

Kent Learning Disability Alliance

Service Operating Manual 2020





"We're proud of our excellent partnership working, which ensures that people with a learning disability get the right support, in the right place and at the right time."

Matthew Dodwell, Head of Service - Learning Disabilities, Kent Community Health NHS Trust



Foreword



Clive Tracey
Kent Learning Disability Alliance Chair

As Alliance chair, I am pleased to introduce the first Alliance Service Operating Manual on behalf of our alliance providers; Kent County Council, Kent Community Health NHS Foundation Trust and Kent and Medway NHS and Social Care Partnership Trust's Mental Health of Learning Disability Teams. As the Alliance chair, I have had the pleasure of seeing the difference integrated working has made to the people we support.

One of the positive elements of the Alliance is having a coordinated complex care response which is keeping people safe and out of hospital.

People and family/carers using our service share that they feel listened to, involved in their care and would recommend our services to others who may need them. I am proud to share the Alliance has an overall satisfaction rating of 97%.

Building on our success, we will look at other areas that we can provide to benefit to a wider population such as those with Autism.

As an Alliance, we are working together to make a greater difference to the people we support.

Contents

Foreword	3
Introduction.....	5
Philosophy and values	6
Aims and principles.....	9
What we do.....	10
Where we are	10
Who we are	13
Safeguarding	15
Learning Disability Partnership Board	17
Staff well-being and development	18
Key Performance Indicators.....	18
Transforming Care and Complex Care Response.....	19
Keeping Healthy.....	21
Transition and the disabled young people's service	22
Getting in touch.....	24

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"Working as part of the Learning Disability Alliance fosters and facilitates a truly integrated pattern of working, this in turn allows us to create a holistic understanding of the individual and subsequently create a very unique and person centred approach to their care."

Josh Reynolds, Speech and Language Therapist, West Kent Learning Disability Team.

Introduction

Everyone within the community teams continue to have an important role to play in supporting the care and well-being of people with learning disabilities and their families/carers. Teams are required to both support mainstream practice and directly serve those with the most complex needs. These professionals work in a range of settings and increasingly undertake new and challenging roles in both hospital and community-based provision.

The White Paper, Valuing People: A New Strategy for Learning Disability for the 21st Century (March 2001) set out the Government's commitment to improve the quality of life for people with learning disabilities. It emphasises that mainstream services should be accessed by people who have a learning disability in the same way as the rest of the population.

The Kent Community Health NHS Foundation Trust's (KCHFT) Learning Disability Service provides an integrated service, working alongside Kent County Council and Kent and Medway NHS and Social Care Partnership trust (KMPT) to provide the best personalised health and social care to people with learning disabilities across Kent.

This Service Operating Manual presents information and resources to support the contribution of the Learning Disability Alliance to achieve the objectives and standards within government policy and guidance for people with learning disabilities such as Valuing People Now and the core outcome domains for the NHS, social care and public health.

The Kent Learning Disability Alliance supports young people and adults with a learning disability in Kent. Our joint survey allows the group to monitor the difference the Alliance makes to the people we support. Opposite is a synopsis of the results.

Survey Results

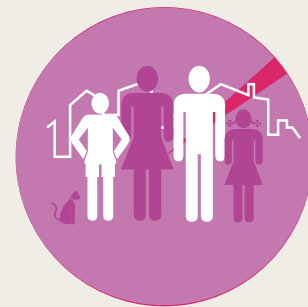


4,878* people with a learning disability are supported by Kent Adult Social Care.

This represents 0.3% of the total population of Kent. *Plus additional people supported by health.



98.57% of our clients are satisfied with their service.



98.91% of carers and families are satisfied with the service.



100% of people supported by us felt involved in making decisions about their support.

Philosophy and values



Two key issues underpin the current delivery of services for people with learning disabilities: the Transforming Care programme as a result of the abuse at Winterbourne View, and the Confidential Inquiry into cases of Premature Deaths of People with Learning Disabilities (CIPOLD).

The events at Winterbourne View and the CIPOLD inquiry highlight the importance of action to ensure that people with learning disabilities have access to community provision to meet both the needs of people who display behaviour that challenges and to support people to access mainstream health services in order that their health needs are identified and treated in order that their quality of life is improved. This will require sufficient skilled support to people throughout (or at various times in) their lives and at times of crisis to minimise admissions to hospital.

