

Green Light Work

Reflections on examples from five NHS Trusts

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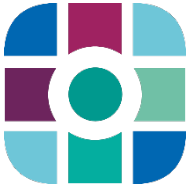
The Green Light Toolkit¹ was published in 2013 by the National Development Team for Inclusion (NDTi), intended to improve the way that mental health services in England respond to people who also have learning disabilities or autism.

After four years, NDTi asked Peter Bates to: first, create an online discussion forum²; and second, to visit Green Light leads in five NHS Trusts³ and write this report. The aim of the report is to share learning about what has worked and not worked in these five organisations, so that other trusts can learn from and build on their work.

¹ Available at www.ndti.org.uk/uploads/files/Green_Light_Toolkit_2017.pdf

² To register as a member of the Green Light Discussion forum, please email your request to drew.llewellyn@ndti.org.uk.

³ Visits included meetings with from a variety of disciplines, staff, people using services and family carers and took place in November and December 2017. The five sites were Coventry and Warwickshire Partnership NHS Trust, Derbyshire Healthcare NHS Foundation Trust, South West London and St George's Mental Health Trust, Norfolk and Suffolk NHS Foundation Trust, and South West Yorkshire Partnership NHS Foundation Trust. They were selected to cover diverse local demographics, where positive action is being taken.



Contents

1: GREEN LIGHT WORK IS A COMMITMENT TO REASONABLY ADJUSTING MENTAL HEALTH SERVICES	5
2: GREEN LIGHT WORK CHALLENGES ‘TICK BOX’ CULTURE FOR AN IMPROVED SERVICE	9
3: GREEN LIGHT WORK KEEPS THE FOCUS ON THE PERSON RATHER THAN NHS PRIORITIES	14
4: GREEN LIGHT WORK IS A DEMONSTRATION OF THE ENDURING NATURE OF CURIOSITY	17
5: GREEN LIGHT WORK IS A RETURN TO LONG TERM COMMITMENT	20
6: GREEN LIGHT WORK IS ABOUT WORKING TOGETHER	24
CONCLUSION	27



1: Green light work is a commitment to reasonably adjusting mental health services

Each section explores a series of actions taken in our five NHS Trusts that demonstrate different ways of working towards this high ambition. In this first section, we celebrate the ways in which mental health services can make reasonable adjustments to welcome people who have autism or learning disabilities. Practices such as helping people return from out of area placements, writing letters that people want to open and read, and planning care together show what can be done.

Mental health services are under pressure

During the site visits, staff talked about shortages of acute inpatient care beds and poignantly, about patients refusing to take home leave because they expected to return to find someone else in their bed and their belongings moved to another ward. They explained that, to their knowledge, people managed under the terms of a Section 37/41 order were waiting in a queue for a recall bed, heaven knows in what social and psychological circumstances. They gave examples of mental health teams where staff made a referral for assessment and then closed the case as soon as the email left their outbox – anything to reduce the number of people on their caseload. Partly due to these pressures, some mental health staff said that they see few people with autism or learning disabilities.

Bring people back home

The Transforming Care⁴ agenda aims to close the last of the old NHS long-stay hospitals for adults with learning disabilities and bring people with learning disabilities back home from out of area institutional placements. Some NHS staff who have previously worked on the Green Light agenda have been asked to focus on Transforming Care, reducing their input into the broader work of helping mental health services respond to anyone with autism or learning disabilities.

Bringing people back home has combined with the year on year reduction of NHS bed numbers in mental health services, and with the survival of a greater number of profoundly disabled people into adulthood and old age. The incidence of mental health issues is high amongst this latter group, and, while some individuals have moved from NHS provision into

⁴ See www.england.nhs.uk/learning-disabilities/care/

private settings, many have moved back to their home area, triggering the call for local teams to be competent in assessment, treatment and positive behaviour support. Green Light work in some parts of the country has embraced these challenges and established specialist teams, liaison workers and intensive support teams to support the local mental health service in its response.

Make people welcome

Under such conditions, it is unsurprising that people with autism spectrum conditions and people with learning disabilities can find that the mental health service does not care for them effectively or with respect. Yet here and there around the country, mental health services are defying the odds and making a commitment to welcome such individuals into their service, and to make reasonable adjustments to their environment and their interventions. Where people see Green Light work as part of their response to the equality and diversity agenda, then progress is made. In one service, every handover checked out what reasonable adjustments were needed to ensure that every patient was properly welcomed and offered an appropriate service.

Write letters people want to read

When people in one Trust told staff that they disliked opening letters and would throw them away without reading them, the Trust started to send their appointment letters in blue envelopes. This simple step, combined with easy read appointment letters that contain a photograph of the person they are going to see, can increase uptake of the appointments offered and lead to people getting help more quickly.

