Living Good Lives Webinar 3: Effective hospital discharge planning for adults with learning					
disabilities and/or autistic adults to prevent future admissions					
Monday 15th November 2021					
Programme Programme					

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Programme				
	Chair: Fazeela Hafejee,	Welcome and introduction		

	Senior Policy Adviser, Local Government Association	
12:35	Hazel Griffiths,	What a good hospital discharge looks like and what prevents
	Export by experience	roadmission

Expert by experience re-aumission Lizzy Dobres,

12:45 CQC learning from people's experience and feedback to improve Engagement Manager, CQC services A human rights based approach to social work with adults with Elaine James,

12:55 learning disabilities in Bradford Service Manager Learning Disability, Independence and Prevention, Bradford Council

13:05 Simon Jones, Importance of health checks, life span approach, MDT support

NICE Fellow & Consultant Learning Disability Nurse based on NICE guidance

13:15 Joanne Silkstone, Supporting staff training re skills and values by training co-Operations North Learning and Development Manager delivered with people who have lived experience of care

**United Response Panel Discussion** Q & A

13:25

13:50 Chair: Fazeela Hafejee Summing up of key points and close

# Fazeela Hafejee

Webinar Chair
Senior Policy Adviser
Local Government Association

#swlistening

## Hazel Griffiths

- Retired ED nurse
- Carer for autistic son
- NHSE STOMP
- Advisor for CQC EAG, closed cultures, out of sight: who cares, restraint, segregation and seclusion review
- Advisor for independent Mental Health Act Review
- Advisor on OMMT trial
- Co-design and deliver Autism STOMP and Carer awareness training to all job grades

# **Policy context:**



**Transforming Care** for People with Learning **Disabilities - Next Steps** 

October 2015

AHEAD

TIME FOR CHANGE: THE CHALLENGE





#### **Building the** right support



WINTERBOURNE

S RUNNING OUT



Care Quality Commission

Learning disability services

inspection programme

National overview

**STOMP** 

Stopping over medication of people with a learning disability, autism or both

January 2015

How medicines to treat mental health problems are used for people with learning disabilities



The Department of Health's Transforming Care document looks at things which needed to be changed as a result of the abuse of people with learning disabilities at Winterbourne View.



looked at was the use of medicines used on people with a learning disability. Some of these medicines that were being used are usually used to treat people who have ental health problems.

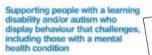


NHS England feels that it is important for people who have a learning disability and their carers to understand about the medication they are taking, and the reasons they are taking the medication and that their feelings are taken into













Department of Health



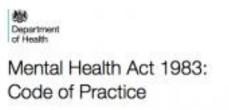
Positive and Proactive Care: reducing the need for restrictive interventions





# **Current practice:**

"...it is important to establish whether any abnormally aggressive or seriously irresponsible behaviour stems from difficulties in communication or an underlying condition or an unmet need."





"Compulsory treatment in a hospital setting is rarely likely to be helpful for a person with autism, who may be very distressed by even minor changes in routine and is likely to find detention in hospital anxiety provoking. Sensitive, person-centred support in a familiar setting will usually be more helpful."

"Detaining a person with LD or autism under the Act...is not a substitute for appropriate commissioning of care."

#### **CURRENT MHA:**

- X inadequate safeguards against inappropriate admission
- X inadequate protection of human rights
- X leaves us complicit in a system that causes harm

#### **Proposed reforms:**

- better protection against inappropriate admission
- better protection of human rights
- realisation of safe and effective community-based services



### Findings of the Safeguarding Adult Review

Overmedication

Undocumented assumptions concerning patients' mental capacity

Use of restraint & seclusion by unqualified staff

No attempts to desensitise CPAP usage

Significant gaps in reposting & absent information for patients stay

Assault & mistreatment of one of the individuals the night before his death

Lack of meaningful activity

Lack of commissioner oversight

If I can make ONE person Laugh long enough to forget their problems then my day was not wasted.

