

Using generic role templates for the delivery of learning disability services in a community setting

A how-to guide for commissioners and service providers



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Contents page

Section 1: Introduction	3
Section 2: Background	
The national plan and service model for commissioners.....	4
Generic Service Interventions Pathway for Learning Disabilities.....	5
Functions of community learning disability teams.....	5
Employability Skills Matrix	6
Section 3: About the role templates	
How the templates are constructed.....	7
How they can be used	8
Who will they be useful to	8
Section 4: Using the templates	
Supporting the development of community learning disability teams	11
Constructing effective jobs and roles in learning disability community services	11
The importance of values	12
Essential team working skills, systems, attributes and behaviours	15
Positive behavioural support approach	16
Section 5: Developing teams that provide intensive support	
Structural difference in teams that provide intensive support.....	17
Attributes of workers that provide intensive support	18
Supervision and support structures for teams providing intensive support.....	19
References	20



Section 1: Introduction

To support the government's Transforming Care Programme, Health Education England (HEE) has commissioned Skills for Health to identify the components required for the health workforce to deliver effective support to people with learning disabilities in a community setting.

The current delivery of community health services to people with learning disabilities across the country is diverse and wide ranging. It is anticipated that this will continue as regions design new and different ways of delivering care and support that has to date often only been available in specialist hospital settings.



To assist commissioners and providers who are developing these new and different services, Health Education England in partnership with Skills for Health, has devised a suite of generic role templates at five levels of the career framework.

This document outlines how these role templates can be used:

- to develop new teams
- to devise competency based job descriptions
- to develop and/or commission suitable education and training for the workforce
- as the basis of a career framework for the learning disabilities workforce at regional/ sub regional level.



Section 2: Background

To develop the role templates, HEE and Skills for Health reviewed a number of initiatives and publications that assist commissioners and providers understand what the optimum composition of a team in their area should be. The most relevant documents are outlined here.

The National Plan for implementation of the Transforming Care Programme, "Building the right support", and Service Model for Commissioners of health and social care services.

The information in these two key publications, produced by NHS England in October 2015 has been used as the basis for the development of the generic role templates. They outline the four key areas of support where capacity needs developing to ensure that people can access the high quality support that will allow them to remain in their community. This includes the provision of intensive support, liaison and community forensic services.

The role templates support commissioners and providers of care, to design teams and roles that deliver new and different services to address the key principles in the service model (Fig. 1 below):