Help people find the front door

The public often has little knowledge of where help is to be found, and this can be even more significant when the person needing to locate help has low level literacy. Staff explained that mental health colleagues often did not know how services for people with learning disabilities were configured, were uncertain which services were provided by health and which by social care, and struggled to understand how support was provided to people with autism. In response, the development of a Single Point of Access for both mental health and learning disability services was particularly welcome.

Create a welcoming environment

Any newcomer can be anxious about finding their way around on their first visit to a mental health service. To help with wayfinding, one unit has installed universal symbols for rooms, such as the dining room and bedroom. A slightly more expensive initiative to help non-readers find their way around has been to use colour accent walls and coloured wall borders to designate areas.

Another service has created a ‘low stimulation’ quiet lounge in a busy inpatient setting to help everyone and especially people on the autistic spectrum who may experience sensory overload. Such provision is expected to reduce the number of people who end up in seclusion rooms or subject to rapid tranquilisation. In one forensic mental health service, efforts are being made to install a multi-sensory integration – and locate the necessary skills in assessment and intervention that will ensure that it is effectively used.

Plan care together

Busy staff find it challenging to keep up with care planning, especially where caseloads are high, the government’s austerity policy has closed many informal support services and increased demand has accelerated the pace of referral, assessment and case closure. Electronic case records and shared information systems may ultimately help staff working in mental health services, but some workers continue to find themselves confronted by the challenge of using two parallel systems, slow internet speed, unstable software and rigid, inflexible formats.

In the face of these pressures, Green Light staff are promoting care plans which are written in an accessible format, tailored to the communication and lifestyle preferences of the person, coproduced and meaningful to the person themselves.

In one of the services we visited, a simple review of a sample of casefiles had been conducted, yielding both encouraging feedback and lessons for improvements in Green Light practices. The review asked just three questions of each casefile, as follows:

- Is there an alert on the file to show that the person has a learning disability or autism?
- What evidence can be found on the file to show that there has been any joint working?
- What evidence is there of reasonable adjustments having been made?

Make information accessible

Around the country, Green Light workers are building a bank of local leaflets and communication resources on their NHS Trust intranet sites, so that mental health staff can use them to support their face to face conversations with the people they support who have learning disabilities. Easy Read leaflets are being written and used when discussing mental health legislation and medication, therapies and ward routines, consultations and policies.

In one Trust, the Recovery College has sought expert advice from people with learning disabilities and the result is that every single course in the syllabus has been– as shown in the examples below.



Introduction to Recovery

Learning about a way of living a happy, hopeful life with a purpose, even if you have been or are mentally unwell.



Goal setting in Recovery

A course which helps you think about what you want in the future



What is Paranoia

Is thinking and feeling as if something horrible is going to happen, even when this is not true.

Elsewhere, more than 100 Green Light champions in a single Trust have been trained in how to put information into Easy Read formats and uphold the Government's Accessible Information Standard, so it was natural that their recent Green Light conference used Photosymbols⁵ to illustrate the programme, speaker's biographies and feedback form. People who use services and family carers were an intrinsic part of the event.

⁵ Learn about Photosymbols at www.photosymbols.com/pages/faq



2: Green light work challenges ‘tick box’ culture for an improved service

People who live with learning disabilities or autism and then experience mental health difficulties sometimes defy neat categorisation, and so the good quality work of our five Trusts includes thorough assessment, personalised support and persistent improvement in the service.

Green Light work is untidy

The managerialist approach has dominated health and social care services in the past 20 years in the UK, leading to ever-tighter definitions of eligibility, intervention and outcome. All this requires measurement. Good monitoring systems can help services focus on meaningful and effective work, while poor systems create perverse incentives and corrupt ethical and compassionate practice. Badly designed systems lead to a cheap ‘tick-box’ approach in which the person is lost, and messy humanity is obscured by a neat and tidy set of categories, causes and effects.

In some places, targeted contracts and tightly defined service specifications do not map across to the whole community – the specifications aim to be ‘mutually exclusive’ but fail the test of being ‘collectively exhaustive’. In a less tightly controlled environment, these gaps would be closed by the common-sense practice of first-line managers who would take initiative and meet the need. Some Green Light staff were dismayed to find that they were being directed to set aside this pragmatic, compassionate response and instead, to work within the service specification.

Much Green Light work challenges this mechanistic approach by engaging with the untidiness of real lives.

Assess people carefully

Staff working in mental health services are becoming more aware of the possibility that the person in front of them might be autistic or have learning disabilities, and that these issues might affect their experiences.