In addition, The Care Act 2014 provides the legislative framework for the delivery of social care to adults with learning disabilities as well as key responsibilities in relation to Safeguarding adults at risk and the Mental Capacity Act, which underpins all aspects of the integrated learning disability services functions.

Providing health interventions in the community, in a place that fails to match an individual's essential support needs can be ineffective. In the same way, providing social care in a place where there is no effective health support can be ineffective. Both are two sides of the same coin and need attention to avoid support failure. Separate health and social care service responses can be confusing, fragmented and expensive due to the considerable overlap in professional roles, particularly where the health support is provided by two separate agencies.

Coordination of care and support is integral to making this work, with a key principle being to adopt a single integrated health and social care process. This will deliver continuity of care and support for vulnerable people with complex needs who need intensive intervention and/or long-term support.

Service users with health and social care needs should be provided wherever possible, with one integrated assessment process, one principal contact person (lead worker), one care and support plan and one review process. This should include joint documentation, commonly agreed, aligned eligibility criteria and integrated information systems or shared access to each agency's information systems as appropriate.

The Providers should demonstrate how they are working towards upholding this vision. Integrated health and social care means that professionals from different disciplines complement each other so that a seamless service is provided to the individual.

Integrated services provide an opportunity to create efficiencies in the way support is delivered and monitored. Good communication and understanding of each other's role reduces duplication and provides a better coordinated service to the individual that is not only efficient but also makes best use of resources.

"I share everyone's passion within the Alliance for ensuring that people with a learning disability get a service that enables them to live an active, fulfilling life within their local communities. All our staff are focussed on delivering that opportunity to everyone we work with."

Mark Walker, Assistant Director for Disabled Children and Young People



"Mental Health of Learning Disabilities is proud to be part of an Alliance that ensures people with learning disabilities receive a truly integrated, holistic and individualised service from expert professionals."

Martin Robb, Service Manager



"The Alliance enables all services to work closely together to best meet the needs of adults with learning disabilities throughout their lives: at the times when there is a crisis, as well as when things are going well in their lives. The closer we work together the more efficient and effective we can be, for the benefit of service users, their families and paid carers."

Emma Rye
Consultant Clinical Psychologist



"I am passionate about working with my Alliance Partners to support people to live active, healthy and fulfilled lives in their local communities."

Christine Beaney, Assistant Director, Lifespan Pathway – Community Learning Disability Teams, Kent County Council



"Health and Social care professionals work better together than apart. Its called the Alliance for a good reason ... it is there to help us work in a cohesive way."

Max Pickard, Consultant Psychiatrist & Clinical Lead for MHLDPsychiatry

Making it happen

- Everyone who is referred for support receives an initial assessment within 28 days
- Everyone who needs it will have a person centred support plan and help to find the best support to meet their individual needs
- Everyone who has social care needs will have a personal budget and will be offered a Direct Payment
- Everyone will be offered a Baseline Health Profile and Health Action Plan
- Each GP surgery will have a link learning disability nurse who will support them to understand the needs of people with a learning disability and support an annual health check.

Aims and principles

Our aim is to work as equal partners providing personalised health and social care, to people with learning disabilities across Kent.

Working collaboratively to deliver effective person-centred support to people with learning disabilities and their families/carers.

Developing integrated and holistic pathways that deliver safer services and improved service user experience.

Supporting positive experience of and responses from mainstream services, hospitals and other services, in line with reasonable adjustments for the Equality Act 2010.

Providing specialist clinical and social services to people with complex behavioural and health support needs.

Quality assurance and strategic service development.

And keeping people safe.

To optimise health and social care outcomes for people with learning disabilities by directly providing:

- the right support
- at the right time
- in the right place
- to the right standard
- with the right outcome for the person.

You can read more in the second annual Learning Disabilities Mortality Review (LeDeR) report recommendations.

The Alliance is working to support the work of LeDeR to identify if there are any potentially avoidable contributory factors associated with the deaths of people with learning disabilities.



Person centred practice and co-production is at the heart of our community learning disability teams model.

Our principles are:

- Prevention and early intervention
- A whole systems life course approach
- Family carer and stakeholder partnerships
- Behaviour that challenges is reduced by better meeting needs and increasing quality of life support for communication
- Physical health support
- Mental health support
- Function based holistic assessment
- Support for additional needs
- Positive behavioural support
- Safeguarding and advocacy
- Specialist local services
- Workforce development
- Monitoring quality.

