Workforce development for people with intellectual disabilities: One year on

Progress report on Kent, Surrey and Sussex Intellectual Disabilities workforce project

September 2016

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Workforce Development for People with Intellectual Disabilities: One year on

The report of the Kent, Surrey and Sussex Intellectual Disabilities Workforce Project

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Foreword

I am delighted to share with you this report on the intellectual disabilities workforce, and hope that it will facilitate local discussions on how we can better support people with intellectual disabilities to live healthy and fulfilling lives.

Since we started this work, Simon Stevens' report, The NHS 5 Year Forward View, has encouraged the NHS to "radically upgrade" prevention of illness and promotion of health and wellbeing. Ensuring healthy lifestyles is now everyone's business and we are starting to work closely with colleagues in other public sectors to think about health in its widest sense, not just at individual level, but at community and population scale as well. This also includes supporting patients and service users to gain far greater control of their own care, and will see far more care delivered locally. NHS England's Transforming Care programme is working towards this aim and helping people with intellectual disabilities to move out of institutionalised care settings and supporting them to live in the community with the right support, closer to home.

As part of these changes to service delivery, healthcare providers are now working at pace to develop plans to transform healthcare for the populations in Kent, Surrey and Sussex. These STPs will bring opportunities for new partnerships across health and care within defined geographical footprints to drive improvements in patient's experiences and in health outcomes. These developments will need to deliver efficient and effective services at a time of financial challenge and high demand.

Health Education England though workforce development and education support is a key stakeholder in improving health and wellbeing. Our local Skills Development and Strategy was developed to reflect the priorities of local healthcare providers and we have already delivered innovative changes in areas such as dementia education and training, technology enhanced learning, primary care , urgent and emergency care and public health to name a few.
This work provides us with an excellent foundation to build on and we look forward to continuing working with our stakeholders to develop an integrated workforce that meet this agenda.

Jane Butler

Head of Clinical Education, Health Education England's Kent, Surrey & Sussex Team

Summary of progress

HEE works across England to deliver high quality education and training for a better health and healthcare workforce. It was set up in April 2013 as a Special Health Authority, and is now a Non Departmental Public Body. Its responsibilities are discharged through 13 local teams, including Kent, Surrey and Sussex, as well as through the four national geographies, which are the North, Midlands & East, London & the South East and the South.

The Government issues HEE with a mandate with deliverables, all of which are about delivering high quality, effective, compassionate care and developing the right people with the right skills and the right values.

As Health Education England's Kent, Surrey and Sussex team was being set up, the SDS was produced. This set out the strategic workforce and education interventions that were identified by providers of NHS services in Kent, Surrey and Sussex as pivotal in helping deliver excellent patient centred care.

The SDS was developed by providers, in partnership with Health Education England's Kent, Surrey and Sussex Team, and the priorities described were informed by the health needs of our population, both now and in the future. There were 5 priorities originally identified:

- Compassionate care
- Dementia care
- Emergency care
- Primary care
- Children and young people

As time has gone on, these priorities have been added to in order to continue to support the local population needs. Mental health, career progression, technology enhanced learning and intellectual disabilities have become part of the SDS underpinning the work of Health Education England's Kent, Surrey and Sussex team.

Individuals who have an ID and their mental and physical health needs have become far more high profile over recent years within the UK, and not always as a result of positive press. Various organisations have called for urgent action to address the recognised inequalities in healthcare. We have remained steadfast throughout with the aim: "To create a sustainable and secure workforce supply, for people that have Intellectual Disabilities, who require support from and/ or access to services across Kent, Surrey and Sussex".

Following the publication of [Workforce Development for People with Intellectual Disabilities; The report of the Kent, Surrey and Sussex Intellectual Disabilities Workforce Scoping Project](#) in March 2015,

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Information Box 1

What is the difference between the terms 'learning disabilities', 'learning difficulties' and 'intellectual disabilities'?

The term 'learning difficulty' is often used in an educational setting to denote a problem from the point of view of not reaching certain academic attainments. However, in the learning disability culture it is often preferred to the term 'learning disability' due to an avoidance of any 'label' connected with the idea of a 'disability'.

The term 'intellectual disability' carries the same meaning and it is clear that the grounds for such variety result simply from the perspective of personal preference.

All these terms have evolved over the years according to what has been deemed appropriate for the times, and indeed BILD has made the progression from such terminology as 'mental sub normality', 'mental retardation' and 'mental handicap' and it is quite probable that it will change again in the future. Although definitions may be important in some contexts, BILD's emphasis is always on the person's rights, dignity and individuality and we try not to "label" people unnecessary.

http://www.bild.org.uk/ information/faqs/#difference -between-the-terms

there has been a real commitment to identifying what the ID workforce needs are and starting to explore how these can be met in a way that benefits the workforce and provides sustainability. We reacted quickly after publication of this report, putting in place a programme manager to work alongside a clinical lead to help action the recommendations outlined. This has enabled real and measurable progress to be made on all ten recommendations across KSS, though it is recognised some have moved ahead quicker than others. It is understood that the recently announced Government spending reforms (HM Treasury, 2015) for student nurses, midwives and AHPs will have an impact on the future registered ID workforce. The extent of this impact is as yet unknown, and is being nationally considered at the time of this report. This has meant that a number of the recommendations cannot begin to be worked on until this is better understood nationally as well as in KSS.

> **Information Box 2**
>
> *For the purposes of this report you will see the term "intellectual disability" used when referring to the work carried out by Health Education England's Kent, Surrey and Sussex Team ID Workforce project.*
>
> *"Learning disability" has been used when referring to work carried out by other with either the support or involvement of Health Education England's Kent, Surrey and Sussex Team.*

We believe stakeholder engagement remains central to this work and this has led to us growing the number of stakeholders we have been engaging with. We have attempted to link knowledge gained from working with these groups, in parallel with national work streams, and Government policy throughout the report. We are very excited to be able to share how some of our stakeholders have been able to help address some of the recommendations, whilst agreeing to share their learning each step of the way. Within each recommendation update we have attempted to provide you with an example of these stakeholder projects taking place across KSS. We have also included full details of these projects within Chapter 3 of this report.

Following the same model as our first report we have proposed next steps; in some cases these next steps are already underway, whilst others will require additional stakeholder engagement and support. It is intended that these will provide the basis of a work plan for the next twelve month period. This will allow us to continue to work towards our overarching aims of providing individuals who have an ID and require support from and / or access to services, with a workforce that has the right skills and values, in the right place at the right time to meet their needs. We supported the launch of the KSSLDCoP at an event in June 2016, at which we met with stakeholders to consult on the proposed work plan, and continued to raise the profile of this essential piece of work.

As commissioners of the health and social care workforce better understand the workforce needs of individuals with ID, the more evidence based the approach we are able to take in supporting the future development of the ID workforce. With the increased recognition that workforce includes independent, voluntary and private sectors in addition to statutory groups, it is now more important than ever that we maintain this impetus so that we make sure we support the whole workforce development rather than simply the NHS providers.

Introduction

In the Workforce Development for People with Intellectual Disabilities - The report of the Kent, Surrey and Sussex Intellectual Disabilities Workforce Scoping Project published in March 2015 we said we wanted "to make sure that the workforce has access to education that provides the rights skill's and values, in the right place at the right time". We also set out a key outcome that we felt would be essential to support the success of the project in the long term which was for any work carried out to include sustainability and sharing at its heart.

In order to achieve this, the report made ten recommendations which we have refined, developed, and worked towards over the last year. This report provides:

- An update on the recommendations
- An overview of ID Workforce projects developments during 2015/16
- A summary of ID Workforce projects planned for 2016/17

The 2015 reports recommendations were endorsed by our Governing Body. The programme continues to report to the local integrated programme board, in line with new requirements.

This report, produced on behalf of Health Education England's Kent, Surrey and Sussex team, sets out what has been achieved to date.

Image 1: Physio session (KCHFT, 2015)

Chapter 1 – Recommendation Updates

Image 2: Bright Futures (EKHUFT, 2015)

Recommendation 1 – Workforce Planning and Education Commissioning:

Those who lead on workforce planning and education commissioning, should ensure all providers of NHS funded care for individuals who have an Intellectual Disabilities, have the opportunity to be involved in the workforce planning and education commissioning for undergraduate learning disability nurse training places. This should include any ID related CPD programmes.

Update

During 2015 we commissioned SfC to facilitate an event that would support the future planning of the ID workforce for providers of services from across KSS. Attendees were asked to identify particular areas of work they felt they would like to contribute to. Of those providers that responded to this question over 40% expressed an interest in engaging with the development of pre-registration nursing education, the promotion of learning disability nursing careers and the development of the regulated workforce. In addition, over 60% of all providers who responded expressed an interest in workforce planning and education commissioning.