As a result, some inpatient wards have begun to ensure that everyone who is admitted for care has the opportunity of screening for learning disabilities and autism. In one place, a psychologist has developed a new approach to assessment, and in another, screening tools

are being deployed⁶. No less important is basic awareness, which means that staff notice transient losses of cognitive function as well as permanent impairments or differences.

One worker has noted that most traditional assessments of mental health issues amongst people with learning disabilities have favoured behavioural assessments and neglected the person's internal world. This has resulted in late diagnosis, since significant behaviour changes tend to arise some time after the appearance of troubling thoughts and feelings. This staff member has worked with people with learning disabilities to create flash cards that present descriptions of thoughts and feelings in easy read formats. Using these with learning disabled people who experience mental ill health has provided effective personalised communication support, which allows people to communicate their unusual thoughts and feelings at an early stage. In addition, this communication support has allowed people to identify, record and share their own relapse management plan, enabling earlier treatment, effective support and increased choice and control for the person themselves.

These improvements in assessment help to ensure that stereotypes are abandoned in favour of an accurate recognition of the differences between individuals, so that, for example, people with autistic spectrum conditions are not routinely assumed to have learning disabilities or refused help unless they do.

Link assessment to support

Assessment is best when it leads on to reasonable adjustments, effective interventions and empowering support. Unfortunately, as mentioned above, some services are not being commissioned to serve the whole community, and so we found the following irrational arrangements in various places, frustrating the efforts of people using the service, family members and staff.

- Autism specialists who are commissioned to conduct assessments but not provide post-diagnosis support and so can do nothing, apart from signposting people to other provision where it happens to be available.
- A neurodevelopmental assessment service which is forbidden from helping people in secondary care services.
- For some people, the only way to try and get help is to reframe the issues as social care and relaunch the assessment process through the Care Act.

⁶ In one Trust, the [AQ50](#) screening tool for autism has been adopted for its descriptive benefits, in preference over other, perhaps more scientifically robust instruments. In another, a screening tool for learning disabilities ([Hayes Ability Screening Index](#)) has been selected for use in mental health services.

- Autism specialists who advise mental health staff, but are prevented from assisting people on the autistic spectrum who do not have a qualifying learning disability. Meanwhile, another autism service excludes people who have learning disabilities.

Green Light staff reported that their colleagues working in mental health services generally understand the concept of reasonable adjustments and can give examples from their own practice. In one Trust, handovers and team meetings routinely discuss the reasonable adjustments that have been made, so that everyone receives the best possible service. In one example, being subject to close observation was extremely stressful for a detained patient who had a strong sense of personal space and found it difficult to navigate social relationships. Staff commandeered the Section 136 suite and cared for the person there instead of trying to keep them on the ward.

Despite these efforts, there remains a small number of people who cannot be effectively managed in the generic service. In some of these cases, the Green Light worker has assisted the person to apply for a Personal Health Budget to fund what they need. In one instance, the person had presented with behaviour that challenged services and had been subject to multiple psychiatric admissions. The Green Light worker identified a possible cause related to autism and secured a Personal Health Budget to pay for a specialist assessment. Now that the sensory processing issues have been successfully identified, understood and managed, there have been no further admissions.

An exciting new initiative in one NHS Trust is to reframe autism as an educational issue and teach self-management skills at the Recovery College. As part of the ethos of the Recovery College, courses are co-designed, co-taught and open to carers and friends as well as people with autism and staff, who make their own choice about whether to attend.

Monitor and manage

As mentioned above in the section about assessment, some mental health services are beginning to use screening tools to identify people with learning disabilities or autism. When this is combined with effective communication, so that the mental health service is informed about people who are already known to education, health or social care services, there is the potential for tracking prevalence rates and response. Innovative NHS Trusts are collecting these data via their electronic case record systems⁷.

⁷ As well as introducing a flagging system into mental health records to identify people with autism or learning disabilities, further conditions must be met before the potential of this information is realised. Trusts are working to overcome historical issues including: insufficient hardware and unstable software; slow internet speeds and problems with interoperability; duplication; poor investment in benchmarking, aggregation and analysis; and little feedback to the frontline of the messages arising from the data, resulting in poor data quality.

Once people are identified, some monitoring systems collect data on interventions by staff and set targets for the number of contacts between staff and patients. People with learning disabilities or autism may need longer appointments to enable them to express themselves clearly; and staff may need to seek advice from colleagues, an activity that often goes unrecognised in the activity monitoring system. One Green Light services has started recording these arms-length consultation sessions with staff as if they were meetings with the person themselves – keeping a truthful account in the record, while logging staff time as allocated to the person⁸.

