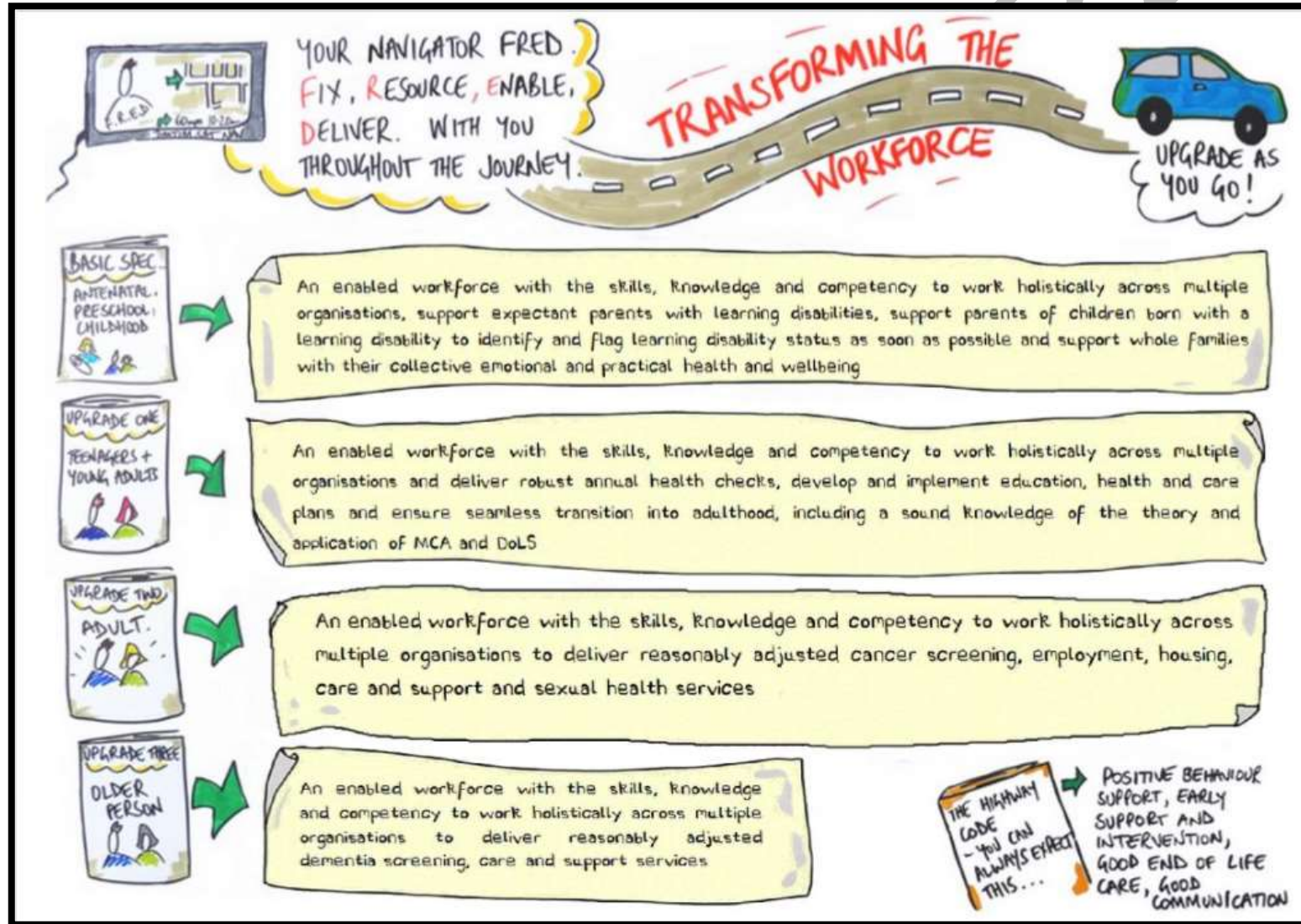


Our strategy is built around the analogy of a car. We have used a Graphic Facilitator to produce an accessible image which summarises our work.





Our collective vision is that the North East and Cumbria will be the best place in England for a person with learning disabilities and/or autism and their family to live. In a rapidly-changing political, economic and social environment it is of paramount importance to have a robust strategy and delivery plan in place to support the workforce implications of this aim going forward. We have

developed a holistic plan to support Transforming Care and beyond. We will do this by transforming the workforce to support people to live better, more fulfilling lives and to enable better care and support to be delivered closer to home, with earlier and more appropriate intervention when necessary.

