

Agenda Item 11

**The Mental Welfare Commission -
Themed Visit Report to people
with autism and complex needs**



Title/Subject: **The Mental Welfare Commission - Themed Visit Report to people with autism and complex needs**

Meeting: **IJB Clinical and Care Governance Committee**

Date: **28 February 2020**

Submitted By: **Head of Integration**

Action: **For Noting**

1. INTRODUCTION

- 1.1. The Mental Welfare Commission themed visit report looking at support for people with Autism and Complex Needs is one of many (including the “Coming Home” Report on Out-of-Area Placements and Delayed Discharges for People with Learning Disabilities and Complex Needs by Dr Ann McDonald, 11/18) that highlighted the need for specialist support to be provided via Health, Social Care and other partners for people with Autism and Complex Needs.
- 1.2. The Mental Welfare Commission for Scotland is a non-departmental public body responsible for safeguarding the rights and welfare of people in Scotland with a learning disability, mental illness or other mental disorder.
- 1.3. The report focuses on one of the most vulnerable groups with this diagnosis – people with Autism and Learning Disability or other Complex Care needs who were subject to Mental Health or Incapacity legislation. Commission visitors met 54 people living in hospital or in the community across Scotland and spoke to medical and care staff, along with family members and carers. The Commission carried out these visits because it is aware that Autistic people have particular needs that are not always met in settings designed for people with other conditions.
- 1.4. In Falkirk, part of our vision is to support people to live well in their own communities. Many of the people we support, who have Autism and Complex Needs, are well supported in their own tenancies and enjoying life. Some are still living in residential establishments within and outwith Falkirk.

In line with the recommendation of the Coming Home Report and Efficiency Savings (2019/2020 and 2020/2021) a Reviewing Officer is in post from November 2019. Part of the role will be to review all of those people who are supported that have allocated budgets of over £1500 per week. Many of these people have Autism and Complex Needs and live outwith the area.

- 1.5. The Reviewing Officer will work in a person led way to ensure the specific needs of each individual are met by those involved in their support.



2. RECOMMENDATION

The Clinical and Care Governance Committee is asked to:

- 2.1. note work that is ongoing through a multi disciplinary group, who have began to develop an action plan based on the recommendations of this report and who will be responsible for monitoring and implementing any changes needed
- 2.2. note the plan will be reported to the next Leadership Group who will monitor progress and report to the CCGC on a 6 monthly basis.

3. BACKGROUND

- 3.1. The report was published on 30 October 2019. The report states that “Autism Spectrum Disorder (ASD)” is a term used to describe a lifelong developmental condition which affects social communication, social interaction and flexibility of behaviour, including sensory responses”.
- 3.2. As well as the definition, the report explains that people with autism are often living in hospital or care settings that are primarily designed for people with a learning disability and that their specific individualised needs are often unmet.
- 3.3. The report is based on visits to people with a primary diagnosis of autism who also have complex needs and are aged between 18 and 65 years. These visits took place with people living in inpatient settings, people who were subject to a formal order and people who were supported in specialist services.

4. SUMMARY OF RECOMMENDATIONS

- 4.1. The report recommendations were considered by the Leadership Group at its meeting on 28 November 2019.
- 4.2. There are ten recommendations from the report and the implications for Falkirk HSCP are across 5 themed areas:
 - Assessment and Diagnosis
 - Treatment
 - Support/Treatment
 - Responding to Crisis
 - Environmental Issues
 - Crisis.
- 4.3. The Leadership Group agreed that the multi-disciplinary group would develop a SMART action plan and group terms of reference that would be presented to a future Leadership Group for approval. This would include a current position statement.

- 4.4. The recommendations that the HSCP are responsible for and current position are set out at Appendix 1 for information. This was also used to provide a response to the MWC who requested Chief Officers consider the report and respond by 1 February 2020. This response was submitted by the due date.

