Shaping the Future

Workforce

Learning Disability Care Area Workforce Report
1. Introduction

Within south central it is estimated that there are roughly 16,000 people with severe learning disabilities (of which 5,000 people within this group are estimated to have multiple disabilities, physical and/or sensory impairments, or disabilities as well as challenging behaviour), and a further 120,000 people are estimated to have mild learning disabilities, totalling 136,000 within South Central SHA\(^1\).

This plan covers the workforce that provides direct and indirect care for these individuals. This can be considered a diverse workforce, including Consultant psychiatrists in learning disability, Consultant psychologists, learning disability nurses, community workers, various Allied Health Professional (AHP) groups, as well as community and social services. It is important to note that the majority of those who work with learning disability patients are non-professional staff who may possess a range of qualifications specific to their role such as NVQs at levels 2 and 3\(^2\).

Within NHS South Central this workforce covers Berkshire, Buckinghamshire, Oxfordshire, Hampshire and the Isle of Wight, and provides care to a population of roughly 4 million people across 10,000 sq km. At present the key principal specialist NHS provider of learning disability services is Ridgeway Partnership Trust, although it goes without saying that various learning disability services are provided elsewhere within South Central.

This report excludes any issues relating to children’s learning disability services as these are covered in the children’s report. Furthermore the report focuses on areas specific to learning disabilities, and therefore excludes demand drivers, forces for change, workforce issues, etc that are covered in the mental health report. Therefore it would be beneficial to read this report in conjunction with the mental health report.

The main aims of this report are as follows:

- To identify the current workforce demand drivers
- To identify any future forces for change
- To assess the current workforce supply
- To identify any areas of concern or opportunities within the workforce.
- To establish the key workforce priorities
- To produce an actions regarding how to develop the workforce.

2. Workforce demand

The following provides a comprehensive overview of what can be considered the key demand drivers that are currently placing pressure on the learning disability workforce:

2.1 Increasing prevalence and complexity of learning disabilities

\(^1\) Data supplied by the Valued People project (2009)
\(^2\) Data supplied by the Valued People project (2009)
Due to various medical advances an increasing number of children with complex needs are now surviving into adulthood, and this number is predicted to grow\(^3\). This will lead to increased pressure on the learning disability workforce as not only is the prevalence of learning disabilities increasing, but also the complexity of cases being presented. The Valued People project\(^4\) also highlights additional factors that have contributed to the prevalence of learning disabilities including an increase in young people from South Asian minority ethnic communities, and the reduced mortality in the older age group.

### 2.2 Increasing co-morbid illnesses as people live longer

It is widely accepted that individuals with learning disabilities invariably have a higher level of health need than the general population, which often goes unmet. Up to one third of those with a learning disability have an associated physical disability with attendant health problems, are more likely to develop diabetes, epilepsy if far more prevalent (roughly 1/3\(^{rd}\) of the learning disability population suffer from epilepsy) and mental illness is more common\(^5\). Consequently South Central needs to ensure that staff are appropriately trained to handle increasingly complex cases.

### 2.3 Poor quality of service received

Reports such as Healthcare for All\(^6\) have shown that individual’s with learning disabilities experience of mainstream health services is not acceptable. South Central needs to ensure that future commissioning for all health education incorporates various ‘key competencies’ in caring for patients with learning disabilities.

### 2.4 Transfer of commissioning and funding of social care for adults with learning disabilities from Primary Care Trusts to Local Authorities

For the final years of the Spending Review period, 2009/2010 and 2010/2011, commissioning and funding of specialist social care for people with learning disabilities will transfer from PCTs to local authorities. However it should be noted that commissioning and funding responsibilities for all healthcare elements will remain with the NHS.

This change can be seen as beneficial in the sense that it will strengthen local authority’s position of having a lead role in delivering the goals set out in Valuing People Now\(^7\), which should result in a higher quality of personalised services. It will also enable PCTs to focus more on their primary responsibility of meeting the healthcare needs of people with learning disabilities.

There may be a shift in culture needed amongst staff in order to fully implement this separation of commissioning, and it will need to be ensured that staff are appropriately skilled in aspects such as case management, pathway navigation and cross organisational working.

