

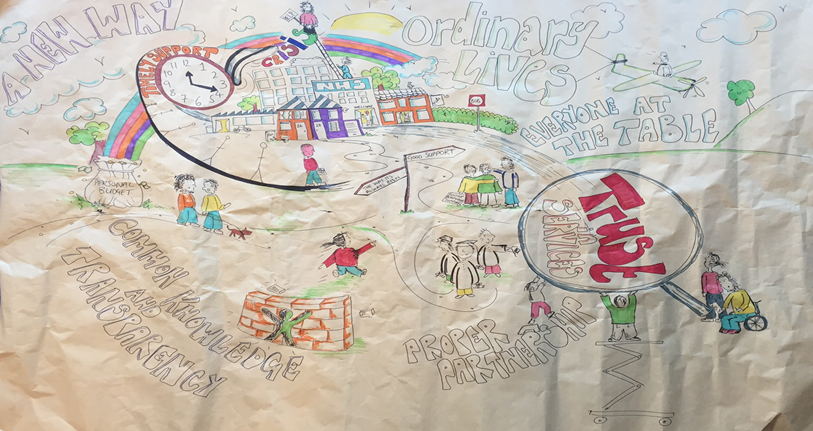
# Report to the Oxford Health NHS Foundation Trust

# Board of Directors

**Information for assurance**

**Access to Healthcare for People with Learning Disabilities**

**October 2016**

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**1. Background**

* 1. The Oxford Health NHS Foundation Trust Board has received regular updates on learning disabilities and compliance with the ‘Six Lives’ report’ of the Parliamentary Ombudsman which followed Mencap’s 2007 report ‘’Death by Indifference’’ and the 2008 inquiry ‘’Healthcare for All’’ which looked at the provision of NHS services to people with learning disabilities.
  2. A significant body of accumulated evidence demonstrated progress against a previous action plan, specifically in relation to embedding training within induction programmes, improving attendance at learning disabilities training and the provision of easy read information where protocols/mechanisms are fully implemented. There remained some key corporate elements that needed to be more consistently developed across the Trust. A work plan was in progress during 2015-2016 and included improving tracking and flagging and implementation of a comprehensive audit programme. An update on the current position is included later in this report.

**2. More Recent Changes in Policy**

**2.1** Following on from the scandals unearthed at Winterbourne View, there is a cross-Government commitment to transform care for people with a learning disability and/or autism, closing specialist inpatient beds and building better support in the community. All areas are expected to build better support in the community, in line with the national service model published October 2015 by NHS England, the LGA and ADASS, ‘Building the Right Support’.

* 1. Building the Right Support (and its accompanying Service Model) is structured around nine core principles. These collectively cover the key aspects of people with learning disability and / or autism’s lives – from having meaningful activity in the community to specialist healthcare provision.
  2. To implement this change, commissioners across England (CCGs, local authorities and NHS England specialised commissioning hubs) have formed 48 Transforming Care Partnerships, each of which has drawn up a plan for closing inpatient services and improving support in the community for people with a learning disability and/or autism.
  3. The Oxfordshire Transforming Care Plan 2016-19 sets out how Oxfordshire Clinical Commissioning Group (OCCG), the County Council (OCC) and partners intend to redesign health and care services for people of all ages with learning disabilities and / or autism, informed by the nine core principles.
  4. The graphic above illustrates the local plan.

**2.6** The plan provides the local response to Building the Right Support to develop community services and close inpatient facilities for people with a learning disability and/or autism who display behavior that challenges, including those with a mental health condition.

