning activities
• 2 placements totalling 675 hours other than primary place of employment
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How are they funded?

- For large employers funding will come out of their digital account via HMRC

- For smaller employers funding is a co-investment model

- Co-investment - 10% contribution by employer generates 90% funding from government. 10% contribution can be paid monthly

- All English and maths is fully funded by the government
How much will it cost?

Employer chooses HCSW apprenticeship in funding band 4 with a maximum price of £3,000

Government co-invests 90% = £2700

Employer co-invests remaining 10% = £300

Employer and provider agree to spread this over 10 instalments of £30
Apprenticeship incentives

Current

• The abolition of employer NICs for apprentices under the age of 25
• 30% off adult-rate Oyster Travelcards. Over 18 and live in London Borough
• £1000 incentive for taking on a 16-18 year old apprentices
• < 50 employers no co-investment for taking on 16-18 apprentices
Exceptions to the English and Maths Regular Minimum Requirements

• For People with Special Educational Needs, Learning Difficulties or Disabilities
• Adjusted minimum requirement of entry level 3

• Have statement (SEN), EHC or LDA and
• Assessment evidence of not being able to achieve and
• Be able to achieve all other aspects and
• No specific industry requirements
Improving the identification and management of autism in prisons

Dr Alexandra Lewis
Clinical Lead/Consultant Forensic and Child & Adolescent Psychiatrist
Improving standards of care for people with autism in custodial environments

Alexandra Lewis
Consultant Forensic and Child & Adolescent Psychiatrist
HMYOI Feltham

Kim Turner
Speech, Language & Communication Therapist
HMYOI Feltham

Mo Foster
Head of Young People & Services
HMYOI Feltham

Clare Hughes
Criminal Justice Manager
Autism Accreditation

HMYOI Feltham
Overview

• Development & Audit of autism services
• Partnership with NAS
• Development of Standards
• Standards in practice
• Where next?
Development of autism service

• 2012  Multidisciplinary autism clinic
• 2013  Initial hurdles
• 2014  Audit
• 2015  Adoption of whole prison approach
• 2016/17 Dissemination of learning
Green Light Toolkit

• DH published December 2013

• Audit framework & toolkit

• ‘Reasonable adjustments’

• 3 brief audits

• Increasingly difficult standards
Results of Basic, Better & Best Audits

Basic Audit
- Blue – Still in garage
- Red – On the journey but stuck at red
- Amber – Ready for more
- Green – Continuous progress

Better Audit

Best Audit
Autism Accreditation

• Established since 1992

• Autism-specific quality assurance programme

• Vast range of services

• Supported by Advisor
Developing Standards

• NAS standards already exist for some elements of prison life

• Refine for realities of the environment

• Draft new standards for custodial setting

• Self audit

• Develop action plans
Benefits of Autism Accreditation

• Internationally recognised

• Specialist criteria and standards to increase understanding of autism & improve practice

• Access to Advisor support

• Specialist independent peer review

• Exclusive training to become peer reviewers

• Recognition throughout the Accreditation Community for Good Practice

• Independent panel & Standards body of experts
Unique Issues

• Transitions

• Processes (eg Lock down, Cell & random searches)

• Management of behavioural disturbance

• Adjudications

• Safeguarding processes (eg ACCT)

• Ability to access gym, library etc at quieter times
Challenges

- Prioritising of autism
- Re-commissioning of in-house services
- Increase visibility, not vulnerability
- Training issues
- Information sharing concerns
Standards - Prison

Extract from Subtopic 6.1 of discipline standards: managing behaviours of concern and encouraging positive behaviour:

1. Are staff offered guidance on how to apply the de-escalation training to situations that cause difficulties for prisoners with autism?
Standards - Prison

Evidence

- minimising and managing physical restraint package has been modified to include information about autism specifically sensory issues relevant to restraint; and

- control and restraint training within the prison has been amended to provide staff with an awareness of issues that may arise if a person with autism needs to be restrained or observes another person being restrained and how to manage these.
Standards – Mental Health

Extract from subtopic 5.1 of mental health standards: training and development.

