

Agenda item 10

DERBYSHIRE HEALTH AND WELLBEING BOARD

16 March 2017

**Report of Helen Hart, Insight and Intelligence Manager, Healthwatch
Derbyshire**

**UPDATE ON ACTIONS FROM THE HEALTHWATCH REPORT ON
LEARNING DISABILITIES**

1. Purpose of the report

This report considers the progress made by providers and commissioners for health and social care since their response to the Healthwatch Derbyshire Learning Disability Report. It also provides the Health and Wellbeing Board with the opportunity to consider how they can provide improved feedback to Healthwatch Derbyshire.

2. Information and analysis

Between May and July 2015, Healthwatch Derbyshire focused engagement activity on people with learning disabilities (LD), and in particular, their experience of accessing health services. The report included a number of positive and negative themes, and recommendations were drawn up in response to these topics.

The report recommended that health services should review their ability to identify patients with a learning disability and make reasonable adjustments to their needs as highlighted in the patient feedback given, to include:

1. Registering and accommodating a preference regarding appointment times, when possible.
2. Developing communication systems that explain when and why appointments are running late or are cancelled.
3. Creating systems to allow extra time in appointments, such as the routine use of double appointments in General Practice.
4. Reviewing training/awareness for staff to build skills, techniques and confidence in dealing with learning disability patients and their carers.
5. Highlighting the specialist role of learning disability nurses in acute hospitals to ensure maximum awareness and usage of the service.
6. Reviewing the availability of appropriate easy read information.
7. Promoting continuity with the same health professional when possible.

8. Introducing an agreed 'stop' sign for painful/uncomfortable treatment when necessary.
9. That due consideration is given to the availability and provision of appropriate and affordable footcare.
10. That every reasonable effort is made to maximise the take up of the Annual Health Check.

3. Responses, and updates on actions

Providers and commissioners were invited to respond to the recommendations made in the report, and have then been asked at numerous intervals since about any progress made on the responses given. A summary of these responses are provided below.

Derbyshire County Council

a) Original Response

Derbyshire County Council acknowledged that the findings were similar to the Joint Learning Disability Self-Assessment Framework, and felt that whilst it was clear that further work needed to be done, it was gratifying to see that many people have had good experiences and improvements have been made. The response stated that the Healthwatch report will contribute to the 2016 Joint Self-Assessment Framework submission, and the recommendations will be considered as part of the LD Self-Assessment Framework action planning process.

b) Update Response received October 2016

It was agreed that the actions would be considered further as part of the annual Learning Disability Self-Assessment. This is usually an annual process which we had anticipated would be released earlier in the year. It covers key areas that support the health and wellbeing of people with a learning disability. It is likely this may now be released late autumn'.

c) Update Response received February 2017

Not much of an update from previously, particularly as the Learning Disability Self-Assessment Framework has not been released, however social care continue to work jointly with NHS including working on the mortality review and Transforming Care ensuring people with learning disabilities and/or autism who have behavioural support needs are supported well with their communities'.

Royall Derby Hospital

a) Original Response

Royal Derby Hospital found the feedback reassuring, and are very proud of the work of Debbie Edwards the LD Specialist Nurse, to whom they

credit their achievements. They will continue amongst other things to promote the value of the LD Specialist Nurse and ensure staff are reminded about the service.

b) Update Response received Feb 2017

The update included the following points:

- Purchased a patient story feedback kiosk, which allows patients to record their patient stories during or after their stay. This will be used with all patients including those with LD.
- Outpatient letters are being improved to be in an improved, easy read format, with a second letter available on request for a carer. This second letter can be produced in several format required. (Easy Read, Braille, Large font, Yellow paper etc.)
- Friends and family feedback system has been improved to separate off feedback from patients with LD, to allow specific attention to be paid to the feedback given and the themes that arise.
- A scheme will be piloted for inpatients with LD to improve conversations and information given around discharge, called compassionate discharge.
- This specific drilled down feedback may help the trust to explore the contingencies and alternative plans are being explored to make better provision for patients with LD, which the Acute Liaison Nurse is not available to offer support.
- 360 degree tours are being recorded for the trust website to help all patients, especially those with LD, so see and hear what part of the hospital looks like that they are visiting for the appointment they have, or the procedure that they are attending for.
- The Derby Assist Card is being rolled out in February 2017 to all patients with impairments to help communicate to all professionals and departments as to what their additional needs are.

