

*Developing people
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healthcare*

Workforce Development for People with Intellectual Disabilities

The report of the Kent, Surrey and Sussex
Intellectual Disabilities Workforce Scoping Project

March 2015

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Disabilities Workforce Scoping Project

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**Health Education Kent
Surrey and Sussex**

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Summary of significant findings

The Registered Intellectual Disability nursing workforce

- There are an estimated 1017 qualified nurses working in the Intellectual Disability services in Kent Surrey and Sussex (KSS)
- Data reviewed suggests that 64% of these nurses are working in private and independent services (Over the next 10 years upwards of 42% of the registered Intellectual Disability nursing workforce could take retirement)
- The education commissions for Intellectual Disability nurses do not meet the supply needs of employers and are often difficult to recruit to.

Demographics of individuals who have an Intellectual Disability

- The British Institute for Learning Disabilities (2011) suggests that the population of individuals who have an Intellectual Disability will increase at a similar rate as the rest of the population; we anticipate that the general population in KSS will grow by 4% to 4.62 million in the five years to 2017, so we can therefore expect the numbers of people with ID to increase.
- Improving Health and Lives Learning Disabilities Observatory (part of Public Health England), estimates that across KSS there are 19,439 individuals known to services who have an Intellectual Disability.
- Kent has the largest known population of individuals known to have an Intellectual Disability across KSS.
- It is likely that the actual numbers of individuals who have an Intellectual Disability across KSS is likely to be 78% greater than the known number

Stakeholder concerns

- Providers of NHS funded care for individuals who have Intellectual Disabilities would like the opportunity for greater engagement in education and workforce matters
- The location of the main provider of the Learning Disability pre-registration nurse programme for KSS is not easy to access due to geography which can discourage potential applicants from applying.
- Providers of NHS care are not always clear on how they can access funding to support the development of their workforce.
- Stakeholders raised issues with recruiting students onto ID pre-registration nursing programmes from KSS currently and that clarity is needed on how best to support healthcare assistants in accessing nurse training.

Information Box 1

What is the difference between the terms 'learning disabilities', 'learning difficulties' and 'intellectual disabilities'?

The term 'learning difficulty' is often used in an educational setting to denote a problem from the point of view of not reaching certain academic attainments. However, in the learning disability culture it is often preferred to the term 'learning disability' due to an avoidance of any 'label' connected with the idea of a 'disability'.

The term 'intellectual disability' carries the same meaning and it is clear that the grounds for such variety result simply from the perspective of personal preference.

All these terms have evolved over the years according to what has been deemed appropriate for the times, and indeed BILD has made the progression from such terminology as 'mental sub normality', 'mental retardation' and 'mental handicap' and it is quite probable that it will change again in the future. Although definitions may be important in some contexts, BILD's emphasis is always on the person's rights, dignity and individuality and we try not to "label" people unnecessary.

<http://www.bild.org.uk/information/faqs/#difference-between-the-terms>

Foreword

I have worked in the NHS for many years, across a number of different providers and settings, but my first experiences of working with people who have an intellectual disability was well before my nursing career started. When I was at school I regularly supported adults who had an Intellectual disability to access a Mencap youth club. This group was often the only time people had fun and socialise with others in a safe environment. It was also a source of support for their carers and families. It was also a valuable opportunity for me to understand more about people with intellectual disabilities, knowledge which I found invaluable as I continued in my nursing and midwifery career.

The needs of people with intellectual difficulties are not always well understood and there continue to be reports highlighting failures in care in this sector. HEKSS has a crucial role to play in ensuring that we have the right number of staff to support NHS funded care, and that they feel confident and competent to carry out their work to benefit the people they serve.

This report is the culmination of an extensive engagement process. It has brought together people who are committed to making sure that some of the most vulnerable individuals we have in society have the right kind of care and support, and is an opportunity to get this right.



Jane Butler

Head of Clinical Education, Health Education Kent, Surrey & Sussex

Introduction

Health Education Kent, Surrey & Sussex has undertaken a review of the current Intellectual Disabilities nursing workforce, in an effort to make sure that the workforce has access to education that provides the rights skills and values, in the right place at the right time.

Seven years ago Mencap published a report titled 'Death by Indifference' (2007) which highlighted the inequality and discrimination that individuals with Intellectual Disabilities had experienced from healthcare services.

There have been many more reports published since that time highlighting a whole host of further failings, and potential ways in which systems can be changed to better support and meet the needs of individuals with Intellectual Disabilities. One of the most recent is Six Lives; Progress Report on Health for People with Learning Disabilities (2013). Part One, Section Two of this report details what has been achieved to date and the on-going national aims to improve the capability of the workforce. Paragraph 109 states:

“Since April 2013, Health Education England (HEE) has had a duty to ensure that there is an education and training system fit to supply a highly trained and high-quality workforce. HEE will work with the Department of Health, providers, clinical leaders, and other partners to improve the skills and capability of the workforce to respond to the needs of people with learning disabilities and behaviour that challenges and will examine ways to ensure that skills including knowing when and how to raise concerns and on disability hate crime are covered in training.”

In April 2013, responsibility and accountability for developing the healthcare workforce was passed from Strategic Health Authorities to provider-led networks called Local Education and Training Boards (LETB's), which are subcommittees of a new national body, Health Education England.

Health Education Kent, Surrey and Sussex (HEKSS) is the regional LETB It has been established as a provider led body to ensure the effective planning, education and training of the NHS workforce.

HEKSS through a process of consultation produced a 5 year Skills Development Strategy setting out priorities for workforce development in order to meet the needs of the local population. These include Dementia care, Primary care, Compassionate care, Children and Young People, Emergency care, Technology Enhanced Learning, Career Progression and Skills Passport.

At a public consultation where this was presented, the issue of Intellectual Disabilities workforce was raised and discussed with reference to deficits in numbers, skills and knowledge across the South East and consequently it was agreed to establish an Intellectual Disability workforce scoping project to complement the other skills development programmes.

The overall aim of the project was:

“To create a sustainable and secure workforce supply, for people that have Intellectual Disabilities, who require support from and/ or access to services across Kent, Surrey and Sussex.”

The Process

During 2013 HEKSS hosted a series of consultation events with stakeholders (see Appendix 7) from across KSS to seek their views on a range of Intellectual Disabilities workforce matters such as:

- the skills and knowledge ‘needs’ of the current and future Intellectual Disability workforce;
- access to Learning Disability pre-registration nurse training courses
- access and content of current continuing professional development provision in the area

Throughout the project it was considered crucial to keep all stakeholders included and informed with all the finding and discussion that where taking place.

