Learning Disability
Professional Senate

Briefing Papers re Role of Professionals in the Transforming Care Programme

Learning Disabilities Professional Senate
December 2016

Briefing Papers re Role of Professionals in the Transforming Care Programme

The aim of the Learning Disability Professional Senate is to provide a single voice through which we can lead and inform NHS England, Department of Health and other strategy leads about the needs of children and adults with learning disabilities. It brings together professional leaders from across the UK, to provide a collective voice of specialist health and social care practitioners. The Senate provides cross-professional collaboration, strategic advice and innovation to develop both mainstream and specialist services for children and adults with learning disabilities. The Senate recognises and works with the range of professionals working with children and adults with learning disabilities to champion inter-agency, multi-disciplinary, holistic approaches.

The LD Professional Senate has worked closely with NHS England on the development of the Service Model. This incorporates the work that the Senate published on 'Delivering Effective Specialist Community Learning Disabilities Health Team Support to People with Learning Disabilities and their Families or Carers'.

The Professions that comprise the Learning Disabilities Professional Senate all fully endorse the Transforming Care Programme and the Service Model.

Each of the professions has produced a short briefing paper to inform both their professionals and commissioners of their commitment to, and role in, the programme.

Each of the briefing papers specifies the role that their professionals are expected to take in implementing the Service model. These have been disseminated through each of the Professional Bodies, alongside other dissemination activities, with an expectation that this will ensure the consistency of practice that both commissioners and providers should expect in supporting people with learning disabilities who have behaviours that challenge.

Dr Karen Dodd
Co-Chair – Learning Disabilities Professional Senate
5th December 2016

Briefing papers from:

- Association of Chartered Physiotherapists for People with a Learning Disability (ACPPLD) and supported by the Association of Paediatric Chartered Physiotherapists (APCP)
- British Association of Social Work
- British Dietetics Association
- British Psychological Society – Faculty of Intellectual Disabilities
- College of Occupational Therapists
- Health and Care Professions Council Registered Arts Therapists (Art, Drama, Music Therapists)
- Royal College of Nursing
- Royal College of Psychiatrists – Faculty of Intellectual Disabilities
- Royal College of Speech and Language Therapists

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

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

In October 2015 NHS England released two important documents:

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

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

In summary the key aims of these reports are to:

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

The role of Physiotherapy

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

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

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

- Provide person centred assessments and interventions.

- Play a key role in delivering the specialist health support required by people with a learning disability.

- Facilitate and support people with a learning disability who display behaviours that challenge to access mainstream physiotherapy services where their learning disability does not impact on them doing so. This may include joint assessments, interventions and training.

- Work with mainstream physiotherapy services to develop their ability to deliver individualised reasonable adjustments.

- Work with members of the multidisciplinary team, the person's circle of support and all key stakeholders to deliver appropriate and timely interventions.

- Facilitate people with a learning disability who display behaviours that challenge to access community based sport and leisure facilities in line with the public health agenda.

- Educate and support families and paid staff in the delivery of long term physical management programmes.

- Liaise and work collaboratively with the relevant multidisciplinary teams in the planning and support of the young person and their family during the transition process from children's to adult services.

- Be visionary and provide leadership in the interpretation and implementation of the transformation agenda in relation to services for people with a learning disability and physiotherapy services in particular.

ACPPLD National Executive Committee

APCP National Executive Committee

2nd March 2016

BASW England – Adult Practice, Policy and Education Group (PPEG)
Interim Position Statement

The role of the social worker in supporting people with a learning disability and /or autism who display behaviour that challenges including those with a mental health condition.

Interim briefing paper written by the British Association of Social Workers (BASW) England, Adults Practice, Policy and Education Group (PPEG)

1 Introduction

This paper has been written by the BASW England, Adults PPEG as an interim position statement to identify the role of the social worker in implementing the NHS England Service Model for Health and Social Care Commissioners supporting people with a learning disability and /or autism who display behaviour that challenges including those with a mental health condition (2015). BASW England supports the commitment in the Service Model to the principles of independent living, the involvement of service users in the development of services and enhancing the diversity and capacity of community support services. BASW England also supports the current government pilot of the role of the named social worker to be" the primary contact for the service user and family" (Green Paper "No Voice Unheard No Right Ignored" Department of Health 2015). The following paper sets out the key aspects of the role of the social worker subject to the outcome of the pilot project and further discussion within the Association.