Attendees at the event were made up of an equal mix of statutory provider and private, charitable, and independent sector providers. This was the first time these different stakeholders had been able to come together to discuss workforce issues. In a recent publication entitled Connect for Change: an update on learning disability services in England one of the recommendations was stated as the need to "connect workforce planning to the transformation and delivery of services" (RCN, 2016 p6). Through this process we have been able to develop a group that represent the needs of the whole workforce who are the providers of care delivery.

The first meeting of this provider led interest group took place in June of 2016. A full evaluation is currently being undertaken, and the results of this will inform work as the programme moves forward.

Following the publication of the Government's spending reforms (HM Treasury, 2015) for student nurses, midwives and AHPs at the end of 2015, which lays out the changes to commissioning arrangements for the future registered ID workforce, it is acknowledged that the scope to which we will be able to influence this recommendation has significantly changed. New students applying and enrolling for courses starting from September 2017 onwards will no longer qualify for a NHS bursary and will need to apply for loans both for tuition fees and a maintenance loan.

Next Steps

- Understand the impact the spending review has on the commissioning of the future registered ID workforce

- Meet with provider interest groups to develop a more detailed understanding of their needs

- Continue work with STPs and the LWABs across the region to make sure that ID workforce considerations are embedded in every plan / STP foot print in order to help ensure that health and care systems continue to be evolved and become sustainable over the next five years based on the local population needs.(More information about the STPs can be found on page 23 of this report, as well as in the foreword.)

Recommendation 2 – Secondment opportunities:

Those who lead on workforce planning and education commissioning to ensure that all providers of NHS care for individuals who have Intellectual Disabilities are aware of secondment opportunities for their employees to train as a RNLD

Update

For KSS students studying the BSc (Hons) Nursing (Learning Disabilities) programme at the University of Greenwich, a proportion of University placements attract salary support and some students are seconded by their employer which means they are salaried.

It is currently unknown how the government's spending reforms (HM Treasury, 2015) for health students will affect secondment opportunities in KSS moving forwards.

Next steps

- Continue to promote the secondment opportunities on the ID pre-registration branch of nursing to prospective employers of ID workforce across KSS.

Work concerning this programme is included the STP conversations that are currently taking place to ensure that it is embedded in workforce planning.

Recommendation 3 - Location of and access to nurse training:

Those who lead on education commissioning to ensure all education providers of undergraduate learning disabilities nurse training and CPD programmes can enable equitable geographic access to all students across Kent, Surrey and Sussex on to their education programmes

Update

Now that STPs are in place there is a need to review the workforce in general as well as that working with people with ID. These discussions are already starting to happen nationally and locally, with a view to ensuring that workforce modelling is undertaken.

As part of this, The Shape of Caring review (also known as Raising the Bar) was commissioned by HEE with the NMC as a strategic partner. It was published in March 2016, and made recommendations about the future training needs of registered nurses and care assistants. These recommendations were widely consulted on over the summer of 2015 and have also been modified in the light of the Comprehensive Spending Review in the autumn, particularly the proposed changes to the student bursary.

It aims to ensure that nurses and care assistants receive consistently excellent lifelong education and training apprentice in order to help them provide high quality care.

There will be additional changes to the education models that are currently available for nurse training as well as for other AHPs. HEE is piloting a new Band 4 Nurse Associate role with the aim of having

1000 people in training by January 2017. New apprenticeship standards for this role will be developed and consulted on early in 2017.

Next steps

- Nationally, in September 2015 HEE established an internal project team to take the work streams (including one for mental health and learning disabilities) forward under the leadership of Lisa Bayliss-Pratt. Liz Fenton is the Nurse Advisor working on this and with the team at NHSE preparing the new Chief Nursing Officers strategy.

Recommendation 4 - Provider involvement in pre-registration nursing education:

Those who lead on education commissioning to ensure all education providers of undergraduate learning, disabilities nurse training, and CPD programmes can enable a wide range of provider feedback and on-going input into pre-registration learning disability nursing programmes

Update

All HEIs have various tools to ensure that the different stakeholder voices – including students, service providers, service-users, carers, academic staff – are taken into account when planning and reviewing courses and other programmes of study. The University of Greenwich, the main provider for Learning Disabilities pre-registration nurse training across the region, holds 3 Curriculum Implementation Meetings a year where stakeholders meet to review the current programme and action any required feedback. Changes that have been made via these meetings include enhanced mentor support, and ensuring that the practice placement opportunities are offered at the right time in order to facilitate optimum learning opportunities.

Next steps

- The launch of the KSSLDCoP on June 15th allowed networking of many of the interested parties. Following this, we are to set up a task and finish group to address this in more depth.

Recommendation 5 - Recruitment onto pre-registration nursing programmes:

Those who lead on education commissioning should ensure that providers of education are able to demonstrate that they have a VBR process that aligns with any requirements set out by HEE

Update

VBR is an approach which attracts and recruits students, trainees and employees on the basis that their individual values and behaviours align with the values of the NHS Constitution (see here for further information https://www.gov.uk/government/publications/the-nhs-constitution-for-england).

The HEE VBR framework was published in October 2014 and refreshed in April 2016 and helps ensure that all students recruited to NHS funded training programmes are recruited for the values of the NHS Constitution. It also encourages NHS employers to do the same when recruiting employees. There are toolkits and other practice resources available for HEIs and NHS employing organisations to help them with this.

Next steps

- The needs of the workforce is changing rapidly, not just for those involved for caring for people with intellectual disabilities but across the health care sector as a whole. What is clear though is that the values required from people working in the NHS will remain the same. The changes to bursaries for 2017/18 entry will not impact on the core VBR requirements that HEIs have embedded into their recruitment processes since March 2015.

Recommendation 6 - Promotion of learning disability nursing careers:

To ensure students who access secondary education are aware of employment opportunities within the ID workforce, and have an understanding of qualification and credits required to gain access to healthcare programmes

Update

We have a vibrant future workforce apprenticeships and careers programme. This work dovetails into the Government wanting world class apprenticeships and supporting reforms in this area including both a university and apprenticeship route to a career in health care. At the same time, as the Government spending reforms (HM Treasury, 2015) move closer to being put in place, it is recognised that this will have an impact on the nursing workforce.

We have also launched a Support Workforce Health and Social Integration Fund to support the training and development of the support workforce (here this refers specifically to the unregistered workforce and AfC bands 1 – 4). Applications are being accepted up until the end of February 2018. More information is available from Michele Clark – Workforce Progamme Manager – mclark2@kss.hee.nhs.uk.

National work is also being led by NHS England and SfC regarding PAs and we will keep a watching brief on this to see how this could feed into our regional work.

Throughout 2016 Health Careers (which is a division of HEE) is running various social media campaigns under the badge "It's a take over" which will allow for various health careers to "take over" and explain to prospective members of health care disciplines what a specific role entails. For learning disability nursing this took place on January the 13th 2016. Further details can be found at:

https://www.healthcareers.nhs.uk/about/news/its-take-over and the infographic used during the takeover can be found in Appendix 3.

Next steps

- Our role is to continue to ensure the bi directional feedback of national and local changes around learning disability nursing careers so that this knowledge is shared to support development and implementation as needed.

Recommendation 7 - Developing current learning disabilities nurses:

Those responsible for education commissioning should ensure that providers of education can demonstrate that CPD programmes meet the needs of all providers of NHS funded care for individuals who have Intellectual Disabilities

Update

The NHS Constitution states that it is the responsibility of the employers to invest in the skills and development of the people they employ, and this responsibility is also appropriate for non NHS organisations employing people providing NHS funded care. Annually, HEE allocates funding for the regions to invest in CPD.

Next steps

- As part of this programme, we have supported a number of projects which are being offered by non NHS organisations aimed at providing enhanced CPD opportunities for staff who are working with clients with intellectual disabilities, these projects are set out at the end of this report. We are aware that, as stakeholders have only recently become engaged with the work of HEE, there are more discussions to be had concerning this and we plan to continue to facilitate these across the region.

Recommendation 8 - Developing the current non-registered workforce:

Those who lead on education commissioning to ensure that education providers develop with stakeholders a pathway for non-registered staff to access nurse training, including funding streams to support widening participation

Update

Since the publication of this recommendation in March 2015, we now know more now about this hugely important part of our workforce than ever before. We have, in collaboration with the HSCIC and SfC, worked in partnership to provide an updated estimate on registered workforce numbers, for the first time collating additional data that including the non-registered workforce as well as both registered and non-registered AHP's. This data indicated that there are 1923 registered clinical staff working across the whole of the ID workforce in KSS with a further 57,180 non-registered staff members working across the same area.

The updated and additional data provided by SfC does not differentiate between types of registered nurse e.g. RNLD, RMN, RGN or all AHP's. It also acknowledged that not all providers across KSS supply data to the NMDS-SC and the above figures are an estimate based nationally available data (See Appendices 1 and 2 for further data). The data collected suggests that the majority of the registered and unregistered workforce across KSS working in ID services are employed outside of the NHS.

