

WORKSHOP OUTCOMES

Workforce Development

Facilitators: Della Money and David Allen

Outcomes

- Understanding of overall workforce context and challenges
- Discussion of local specialist community teams
- Information shared about Positive Behaviour Support (PBS) competencies framework and PBS Academy
- Action plan for workforce development

Background

The current need for workforce development

The Transforming Care commitments will require a substantial investment in building the capability and capacity of the local workforce. The Learning Disability (LD) Professional Senate has identified 5 essential functions for community teams:

- Working with mainstream services
- Providing specialist training and support
- Directly supporting people with complex needs
- Providing crisis intervention support
- Supporting commissioners

Sir Stephen Bubb, in his report to NHS England (NHSE), recommended “building capacity in the community” and stated that “building the skills of the workforce (from care assistants to doctors and nurses to commissioners) should be a major priority...”

A group of people have been working on a PBS Academy idea, which has received support. This draws together existing groups and initiatives with the aim of building the capacity and competence required within the workforce. A PBS Competency Framework has been developed, and this will be launched and explained today.

Workforce challenges and opportunities

David Allen talked about how we currently have a huge workforce for people with LD, but no strategic approach for developing it. The work of many professionals is largely through mediators (e.g. frontline professionals and family carers). Talk of workforce development seems to be focused on frontline professionals, but we also need to think about people at a more senior level. Workforce training should be part of a much bigger workforce development framework; transformation should be cultural not based solely on skills.

Discussion

In the discussion by those present the following points were raised:

- The translation needs to be made from people gaining skills into outcomes for people with learning disability.
- Maybe we are too focussed on the LD world; the scarcity of resources is a common factor across all types of complex health need.
- One of the key challenges is the volume of change that needs to happen before 'bad' cases are the exception and not 'good' cases.
- We have a huge problem with being prescriptive, because you can't tell groups (like commissioners) what to do. Everybody has to be allowed to form their own way of doing things.
- Within providers, people are paid barely above minimum wage.
 - Commissioning should be on the bases of paying a living wage.
- There is less face-to-face training with staff because there is not enough money to pay for it. Resources need to go to the frontline staff for capacity to be increased, regardless of whether or not providers have signed up to charters and initiatives.
 - Very rarely are providers seen as a resource. Providers have tried to build internal capacity and this isn't always recognised because people don't want to single out particular care providers.
 - Competitive tendering can be problem – perhaps providers should work together more?
- There need to be local resources. If the support can't come from a local community learning disability team (CLDT), then where else can it come from locally?
- Psychology has a massive catch-up to do in terms of postgraduate training in learning disability (for example, PBS).
 - We're currently lacking a framework within which this could happen.
- Behaviour specialists play a key role. We need professionals who can do functional analysis and PBS planning.
- Health and Care Professions Council (HCPC) is a problem – some practitioners (e.g. ABA practitioners, arts psychotherapists and behaviour specialists) can't get registration.
 - Will it be a requirement to have a professional registration?
 - People end up going into different roles (e.g. service managers) because they can't get jobs without registration.
 - Registration would help to wheedle out the people who can't do the work or don't have the skills/expertise.
 - CQC need to recognise what skills are needed.
 - Scope service: accreditation in PBS would help them.
- There needs to be a way of judging whether providers can deliver the specialist services.
 - Care Quality Commission (CQC) shouldn't register providers that are incompetent! There should be 'unfit organisations' as well as 'unfit people, as there are now.
 - Many people are claiming to use PBS but don't.
- Commissioners need to know practicalities, and often ask for examples.

The LD Professional Senate's briefing paper for commissioners

Della Money gave an overview of the briefing paper produced by the LD Professional Senate which is currently being distributed. The paper is aimed at commissioners, and has arisen from the post-Winterbourne View Concordat action stating the need for clear roles for specialist health community teams.

Discussion

In the discussion by those present the following points were raised:

- What are the roles of senior staff versus that of frontline professionals (e.g. assistant practitioners) when a patient required long-term enduring relationships with a specialist. Should this work be done by senior staff, or could it be an assistant practitioner who knows how and when to ask for support from a senior staff member?
 - Sometimes senior staff members supporting a frontline professional have no contact with the patients themselves – how can they maintain their skills?
 - The Senate's model has senior staff doing both hands-on work with individuals, and supporting other professionals. This highlights that training needs to be practice-wide, and not just given to certain individuals.
- Does 'national' mean just England, or Scotland and Wales too?
 - The advice could apply to other countries, but the focus on Winterbourne View and Concordat commitments mean that the paper has more teeth in England.
- What funding will there be for closing Assessment and Treatment Units (ATUs)? It is disappointing that ring-fencing was not recommended by the Senate. It seems likely that if community teams are given all of the responsibility they will be too busy doing other things.
 - The problem is that every area is so different – the paper is a recommendation and not a mandate.
- There's an issue of devaluing the expertise of people who aren't part of the professional group, e.g. people trained at the Tizard Centre, or nurses who have come into nursing from social care.
- Does the guidance include numbers? I.e. numbers of each type of professional needed.
 - No – each area varies too much.
 - How are commissioners supposed to know which professionals, and how many professionals, are needed to support x number of people with a certain need?
 - There isn't the research to be able to back-up this kind of guidance.
 - Royal College of Psychiatry have done research into an optimal number of psychiatrists for a certain population size.
 - Some research into caseload would be hugely helpful.
 - The data should already be in GP registers.
 - Draft Service Specification is going to be produced soon by the Professional Senate, so perhaps this could be more specific.
- Thinking about how the guidance is disseminated, and writing it to commissioners' agenda, is crucial as they often don't read LD guidance that is sent out.
 - Ask them to pledge something.
 - 'Guidance' might not be the right way to market the document.
- Is PBS included in the resource?
 - Yes – it is mentioned in the long version.

Positive Behaviour Support Academy

A PBS Academy was proposed in October's meeting, with the aim of accrediting training, creating a national resource, and bringing together people and ideas. David Allen outlined the current state of the project, including what has been done, what the challenges have been, and what the next steps are. He asked for opinions on the plans he had outlined, and for ideas of other things they could do.

Discussion

- Is there merit in going down the 'Making it Real' route, i.e. getting organisations to sign up to the competency framework or another tool? Commissioners find it useful for market development when they can encourage providers to publicly sign up to initiatives.

Actions

Action	Who/how to take it forward
Provide support with regards to dissemination of the Senate's guidance to commissioners	Sarah Broadhurst
Marie Lovell: Actions as part of her work with NHS England's workforce strand, which is run by Health Education England (HEE). <ul style="list-style-type: none"> • To ask whether NHSE have any say in HCPC registration. • To flag up the PBS Competency Framework. • To suggest that HEE research the numbers of people with LD per population that a CLDT can work with (without being overstretched). • Feed into NHSE Right Care stream to ensure contracts are given adequate resources to pay the living wage. 	Marie Lovell
Highlight the importance of a collaborative workforce approach in their specialist areas	ALL
Keep CB NSG updated re the LD Community Teams work	Della Money
Keep CB NSG members updated re the PBS Academy work. Including a letter inviting members to endorse the competencies work.	David Allen & Richard Hastings