Use the Green Light Toolkit

While routine data capture through casefiles will provide basic information about people in mental health services who have learning disabilities or autism, the Green Light audit tool offers a more comprehensive check. In one NHS Trust, the audit tool had been used by Green Light champions in each team to identify areas of strength and weakness, and then relevant audit indicators were reframed into an improvement plan. At a second Trust, every team completes the audit on an annual basis and scores are charted against national benchmarks⁹ to show improvements year on year, while at a third, learning disabled people have been trained to conduct the audit. Elsewhere, staff working in learning disability services have resisted arranging the audits, rightly insisting that the duty to self-assess and make reasonable adjustments lies with the mental health service, while they adopt a support role.

One staff lead has combined the Green Light audit criteria with NICE guidelines¹⁰ to create some local standards and is now seeking approval from the Trust Board before asking for compliance from mental health teams. These internal standards will complement the questions about Green Light that are asked by the Care Quality Commission during their visits.

Consider double funding

As mentioned above, some commissioning arrangements are so tightly defined that people with unusual needs are not well served by mental health provision. This would include, amongst others, people with autism or learning disabilities alongside their mental health issue. For example, in one service, psychological therapies that were available to people in

⁸ Opening a 'dummy file' for a short piece of work can be disproportionately time consuming, but has been found to be helpful where consultancy stretches over several meetings.

⁹ NDTi combine any Green Light audit tool returns that are sent in and create a benchmark for comparison with individual sites. This is explained in the Green Light Toolkit.

www.ndti.org.uk/uploads/files/Green_Light_Toolkit_2017.pdf

¹⁰ See www.nice.org.uk/Guidance/NG54

primary care were denied to those using secondary care mental health services - until Green Light staff advocated for a resolution. As well as expanding access to therapy for people with autism or learning disabilities, this had an additional benefit. For those people using services who need to associate a particular intervention with a particular person, asking one worker to multitask would be confusing and unhelpful, so it is much better to enable such individuals to access two different services.

Span boundaries

Green Light leads have deliberately contributed to wider agendas, including:

- Serving as a Best Interests Assessor for the local authority.
- Acting as an Access Gatekeeper on behalf of the specialist commissioners, assessing people in relation to their need for tertiary care services
- Membership of the Trustwide Equality and Diversity Group
- Assisting local authority colleagues in developing their autism strategy
- Launching the local service for people with autistic spectrum conditions
- Providing input to the local Transforming Care Partnership.

Create intentional meeting places

In some NHS Trusts, there are regular meetings between the mental health, learning disability and autism services and these forums can be expected to strengthen relationships and ease negotiations about individuals with overlapping needs. At its best, these meetings occur regularly, and are chaired by mental health staff as part of their ownership of the agenda. At worst, in other Trusts, there is a vanishingly low level of engagement by mental health staff in the Green Light agenda.



3: Green light work keeps the focus on the person rather than NHS priorities

Top priorities shaping the NHS do not include Green Light work, and so a determination to make mental health services effective for people with learning disabilities or autism is not driven from here. The five Trusts described here harness other values by seeking senior sponsorship, creating specialist posts and developing sophisticated skills.

The pecking order

A list of the national priorities for the NHS might include managing pressure on Accident and Emergency services, containing spending and keeping people safe. Green Light work is unlikely to attract sufficient attention to compete with such issues, so the Green Light Toolkit has had limited impact. However, people who focus on Green Light know that this work stands as a proxy for the quality of all patient care and some of the skills employed here are needed in almost every therapeutic relationship. Perhaps even more importantly, Green Light work stands as a fixed point amid the clamour of shifting priorities, quietly insisting that people are treated well, whatever else is happening.

Seek senior sponsorship

Where frontline staff are invited to engage with the Green Light agenda but in the absence of clear endorsement by their managers or sponsorship from senior figures, little progress is made. On the positive side, several Green Light leads talked about the importance of a key individual at Board or management level who is known to be friendly toward the Green Light agenda, perhaps because a member of their family has autism or learning disabilities. As a result, Green Light reports and action plans gain attention from the Board, senior managers attend Green Light meetings and progress is celebrated. In one example, the whole Green Light programme is sponsored by the Director of Nursing and Quality.

Root the work in clear values

Several Green Light staff described their work as an expression of the Equality and Diversity agenda, by which people with protected characteristics are legally entitled to fair and equitable access to services. Since learning disabilities and autism fit within the protected characteristic of disability, mental health services are obliged to make anticipatory reasonable adjustments and lower barriers to access. In the light of this, one lead hopes to build Green Light work into the Trust's procedure for Equalities Impact Assessment.

The Green Light lead in one NHS Trust has been working with the Bed Management Service to agree an addendum to their policy, capturing a principled approach to managing mental health beds. This will ensure that:

- People make use of intensive home support to prevent admission and maintain continuity and stability of accommodation wherever possible
- The learning disability team offer support to the mental health inpatient team as needed
- Decisions about using any bed, and especially a psychiatric intensive care bed are driven by clinical issues rather than convenience.