5. CONCLUSIONS

- 5.1. In conclusion, the recommendations in this report are in line with the vision of the Partnership. The current position statement (appendix 1) notes that many of the recommendations are already, to an extent, being followed within Falkirk. Further actions have been identified to fully implement the report recommendations.
- 5.2. This will involve overall co-ordination of work to make sure the recommendations are fully implemented. Progress will be monitored by the Leadership Group and 6 monthly reports will be presented to the CCGC.

Resource Implications

A group of relevant managers across HSCP will require to develop the action plan fully, submit to the Leadership Group and to monitor any ongoing actions and timescales.

Impact on IJB Outcomes and Priorities

The recommendations are in line with the Strategic Plan.

Legal & Risk Implications

The MWC makes recommendations for Integration Authorities, Local Authorities and NHS Boards and failure to consider may result in legal and/or risk implications.

Consultation

This is not required for the report.

Equalities Assessment

This is not required for the report.

Submitted by: Martin Thom, Head of Integration

Author: James Foley, Service Manager

Date: 10 February 2020

List of Background Papers:

- “Autism and Complex Care Needs: Executive Summary” - Mental Welfare Commission for Scotland, 30 October 2019
- “Coming Home” Report - Scottish Government, November 2018

Appendix 1

The Mental Welfare Commission – Themed Visit Report to people with autism and complex care needs

Recommendation 2:

Integration Authorities should ensure that any person with a diagnosis of autism, whether or not combined with another condition such as learning disability, is given access to an appropriate range of post-diagnostic support, and that a plan for this is agreed with the adult and, where appropriate, their family.

Current Position

- Whilst there is no dedicated resource in any service for coordinated post diagnostic support or pathways for individuals in receipt of a diagnosis. The NHS Forth Valley Learning Disability Diagnostic assessment team, routinely offer individual post diagnostic education and signposting as part of the care pathway. This consists of an accessible report, written material and any appropriate onward referrals.
- Current signposting to local and national third sector organisations (e.g. Scottish Autism and the National Autistic Society) is common practice across all services/team in NHSFV (NHS Forth Valley) and Falkirk Health and Social Care Partnership (FHSCP).
- Any additional health related needs for all NHS Forth Valley services/teams would be referred on to the appropriate disciplines and managed within those condition specific pathways. There may be a wait for these assessments and interventions.
- Any identified social care needs identified from an NHSFV diagnostic assessment would also be referred on to the FHSCP for an in depth social care assessment.
- Community Care assessments identify needs and desired outcomes for individuals with Autistic Spectrum Disorder. Support available is dependent on the assessment and can range from informal signposting to paid supports.
- Many people with Autistic Spectrum Disorder living in their community (and their carers) access supported social network groups and carers centres where guidance and further information can be accessed.
- Currently, there are no formal post diagnostic workshops supporting adults (and their carers) to understand their new diagnosis and its impact of their life. However, as stated above, post diagnostic education is part of the care pathway.
- Autism Strategy Meetings are held within local authorities, with a focus on planning for post diagnostic signposting and support.

Actions to Consider

- Completion of an SBAR (Situation, Background, Assessment, Recommendation) by NHS Forth Valley to highlight issues around access to post-diagnostic support for individuals diagnosed with ASD (NICE, 2016 – criteria 4)
- Scoping of the range of social care, third sector & voluntary post-diagnostic supports in the Falkirk area

Leads

R Cheape, AMH Service Development Manager
Falkirk LD Team
Review Officer

R/A/G status to be finalised following approval by the Leadership Group

Recommendation 4:

NHS Boards and Integration Authorities should ensure that they have arrangements to secure community provision for any autistic person with complex needs in hospital, within 6 months of their being assessed as able to be supported in the community. This should include discharge planning co-ordination from the point of admission.

Current Position

- Joint delayed discharge meetings take place within the Learning Disability and Mental Health Services involving NHS, partnerships, delayed discharge co-ordinator and housing.
- Integrated Care Pathway within Loch View which projects discharge date and commences discharge planning at the point of admission.
- In both Acute Mental Health and Learning Disability wards, consideration will be given by the Registered Medical Officer and clinical team to the suitability of any proposed placements and regular discharge planning meetings take place in preparing for discharge,
- Learning Disability Service Additional Support Team has a dedicated nurse to coordinate and support the discharge of complex patients and continues to support carers and providers upon discharge with the aim of preventing re-admission.
- FHSCP currently working with colleagues in commissioning and 3rd sector to develop models of support within the community for those with more complex needs.