2 Key elements of the social workers role

2.1 Professional framework

The Professional Capabilities Framework (PCF) is an overarching professional standards framework for social workers in England and states:-

"Social Workers engage with individuals, family groups and communities working alongside people to assess and intervene. They enable effective relationships and are effective communicators, using appropriate skills. Using their professional judgement they employ a range of interventions; promoting independence, providing support and protection, and ensuring safety whilst balancing rights and risks. They understand and take account of differentials in power and are able to use authority appropriately. They evaluate their own practice and the outcomes for those they work with" (College of social work 2011)

Social workers working with people with a learning disability embrace the social model of disability which has a focus on social inclusion, participation, promoting rights underpinned by principles of equality and social justice.

The BASW Code of Ethics also sets out the obligations of the social worker to the service user, their employer, colleagues in other disciplines and society. The Code includes a

commitment to human rights and social justice and the obligation for social workers to challenge discrimination. Social workers have a responsibility to whistle blow on unacceptable practice and to contribute to the development of services in their area of practice.

2.2 Statutory responsibilities

Care Act

Social workers working with adults work within the statutory framework of the Care Act 2014. The general duty under the Part 1 of the Care Act is to work with service users and family and or carers to promote the individuals' "well-being". Under Part 1 Section 1 "well-being" is defined as including the individuals' personal dignity, physical and mental health and emotional well-being, protection from abuse and neglect, and control by the individual over day-to day life, (including over care and support or support provided to the individual and the way in which it was provided). Under Part 1 Section 2 of the Care Act social workers will also seek to prevent the need for care and support by arranging services, facilities or resources to meet the individuals' need for care and support. Social Workers have additional responsibilities under the Mental Capacity Act 2005 and Mental Health Act which are outlined below.

Safeguarding

Section 4

Social workers have an integral role to play in safeguarding enquiries and assessments of abuse or safeguarding concerns either with the Police or independently under Section 42 of the Care Act. They may also oversee investigations being carried out by other professionals.

Social workers may act under the Mental Capacity Act 2005 as Best Interest Assessors (BIA) determining the need for Deprivation of Liberty provisions. Social workers generally need to be able to evidence a clear knowledge of mental capacity and the assessment of mental capacity, being able to demonstrate the required elements of Mental Capacity Act including how capacity has been assessed, demonstrate that practitioners have taken in to consideration all aspects of engaging the person in the assessment including environment, understanding of individual communication skills and adaptation by practitioners.

With the increased amount of Deprivation of Liberty cases being presented to the Court of Protection, practitioners need to also have in their mind when completing assessment documentation that this could be used as evidence and / or be scrutinised in the court process. Social workers need to be able to evidence their decision making, and justify their recommendation, showing knowledge of the legislation being used particularly the Mental Capacity Act and Best Interest Principles in the Care Act 2014

As Approved Mental Health Professionals (AMHPs) social workers may determine the need for detention under the Mental Health Act 1983.

2.3 Organisational context

Social workers work with people with learning disabilities in a variety of organisational structures, providing long term support to the person and their families but also short term

intervention for specific purposes. The key focus is on re-enablement and preventative outcomes. Learning key tasks take longer for service users with learning disabilities thus increasing the resources needed for this service user group. Social workers need to ensure this is communicated to higher management and funding decision makers.

Social workers are often deployed in multi-disciplinary learning disability teams where they work in partnership with other professionals to deliver the responsibilities of the local authority under the Care Act to this service group. They may also provide support from general community adult social work teams. Social workers are often the professionals with the skills and knowledge to manage complex multi-agency assessments and packages of care working within the multi -agency network to provide alternative solution to out of county placement throughout the care pathway.

2.4 Care process/pathway

Unless involved in a time limited intervention a social worker will provide continuous support throughout the care process to the person and their family or carers where this is with the agreement of the person concerned or agreed to be in their best interest.

Information

An important role will be to provide information about support and advisory services in the local community, other agencies, regional and national where appropriate e.g. Advocacy, voluntary organisations and to act as a navigator of services.

Assessment

Social workers will work in partnership with the service user and, where appropriate their family and friends to produce an assessment of need of both the person and their immediate family or any other people caring for them. This assessment will consider:

- needs strengths and capabilities and risks to the service user
- the views and wishes of the service user
- their immediate circle of family or friends
- wider social and community environment and support network
- health, education and other service provision

The social worker will determine the person and carers eligibility for services based on the assessment of need and a clear rationale for their decision in relation to the current threshold. In the context of budget restrictions, social workers should be able to evidence their rationale for decisions, ensuring assessment documentation and other information is clear and also able to think “outside of the box” with knowledge of alternative service provision. Social workers need to consider the cost effectiveness of proposed support plans, comparing various service options and how these may achieve positive outcomes. This will include consideration of other funding elements for example continuing health care funding

Care planning

Based on the assessment of need the social worker will work in partnership with the service users their family, carers and professional colleagues to plan a holistic package of care on the basis of need, looking at support available in the local area from all relevant agencies. Social workers will manage if agreed, the provision of personalised care packages in partnership with the person and family.

