

# Report to the Meeting of the

**BOD 54/2018**

(Agenda item: 10)

# Oxford Health NHS Foundation Trust

# Board of Directors

**25 April 2018**

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

**October 2017 including Specialist Healthcare Transition**

**Information for assurance**

**For: Information**

**Executive Summary**

The purpose of this report is to provide an update as to the transition of specialist health services for people with learning disabilities and assurance to Board regarding compliance with the six ‘Healthcare for All’ criteria. Since the last report, we have continued to pilot the draft ‘NHSI Provider Improvement Standards for Learning Disability’, consisting of 4 key standards.

**Governance Route/Approval Process**

This is a quarterly update report.

**Statutory or Regulatory responsibilities**

* 1. 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. David Harling, Head of Learning Disability for NHSI presented the draft NHSI Improvement Standards (which includes Mazars responses) to Board seminar on the 15th November 2017.
  3. CQC are in the process of completing a ‘well-led review’ which has, as anticipated, included all of the services to people with a learning disability in Oxfordshire.

**Recommendation**

The Board is asked to acknowledge and approve the progress made to date.

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***Strategic Objectives*** *– this report relates to or provides assurance and evidence against the following Strategic Objective(s) of the Trust:*

*1) Driving Quality Improvement*

*(Goals: patients will be safe from harm; patients will achieve the clinical outcomes they want; and patients and carers will have an excellent experience)*

*2) Delivering Operational Excellence*

*(Goals: our services will be effective and efficient; information will be translated into knowledge; and our planned surplus will be delivered)*

*3) Delivering Innovation, Learning and Teaching*

*(Goals: the impact of the AHSN, AHSC and CLAHRC will be maximised; we will collaborate in research and innovation; and we will deliver high quality teaching)*

*4) Developing Our Business through Collaboration and Partnerships*

*(Goals: we will work in collaborative partnerships; we will maintain and grow our services where we add value; and we will have strong relationship with our stakeholders)*

*5) Developing Leadership, People and Culture*

*(Goals: staff satisfaction will be in the top 20% of Trusts nationally; our staff and teams will be high-performing; and we will recruit and retain an excellent workforce)*

*6) Getting the most out of Technology*

*(Goals: our patients and staff will have the right technology available; our workforce will have the necessary IT skills to do their jobs well; and an outstanding IT service will be delivered)*

1. **Situation**
   1. Oxford Health NHS Foundation Trust Board has previously received regular updates on learning disabilities and compliance against the ‘’Healthcare for All’ criteria which looked at the provision of NHS services to people with learning disabilities, with more recent update framed by the draft NHSI framework ‘Provider Improvement Standards for Learning Disability’.
   2. A project mandate for the LD strategy has been completed, submitted to CQC for consideration at their request and is being used to guide the work of the LD Strategy Group.
   3. Since the last report progress has been made regarding the number of national and local developments which have been informing the contents and will be translated into actions within the strategy.
   4. The local **Transforming Care Plan mid - point review** which started in October 2017 is now reaching its conclusion and will inform the LD Strategy for Oxfordshire.
   5. The report reflecting the **SEND services whole system inspection** in Oxfordshire during late September looking at the services that identify, assess and make a difference to children, young people and their families has now been published.
   6. The development of the Trust Strategy including where learning disability and autism sits within and across the three major Trust transformation projects.
   7. The ‘Task force’ for Autism has now been convened and is working on the terms of reference and the project mandate for the Autism Strategy.
   8. The re-energizing and structuring of the Equality and Diversity Group including the Programme Director taking a joint lead for operations on this Group has meant that significant join ups have now started to take place and learning disability and autism are being understood as a key part of the equalities agenda, given the known health and other inequalities. These are referenced below.
   9. The detailed programme plan continues to be a live document and progress is reported through the Strategy Delivery Group.
   10. The Board is asked to consider the progress within this paper.
2. **Background**

**2.1** The following reflects the current position of the transition of specialist services; a RAG rated current position against the Healthcare for All; and the Mortality Review.

**3. Transition of specialist health services for people with a learning disability**

**3.1** A review of the project process, against the Verita 2 report has been completed. The OCCG have now been given opportunity to comment and add their views on the transition and this continues to be awaited.

**3.2** Internal auditors TIAA completed a review of the transition during March 2018. The final report is awaited, but the draft report was very positive. The overall assessment was ‘substantial assurance’, with two actions.

**4. ‘Healthcare for All’/ Draft NHSI Provider Improvement Standards for Learning Disability**

**4.1** The Provider Improvement Standards for Learning Disability have been developed to enable Providers to measure and assure a number of objectives specific to services for people with learning disabilities.

**4.2** The Standards relate directly to the range of current strategic objectives arising from national policy, in particular, Transforming Care and its associated guidance and the policy/frameworks relating to the premature deaths of people with learning disabilities.