The December 2015 stakeholder event aimed to gather together providers representative of as many different types of ID workforce from across the KSS area (see Appendix 4 for a list of organisations involved). It is planned that this is the first of such events, where stakeholders can come together to identify education and training issues for the workforce (recommendations

from the event are detailed later in this report).

On the day lots of information was shared about how people are facilitating education and training in their own organisations, often with very limited resources, and with a real passion to make a positive difference to clients and staff. We decided to support these activities as practically and quickly as possible. To that end, we were able to release funding to providers across the region to support this type of work. Details of these projects are shared later on in this report.

Next steps

- To support the sustainable development of an annual stakeholder meeting to allow providers of all ID workforces to come together and inform us of any newly identify education and training issues for the workforce.

Recommendation 9 - Equitable access for all providers to KSS Leadership Collaborative:

Those responsible for leadership development to ensure that all providers of NHS funded care for individuals who have an ID are aware of leadership development opportunities that can be accessed by their workforce

Update: the KSS LC and beyond

The KSS LC supports health professionals by facilitating access to national leadership programmes and by providing its own localised leadership programmes and networks. Even before the publication of Workforce Development for People with Intellectual Disabilities; The report of the Kent, Surrey and Sussex Intellectual Disabilities Workforce Scoping Project in March 2015, the collaborative had taken steps to make sure it was inclusive of all health professional groups by opening its offer of support up to all of the ID workforce whether NHS employed or NHS funded.

At the start of 2016 HEE launched its "inspiring leaders" in LD campaign in recognition of the recommendations Sir Stephen Bubb made in in the report titled "Transforming Care for People with Learning Disabilities – Next Steps" (ADASS et al. 2015). The campaign allows the ID workforce to celebrate the contributions of its members using various social media outlets e.g. YouTube videos, and twitter hash tags (#inspiringleadersinLD). Alongside this national and public recognition HEE has also created a central hub of information for learning disability leadership courses which can be found at:

http://www.hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/inspiring-leaders/leadership-training

One of our stakeholders, a practice development nurse for people with learning disabilities at EKHUFT has been included in this national campaign as an example of great leadership in the sector:

https://www.youtube.com/watch?v=qxG4F_Sno4E

Next steps

- Continue to promote local and national leadership initiatives to aid in the continued development of the workforce.
- Provide TCP Partnership stakeholders with access to KSS leadership collaborative expertise (see Health Education England: Learning Disabilities the national picture in chapter two of this report for more information concerning the bespoke programme to be offered during Autumn and Winter 2016).

Recommendation 10 - Communication & sustainability:

For Health Education England's Kent, Surrey and Sussex team to ensure that all providers of NHS funded care for individuals who have an ID for the current and future work force are provided with a conduit for raising issues that would not be otherwise addressed via workforce and education planning with the local office

Update

The use of social media (twitter, LinkedIn, web blogs) continues to be one of the key ways in which stakeholders have been communicating and sharing information as the project develops. We have found that using social media has been extremely successful in allowing information to be shared quickly and as widely as possible.

The web blog: www.idhekss.wordpress.com

Our twitter hash tag: #IDHEKSS

Next steps

- To maintain traditional communication systems, emails and in person meetings.
- To continue to develop the use of existing and new ways of sharing information.
- To continue to develop greater awareness with potential stakeholder groups across KSS of HEE's mandate and how we can support providers to develop their workforces.

Chapter 2 – Project development during 2015/16

The Stakeholder event

Image 3: Workforce event (HEALTH EDUCATION ENGLAND'S KENT, SURREY AND SUSSEX TEAM, 2015)

Introduction

We commissioned SfC to run an ID workforce event in December 2015 inviting stakeholders from across KSS to participate in a one day conference, looking at planning for the learning disabilities workforce across a full range of services including residential, supported living and specialist. As part of this work, SfC were also commissioned to undertake a review of the NMDS-SC for the ID workforce across KSS. During this conference SfC presented their findings from this review alongside an update on workforce data from the HSCIC. Stakeholders also took part in a number of facilitated exercises so that We could gain a better understanding of the issues and challenges current providers were working to overcome.

All issues discussed considered both the registered and unregistered workforce including PAs across all sectors. Some of the key themes for the day included:

- Recruitment and retention
- CPD requirements
- The availability of progression routes for training and development

- Listening to the perspectives of those who use services and their families

Headlines from learning disability workforce analysis of the NMDS-SC by SfC:

- The non NHS employed LD workforce across KSS makes up 44% of all non-NHS care workforce (i.e. all adult social care)
- It is estimated this number is made up of 1700 (3%) registered staff members and a further 56800 (97%) non-registered staff members
- The largest employer of the LD workforce outside of the NHS is that of the private and independent sector employing 58% of the total workforce
- Nearly half (44%) of the LD workforce in KSS are working in care home services that do no employ registered nursing staff.
- Annual staff turnover in KSS is slightly lower than the national average 22.2% vs 25% for England

A summary of the analysis report is in appendix two and the complete raw data can be downloaded from:

https://idhekss.wordpress.com/2015/10/16/ld-workforce-figures-2015-for-non-nhs-sfc_nmds_sc-idhekss/

Headlines from learning disability workforce analysis of the HSCIC ESR by us are set out below. For some of these, progress has already been made, whilst for others it is recognised that there is still work required to move forward:

- There are an estimated 603 NHS employed staff working in ID across KSS
- It is estimated that 37% (223) of the NHS employed workforce are registered staff with a further 63% (380) being non-registered

- The largest staff group was that of nursing within the registered LD workforce, and direct care staff within the unregistered group
- 18% of the total LD workforce were aged 55 and over. This is slightly lower than that of the non-NHS LD Workforce which was 22%

Stakeholder recommendations reported by SfC following the event were:

1. We should play an important role in facilitating an on-going review and assessment of service user need and the skills needed to support this.

   Response: We have commissioned an expert by experience ID workforce report to see what the highlighted needs are from the perspective of users of services. Headlines from this report were at the conference in June 2016 with publication to follow by September 2016.

2. Services for people with learning disabilities need to be better integrated with the Police, LAs, NHS and Fire Service. An information hub would support knowledge development and improve provider ability to appropriate sign- posting for help and advice. Stakeholders recognised that there is good practice taking place within different services across KSS, but suggested this mostly happens in isolation.

   Response: We supported the launch in June 2016 of the KSSLDCoP. an inclusive forum for the sharing of information and support across KSS, for users of services as well as all workforce in an accessible and sustainable manner.

   The NHS 5 Year Forward View was published in October 2014. It set out a new vision for the NHS to join together with other health and care services providers. The aim of this is to help ensure that these services are built

around the needs of the local populations. One of the steps taken to help achieve this is the formation of STPs across regions. There are 3 STPs in KSS, roughly equating to the boundaries of each county. Each STP will have a LWAB which will be supported by HEE. Central to the development of STPs is the creation of enabling workforce strategies for health and social care. At the time of publication of this report, discussions are well underway as to how we can best support this work as it moves forward, and this programme is included in these.

3. The unregistered workforce across all sectors should have a better understanding and knowledge of medical conditions and clinical tasks.

   Response: The subject of clinical tasks delegated to unregistered staff remains an area for further workforce development by us. This will include a focus on both governance and supervision aspects.

4. There needs to be opportunities for practitioners to influence the curriculum content, drawing on previous work done within our local team concerning the SDS programmes. An example of this is the "Time for Dementia model" which provided medical, nursing and paramedic undergraduate students with the opportunity to have a longitudinal experience with an individual who has a long term condition. Details can be found at:

   https://hee.nhs.uk/sites/default/files/documents/Time%20For%20Dementia%20programme.pdf

5. Training and development needs to be integral to the role and not in addition to it. CPD should be available for the whole workforce, and should be fully-funded and advertised across the whole sector. Stakeholders raised concerns that the

skills and competency framework was designed around the NHS:

https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/skills-competency-framework

Response: This framework was designed around the NHS. It would be useful to review around the needs of the private, voluntary and independent sectors. This local work will then inform the national picture moving forwards.

https://hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability/skills-competency-framework

There is also a new Learning Disabilities Core Skills and Training Framework developed by SfH, SfC and HEE which our ID programme will consider in its future work:

http://www.skillsforhealth.org.uk/images/resource-section/projects/learning-disabilities/Learning-Disabilities-CSTF.pdf

6. To support the career development and progression of the non- registered workforce CPD provision should be accredited and organised into pathways offering progression opportunities and stepping off points. Pathways can be used to develop specific champion roles such as autism, which will also support the CQC's quality improvement strategy in local regions based on the fundamental standards of care that the CQC expect of all providers (http://www.cqc.org.uk/content/fundamental-standards).

Response; The need to attract staff, provide training and qualification opportunities within a career pathway is fully acknowledged by the Career

Progression Programme which is already part of our activity.