What we do

Each of our teams, located across Kent, is made up of a range of health and social care professionals who work together to provide a seamless service to people with learning disabilities.

Teams are made up of:

- Clinical Psychologists
- Behaviour Specialists
- Counsellors
- Community Learning Disability Nurses
- Mental Health Nurses
- Occupational Therapists
- Physiotherapists
- Psychiatrists
- Social Workers
- Registered Social Care Practitioners
- Case Officers
- Speech and Language Therapists
- Trainee Clinical Psychologists
- Psychology Assistants
- Vision and Hearing Support Practitioners
- Safeguarding Adults at Risk Co-ordinators.

Teams support people with learning disabilities to live full and active lives within their local communities. They do this by helping people to have the right place to live, have the most appropriate type and level of support, to take care of their health and well-being and to be active and productive in their daily lives.



Where we are

We are based all across Kent, you can find us at the following locations.

1. **Brook House**, Whitstable
2. **Cairn Ryan**, Dover
3. **Eversley House**, Hythe
4. **Worrall House**, West Malling
5. **Milton Haig**, Gravesend
6. **Montague House**, Tunbridge Wells
7. **Heathside House**, Maidstone
8. **Laurel House**, Canterbury
9. **The Beacon Centre**, Ramsgate
10. **Albion Place**, Maidstone
11. **Archery House**, Dartford
12. **The Medical Centre**, Ashford
13. **Highlands House**, Tunbridge Wells
14. **The Orchards**, Sittingbourne
15. **The Rainbow Centre**, Ashford
16. **Thistley Hill**, Dover
17. **Green Banks**, Margate





"My experience of using the services this time round, has been that it is much more joined up. A remarkable improvement from 2009 when I first used it, with a team of professionals working together for the benefit of their clients."

Carer's response to the Alliance Satisfaction Survey 2019.



Who we are

Community Learning Disability Nurses

We work with people with learning disabilities and those with complex health needs to support their physical, psychological, emotional, spiritual, mental and sexual health needs. We provide link nursing to acute and primary care to facilitate reasonable adjustment and promote positive outcomes. We provide specialist nursing care and support individuals to access and understand other health care services, which support their well-being and social inclusion.

Mental Health of Learning Disability Nurses (MHLD)

MHLD nurses focus on mental health and behaviours that challenge. We work with people with learning disabilities who are unable to access mainstream mental health services due to the complex nature of their needs. We use our expertise to provide support for mainstream mental health colleagues to support people with learning disabilities accessing those services.

MHLD nurses provide care co-ordination to individuals under the Care Programme Approach (CPA). We provide care and treatment under this process, improving the quality of life for the individual to achieve the best outcomes via person centre care planning and the development of robust multidisciplinary crisis plan especially for those requiring a complex care response.

MHLD nurses work to ensure early detection of mental health problems in people with learning disabilities to allow early interventions in a least restrictive manner in the community. If a person with learning disabilities needs to be admitted to hospital, we support the hospital staff to make all reasonable adjustments and to empower the patient to be discharged from hospital back to their home as soon as possible.

Occupational Therapists

We work with adults with a learning disability and their networks to support and help overcome barriers, which stop them taking part in activities or occupations that matter to them. These can be essential day-to-day tasks, such as caring for themselves, work or leisure activities. We are specialist at adapting activities and environments to empower people to achieve their goals and engage fully in all aspects of their lives.

Physiotherapists

We work with people with learning disabilities and their families and carers to assess their physical abilities, develop care plans, create and provide resources and help to improve quality of life. Our assessments look at a person's mobility, postural care, respiratory needs and we help individuals with learning disabilities to gain independence, learn new skills and access mainstream services, where possible.

Speech and Language Team

Speech and language therapists support people with communication difficulty. We assess people's communication skills and needs and provide support to enable people to understand and communicate more effectively. This includes specialist assessment and advice, development of communication resources and training. Our goal is to maximise people's communication potential and to promote well-being, social inclusion and quality of life. We also help people with difficulty eating and drinking. We provide specialist assessment of swallow function and try different ways to support people to eat and drink.



Vision and Hearing Support Team

We support people with learning disabilities who are: Deaf, hearing impaired, sight impaired or dual sensory impaired. Using specialised equipment, we can take images of the retina and ear drum, which can be passed, along with our assessments, to ophthalmic and audiology appointments. We provide desensitisation programmes to make sure a person has the best opportunity for a full assessment and positive outcome. We complete environmental assessments in the home and/or place of work to check the immediate environment is conducive to a person's visual/hearing needs.