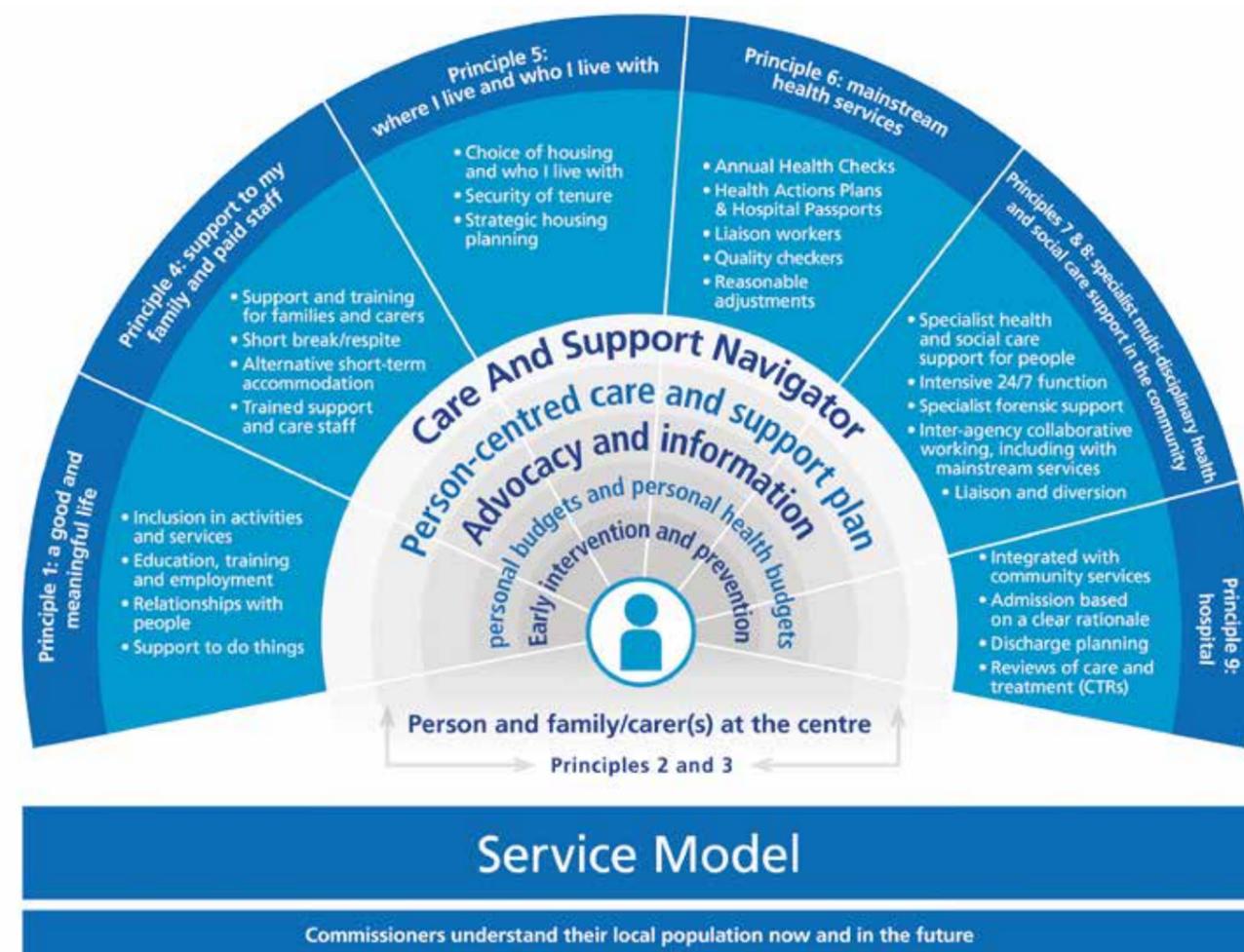


Fig. 1

- people should have a good and meaningful everyday life
- care should be person centered, planned, proactive and co-ordinated
- there should be choice and control for people about how their needs are met
- people should have choice over their housing and accommodation arrangements
- people should have access to high quality mainstream health services
- there should be access to specialist health and social care support in the community
- people should be given support to keep out of trouble where necessary
- access to high quality assessment and treatment services should be available where needed.

The skills and competences contained within the role templates are generic and will be applicable to a variety of workers across a range of configurations of learning disability teams.

It is recognised that in certain circumstances, such as community forensic provision, there will be additional knowledge required (of the scope and application of highly specialised assessment and treatment options).

Leading Change, Adding Value: A framework for nursing, midwifery and care staff

Published in May 2016, Leading Change, Adding Value, sets out a framework for nursing, midwifery and care staff. It describes how a new emphasis on team working is required to address the triple aims of closing the gaps identified in the Five Year Forward View.

These triple aims; closing the health and wellbeing gap; closing the care and quality gap and closing the efficiency gap, are principles that are embedded within Building the Right Support.

The framework also outlines a number of key factors that contribute to the reduction of unwanted variation of services. Commissioners and service providers should consider these factors when redesigning learning disability services and the workforce to support the effective delivery of support. These factors include:

- development of 'place based' programmes of work that support people to live well in their communities
- development and strengthening of asset based approaches to the creation of local community services
- development of extended skills sets and roles to ensure prevention and health promotion and reduce the need for hospital based services
- developing a culture of health and care professionals working collaboratively as 'care navigators' to signpost to easily accessible support systems
- development of more effective approaches to workforce planning
- development of sustainable and flexible routes into education at pre-degree and post degree level across teams and sectors.