Chesterfield Royal Hospital

a) Original Response

Chesterfield Royal Hospital particularly acknowledge the issue around the development of communication systems that explain when and why appointments are running late or are cancelled, as this has also been highlighted as part of their friends and family test. They have procedures in place to address this, in particular the ability to set up specific care pathways on their 'Medway' system which alert staff when patients have a specific agreed care pathway. The trust is also looking into the feasibility of allowing extra time for appointments for people who have a learning disability, and have already achieved this in the breast screening unit. The trust would be happy to sign up to an agreed 'stop' sign for painful/uncomfortable treatment, but feel that this should be agreed Derbyshire wide, i.e. the same 'stop' sign needs to be used for

all healthcare services. This is something they will work with the Learning Disability Partnership Boards to take forward.

b) Update Response Received Sept 2016 and Jan 2017

The updates included the following points in relation to the report recommendations:

- **Registering and accommodating a preference regarding appointment times, when possible.**

Alerts are put on the Medway system at the trust to identify patients that have a LD. Specific care pathways for complex patients can be agreed that accommodate a patient's needs. There is an alert facility on Medway to highlight those patients who have a specific agreed care pathway.

Update September 2016 – The trust continues to put alerts on the Medway system to identify patients that have a LD. Additional support and specific care pathways are still put in place for more complex patients.

- **Developing communication systems that explain when and why appointments are running late or are cancelled.**

This is an issue that is highlighted by the Friends and Family Survey, therefore something that the trust is aware of. For patients with LD, as mentioned previously, specific care pathways can be put in place to minimise the disruption to them e.g. first appointment or first on the list on the day for surgery.

Update September 2016 - projects are currently being undertaken to look at the systems and processes within the emergency and outpatient departments, with communication being reviewed as part of that project.

- **Creating systems to allow extra time in appointments, such as the routine use of double appointments in General Practice.**

The trust is currently looking at the feasibility of this. However, the Breast Screening Unit already have a system which routinely allows ladies with learning disabilities extra time via a 30 minute slot, rather than the standard six minutes, when they attend their appointments at the hospital.

Update Sept 2016 – The LD Matron is currently working with the clinics within all outpatient areas to look at the feasibility of allowing extra time.

- **Reviewing training/awareness for staff to build skills, techniques and confidence in dealing with LD patients and their carers.**

Training is regularly reviewed and delivered as follows:

- face to face training
- at the point of care
- mandatory training on safeguarding and MCA/DoLS also includes elements with regards to patients with learning disabilities.

The Care Certificate training for all unqualified clinical staff, has a session on LD, which is delivered by the LD Lead.

Update Sept 2016 - An autism e-learning package is being developed which includes people with a LD and autism. The experiences of two patients have already been filmed which will be included in the package.

A LD page has been set up on the trust's staff intranet site and the LD Lead is in the process of identifying relevant resources for staff to be set up on the page.

- **Highlighting the specialist role of LD nurses in acute hospitals to ensure maximum awareness and usage of the service.**

The role has been highlighted internally for example LD Lead nurse role has been highlighted on information stands in the main concourse. Externally, flyers have been sent to GP practices and various other meetings/forums e.g. the Learning Disability Partnership Board meetings

Update Sept 2016 – This work continues.

- **Reviewing the availability of appropriate easy read information.**

Easy read information is available on the [trust website](#):

- **Promoting continuity with the same health professional when possible.**

Each LD patient's case is looked at individually and where possible the same health professional will care for the patient.

Update Sept 2016 – This work continues.

- **Introducing an agreed 'stop' sign for painful/uncomfortable treatment when necessary.**

This is something that the trust would be happy to sign up to but feel it needs to be agreed Derbyshire wide; the same 'stop' sign needs to be used for all healthcare services. Also it needs to be discussed with people with LD. This is something that we would work with the Learning Disability Partnership Boards to take forward.

Update Sept 2016 – The Trust would still be interested in working with the Learning Disability Partnership Board and would be interested to

know whether any work has been started on this.

Update Jan 2017 – The Trust has been working with Learning Disability Good Health Group; discussions have taken place regarding the stop sign and we are just waiting for something to be agreed.

Derbyshire CCGs

a) Original Response

Hardwick CCG replied on behalf of all CCGs in Derbyshire. The work undertaken by the CCG to improve experiences for people with LD is extensive and is fully outlined in their response. They are pleased that the Learning Disability Liaison Nurse professional approach works well in Chesterfield Royal and Royal Derby hospitals, and wish to support their continued efforts to improve services. They will pay particular attention to training and support to staff in the smaller hospitals. They also note the differential in health checks and the support offered by practices and will continue to ask practices to work with their health facilitators on the points patients raised. They will be asking the strategic health facilitator team to take forward our recommendations raised in relation to appointment times, communication systems and training (recommendations 1, 2, 3, 4, 7 and 8). They make reference to the 2016 Accessibility Information Standard which will mean that healthcare providers will all be required to record people's communication needs and respond to them. They have made contact with the communication teams across the Derbyshire NHS community about this and suggested that they attend events in the East Midlands to help them to learn more about implementing the law. They will also remind equality leads in hospitals and clinics to use the pack 'My next patient has a learning disability' which will help them to communicate with people who have learning disabilities.

b) Update on actions since - No response received

Derbyshire Health United

a) Original Response

Derbyshire Health United (DUH) stated that they had already made some adaptations to the service they provide in order to make them more accessible for people with learning disabilities, but since our report have re-addressed some of their approaches. DHU plan to produce an up-to-date leaflet to inform and educate all clinical and non-clinical staff regarding healthcare issues for people with learning disabilities. This leaflet will include the best way to adapt approach when communicating with a patient with a learning disability and issues to avoid (as highlighted within our report).