Social workers will support service users placed in assessment and treatment units and longer term out of area care, maintaining their links with their community and family but where appropriate seeking new opportunities to link with and be integrated into their new area of residence.

The social worker will review care packages for service users and carers on at least an annual basis. The review will reassess the needs of the service user and the carer.

Advocacy It is a natural part of the social work professional role and ethic to act as an advocate for the service user and their carers. Social workers will consider the views of the service user and carers and will be in a position to challenge and present alternatives to an unduly medical solution.

There will be a need in many situations however for an independent advocate to be involved and it will be the responsibility of the social worker to ensure that this is provided and that this is evidenced in the care plan.

2.5 Transitions

Social workers in transition teams in adult or children's services will provide support during stages of transition from children's to younger adults and to older peoples services to take account of services available and the specific needs of the person.

2.6 Training and development

Social workers need to ensure they continue with ongoing professional development to ensure that social skills are up to date. This will include evidence gathering, assessment and report writing skills, communication and presentation skills. Evidence with practice and written work continued links and application of social work theories, ethics and values.

Social work training and development has been developed within the framework of the Professional Capabilities Framework originally developed by the Social Work Reform Board and now managed and delivered by BASW. The framework has 9 domains containing requirements designed to test a social workers competence at each stage of their career from entry to strategic level:

- Professionalism
- Values and ethics
- Diversity
- Rights and justice
- Knowledge

- Critical reflection
- Intervention and skills
- Contexts and organisation
- Professional leadership.

These domains provide a framework for qualifying training, and professional development throughout the social work career. Additionally social workers in their intial year of training need to satisfy the Key Skills and Knowledge Statements for Children and Adults and are supported in this by the Assisted and Supported Year in Employment (ASYE). The Knowledge and Skills Statements (KSS) for Children (Department for Education 2014) and Adults (Department of Health 2015) set out what social workers should know and be able to do at the end of the ASYE. Post qualification training is provided for experienced social workers acting as an AMHP and BIA. The Chief Social Worker is looking at options for further post qualification training and the named social worker role may the basis for one of these options. BASW is committed to further professional training for all social workers.

2.7 References

NHS England Service Model for Commissioners of Health and Social Care Services – supporting people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition https://www.england.nhs.uk/wp- content/uploads/2015/10/service-model-291015.pdf

Professional Capability Framework: The College of Social Work 2011 https://www.basw.co.uk/pcf/

Knowledge and Skills Statement for approved child and family practitioners: Department for Education November 2014 Knowledge and skills statements for child and family social work - Publications - GOV.UK

Knowledge and Skills statement for Social Workers in Adult Services Department of Health March 2015Adult social work: knowledge and skills - Consultations - GOV.UK

Government Response to Voice Unheard No Right Ignored" Green Paper Department of Health 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/475155/Gvt_R esp_Acc.pdf

BASW Code of Ethicshttp://cdn.basw.co.uk/upload/basw_95243-9.pdf

BASW Human Rights Policyhttp://cdn.basw.co.uk/upload/basw_30635-1.pdf

BASW Whistleblowing Policy http://cdn.basw.co.uk/upload/basw_40037-3.pdf

BDA The Association of UK Dietitians

Dietitian Key Facts
Learning Disabilities

Nutrition and dietetics, delivered as part of multidisciplinary approach, is clinically and cost effective in the management of learning disabilities (LD).

People with LD are at greater risk of developing nutritionally related health problems. Issues around body weight, swallowing difficulties, bowel disorders, reflux, diabetes and oral health are all commonly seen (Crawley, 2007). People with a LD living independently are more likely than the general population to live in a low income group, to be unemployed and socially isolated within a challenging environment. These factors are known to promote poor eating habits. (Glover and Ayub, 2010).

Dietitians in LD:

- work with people with various degrees and forms of LD including mild to severe LD, Down's syndrome, spina bifida, autism.
- provide individualised, holistic and evidence based advice which is translated into practical information which patients and carers can use.
- support people, and their families and carers to engage in healthy lifestyle behaviours, improving knowledge and skills. They do so using a wealth of experience and knowledge, behaviour change and motivational interviewing skills. Dietitians are skilled in using approaches to help and support individuals change their diet and related lifestyle (Kerr, 2004).
- lead or contribute to specialist feeding teams tackling rigid feeding choices, food phobias, dysphagia, long term enteral feeding and sensory feeding issues (Crawley, 2007). These interventions lead to reduced malnutrition, appropriate weight management and improved nutritional status and health and wellbeing.
- consider the wider medical, social and cultural situations of individuals with LD and how this can impact on motivation to change.
- work with a diverse multi-disciplinary team to raise awareness of the variety of nutritional consequences which may affect people with LD. This is done through nutritional education, training, development of resources and competency frameworks
- contribute to the development and updates of national and local guidelines.