This final point also highlights the importance of resolving process problems as quickly as possible. In one NHS Trust, it appears that demand pressure for beds and assessments sometimes means that the person is discharged to the best-guess care setting before they have come to the top of the waiting list for a proper assessment. For inpatients waiting for an occupational therapy assessment to check if they can return to independent living, this can mean that the person is moved into a 24/7 care home where everything is done for them, when some carefully judged support could have enabled them to live independently or in a supported living situation, which would be better for the person and a great deal cheaper. Once this discharge has been made it is much harder to reverse.

Invest in Green Light work

While everyone working in mental health services bears some responsibility for the Green Light agenda, progress tends to be made in proportion to the amount of leadership and ringfenced time. Staffing levels assigned to coordinate Green Light work varies from zero, through half a day a week up to two full-time workers, and sometimes includes specialist clinical teams.

Create specialist posts

Green Light staff sometimes provide direct clinical input to individual patients as well as advising their colleagues. This may be short term, getting to know the person sufficiently well to advise others how to provide therapeutic interventions, or, where there is a multidisciplinary Green Light team, they receive referrals and provide all the input to that individual, whilst also offering consultancy advice to other teams.

The Green Light Toolkit recommends that Green Light leads also engage people from other areas as Green Light Champions. The Champion has another role and simply acts as the enthusiast for Green Light in the team, while other team members similarly champion other issues, such as physical health or safeguarding. Where ringfenced time for Green Light leads has been identified, the lead has been able to recruit Champions, arrange training and update events, and coordinate activities. In one Trust, the network of around 150 Green

Light Champions includes service users and family carers as well as representatives from other organisations and Trust employees across the disciplines and levels of seniority.

Address multiple needs

Physical healthcare has not been adequately addressed in the past for people with mental health issues or for people with learning disabilities. The recent 'parity of esteem' agenda has brought this matter to the fore, and Green Light champions have been moving this agenda forward. Responses include encouraging uptake of the annual GP health-check for people with learning disabilities, cardiometabolic assessment, and training sessions on maintaining a healthy lifestyle.

Develop sophisticated skills

Some of the issues faced by people with autism or learning disabilities in using mental health provision are straightforward in nature. For example, repeated cancellations and delays in being seen, or successive interviews in a different building each time can be especially challenging for people who have literacy, mobility or wayfinding difficulties, or people who need consistency. Other matters are more complex, such as acquiring a thorough understanding of sensory processing, use of Makaton or learning about the appropriate use of psychoactive medication in people with Down's Syndrome and dementia. A balanced approach will both get the basics right and offer opportunities for people to develop sophisticated skills.



4: Green light work is a demonstration of the enduring nature of curiosity

Curiosity is an endangered personal quality in over-pressed services. Despite this, our five Trusts evidenced persistent curiosity by finding the most eager people, opening job opportunities, and seeking out training and supervision.

Overwork stifles curiosity

When staff have too much work to do, this erodes their willingness to learn, attendance at training and networking events and even their offer of advice and support to colleagues. Low attendance levels at staff meetings, networking and training events discourages the organisers who are then loath to organise more, and, as a result, mental health working becomes atomised and stagnant.

Staff who established positive networks across teams in the past are still able to draw on them, but this is a diminishing resource. These pressures, combined with the expansion of assessment at the expense of therapeutic intervention, have made the job less rewarding and may well have had a disproportionate impact on people with learning disabilities or autism who are more likely to need creative, time-consuming and individualised solutions.

In a triumphant demonstration of the enduring nature of curiosity, many mental health staff continue to be eager to learn about the best ways to support people with learning disabilities and people with autism.

Find the passionate people

Staff leads have found that it is essential to identify the people with a real concern about the Green Light agenda, rather than issue 'Champion' badges to the reluctant or press-ganged. In every Trust, staff have been found who are eager to learn, develop their skills and collaborate with colleagues from other teams. Where enough Champions have been engaged, their work begins to overlap, and this means that people can help one another, cover for absences or vacancies and collaborate in a push for larger changes to be made.

Open up job opportunities

A natural way to enhance skills in the multidisciplinary team is to open job opportunities in mental health services to people who have training and experience of working with people with learning disabilities or autism. In one example, a forensic team comprises 60% mental health nurses and 40% learning disability nurses. Where the skill-mix in teams is diversified

in this way, and the perspective of such staff is valued in the wider team, Champions are readily identified, and care quality improves.