b) Update on actions since - No response received

Queen's Hospital, Burton

a) Original Response

Queen's Hospital Burton state that the recommendations promote how they want to deliver their services and will contribute to their continued striving to improve patient experience for the most vulnerable patients. They are currently reviewing how information about communication needs in relation to a learning disability or sensory impairment are recorded, shared across the hospital and acted upon, and expect that this will address several of the recommendations of the report.

b) Update Response Received Sept 2016

We have recently implemented a system to allow for the communication needs of patients to be recorded on the medical record and be seen by all staff, this includes easy-read information. The Interpreting and Communication Policy has been updated to include the need to provide accessible information to people with LD and sensory impairment. Easy-read posters have been put up throughout the trust asking people to let us know if they have any communication support needs. Furthermore, the trust is working closely with South Staffordshire and Shropshire Healthcare Trust who are providing support with Learning Disability training and awareness raising activity for staff.

Derbyshire Community Health Services

a) Original Response

Derbyshire Community Health Services found the report very useful. They state that where their service users have identified a need for improvement they will now be able to focus on developing their skills to meet that need. Since reading the report, they have discuss with leaders the importance of understanding what each service user's needs are – and the importance of identifying each person's preferences and communication abilities. They have agreed a commitment to improve their ability to communicate with all people with learning disabilities and to support staff in developing their skills. They outline a number of specific changes that they will implement that will help them bring about positive change within their services.

b) Updated Response Received Jan 2017

Action	Progress
We need to improve communication by identifying the preferences and communication abilities of people with LD using our services, and make reasonable adjustments to the way information is presented.	The NHS England Accessible Information Standard was enforced on 31 July 2016.
There is a lack of easily accessible information about our services.	DCHS completed comprehensive awareness raising communications with all staff during July-September 2016.
	Patient records systems have been updated to

We need to identify when patients will require an advocate.	<p>accommodate this standard, and the Trust's website has been enhanced to improve access for users with additional accessibility needs.</p> <p>We are confident that systems are in place to support the identification of information and communication needs of all service users, and we continue to audit use of those systems.</p> <p>We welcome any feedback from people who use our services on the provision of appropriate adjustments to meet their needs.</p>
Improving levels of awareness around Learning disability.	<p>We are piloting an internship for people with learning disabilities together with Chesterfield college.</p> <p>The first tranche of new interns are in post; project leadership now lies with the Training and Development Team.</p> <p>We are now looking at our pledge to NHS England to actively recruit and employ people of all ages with a learning disability.</p>
DCHS staff working in all services need to be confident about how to communicate with a person with a learning disability.	A video, produced by the Equality and Diversity Team and starring Jayne Needham – the Trust's Assistant Director of Health Wellbeing and Inclusion and Public Health – which explains why we need to understand our patients and their needs, is being rolled out to all teams in the Trust.
Ensuring we hear from people with Learning disabilities about their experiences	<p>The accessible alternative format 'friends and family test' was introduced in April 2016.</p> <p>The Patient Involvement Officer attends the Good Health Group to relay concerns and to liaise with DCHS service leads to address and feedback actions and outcomes back to the group.</p> <p>People with learning disabilities and their families are routinely asked and included when leads identify a project or service that will benefit from their support. The expectation going forward into 2017 will be that people with learning disabilities and their carers will increasingly be offered opportunities to get involved in co-designing and evaluating DCHS services.</p>
Involving service users with disabilities in the recruitment and selection process.	LD services work closely with colleagues in HR and involve service users in the Recruitment & Selection process where able to do so. The HR Team provide a lot of training for the recruiters (who are our service users) and the People Services Team is trained in recommending adjustments for people with disabilities of all kinds.
Community hospitals will access support from Specialist LD staff	LD Specialist services continue to be available for advice and support as and when required; LD specialist staff continue to offer support to community hospital staff upon request.
Implementing Healthcare4all	Equalities Action Plan is regularly monitored and progress reported to the Equality, Diversity and Inclusion Leadership Forum.

Identifying when a person has a learning disability and making reasonable adjustments.	75% of services are now completing the Diversity Monitoring Questionnaire. The target of 70% of all services completing the Diversity Monitoring questionnaire, stood at 50% October 2016.
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4. Links to the Health and Wellbeing Strategy

The Health and Wellbeing Strategy includes a priority around creating healthy communities, with a core aim of reducing the health gap within Derbyshire and improving the health and wellbeing of the population. This is a significant issue for people with learning disabilities.

RECOMMENDATIONS

The Health and Wellbeing Board is asked to:

1. Consider the content of this report
2. Consider opportunities for organisations to improve the process of delivering actions against responses made to Healthwatch reports, and providing comprehensive updates which can then be passed back to participants.

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Healthwatch Derbyshire