To engage with stakeholders and a wider audience a weblog (www.idhekss.wordpress.com) was used to share finding throughout the project, link stakeholders to relevant websites and share any events and news.

All updates to the weblog where shared using social networking sites LinkedIn and Twitter (#IDHEKSS).

The culmination of feedback from stakeholders has resulted in a number of recommendations for HEKSS to consider, to move this work forward.

These recommendations are:

1. Workforce Planning and Education Commissioning
2. Secondment opportunities
3. Location of and access to pre-registration nursing education
4. Provider involvement in pre-registration nursing education
5. Recruitment to pre-registration nursing education
6. Promotion of learning disability nursing careers
7. Developing the current learning disability nursing workforce
8. Developing the current non- registered workforce
9. Equitable access to the KSS leadership Collaborative
10. Communication and sustainability

Information Box 2

Current role of learning disabilities nurses

Learning disabilities nurses work with people, families and carers with a wide range of abilities and needs and within a diverse range of settings, providing both generalist and specialist nursing care. Consequently, they require a wide range of skills (including “traditional” skills such as care planning and “non-traditional” skills such as accessible communication) alongside specific clinical, behavioural and psychological interventions. Central roles of learning disabilities nurses can be summarised as:

- *effectively identifying and meeting health needs;*
- *reducing health inequalities through the promotion and implementation of reasonable adjustments; and*
- *promoting improved health outcomes and increasing access to (and understanding of) general health services, consequently enabling social inclusion.*

They also have an increasingly important role in helping to keep people safe and in supporting decision-making around capacity to consent and best interests. These strengths provide a solid foundation for the development of learning disabilities nursing within the current demographic and policy context.

Strengthening the commitment; The report of the UK Modernising Learning Disabilities Nursing Review (2012) pp. 08 - 09

Recommendation 1 – Workforce Planning and Education Commissioning:

Those who lead on workforce planning and education commissioning, should ensure all providers of NHS funded care for individuals who have an Intellectual Disabilities, have the opportunity to be involved in the workforce planning and education commissioning for undergraduate learning disability nurse training places. This should include any Intellectual Disability related continuing professional development programmes.

The Intellectual Disabilities (ID) workforce scoping project, in collaboration with the Health & Social Care Information Centre (HSCIC) and Skills for Care (SfC), worked in partnership to provide estimates of the numbers of registered learning disability nurses in Kent, Surrey and Sussex (KSS). During the second half of 2013, data indicated that there were 1017 registered nurses that are working in Intellectual Disability services.

The data provided by SfC did not differentiate between types of registered nurse e.g. registered nurse learning disabilities (RNLD), registered mental health nurse (RMN), registered general nurse (RGN), it also acknowledged that not all providers of NHS funded care across KSS supply data to the National Minimum Data Set for Social Care (NMDS-SC) and the above figure is an estimate based nationally available data (see Appendix 2 & 3). The data collected suggests that the majority of the registered nursing workforce across KSS working in ID services is now employed outside of the NHS.

A stakeholder event hosted by HEKSS in August 2013 was attended by various different individuals and organisations (See Appendix 7 for details of stakeholder organisations) that have involvement in the provision of care for individuals who have an ID. Discussions that took place as part of this meeting suggested that:

- stakeholders were not aware of any workforce planning models for Intellectual Disabilities services to support decisions about future workforce needs
- stakeholders perceptions were that historically education commissioning and workforce planning had taken place without the involvement of non-NHS providers of care

It was agreed that processes would be put in place to ensure the engagement of all providers of NHS funded care in workforce planning and education commissioning

Recommendation

HEKSS to ensure that all providers of NHS funded care of individuals who have an ID are invited to engage in an annual education and workforce planning process, starting with the larger employers of the ID workforce with the aim of disseminating this invite to all other employers in the future. This will provide an opportunity to state workforce requirements currently and for the future, including the non-regulated workforce.

Recommendation 2 – Secondment opportunities:

Those who lead on workforce planning and education commissioning to ensure that all providers of NHS care for individuals who have an Intellectual Disabilities are aware of secondment opportunities for their employees to train as a RNLD

Historically, secondment was used as a tool to recruit staff that were already employed in the NHS on to a pre-registration nursing course. The NHS would continue to pay any successful applicants their non-qualified wage for the period of their nurse training. At the end of this process the secondee would then have the opportunity to interview for a post once qualified within the NHS.

The advantages of the secondment route are that it enables employers to develop their own staff, particularly in areas where recruitment from external sources is difficult. It also provides a means for staff to access Higher Education who would otherwise not do so because of the significant difference between a regular salary and a student bursary.

The challenges for this route are access to Higher Education programmes now that pre-registration programmes are degree level, and these staff may not have the qualifications to be accepted on the programme. The costs of this route are also significantly more than supporting students who would otherwise receive a bursary.

With the considerable decrease in RNLD employment within the NHS across KSS, the demand for these secondments also decreased (see Appendix 1. Table 1). However the demand for RNLD nurses has moved to other care settings and has not always been factored in to workforce planning and education commissioning. Filling the places has also been an issue, mainly as the work of nurses in this field is not as visible as other types of nursing

Applicants to pre-registration ID nursing courses are often healthcare staff that already have experience of working in this field. Increasing secondment opportunities may be a solution to enhance recruitment for this particular nursing programme.

With an estimated qualified workforce of up to 80% no longer working in the NHS (see Appendix 1 table1) but still looking after NHS funded individuals, there remains a considerable need to continue the above model of secondment, but rather than only limiting this to NHS employees, it should be open to all providers of NHS funded care.

Stakeholders from the University of Brighton, University of Surrey, University of Greenwich and Canterbury Christ Church University stated during an event held in December 2013 that:

- they had noted an increased commitment to support and fund secondment opportunities
- the current secondment opportunities are well subscribed
- there is a need to raise the awareness of secondment opportunities for providers of NHS funded care, outside of the NHS e.g. independent/voluntary providers

HEKSS has responded to these findings by agreeing that secondment can be made available to providers of NHS funded care of individuals who have an ID. They will also ensure that providers get relevant information on secondment opportunities and how they work. In addition, there is

scope to increase the numbers of secondments available across the areas if providers can evidence a need for it.

Recommendation

HEKSS to provide information to all providers of NHS funded care of individuals who have an ID regarding the opportunity to second staff to learning disability pre-registration nurse training.