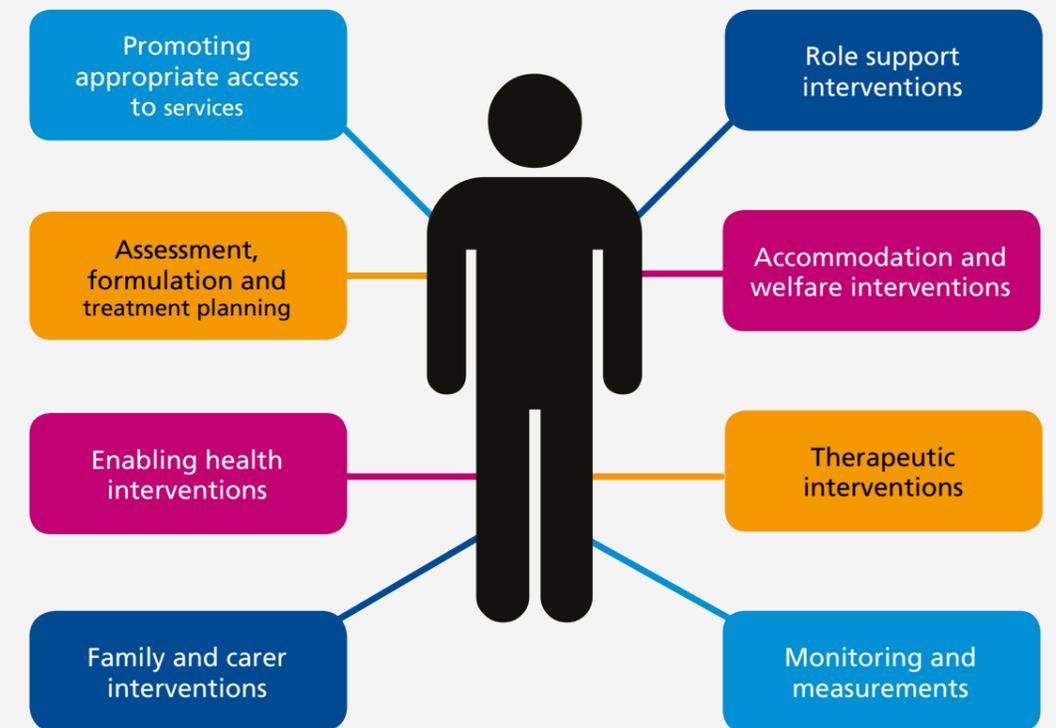
Generic Service Interventions Pathway for Learning Disabilities

This competency framework document was produced by HEE to support development of the learning disability workforce, and is mapped to National Occupational Standards. The key outcomes for people with learning disabilities that are described in the Generic Service Interventions Pathway, and the activities undertaken by the workforce, are demonstrated in Figure 2 opposite.

HEE's Generic Service Interventions Pathway was developed following extensive work with a large multi-disciplinary expert reference group in the West Midlands.

The publication incorporates competencies outlined in the Positive Behavioural Support Competencies Framework (published by the PBS Academy in March 2015).

Fig. 2 Generic Service Interventions Pathway



Delivering effective specialist community learning disabilities health team support to people with learning disabilities and their families or carers.

This document, produced by the National Learning Disabilities Professional Senate (March 2015) describes the key functions of a multi-disciplinary learning disability team. It summarises their five functions as:

- supporting access to mainstream health services
- enabling others to deliver high quality, person centered care
- delivering direct therapeutic interventions
- positive response to crisis situations
- undertaking quality assurance and strategic service development in support of commissioners.

The functions described in the document were used as the basis for a functional mapping exercise. Further workshops checked the validity of the functional mapping and identified the skills and attributes required by teams and team members delivering community learning disability services. These were later mapped to National Occupational Standards (competences) and form the basis of the role templates.

The Employability Skills Matrix for Health

Skills for Health's Employability Skills Matrix for Health is useful to identify the personal skills, qualities, values, attributes and behaviours needed from generic health care workers at each career framework level. These have been included in the generic role templates.

Section 3: About the generic role templates

The information from NHS England's service model, the Generic Service Interventions Pathway and National Learning Disability Professional Senate's document, provides clear indications of the activities that will be required by any team providing services to people with learning disabilities in the community (including that delivering crisis response/intensive support) and has been used to develop the generic role templates.

The generic role templates can be used by commissioners and service leads to help define and describe new and different roles/teams to deliver services to people with learning disabilities.