Offer specialist supervision

In one NHS Trust, staff have access to two sorts of supervision – line management and clinical. The line manager arranges supervision slots with their supervisee, but the supervisee takes responsibility for negotiating clinical supervision from the register of trained clinical supervisors held by the Trust. Clinical supervision is tracked to show who is engaging in it, and line managers check that it is taking place, but beyond this, it is a confidential matter within the guidelines set out and understood by the supervisor, supervisee and Trust. Clinical staff are expected to arrange 12 hours of clinical supervision per year, and some mental health nurses have chosen a supervisor from learning disability services.

Develop communication skills

There is a need to train staff in communication skills – not just using a simpler vocabulary and fewer metaphors, but being patient with delayed verbal responses and noting incongruity between verbal communications and body language. Initiatives taken include:

- Opening a ‘Makaton Café’ where staff and people using the service can enjoy a coffee and practise their Makaton signing.
- Ensuring that everyone with a learning disability has an up to date Hospital Passport which includes a communication plan, in readiness, should they ever need to be admitted anywhere for any kind of treatment.
- Coaching staff at the acute hospital to ask for sight of the person’s hospital passport and to check it is up to date and used.

Ask for advice

Curious mental health staff will proactively seek out advice and consult with their learning disability or Green Light colleagues. They are eager to learn so that they can do it themselves next time, rather than calling for learning disability staff to undertake the things that they are unskilled or unwilling to do themselves. Mental health teams with this mindset expect to ‘do everything ourselves’, only seeking short term help and advice when they are faced with a need that they do not have the skills to meet, but quickly acquiring the competence.

Reframe the problem

The curiosity mentioned above extends to the team’s theories and explanations for the behaviour of the people they support. In one example, a person was admitted to a mental health ward and asked to go out for a cigarette. When staff refused, the patient assaulted

staff, who responded by becoming even more insistent that they controlled the situation and did not reward bad behaviour by letting the person go out.

A Green Light lead helped them to reframe the problem. They recognised that the biggest risk was challenging behaviour and discovered that the person could not tell the time. After some negotiation, the person handed over their mobile phone for the worker to set an alarm for the time they needed to start their return journey to the ward - and gave it back to the patient. When the alarm sounded, the person calmly returned to the ward.

Provide training

In one Trust, the commissioners have set a target for the proportion of mental health staff (including porters and receptionists) who will have completed online basic training on autism. Beyond this, the Green Light lead has then created a learning ladder for those wishing to acquire more sophisticated skills – with all courses co-designed and co-delivered by people using services and staff working together.

The following examples touch on some of the ways in which mental health staff have been trained to respond well to people with autism or learning disabilities:

- Basic awareness training in learning disabilities has focused on capacity to consent, best interests and involving people who know the person best.
- Training in Positive Behaviour Support
- Embedding the Green Light agenda into preceptorship
- Short courses on autism have equipped delegates to cascade their learning to colleagues
- Conferences have brought in experts



5: Green light work is a return to long term commitment

Often, working with people in the NHS has become increasingly short term, while the organisation adopts one innovation after another. In contrast, families and mental health staff who are determined to offer a good service to people with autism or learning disabilities take a long-term view. The five Trusts described here look to stable leadership, persistently build community capacity and redesign interventions.

Organisational ‘Attention Deficit Hyperactivity Disorder’

At the frontline of some NHS Trusts there is a feeling that might be described as ‘organisational ADHD’. New initiatives come thick and fast, with insufficient time to adopt the innovation, evaluate their impact or make adjustments before they are overwhelmed by the next new idea. Some staff try to maintain the frenetic pace by working unpaid overtime, while others have learnt that the current innovation will soon pass into the history books and so can be largely ignored.

As a challenge to this hyperactivity and attention deficit, Green Light work takes a long term view. People with learning disabilities or autism may need longer to articulate their thoughts and feelings, and trust is recognised as a slow-growing plant that should not be uprooted by too many changes of personnel. Similarly, the task of developing a staff team that is competent in Green Light work, and an organisational culture that is friendly to the necessary adjustments, takes time and sustained effort.

Stabilise leadership

Rather than seconding a worker for a few months to work on the Green Light agenda or appointing a fixed term post-holder, it is notable that several of the Green Light leads have been devoted to this agenda for many years. Their reputation has gradually expanded as they have given valuable advice, run networking and training sessions over several seasons, and worked persistently to achieve change in stubborn areas. Similarly, consultant psychiatrists and perhaps others in the multidisciplinary team have maintained links with families over many years and can offer assessments and interventions based on this long view.

Value history

Successful services have a long memory and draw on work that has been done in their own service and more widely, rather than inventing everything from scratch. They recognise that cultural change takes longer than you think, but year on year, benefits accrue when effort is relentlessly applied. Thus, after several years of work, one NHS Trust was described as a place where mental health teams are now keen to offer an effective service to people with autism or learning disabilities, where they look for creative ways to adjust their setting or activities, and where they ask sophisticated questions about how to support individuals.