7. There is a need for specialist learning disabilities training (also adapted so that it is suitable for PAs). Subjects suggested by stakeholder included:

- Downs Syndrome
- Fragile X syndrome
- Coaching and mentorship opportunities should be available for individual staff
- Training packages should be co-produced with people with learning disabilities
- Leaders and managers should receive training in positive risk taking coving areas such as:
  o Mental Capacity Act,
  o Deprivation of Liberty Safeguards, and Court of Protection issues

This was also highlighted as a need in the Death by Indifference report (Mencap, 2007)

8. We should offer a CPD resource pack / directory concerning provision in the following areas:

- Communication skills, for example, Makaton and BSL
- PBS
- Assistive technologies, including training for staff and service users
- Safeguarding
- Autism awareness
- Specialist training in:
  o Level 3 qualifications in medication administration ,
  o PEG feeding,
  o Epilepsy management ,
  o PRN medication i.e. buccal midazolam, insulin
  o Training for solo working including specific skills/ attitudes and responsibilities
  o Mental Capacity Act
  o Handover training e.g. SBAR
  o Supervision and appraisals
  o Care Certificate
  o Dementia

- o Health issues for example;
    - cancer,
    - diabetes,
    - eating/not eating,
    - age-related conditions such as strokes,
    - heart attack and
    - dementia
- o Awareness of community support and resources

Development of KSSLDCoP

Image 4: LD CoP conference (K&M LD CoP, 2013)

Following our ID workforce event hosted by SfC in December 2015 a need was identified to develop a forum that would allow all providers of ID services the opportunity to share their practices and work with other interested groups across KSS. We were keen that this forum would host an annual ID workforce stakeholder meeting that would feed back to us on workforce needs annually to assist in the sustainable development of the ID workforce.

We were also aware that the K&MLDCoP already in place had been setup with very similar objectives as recommended by our stakeholders and that during 2015 it had started to review its own goals and ambitions. This presented us with an opportunity to support this group to meet the wider needs of the KSS ID workforce.

K&MLDCoP summary

The K&MLDCoP model of practice is to enable and encourage local membership to contribute to activities based around the following three main purposes:

1. To eradicate health inequalities for people with learning disabilities
2. To promote person centred care and support
3. To encourage equality and access to service for people who have an LD

These ideals have led to three well attended and evaluated conferences between 2013 and 2015 using resources such as social media to help share information and support clinical and academic projects (details can be found at: https://goo.gl/hU369K).

As a result of a review of the K&MLDCoP and the ID workforce stakeholder request for an "information hub", the K&MLDCoP agreed to develop into a group that could be accessed and used by all of KSS with our support.

During the first six months of 2016 K&MLDCoP has become the KSSLDCoP and was launched in June 2016 when it hosted the first annual KSS LD Workforce stakeholder meeting (see appendix 5 for launch details).

HEE: Learning Disabilities - the national picture

Image 5: Inspiring leaders (HEE, 2016)

HEE is committed to developing a learning disabilities workforce with the education, skills, values, knowledge and behaviours required to effectively deliver and improve learning disability services.

As part of this work, HEE is jointly leading on TCP with NHS England, the Association of Adult Social Services, the CQC, Local Government Organisation, and the Department of Health. HEE has a mandate from the Department of Health to lead the workforce element of the programme and to support partners in their workforce development. This is a three year plan to develop more community services for people with a learning disability and / or autism.

More information about this programme can be found here:

https://www.hee.nhs.uk/our-work/hospitals-primary-community-care/mental-health-learning-disability/learning-disability

We are working with the three TCP partnerships in the region to help fulfil the workforce element of the programme. Work is still at an early stage but we have already helped deliver workforce workshops to London and KSS stakeholders.

We have also been able to work with SfC to offer a systems leadership programme to the local TCP Partnerships. This includes an additional offer for all participants to access the NHS Healthcare Leadership Model HLM self-assessment questionnaire with a view to helping them identify their own development in this area. This could lend itself to the individual taking this forward by participating in a full 360 opportunity back within their organisation for continued development. In addition, we are also offering KSS participants the opportunity to engage in a number of 1:1 coaching sessions (3-5). This is likely to take place during the Autumn and Winter of 2016.

Chapter 3 – Summary of funded ID projects

Image 6: Expert trainer (EKHUFT, 2012)

Project One: Staff Retention and Recruitment Coaching Programme

Aims and Objectives

This coaching programme offers people actively involved in recruitment and retention of the ID workforce the opportunity to develop, build and model leadership systems of excellence that will have a positive impact on their organisation.

It includes a pre-assessment of the participants' current situation and needs, a one day coaching workshop, and a follow up contact to help people stay on track.

Organisation and Contact Details

The Coaching Nurse

Heike Guildford – Managing Director

thecoachingnurse@gmail.com

Project Two: Employing People with Learning Disabilities

Aims and Objectives

This project builds on work already undertaken at EKHUFT, as well as the 5 Year Forward Report recommending that NHS organisations employ more people with learning disabilities. The project aims to conduct a 5 year Bright Futures evaluation

review report including outcome measures. Human Resource expertise will then be used to identify new care roles specifically for people with learning disabilities, and then liaise directly with external organisations who can provide support in filling these roles.

Organisation and Contact Details

East Kent Hospitals University NHS Foundation Trust

Twyla Mart – Resourcing Manager

twyla.mart@nhs.net

Project Three: Learning Disability Workshops for non-LD clinical staff

Aims and Objectives

The workshops are designed for non-learning disability specialist healthcare professionals across the whole system to gain an understanding of the national and local evidence base relating to access to health care and health inequalities. The workshops will support participants to reflect upon their care environment, pathways and delivery. They will gain a personal perspective on learning disabilities from experts by experience, and a working understanding of "reasonable adjustments".

Organisation and Contact Details

East Kent Hospitals University NHS Foundation Trust and Kent, Surrey and Sussex Learning Disability Community of Practice

Rags Subramaniam – Director Services and Medical Education Manager, EKHUFT

ragssubramaniam@nhs.net

Daniel Marsden – Practice Development Nurse for People with Learning Disabilities

daniel.marsden@nhs.net

Project Four: PECS Training

Aims and Objectives

Level 1 (Basic) PECS Training is being provided for staff. The course will enable staff to learn how to implement the six phases of PECS. Participants will have an understanding of how to implement PECS with individuals with autism, related developmental disabilities, and/or limited communication skills.

The staff will then be able to become "PECS Champions" coaching and mentoring other staff in what good communication practice is and being responsible for the implementation of the system within their service.

Organisation and Contact Details

Optima Care Ltd

Nikki Kerry – HR Manager

nikki.kerry@optimacare.co.uk

Project Five: Health Equalities Framework Intelligence Review

Aims and Objectives

This project aims to test the reliability of the Health Equalities Framework and analyse assessments based upon initial presentation through a series of systematic auditing to establish a baseline of health needs for the learning disability population in Kent over a 12 month period.

Taking a multidisciplinary approach, it is hoped that this project will result in a better understanding of the current and future needs of people with learning disabilities in Kent, which will lead to the planning and development of a class leading workforce.

Organisation and Contact Details

Kent Community Health NHS Foundation Trust

Shane Webber – Service Development Manager

Shane.Webber@kentcht.nhs.net

Project Six: Implementation of the Anticipatory Care Calendar

Aims and Objectives

This project aims to introduce and implement the Anticipatory Care Calendar to providers (both residential and support living) across the South Kent Coast CCG region. This catchment area is the most densely populated within the county and therefore offers the greatest opportunity to develop the project to its full potential.

The Anticipatory Care Calendar is a simple tool designed to improve daily health surveillance. It overcomes barriers that can prevent people with both learning disabilities and dementia accessing health services. It is designed to alert staff to health changes and prompts appropriate access to primary care.

Implementation of this project will include liaising with the AHSN to provide train-the-trainer sessions to both providers and community nurses.

Organisation and Contact Details

Kent Community Health NHS Foundation Trust

Sue Marsden - Specialist Community Matron (LD)

Sue.Marsden@kent.gov.uk

Project Seven: PBS Workforce Training

Aims and Objectives

Avenues is working towards being able to position itself as a mini academy for PBS. This project is aimed to improve care particularly for people with complex needs including behaviour that challenges. The training is for Avenues staff, including support workers, practice leaders and development leads as well as for families, carers and advocates. The programme is aimed at building on the PBS and Active Support training programmes already in place.

The training programme is also to be offered to smaller providers across Kent, Surrey and Sussex in order to help sustain this work in the region. A conference is planned where the results of this work are to be disseminated.

In addition to the Challenging Behaviour Foundation Programme which will be tutor led, some staff will undertake a BTEC Award in PBS via e learning. A Practice Development Lead will also undertake the MA in Intellectual and Development Disabilities.