1. Do clinicians, qualified and non-qualified staff including medical practitioners and the wider multi-disciplinary team have autism-specific qualifications, training in autism or experience of autism appropriate to the needs of their role?
Standards – Mental Health

**Evidence**

- all members of CMHT have undertaken in-house autism training;
- licences purchased enabling selected CMHT staff to complete specialist online autism training (NAS Ask Autism modules); and
- the team’s consultant psychiatrist and speech and language therapist have autism-specific qualifications and are highly experienced in the diagnosis and management of autism and existing comorbidities.
Standards – Mental Health

Evidence
A range of therapeutic interventions are delivered by the CMHT which address both the core features of autism and comorbidities including:

- individual speech, language and communication therapy sessions;
- social skills training;
- medication;
- anxiety/stress management;
- relaxation sessions;
- behavioural management;
- activity scheduling.
Standards – Mental Health

2. Are there a range of therapeutic interventions available to meet the needs of the person with autism, run by appropriately trained clinicians?
2. Are education staff made aware of the environmental issues and potential strategies to reduce the anxiety that people with autism might experience?
Standards - Education

Evidence

- This is specifically addressed in staff training sessions and materials;
- Any changes in set timetables are given well in advance and explained to students when necessary;
- Low stimulus room available for de-escalation/time out;
- Small class sizes minimise noise levels; and
- 1:1 teaching available for those unable to tolerate group lessons.
## Autism Champions & Listeners

**Champion**
- Staff across the prison trained to a higher level
- Access 24/7
- Talk to a colleague
- Implement small changes which can make a large difference

**Listener**
- Specific training
- How to respond
- How to signpost
- Opportunity to talk to understanding peer
A 1st for Feltham
‘Culture change’
Benefits of Prison Accreditation

• Raised knowledge and awareness of autism for all staff
  • A specialist criteria and standards for the development of prison staff at all levels, to increase not only their level of understanding of autism, but to improve the day to day lives for themselves, the autistic prisoners and in turn other prisoners who it may impact on

• Enhanced multi-agency working
  • The creation of a good working together ethic, bringing together the different departments of the prison with the advisor, to improve working life and understanding between teams
Benefits of Prison Accreditation

• Excellent post-diagnostic support

• Training informing practice

• Shared best practice with a whole range of services

• Changes to processes for all, not just those with autism
Feltham YOI 'leads the way' in autism care, says prisons minister getwestlondon.co.uk/news/west-lond ...

Feltham prison leads the way in helping autistic offenders
Feltham Young Offenders Institute is first prison to be awarded with an autism accreditation
getwestlondon.co.uk

Congratulations to HMYOI Feltham on becoming the first prison in the world to receive Autism accreditation, an inspirational achievement.

Congratulations to Feltham YOI - 1st prison to be awarded Autism Accreditation! @Autism

4:35 AM - 29 Feb 2016
Where next?

• Prison Network Events
• Continuation of Prison Pilot
• New Prison Registration
• Pilots across CJS
• Maintaining accredited status
Further Information

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HEE Update

George Matuska
LaSE TC Workforce specialist, LaSE ID Clinical advisor, Autism lead

www.hee.nhs.uk
• Transforming Care: LaSE Workforce Strategy, implementation plan
• LaSE ID programme: 12 months, CYP, ASC
• The over arching aims
• The team
• Communication: Twitter + hash tag
• Blog: slides, mailing list
• Next steps: stakeholder development
Transforming Care: LaSE Workforce Strategy, implementation plan

- 11 footprints nationally
- TCP & provider owned
- Supported by HEE, NHS E, SfH & SfC
- Aim is to address:
  - Workforce Market Shaping
  - Health and wellbeing (prevention agenda)
  - Sustainability (STPs)
- Next steps: Single implementation template nationally
London & the South East Intellectual Disability Programme

- The 1st region in England to have a dedicated ID workforce programme
- Initially funded for 12 months
- Transforming Care Partnerships
- Sharing the learning without boundaries
- Children and Young People
- Autism
- Governance structure
- Our aims……………..
The programme aims

“to create a sustainable and secure workforce supply, for people that have Intellectual Disabilities, who require support from / and or access to services across London and the South East”
LaSE ID Programme

The team

Alison Martin
Genevieve Algie
George Matuska
Josie Turner
Rhona Westrip

North London Lead
North London
LaSE Clinical advisor
South London Lead
LaSE Programme manager

@HEE_LaSEID   #IDLaSE
LaSE ID Programme
Communication

@HEE_LaSEID
Getting started....

#IDLaSE

LaSEID@hee.nhs.uk
LaSE ID Programme

Sharing

www.idhekss.wordpress.com

ID board meetings

Workforce data

Sign up to a single weekly update

Latest update

Workforce Development for People with Intellectual Disabilities

GREAT NEWS #IDHEKSS is now #IDLaSE but what does that mean?