Building our Strategy

In November 2015, Health Education England (HEE) made an offer of support to the North East and Cumbria Transforming Care (TC) Partnership to work with the TC Board to look at the needs of the learning disability and/or autism workforce across both health and social care. A workforce working group was convened with representation from a wide variety of stakeholders and the North East and Cumbria Learning Disability Network was asked to chair this group on behalf of HEE. The group brought together health, social care providers and commissioners, representatives from the community and voluntary sectors, education, local authorities, people with learning disabilities and/or autism and their family carers. Using a population-centric method, the group defined the workforce needs of our local learning disability and/or autism population across all seasons of life using a number of representative case studies. We developed our strategy like a car. Firstly, we have a 'basic specification' model which starts before birth but contains skills, knowledge and competencies common to all ages. We then developed a number of 'upgrades' which may, or may not, be required as circumstances change and people move through the seasons of life. We have a 'Highway Code' to guide us through life, built on a solid foundation of Positive Behavioural Support (PBS), robust and appropriate end of life care and good communication skills. We also have a 'Sat Nav' to guide us throughout the journey – a new role called FRED!

Basic Specification

From our work with the case studies, we know that the focus of our basic support specification is early support and appropriate intervention at all ages, across the whole system and getting the right access to universal services with a focus on staying strong and resilient.

In the first instance, we will develop an enabled workforce with the skills, knowledge and competence to work holistically across multiple organisations to support expectant parents with learning disabilities and/or autism, support parents of children born with a learning disability and/or autism to identify and flag learning disability/autism status as soon as possible and support whole families with their collective emotional and practical health and wellbeing. We will

give our workforce the skills and knowledge to support children at home and reduce the need for residential and hospital placements.

Upgrade 1

When a child with a learning disability and/or autism becomes a teenager/young adult their needs of the workforce may change. To acknowledge and support this, we will work to develop an enabled workforce with the skills, knowledge and competency to work holistically across multiple organisations and deliver robust annual health checks, develop and implement education, health and care plans and ensure seamless transition into adulthood. From this point on we will ensure that the whole workforce has a sound knowledge of the theory and practical application of the Mental Capacity Act and Deprivation of Liberty Safeguarding.

Upgrade 2

When transitioning into adulthood, our population of people with learning disabilities and/or autism needs an enabled workforce with the skills, knowledge and competency to work holistically across multiple organisations to deliver employment, housing, care and support, sexual health services and adjusted cancer screening. We will develop our workforce to meet their changing needs.

Upgrade 3

We expect our population of people with learning disabilities and/or autism to live longer into old age. This will be possible because we will have a skilled workforce developing improved care, addressing social and health inequalities using learning from the national learning disability mortality review programme (LeDeR). This will include care and support services and accessible dementia screening.

Our Population

There are around 80,000 people with a learning disability and/or autism registered with GP practices across the region. Most live at home and in their own community. However, at the time of writing, there are 89 people in CCG commissioned beds across the region and a further 118 in Specialised Commissioning beds. We currently intend to reduce our use of CCG commissioned beds to 48 and Specialised Commissioning beds to 70 by March 2019. This means we will have an additional 89 people with learning disabilities and/or autism being resettled into their communities.

In broad terms, and as advised by the NE&C Transforming Care team, we anticipate 4 of the 89 will need 3:1 support on discharge, 68 to need 2:1 and the remaining 17 to need 1:1. It is recognised that levels of support may change as adjustment to living back in a community setting is made.

Transforming Care is about radically improving care and lives. It goes beyond a resettlement programme by ensuring everyone has a home within their community, is able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. Our strategy, therefore, is for a transformed workforce in social, education, specialist and mainstream health services. We recognise that support must be joined up if quality of life, health and wellbeing is to be improved.

Our current workforce

What do we know about our Social Care workforce?

We estimate, in order to resettle 89 people who are currently residing in hospital, we will need to support the growth of the social care workforce by a total of 963 Full Time Equivalent (FTE). This will be a challenge as there are significant issues across the region with finding and keeping staff.

In the North East and Cumbria there are estimated 90,000 social care jobs, 32,600 of which were held by people working in locations providing services for people with learning disabilities and/or autism, which equated to 37% of all jobs. In addition to this there are people with learning disabilities and autism directly employing personal assistants. It is estimated 4,200 of these are specialist and 28,400 are generalist positions. Turnover of staff is at 25.9% which equates to approximately 8,500 leavers per year, but this is lower than comparing the North East and Cumbria with TCPs of a similar size.

