Building rewarding lives in the community

Supporting adults with a learning disability and autistic adults with complex health and support needs to live good lives by reducing restrictive practices

Learning Disability and Autism Commissioners Conference

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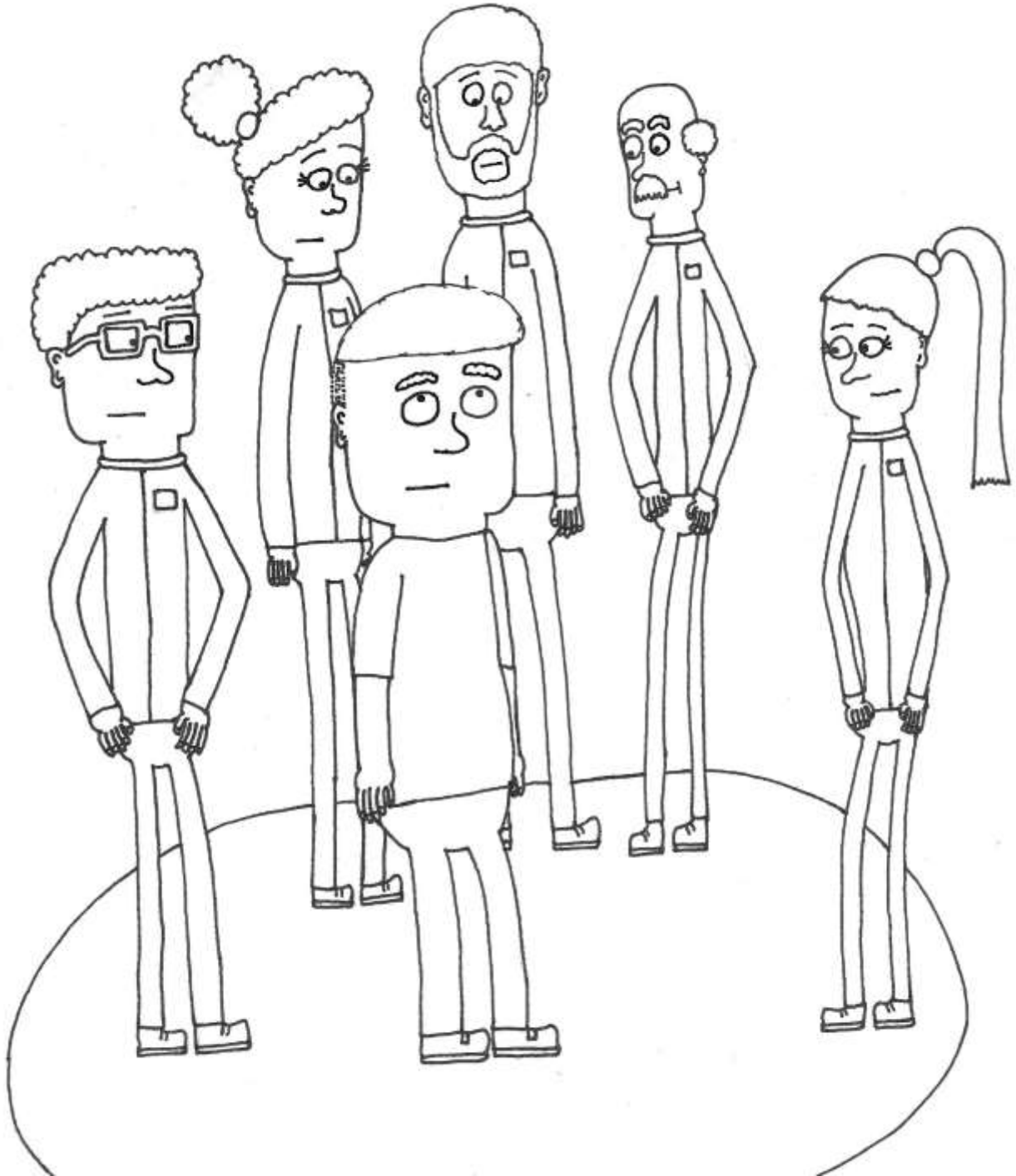
Does more support staff always mean more opportunities for me and that I feel better supported?



Or does it just mean I need…

A bigger car

A bigger house

To find and get to know a bigger staff team

A bigger budget to go places

Could more support staff impact my Human Rights?

Building Rewarding Lives in the Community

- In the summer 2023 we were approached with an issue from Commissioners in Integrated Care Boards and Local Authorities, which came to us via Regional NHSE leads.
- They told us that there is an increase in the levels of support people are receiving, describing instances of 5:1 staffing.
- Commissioners wanted to know if this was the same across the country.
- We undertook a series of engagement sessions

What we found out

It was a national issue

People are being supported up to 12:1

People with lived experience and their families did not think this was always helpful

Sometimes people felt that the more staff there were, the more distress they experienced

Some people were staying in hospital longer than they needed to, because of proposed high community staff levels

Our response needed to be across health and social care

People with lived experience told us

Arrangements stay in place for a long time, and are hard to change

"I don't know how to be 'good enough' for different support arrangements"

Relationships are key to less restrictive staffing

"They like me"

The money could be used better elsewhere.