Recommendation 3 – Location of and access to nurse training:

Those who lead on education commissioning ensure all education providers of undergraduate learning disabilities nurse training, and continuing professional development programmes can enable equitable geographic access to all student across Kent, Surrey and Sussex on to their education programmes

The main provider for Learning Disabilities pre-registration nurse training across KSS is the University of Greenwich with a few additional commissions made with Kingston University. The campus currently in use for the University of Greenwich is based in Avery Hill which is located near North East Kent. Following a review of the demographics of the ID workforce across the area it is estimated that up to 51% of the workforce are based in Sussex (see Appendix 1 Map1) which makes access to the campus difficult.

Stakeholders for the workforce project suggested that:

- Providers in Sussex have issues with recruiting RNLD's. This may be as a result of Southampton University no longer being an education provider for ID which has left Bristol University, Kingston University, South Bank University and Greenwich University as the only providers of pre-registration Learning Disability nurse training for the South Coast.
- they had some feedback that students do Mental Health nursing rather than apply to a Learning Disability nursing course, due to access issues linked to geography e.g. distance of travel to university and there being more available courses in Mental Health nursing across KSS.

HEKSS has responded to these finding by agreeing that a discussion needs to take place with the providers of NHS funded care of individuals who have an ID. The aim of this discussion will be to gain an overview of what their pre-registration Learning Disability nursing education requirements are to see if the current educational provision is sufficient to meet provider need.

A study carried out in to elements of distance learning in nurse training the USA suggested "The use of effective instructional strategies resulted in delivering successful distance learning, even for students with limited resources. Institutions have to make strategic decisions on how to optimize the use of technology to fit their individualized learning environments. Instructors need to become familiar with the characteristics of students cohort served by the course and design the course accordingly. In addition, students should be guided on how to manage their time in distance learning environments and work effectively in group assignments"

(Sowan & Jenkins 2013)

Next steps

For HEKSS to confirm with providers that the current education provision for the geography of Kent, Surrey and Sussex meets the need, both in access and model of delivery and whether there is scope to improve access across KSS.

Recommendation 4 – Provider involvement in pre-registration nursing education:

Those who lead on education commissioning ensure all education providers of undergraduate learning disabilities nurse training, and continuing professional development programmes can enable a wide range of provider feedback and on-going input into pre-registration learning disability nursing programmes

The data gathered in Appendices 2 & 3 suggest that a majority of the registered ID workforce are employed outside of the NHS, but are providing care and support for individuals that are receiving NHS funding. In the past, the NHS would have been the major workforce stakeholder and as a result they were consulted on workforce and education and commissioning exclusively.

Prior to the 1970s, people with ID who could not be cared for at home were placed in institutionalised settings, primarily large hospitals which provided care, protection and segregation. As societal attitudes changed so did Government policy. In 2014, none of these institutions remain. The outcome of this transfer from hospital to community settings is that the NHS's need for newly qualified registered nurses in their ID workforce dropped. The numbers of pre-registration nurse commissions of nurse training at the HEI's also reduced.

Concurrently, providers of NHS funded care outside the NHS increased in numbers, to support the increased numbers of individuals across KSS that require support from and/or access ID services. During a stakeholder meeting in August 2013, providers of NHS funded care suggested that that not all their needs were being met with the current model of education and workforce commissioning. Additional needs expressed were:

- a sense that the curricula remained focused on the needs of NHS employers
- they were unfamiliar with what HEKSS did and how this could benefit providers of NHS funded care
- their demand for newly qualified nurses was far higher than the current output from the existing model of workforce planning
- the skills and knowledge of the newly qualified workforce did not always meet the expectations and needs of employers, particularly non NHS .
- they did not feel they had opportunity to feed back to HEI's their experiences and observations to aid in the development of a workforce that would better meet their needs

HEKSS has responded to these findings by agreeing that a discussion needs to take place with the providers of NHS funded care of individuals who have an ID. The aim of this discussion will be to identify how to best engage the providers in the review and evaluation processes that are carried out within the HEI's

Next steps

For HEKSS to invite all providers of NHS funded care of individuals who have an ID to event. Work with HEIs in the evaluation of pre-registration nurse training curricula across KSS, to support the contemporary review and the development of the qualified workforce.

Recommendation 5 – Recruitment on to pre-registration nursing programmes:

Those who lead on education commissioning should ensure that providers of education are able to demonstrate that they have a values based recruitment process that aligns with any requirements set out by Health Education England

NHS Health Education England (HEE) first national Workforce Plan was published in December 2013. The plan sets out clearly the investments HEE intends to make in education and training programmes to begin in September 2014. The plan is built upon the needs of frontline employers, who as members of our Local Education Training Boards (LETBs) have shaped the thirteen local plans that form the basis of the plan for England.

Individuals, who apply for education and training courses that are funded by HEKSS, are required to be part of a values based recruitment process that ensures the applicants share the values of the NHS constitution.

During an event in August 2013 the question of workforce values was raised, by the two different stakeholder's discussion groups, around how this should be included in on-going training and how this influences values and attitudes. The concerns suggested that due to the disparate nature of the workforce there was a potential for institutionalisation that does not keep the values of the NHS constitution at their core. In December 2013 at an event attended by HEI's from across the south east, the question was put to the group as to how their respective HEI's can demonstrate that their recruitment processes aligns with the requirements of the HEE, and the project stakeholders.

Through discussion it became clear that consideration towards a recruitment process that considered values was in place at all the HEI's, but that there was no consistent approach to this between any of the HEI's

"Healthcare employers recruiting nursing staff, whether qualified or unqualified, should assess candidates' values, attitudes and behaviours towards the well-being of patients and their basic care needs, and care providers should be required to do so by commissioning and regulatory requirements."

Report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013) p105

Next steps

HEE are currently working on a national project looking into potential tools that could be used to consolidate the process of values based recruitment. Once this is complete HEKSS will work with HEI's in their LETB area to incorporate these into their recruitment systems.

Recommendation 6 - Promotion of learning disability nursing careers:

To ensure students who access secondary education are aware of employment opportunities within the Intellectual Disability workforce, and have an understanding of qualification and credits required to gain access to healthcare programmes

To create a sustainable and secure workforce supply requires a continued investment in education of new staff members, to replace the loss of knowledge and skills that will inevitably leave the care sector as a result of career progression and retirement. The figures displayed in Appendix 4 suggest that over the next decade a large proportion of the registered Learning Disability Nursing workforce will have the opportunity to retire across KSS.