Can I make someone's day better?

Do I need to catch happy emotions? What will make me laugh or smile?



Am I noticing the natural world around me?

Look after your mental and emotional health. Being empathetic and compassionate to your own well being will support you passing on those attributes to another

> Be kind to yourself and others



Run (or walk) into your wellbeing









CQC's 'Home for Good' report – how good discharge planning is crucial

Lizzy Dobres, Engagement Manager, CQC





#### Report background

- Stories of people who have previously been placed in hospital settings, and how all are now thriving in community services
- Show the difference good discharge planning can make
- No single model of care and support that explains why some community support works better than others
- However, the stories have common threads



#### Agency Partnership working

- The stories tell us that when planning someone's move from hospital providers should collaborate with:
- clinical and health professionals
- community teams
- including occupational and speech and language therapists.
- Diane's story



#### Family involvement

- We know that family involvement in all aspects of planning increases the chance of a good outcome.
- This usually involves creating support close to the person's family home.
- Simon's story.



#### Housing and environment

- The report says that appropriate housing and environments are a prerequisite to people successfully leaving hospital.
- This might mean specially building property, or considerable adaption of an existing property.
- Michael's story



#### **Specialist Community Teams**

- We saw success where:
- People left hospital to be cared for by bespoke and well-trained team arrangements already in place
- George and/or Chris's Stories



#### Conclusion

 "Investing in getting it right at the beginning increases the chances of enduring success. Which means not just a favourable outcome for commissioner and provider, but a person having a fuller, safer, more enjoyable life."



A Human Rights based Approach to Social Work with Adults with Learning Disabilities in Bradford

Elaine James, Service Manager Learning Disability, Independence and Prevention





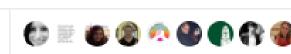
ACCOMPLICES



#cedr18 @corkstephanie (non-disabled people) sh

accomplices rather than 'allies,' meaning we are willing to break the rules and get into trouble to fight against dis/ableism.

3:33 AM - 12 Sep 2018









# Homes not Hospitals

- Halved the number of people in residential settings over the last 3 years
- No new detentions under S3 MHA in nearly 2 years

#### Impact

- Decanted the local Assessment and Treatment Unit in the last 18 months and supported all people to move on to better lives
- Put into place detailed plans which are progressing for Ministry of Justice approval for all individuals detained under S37-41 MHA in the last 12 months



## Nice Webinar 2021

- Simon Jones QN, MA, RNLD
- Nurse Consultant & NICE Fellow





#### Agenda



The importance of Annual Health Checks,

Taking a life span approach,

MDT support.

General awareness of the NICE guidance supporting learning disabilities and autism,



What is the value of Learning Disability and Autistic Annual Health Checks?

Both Patient groups have **poorer life expectancy** than the general population (20 years less in some cases).



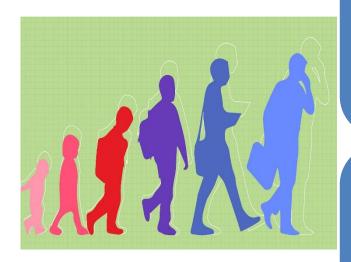
Both patient groups are more likely to have health issues (physical and mental)

Both patient groups may find health care difficult to access and need "Reasonable Adjustments"

Both patient groups can have both expressive and receptive communication problems.



#### A Life Span Approach



A person's physical and mental health and wellbeing are influenced throughout life by the wider determinants of health. These are a diverse range of social, economic and environmental factors, alongside genetic and behavioural risk factors which often cluster in particular populations.

Thus any consideration of health must be holistic.