NEWS and UPDATES As a lot of you will know, we are now in the third year of our Intellectual Disabilities programme here at Health Education England working across Kent, Surrey and Sussex. We have recently been able to expand our work to include London for the next 12 months. This is an exciting opportunity... Continue reading

@HEE_LaSEID  #IDLaSE
LaSE ID Programme

Sharing an example

We have been able to support London South Bank University to produce a free online learning package, a Massive Open Online Course for anyone working with or caring for someone with an intellectual disability (what is a MOOC?).

Objectives:
• To gain understanding of the lived experiences of someone with an intellectual disability.
• To explore the role of family and carers and the issues they face.
• To explore current best practice and incorporate good ways of working into your own practice.
• To reflect on your own role in meeting the hopes and aspirations of people with intellectual disability.

Starts: November the 13th 2017

Signup at: https://www.canvas.net/browse/londonsouthbank/courses/understanding-intellectual-disability
LaSE ID Programme

Next steps

Stakeholder development
HEE & BILD facilitated
Community of Practice
London

Ben Higgins
About BILD

**VISION**
How it will make the world and people’s lives better

A society where all people are able to enjoy the same rights and opportunities

**PROPOSITION & VALUES**
The unique ways we make it happen

- Balance experience, expertise and evidence
- Build positive impact together
- Find and enable solutions
- Champion rights

**MISSION**
The change we’re trying to bring about

Develop the skills and culture necessary to better understand and meet people’s needs to improve their quality of life
The purpose of BILD networks?

The purpose of our networks and professional learning communities is to enable all those involved in supporting people with learning disabilities and/or autism (including professionals and families) to share learning in order to improve the support people receive. The primary aim is to have a positive impact on the quality of life for the individual, and all the people that support them.

Communities of Practice are a high impact, low cost way of sharing learning and improving practice.

However we recognise they can also be challenging to develop and maintain and therefore require experienced facilitator.
Communities of Practice are groups of people who share a concern or a passion for something that they do and who interact regularly to learn how to do it better.

Wenger (1998)
Development

Domain (relevance / Identity)
- Common interest (eg learning disabilities)
- Common purpose (eg improving quality of life)
- Common Region (eg London)

Community cultivation
- Build relationships (and networking)
- Mutual respect, trust and support
- Inter-disciplinary working
- Foundations for collaboration

Practice Development (Contribution)
- Share knowledge & resources (stop reinventing wheel!)
- Discuss challenges, share learning, identify solutions
- Collaborate to develop collective intelligence
- Facilitate continuous improvement of practice
Process
## Range of activities

<table>
<thead>
<tr>
<th></th>
<th>Face to face</th>
<th>Virtual</th>
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<tbody>
<tr>
<td><strong>Informing</strong></td>
<td>Conferences</td>
<td>Webinars</td>
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<tr>
<td><strong>Sharing</strong></td>
<td>Network meetings &amp; workshops</td>
<td>Virtual discussion forum, resource bank, and video-conferencing</td>
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Benefits

- Connect people
- Provide a shared context for people to communicate
- Enable dialogue between people who come together
- Stimulate learning
- Capture and diffuse existing knowledge
- Introduce collaborative processes to groups and organizations
- Help people organize around purposeful actions
- Generate new knowledge
Different Worlds

• World A
  • Formal organization
  • Designed organization
  • Hierarchy (Vertical)
  • Authority of position
  • Reporting relationships
  • Defined processes
  • Formal T&D
  • Work as described
  • Abstractions

• World B
  • Informal organization
  • Emergent organization
  • Network (Flat)
  • Authority of competence
  • Working relationships
  • Proven practices
  • Situated learning
  • Work as performed
  • Experiences
Champions – we need you!
CoP Implementation Framework

- Community Cultivation
- Recruitment of Members
- Community Citizenship Ceremony

INQUIRY PHASE
- Community Identity
- Organizational Strategy and Value

DESIGN PHASE
- Discovery and Preparation

PROTOTYPE PHASE
- Learning / Knowledge Sharing Activities
- Community Health Assessment

LAUNCH PHASE
- Recruitment of Members
- Community Citizenship Ceremony

GROW & SUSTAIN PHASE
Next steps

• Consultation events in January to research needs
• Identify expert / respected champions from across the sector who recognise benefits of collaboration
• Identify appropriate platform (significant research and learning already underway)
• Contact: communications@bild.org.uk