Social Workers and Registered Social Care Practitioners

Social Workers and Registered Social Care Practitioners bring a core set of skills and knowledge in constructing social care support. They see the person in the context of their human and civil rights and will help to ensure that the process is one of co-production, based on the strengths of the individual and their aspirations for a life as independent as is possible given the circumstances. They work within the legislative framework of the Care Act to support young people and adults with learning disabilities and complex physical disabilities to live full and active lives in their local communities

Case Officers/Social Work Assistants

Case officers and Social Work Assistants work alongside Social Workers and Registered Social Care Practitioners to support disabled young people and adults to develop strengths based care and support plans that ensure choice and control. They support people in partnership with their families and carers towards achieving their goals working within an outcome focused framework.

Psychiatrists

Specialist psychiatric assessments, diagnoses (where applicable) and interventions to ensure effective evidence-based support for co-morbid presentations of mental health difficulties, challenging behaviour, epilepsy, dementia, and forensic issues relevant to multi-agency protection panels, including community out-patient reviews, and in-patient support in line with the Mental Health Act.

Psychologists

Specialist neuropsychological /behavioural assessments, diagnostic, therapies and wider service support to prevent and reduce the incidence and impact of psychosocial/health difficulties.

Forensic Services

We offer a 13 bed locked rehabilitation service for people with learning disabilities who have engaged in risky / offending behaviour, The Brookfield Centre. This generally acts as a 'step down' unit for people previously placed within secure hospitals.

We also have a growing multi disciplinary forensic outreach service for people with learning disabilities in the community. This offers support upon discharge from hospital to avoid re-admission. It also offers assessment and intervention with people with learning disabilities presenting with risky behaviour identified in the community, and consultation to community learning disability teams, to help prevent admission to hospital wherever possible.

Safeguarding

Working with young people and adults with learning disabilities or complex physical disabilities, and their support networks, our staff are committed to ensuring every member of our community is safeguarded and supported to achieve their best outcomes in accordance with Section 42 of the Care Act 2014.

Each Community Learning Disability Team and the Disabled Young People's team has a Safeguarding Adults at Risk Co-ordinator who are responsible for co-ordinating the safeguarding process and acting as the Designated Senior Officer for all safeguarding concerns.

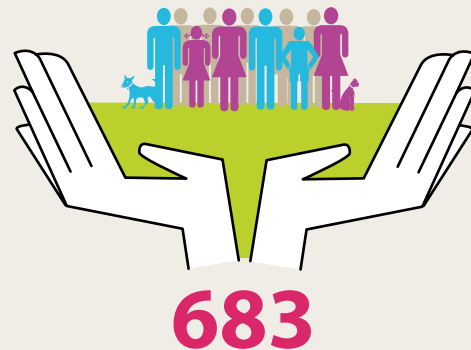
In practice, this means that we work in integrated teams to intervene, safeguard people quickly and effectively by supporting them individually or via an advocate, to achieve their making safeguarding personal outcomes; putting them in control and at the centre of the safeguarding inquiry.

Our Safeguarding Adults at Risk Co-ordinators work collaboratively with several partner agencies as well as working pro-actively with other agencies and people at risk of harm, to develop their learning of Safeguarding. This is central to our work practice.



How we're doing

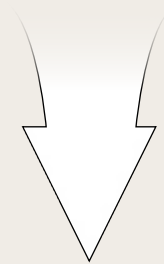
For the period October 2018 to September 2019 from the **683** cases that were closed we were able to reduce the risk of harm reoccurring in **63%** of cases and remove the risk in **30.3%** of cases.



Total number of closed cases



254 had a risk reduced



122 had a risk removed





Learning Disability Partnership Board

The Kent Learning Disability Partnership Board is responsible for making sure that the changes and improvements recommended in the Government White Paper 'Valuing People' (March 2001) and 'Valuing People Now' (January 2009) are happening in Kent.

The Board has no legal powers but is recognised as an authority on all matters relating to 'Valuing People Now'. There is a Joint Health and Social Services Forum, the Learning Disability Divisional Meeting, with which the Board works closely and shares mutual accountability.

The Board meets every two months. The core members are the Joint Chairs of the 11 District Partnership Groups of Kent, one with a learning disability and one without.