---


\(^4\) Data supplied by the Valued People project (2009)

\(^5\) Data supplied by the Valued People project (2009)


\(^7\) Valuing People Now (2009) online: [http://valuingpeople.gov.uk/index.jsp](http://valuingpeople.gov.uk/index.jsp)
2.5 Care Quality Commission (CQC) registration system
From April 2010 the care quality commission (CQC) will put in place the first ever registration system covering all health and adult social care services in England, regardless of sector. The registration requirements have the potential to drive improvement and quality by setting legally enforceable, essential common quality standards, which in turn will make the system fairer, more transparent and service providers more comparable.

Registration will be phased in from 2010 and the National Minimum Standards and the Standards for Better Health will be in force until services are required to register. It is expected that NHS providers will be the first to register and are required to declare their compliance by January 2010. All providers of adult social care services and independent providers of healthcare will be registered by 1st October 2010, and from 2011 registration will, subject to legislation, be introduced for general practices, dental practices, and private and voluntary ambulances.

Although the impact of registration on the learning disability workforce is not yet known, it is clear this has the potential to drive improvement across the system. However there is also concern that registering the workforce will reduce flexibility within learning disability teams, and may encourage some of the current unregistered workforce to take early retirement to avoid registration. According to the Valued People Project (2009) roughly 60% of South Central's specialist learning disability workforce consists of unqualified personnel.

2.6 Bradley Report
The Bradley Report reviewed the experiences of people with mental health or learning disabilities in the criminal justice system. The report sets out a number of recommendations aimed at developing how these people are cared for. If government implements these recommendations, many will have a significant effect on the learning disability workforce. Some of the key recommendations include:

- The NHS taking commissioning and budgetary responsibility for healthcare services in police custody suites.
- The development of a teaching role for specialist learning disability teams
- All police custody suites having access to liaison and diversion services

This is an area that South Central should monitor, and it should be ensured that appropriate leadership is offered to PCTs.

2.7 Valuing People Now
Valuing People Now is a three year strategy for people with learning disabilities. The over-arching vision of the strategy is to ensure that all people with learning disabilities are given the right to lead their lives like anyone else, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. This is underpinned by four key principals: that people with learning disabilities have the same rights as everyone else; that all disabled people should have greater choice and control over the support they receive in order to enable independent living; that all learning disability patients are given information and support regarding the different options available to them so they can make informed decisions and be in control of their own lives; and finally ensuring inclusion in all aspects of society.

9 Valuing People Now (2007) online: http://valuingpeople.gov.uk/index.jsp
The intention of the strategy is to turn this vision into a reality. Within this, there are various elements that may have an impact on workforce.

- The strategy aims to provide people with more independence, choice and control, via high quality, personalised services. As such patients would be allowed to use resources flexibly to suit their needs, and more people with learning disabilities would be able to commission their own services. An implication of this is that South Central will need to ensure that there is a suitably flexible workforce in place to meet these needs, and that staff at the point of care are appropriately trained to provide a patient focused approach, develop patient centred plans and provide pathway navigation. Local partnerships with service users will also play a key role, as will collaborative working with learning disability partnership boards, directors of adult social services, PCT chief executives, and local authority elected members.

- Valuing People Now (2009) also argues ‘there is clear evidence that most people with learning disabilities have poorer health than the rest of the population and are more likely to die at a younger age. Their access to the NHS is often poor and characterised by problems that undermine personalisation, dignity and safety’. Therefore it is key that all staff involved in the care for patients with learning disabilities are appropriately trained to reduce health inequalities and provide high quality care.

- Leadership, delivery and partnership structures will need to be implemented within the health service, to ensure the outcomes of the strategy are delivered.
- Commissioning will need to be considered to ensure it is delivering the right outcomes for patients and their carers/families
- It is also worth noting that as a consequence of Valuing People Now (2009) learning disabilities will have a prominent place in the new performance frameworks, and there will be a comprehensive range of datasets and key performance indicators.