Organisation and Contact Details

The Avenues Trust Group

Shane Carroll – Group OD Manager

shane.carroll@avenuesgroup.org.uk

Project Eight: Working with Deaf and Blind Clients

Aims and Objectives

Southdown Housing Association supports clients who as well as having a learning disability, are deaf and blind. Caring for these clients require a very specific set of knowledge and skills. Southdown has already commissioned team training from Sense, which provided an introduction to working with clients with these complex needs. This project is aimed at further developing this training, again using Sense, focussing on the specific needs of the individuals and based on the trainer's observation of the staff working with them.

The training is expected to result in the clients being able to better understand and communicate because the staff will be more skilled in developing the clients' communication skills. This will improve the personalised support the clients are already receiving.

Organisation and Contact Details

Southdown Housing Association

Jenny Spaull – Training Manager

J.Spaull@southdownhousing.org

Project Nine: Epilepsy and Medication Administration Train the Trainer

Aims and Objectives

Southdown Housing Association supports a number of clients who as well as having a learning disability also have epilepsy.

The aim is to train managers / trainers within the organisation to delivery epilepsy awareness, generic and emergency medication administration training so that staff can:

- competently administer medication
- appropriately meet the needs of the people they support with epilepsy – including administering emergency medicine when required/as prescribed
- appropriately refer onto health services when the needs exceed their expertise/role, before the situation becomes critical

The aim is to ensure that support workers have the skills (appropriate to their role) to meet these needs so that the client receives personalised/caring/effective support from people with whom s/he has a relationship and experiences fewer (or no) severe health situations/crises that require more invasive procedures or hospital treatment (from strangers) . This will help the client makes less call on emergency or expensive (particularly inpatient) health services

Developing in-house trainers overcomes difficulties already encountered including accessing sufficient good quality training, builds capacity, ensures sustainability, and enables Southdown to deliver more personalised support.

Organisation and Contact Details

Southdown Housing Association

Jenny Spaull – Training Manager

J.Spaull@southdownhousing.org

Project Ten: Springwell - Supporting People with Learning Disabilities and Complex Needs to have a Voice in their Care Planning Process

Aims and Objectives

Springwell is looking to double the number of people with ID and complex needs playing an active role in their Sussex Partnership NHS Foundation Trust (SPFT) care by July 2017.
This project aims to develop and pilot:
- a new co-produced referral system process that enables people to better manage and engage in the planning of their healthcare
- standards about engagement and shared decision making for professionals and service users
- staff training programmes for SPFT and voluntary sector / private organisations that will give them the understanding of how clients want to be engaged in their care plans.

There will be a training programme for staff in SPFT's mental health and forensic services, improving the skills of staff in non-LD services in supporting PWLD to play an active part in their care. There will also be a training programme for staff in SPFT's voluntary sector/private partners, improving the skills of all agencies involved in PWLD's care in supporting PWLD to play an active part in their care. Both training programme will be co-produced by PWLD.

Organisation and Contact Details

Heads On (Sussex Partnership NHS Foundation Trust's Charity)

Rachael Duke – Head of Charity

Rachael.Duke@sussexpartnership.nhs.uk

Project Eleven: Workforce Development Perspective from Service Users Report

Aims and Objectives

FPLD is to provide an independent report for us that looks at what people with learning disabilities across Kent, Surrey and Sussex think about the healthcare support that they currently receive. Families and support workers will also be involved in this.

Questionnaires, workshops and one to one interviews are going to be used to initiate discussions about the support that they currently receive and what good care looks like. The data gathered with be thematically analysed, and identify them for the final report. Case studies will also be generated from the testimonies of those taking part in the project to illustrate the emerging themes.

Organisation and Contact Details

Foundation for People with Learning Disabilities

Jill Davies – Research Programme Manager

jdavies@learningdisabilities.org.uk

Project Twelve: PBS Training

Aims and Objectives

Currently within SPFT there is a small core group of people with high levels of competency in relation to PBS notably Clinical Psychologists and behavioural practitioners. A number of in-house workshops have been delivered to introduce the basics of PBS and these identified a

new for more systematic and skill based training for all staff.

This project will provide 2 day multi professional training for all staff involved with working with clients who display challenging behaviour. At the end of this, they will complete a client based work book which will be assessed by the trainers. All staff will also be offered the opportunity for additional basic competency training.

Staff who have a specific focus in their job plan on working with people with challenging behaviour will then undertake further training, including attendance at PBS workshop and case discussion forums, as well as formal e-learning.

Organisation and Contact Details

Sussex Partnership NHS Foundation Trust

Jane Edmonds – Professional Lead for Learning Disability Service

Jane.Edmonds@sussexpartnership.nhs.uk

Appendices

Appendix One – Health Education England's Kent, Surrey and Sussex Team ESR Learning Disability Workforce Data edited summary – from Jan 2016 (NHS employed staff)

Data Source: ESR Data Warehouse
Measure: FTE
As at: 31 Jan 2016 for KSS LD Workforce Demographics
01 Apr 2013 to 31 Mar 2014 for KSS LD Workforce new starters
01 Apr 2013 to 31 Mar 2014 for KSS LD Workforce leavers
Parameters: All ESR staff with tertiary area of work 'Learning disabilities' or 'Psychiatry of learning disabilities'
Exclusions: Organisation code NJH (Future Directions) excluded to avoid duplication in Social care workforce
Excluding: Bank, Honorary and Locum
Please Note: *Central Surrey Health and First Community Health are not on ESR Data Warehouse*
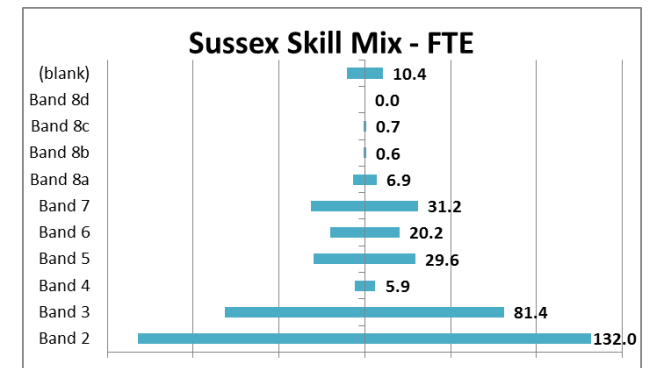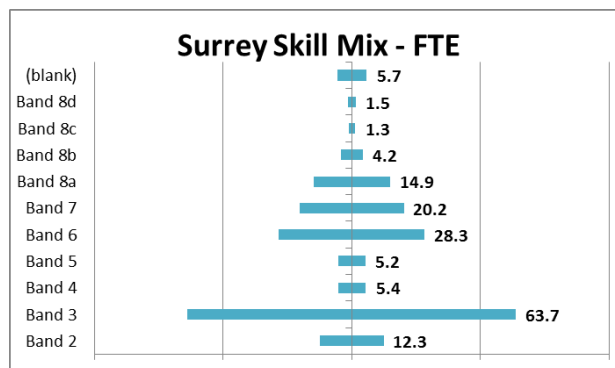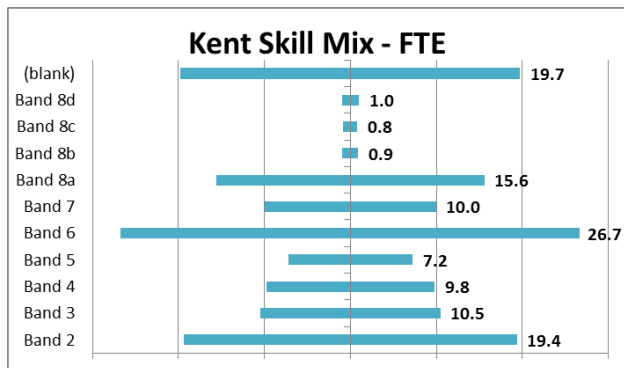
Demographics