Other members include carers and influential people from the public, independent and voluntary sectors.

To ensure that all aspects of 'Valuing People Now' are acted upon the following groups were set up and meet regularly - reporting back to the Partnership Board informing decisions and making sure 'Valuing People Now' has been enacted fully in Kent.

The groups listed below are all working on behalf of the Kent Learning Disability Partnership Board to make a real difference to the lives of people with learning disabilities.

The groups are:

- The Good Health Group
- What I do
- Keeping Safe Group

For more information go to:
www.kentldpb.org.uk

Making it happen - my view



"The Kent Partnership Board is the big family right across Kent, that come together to discuss things like tenders for contracts, Transforming Care for Kent with people like me with Autism and issues like 'challenging behaviour'.

And we've got three delivery groups, called **Keeping Safe** - (we've done a lot of work with how to be safe on the Internet). The **Good Health Group** - (talk about health checks like cervical cancer). The **What I Do Group** - talk about changes to benefits and life. We are supported by groups like Aspens, Bemix, NKIAS, and East Kent Mencap. They talk about their local areas.

My role is being the Joint Chair in meetings, I welcome everyone and tell them the agenda. I like everyone to be comfy and able to settle in. I like to keep time and make sure the meeting is well run."

Daniel Hewitt, Joint Chair, Kent Learning Disability Partnership Board



Staff well-being and development

Investing in our staff is paramount to providing a safe and effective service for the people that we support. Initiatives to promote health staff development and well-being include:

- Local inductions
- Statutory and specialist training and development opportunities for staff
- Clinical supervision and supervision groups
- Multi professional / multi-agency meetings
- Team away days
- Time to Change / time to talk groups
- Academic sessions
- Annual appraisals
- Leadership development opportunities
- Staff feedback forums.

Key Performance Indicators

Our Key Performance Indicators have been developed to ensure that people get the right support, in the right place, by people with the rights skills, at the right time with the right outcome for the person.

Our Alliance Key Performance Indicators are under review, these are available on request.

We are currently piloting an Alliance satisfactions survey which will indicate the level of effectiveness of the services being provided – it can also be used for service improvement and development.

A selection of survey responses

"All the staff helped me with hospital visits and made me feel calm and happy."

"My daughter felt supported and encouraged and most importantly listened to."

"The team member has been a huge help to my carers in giving me not just what I need but also what I would like. I cannot praise this lady highly enough."

"I was given advice, good and constructive achievable exercises to complete with service user daily."

"You cared and you treated me as an individual."

Transforming Care and Complex Care Response

As set out in the Kent Transforming Care Plan, the Alliance works together to demonstrate commitment to working in partnership with individuals with learning disabilities and their families and with wider stakeholders to define what good person centred care and support looks like and to develop systems and processes that will deliver it.


- Commitment to changing how services are provided in order to enable people with learning disabilities to experience truly integrated and well-coordinated health and social care that delivers improved outcomes throughout their lives.
- How joint health and social care interventions that are provided enable people to live safe and fulfilling lives in their local community, close to the people who are important to them.
- Commitment to early intervention and prevention to ensure that people's needs do not increase over time and intensive support to individuals with more complex needs or to those who are in crisis.
- Commitment to supporting the continuing development of a skilled and dedicated workforce through the sharing of knowledge and best practice.

The Complex Care Response (CCR) is a Learning Disability Alliance intervention that has been developed to escalate clinical concerns requiring a more urgent multi-professional review. It can be initiated by any member of the multidisciplinary teams who support people with a learning disability (all partner agencies) in order to:

- Provide proactive and pre-emptive support (including educative, training or support etc.) to the person and carers where there are likely to be difficulties which may indicate a future risk of breakdown in placement or support
- Prevent a breakdown in an individual's community support arrangements where a breakdown is likely to happen without intensive multidisciplinary support
- Manage a breakdown / crisis in the community in order to prevent admission to hospital
- Provide in-reach to acute in-patient services to support reasonable adjustments and expedite the patient's discharge (including people not previously known to learning disability services).

Each CCR episode is intended to consist of intensive interventions which may be from 24 hours to 12 weeks in duration. No single episode of CCR should last for longer than 12 weeks. The client will receive a same day response by key professionals identified. A 72 hour crisis/contingency plan will be agreed and shared across all agencies.



A woman with short brown hair and glasses is smiling at the camera. She is wearing a black blazer over a teal-colored top and a black and white striped skirt. She is holding a black cane in her right hand. The background is a blurred indoor setting with a doorway and a blue chair.