Actions to Consider

- In considering the support required by families, Falkirk Health and Social Care Partnership to consider the role of flexible support responses, to be used when service users are experiencing significant difficulty.
- Suitable housing options for this group to be identified and links to be made with commissioning and housing plans.

Lead/s

J Foley, Service Manager Specialist Services
Falkirk LD Team
Review Officer

R/A/G status to be finalised following approval by the Leadership Group

Recommendation 6:

Integration Authorities should ensure that autistic people with complex needs in community settings have a dedicated co-ordinator to oversee the full range of provision to meet their needs, which should include:

- a. access to SALT, OT and psychosocial interventions, which meet the standard set by SIGN 145
- b. promotion of good health, including access to health screening, and oversight of complex health needs
- c. a tailored activity plan, which addresses needs for meaningful roles and routines including self-care, education, employment and leisure.
- d. support for family carers, including ensuring a Carer's Assessment is offered, where appropriate.

Current Position

- There are no dedicated care coordinators in any team/service in NHSFV or in FHSPC. Patients do have access to allied health professionals, nursing, psychiatry, clinical psychology and social work via typical referral routes for both the Learning Disability and Acute Mental Health service, which may have a wait for provision. If a practitioner identifies additional needs, they will make onward referrals or signpost to appropriate referrals, but this is only for the duration of their support/duty of care.
- If an individual has an allocated Social Worker, they may be more likely to adopt this role in the community in working with clients, family and carers to identify suitable supports in the community. This needs to be reviewed to ensure that it is always the most appropriate professional that has the role of co-ordinator.
- Holistic community care assessments are completed by Social Workers and health staff of individuals with complex needs and autism.
- Carer's assessments are offered (and encouraged) to all carers and can be either carried out by colleagues within the carers centre or staff within FHSCP community care teams.

Actions to Consider

- Audit of all cases supported by Falkirk Health and Social Care Partnership to determine the number of individuals with autism and complex needs with dedicated coordinators.

Lead/s

J Foley, Service Manager Specialist Services
Falkirk Learning Disability Team
Review Officer

R/A/G status to be finalised following approval by the Leadership Group

Recommendation 8:

NHS and community services should ensure that they have policies concerning restraint and seclusion affecting autistic people with complex needs which include consistent recording, feedback, staff training, and improvement plans to reduce their use over time.

Current Position

- All NHSFV inpatients have individual plans in relation to the use restrictive management strategies in line with local and national (e.g. mental welfare commission) policies, guidelines and procedures. All restrictive practices are recorded on the Safeguard System and all staff undertake mandatory training on an annual basis. Each ward area in NHSFV also have access to staff with additional expertise, who act as a resource in relation to local restraint procedures.
- Loch View Assessment & Treatment unit report weekly on the use of restrictive management strategies for each patient at multidisciplinary ward meetings. The focus is to reduce the use of restrictive management strategies, including restraint by considering positive risk taking approaches or more proactive care plans.
- Loch View Assessment & Treatment Unit are currently pursuing Royal College of Psychiatry Accreditation, which will consider standards in relation to best practice in relation to restrictive practices. Regular multidisciplinary meetings take place to progress this work plan.
- FHSCP health staff offer support and advice to people and their families and carers in order to manage behavioural risks. This can be documented in relapse prevention plans, risk management plans or behaviour management plans (positive behavioural support plans), which aim to manage behavioural risks and ultimately reduce or minimise restrictive practice or may take the form of training or consultation. There can be a wait for input from some disciplines (e.g. clinical psychology, occupational therapy, speech & language therapy and on occasion nursing).
- Positive Behavioural Support (PBS) is a framework used by the NHS Forth Valley Learning Disability Service and FHSCP Integrated Learning Disability Service which aims to: reduce behavioural risk(s); support patient's to establish new or alternative skills to replace behavioural risks, improve quality of life and reduce the use of restrictive management strategies. Currently, Learning Disability nursing staff undertake enhanced level interventions and clinical psychologists are trained at the specialist level. The Learning Disability Managed Care Network and the Nursing Learning & Development Group are also currently funding an additional five nursing staff to undertake a PgCert in Positive Behavioural Support.
- The Learning Disability increasing access to psychological interventions steering group, will consider best matched care in relation to PBS across the Learning Disability service, including standardisation of practice, care pathways, standard evaluation of practice (including the behavioural risks and use of restrictive practices), clinical governance and learning & development, including induction & succession planning upon conclusion of the short life working group for PBS.
- Third sector organisations and care providers in the community are governed by their own standards of practice guided by the Care Inspectorate and local commissioning, including required levels of training and recording methods for restrictive management practices. The use of restrictive management strategies, including restraint for individuals in the community requiring restraint should be supported by a legal framework.