Age by staff group

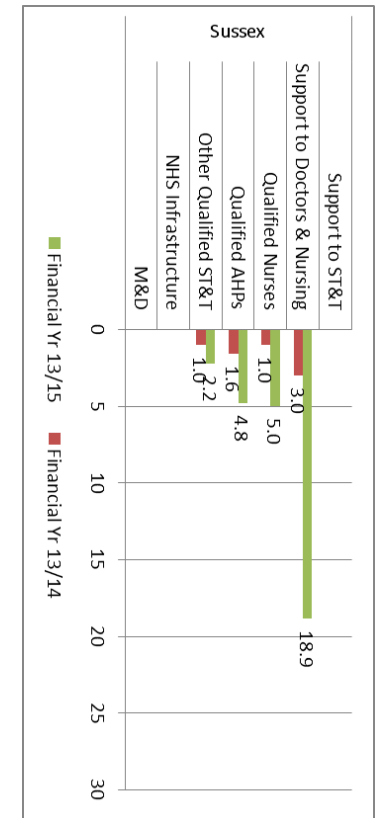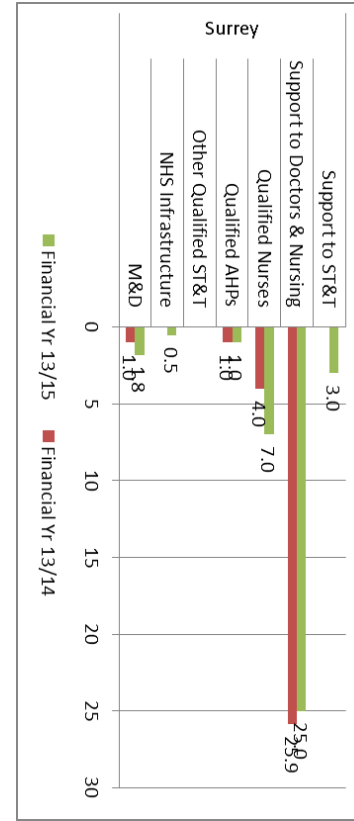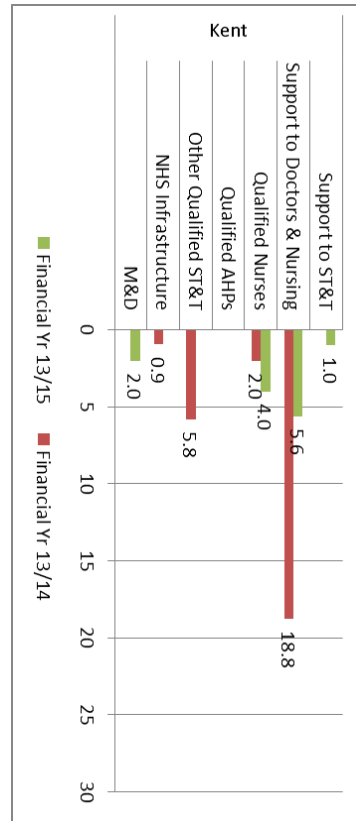| Region	Staff Groupings	Under 25	25 to 54	55 and over	Grand Total
Kent	M&D		9.6	3.0	12.6
Kent	NHS Infrastructure		0.9		0.9
Kent	Other Qualified ST&T		11.8	4.4	16.2
Kent	Qualified AHPs		3.6	1.4	5.0
Kent	Qualified Nurses		33.3	6.6	39.9
Kent	Support to Doctors & Nursing	2.0	26.6	10.1	38.8
Kent	Support to ST&T	2.0	5.4	0.8	8.2
Surrey	M&D		7.4	1.0	8.4
Surrey	NHS Infrastructure		4.0	4.1	8.1
Surrey	Other Qualified ST&T		4.0	1.3	5.4
Surrey	Qualified AHPs	2.0	16.6	2.5	21.1
Surrey	Qualified Nurses	1.0	51.3	11.2	63.5
Surrey	Support to Doctors & Nursing	1.0	162.3	46.4	209.7
Surrey	Support to ST&T		2.8		2.8
Sussex	M&D		3.7	2.0	5.7
Sussex	NHS Infrastructure		1.8		1.8
Sussex	Other Qualified ST&T		14.8	0.6	15.4
Sussex	Qualified AHPs		26.0	0.8	26.8
Sussex	Qualified Nurses		25.1	2.5	27.6
Sussex	Support to Doctors & Nursing	3.6	63.4	9.7	76.7
Sussex	Support to ST&T		6.2	2.5	8.7
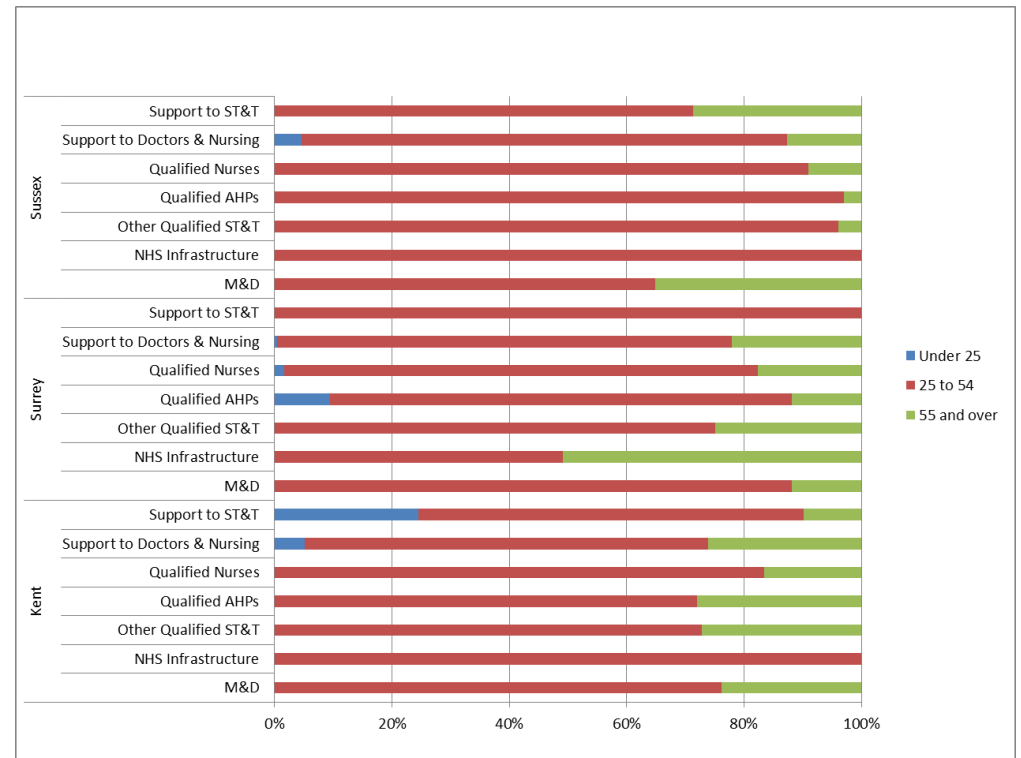
Skill Mix by Staff Group

| Region	Staff Groupings	Band 2	Band 3	Band 4	Band 5	Band 6	Band 7	Band 8a	Band 8b	Band 8c	Band 8d	(blank)	Grand Total
Kent	M&D											12.6	12.6
	NHS Infrastructure											0.9	0.9
	Other Qualified ST&T					0.8	1.2	10.4		0.8	1.0	2.0	16.2
	Qualified AHPs		1.0	1.0		1.2	0.8	1.0					5.0
	Qualified Nurses				4.0	24.7	8.0	3.2					39.9
	Support to Doctors & Nursing	19.4	9.5	3.6	0.2			1.0	0.9			4.2	38.8
	Support to ST&T			5.2	3.0								8.2
Surrey	M&D											8.4	8.4
	NHS Infrastructure	4.5	0.5					1.0		0.1		2.0	8.1
	Other Qualified ST&T						1.3	1.8	1.0	0.6	0.6		5.4
	Qualified AHPs	12.5			1.0	4.4	2.2	1.0					21.1
	Qualified Nurses				26.1	13.2	20.2	3.9					63.5
	Support to Doctors & Nursing	115.0	80.9	3.9	2.4	0.4	7.0						209.7
	Support to ST&T			2.0		0.8							2.8
Sussex	M&D											5.7	5.7
	NHS Infrastructure			1.0							0.8		1.8
	Other Qualified ST&T					2.0	0.6	8.6	2.2	1.3	0.7		15.4
	Qualified AHPs		0.8		1.4	7.1	10.8	5.7	1.0				26.8
	Qualified Nurses				1.0	17.2	7.9	0.6	1.0				27.6
	Support to Doctors & Nursing	12.3	60.6	2.8	1.0								76.7
	Support to ST&T		2.3	1.6	1.8	2.0	1.0						8.7

Kent Skill Mix - FTE

	FTE
(blank)	19.7
Band 8d	1.0
Band 8c	0.8
Band 8b	0.9
Band 8a	15.6
Band 7	10.0
Band 6	26.7
Band 5	7.2
Band 4	9.8
Band 3	10.5
Band 2	19.4

Surrey Skill Mix - FTE

	FTE
(blank)	5.7
Band 8d	1.5
Band 8c	1.3
Band 8b	4.2
Band 8a	14.9
Band 7	20.2
Band 6	28.3
Band 5	5.2
Band 4	5.4
Band 3	63.7
Band 2	12.3

Sussex Skill Mix - FTE

	FTE
(blank)	10.4
Band 8d	0.0
Band 8c	0.7
Band 8b	0.6
Band 8a	6.9
Band 7	31.2
Band 6	20.2
Band 5	29.6
Band 4	5.9
Band 3	81.4
Band 2	132.0