2.8 Valuing Employment Now

Valuing Employment Now\(^\text{10}\) aims to significantly improve employment opportunities for people with learning disabilities in England, and in particular for people with severe learning disabilities, with the goal of dramatically increasing the number of people with moderate and severe learning disabilities in employment by 2025, with as many of these jobs as possible being over 16 hours a week. The current economic climate makes this strategy even more urgent, as there is a real risk that people with learning disabilities will be forced to move even further away from the job market.

This strategy has the potential to impact on the healthcare workforce in a number of ways:

- Individuals with severe learning disabilities in employment are likely to need a certain amount of regular support, and close partnership working will be required. Consequently South Central will need to ensure that services are appropriately resourced, and staff are appropriately trained in aspects such as cross organisational working, patient centred approaches, case management, and flexibility.

• There will also be a need to encourage employers to see the benefits of employing people with learning disabilities and as such the public sector needs to lead by example. Consequently the Department of Health is supporting the NHS in making its workforce more representative of people with learning disabilities. South Central SHA should consider employing people with learning disabilities as it learning disabilities which would not only set an excellent example, but also provide leadership as to good employment practice.

2.9 Health Care for All

*Healthcare For All*11 was an independent inquiry into access to healthcare for people with learning disabilities led by Sir Jonathan Michael. The inquiry found significant amounts of evidence highlighting that “people with learning disabilities have higher levels of unmet need and receive less effective treatment, despite the fact that the Disability Discrimination Act (1995) and Mental Capacity Act (2005) set out a clear legal framework for the delivery of equal treatment” (Health care for all, July 2008).

Specifically the inquiry found clear evidence that:

• People with learning disabilities find it harder than others to access healthcare for any problems not related to their learning disability.
• Staff, in particular working in general healthcare, have a limited knowledge of learning disabilities. They tend to be unfamiliar with the legislative framework and commonly fail to understand that the right to equal treatment does not necessarily mean providing access to the same treatment. The specialist needs of patients with learning disabilities are often badly understood and staff tend to be unfamiliar with what help they should provide and whom to ask expert advice of.
• Insufficient attention is given to making ‘reasonable adjustments’, for aspects such as communication problems, cognitive impairment, or general anxieties concerning treatments, to support the delivery of equal treatment for general health problems required by the Disability Discrimination Act (1995).
• Partnership working and communication was found to be poor among adult learning disability services.
• Patients and carers of adults and children with learning disabilities often find their input is largely ignored by healthcare professionals
• Aspects of discrimination, abuse and neglect were found across the range of health services.

Clearly there needs to be action taken to improve the experience of people with learning disabilities of health services, in terms of providing appropriate leadership and training to the workforce. Healthcare for all (2008) makes 10 key recommendations, whereas the VPP (2009) has addressed Recommendation 2 the remaining recommendations should be formally reviewed and where appropriate applied to South Central’s learning disability workforce and services.

2.10 A Life Like Any Other?

---

A Life Like Any Other?\textsuperscript{12}, was an inquiry by the joint committee on human rights, reviewing whether the rights of adults with learning disabilities are currently being respected, and that adults with learning disabilities are not being denied their substantive human rights such as the right to life, not suffering inhuman or degrading treatment, not suffering unjustified discrimination and ensuring the right to respect for private and family life.

The evidence gathered by the committee shows that it is still necessary to emphasise that adults with learning disabilities have the same rights as everyone else, with evidence gathered by the committee including cases of abuse, neglect and ill-treatment of adults with learning disabilities. Evidence was received showing learning disability patients are facing problems such as malnutrition and dehydration, abusive and degrading treatment, neglect or carelessness by health and social care services, lack of privacy, lack of dignity, inappropriate use of restraint and/or medication, problems with communication, negative, patronising or infantilising. Furthermore the inquiry highlighted that adults with learning disabilities are more liable to social exclusion, poverty and isolation, and that public authorities, including local authorities and PCTs are not fully committed to the implementation of Valuing People\textsuperscript{13} with limited resources undermining attempts to successfully implement the policy.

The committee recommended that there needs to be ensured the creation of a more positive human rights culture in service provision, which is vital to securing respect for adults with learning disabilities in need of health and social care services. South Central needs to ensure this culture exists within their patch.