There are concerns that there is a shortfall in supply of qualified nurses for non NHS employers providing ID services

If providers of NHS funded care required additional commissions to meet workforce need, proactive measures would need to be taken to ensure a supply of suitable applicants, and to raise awareness of the possible ways of accessing pre-registration nursing programmes to become part of the ID workforce.

Careers advice needs to be made available to schools and colleges, so that they have an awareness of the qualification and/or credits required to gain access to courses such as Learning Disabilities pre-registration nursing training.

The changes to pre-registration nurse training over recent years, from a higher educational diploma to an undergraduate degree, means that the entry requirements for students that do not take the main stream education routes rather choosing that of vocational education, can be complicated and unclear, resulting in individuals gaining qualifications that are not recognised by the HEI's in an effort to gain access to nursing courses.

HEKSS responded to these findings/ concerns by meeting individuals involved with career progression within the LETB to discuss opportunities to influence school career advisors, and discuss other vocational opportunities such as apprenticeship's, that may better meet the needs of the work force in gaining entry to HEI nursing course.

NHS Careers suggest that typical degree entry requirements on a pre-registration nursing course are; 5 GCSEs (or equivalent) as above, plus at least 2 A-levels (or equivalent). However, there are no national entry requirements for pre-registration nursing courses, because each university sets its own criteria. (See Appendix 4 for details of the entry requirement on to the University of Greenwich's Learning Disability pre-registration Nursing Course BSc). Other routes that could be considered are that of Apprenticeships providing routes in to healthcare which can then be used with vocational qualification on to nursing courses

Next steps

For the careers progression programme manager within HEKSS to discuss with educational stakeholders (HEIs), from across KSS to including Intellectual disability workforce career pathways on to any future career development agendas across the area for secondary education programmes and upwards

Recommendation 7 – Developing current learning disabilities nurses:

Those responsible for education commissioning should ensure that providers of education can demonstrate that continuing professional development programmes meet the needs of all providers of NHS funded care for individuals who have Intellectual Disabilities

Over the last few decades, Learning Disability nurses have evolved professionally away from working in the old long stay institutions of the past, to work in a diverse range of settings including assessment and treatment, community teams, the independent/voluntary sector, criminal justice system and education sector providing a range of nursing care. All these roles require specialist skills that can only be gained via continuing professional development.

During meetings with stakeholders in August and December 2013 the issue of continuing professional development was discussed on a number of occasions. Some of the stakeholders suggested that:

- some staff feel that the opportunities for career progression for RNLDs is very limited and as a result continuing professional development “is not worth it” because of a lack of career opportunities .
- if you are not an NHS employer you cannot influence your local HEI to develop continuing professional development programmes that will enhance the knowledge of your staff team and in turn, improve patient care

HEKSS responded to these findings by meeting individuals involved with education and workforce commissioning within the LETB. As an outcome to this meeting it was agreed all providers of NHS funded care should:

- have the opportunity to feedback to their HEI’s the continuing professional development needs for their organisation.
- have knowledge of, and be able to influence the type and content of continuing professional development programmes that are provided by the HEI .

Next steps

For providers of CPD to engage all the providers of ID workforce in an annual process to discuss their CPD needs across the area.

Recommendation 8 – Developing the current non-registered workforce:

Those who lead on education commissioning to ensure that education providers develop with stakeholders a pathway for non-registered staff to access nurse training, including funding streams to support widening participation

There are many providers of care for individuals who have an Intellectual disability, who do not require a registered nurse workforce, but still have a need for highly trained and skilled staff. Figures from improving Health and Lives Learning Disabilities Observatory (iHal) suggest that individuals who have an ID are more likely to find themselves requiring emergency care resulting in hospital admission as a result of health worries going undiagnosed until they become acute concerns (Glover & Evison 2013). Stakeholders suggested that many of these admissions in their opinion could be prevented if the workforce were provided access to enhanced knowledge and skills in areas such as:

- Intellectual disabilities specific training e.g. an understand of the Mental Capacity Act 2005, Deprivation of Liberty safeguards (DoLS), awareness of specific condition such as Autistic Spectrum Conditions , Epilepsy, Hospital Passports, Health Action Plans, communication tools & aids
- Generic health care skills e.g. medication management, tracheotomy training, Percutaneous endoscopic gastrostomy (PEG) feed training, the completion of basic observations (Blood Pressure, Pulse, Respirations, Temperature etc.), National Early Warning Score tool, catheter care, wound care.

These suggestions are not exclusive and should be provider led.

HEKSS has responded to these findings by agreeing that a discussion needs to take place with the providers of NHS funded care of individuals who have an ID. The aim of this discussion will be to gain an overview of what their needs are for their non-qualified workforce, to include discussion around; numbers, funding, course content and the potential for developing different pathways within the foundation degree framework

The Cavendish review recommended “HEE should develop a “Certificate of Fundamental Care”, in conjunction with the Nursing and Midwifery Council (NMC), employers, and sector skills bodies. This should be written in language which is meaningful to the public, link to the framework of National Occupational Standards, and build on work done by Skills for Health and Skills for Care on minimum training standards.”

The Cavendish Review: An Independent Review into Healthcare Assistants and Support Workers in the NHS and social care settings (2013)

Next steps

For the Careers progression programme manager for HEKSS to ensure that all providers of NHS funded care of individuals who have an ID are invited to an annual discussion to discuss the non-registered workforce needs and career progression. Findings will provide a direction for the future development of the non-regulated workforce. This will include areas such as work with Schools Careers Advisors, Apprenticeships and Pre-employment programmes.

Recommendation 9 – Equitable access for all providers to KSS Leadership Collaborative:

Those responsible for leadership development to ensure that all providers of NHS funded care for individuals who have an Intellectual disability are aware of leadership development opportunities that can be accessed by their workforce

A number of high profile Government reports into recent failings across the health care systems all raise similar issues of inadequate/ ineffective leadership as being a contributing factor.

Some of the most recent reports are; Transforming care: A national response to Winterbourne View Hospital (2012); report of the Mid Staffordshire NHS Foundation Trust Public Inquiry (2013); and Six Lives: Progress Report on Healthcare for People with Learning Disabilities (2013).