KSS LD Workforce new starters

Region	Staff Group	Financial Yr 13/14	Financial Yr 13/15	TOTAL
Kent	M&D		2.0	2.0
Kent	NHS Infrastructure	0.9		0.9
Kent	Other Qualified ST&T	5.8		5.8
Kent	Qualified AHPs			0.0
Kent	Qualified Nurses	2.0	4.0	6.0
Kent	Support to Doctors & Nursing	18.8	5.6	24.4
Kent	Support to ST&T		1.0	1.0
Surrey	M&D	1.0	1.8	2.8
Surrey	NHS Infrastructure		0.5	0.5
Surrey	Other Qualified ST&T			0.0
Surrey	Qualified AHPs	1.0	1.0	2.0
Surrey	Qualified Nurses	4.0	7.0	11.0
Surrey	Support to Doctors & Nursing	25.9	25.0	50.9
Surrey	Support to ST&T		3.0	3.0
Sussex	M&D			0.0
Sussex	NHS Infrastructure			0.0
Sussex	Other Qualified ST&T	1.0	2.2	3.2
Sussex	Qualified AHPs	1.6	4.8	6.4
Sussex	Qualified Nurses	1.0	5.0	6.0
Sussex	Support to Doctors & Nursing	3.0	18.9	21.9
Sussex	Support to ST&T			0.0

Source of Recruitment

Starters by Source of Recruitment - FTE
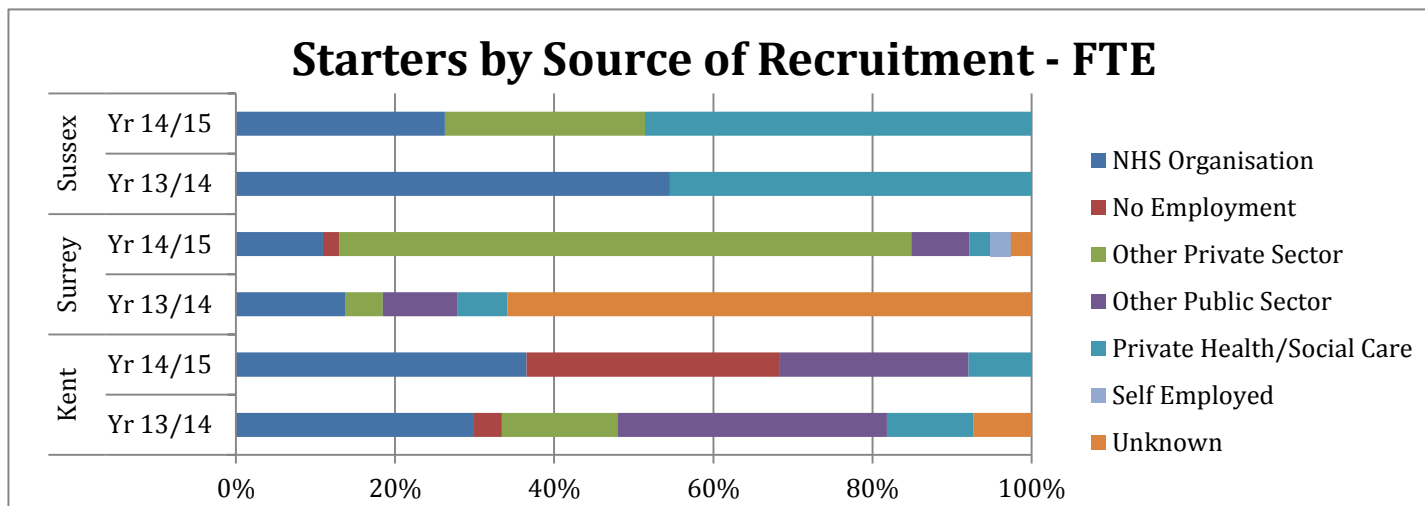
Destination on Leaving

Region	Financial Year	Abroad - EU Country	Abroad - Non EU Country	Education /Training	Education Sector	NHS Organisation	No Employment	Other Private Sector	Private Health/Social Care	Self Employed	Social Services	Unknown / Blank	Third Sector
Kent	Yr 13/14	0.0	0.0	0.0	0.0	2.2	2.0	1.0	32.8	0.0	1.0	12.1	0.0
	Yr 14/15	0.0	1.0	0.8	0.0	2.0	4.0	1.0	0.6	0.0	0.0	11.2	0.0
Surrey	Yr 13/14	0.0	0.0	2.0	1.0	7.8	9.8	2.0	1.6	0.0	2.0	24.0	0.0
	Yr 14/15	1.0	0.0	0.0	0.0	9.6	10.7	0.0	15.9	0.0	0.0	21.5	29.4
Sussex	Yr 13/14	0.0	0.0	0.0	0.0	1.8	0.5	0.0	0.2	0.0	0.0	7.4	0.0
	Yr 14/15	0.0	0.0	1.0	1.0	2.9	4.2	0.0	3.8	1.0	2.0	8.1	0.0

Reason for Leaving

Region	Financial Year	Dismissal	Employee Transfer	End of Fixed Term Contract	Redundancy - Compulsory	Retirement - Ill Health	Retirement Age	Voluntary Early Retirement	Voluntary Resignation
Kent	Yr	0.0	31.0	1.6	0.0	1.0	4.4	1.7	11.4
	Yr	0.4	0.0	2.0	0.0	1.0	4.6	0.0	12.6
Surrey	Yr	6.0	0.0	6.0	0.0	0.0	11.2	1.0	26.0
	Yr	2.0	43.4	0.0	0.0	0.0	15.6	0.0	27.2
Sussex	Yr	0.0	0.0	0.0	1.7	0.0	0.7	1.0	6.5
	Yr	3.0	0.0	0.0	0.0	0.0	4.2	0.0	16.8

Appendix Two - An analysis of adult social care services and workforce providing care and support for people with learning disabilities

Table 1 Estimated number of jobs in adult social care
Source: Size and structure of the adult social care sector and workforce in England as at August 2015

	England		Kent, Surry and Sussex HEE		Surrey		West Sussex		Brighton & Hove		Kent		East Sussex		Medway	
	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%	Estimate	%
Total jobs	**1,549,000**		**132,200**		**32,200**		**24,800**		**8,200**		**41,200**		**20,400**		**5,400**	
Manager/ supervisor	112,000	7%	10,200	8%	2,500	8%	1,700	7%	700	9%	3,300	8%	1,500	7%	400	7%
Regulated professions	90,000	6%	6,900	5%	1,800	6%	1,500	6%	400	5%	1,800	4%	1,100	5%	300	6%
Direct care	1,171,000	76%	97,500	74%	23,600	73%	17,800	72%	6,100	74%	31,100	75%	14,800	73%	4,100	76%
Other	176,000	11%	17,700	13%	4,300	13%	3,700	15%	900	11%	5,100	12%	2,900	14%	600	11%

Table 2 Estimated numbers of jobs working in learning disability services
Notes: This table has been made by applying the proportions of LD workers to all workers as held in the NMDS-SC.

	Total jobs	Manager/ supervisor	Regulated professions	Direct care	Other	Senior managers	Registered mangers	Social workers	Occupational therapists	Registered nurses	Senior care workers	Care workers	Community support and outreach work
Total of Kent, Surry and Sussex HE areas													
In NMDS-SC													
Workers in all services	57,650	4,708	3,736	40,209	8,997	502	876	1,287	308	2,002	3,411	33,061	2,710
Workers in LD services	25,513	2,362	920	19,871	2,360	216	485	406	251	227	1,538	16,273	1,564
Estimates													
Estimated workers in all services	132,200	10,200	6,900	97,500	17,700	1,450	2,300	1,300	375	5,050	8,575	74,075	5,100
Estimated workers in LD services	58,500	5,100	1,700	48,200	4,600	625	1,275	400	300	575	3,875	36,450	2,950

Table 2 Sector of establishment
Notes: *data are supressed if unrounded number is less than 35

	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities
	England			
Base (Raw NMDS-SC data)	**22,659**	**11,225**	**4,500**	**10,487**
Statutory local authority	26%	25%	40%	25%
Private sector	52%	48%	40%	48%
Voluntary or third sector	20%	25%	17%	25%
Other	3%	2%	2%	2%
	Total of Kent, Surry and Sussex HE area			
Base (Raw NMDS-SC data)	**1,664**	**873**	**284**	**831**
Statutory local authority	13%	17%	31%	18%
Private sector	63%	58%	50%	57%
Voluntary or third sector	22%	23%	18%	24%
Other	2%	2%	1%	1%
	Surrey			
Base (Raw NMDS-SC data)	**474**	**266**	**127**	**253**
Statutory local authority	14%	21%	41%	23%
Private sector	59%	51%	41%	49%
Voluntary or third sector	24%	26%	17%	26%
Other	2%	2%	1%	2%
	West Sussex			
Base (Raw NMDS-SC data)	**278**	**113**	**36**	**106**
Statutory local authority	5%	4%	14%	5%
Private sector	71%	63%	44%	61%
Voluntary or third sector	23%	33%	42%	34%
Other	1%	0%	0%	0%
	Brighton & Hove			
Base (Raw NMDS-SC data)	**110**	**63**	**20**	**59**
Statutory local authority	39%	48%	*	49%
Private sector	48%	44%	*	42%
Voluntary or third sector	12%	8%	*	8%
Other	1%	0%	*	0%
	Kent			
Base (Raw NMDS-SC data)	**462**	**241**	**63**	**232**
Statutory local authority	9%	6%	6%	6%
Private sector	61%	68%	73%	68%
Voluntary or third sector	28%	23%	16%	24%
Other	2%	2%	5%	2%
	East Sussex			
Base (Raw NMDS-SC data)	**247**	**130**	**17**	**126**
Statutory local authority	15%	22%	*	23%
Private sector	72%	60%	*	60%
Voluntary or third sector	11%	15%	*	15%
Other	2%	2%	*	2%
	Medway			
Base (Raw NMDS-SC data)	**93**	**60**	**21**	**55**
Statutory local authority	20%	25%	*	25%
Private sector	52%	47%	*	44%
Voluntary or third sector	24%	27%	*	29%
Other	4%	2%	*	2%