Key Fact

People may stay on an LD unit or supported community accommodation for many years, therefore the provision of variety and nourishment are crucial and fundamental to health.

Case study

Raymond, a 47 year old man with a mild learning disability who lived in 24 hour supported accommodation was referred to the dietitian. Raymond had gradually lost a significant amount of weight due to a recent reduced appetite. The dietitian reviewed the food and fluid charts which showed that at least 5 litres of fluid per day was being taken as coffee alone. Discussion with Raymond and staff highlighted that Raymond suffered with loose bowel movements and occasional accidents, had trouble sleeping, was prescribed salt tablets by his GP for electrolyte imbalance and was very anxious, having regular outbursts of challenging behaviour.

Staff were informed that this excessive amount of caffeine and fluid may have had a causal role in these conditions and should be reduced to safe levels. Staff felt that it was the patient's right to choose unless he was shown not to have capacity. With a good understanding of the Mental Capacity Act the Dietitian met and talked with Raymond. She had no reason to suspect he did not have capacity to make this decision. Furthermore the dietitian proposed that caffeinated drinks be gradually replaced with decaffeinated drinks not that he would be unable to have coffee. On discussion and explanation Raymond was happy to comply, once he understood how unwell this amount of caffeine was causing him to feel. A gradual replacement of caffeinated to decaffeinated drinks was agreed.

The result of removing the caffeine from Raymond's diet and reducing fluid intake to less than 3 litres per day was reduced levels of anxiety, episodes of challenging behaviour decreased, sleep improved, improved electrolyte balance and regular bowel habits were established.

This case study demonstrates the beneficial impact of dietetic intervention on quality of life and mental and physical functioning.

Key Fact

British studies have shown that death due to respiratory conditions in those with LD was between 26% and 40% of total LD deaths (Hollins et al, 1998; Glover 2010). The risk of developing pneumonia is closely linked to swallowing problems resulting in aspiration of food and fluids into the lungs. You are more at risk of swallowing problems if you have poor or weak muscle control/coordination, poor posture, feeding difficulties and reflux disease. All of these risk factors are more likely in the LD population as they form part of many conditions which cause LD (Crawley, 2007, Hollins et al 1998; Kerr, 2004).

Key Fact

People with LD are found to die younger than those without. Those with Down's syndrome commonly die in their fifties or sixties and people with hydrocephalus/ spina bifida in their thirties and forties (Glover and Ayub, 2010).

References
Crawley, H (2007). Eating well: children and adults with learning disabilities. Abbots Langley, Herts: The Caroline Walker Trust
Glover, G, Ayub, M (2010). How People with Learning Disabilities Die. Improving Health and Lives: Learning Disabilities Observatory
Hollins, S, Attard, MT, von Fraunhofer, N, McGuigan, S, Sedgwick, P. (1998). Mortality in people with learning disability: risks, causes, and death certification findings in London. Developmental Medicine and Child Neurology . 40 (1), 50-56
Kerr, M. (2004). Improving the general health of people with learning disabilities. Advances in Psychiatric Treatment . 10, 200-206

Written by the Mental Health Specialist Group of the BDA.
Review Date: March 2018

British Psychological Society Division of Clinical Psychology - Faculty for Intellectual Disabilities

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

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

In summary the key aims are to:

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

Role of clinical psychologists

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

Clinical Psychologists have key skills that can help Commissioners, Providers, Carers and People who use services to:

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

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

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

- Quality of life – Clinical Psychologists are expected work within the system to help describe what this means for people with behaviour that challenges, ensuring that people live, wherever possible, in the community, that they have fulfilling lives and that they are able to express and achieve their hopes and aspirations.
- Keeping People Safe – Clinical psychologists have a key role in helping others to understand and take positive risks for people balanced by a need to protect the person and others from potential harm.
- Choice and Control – Clinical psychologists should act as professional advocates for people in having choice and control over decisions regarding their life. Clinical Psychologists are expected to help others to understand and implement the Mental Capacity Act, including undertaking thorough capacity assessments and working with others with regard to Best Interests decisions.
- Support and Interventions – Clinical Psychologists are expected to have a thorough understanding and competence in implementing Positive and Proactive Care – ensuring that they and others recognise and challenge care that is not provided in the least restrictive manner – including the use of physical and chemical restraint and low level blanket restrictions that deny people choice and control. Having behaviour that challenges in itself restricts peoples' lives.