The templates are designed to enable a common understanding of a role and provide consistency of approach in defining the skills and competences needed to fulfil the role requirements.

National Occupational Standards are a uniform way to describe the knowledge (what you should know) and skills (what you should be able to do) that demonstrate competence. The role templates have been devised using the National Occupational Standards contained with the Generic Interventions Framework and describe the competencies required to deliver a range of interventions that support people with learning disabilities.

How the templates are constructed

In addition to the competencies that are required by workers to undertake specific tasks and activities, the skills and competences needed to ensure that a group functions well as a community learning disability team have also been identified.

These additional team working and leadership skills have been mapped to National Occupational Standards (NOS) and added into the lists of competences detailed in the Generic Role Templates.

The templates are split into five sections:

- scope of the role
- career framework level and associated descriptors for the role
- competences expressed as National Occupational Standards (the competences included are those that are core to the career framework level and specific for the role)
- additional lists of National Occupational Standards to be used to complete the description of the role (pick and mix)
- indicative learning and development for the role.

All of the generic role templates will have:

- a common or 'core' set of National Occupational Standards
- a list of specialty/pathway specific National Occupational Standards
- "Pick and mix" lists of additional National Occupational Standards relating to activities which people in the roles may undertake. Selection of National Occupational Standards from these lists can be made to complete a description of the role. The same role template can be used to create job descriptions of all of the roles required in a service at a particular career framework level.

Who the role templates will be useful to

The role templates will be of interest to people who are responsible for commissioning and providing services and those who are responsible for the development of the workforce, including:

- service providers, leaders and managers
- those responsible for commissioning education and training for the workforce
- service commissioners
- education and training providers.



How the role templates can be used

The role templates are useful for designing and commissioning new or different community services that provide care and support to people with a learning disability. They can also be used to develop education and training to support the workforce.

Commissioners and service providers can use the role templates to:

- **Identify and describe competences for a new team/service.**
The role templates, in conjunction with the Generic Service Interventions Pathway competency framework, can be used to describe the activities and competences required to deliver the interventions offered by a new team or service.
- **Produce competency based job descriptions for new and different roles.**
'Pick and mix' lists of competences can be used to complete a description of a role. In addition, an editable job description linked to the role can be used to produce a person specification and full job description for a role. This includes values and behaviours linked to Skills for Health's career framework levels, which can be supplemented with organisation specific values and the wider principles and values that underpin Building the Right Support. Recruitment processes can be aligned to the competences, values and behaviours contained within the job descriptions and those outlined within this document.

- **Design or commission targeted education and training to support the development of competences for the role or team.**

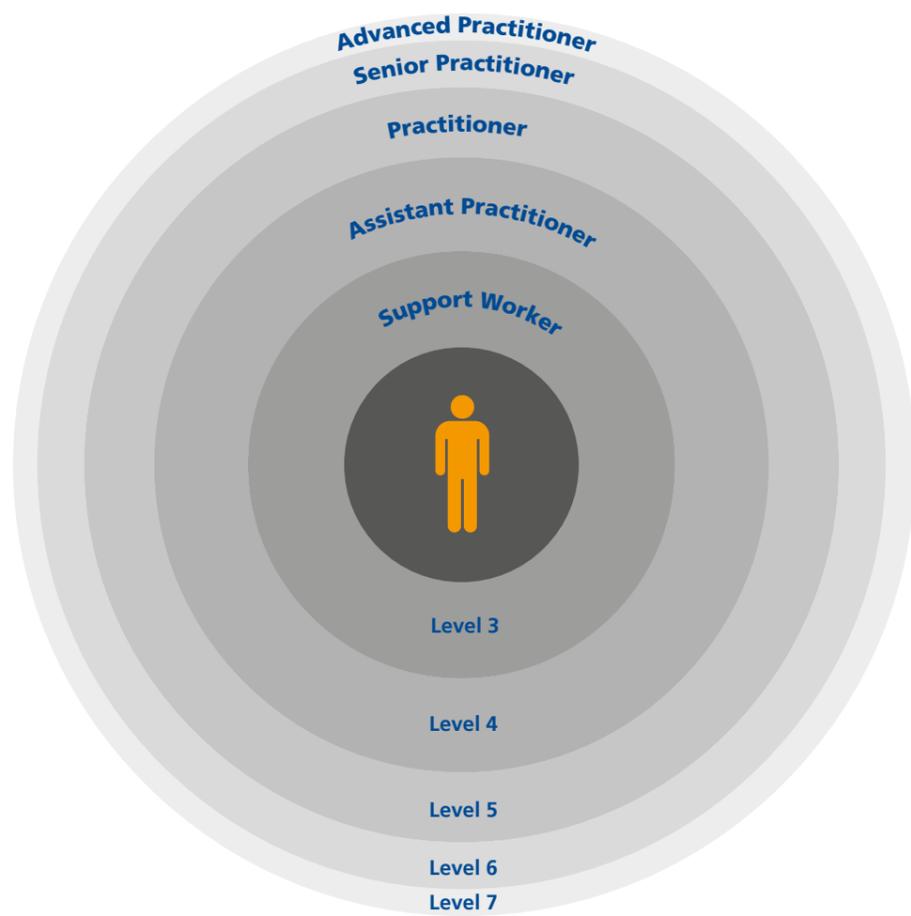
The role templates are of particular use in the specification, commissioning and design of education and training for workers and teams that provide new and different services in the community.