\textbf{2.11 Death by Indifference and Six lives}

\textit{Death by Indifference}\textsuperscript{14} was published by Mencap in 2007. The report contained evidence that people with a learning disability were dying unnecessarily due to institutional discrimination in the NHS. Death by Indifference contained six cases where people had died unnecessarily due to widespread ignorance and neglect within the NHS. Mencap asked the Health Service and Local Government Ombudsmen to investigate complaints regarding all six cases, which span both health and social care.

In March 2009, \textit{Six Lives: the provision of public services to people with learning disabilities}\textsuperscript{15} was published by the Health Ombudsman and Local Government Ombudsman. Whilst not all the complaints were upheld, the Ombudsmen did identify that maladministration had caused, amongst other things, an avoidable death and a death which was likely to have been avoided, unnecessary distress and suffering for the aggrieved and unnecessary distress and suffering for the families of the aggrieved.

In many organisations whose actions were investigated, it appeared that there was a failure to understand that in order to ensure equality of access to services ‘reasonable adjustments’ sometimes have to be made, in line with the Disability Discrimination Act (1995). Specifically the investigation identified a lack of understanding around how to make reasonable adjustments in practice. The investigation also found that in several of the cases, basic policy, standards and

\textsuperscript{12} Joint Committee on Human Rights (2008) \textit{A Life Like Any Other? Human Rights of Adults with Learning Disabilities}, online: \url{http://www.publications.parliament.uk/pa/jt200708/jtselect/jtrights/40/40i.pdf}

\textsuperscript{13} Valuing People (2001) online: \url{http://valuingpeople.gov.uk/index.jsp}

\textsuperscript{14} Mencap (2007) \textit{Death by Indifference}, online \url{www.mencap.org.uk/deathbyindifference}

\textsuperscript{15} (2009) \textit{Six Lives: the provision of public services to people with learning disabilities}
guidance were not observed, adjustments not made, and services not co-ordinated. This was largely due to lack of leadership.

Whilst the investigations findings cannot be generalised to the entire NHS, the recurrent nature of complaints across different agencies has led to concern regarding how well equipped the NHS and councils are to provide services appropriate for learning disability patients. Clearly there is a need to address these issues through relevant training of the workforce, assessing workforce capacity and ensuring an appropriate culture with appropriate leadership is in place.
2.12 DH agreement with the BMA to introduce annual health checks
As of the 5 May 2008, a department of health agreement with the BMA to introduce annual health checks for people with learning disabilities known to local authorities was launched, meaning all PCTs in England are subject to a direction to commission annual health checks from GP practices and arrange appropriate training for GPs and practice staff. It is intended that training of primary care staff will be delivered by strategic health facilitators and/or Community Learning Disability Teams (CLDTs) in partnership with self advocates. This is already adding additional pressure and responsibility to the specialist NHS learning disability workforce particularly the CTLDs.

2.13 Insufficient trained and qualified specialist professionals
In a written response to the NHS workforce review team’s assessment of workforce priorities (summer 2009) members of the Valuing People team stressed a real concern that in the future there will not be sufficient trained and qualified specialist professionals, in either primary or secondary healthcare, to meet the needs of individuals with learning disabilities.

The Valued People’s project’s (2009) findings support this view, as the report highlighted that there is currently a problem recruiting to pre-registration learning disability nursing within South Central, with some HEIs missing commissions by 50%, which is further compounded by a loss of roughly 25% through attrition. In order to mitigate this, the report recommends investment in post qualifying education in conjunction with the development of other areas of the learning disability workforce such as the development of associate practitioner roles.

2.14 In many parts of the country people with learning disabilities find that access to specialist NHS staff is limited
The Valued People team’s response to the NHS workforce review team’s assessment of workforce priorities (summer 2009) also highlighted that in many parts of the country both individuals with learning disabilities and their carers have found that access to specialist NHS staff such as speech and language therapists, occupational therapists and clinical psychologists is limited. As such South Central should investigate whether this is the case with their SHA.