Being person centred, having care and compassion are what we all share across the Kent Learning Disability Alliance. The drive to always make a difference to people is evident in everything we do together.

Keeping Healthy

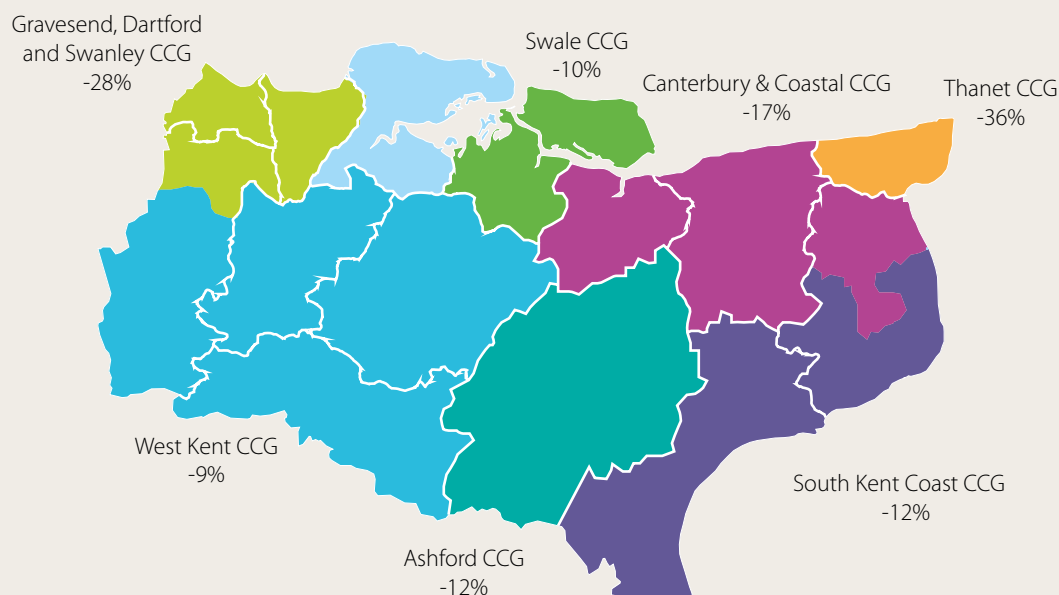
People with learning disabilities experience significant health inequalities and it is widely acknowledged that people with learning disabilities may experience more health inequalities and have poorer health than the general population. KCHFT Learning Disability Service uses the Health Equalities Framework (HEF) which is an outcome framework that is specially designed for people with learning disabilities.

There is evidence that people with a learning disability experience inequalities in healthcare. Research has found that men with a learning disability die on average 13 years sooner, and women with a learning disability 20 years sooner, compared to those without learning disabilities.

In June 2015, NHS England announced a three-year national review of premature deaths of people with learning disabilities. Led by the University of Bristol, the National Learning Disabilities Mortality Review (LeDeR) Programme was commissioned by Healthcare Quality Improvement Partnership (HQIP) on behalf of NHS England, and will seek to improve the quality of health and social care delivery for people with learning disabilities through a retrospective review of their deaths. The project looks at the causes of premature mortality for people with a learning disability and develops strategies to reduce this inequality.

Reductions in health inequalities through contact with the community team

The HEF measures a person's exposure to five key areas of health inequalities for people with learning disabilities – which are Environmental, Communication and, Personal health risks, and Access to quality services. The following graph shows the reductions of health inequalities across all these five areas from when people have first contact to discharge with the community team.



Getting in Touch

Kent County Council

Telephone: 03000 41 61 61

Text relay: 18001 03000 41 61 61

Email: social.services@kent.gov.uk

Website: www.kent.gov.uk/careandsupport

Kent and Medway NHS and Social Care Partnership Trust

You can contact the Patient Advice and Liaison Service (PALS): West Kent

Telephone: 0800 587 6757

Write to: Priority House, Hermitage Lane, Maidstone, ME16 9PH: East Kent

Telephone: 0800 783 9972

Write to: St Martin's Hospital, Littlebourne Road, Canterbury, CT1 1TD

Kent Community Health NHS Foundation Trust

You can contact the Patient Advice and Liaison Service (PALS)

Telephone: 0300 123 1807

Email: kentchft.PALS@nhs.net

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