Involve everyone

Nursing staff may be too busy to spend that bit of extra time with a person with learning disabilities or autism, but sometimes an activities organiser, volunteer befriender or receptionist will be able to establish a connection. The calibre of the multidisciplinary team is revealed when relevant information is shared with consent.

A second point at which the quality of the team is displayed is when people wish to complain about the mental health service. Such moments have the potential to wound both providers and complainant or to drive improvements, depending on whether the service behaves like a learning organisation or a defensive one.

Build community capacity

It is increasingly clear that in the future, the NHS will need to work more effectively with community groups and organisations, so Green Light work needs to reach out and build capacity in third sector mental health organisations and beyond. In one example, the Green Light lead has provided training to a community mental health group, while in another, the Green Light Champions network has recruited champions from beyond the health and social care sector.

Invest in expertise

NHS Trusts that have taken the Green Light agenda seriously have invested in staffing to coordinate the work and sometimes to provide a specialist service for some of the people who have complex, overlapping needs. Some Trusts have created Intensive Support Teams, through which people can access multidisciplinary expertise designed to help them retain their home in the community and manage challenging behaviour.

Some Green Light leads are specialist clinicians with significant seniority in the service who can offer credible advice to their colleagues. In one NHS Trust, the team includes two full time staff and a part time administrator and is to be augmented by a part time post for an expert by experience.

Redesign interventions

This report has already highlighted examples of redesigned assessments and some interventions that have been re-engineered to serve people with learning disabilities or autism. Here are a few more examples:

- Green Light workers are co-designing a training course on recovery to be run through the Recovery College. It will be tailored for people with cognitive impairments and will act as an introduction to the wider programme of courses available at the Recovery College.
- Green Light workers and people using the service have worked with NHS England to produce a number of short educational [videos](#) to advertise the STOMP campaign to families, GPs and community teams, pharmacists and psychiatrists. They aim to reduce unnecessary use of psychotropic medication amongst people with learning disabilities or autism.
- In one Trust, the Green Light lead has arranged for a Community Nurse to spend one day a week at National Probation Service offices to take referrals and see people. The nurse also helped the Probation Service to identify reasonable adjustments that could be made. As a result, the Service has a better understanding of how bail conditions might be interpreted, such as a curfew (can he tell the time?) or an instruction to have 'no contact' (does it mean physical touch?). Finally, a nurse carried out a neurodevelopmental assessment for all prisoners in the two local prisons, and this information informed commissioning intent.

Build a network of champions

One NHS Trust has set out the role of Green Light Champions in a clear role description, and this helps with engaging people and ensuring that they are allocated time to fulfil the role. In a second, Champions are identified in both mental health and learning disability teams, so that these staff consistently attend the quarterly networking meetings, establish relationships and work together on agreed tasks. In a third Trust, the meetings are open to people from external organisations, such as the Alzheimer's Society or Mind.

Champions network meetings have discussed news and recent reports; worked on practice standards, care pathways and accessible information; shared training and case discussions during which they have explored reasonable adjustments; and discussed the respective roles of different organisations, professionals and groups, such as MAPPA¹¹. In one NHS

¹¹ See www.gov.uk/government/publications/multi-agency-public-protection-arrangements-mappa--2

Trust, both Trust staff and people from other organisations have been trained to use the screening tools, so that everyone is aware of how to use them for identifying people with learning disabilities or autism.

In one NHS Trust, Champions have been paired into a peer support relationship – one person from learning disability services and one from mental health. These dyads have improved mutual support and advice giving across team boundaries, and sometimes the issue is resolved without recourse to the Green Light lead.



6: Green light work is about working together

Mental health services in our five Trusts have established collaborations, consultancy relationships and liaison work to provide high quality care to people with learning disabilities and autism.

Beyond individual accountability

Reductions in public expenditure driven by austerity politics have led some mental health services to narrow their vision and focus only on what they can do in their own working day or that lies within the orbit of their own team. When this is combined with an insistence that services stick to the role set out in their service specification and a management style that focuses heavily on personal accountability, it becomes difficult for staff to pay attention to their relationships with other services.

Green Light challenges these pressures by valuing boundary spanning and liaison work. Mental health workers reach out to their colleagues working in learning disability services, and beyond them to community groups and organisations, to families and people using the services. This collaboration is not an admission of weakness or an avoidance of responsibility, but rather a celebration of interdependence and a recognition that wisdom is found in families, communities and other disciplines too.