The generic role templates can be used to support and inform workforce development to meet the requirements of the service, with a focus on the acquisition of the desired competences for the level of worker, and the development of objective assessment strategies.

- **As the basis for the development of a career framework for those who are employed in learning disabilities roles in the community.**

Generic role templates articulate a range of competences that may be required at each level of the career framework depending upon the focus of the role. Providers can use these competences alongside information they have on what the person needs to do, learn and develop, in order to take on a different role.

When all of the jobs in a team or service area are articulated in these terms, a clear career framework can be described, illustrating routes of progression. This is represented graphically overleaf.



Section 4: Using the role templates

Supporting the development of community learning disability teams

Commissioners and service leads will be able to use the generic role templates to shape a description of what the service might look like in their locality. For example, in deciding the number of people required at each career framework level to deliver particular activities when working as a part of a team delivering learning disability services in a community setting.

The National Learning Disability Professional Senate recommends that “there will need to be a range of staff skills commissioned and recruited as part of these community health infrastructures. This will include (but not necessarily be limited to): clinical psychologists, learning disability nurses, occupational

therapists, physiotherapists, psychiatrists and speech and language therapists.”

It is recognised that many community teams include social workers and therefore learning disability competences for social workers have also been included.

The Senate paper outlined that “Although there are a variety of models for community learning disabilities health team services, access should be available from a full range of core registered health and care professionals working to nationally defined standards for ‘fitness to practice’.” This is reflected in the lists of competences in the templates and it is clear that some competences and combinations of competences will be delivered by professionals with a particular specialism.

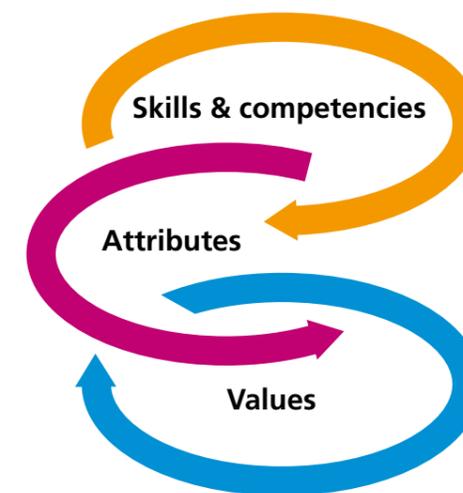


Fig. 3 Construct of jobs and roles

Constructing effective jobs and roles in learning disability community services

In the world of work, each job is often comprised of a number of roles, for example the team leader may be required to undertake the role of supervising the team and that of care co-coordinator for a number of people who use services, as well as undertaking other roles to deliver on clinical and non-clinical work.

Most job and roles are constructed of a triad of skills and competences, values and behaviours, and personal attributes (see fig 3.)

In order to effectively undertake the roles that make up each job, it is important that the workforce is designed, recruited and has ongoing support through management to perpetuate the acquisition and or development of these components.