3. Workforce supply
The aim of this section of the report is to assess the current learning disability workforce, and identify any areas of concern, or any areas where they may be potential opportunity. In order to assess the current workforce supply relevant organisations known to be the main providers of learning disability services within the patch were identified and an aggregate profile was produced. This means that minor pockets of the learning disability workforce positioned in other organisations will have been excluded, however this analysis provides a strong indication of workforce trends not only of those individuals directly involved in the care area, but all underpinning staff as well.

The relevant organisations included:
- Berkshire Healthcare Trust
- Hampshire Partnership Trust
- Isle of Wight PCT
- Milton Keynes PCT
- Oxfordshire and Buckinghamshire Mental Health Trust
- Portsmouth City teaching PCT
Ridgeway Partnership Trust

Due to variations in the data quality, some aspects of the analysis have not been commented on. However all the analysis within this section gives us a clear indication of the key trends within this workforce at present. Robust headcount data was not obtained. Consequently analysis of age, gender, ethnicity and leavers should not be taken as absolute figures, but as strong indications of key trends within the learning disability workforce.

3.1 Staff profile
According to the analysis the current learning disability workforce currently stands at approximately 2025 full time equivalents (FTEs). As we can see from figure 1 below, a substantial number of staff come from the additional clinical services staff group, accounting for 74%, and the nursing registered staff group, accounting for 15%.

![South Central learning disability workforce by staff group (fte) September 2009](image)

Figure 1 South Central Learning Disability workforce profile

Upon examining the profile of each of these segments in greater depth, it is interesting to note that within additional clinical services, approximately 52% of staff are healthcare assistants, approximately 22% are health care support workers, and approximately 22% are social care support workers. Within the nursing registered staff group, approximately 54% of staff are staff nurses and approximately 20% are community nurses (based on fte)

3.2 Skills mix
Figure 2 shows the current learning disability workforce within South Central by AfC band. The graph clearly shows a substantial number of staff are employed at band 3, accounting for approximately 46% of the workforce. More in depth examination of band 3 reveals that approximately 70% of the workforce employed at band 3 are health care assistants, and 27% are healthcare support workers. It is plausible that many of these staff will be unqualified. In order to retain this workforce it is essential that the development of new roles, such as the associate practitioner role, is pursued.

---

16 Data from organisations and ESR, September 2009.
An additional point is that only 6% of the workforce are employed at band 7 and above (excluding medical and dental and non agenda for change staff), which suggests there may be a lack of leadership in the learning disability workforce at present, who will be vital to effectively drive the workforce forward in the current economic climate.

<table>
<thead>
<tr>
<th>South Central learning disability workforce by AfC band as at September 2009</th>
</tr>
</thead>
<tbody>
<tr>
<td>Non-Afc</td>
</tr>
<tr>
<td>M&amp;D</td>
</tr>
<tr>
<td>Band 9</td>
</tr>
<tr>
<td>Band 8d</td>
</tr>
<tr>
<td>Band 8c</td>
</tr>
<tr>
<td>Band 8b</td>
</tr>
<tr>
<td>Band 8a</td>
</tr>
<tr>
<td>Band 7</td>
</tr>
<tr>
<td>Band 6</td>
</tr>
<tr>
<td>Band 5</td>
</tr>
<tr>
<td>Band 4</td>
</tr>
<tr>
<td>Band 3</td>
</tr>
<tr>
<td>Band 2</td>
</tr>
<tr>
<td>Band 1</td>
</tr>
</tbody>
</table>

Figure 2 South Central Learning Disability workforce profile

3.3 Age Profile

Figure 3 shows the current age profile of the learning disability workforce (based on FTE). If a retirement age of 60 is assumed, then 5.9% of the workforce have currently reached retirement age, and an additional 13.6% will reach retirement age within the next 5 years. In addition to this many members of the learning disability workforce may be eligible to retire at 55 if they have mental health officer status. In this case 19.5% of the current workforce have already reached retirement age. This is an area that South Central needs to investigate in order to understand what impact this might have on the workforce.

\[\text{Data from organisations and ESR, September 2009}\]
3.4 Gender  
Based on FTE, approximately 75% of the learning disability workforce was reported as female and 25% was reported as male. With this in mind South Central need to consider how trends such as maternity leave and the increasing trend of part time working may affect the workforce.