"Its like a mini football team"

High staff levels can impact on people's confidence

"She felt she needed two staff at all times because that's what she had in her current service, and it helped her to feel safe"

Doing things differently can be about professionals being brave and creative

"It was one professional that made the difference"

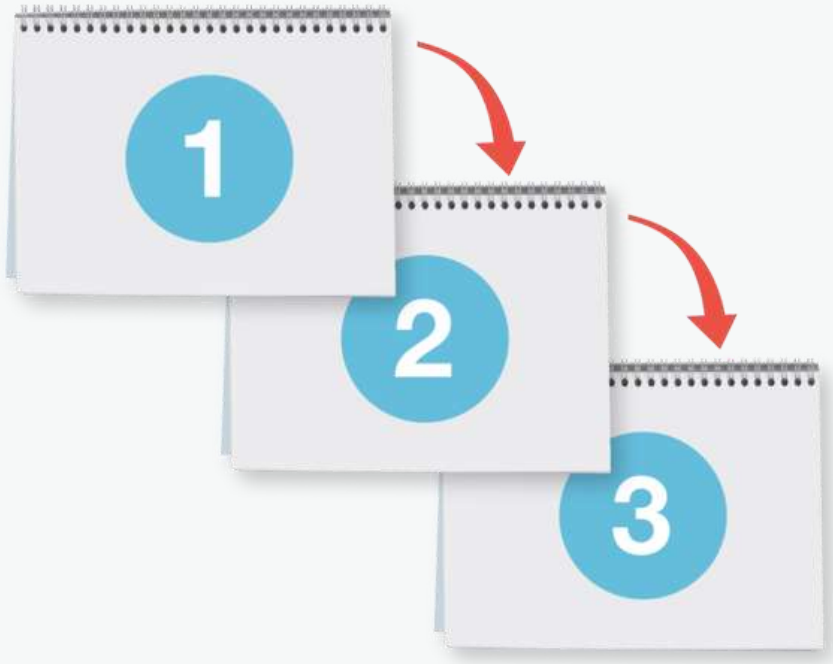
High staffing can affect people's reputation

To begin with there was a 'legacy' of needing more staff and staff being 'frightened' in previous settings.

A high number of staff can impact on someone's ability to make and retain friendships and relationships

"I actually just want to get out and about and get to know people"

What we did next



1. Agreed what the work would look like

- Scope
- Who leads it
- Who is involved
- Timelines

Local Government Association | adass | Partners in Care and Health

RC PSYCH Royal College of Psychiatrists | NICE | Royal College of Nursing

the british psychological society

The Challenging Behaviour Foundation | Restraint Reduction Network

CareQuality Commission | NCF The National Care Forum

IMPACT Improving Adult Care Together | CARE ENGLAND Representing independent care providers

scie social care institute for excellence | NDTi National Development Team for Inclusion

2. How we engaged with people

- We first met in September 2023.

- We discussed with people the current situation and what the key risks to quality, and issues associated with such high levels of support in the community.

- These were:
    - The risk that the person and their family are not at the centre of decision making.
    - The risk that poor culture exists, and poor language is used.
    - The risk that housing is more expensive and takes longer to find.
    - The risk that the community workforce is not supported sufficiently.

- We pulled this together into a report which summarised, for each of the above themes;
    - What the quality risks and issues are
    - What mitigations and actions could help

3. Developed a workplan

- We used feedback from partners, people with lived experience and their families to develop an action plan.
- There were over 50 suggested actions to manage risk in the community to enable people to have a good life, which is the least restrictive. People told us this could be achieved by:

  - Supporting commissioners to be confident and capable
  - Sharing example of what has worked well for care and support providers
  - Ensuring transitions between inpatient services and community support services work well
  - Supporting clinicians in their professional development
  - Having strong system leadership, and a commitment to collaboration
  - Ensuring there is a robust offer for people with forensic support needs.
  - Maintaining a proportionate person-centred approach to regulation.
  - Upskilling areas in legal literacy

We worked with people to prioritise the actions suggested to agree a workplan.

4. Began delivering the workplan

Theme	We said we would...	What Partners In Care & Health and NHSE have done
Network meetings	• Deliver a network for providers and commissioners to explore some of the areas in this report – particularly in relation to sharing of practice, to include academics and to be supported by data and research, • Continue to use network meetings to discuss examples in practice to aide understanding 'how' to review support and safely reduce the level of restrictions in community settings and consider the art of the possible. • Share examples of what has worked well for care and support providers	Co – produced the terms of reference and name of this work area Delivered 7 network meetings which have included a research element in each, as well as examples in practice. Based the agenda items on a forward planner developed with the group as being helpful areas to include to improve practice.