Resist demand pressure

In some areas, historical differences between services mean that sometimes people may be transferred between mental health and learning disability services simply because one is better than the other. Learning disability staff may accept the person as eligible for help when they would be refused by mental health, they may offer a more person-centred approach by focusing on the whole of life and offering more contact, or they might demonstrate better skills in communication or managing challenging behaviour. Meanwhile, mental health services may have a stronger grasp of recovery, emotional rather than behavioural interventions and open employment.

Creative dialogue between services that acknowledge these differences has the potential to enhance mutual respect, while genuine collaboration can ensure that people with overlapping needs receive the best possible care.

Engage liaison nurses

In some localities, the general hospital has employed learning disability nurses to act in a liaison and support role in both inpatient and community services, improving the quality of care for learning disabled patients and building the capacity of the regular staff team to

respond well. As there is a shortage of advocates in the area, they sometimes get involved in supported decision-making regarding serious medical treatment for people who are perceived to lack mental capacity.

Offer consultancy support

In one NHS Trust, the options for support of individuals include:

- i. The person is supported by mental health services who make reasonable adjustments as required
- ii. The person is supported by mental health services with visiting support from colleagues in the learning disability team
- iii. The person is supported by learning disability services with visiting support by the mental health team
- iv. The person is supported by learning disability services who make reasonable adjustments as required.

Option (ii) is rare in some areas and commonplace in others, where both informal consultation and formally recorded joint working is tracked and shown to be a frequent occurrence. Such processes are eased when managers oversee both services and can therefore easily resolve difficulties as they arise.

Coach mental health workers

In one Trust, the Intensive Support Team will spend time coaching mental health staff in how to support the person, while in another, this role is taken by the Green Light lead. The coach sets out their role in a letter or a note on the casefile, explaining what they are helping with and making it clear that their goal is to equip the mental health staff to provide effective care, rather than to substitute for the regular service on the unit or team that they visit.

During one home visit the person had refused to come out of their bedroom and engage with the mental health worker, so the team closed the case. In contrast, the Green Light worker sat by the bedroom door and talked to the person, gradually moving on to passing notes under the door and agreeing to communicate via email. The mental health team recognised that their impatience was discriminatory, and the use of email was a reasonable adjustment.

Employ people with lived experience

One Green Light lead is working with a person who uses the service to develop a course for the Recovery College on mental health issues for people with learning disabilities as well as working on easy read materials for the Trust. Whilst the expert by experience is currently a volunteer, a part time post has been approved and will shortly be advertised.

Respond to differences between services

When a person with specific needs is admitted to an inpatient setting, every team member meets them and learns how to respond, so the diffusion of skills can occur quickly. This contrasts with some forensic settings where turnover is much slower, and with community teams where people tend to work on a more individual basis.

Other variations between services occur when commissioning priorities vary, such as where out of area or assessment beds are used infrequently for people with learning disabilities; where there are established arrangements for Supported Living, intensive community support and Personal Budgets; and where there is a Single Point of Access and co-location of teams.

In one situation, a man who had been so aggressive that the police had used pepper spray and a team of eight staff had brought him into the unit. Although he had autism rather than a learning disability, the clinical decision was to admit him to the care of the learning disability service, since it was believed that they would offer better skills in managing his challenging behaviour.

Add value wherever you can

The Green Light staff interviewed for this report were generous with their time and support, helping with projects that benefit the wider service as well as focusing on their own tightly defined responsibilities. For example:

- One lead is working on the workforce planning aspect of the Transforming Care agenda
- Another lead is collaborating with others to form a single, holistic care plan that can be used across the organisation, and will then work with learning disabled members of the Accessible Writing group to produce an easy read version of the full care plan.
- A third is a member of the Trust quality audit team and asks about Green Light work during her assessment visits.



Conclusion

During November and December 2017, visits were made to five NHS Trusts where Green Light work was taking place. This report has recognised some of the challenges faced by mental health services in providing a warm welcome and effective intervention to people who also have autism or learning disabilities, and then described a wide array of positive steps that have been taken to address this issue.

In bringing together this report, three things stand out:

- The importance of honesty about what is working and what is not. Staff are rightly pleased when someone receives appropriate support and care, but are determined to confront the reality of what is really happening to others. They might sum this up in the declaration, *'The truth is always our friend'*.
- The commitment of individuals to identify the challenges and work out solutions. *'We can and will make our service better for people with autism and for people with learning disabilities.'*
- Support from senior levels of the organisation gives staff permission to acknowledge challenges and spend time on discovering solutions, developing new approaches and learning from one another. *'The boss is proud of what we have done here.'*

Whilst there is much more work to be done to ensure that people with learning disabilities or autism can receive high quality care in mental health services, some pioneering staff have made a determined and encouraging start, showing others what is possible if the resources and leadership is provided over the long term.