# Multi Disciplinary Team (MDT) input: Assessment & Therapy/Interventions

- Medical: Health & Wellbeing
- Psychological & Emotional
- Occupational & Physio Therapy
- Nursing Assessment and Care
- Speech & Language
- Behavioural Analysis & Crisis Managment
- Dietician
- Arts Therapies (Drama, Music, Art )
- Social and Environmental plus Safeguarding
- Advocacy





### NICE Guidance covers in detail:-



- Autism
- Growing Older with a Learning Disability
- Epilepsy
- Diabetes
- Behavioural Challenges
- Dementia

# Joanne Silkstone

Learning and Development Manager

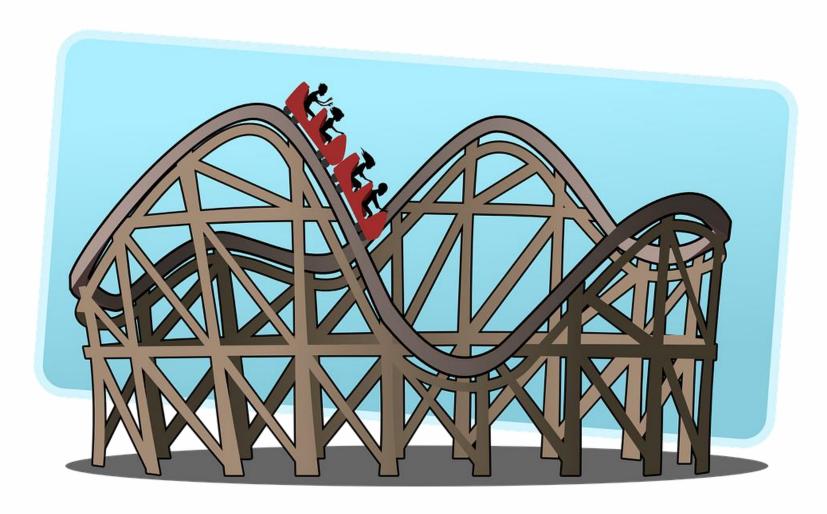


### Person centred



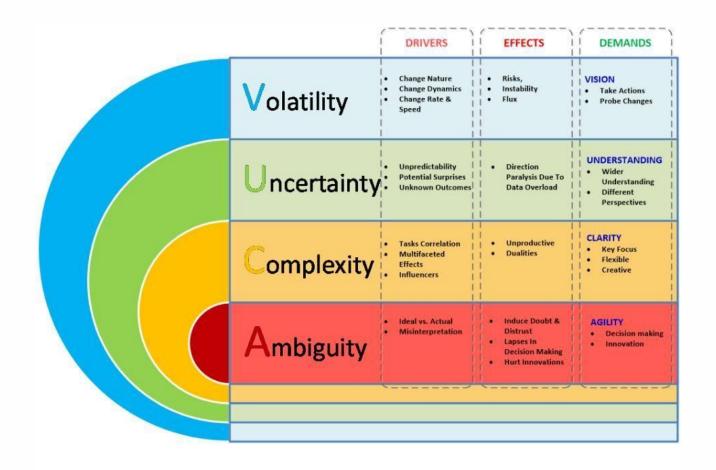


# The highs and lows...





# Working in COVID – It's a VUCA World





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**Questions & Answers** 

## Resources which may be useful

- Skills for Care website and resources
- Transition between inpatient mental health settings and community or care home settings NICE guidance (NG53 and QS159)
- Transition between inpatient hospital settings and community or care home settings for adults with social care needs NICE guidance (NG27 and QS136)
- Moving between hospital and home NICE <u>quick guide</u>
- BASW England Homes not Hospitals webpage
- BASW England Homes not Hospitals Best Practice Commissioning with Citizens and Communities statement
- The Role of the Social Worker and Legal Literacy BASW England
- <u>CQC 'Out of sight who cares?</u>: <u>Restraint, segregation and seclusion' review</u>
- How CQC identified and responds to closed cultures
- CQC 'Right Support, Right Care, Right Culture'

# Thank you for listening

# This event was co-produced by