- Equitable Outcomes – Clinical Psychologists should work with mainstream providers to support them to make reasonable adjustments to meet the psychological needs of people with learning disabilities.

3. Delivering the specialist health support

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

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

Clinical psychologists are expected to:

- Work with other professionals in mainstream services to help them understand the needs of, and support them in working with, people with learning disabilities – this may include working with colleagues in mainstream mental health or forensic services to ensure that people receive a joined up service. Roles may include providing joint assessments, formulations and interventions, consultations, reflective practice, and training.
- Be able to lead, work in and demonstrate a thorough understanding of a positive behaviour support framework.
- Work with the multidisciplinary team to undertake timely psychological assessments of peoples' behaviour that challenges based on knowledge from the current evidence base. The range and depth of assessment will depend on the presenting problem, but should not leave the person or others in the system at risk whilst being undertaken. The assessment should involve the person and their circle of support and all key stakeholders.
- Work with the multi-disciplinary team to use the information from the assessment to develop a single formulation which in turn informs the person's positive support plan and the range of interventions that need to be undertaken in the short, medium and longer term. Assessments and Interventions should be in line with NICE guidance and Positive and Proactive Care, promoting reduction in physical and chemical restraint.
- Work with the multi-disciplinary team to develop an effective crisis and contingency plan to support the person within their community.
- Work with the multi-disciplinary team to evaluate the effectiveness of the positive support plan.
- Undertake supervision and reflection to other psychologists, behaviour workers and other health and social care professionals.
- Work with families and paid staff to provide effective support.
- Participate in the CTR process both before admission and for people admitted to an inpatient setting.

4. Promoting Cultural change and delivering the National Transformation Plan

Clinical psychologists are expected to:

- Show visionary and transformational leadership across the local system including leading on defining and delivering PBS, training others in PBS and ensuring that PBS is being delivered properly in services.
- Challenge and be challenged about care and support that is not delivered in the least restrictive manner.
- Challenge and be challenged about care and support that is institutional and inappropriately controls and restricts the person.
- Challenge and be challenged about systems that hinder effective multidisciplinary and / or multiagency working.

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

5. Ensuring competencies of psychologists

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

Clinical Psychologists are expected to be and remain competent in the use of Positive and Proactive Care.

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

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

Background:
In October 2015 NHS England released two important documents:
Building the Right Support –a national plan to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition.
Supporting people with a learning disability and/or autism who display behaviour that challenges including those with a mental health condition. Service Model for commissioners of health and social care services.
These documents are available at the following link: https://www.england.nhs.uk/learningdisabilities/care/

These plans highlight that children, young people and adults with learning disabilities and/or autism should have the same opportunities as everybody else to have a home in their community and have rewarding lives. For that reason NHS England is committed to closing outmoded inpatient facilities across England and expanding community provision instead. The documents highlight a significant shift in approaches from a focus on reduction of behaviour and public protection to rights of the individual, self-autonomy and meaningful lives. Occupational therapists need to demonstrate how they can contribute to these changes, especially for the first of the nine principles.

The Service Model consists of nine principles:

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

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

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

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

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

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

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

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

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

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

Occupational Therapy

- Specialist occupational therapists deliver personalised assessments and interventions that focus on individuals' occupational needs; specifically barriers to occupation. Barriers can be either 'personal' (cognitive and/or physical); and/or 'environmental' (social and/or physical). People are intrinsically active and creative, needing to engage in a balanced range of activities in their daily lives in order to maintain physical and mental health.
- Support an understanding of the relevance and role of occupation in health and well-being with specific skills in activity analysis, assessment of function, collaborative goal setting and evaluation. By supporting individuals to access a range of meaningful occupations, particularly in relation to leisure, productivity and self-care, the impact of complex health and social issues such as mental illness, multiple sensory/physical disabilities, challenging behaviour and social isolation can be reduced, issues surrounding occupational deprivation addressed, quality of life improved and health inequalities reduced. Specialist occupational therapists utilise a wide-ranging specialist assessment process with an aim to improve individuals' functional abilities, and develop existing and new skills. Occupational therapists contribute to the development of correct care packages by working closely with other health and social care services. This is particularly important at times of life transitions, for example from child to adult services, moving from family home or residential services to supported living and as health needs change such as with the onset of dementia.

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

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

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

The role of Arts Therapists

Arts Therapies are a form of psychotherapy that utilise art, drama, and music as a mode of communication for clients. Despite the use of these different creative approaches clients are not expected to have particular skills, proficiency or experience in the art forms used in therapy. Arts Therapists provide psychological therapy with the aim of addressing issues relating to mental illness, trauma and abuse, and provide a means of emotional support to those people who are in crisis or facing challenges. Arts therapies can offer the opportunity for expression and communication using accessible approaches for people who find it hard to express their thoughts and feelings verbally. Arts therapists are integrative practitioners drawing on a range of psychological models and working in a range of settings in the NHS, social services, third sector / voluntary sector organisations, and in private practice.