**2.7** The co-produced vision set out in the Plan is:

**1. Having a good, meaningful and “ordinary” life, including**:

a) Social opportunities

b) Being connected to the community

c) Positive risk management

d) Protection from exploitation / helping people stay safe

**2. Person centered support**

**3**. **Families and people able to design and buy their own services, when they choose to.**

**4. Having the right support close to home:**

a) Everyone knows what the options are

b) Keeping our most vulnerable children close to home

c) Oxfordshire people are treated in Oxfordshire

**5.** **Easy access to health services when you need them:**

a) Services you can trust

b) Accessibility of mainstream health services

c) Communication with out of hours services

d) Reducing diagnostic overshadowing

e) Well trained workforce and whole system culture change

f) Help to navigate primary and secondary care

**6.** **Early intervention and prevention for children and families**:

a) Positive behavior support

**7.** **All age support and continuity of care when preparing and / or moving into adulthood**

**8. Effective management of crises:**

a) Mental health crises

b) Physical health crises

**9. Choice, control and equity**

Within the Transforming Care national and the locally translated agenda outlined above, compliance with the six criteria of ‘’Healthcare for All’’ (DH, 2008) remain essential, specifically under item 5 and 8, but also under other items including 7 and 9.

**3. Current position against the 6 ‘’Healthcare for All’’ Criteria**

The following reflects the current position with reference year on year to workplans, the most recent of which is attached as Appendix One (2015-16) and covers up to and including March 2016.

1. *Does the NHS foundation trust have a mechanism in place to identify and flag patients with learning disabilities and protocols that ensure that pathways of care are reasonably adjusted to meet the health needs of these patients?*

*Tracking and Flagging*

A work programme was identified for 2015 -16 aimed at further developing processes to track and flag patients with learning disabilities.

The Trust worked in partnership with Southern Health and the Oxford University Hospitals NHS Trust to develop tracking and flagging mechanisms that enable people with learning disabilities that come into contact with our services to be identified.

A database was established that identified people with learning disabilities that are on the caseload of Southern Health and consent has been gained from individuals that comprise the Learning Disabilities Fragility Network of most vulnerable people with learning disabilities in Oxfordshire to share personal details with the aim of making assessments of reasonable adjustments to their care.

This work was not completed as a formal Information Governance investigation was initiated within Southern Health that related to sending information requests to patients that had died. This specifically related to a high profile case in Oxford .and led to a significant stalling of partnership working in this area.This element of partnership working has not continued as a consequence of internal issues within Southern Health and concerns about the reliability of information that had been provided.

Oxford Health implemented a new Electronic Patient Record system, Carenotes.

Within Carenotes, this group can only be tracked if they have a formal diagnostic category recorded under ICD10 (F70-79 for Learning Disability and F84 for Autistic Spectrum Conditons). This appears to routinely happen within the Adult’s directorate but not within the Older People’s Directorate.

Joint work under the Transforming Care Partnership Board to enable the tracking and flagging of people with learning disabilities and autism is currently underway to refresh this partnership and collate an accurate register.

***Reasonable Adjustment Protocol***

As part of the 2014-15 Work programme. 2.1, the development of overall Trust protocol on reasonable adjustments was completed. This will need to be reviewed under the 2016-17 workplan to ensure it is current and can provide robust evidence to meet regulatory frameworks which have developed significantly in recent years in regard to meeting the needs of people with a learning disability.

*b) Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about treatment options, complaints procedures and appointments?*

A significant body of accumulated evidence demonstrated progress regarding the provision of easy read information where protocols/mechanisms are fully implemented. These will need review to ensure they reflect current information and practice and remain fully implemented.

*c) Does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?*

As part of the Work Programme for 2014-15 the Trust Carers Strategy was modified to make explicit reference to the needs of carers of people with learning disabilities.

The Carers Strategy was reviewed and an addendum to the strategy that identifies the actions that the Trust will take to support carers of people with learning disabilities was completed.

*d) Does the NHS foundation trust have protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?*

A significant body of accumulated evidence demonstrated progress in relation to embedding training within induction programmes, improving attendance at learning disabilities training and the provision of easy read information where protocols/mechanisms are fully implemented.

The Trust is a key partner in a Health Education England funded piece of work led by Oxford CCG which is developing an awareness resource for staff about people with learning disabilities.