Across this region the National Minimum Data Set for Social Care (NMDS-SC) covers 699 locations providing services for people with learning disabilities and/or autism. Of those 699 locations, 30% were specialist services providing only services to people with learning disabilities and/or autism

Approximately half (58%) of the workforce were on a full time contract, 33% were part time and the remaining 9% no fixed hours. Comparing with other TCPs of a similar size, The North East and Cumbria has the highest proportion of full –time workers.

Over a third of the workforce (42%) however, were recorded as being on a zero-hours contract, which was higher than across England (34%) and at its highest in adult domiciliary care.

NMDS-SC showed that 65% of the direct care workforce held a qualification at level 2 or above and the completion of the Care Certificate either achieved or in progress at 60%.

What do we know about our Family Carers?

According to Public Health England, of all adults with learning disabilities and/or autism at least 36% live with their families. This translates to about 19,000 adults with learning disabilities and/or autism living with, and supported by, their families in the NE&C.

Replacement care is the support that health and/or social care services would need to provide if family/carers were unable or unwilling to provide this support. The estimated cost of replacement care for adults with learning disabilities and/or autism in the NE&C is £21,242,000 per week, or £1.1 billion per annum.

Any cohort generating this level of output deserves to be recognised, nurtured and supported. Appropriate support enables carers to provide better support, for longer. Enhancing learning disability and/or autism carer output by just 1% through targeted support, for example, could yield a return of additional care coverage of the order of £11 million per annum in the region.

Families and carers are experts by experience in their own right and should be considered as equal partners. As such, they should be involved in assessing need and planning appropriate

support. They should, in their own right, have access to information, skills training and timely access to support.

What do we know about our Health Service workforce?

The NHS Electronic Staff Record (ESR) data gives us a good understanding of the number of Learning Disability psychiatrists and Nurses. It is anticipated that the current shortfall of psychiatrists will not be filled by 2021. There are currently 33 Consultants working across the region. Trusts forecast that we will need 42 by 2021. Of these additional 9, 4 are to expand the consultant workforce and 5 are to fill current vacancies.

Additionally, the overall age profile of the workforce is fairly young, but there is the potential to see up to 20% of the workforce retiring over the next 5 years, meaning that the number of vacant posts is likely to increase by around 6. However, the current forecast is that there will be only 5 Certificate of Completion of Training (CCT) holders produced from within the north east over the next 5 years. This means that we will need to externally recruit between 4 and 10 consultants over that time period, or meet the need by other means.

The 2016 Learning Disability nursing workforce within the NHS was 488 FTE. The numbers of nurses working in the independent, community and voluntary services is unknown. Transforming care from inpatient to community setting is likely to mean that the number of nurses working across inpatient units will reduce by approximately 110 nurses and 236 support workers. These are likely to be working in a combination of NHS and independent provision. The increase in need across community support is likely to be in the region of 80 and 27 respectively. There is expected to be an additional employment opportunity for support and professional workers providing packages in the region of 900. However, based on an analysis of the numbers of students previously and currently in training and current rates of attrition it is possible to estimate the number of newly qualified staff entering the labour market until 2019/20. These predictions fall far short of requirement, with 26 entering the workforce in 17/18 and 30 in 18/19 and 19/20.

It is also estimated that we may see an increase in the number of staff who could leave NHS employment through retirement. There are currently 54 FTE (8%) learning disability nurses aged 55-65 across the NHS North East and by 2021 we forecast this has the potential to rise to 162 FTE (25%). The implementation of NMC revalidation of nurses and changes to NHS pensions could have a significant impact upon the retirement rates. Based on an analysis of the workforce turnover recorded in ESR since 2007 it has also been identified that, in addition to staff leaving service due to retirement, death and dismissal, 55% of all staff turnover can be accounted for by movement of staff between different organisations within the NHS in the North East. This is likely to increase as the bed closure programme is rolled out and nurses are redeployed into new settings.

What do we know about our Education workforce?

Generally, staff in mainstream schools do not have the experience and skill set that can be required to meet the needs of some of the more complex Special Educational Needs (SEN) pupils. Usually, these staff members have undertaken a learning support assistant course at level 2 which gives general training around supporting pupils learning.