3.5 Ethnicity  
The workforce profile reported 71% of the workforce being White British, with other substantial ethnic groups being African, accounting for 5%, and any other White background accounting for 8.5%. Although the majority of ethnic groups had some level of representation within the workforce.

3.6 Sickness absence  
The average sickness absence rate for all the organisations analysed, between October 2008 and September 2009, was 4.83%, slightly higher than South Central's benchmark of 4%.

3.7 Turnover  
The average turnover rate across all the organisations analysed, between October 2008 and September 2009 stood at 9.58%, which falls below South Central's benchmark of 15%.

3.8 Leavers  
The analysis of leavers data indicated that approximately 5% of staff left, between October 2008 and September 2009 due to dismissal for capability. This highlights that there may be a need for either more stringent interview procedures, or increased training opportunities for staff in order to retain and develop the existing workforce. Approximately 4% also took voluntary resignation due to work life balance, which is an area that may be able to be improved upon.

---

18 Data from organisations and ESR, September 2009.
3.9 General comments
The Valued People project (2009) also highlights a general workforce concern that an increasing number of professionally qualified staff are being employed by the third sector including consultant psychiatrists, consultant psychologists, learning disability nurses speech and language therapists, and occupational therapists. The impact this will have on the NHS is not yet known, but should be carefully monitored.

4. Workforce Priorities
The following section aims to identify what the key workforce priorities are in terms of further developing the workforce to meet future demand.

4.1 Key competencies to care for patients with profound learning disabilities
South Central needs to ensure that commissioning of all health education includes key competencies needed to care for patients with profound learning disabilities, whose patients typically have complex needs.

4.2 Implementation of a human rights culture
Various reports including ‘A life like any other’ (January 2008), and ‘Six Lives’ (March 2009) advocate the implementation of a human rights culture across all services involved in supporting patients with learning disabilities, in order to ensure a culture that observes key human rights such as fairness, respect, equality, dignity and autonomy. South Central needs to ensure such a culture exists within its learning disability workforce, with particular focus on all frontline NHS primary care workers.

4.3 Leadership
Six Lives (March 2009) identified a lack of leadership across many organisations which led to a poorly co-ordinated service where standards were not observed, and adjustments to provide equality of care were not made. Whilst the findings of this investigation cannot be generalised as indicative of the whole of the NHS, there is a real concern around how well equipped the NHS is to provide learning disability services. South Central needs to ensure strong leadership is in place to ensure a co-ordinated and high quality service and to manage the complex nature of providing services to learning disability patients.

4.4 Training to support Implementation of Disability Discrimination Act
Six Lives (March 2009) identified a lack of embedded understanding around ‘reasonable adjustments’ sometimes having to be made in order to provide equality of access to patients with learning disabilities. As such South Central needs to consider whether training is needed around the practical implementation of the Disability Discrimination Act (1995).

4.5 General Practice
General Practitioners and General Practice staff need to receive training in meeting the needs of people with learning disabilities, provided by either primary healthcare facilitators or local community learning disability team staff, in partnership with self advocates and family carers.

4.6 Disability nursing recruitment
A recruitment strategy is needed to increase entrants to pre-registration learning disability nursing, and South Central need to take a leadership role in the promotion of learning disability nursing.
4.7 Competitive tendering
A specification needs development for a competitive tendering process for a 'new model of learning disability education commissioning’ for all pre and post registration health learning disability education.

4.8 Regional academy
The development of a regional academy for learning disability should be considered, based on a commercial model of education delivery, with research and consultancy capacity, and should be based after an HIEC or academic health science partnership model between key stakeholders. By creating a critical mass of both students and academic staff, such an organisation could have to potential to mitigate a lot of the current workforce problems (i.e. recruitment, attrition, viability).

4.9 Career pathways
Clear career pathways need to be identified with the necessary fit for purpose qualifications and courses available for non professional and professional workers.

4.10 Quality markers
The education, training and outcomes in improved services of NHS staff should be monitored using specialist learning disability staff alongside people with learning disabilities and/or their families.