Actions to Consider

- Conclusion of the Positive Behavioural Support modality working group by the LD Service, which will take a whole systems approach to identifying current provision and gaps in relation to delivery/use and governance of PBS.
- Cascade of awareness training (Improving Practice resource) in relation to PBS in the LD Service

Lead/s

Sharon Horne-Jenkins, Consultant Clinical Psychologist

R/A/G status to be finalised following approval by the Leadership Group

Recommendation10:

NHS Boards, local authorities and Integration Authorities commissioning services should ensure that anyone who is providing services to a person with autism and complex needs is trained to the appropriate level of the NES training framework and where appropriate receives ongoing clinical supervision.

Current Position

- All Band 2/3 personal assistants in the NHSFV Learning Disability service attend the Learning Disability Managed Care Network (LDMCN) workshops programme, one of which is a full day awareness session about Autism. This meets the skilled level for the NES training framework.
- All Learning Disability health staff are either trained as part of their professional qualification in supporting individuals with complex needs and autism or can access to the NES Autism modules and/or can shadow experienced practitioners upon qualification. This meets the skilled level of practice in the NES training framework. Supervised practice is also available to all professionals working within the Learning Disability service in accordance with NHSFV policies and procedures.
- FHSCP Learning Disability community team practitioners also routinely offer formalised training to families, care providers and social work staff in relation to person specific care. No programs of education are delivered.
- All staff working within the Autistic Spectrum Disorder diagnostic assessment team are trained in specialist assessment and undertake regular continuing professional development (CPD) associated with their work (including postgraduate qualifications, conferences, NES training). This meets the Enhanced and Expertise Levels of practice in the NES training framework. This team, when required, also delivers bespoke training and/or consultation for practitioners within the Learning Disability service.
- All practitioners offering diagnostic assessments in Adult Psychological Therapies and Acute Mental Health are trained at a minimum at the Enhanced Level of Practice in the NES training framework and undertake regular CPD associated with this work. These practitioners can also deliver bespoke training or consultation to other practitioners within the Adult Psychological Therapies or Acute Mental Health teams.
- Third sector organisations and care providers in the community are governed by their own standards of practice guided by the Care Inspectorate and local commissioning, including required levels of training levels.

Actions to Consider

- All relevant NHS Forth Valley staff should complete NES Informed Level Autism module.
- All relevant NHS Forth Valley mental health and LD staff, FHSCP staff and commissioning staff should be trained to the skilled level of as a minimum. Operational managers to identify any training needs for their staff.
- Future commissioning of services for individuals with autism and complex needs should specify minimum levels of training according to the NES training framework for support workers and managers.
- FHSCP should work with providers and third sector providers to promote access to appropriate levels of training for staff and managers supporting individuals with complex needs and autism.

Lead/s

Caroline Gill, Head of Nursing LD
James Foley. Service Manager, Specialist Services
Sharon Horne-Jenkins, Consultant Clinical Psychologist

R/A/G status to be finalised following approval by the Leadership Group