A 2016 Kings Fund publication (Supporting integration through new roles and working across boundaries) describes how many new roles associated with integrated working, require a flexible application of skill which is associated with “expert” practice and is developed through a combination of formal training and tacit knowledge (Huxley et al 2011).

These roles are often characterised by working with individuals who have complex

and unmet needs, and can require post holders to develop and possess high levels of skill in relation to negotiation, alongside a considerable knowledge base relating to local services and extensive professional contacts (Gilburt, 2016).

It is therefore essential that where new roles are designed, full consideration is given to the competences required and the means of acquiring skills. This includes formal education curriculum and training standards that are needed to support the role to be effective in the local context.

Learning disability services are structured and delivered in a myriad of configurations across the country. It is likely that where it is highlighted that new roles are required or would be useful, will be as a result of service gaps highlighted due to the requirements of Building the Right Support.

There is a challenge in providing a standardised approach to the provision of role templates for this wide variety of learning disabilities services. This is again reflected by Gilburt (2016) who observed that “...whilst many emerging roles share a common purpose, the specific competences and skills required for individual roles are often determined by the local context in which they develop which limits standardisation more widely”.

To overcome these challenges, the role templates have been designed to assist commissioners and providers to develop bespoke roles that meet local requirements and are based on a standard set of competences for the distinct activities undertaken within each role.

To create a new role description you must consider what the purpose of the role is and the activities that the post holder will need to undertake to carry out this role. To do this effectively, services should examine the needs of the population that they are serving, map out the activities that would be required to meet these needs, and consider how these needs could be met.

A role may be all or part of a job and this aspect must be considered carefully when

planning how a wider team is constructed. You should consider whether the job would consist wholly or mainly of one particular role, or whether the job is constructed of a number of roles that that are to be undertaken by one job holder.

An example of this would be a care co-ordinator role, which is often undertaken by a number of professionals as part of their wider clinical or managerial role. Care navigation is an emerging stand-alone role and has been described as a key function of all health and care professionals both in the national nursing strategy and in Building the Right Support, however is often a role within of a wider job.

There is no right or wrong way of constructing teams or roles. However, careful planning and role design will help organisations avoid issues that can reduce job satisfaction and result in staff turnover and sickness. For example role conflict (where two or more roles in one job conflict with each other), role ambiguity (where the post holder and others are unclear of the function of the role) and role under or overload (where the post holder is negatively affected by too many or not enough job demands).

To use the role templates to assist the development of new roles and job descriptions you should consider what roles are required at what level. The role templates are described in education levels, rather than salary bandings, so role 7 templates would describe the skills and competences of a practitioner with an advanced level of education (Master's degree or equivalent).

The core competences for all community health and care roles working with people with learning disabilities are detailed in each template as appropriate for each education level. To design bespoke roles you would need to consider what the key features (facets) of the role are and include these as appropriate. It might be helpful to use a table to plan out the activities your new roles will be required to undertake before you create the competence based description. A brief example has been given below fig. 4.

Once you have decided on the essential facets of the roles you have planned, you can resave the templates and highlight and delete the unwanted facets. You can further refine the generic lists of competence that are detailed in each facet, by deleting competences that relate to duties that will not be undertaken in your organisation by this role.



Fig. 4



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For example, procurement competence may be described within a facet of a role, but if your organisation manages this centrally it would not be a requirement for the role you have designed.

Where new roles will work across organisational or sector boundaries, providers and commissioners should examine the conditions and support that will be required to ensure that the role is successful. These factors will be specific to the context within which the new role will operate, but are likely to include the consideration of joint management arrangements, operational financing of the role, access to cross boundary sources of information and other governance matters, operational matters relating to shared access to support/IT systems, accommodation, supervision and training, amongst other considerations.

The importance of values

Generic role templates will be useful for identifying the competences that workers should possess at each level of the Skills for Health career framework; however the importance of establishing a set of shared values for those working with people with learning disabilities and their families should not be overlooked.

There are a number of principles of care set out within "Building the Right Support" which describes the new service model. These principles of care are described as:

- enabling people to have a good and everyday meaningful life

- person centered provision of care and support
- individual choice & control
- working together to enable community living
- improving access to mainstream health services
- ensuring adequate specialist support in the community
- ensuring services are available to keep people out of trouble
- ensuring hospital care is available to those that need it.