Arts Therapists role in transforming care and support

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

- Involvement in prevention of admission into hospital.
- Involvement in community and inpatient pathways including discharges from hospital.
- Involvement in transitions.

- Providing direct therapeutic work with the aim of reducing distress, promoting wellbeing and supporting independence.
- Being part of care and treatment reviews.
- Therapists being involved in Positive Behaviour Planning (up to the level of their training).

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

1 Working relationship: Build a positive working relationship and develop an understanding of a person's strengths.

2 Communication: Pay attention to all aspects of communication, including written, visual, and spoken information.

3 Support networks: Work with people who make up support networks.

4 Manage risks and vulnerability: Be aware of people's vulnerabilities and know how to act upon concerns.

5 Establish therapy agreements: Manage therapy agreements including gaining consent for treatment, agreeing a therapy contract, and the scope of information sharing.

6 Assessment, formulation, and therapeutic goals: Undertake a full assessment and formulation that develops understanding about the person's strengths.

7 Work creatively and flexibly: Find ways of working that support the person to fully engage.

8 Work psychotherapeutically: Apply up to date knowledge of developmental and mental health problems and use a psychologically informed approaches.

9 Monitor progress: Take steps to monitor your work including getting feedback from the person about their experience of therapy and if it is helping.

10 Professional responsibilities and self-care: Take responsibility for having supportive professional structures in place that will develop and sustain your safe practice.

Simon Hackett – Learning disability coordinator - British Association of Art Therapists

Wendy Ruck – Learning disability coordinator - British Association of Music Therapists

Seren Grime – Learning disability coordinator - British Association of Dramatherapists

Royal College of Nursing

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

Responding as a Royal College of Nursing lead for learning disability nursing and member of the learning disability senate-

Building the Right Support – NHS England service Model (October 2015) follow:
https://www.england.nhs.uk/learning disabilities/care/

Aim:

1) To transform care and support
2) Ensure well- being and promote human rights
3) Build community capacity
4) Reduce unnecessary hospital admissions
5) Ensure consistency of care
6) Utilise best practice

The nursing contribution

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

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

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

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

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

Workforce:

1) A Long term workforce strategy that connects workforce planning to the transformation and delivery of services fror children and adults with learning disabilities
2) Every acute hospital should employ at least one Learning Disability Liaison Nurse. By 2020/21 all acute hospitals should have 24 hour Learning Disability Liaison Nurse cover
3) Up-skill all general nursing staff to care for those with learning disabilities and/ or autism, or those who display behaviour that challenges.
4) An increase in the number of learning disability student nurse training places to grow an appropriate skilled workforce.

Services:

1) Ensure that quality community services are commissioned to support the appropriate transition of people from inpatient care to living more independently in the community.
2) Establish Long-term commissioning arrangements of community services to protect children and adults who rely on vital services in the community.

3) Newly commissioned services in the community must provide support to children and adults, and those who provide care for them, ti help prevent crises, and not just be available at crisis point.

Positive behavioural support to be embedded across organisations and training to be provided to those who may be caring for someone who presents with behaviour that challenges.

Nurses are a fundamental component of multi- disciplinary teams.

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

Learning disability nurses:

1) Undertake comprehensive assessments of health and social care needs
2) Develop and implement care plans
3) Work collaboratively with health and social care professionals
4) Providing nursing care and interventions to maintain and improve health and promote well being
5) Providing advice, education and support to people and their carers throughout their care journey
6) Enabling equality of access and outcomes within health and social care services
7) Providing education and support to promote healthy lifestyle and choices
8) Acting to safeguard and protect the rights of people with learning disabilities when they are vulnerable and in need of additional support

The RCN gave its support to the NHS England 2016 guidance 'stopping over-medication of people with learning disabilities' (STOMPwLD) which calls for the reduction of inappropriate psychotropic drugs in people with a learning disability in general practice and hospitals

March 2016

Royal College of Psychiatrists – Faculty of Psychiatry of Intellectual Disability

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

This statement from the Faculty of Psychiatry of Intellectual Disability specifies the role of psychiatrists in supporting the implementation of the service model guidance. The Faculty welcomes the commitment of NHSE, LGA and ADASS in investing in enhancing community services so that there is less reliance on hospital based treatments whether in specialist intellectual disability or generic mental health settings. Although this is an English publication, it is relevant to psychiatrists across the United Kingdom who works with children and adults with intellectual disabilities as the values underpinning the model are universal.