These reports all raise the need to strengthen the leadership across the Health Care sector and some go on to suggest ways forward, such as the co-produced report entitled: Strengthening the commitment: The report of the UK Modernising Learning Disabilities Nursing Review (2012). Recommendation 15 p. 47 of this report states:

“Leadership in learning disabilities nursing needs to be strengthened in practice, education and research settings with robust, visible leadership at all levels, including strategic and national levels. Services must ensure all learning disabilities nurses in clinical practice have access to a dedicated professional lead for learning disabilities nursing. In addition to existing leadership and development programmes, a UK-wide cross-sector project to nurture and develop aspiring leaders in learning disabilities nursing will be led by the four UK health departments.”

In March 2012, Health Education England shared its intention “to ensure that the health workforce has just the right skills, behaviours and training, available in the right numbers, to support the delivery of excellent healthcare and health improvement”.

During a stakeholder events in 2013, representatives from local HEI’s and providers of NHS funded care suggested that they still considered there to be concerns over the lack of skills and knowledge around leadership within the current ID workforce. They also acknowledged that leadership was key to developing effective work based cultures, and felt that there was need for the workforce to have more equitable access to training, education and support in this area of practice.

These issues have been raised with KSS Leadership Academy to discuss how all providers of NHS funded care could gain access to the right kind of support and training to further enhance the current workforce and intern improve health outcomes for individuals who are in receipt of care and support.

In Kent, Surrey and Sussex our approach to leadership development can be explained in the following five pledges; We are leadership development and talent management focussed and our work is aligned to support the quality improvements of services through transition and beyond; We aim to design, commission and deliver leadership development that is innovative, inspiring and high impact; We work in consultation with our strategic partners to design programmes that meet user’s needs and are locally relevant in the current NHS climate; We look to create learning and development opportunities for clinicians (multi-disciplinary) and non-clinicians together in order to promote an understanding of each other’s roles, build trusted relationships and stimulate sharing of ideas; We recognise and accommodate the needs of specific staff groupings and emphasise development opportunities to underrepresented groups.

<http://www.kssleadership.nhs.uk>

Next steps

The Leadership collaborative have provided clarification regarding access to HEKSS during the first quarter of 2014 “providing the end recipient of the service is an NHS patient, then members of healthcare staff who work for employers who are not NHS bodies, are eligible for leadership programmes”. This information will be required to be disseminated to non-NHS employers that provide NHS funded care across KSS.

Recommendation 10 – Communication & sustainability:

For Health Education Kent, Surrey & Sussex to ensure that all providers of NHS funded care for individuals who have an Intellectual Disability for the current and future work force are provided with a conduit for raising issues that would not be otherwise addressed via workforce and education planning with the LETB

To succeed in meeting the overall project aim,

Recommendations 1 to 9 will require adequate systems in place to aid in communication at all levels. Each recommendation suggests a need for providers of NHS funded care to be offered the opportunity for full engagement in existing education and commissioning of the intellectual disability workforce with both HEKSS and HEI's.

This itself, although a significant step forwards, will not address all workforce needs that may arise outside of this partnership.

To support the sustainability of this project on a long term basis, there is a need for all providers of NHS funded ID care to be able to communicate with HEKSS outside of the workforce and education commissioning events.

HEKSS have responded to this by making sure that as the LETB develops over the next year, the ID workforce will remain a consideration of all work streams within HEKSS, and also to make sure that providers will be able to contribute to the relevant professional strategy group and/or clinical expert groups who will be able to advise the LETB on any future workforce development needs.

These groups are currently under development and providers will be kept informed as to how this process will work as these roles are initiated.

Contact and information points for Health Education Kent, Surrey and Sussex

Website: <http://kss.hee.nhs.uk/>

Twitter feed: @HE_KSS

Email: contact@kss.hee.nhs.uk

Next steps

All providers involved with or following this project have now been added to HEKSS contact lists, in addition ID needs will be incorporated as a specific item in professional strategy discussions in HEKSS

Appendix One

Table 1. A % breakdown of registered intellectual disability workforce nursing estimates by type of employer

NHS Community Services	13%
Other NHS Services	8%
Private & Independent Services	64%
Statutory local Services	1%
Voluntary Services	< 1%
Other non NHS Services	14%

Map 1. Workforce location



The above table and map demonstrates the workforce breakdown by serve and geography for nurses that work in NHS and Non-NHS settings. These estimates have been produced using data reviewed from the NHS electronic staff records system, Health and Social Care Information Centre Provisional Monthly Statistics, and the Analysis of registered nurses working in establishments that provide care and support for people with learning disabilities produced by the Analysis Team, Part of Skills for Care's Workforce Intelligence Team.

Appendix Two

NHS hospital and community health services: Learning Disabilities Nursing staff in the Kent, Surrey & Sussex Health Education England area by level and area of work as at 31 July 2013