Often pupils can arrive at a mainstream school which has no prior knowledge of the pupil and their needs, generally when starting school in Reception year or out of authority. Schools then rely on any information they receive to help inform them of how best to support an individual pupil's needs.

Mainstream schools employ learning support staff mainly to support teaching and learning within the mainstream classroom. If it is felt that the needs of a particular pupil are such that they require additional support it is often these staff members who are redirected to the support.

The size of the workforce depends on the school budget and whether, or not, they invest in learning support. If children meet the criteria for SEN funding, they can attract some additional funding which schools can utilise to employ support staff. However, the main issue is the lack of relevant skills and experience that these staff have. Usually these staff have a full timetable of support and then are redirected when additional support is required.

Every school has a SENCO (Special Educational Needs Coordinator) but, depending on the size of the school, they are often full time teaching staff. Their role is to provide support and advice to staff but it is sometimes the case that they may not have the relevant experience depending on the needs of the pupil.

Scoping and workforce analysis is required to show us who makes up the mainstream education workforce supporting children and young people with learning disabilities and/or autism across the North East and Cumbria.

What do we know about the Community and Voluntary Sector workforce?

Small VCSE (voluntary, community and social enterprise) organisations are essential to make Transforming Care successful and to enable people with learning disabilities and/or autism and their families to live better lives. Across the North East and Cumbria, self-advocacy organisations are supporting people with learning disabilities and/or autism to improve their health, wellbeing and resilience, and to speak up and have more control over their lives. The work of these organisations supports the success of Transforming Care but they are not always involved in the local programmes of work and many are struggling to survive financially. It is important that all stakeholders work together to ensure that these organisations can play their crucial role in Transforming Care and beyond.

Evidence from the North East and Cumbria shows that the number of full-time equivalent employees in the third sector seems to have remained relatively similar over time: falling from 38,200 in 2010 to 37,500 in 2016. But the balance between part-time and full-time staff has changed quite significantly since 2010. In the North East and Cumbria, part-time staff only constituted 35 per cent of employed staff in 2010, but this has risen to 45 per cent in 2016. While more data analysis needs to be undertaken to explore this shift in detail, it is possible that it is being driven by funding changes, and that in turn it is causing organisational capacity and capability to be eroded.

Additionally, the sector benefits from the contribution of people who freely give their time as volunteers. In the north of England, it is estimated that there are 930,000 volunteers currently providing over 66 million hours of work per year, which can be valued at between £475 million and £816 million. At a regional level, this works out at £77–£131 million in the North East.

Our vision for the future of the workforce – what needs to change and how will we support this?

Market shaping

We have:

- used information gathered at our 'Addressing Education and Training Gaps in Learning Disabilities' event to inform our thinking around what the social care workforce needs in terms of education and training to upskill and develop to better fit the needs of our local population
- identified learning needs across the region
- identified volunteers across the sector to support workforce development
- established a workforce working group
- held provider engagement events
- Undertaken engagement sessions to allow us to better understand our local workforce market
- Established three Collaborative Commissioning Hubs
- Delivered PBS awareness sessions to 70+ providers to help to shape the market
- Built on the expertise of the North East and Cumbria Learning Disability Network to build and shape relationships with providers

We will:

- Update market position statements across each local authority
- Develop our commissioning intentions with providers
- Continue to hold provider - educator discussions
- Commission a scoping exercise to look at the VCSE workforce to understand the size and make up and identify their training and support needs
- Map the work of self-advocacy organisations to find out what they are currently offering to help people stay well in their communities to understand how this can support our regional workforce offer
- Scope what self-advocacy organisations are doing regionally to support the development of people and their families as leaders within their communities and how this can impact on the workforce market

Fundamentals

We recognise that some necessary workforce developments cut right across all seasons of life and all sectors and organisations.

PBS:

We have:

- Developed a PBS workforce development programme, co-designed and delivered by Northumbria University
- Established three strategic workforce development manager posts, linked geographically to each of the Collaborative Commissioning Hubs.