Psychiatrists are expected to engage with the Service Model and the National Transformation Plan in order to improve the lives and service provision for people with intellectual disabilities. The national service model is based on nine principles and number of "golden threads" that reflects the value base. In summary the key aims are to:

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

Role of psychiatrists

6. ***Diagnosing and treating mental health problems***

People with an intellectual disability have high rates of mental health comorbidity and epidemiological studies have suggested a prevalence rate of 31–41%. Specialist health support for people with intellectual disabilities and/or autism is required for a range of needs as varied as: communication, speech and eating difficulties; severe mobility or postural difficulties; physical disabilities; psychological and psychiatric difficulties; and challenging behaviour. Psychiatrists play a key role in delivering/co-ordinating the specialist health support because of the nature of their medical training which enables them to integrate biological, psychological and social elements of healthcare into care packages to manage and alleviate mental illness and to understand the complex interactions between mental and physical health and social/environmental factors.

Psychiatrists in Intellectual Disability working with adults and children:

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

- Work with the multi-disciplinary team to evaluate the effectiveness of the care plans.
- Fulfil all legal requirements including those arising from the legislation on mental health, mental capacity, equality and human rights.
- Undertake supervision of and reflection to other psychiatrists and other health and social care professionals.
- Work with families and paid staff to provide effective support.
- Participate in the CTR process both before admission and for people admitted to an inpatient setting.

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

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

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

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

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

- Quality of life – Psychiatrists are expected to work with peoples and systems, integrate biological, psychological and social elements of healthcare into care packages to manage and alleviate mental illness and to understand the complex interactions between mental and physical health, to help describe what this means for people with behaviour that challenges, ensuring that people live, wherever possible, in the community, that they have fulfilling lives and that they are able to express and achieve their hopes and aspirations.
- Keeping People Safe – Psychiatrists have a key role in balancing people's rights and safety, helping others to understand and take positive risks.

- Choice and Control – Psychiatrists should act as professional advocates for people in having choice and control over decisions regarding their life. Psychiatrists are expected to help others to understand the Mental Health Act 1983, Mental Capacity Act 2005 and Equality Act and ensure that they are implemented in line with the Human Rights Act. This includes acting as Responsible Clinicians for patients detained under the Mental Health Act and undertaking capacity assessments and working with others with regard to Best Interests decisions.
- Support and Interventions – Psychiatrists are expected to keep up to date with current practice in the assessment and management of behaviour that challenges (including offending behaviour) and mental health problems in people with intellectual disabilities. They are expected to have an holistic understanding of the complex interactions between mental health, physical health and social factors and must be able to support formulating and implementing multi-disciplinary and multi-modal care plans which incorporate pharmacological, psychological, behavioural and social therapies.
- Equitable Outcomes – The principle of equity of access to mainstream services is meaningless without equity of outcome. Psychiatrists should work with mainstream providers to support them to not only make reasonable adjustments, but also ensure they have access to the required specialist skills set if needed that are important to ensure positive outcomes.

9. Promoting Cultural change and delivering the National Transformation Plan

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

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

10. Ensuring a skilled and competent psychiatric workforce

The Core Curriculum module and Intellectual Disability Curriculum module of the Royal College of Psychiatrists form the blue print of competencies required of a psychiatrist and a specialist in psychiatry of intellectual disability. The modules undergo constant revision to include changes in policy and practice. On completion of medical school, there is a robust training pathway which comprises of two foundation years, three core training years and three specialist training years before achieving the competency of a consultant psychiatrist. Following this, a yearly appraisal providing evidence of continuous professional development leading to a five yearly revalidation by the General Medical Council ensures a skilled and competent psychiatric workforce. The Faculty of Intellectual Disability at the Royal College of Psychiatrists has a public engagement strategy which ensures patient and carer involvement on Faculty related standards setting, training, conferences and policy. Psychiatrists are expected to be and remain competent in the use of Positive and Proactive Care and the appropriate use of psychotropic medications in this group resulting in a decrease of restrictive practices.

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5/12/16

Transforming Care: A Summary for Speech & Language Therapists

Transforming care is the name of the programme which is being coordinated by NHS England to meet the goals identified following the Winterbourne View scandal Two documents have now been published to give guidance to commissioners and providers about how to ensure that these goals are met. These are 'Supporting people with a learning disability and/or autism who have a mental health condition or display behaviour that challenges' and the national implementation plan – 'Building the Right Support', along with the Service Model. Further details and all the guidance documents are available on NHS England's website.

The service model's vision statement:

> Children, young people and adults with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect. They should have a home within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.