A fundamental aspect of delivering "Building the Right Support" is a workforce that has the right skills to support people with learning disabilities to live the life they want to live in their community. Whilst skills are an important factor in the delivery of support, of equal importance is the underlying values of those who will be delivering the service.

Values and behaviours drive the culture of organisations and in order to shift the balance of power (as described in Building the Right Support) it is important that provider organisations foster a culture that is focused on supporting people to stay well and live within their communities.

Commissioners are well placed to promote the importance of key principles and values throughout the workforce by influencing their providers understanding of the four key principles that are set out in Valuing People: A New Strategy for Learning Disability for the 21st Century see fig. 5 on the next page.



Fig. 5 Key principles set out in valuing people

Other common principles underpinning the work of those in health (and social) care are those relating to human rights of all individuals. Human Rights Principles are commonly referred to as 'FREDA' principles and have been described by the British Institute for Human Rights, Human Rights in Healthcare Action paper published by the Department of Health (2009) as:

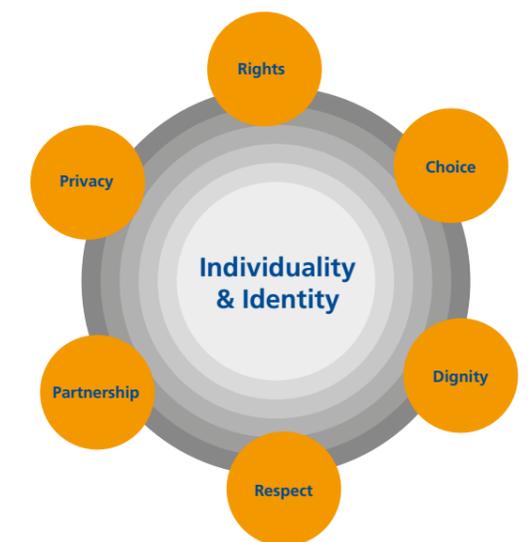
- **fairness:** The right to fairness in the way in which individuals are treated. The right to have views heard and support to articulate views where it is needed. The right to a fair process for the resolution of concerns or issue with any of the support that is provided
- **respect:** The right to respect for a family and private life. The right of individuals to expect that others will show care and concern over matters that are important to them and their family and friends
- **equality:** The right not to be discriminated against. Some individuals may experience more than one disadvantage and support should be offered to minimize any disadvantage where it is possible

- **dignity:** The right to be treated in a humanitarian way which preserves individual dignity and self-respect and promotes respect from others
- **autonomy:** The right to choice and control over your life and of the support that you may require and how this support is provided.

Values of a workforce delivering 'the right support'

It is important that those delivering health and social care to people with learning disabilities are able to demonstrate that they hold an underlying set of values that are needed to deliver the best support possible to meet individual need.

Commissioners and providers are well placed to ensure that people recruited to provide support to individuals and services are able to exhibit the values that are outlined in 'Building the Right Support'.



Essential team working skills, systems, attributes and behaviours for effective community teams

Most job roles are constructed of a triad of skills and competences, values and behaviours and personal attributes (see fig 3). Personal attributes are the features that are evident or can be demonstrated by an individual's character – such as being patient, kind or compassionate. In some jobs, there are certain attributes that may contribute to individuals being particularly effective in the role.

As part of the work around community learning disability teams, workshops identified the key attributes and skills of an effective team. Some of these depend on the system within which the team will function, but others are particular to the dynamic within the team itself.

These are:

- multidisciplinary team is adequately resourced
- linked to main stream services
- excellent interagency links
- effective skill mix across professions and career framework levels
- clear remit and agreed goals
- value based and person centered
- empower people, support independence and skill development
- proactive as well as reactive

- supportive of each other
- respectful of each other
- empathic
- prepared to challenge each other based a basis of trust
- flexible
- committed and accountable
- developing and maintaining a learning environment
- supportive educators, coaching mentoring, and role modelling
- reliable and consistent.