**4.3** There are four key standards

* **Standard 1**: Improving the Workforce by supporting providers to develop the skills and capacity to meet the needs of people with learning disabilities, achieving safe and sustainable staffing and effective leadership at all levels.
* **Standard 2:** Improving Equity through Reasonable Adjustments by supporting providers to address inequalities, improve outcomes, prevent premature deaths and promote rights based care.
* **Standard 3:** Improving Specialist Learning Disability NHS services by supporting Provider Trusts to fulfil the objectives aligned to national policy and strategy.
* **Standard 4:** Improving Inclusion & Engagement by supporting providers to empower the people who use services and their family carers to be partners in the care they receive.

**4.4** Each standard is supported by specific ‘Improvement Deliverables’. The Standards and deliverables incorporate and align to the 6 Healthcare for All criteria where these are still reflected in current national policy. These standards underpin the LD Strategy and Programme Plan to ensure they are delivered.

**4.5** Each Standard is considered below. Any corresponding Healthcare for All criteria and rating continues to be referenced (pending full publication of the NHSI standards), alongside a revised rating against each ‘Deliverable’.

**4.6** **STANDARD 1:** **Improving the Workforce** by supporting providers to develop the skills and capacity to meet the needs of people with learning disabilities, achieving safe, sustainable and productive staffing and effective leadership at all levels.

* Healthcare for All criteria in regards to workforce asked if ‘*the NHS foundation trust had protocols in place to routinely include training on providing healthcare to patients with learning disabilities for all staff?’.*

| **Deliverable** | **Rating and narrative.** |
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| NHS Provider Trusts should be able to describe and evidence the measures they have in place to ensure they are providing the **right caliber of staff with the right skills** to meet the needs of people with learning disabilities.  **Provider organisations should have/be developing learning disability expertise across all care settings.** | As part of the OCCG assurance process, OHFT outlined the commitment to ensuring the right caliber of staff were considered.  OCCG have now agreed that a workforce plan will attract CQUIN payment. By June 2018, we will need to have created a workforce development plan for the whole Learning Disability health workforce, including LD & MH services and Secondary Physical Healthcare. This workstream is progressing.  The learning support lead continues to support the newly transitioned team in an analysis of their training needs and ideas for a sustainable workforce.  To be prepared for the future, NHSE and OHFT leadership development opportunities continue to take up, including using this leadership opportunity to consider workforce.  Targeted offers of training and developing networks from the specialist health teams have been offered e.g. epilepsy, network in MH, support to medics on call. |
| NHS Provider Trusts should have **workforce plans** in place which illustrate how they intend to **manage/plan for the growing shortage of professionally qualified staff** in the learning disability workforce and how they will mitigate this and its potential impact on care delivery. | The learning environment lead has been assessing the current specialist staff teams jointly with the operational teams.  We continue to be part of an NHSI project led by the University of West London to consider a tool developed to deliver safe sustainable staffing. We will use this tool to inform our planning (potential funding is available to support this).  See above in regards to the plan. |
| **All NHS Provider Trusts should ensure all staff receive appropriate training on learning disability** relevant to the area in which they are working; this is particularly relevant in the case of training staff to understand the needs of people with learning disabilities and autism, physical health and wellbeing, delivering Positive Behavioural Support, ensuring adherence to Safeguarding, Mental Capacity and Best Interests. | The mandatory training needs for specialist staff has been completed and training as outlined above. |

**4.7** **STANDARD 2**: **Improving Equity through Reasonable Adjustments** by supporting providers to address inequalities, improve outcomes, prevent premature deaths and promote rights based care.

This standard and the deliverables encompass several of the Healthcare for All criteria, which are as follows.

* *‘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?’*This was rated as amber.
* *‘Does the NHS foundation trust provide readily available and comprehensible information to patients with learning disabilities about treatment options, complaints procedures and appointments?’*