- developed a Community of Practice (CoP) made up of expert PBS practitioners (including a small number of family carers), the workforce around an individual, families and carers
- developed a website to virtually host the CoP – www.pbsnec.co.uk
- equipped 15 NHS PBS experts across the region with a PG Cert in teaching and learning
- developed programmes of learning at level 4, 6, 7 to facilitate the development of appropriate knowledge and competencies to deliver PBS effectively
- planned for PBS mentors to support 30 PBS practice leaders through programmes at levels 6 and 7
- held a number of highly successful PBS conferences and stakeholder engagement events across the region to prepare people and organisations for the workforce development programme

We will support providers to develop an infrastructure by:

- developing a group of 30 people through PBS programmes at levels 6 and 7 to become PBS practice leaders in their organisations
- preparing these 30 PBS leaders to mentor an initial cohort of 800 direct care staff/family carers through a PBS programme at level 4 to become PBS facilitators and/or practitioners
- evaluating the effectiveness of the strategic workforce development for workers, people with behaviour that challenges and services.

Changing culture and practice:

We have:

- delivered a programme of Total Attachment Theory sessions to approximately 1000 staff
- delivered leadership programmes to commissioners of services, family carers and people with learning disabilities
- co-produced an accessible Mindfulness-based Stress Reduction course and delivered this to two cohorts across the region, developing a number of Mindfulness champions who have gone on to start up new groups
- completed a culture-change pilot programme across inpatient and community settings
- trained around 100 Learning Disability Mortality reviewers across Cumbria and the North East and are now widely implementing the Learning Disability Mortality Review Programme (LeDeR)
- trained 16 Learning Disability Mortality Local Area Contacts (including deputy Local Area Contacts) across Cumbria and the North East who are now co-ordinating the implementation of the Learning Disability Mortality Review Programme.

We will:

- find substantive, recurrent funding to continue and expand our programme of Total Attachment Theory training across the region, including a 'train the trainer' model to allow for roll out at scale and pace

- find funding to continue and expand our leadership programmes for commissioners of services, family carers and experts by experience
- continue to support the growth of the Mindfulness programme by developing further trainers to expand the reach
- evaluate the impact and further potential of the Mindfulness programme
- use the learning from the culture change programme to embed the principles and behaviours of Building the Right Support
- encourage providers to use the Skills for Care Culture Change toolkit to implement Building the Right Support
- establish a sustainable training programme (including Train the Trainers) to support the implementation of LeDeR
- Develop a workforce support resource to act as a repository for downloadable training and guidance materials for the workforce across all CCG and hospital areas in the North East and Cumbria, aimed at the whole workforce both in the community and hospital setting. It will be a central point of access to the community and hospital workforce in seeking immediate support for a range of issues they may face when supporting a patient with a learning disability
- Work to enable self-advocacy organisations to continue to support people with learning disabilities to learn about healthy lifestyles and wellbeing, to work to reduce social isolation and improve resilience among those they support.

Keeping and Finding Workers:

Through this period of transition there are a number of key priorities, including:

- keeping the good staff we already have
- building resilience
- developing and growing talent
- supporting people to identify alternative careers where appropriate

We have:

- commissioned and received a resource, focussed on community workers, to support the recruitment and retention of learning disability/autism workers across health and social care, as well as individual Personal Assistants
- secured resource to provide support from Skills for Care to provider organisations

We will:

- support partnership between providers and Job Centre Plus. This will be led by Skills for Care
- use Skills for Care case studies to help providers create new roles and ways of working
- Develop the 'FRED' role found to be missing from the system when we looked at the workforce needs of our population. The FRED role will fix, resource, enable and deliver and will act as a 'care coordinator with teeth' who will bring the whole system to account. A FRED, or team of FREDs, will stay with the person throughout their life and will help them and their family to navigate through the system and hold it to account

- Develop GP Post-CCT Learning Disability Fellows with Health Education England. These Fellows will be a cohort of GPs with the skills and knowledge to care for and treat the physical complexities and complex co-morbidities of people with learning disabilities in primary and secondary care settings, address the health inequalities faced by this group and become peer champions, offering support and advice to other GPs, Consultants and multi-professional teams in both primary and secondary care settings and become systems leaders
- use the [Person-Centred Approaches Core Skills Education and Training Framework](#) to support our local providers look at the behaviours, knowledge and skills of their workforce, focussing on leadership and culture within organisations as an enabler of a person-centred approach
- Support Health Education England to undertake a detailed piece of work across the region looking at the issues surrounding recruitment and retention in learning disability nursing and attrition from pre-registration courses
- Work with the Health Education England School of Psychiatry Workforce Planning Committee to review consultant number and forecasts, promote recruitment both inside and external to the region and look at the skill mix to examine how the role could be delivered by other workforce groups
- Receive data from trusts around the makeup of the learning disability teams and look at the development needs of the wider health workforce, including Allied Healthcare Professionals and clinical psychologists