Section 5: Development of teams that deliver intensive support

Intensive support services are delivered to individuals who could be at risk of crisis if current needs are not supported.

Discussions with health professionals in statutory services who are currently providing intensive support to prevent crisis, highlighted the requirements of such a team. They also clarified the range of interventions that are frequently deployed when responding to crisis situations.

Whilst care is an essential component of intensive support, the availability of specialist skills to provide effective interventions aimed at preventing admission to in-patient beds is also essential. Commonly deployed interventions include:

- psycho- social interventions and psycho-therapeutic interventions
- cognitive behavioural approaches and interventions
- family behaviour therapy
- occupational therapy assessments and treatments
- anxiety and stress management

- anger management
- vocational and meaningful activities
- art and music therapeutic approaches.

This list is demonstrative and not exhaustive. The emphasis should be on developing person centered approaches to meet the individual's needs.

Structural difference in teams that provide intensive support

There are many different service models in existence for the delivery of intensive support and it is clear that this and a locality's ability to prevent and respond to crisis is influenced by the culture of the providers delivering the support, the relationships between complementary services, and the levels of integration between health and social care.

To consider the best configuration of intensive support/crisis prevention work, intensive support is best described as a function rather than a specific team because there are many

different approaches to the delivery of this type of support around the country.

In some areas, intensive support is delivered through an enhanced community team whereas other areas have a specialised Intensive support teams to deliver this level of support.

Regardless of the name of the team that delivers this support, the ability of the team to work effectively may be influenced by a number of internal and external factors and these should be considered carefully when designing new services.

For example, extrinsic system constraints include the number of days a team is commissioned to work within a week and the length of time that a team is available for. Intrinsic factors would include the characteristics of the team, the quality of leadership and range of skills available from the team members.

A critical factor in the operation of a team dealing specifically with crisis situations and providing intensive support is the ability to respond quickly to requests for help, throughout the day and evening, 365 days a year.

Attributes of workers that provide intensive/ crisis support

Whilst the essential skills and competences of those working in high intensity services, (such as intensive support teams, or enhanced support teams), are essentially the same, there is a difference in the context of the working environment.

It is recognised that these situational differences require workers to possess a number of key attributes that contribute to their ability to effectively undertake these roles. These attributes are described as:

- **calm** – non reactive and able to witness strong emotion without getting emotionally involved
- **patient** – an easy going nature. able to persist with an endeavor to support people and their families
- **flexible** – individuals with a high tolerance for chaotic and/or intense situations. Able to work with people in their own home and in none clinical settings
- **adaptable** – able to modify own approach to suite circumstances and need of individual and their family/carers





- **problem solving approach** - able to identify and resolve issues or know how to get information, advice or assistance from others to improve a situation for an individual
- **analytical** – able to gather information on situations through observations, conversation, liaison with carers and families and professionals
- **good communicator** – curious and able to listen carefully and respond in a constructive way to people and families. Able to relay information to others effectively and act as ‘navigator’ for individuals and their families when needed.

Building resilience in teams providing intensive/crisis support

In whatever new service is designed, good practice is to consider the wellbeing of the team in designing job roles and team functions. Workers that are employed to support people with behaviour that challenges services are often required to be resilient. Coping and responding to new and emerging situations and learning from experiences to improve their practice.

Whilst resilience can be influenced by personality factors, it can also be developed and nurtured in the workplace through good

management systems and structures. For those workers who are delivering support to people whose behaviour can challenge services, particularly those staff providing intensive services, the NICE Pathway describes a clear requirement for employers to provide support that ensures the wellbeing of employees.

The National Institute of Clinical Excellence ‘Learning Disability: Challenging behaviour standard’, tells us that health and social care provider organisations should ensure that all staff get personal and emotional support to:

- enable them to deliver interventions effectively for people with a learning disability and behaviour that challenges
- feel able to seek help for difficulties arising from working with people with a learning disability and behaviour that challenges
- recognise and manage their own stress.

Commissioners and providers designing new services, and particularly those providing intensive services, should consider ways in which systems and structures can be developed to support workers to maintain their wellbeing and effectiveness in the workplace.

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Health Education England

www.hee.nhs.uk

 hee.enquiries@nhs.net

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