*e) Does the NHS foundation trust have protocols in place to encourage representation of people with learning disabilities and their family carers?*

The Trusts engagement strategy was modified to specifically state what Oxford Health does to achieve representation of people or families of people with a Learning Disability, at varying levels within the Trust.

*f) Does the NHS foundation trust have protocols in place to regularly audit its practices for patients with learning disabilities and to demonstrate the findings in routine public reports?*

Individuals with learning disabilities could be tracked on the Rio Electronic Patient Record and an Omnivo report run that enabled the identification of areas where an audit of records could be undertaken to provide evidence that reasonable adjustments were in place at an individual patient level as well as at a service level. It is unclear if there is the functionality to provide this information on Carenotes .This will need to be reviewed.

An audit was initiated in Older Adult Services as part of the Workplan for 2014-15. There was insufficient data obtained to enable an analysis as it was identified that only one person on the fragility network had been in contact with services. It was agreed that this audit should be withdrawn from the Trust schedule and alternative mechanisms developed in light of the introduction of Carenotes.

There remains work outstanding following a review of ‘The Shared Care for People with Mental Health Problems and a Learning Disability Policy’ which will be added to the 2016-17 workplan.

**3. Local Commissioning and the wider Transforming Care Agenda**

3.1 OCCG’s commissioning intentions and intended procurement process for 2016-19, including the future specialist health services for adults with a learning disability are fully informed by the plan.

3.2 A major element of the Oxfordshire Transforming Care Plan is the safe and effective transition of specialist LD health services from Southern Health NHS FT. This process will be in two stages:

* Transfer of commissioner from Oxfordshire County Council to OCCG who will then hold a contract with Southern Health NHS FT from 01-10-16 until 31/12/2017;
* Transfer of provider from Southern Health NHS FT to future providers in the new service model.
* OCCG will then co-produce a new model of care in partnership with experts by experience and families / carers, the existing provider and future providers.

**4. Mortality Review**

4.1 4.5 The ‘Six Lives’ report’ of the Parliamentary Ombudsman and Mencap’s 2007 report ‘’Death by Indifference’’. This work continues the focus on people with learning disability dying prematurely which began with

4.2 The ‘*Independent review of deaths of people with a Learning Disability or Mental Health problem in contact with Southern Health NHS Foundation Trust from April 2011 to March 2015’* found that the death of people with learning disabilities has been under investigated.

4.3 People with learning disabilities often have worse health than the population as a whole. It is important that deaths are investigated in order to understand whether there are things the health system can do better.

4.4 One of the recommendations of the independent review was that a retrospective review of deaths be undertaken.

4.5 Oxfordshire CCG, with the Oxfordshire Adults Safeguarding Board, is now undertaking this review. The review will include all Oxfordshire patients, with learning disabilities, who died between 1 April 2011 and 31 March 2015 and is taking place in November 2016 with full participation from Oxford Health NHS FT.

4.6 The Trust Mortality Review Group which has recently been set up and so could accurately be described as operational and contributing?

**5. Suggested Next Steps**

Further review and celebrate the achievements of the Trust to date in supporting people with learning disabilities and migrate evidence of compliance from G drives to Ulysses System

Agree a requirement for a standalone Learning Disabilities Steering Group with Trust wide representation that oversees all of the work in relation to people with learning disabilities.

Also agree and set up a standalone Autistic Spectrum Condition Steering Group with Trust wide representation that works alongside and agrees synergies with the Learning Disabilities Steering Group.

Review and write terms of reference and membership and suggest that both steering groups reports into the ‘responsive’ subgroup of the Quality Committee and the Transforming Care Partnership Board in all relevant localities.

Refresh the work programme for 2016-17.

The work programme to include tracking and flagging (given the Trust move to Carenotes), joint work with Hertfordshire Partnership Foundation Trust as the new provider of services to people with a learning disability in Buckinghamshire and the need to devise a data set fit for regulatory purpose to evidence reasonable adjustments.