4.11 Associate Practitioner
The development of the associate practitioner role should be considered. Such an individual would be able to work between health and social care services, and support qualified practitioners from both settings. Such a practitioner would also be able to take on some supervisory roles and under direction of qualified practitioners delegate duties. It is currently proposed that associate practitioner’s would undertake a foundation degree, enabling them to work at band 4 within the NHS or level 4 with LAs.

5. Workforce Strategy Alignment
The table below identifies the links between the themes and vision set out in the NHS South Central Shaping the Future Workforce Strategy 2010 to 2015 and the Staying Healthy workforce priorities.

<table>
<thead>
<tr>
<th>Strategic Theme</th>
<th>Vision</th>
<th>Alignment</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Share the journey: engage patients, carers and staff</td>
<td>Patients, carers, staff and the general public all need to be engaged and play their part in ensuring the NHS continues to provide excellent health care within a sustainable framework.</td>
<td>5.2 Implementation of a human rights culture 5.10 Quality markers</td>
</tr>
<tr>
<td>2. Plan and Prepare: Manage the Change</td>
<td>To respond to the challenge and scale of both the forecast increase in demand for health care services, and the reduction in spending on public services we must actively plan the workforce and prepare intelligently to manage the change.</td>
<td>5.6 Disability nursing recruitment 5.9 Career pathways</td>
</tr>
<tr>
<td>Strategic Theme</td>
<td>Vision</td>
<td>Alignment</td>
</tr>
<tr>
<td>---------------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------</td>
<td>-----------------------------------------------</td>
</tr>
<tr>
<td>3. Integrate and align: design a joint future</td>
<td>To maximise the effectiveness of our workforce planning we need to integrate and align our actions, taking a system wide perspective on the future workforce requirements to deliver the emerging service models.</td>
<td>5.8 Regional academy</td>
</tr>
<tr>
<td>4. Tighten up business: drive up quality and value</td>
<td>To drive up quality and value, and reduce waste and variation in the way we deploy the workforce in NHS South Central, we need to implement excellent human resource management across all health sector employers.</td>
<td>5.6 Disability nursing recruitment 5.7 Competitive tendering 5.9 Career pathways</td>
</tr>
<tr>
<td>5. Step up flexibility: develop the workforce</td>
<td>To develop a more flexible workforce that can assimilate new skills rapidly and work in new and innovative ways, by targeting skills development and developing new employment models.</td>
<td>5.1 Key competencies to care for patients with profound learning disabilities 5.4 Training to support Implementation of Disability Discrimination Act 5.5 General Practice 5.11 Associate Practitioner</td>
</tr>
<tr>
<td>6. Be accountable: focus leadership</td>
<td>To enable the service changes that need to be delivered we need a culture of accountability at all levels, and leadership that is focussed on delivering the best health care system in the world.</td>
<td>5.3 Leadership 5.10 Quality markers</td>
</tr>
</tbody>
</table>

### 6. Next steps

- South Central SHA’s HEIs need to ensure that competence based training in learning disabilities is integral to all their undergraduate healthcare programmes, and they must ensure the involvement of people with learning disabilities and/or their carers in curriculum development and implementation. SHA commissioning education managers need to seek documentary evidence of this.

- Inform existing HEIs currently holding pre-registration learning disability nursing commissions that the intention is not to renew existing contractual arrangements. Furthermore education commissioning decisions need to be better informed by contemporary key stakeholders.

- As a part of the overall learning disabilities plan South Central needs to ensure a sufficient number of pre registration learning disability nurses are being commissioned for the future (anecdotal evidence would suggest approximately 60 per year).
• Commission a ‘learning resource’ for all NHS staff, but with a focus on primary care, to better understand the needs of people with learning disabilities.

• Post qualifying education is urgently required in order to bring about a modernising of the existing learning disability workforce.

• Provide a specific career advice facility for both existing learning disability staff and those wishing to move into the sector.

• Provide ‘high visibility’ clinical leadership for specialist learning disability staff who are experiencing unprecedented changes to their roles and context of service delivery.

• To ensure that people with learning disabilities across all care pathways receive an appropriate amount of care and minimise the length of stay.