



CB-NSG Nov 2021

Workshop 3: *The development of an Integrated Intensive Support Service*

Workshop Facilitators: Phil Boulter, Dr Karen Dodd, Selven Daniel

The aim of the workshop was to demonstrate the effectiveness of facilitators' integrated intensive support service in preventing placement breakdown and hospital admissions, and to consider how the service could be replicated elsewhere.

Workshop objectives:

- Share experiences of setting up an integrated intensive support service
- Understand how the service works in practice
- To share numbers and qualitative feedback from people with learning disabilities, carers and commissioners and outcomes for people with learning disabilities
- To demonstrate how systems can work together to prevent placement breakdown and admissions
- To explore why it works and ongoing challenges
- To consider how to replicate the service elsewhere

The Integrated Intensive Support Service (IISS) was formed in late 2016 in Surrey, in line with guidance from NHS England and Transforming Care principles.

Workshop discussion:

The group were pleased to hear about the IISS and the work it was doing to avoid admission to inpatient units for adults with learning disabilities and autistic adults. The discussion covered several themes:

COVID

The group discussed the national shortage of social care workers, and the impact of Covid on the health and social care workforce. The combination of Covid and a national shortage has often made it very difficult for support and hospital workers, and their providers, to best support people with learning disabilities.

The IISS had struggled to recruit qualified and specialist staff for the service, and had had to construct new packages (including pathways for professional development) to attract staff,

ADMISSION AND DISCHARGE

The group was told that people with learning disabilities and autistic people who are currently admitted to our A&T unit in Surrey have much more complex behaviours than 3 or

4 years ago. This is partly as a result of reduced admission for people with less complex behaviour, by the IISS. However, people who are discharged are often delayed in their discharge as there is a lack of community providers who can support their complex behavioural and health needs.

Facilitators attend a weekly Transforming Care response group with their local authority, NHS Trust and CCG, and express concerns on how well local providers can support people with learning disabilities who are to be discharged. Market-shaping is currently not working, and more needs to be invested in the service that are required to support adults to be discharged.

Delays in discharge can also be frustrating for both IISS and Community Team for People with Learning Disabilities (CTPLD) staff, as they know someone is ready to leave. The group was told that when someone leaves the Deacon, they continue to receive support from the IISS, and this reduces the chances of readmission. Readmission rates in the area are very low.

PROVIDERS AND RELATIONSHIPS BETWEEN BODIES

Adults are often placed with providers who do not have the skills to support them, which results in a service such as the IISS stepping in to support the person's care and admission avoidance. The group questioned where the learning, or training, is for these providers on how to support people both whilst the person is placed there and post-discharge and whether the organisation has the trained staff and capacity to support someone with complex behavioural needs. The workshop facilitators have raised this problem with the CQC.

Several community care providers in Surrey do not support any people with learning disabilities and autism, as local Commissioners from Surrey trusts or local authorities do not believe the providers will adequately support these people. Out of area people can appear in Surrey homes 'overnight' and the IISS must then support people they know nothing about. Surrey health services including CTPLD and the IISS do not receive any extra funding to support these new people, which puts a stress on our community learning disability teams.

The group discussed local authorities working together with planning officers for the area, so that homes are built only when and where there is local need for the services.

One of the workshop facilitators noted that the introduction of the new healthcare structures in April 2022, Integrated Care Systems (ICS), will not affect the IISS remit of work as an ICS will cover most of Surrey, as does the IISS.

The group suggested that the remit of community learning disability teams should be extended to report on workforce development and providers' capacity to support people with learning disabilities and/or autistic people in the area. The team should advise on what is needed from providers and where more providers are needed, and where training is needed. Relationships need to be developed between social care, hospital providers, community providers and local authorities, but a big increase in funding for local authorities and health services is required for this to happen.

Finally, a workshop facilitator suggested that local authorities need to also quality assure providers in their local area who do not support any adults whose care has been commissioned by Surrey CCGs. Such providers must be inspected and have the quality of support they offer tested and monitored.

FAMILY CARER EXPERIENCES

A parent carer in the group relayed her experiences of her son, as an adult, being admitted out of area. She felt that if she had not stepped in at key points during her son's admission, she does not know where he would be living and what his quality of life would look like. The mother stated that not everyone has family carers who can step in, so there should be an equivalent role (perhaps a key worker) whose task is to keep a tab on how someone is being looked after by a hospital provider. Safety nets need to be in place for people and commissioners need to be more creative locally with the services they commission and want to invest in, so that people are not placed out of area. The group agreed with the parent carer's view. The IISS have access to a 'clinical and ethical issues panel' and has involved family carers in the discussion. Carers have reported this to be a very positive experience.

INTENSIVE SUPPORT

The parent carer also felt that an integrated model of intensive support was the best one for people with complex needs and disabilities – where health and social care can easily communicate.

The key worker role can be hard to define, and means different things to different people. A key worker is either someone who is a 'heavyweight' and requires a lot of training to be involved in someone's care and decision-making (and this costs a lot), or they are someone with less training (and is therefore cheaper) but is unlikely to make a real difference to people's lives and care, and may not be taken seriously. The key worker role needs to be developed.

Intensive support teams, community providers and the assessment and treatment unit must work together, so that best practice and expertise are shared and there is joint ownership of decision-making. Joined-up working would also reduce the admission of people to inpatient units.

REDUCING RESTRICTIVE PRACTICES

The IISS has achieved extremely low rates of restrictive practices in inpatient units in Surrey. This is partially the result of developing 'safety pods', a bean-bag-like chair which can give adults sensory feedback and feelings of comfort when displaying challenging behaviour. 'Safety pods' are now being rolled out across the country. The IISS used STOMP principles to reduce the use of PRN, and the workshop facilitators believed that no prone restraint has been used with any adult in the Deacon Unit. 'Safety pods' have also been recommended for people post-discharge, by the IISS, for their new homes.

Actions:

Action	How will it be done?	Who will do it?	When will it be done?
Remit of community learning disability team should be broadened to include workforce development for social care providers	"Requires a substantial increase in funding"	<p>Included in CBF's feedback to BTRS action plan</p> <p>CBF to raise issue with contact on the Building the Right Support stakeholder group for national action</p> <p>Contact Karen/Phil/Diren for ideas on how to approach this</p> <p>Link to community LD team conversation (new CBF research / ESG work)</p>	
Quality assurance checks by local authorities should be broadened to include ALL providers in the local area (not just those commissioned)	Workshop facilitators to discuss with CBF regarding national picture	<p>Raise with ADASS CB-NSG member</p> <p>Contact for more information and potential approach</p>	
CQC checks should extend to supported living services	<p>CQC do not currently assess the environment people live in</p> <p>Discuss current community provider inspection process, what the scope is for strengthening these inspections</p> <p>If they can't go into all houses, what could they be doing better?</p>	<p>Steve Holmes/ Alison Carpenter (CQC) to be contacted by workshop facilitators</p> <p>Facilitators to discuss this with the CBF</p>	
Develop clinical and ethical issues groups for each LA, to resolve disputes and issues encountered by professionals working with families	<p>CBF/Mencap as project partners. SABP happy to participate as partners.</p> <p>Information on project to be shared with CB-NSG</p>	<p>Karen Dodd/ Phil Boulter to discuss potential work with ADASS and CBF</p> <p>CBF to contact for more information/examples</p>	

Local areas to consider the development of Integrated Intensive Support Teams	Recently published article on IISS to be shared nationally. Facilitators happy to consult with local areas as needed	Article has been shared via LD Professional Senate. Further liaison with CBF.	
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