The work programme to include a revised audit system of reasonable adjustments and a review of all other areas across the ‘Healthcare for All’ 6 criteria to provide assurance that all responses are in line with current policy.

The work programme to include and actions not completed to date where relevant and refresh any previous completed work in the light of the changed policy context.

The work programme to be informed by a re-run of the 2013 Green Light Toolkit across both Oxfordshire and Buckinghamshire in partnership with the specialist learning disability provider in Buckinghamshire (Hertfordshire Partnership Foundation Trust).

The work programme to include any changes as a result of the commissioning intentions and the impact upon the Trust.

The work programme to include any recommendations from the Mortality Review.

**Author/s and Title:**

**This paper has been co-written by:**

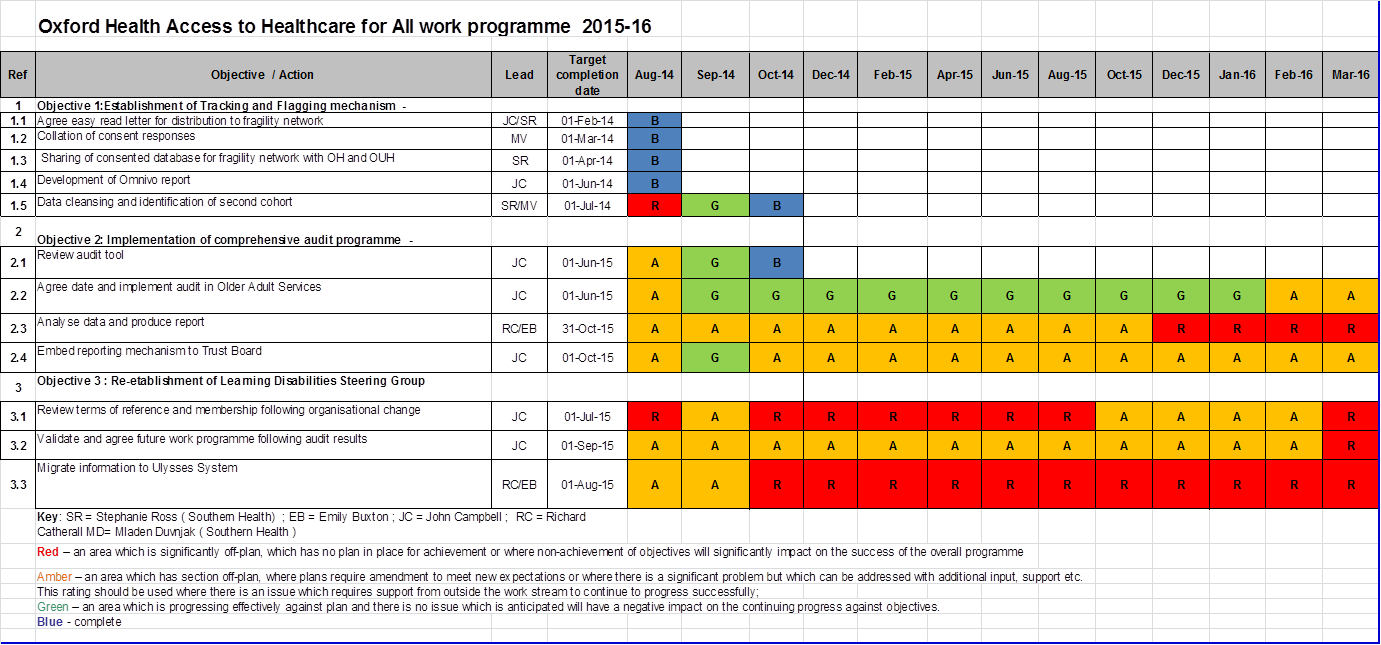
**John Campbell, Head of Nursing – Older Adults Services**

**Oxford Health NHS Foundation Trust.**

**Liz Williams, Programme Director Learning Disabilities**

**18/10/16**

APPENDIX ONE

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