The aim of the model is to transform care and support for people with a learning disability and/or autism who display behaviour that challenges, including behaviour that can lead to contact with the criminal justice system over the next 3 years. The service model applies to children as well as adults and it sets out the types of issues people might have to be served by it. It includes people with a learning disability who also have: a mental health problem which leads to difficult behaviour, self-injurious or aggressive behaviour thought not to be related to a mental health problem, behaviour described as risky which may bring them into contact with the criminal justice system. The model acknowledges that this group are included as a distinct group as their specific needs have not always been recognised and therefore the model presents an opportunity to develop the services they may require.

Everyone who is in inpatient care is required to have a care and treatment review (CTR) to ensure that the care and treatment is appropriate and only for as long as is necessary. CTRs involve commissioners, an independent expert practitioner and an expert by experience. These are also part of the service specification for people where an admission is about to happen. It states that no one should be admitted to hospital without a pre-admission care and treatment review or a 'blue light meetings' when the admission is urgent/ unplanned. More information about how care and treatment reviews work can be found here: Care and Treatment Review: Policy and Guidance

Commissioners are required to ensure that community services are set up to meet the needs of people who might be at risk of becoming admitted to hospital so that, where possible, admissions are prevented. There is acknowledgement that many people could be kept out of hospital if more community services are available, such as emergency respite and safe places that can be used flexibly and at short notice alongside outreach support. The focus is therefore on building up community capacity and reducing inappropriate hospital admissions.

Speech and Language Therapists (SLTs) need to highlight the speech, language and communication needs of individuals, the impact on how a team formulate about a person's presentation and the reasonable adjustments that need to be made within the environments. There are nine sections about the way services should be provided for these people. The following are likely to be a focus for SLTs:

I have a good and meaningful everyday life

SLTs support people to develop inclusive relationships – and have a specific role to play around how communication impacts on any relationship. A good life is often dependent on being supported by paid carers. SLTs have a key role in building the capacity and capability of the learning disability workforce

My care and support is person centred, planned, proactive and coordinated: SLTs have expertise in how to meaningfully involve a person with a learning disability, by acknowledging and making reasonable adjustments for their speech, language and communication needs.

I have choice and control over how my health and care needs are met: SLTs have a significant role in assessing, highlighting and supporting the reasonable adjustments needed to meet a person's speech, language and communication needs. The 5 Good Communication Standards are crucial here, as is Accessible Information Standard. SLTs may be requested to liaise with commissioners about a person's understanding/ mental capacity and consider jointly when to involve advocacy services.

My family and paid support and care staff get the help they need to support me to live in the community: SLTs should be involved in Positive Behaviour Support (PBS) assessment and plans to incorporate speech, language and communication needs.

I have a choice about where I live and who I live with: SLTs may be involved in work around consideration of the Mental Capacity Act and supporting a team to maximise a person's capacity for meaningful involvement in decision making. Where appropriate, SLTs will be able to advise on compatibility issues around who people live with, where this is pertinent to their communication and interaction.

I get good care and support from mainstream health services: SLTs need to highlight their role in supporting people with a learning disability to access mainstream services through supporting understanding and engagement and reasonable adjustments to meet communication needs.

I can access specialist health and social care support in the community: SLTs need to highlight their role in supporting /preventing crisis work as part of multi-disciplinary and integrated teams and make links for commissioners around the relationship between communication and risks.

If I need it, I get support to stay out of trouble: SLTs have a significant role to play in a Community Forensic function with regards to how communication may impact directly on offending behaviour or be an additional presenting factor, building the capacity and capability of others to consider communication needs. Criminal Justice Liaison and Diversion service model recommends that communication is integral to the practice of the team and that SLTs are integrated within teams that work in custody and the courts.

If I am admitted for an assessment and treatment in a hospital setting because my health needs can't be met in the community, it is high quality and I don't stay there longer than I need to: In hospital, SLTs can be core to formulating around a person's presentation and how their speech, language and communication needs impact on their health, behaviour and presentation.

There are additional key elements that services will need to meet that may not have been a regular feature of SLT work to date. This includes:

- Intensive support or enhanced intervention in separate dedicated multi-disciplinary teams
- Crisis and out of hours response- this may be in conjunction with wider mental health services
- Reviewing people placed outside of the local authority and carrying out assessments and drawing up plans to where possible bring people back closer to home.
- Contributing to what is currently being called an 'at risk of admission register' that commissioners have a responsibility to keep. This should be a list of people who might be at risk of hospital admission because they fit into one of the identified categories.

SLTs play a vital role in delivering the Transforming Care agenda and as a professional group should therefore be very aware and active in their local services Transforming Care work streams. Speech and Language Therapist need to maintain competencies in working in a learning disability /autism spectrum service. Speech and Language Therapy under graduate and post graduate courses need to support the development of these competencies in the workforce.

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