	Full time equivalent – rounded to the nearest number		
	Community Learning Disabilities	Other Learning Disabilities	All Learning Disabilities staff
Kent, Surrey & Sussex Health Education England area Total	169	502	671
<i>Qualified nursing staff</i>	<i>135</i>	<i>82</i>	<i>217</i>
<i>Modern Matron</i>	<i>1</i>	<i>3</i>	<i>4</i>
<i>Manager</i>	<i>6</i>	<i>1</i>	<i>7</i>
<i>Other 1st level</i>	<i>127</i>	<i>77</i>	<i>204</i>
<i>Other 2nd level</i>	<i>1</i>	<i>1</i>	<i>2</i>
<i>Support staff</i>	<i>34</i>	<i>420</i>	<i>454</i>
<i>Nursing assistant/auxiliary</i>	<i>34</i>	<i>99</i>	<i>133</i>
<i>Healthcare assistant</i>	<i>-</i>	<i>57</i>	<i>57</i>
<i>Support worker</i>	<i>-</i>	<i>264</i>	<i>264</i>
Kent and Medway NHS and Social Care Partnership Trust Total	55	34	89
<i>Qualified nursing staff</i>	<i>27</i>	<i>8</i>	<i>35</i>
<i>Manager</i>	<i>4</i>	<i>-</i>	<i>4</i>
<i>Other 1st level</i>	<i>23</i>	<i>8</i>	<i>31</i>
<i>Support staff</i>	<i>29</i>	<i>26</i>	<i>54</i>
<i>Nursing assistant/auxiliary</i>	<i>29</i>	<i>15</i>	<i>44</i>
<i>Support worker</i>	<i>-</i>	<i>11</i>	<i>11</i>
Kent Community NHS Trust Total	36	35	71
<i>Qualified nursing staff</i>	<i>36</i>	<i>-</i>	<i>36</i>
<i>Other 1st level</i>	<i>35</i>	<i>-</i>	<i>35</i>
<i>Other 2nd level</i>	<i>1</i>	<i>-</i>	<i>1</i>
<i>Support staff</i>	<i>-</i>	<i>35</i>	<i>35</i>
<i>Healthcare assistant</i>	<i>-</i>	<i>35</i>	<i>35</i>
Medway Community Healthcare Total	-	1	1
<i>Support staff</i>	<i>-</i>	<i>1</i>	<i>1</i>
<i>Healthcare assistant</i>	<i>-</i>	<i>0</i>	<i>0</i>
<i>Support worker</i>	<i>-</i>	<i>1</i>	<i>1</i>
Medway NHS Foundation Trust Total	2	27	29
<i>Qualified nursing staff</i>	<i>2</i>	<i>12</i>	<i>14</i>
<i>Other 1st level</i>	<i>2</i>	<i>12</i>	<i>14</i>
<i>Support staff</i>	<i>-</i>	<i>15</i>	<i>15</i>
<i>Healthcare assistant</i>	<i>-</i>	<i>6</i>	<i>6</i>
<i>Support worker</i>	<i>-</i>	<i>9</i>	<i>9</i>
Surrey and Borders Partnership NHS Foundation Trust Total	45	353	398
<i>Qualified nursing staff</i>	<i>39</i>	<i>57</i>	<i>97</i>
<i>Modern Matron</i>	<i>-</i>	<i>3</i>	<i>3</i>
<i>Manager</i>	<i>1</i>	<i>1</i>	<i>2</i>
<i>Other 1st level</i>	<i>38</i>	<i>52</i>	<i>91</i>
<i>Other 2nd level</i>	<i>-</i>	<i>1</i>	<i>1</i>
<i>Support staff</i>	<i>6</i>	<i>296</i>	<i>301</i>
<i>Nursing assistant/auxiliary</i>	<i>6</i>	<i>36</i>	<i>42</i>
<i>Healthcare assistant</i>	<i>-</i>	<i>15</i>	<i>15</i>
<i>Support worker</i>	<i>-</i>	<i>244</i>	<i>244</i>
Sussex Community NHS Trust Total	6	-	6
<i>Qualified nursing staff</i>	<i>6</i>	<i>-</i>	<i>6</i>
<i>Manager</i>	<i>1</i>	<i>-</i>	<i>1</i>
<i>Other 1st level</i>	<i>5</i>	<i>-</i>	<i>5</i>
Sussex Partnership NHS Foundation Trust Total	25	53	78
<i>Qualified nursing staff</i>	<i>25</i>	<i>5</i>	<i>29</i>
<i>Modern Matron</i>	<i>1</i>	<i>-</i>	<i>1</i>
<i>Other 1st level</i>	<i>24</i>	<i>5</i>	<i>28</i>
<i>Support staff</i>	<i>-</i>	<i>48</i>	<i>48</i>
<i>Nursing assistant/auxiliary</i>	<i>-</i>	<i>47</i>	<i>47</i>
<i>Support worker</i>	<i>-</i>	<i>1</i>	<i>1</i>

The above data was collected from NHS electronic staff records system and is copyright © 2013 Health and Social Care Information Centre Provisional Monthly Statistics. All rights reserved. This information is available from September 2009 onwards at the following website: www.hscic.gov.uk

Appendix Three

Analysis of registered nurses working in establishments that provides care and support for people with learning disabilities

Table 1. Estimated numbers of registered nurses working in adult social care

Source: Size and structure of adult social care sector and workforce in England as at 2012

	England	Total of Kent, Surrey and Sussex LETB area	Surrey	West Sussex	Brighton & Hove	Kent	East Sussex	Medway
Estimated registered nurses in all services	49,900	5,200	1,400	1,300	200	1,300	850	150

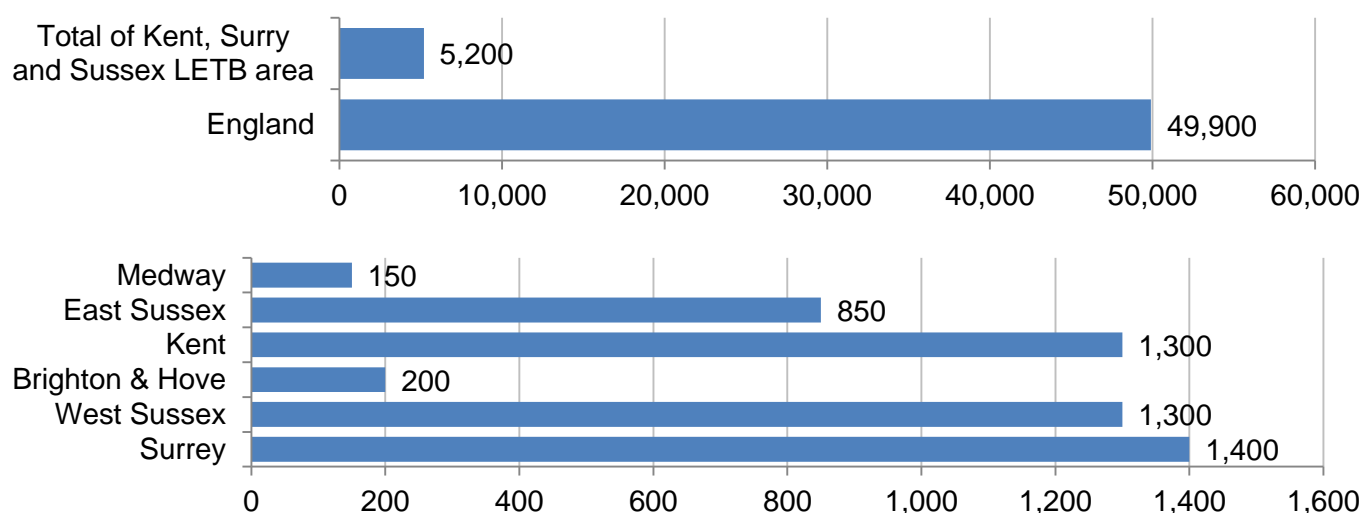
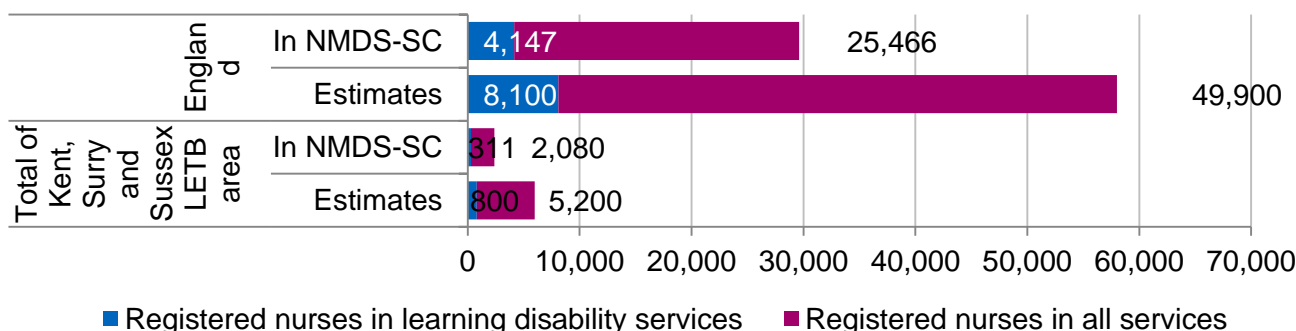