Theme	We said we would...	What Partners In Care & Health and NHSE have done
Forensic	provide support to those commissioning for people with forensic support needs,	Funded VODG to develop standards for commissioners for community health and social care support for people with a forensic history or risk (in NHS England publications approval processes)
Futures	develop an NHS Futures platform to facilitate sharing examples of good practice.	This is up and running.
Legal literacy	upskill local areas in legal literacy.	Delivered a series of workshops via Partners In Care and Health, delivered by the British Institute of Human Rights British Institute of Human Rights presentation at the January network meeting
Partnership working	Work with regulators to maintaining an approach to regulation which is person-centred Supporting clinicians in their professional development	Identifying research being tracked by NICE which may feed into this work, and how this work can feed into NICE guidelines Engagement with CQC upskilling forum/ monthly reducing restrictive practice call to discuss this work

Theme	We said we would...	What Partners In Care & Health and NHSE have done
Support for commissioners to feel confident and capable - including ensuring transitions between inpatient services and community support services work well	Share guidance and resources, from the learning disability and autism areas of NHSE and Partners In Care and Health. This list of available resources is here....	A review of advocacy for people with a learning disability and autistic people who are inpatients in mental health, learning disability or autism specialist hospitals Meeting the needs of autistic adults in mental health services: Guidance for integrated care boards, health organisations and wider system partners. National guidance to support integrated care boards to commission acute mental health inpatient services for adults with a learning disability and autistic adults (and easy read) People and families housing guide LGA & ADASS: Closed cultures – guidance and questions to ask, in relation to commissioning social care services and support for people with a learning disability and autistic people (in publications approval process) LGA & ADASS: reducing restrictive practice – essentials for commissioners of social care support for people with a learning disability and autistic people (in publications approval process) Brick by brick: Resources to support mental health hospital-to-home discharge planning for autistic people and people with a learning disability

Theme	We said we would...	What Partners In Care & Health and NHSE have done
Joint resources	Consider developing a joint commissioning specification to support least restrictive staffing arrangements	Developed a joint resource (in NHS England and LGA / ADASS publications approval processes) Funded RRN to develop a lived experience film and explainer (in development) Funded an image to summarise the resources Commissioned an easy read version of the resources (in development) Developed case studies (in publications process)
Research	Continue to provide space for researchers to share research in this area	Had a research focus at each network meeting Contributed to funding a toolkit as part of a follow up to Making Positive Moves research

Theme	We said we would…	What Partners In Care & Health and NHSE have done
Leadership	Support strong system leadership, and a commitment to collaboration	•We have continued to run a joint Housing Community of Practice for autistic people and people with a learning disability •Presented to partners on numerous webinars on the Building Rewarding Lives Network •We have published the Joint guiding principles for integrated care systems – learning disability and autism

- **Futures:** https://future.nhs.uk/LDAStrategyCommissioning/view?objectId=51144144
- **Email:** england.communitydevelopment@nhs.net

Other NHS England work to develop community support

NHS England Community Development Team

As well as the work we have talked about today, we know that there is much more needed to make sure that autistic people and people with a learning disability (of all ages) can live their best lives in the community, only accessing mental health hospital care when they need to – and only for as long as they need to.

We have 7 ‘pillars’ of work, which we deliver with other teams in NHS England and wider stakeholders which are shown on the next slide.

If you want to find out more about the work we are doing, or to get involved, email:
england.communitydevelopment@nhs.net

Pillar 1 – Housing
Work with national, regional and local partners to ensure the availability of high-quality housing options for people with Learning Disability and Autistic people of all ages

Pillar 2 – Least restrictive community support
Work with partners to enable people of all ages with the highest level of care and support needs to live with the lowest level of restriction in their community

Pillar 3 – Planned mental health services
Improve access to effective planned Mental Health services for Autistic people of all ages

Pillar 4 – Early identification and intervention
Identify and provide early intervention and support to Autistic people and those with a Learning Disability of all ages, who are at risk of admission to Mental Health hospital

Supporting people to live well within their community

Pillar 5 – Learning Disability crisis support
Provide effective support to people of all ages with a Learning Disability (who may also be Autistic) who are at greatest risk of admission to Mental Health hospital

Pillar 6 - Autism crisis support
Provide effective support to Autistic people of all ages who are at greatest risk of admission to Mental Health hospital

Crisis support

Pillar 7 – Reduce length of stay
Support people to leave hospital when they no longer have needs that require care and treatment in a mental health hospital setting

Reducing length of stay

Thank You

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