Children and Young People (CYP)

We have:

- Developed a pilot programme, linked with Carlisle MENCAP, the Challenging Behaviour Foundation and the Tizard Centre, to deliver a long term strategy for children and young people focussing on early intervention and prevention. This will include piloting a number of early intervention and prevention initiatives for children with learning disabilities in Cumbria (with scalability for the north east and other regions) as listed:
 - Project 1 – Early Positive Approaches to Support, (E-PatS) provides a universal programme of support to families with a child with learning disabilities in the pre-school period.
 - Project 2 – The CBF training workshops are centralised around a PBS model and are facilitated by both a family carer and professional trained to a high standard or competency. This programme is focussed predominantly on providing support to families who have a school-aged child with learning disabilities who has developed behaviours that challenge, which are having a significant impact on their life and that of their family.
 - Project 3 – Developing a systematic long term, strategic approach to build co-ordinated foundations for good early support, utilising evidence based practice, and existing resources, plans and initiatives.
- Worked with the learning disability children and young people service in Newcastle City Council to develop a more collaborative approach with families across all services that are involved in a child's life. We aim to move on from the 'expert' model i.e. the

psychologist or specialist nurse being the answer, to skilling people to feel confident in working with the child, i.e. parents and others who work with them in school and the other services in a child’s life. Newcastle City Council (in collaboration with multi-agency partners) are working with Social Finance Ltd exploring how to develop Social Impact Bonds to establish intensive positive behavioural support for children and young people with learning disabilities and/or autism in Newcastle. An expression of interest application was successful and we are now working towards a full application to be made by end of October 2017. A full decision is expected by end of January 2018.

We will:

- Evaluate the two pilot programmes and, if successful, identify funding to roll out at scale across NE & C
- Continue to review the needs of the CYP workforce across the region and work proactively to address them, allowing the workforce to develop and thrive

People with Autism who do not have a learning disability

While people who have autism but not a learning disability have been considered throughout this strategy alongside people who do have a learning disability, we recognise that their needs may differ.

We will:

- Consider the workforce needs of people who have autism but not a learning disability in line with the service delivery plans once these are developed by the Community Models working group

Delivery Action Plan:

Development Area	Action	Action for	Timescale
PBS	<ul style="list-style-type: none"> • Learning outcomes written • Curriculum developed • University validation final report received • L6/7 Practice Leader course underway • L4 course for direct care staff underway 	PBS CoP	L6/7 course from Nov 17
Total Attachment	<ul style="list-style-type: none"> • Funding options explored for expansion • Funding plan confirmed • Train the trainer model developed • Training programme expanded and rolled out across NE&C 	Workforce Group	Next phase of education offer to be in place by Dec 17
Leadership	<ul style="list-style-type: none"> • Funding options explored for further cohorts 	Workforce Group	Funding identified

	<ul style="list-style-type: none"> • Funding plan confirmed • SLAs with provider organisations issued • Courses marketed across NE&C • Prospective delegates identified 		and cohorts to start April 18
Mindfulness	<ul style="list-style-type: none"> • Funding identified for train the trainer model • Additional trainers identified and trained • Funding identified to expand programme across NE&C • Additional groups underway with support from champions from previous groups 	Skills for People	Train the Trainer Sept 17. New groups from January 18
FRED	<ul style="list-style-type: none"> • Scoping work undertaken on requirements of role and current areas of good practice which could be included • Steering group set up to develop job description and competencies 	Workforce Group	Scoping complete by Dec 17 Steering Group formed by Jan 18
Early Intervention and Support for Young Children in Cumbria (Pilot)	<ul style="list-style-type: none"> • Establish Steering Group to oversee project • Identify families from Cumbria to take part in pilot • Complete delivery plan for project • Evaluate outcomes 	WF Group	Programme delivery to start Oct 17 Evaluation complete by Nov 18
Newcastle Social Finance Bid	<ul style="list-style-type: none"> • Receive Social Finance proposal • Identify potential investors in the model • Develop delivery plan for implementation • Evaluate outcomes 	Newcastle City Council	Bid submitted by Dec 17
Understanding the wider health workforce	<ul style="list-style-type: none"> • Receive data from trusts around the makeup of learning disability teams • Analyse data and assess workforce development needs 	Workforce Group	Data analysed by Dec 17

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