Table 2. Estimated numbers of registered nurses working in Learning Disability services

Source. Calculated based on information in table 1 and table 3

Notes
This table has been made by applying the proportions of LD nurses to all nurses as held in the NMDS-SC.

	England	Total of Kent, Surrey and Sussex LETB area
In NMDS-SC		
Registered nurses in all services in NMDS-SC	25,466	2,080
Registered nurses in learning disability services in NMDS-SC	4,147	311
Proportion of all nurses working in LD services	16%	15%
Estimates		
Estimated registered nurses in all services	49,900	5,200
Estimated registered nurses in learning disability services	8,100	800
Estimated proportion of all nurses working in LD services	16%	15%



Notes
Sector of establishment is asked at establishment level. The tables below are showing the sector of the establishment that employs the registered nurse. The analysis counts registered nurses and not establishments.

Table 3. Sector of establishment
Base. All registered nurses worker records
Source. NMDS-SC, September 2013

	England	Total of KSS LETB area	Surrey	West Sussex	Brighton & Hove	Kent	East Sussex	Medway
All services								
Base (all registered nurses)	25,466	2,080	604	539	152	468	273	44
Statutory local authority	1%	2%	1%	5%	0%	0%	1%	0%
Private sector	85%	87%	84%	89%	74%	84%	96%	100%
Voluntary or third sector	11%	9%	15%	6%	25%	4%	3%	0%
Other	3%	3%	0%	0%	1%	11%	0%	0%
All learning disability services								
Base (all registered nurses)	4,147	311	42	143	35	58	33	0
Statutory local authority	2%	2%	10%	0%	0%	0%	3%	-
Private sector	83%	80%	86%	100%	100%	9%	94%	-
Voluntary or third sector	12%	0%	2%	0%	0%	0%	0%	-
Other	3%	18%	2%	0%	0%	91%	3%	-

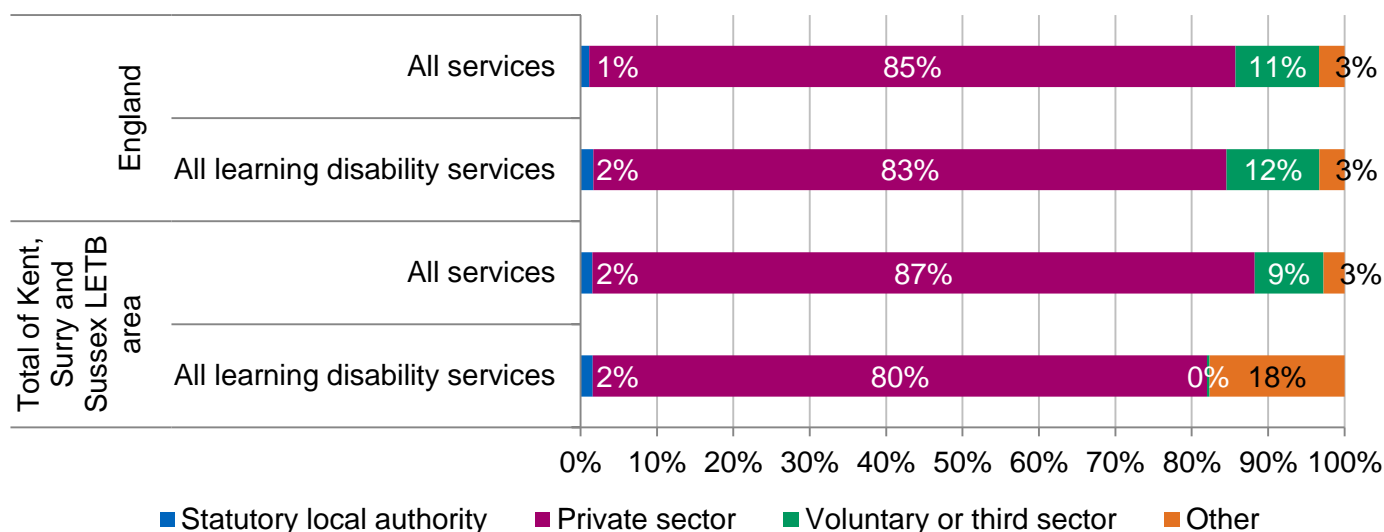


Table 3b. Detailed sector of establishment analysis

Base. All registered nurses worker records

Source. NMDS-SC, September 2013

	England		Total of Kent, Surrey and Sussex LETB area		Surrey		West Sussex		Brighton & Hove		Kent		East Sussex		Medway	
	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage	Count	Percentage
Base (all registered nurses)	25,466		2,080		604		539		152		468		273		44	
Statutory local authority	283	1%	32	2%	4	1%	26	5%	0	0%	0	0%	2	1%	0	0%
Private sector	21,547	85%	1,803	87%	509	84%	482	89%	112	74%	395	84%	261	96%	44	100%
Voluntary or third sector	2,783	11%	188	9%	90	15%	31	6%	38	25%	20	4%	9	3%	0	0%
Other	863	3%	57	3%	1	0%	0	0%	2	1%	53	11%	1	0%	0	0%
Base (all registered nurses)	4,147		311		42		143		35		58		33		0	
Statutory local authority	69	2%	5	2%	4	10%	0	0%	0	0%	0	0%	1	3%	-	-
Private sector	3,438	83%	250	80%	36	86%	143	100%	35	100%	5	9%	31	94%	-	-
Voluntary or third sector	503	12%	1	0%	1	2%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	137	3%	55	18%	1	2%	0	0%	0	0%	53	91%	1	3%	-	-
							All learning disability services									
Base (all registered nurses)	1,171		120		20		65		35		0		0		0	
Statutory local authority	33	3%	4	3%	4	20%	0	0%	0	0%	-	-	-	-	-	-
Private sector	1,065	91%	116	97%	16	80%	65	100%	35	100%	-	-	-	-	-	-
Voluntary or third sector	63	5%	0	0%	0	0%	0	0%	0	0%	-	-	-	-	-	-
Other	10	1%	0	0%	0	0%	0	0%	0	0%	-	-	-	-	-	-
							Adults with learning disabilities									
Base (all registered nurses)	3,808		291		34		136		30		58		33		0	
Statutory local authority	60	2%	5	2%	4	12%	0	0%	0	0%	0	0%	1	3%	-	-
Private sector	3,120	82%	230	79%	28	82%	136	100%	30	100%	5	9%	31	94%	-	-
Voluntary or third sector	491	13%	1	0%	1	3%	0	0%	0	0%	0	0%	0	0%	0	0%
Other	137	4%	55	19%	1	3%	0	0%	0	0%	53	91%	1	3%	-	-