Table 3 Staff age profile based on raw NMDS-SC data

	Total of Kent, Surry and Sussex HE area				Surrey				West Sussex				Brighton & Hove				Kent				East Sussex				Medway			
	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities	All services	All learning disability services	Older people with learning disabilities	Adults with learning disabilities
Total	55,703	25,231	9,291	24,451	14,694	7,050	3,727	6,871	9,815	3,449	1,454	3,257	3,884	1,798	574	1,724	16,777	7,020	2,362	6,938	8,243	4,518	590	4,518	2,290	1,396	584	1,143
Under 25	10%	10%	9%	10%	8%	7%	5%	7%	12%	10%	7%	10%	7%	6%	7%	6%	11%	13%	14%	13%	10%	9%	12%	9%	12%	14%	12%	14%
25 to 54	67%	69%	68%	69%	69%	70%	70%	70%	65%	68%	65%	68%	70%	72%	70%	72%	66%	67%	68%	67%	66%	69%	69%	69%	66%	68%	66%	69%
55 and over	23%	22%	23%	22%	23%	23%	24%	23%	23%	22%	28%	22%	23%	22%	23%	22%	23%	20%	18%	20%	24%	23%	19%	23%	21%	19%	22%	17%

The data contained within this report relates to the Kent, Surrey and Sussex Health Education area. The report contains analysis on the NMDS-SC data received from establishments that offer services to all service users with learning disabilities.

What is the NMDS-SC?
SFC's NMDS-SC is recognised as the leading source of robust workforce intelligence for adult social care. The NMDS-SC collects information online about providers offering a social care service and their employees. Social care providers can register, maintain and access their business information at www.nmds-sc-online.org.uk.

Notes about the data
The analysis in this report contains information received from establishments that provide care and support to service users with learning disabilities; however an establishment can offer care and support to more than one type of service user. These establishments may not offer learning disabilities exclusively and therefore nurses at these establishments are likely to care for a range of service users, not exclusively for people with learning disabilities. The data represented in appendix two is part of a larger social care workforce analysis which can be viewed at: https://idhekss.files.wordpress.com/2015/10/learning-disability-workforce-analysis-for-hekss__nmds-sc_aug15_v1.xlsx

Produced by the Analysis Team, August 2015
Part of SFC's Workforce Intelligence Team
For further information please contact Analysis@skillsforcare.org.uk

Appendix Three - "It's a take over": Learning disability nursing infographic

LEARNING DISABILITY NURSING

STARTING PAY
£21,692
AFTER TRAINING

Starting salary for learning disability nurses in the NHS is Agenda for Change band 5 **£21,692** outside London [1]

Entry requirements
Typically you will need a minimum of five GCSEs at grade C or above (usually in English and science) plus two A-levels or equivalent qualifications at level 3. Some universities may ask for three A-levels or equivalent [2]

3700 learning disability nurses work in the NHS. [9] That's about **35%** of the total number of registered learning disability nurses in the UK [6]

What they say
"The focus is not on 'making people better'. It's about enabling each person to reach their full potential, increase their independence and enjoy an improved quality of life." Sarah Trute, community behaviour specialist [8]
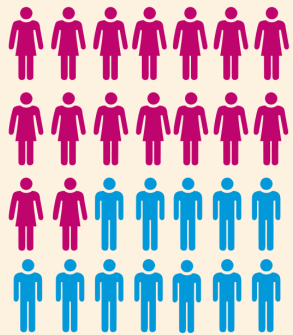
200
Current learning disability nursing vacancies in the NHS [4]

Length of training
Training usually takes **three years**. However, if you already have a degree in a relevant subject, you can often get recognition for this, enabling you to do the course in **two years** [2]

3 YEARS

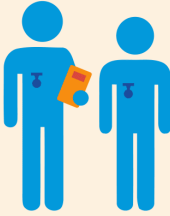Standard working week in the NHS is **37.5 hours** [3]

81.6% of learning disability nurses in community settings are female, whereas in other settings, it's **73%** [7]

28 universities across the UK run degree courses in learning disability nursing, with a total of 664 training places [3]

Two universities run dual-field courses where you can combine learning disability nursing with another field of nursing eg adult, child or mental health [5]

Skills and qualities needed
Patience, self-awareness and highly-developed, flexible communication skills are essential. You'll sometimes need to be assertive to ensure people with a learning disability do not suffer discrimination. Sensitive human interaction is also a core skill [3]

Facts and figures taken from; [1] www.healthcareers.nhs.uk/AfC [2] www.healthcareers.nhs.uk/explore-roles/nursing/learning-disability-nurse/entry-requirements-learning-disability-nursing [3] www.healthcareers.nhs.uk/explore-roles/nursing/learning-disability-nurse [4] www.jobs.nhs.uk/ (11/01/2016) [5] www.healthcareers.nhs.uk/i-am/looking-course [6] CfWI Publication - Learning disability nurses: Workforce risks and opportunities – education commissioning risks summary from 2012 [7] www.hscic.gov.uk/catalogue/PUB16933/nhs-staf-2014-non-med-detl-tab.xls [8] www.healthcareers.nhs.uk/explore-roles/nursing/learning-disability-nurse/real-life-story-sarah-trute [9] www.hscic.gov.uk/catalogue/PUB18981/nhs-work-stat-aug-2015-nur-area-levl.xls

Health Careers

🌐 www.healthcareers.nhs.uk
@ advice@healthcareers.nhs.uk 📞 0345 60 60 655 f www.facebook.com/HealthCareersUK 🐦 @HealthCareersUK

NHS Health Education England

Appendix Four - Stakeholders organisations (this list is not exclusive)

Allied Healthcare
Avenues Group Org
Brighton and Hove City Council
British Institute of Learning Disabilities
Care HR
Cartre F Homes
Coastal West Sussex Mind
Craegmoor
Dartford and Gravesham NHS Trust
East Kent Hospitals University NHS Foundation Trust
East Sussex County Council
East Sussex Healthcare NHS Trust / Sussex Partnership NHS Foundation Trust
Ellenor Lions
Foundation for People with Learning Disabilities
GP (special interest in LD and dementia)
Kent and Medway Commissioning Support Unit
Kent Challenging Behaviour Network
Kent Community
Kent County Council
MacIntyre Charity
MCCH
Medway Council
NHS Ashford CCG
NHS Medway CCG
NHS West Kent CCG
Oakdown Housing
Optima Care
Partnerships in Care
Pilgrims Hospice
Royal College of Nursing
Skills for Care
South East Strategic Clinical Networks
Southdowns Housing
Surrey and Borders Partnership
Surrey County Council
Surrey Downs CCG
The Danshell Group
The Huntercombe Group
United Response
University of Brighton
Welmede (person centred housing and support)
West Sussex County Council

Appendix Five – Kent, Surrey & Sussex Learning Disability Community of Practice Launch Poster

JOIN US FOR THE LAUNCH!

KENT SURREY & SUSSEX LEARNING DISABILITY COMMUNITY OF PRACTICE CONFERENCE 2016

The Charis Centre, Crawley, Surrey.

15 JUNE 2016
9am—5pm

Kent, Surrey & Sussex
Learning Disability
Community of Practice

Aims of the day:

The aims of the day are for participants to be:

1. Able to share collaborative initiatives of adjusting care and support for people with learning disabilities

2. To participate in reflective groups to further develop your current implemented initiatives

3. To be able to stimulate the Community of Practice and further exploit your membership by networking with other members in a creative approach to problem solving

We are very keen to hear from anyone who would like to present with information you are currently implementing or developing which you feel addresses reasonable adjustments amongst people with learning disabilities, and should like to invite anyone with an interest in learning disability and mental or physical health.

Transition and Innovations in Learning Disability Practice

Please see https://kentlivewell.wordpress.com **and**

www.canterbury.ac.uk/ecpd for further details

on how to book your place or come share

England Centre for Practice Development

NHS
Health Education England

Reference list

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