The data contained within this report relates to the Kent, Surrey and Sussex Health Education area. The report contains analysis on the NMDS-SC data received from establishments that offer services to all service users with learning disabilities.

What is the NMDS-SC?

Skills for Care's National Minimum Data Set for Social Care (NMDS-SC) is recognised as the leading source of robust workforce intelligence for adult social care. The NMDS-SC collects information online about providers offering a social care service and their employees. Social care providers can register, maintain and access their business information at www.nmds-sc-online.org.uk.

Notes about the data

The analysis in this report contains information received from establishments that provide care and support to service users with learning disabilities; however an establishment can offer care and support to more than one type of service user. These establishments may not offer learning disabilities exclusively and therefore nurses at these establishments are likely to care for a range of service users, not exclusively for people with learning disabilities. The data represented in appendix two is part of a larger social care workforce analysis which can be viewed at: http://dheks.files.wordpress.com/2013/11/nmds-sc_kss-registered-nurse-analysis_october-2013_final.xlsx

Appendix Four

Workforce estimated demographics:

The following table demonstrates the workforce age bandings for nurses that work for NHS and Non-NHS settings. These estimates have been produced using data reviewed from the NHS electronic staff records system, Health and Social Care Information Centre Provisional Monthly Statistics, and the Analysis of registered nurses working in establishments that provide care and support for people with learning disabilities produced by the Analysis Team, Part of Skills for Care's Workforce Intelligence Team.

Age banding	NHS	Non –NHS
24yrs & <	1%	0%
25yrs - 34yrs	9%	21%
35yrs - 44yrs	29%	27%
45yrs - 54yrs	48%	28%
55yrs - 64yrs	13%	18%
65yrs & >	0%	6%

This data must also be considered in relation to some of the NHS employees being eligible for Mental Health Officer status.

MHO defined as:

Certain groups of staff that were members of the NHS Pension Scheme before 6 March 1995 can be granted Mental Health Officer (MHO) status.

Benefits

After 20 years MHO membership, each year in excess of 20 counts as 2 “or doubles” for benefit purposes and a member can retire without taking any reduction from age 55.

Eligibility

To be granted MHO status a member must:

- Spend either the whole or almost the whole of their time in direct care and treatment of mentally ill patients. (Please note MHOs in the community can also have MHO status)
- Have been granted MHO status before 6 March 1995 and not had a break in pensionable membership of any one period of 5 years or more.

So the numbers of nurses within the NHS that could be eligible for MHO me lead to higher figures of staff able to retire earlier than the stator retirement age. The specific data pertaining to MHO is not current available.

www.nhsbsa.nhs.uk/pensions

Appendix Five

Nursing (Pre-Registration), BSc Hons – University of Greenwich

UCAS code

B730 A BSc/Nur (Adult Nursing Avery Hill)
B730 M BSc/Nur (Adult Nursing Medway)
B761 A BSc/LD (Learning Disability)
B760 A BSc/NurM (Mental Health Nursing)
B720 A BSc/Nurse (Child Nursing)

School

Health & Social Care

Location

Avery Hill Campus
Medway Campus (Adult Nursing only)

Attendance

3 years full-time

Entry requirements

Applicants should have:

240 UCAS points **FROM**

EITHER a minimum of two subjects at A-level **OR** a BTEC National Diploma **PLUS** a minimum of three GCSEs at grade C or above (including English Language and mathematics)

OR An approved Access to Higher Education Diploma with a minimum of 60 credits, 45 of which must be at level 3 with the remaining 15 at either level 2 or 3 with mathematics and English to at least level 2. A minimum of 30 of the level 3 credits must be at Merit or Distinction level.

- Candidates applying for this programme must have experience of paid or voluntary work in a health or social care setting.

Assessment

Students are assessed through exams, reports, and practicals.

Appendix Six

Table 3. *ihal* Estimates ID population data

	Population	Estimates of Numbers known to services	Likely true number
Brighton and Hove	256400	1204	5308
East Sussex	512100	2204	10029
Kent	1411100	6333	28087
Medway	254700	1181	5143
Surrey	1113100	5031	22194
West Sussex	793000	3486	15669
Total	4340400	19439	86430

Ihal have used the work of Emerson & Hatton (2004) to estimate known and likely numbers based on current population figures. <https://www.improvinghealthandlives.org.uk/>

Appendix Seven

Organisations

Canterbury Christ Church University
Care HR Ltd
Care Quality Commission
East Kent Hospitals University NHS Foundation Trust
East Sussex County Council
East Sussex Healthcare NHS Trust
Eastbourne Hailsham & Seaford Clinical Commissioning Group
Foundation for People with Learning Disabilities
Hastings & Rother Clinical Commissioning Group
Hft South East Region
Kent and Medway Clinical Commissioning Group
Kent and Medway Commissioning Support Unit
Kent Community Health NHS Trust
NHS England Kent & Medway area team
NHS England South East Coast Clinical Strategic Network
Royal College of Nursing
Skills for Care
South East Coast Specialised Commissioning Group
Surrey & Borders Partnership NHS foundation Trust
Surrey County Council
Sussex Partnership NHS foundation Trust
The National Development Team for Inclusion
University of Brighton
University of Greenwich
University of Surrey
West Kent Clinical Commissioning Group
West Sussex County Council

A number of other organisation where approached but either did not have the capacity or it was not the right time for them to become involved in this project.

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