| NHS Provider Trusts should be able to provide evidence which details the type of support they have in place to ensure people with learning disabilities receive services which are reasonably adjusted to achieve equality of outcome.  As examples, this is likely to include evidence from some of the following areas, aligned to the accessible information standard and including: eating and drinking, postural care, taking medication, behavioural support, reducing stress and anxiety, understanding treatment, provision of easy read materials, effective risk assessments and care planning, mental capacity and assessing the patient’s best interests, pre appointments, information and preparation. | To ensure that we have an evidence base, the following actions are underway:  The IC5 group has agreed to amend its peer review methodology to ensure data is collected about reasonable adjustments.  The EHR team have now given the specialist learning disability team access to both the mental health and physical health data bases, to enable support to teams for patients known to the specialist LD team in making reasonable adjustments on a case by case basis.  The Equality and Diversity Group have requested a scoping exercise to capture information about the work we are doing to promote equality, diversity and inclusion, with a report to the Group in April 2018. This will give rise to practice examples and a baseline, including illustrating where work is needed within services to improve equality of access.  The learning disabilities communication plan has been developed further to encompass post transition actions and support the embedding and development of specialist services.  This includes the redesign of learning disabilities pages on the Trust’s internet and intranet, the review and development of service and Trust-wide leaflets to make them more accessible to people with learning disabilities, for example easy read versions, as well as the promotion of specialist services both internally and across external organisations.  As a result of the communications group, ‘Browsealoud’ has been added to our website. |
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| NHS Provider Trusts should have a mechanism in place to identify and flag patients with learning disabilities from the point of admission through to their discharge and share this information with other providers involved. Attached to the flag should be a record of the Reasonable Adjustments required by the person in order that they can access healthcare services equitably. In addition, the needs of family carers should be considered. | Joint work continues with IT leads and the Equality Lead to align this both to a mainstream offer of reasonable adjustments to all people with communication and sensory needs as well as making enhanced provisions for people with more complex learning disabilities.  *Mainstream offer:*  E&D and IT have worked with our Carenotes provider to change the patient information recording system to include screen flagging the need and detail of reasonable adjustments in regards to the accessible communication standards.  This will also include people with mild learning disabilities and/ or autism where the reasonable adjustment they primarily need is in regards to their communication. We will need to maximize this opportunity Trust wide.  We are also considering this as a mechanism for flagging people with epilepsy and their protocols.  *Enhanced offer:*  A workshop took place on the 12th April 2018 between the IT EHR and the specialist LD team to explore the offer to people with more complex reasonable adjustments where this would require specialist input e.g. from our LD specialist speech and language therapists. In early initial discussions, we are exploring the linking of person centred care plans and risk assessments in other formats (pictures/ symbols etc.) with other person centered planning formats such as e.g. RIX WIKI. A Wiki was demonstrated and a scoping exercise is now underway. |
| NHS Provider Trusts should collect information related to the number of deaths of people with a learning disability within the services they provide. This should include evidence of best practice in relation to identifying, reporting, investigating and learning from serious harm, near misses and deaths in care. | This information is already being collected and OHFT process (the VAM review group) is linked to the system wide and national process (Leder). |
| NHS Provider Trusts should have mechanisms in place to ensure death review processes are inclusive, timely, robust and that recommendations from these reviews are acted upon. | The mechanisms are in place and managers have recently been trained to complete these reviews.  A flowchart has been refined and is in final draft to ensure internal and external review mechanisms are aligned and inform each other effectively. |
| NHS Provider Trusts should be able to suitably evidence their adherence with the five key principles of the Mental Health Act Code of Practice 2015 including where departures from the Code have been applied. | The LD project team met with MCA leads and are in the process of the development a full baseline audit. This includes the exploration of a number of exiting audits to determine the most appropriate.  A local format has been developed for use within LD to ensure the MCA is followed and best interest discussions are fully minuted. A focus group has been established to review and amend Care Notes to meet specific requirements for LD; to revise the DoLS flowchart contained within the MCA policy and link to the Community LD Teams SOP; and develop communication/training for staff on the agreed process. |

**4.8** **STANDARD 3:** **Improving Specialist Learning Disability NHS services** by supporting Provider Trusts to fulfil the objectives aligned to national policy and strategy

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| NHS Specialist Provider Trusts should have plans in place outlining alternatives to existing care and delivery models with a focus on the development of community based intensive support, treatment for forensic issues and shared protocols with adult mental health services and the Criminal Justice system | OHFT have an intensive support team for adults in Oxfordshire and HPFT provide a similar service in Buckinghamshire.  Joint work with local commissioners of children’s and adult’s services in Oxfordshire has concluded this should be joined up ‘all age’. Additional investment has been made available and a full project plan is now underway to deliver this service.  Adult teams are now represented and contribute to the’ ‘Ox CAMHS Mobilisation: Neuro Pathway’.  The forensic team are currently reviewing the treatment model for forensic inpatients and the CCG are leading on an STP wide forensic treatment model due to the low numbers.  Currently people with forensic needs within the community remain supported by the community learning disability teams under the forensic ‘clinical area of practice’.  A full baseline ‘Greenlight Toolkit’ has taken place for Oxfordshire and actions are underway, led by a mental health liaison nurse (pilot). This work is now being evaluated and work has commenced to roll out the GLT in Buckinghamshire with our HPFT colleagues. |
| NHS Specialist Provider Trusts should be readily adopting the Care & Treatment review process in order to ensure that stringent assessment is made if there is an anticipated risk of admission, at the point of request for admission and that discharge arrangements ensure no individual has to stay longer than is necessary. | The CTR process has been readily adopted. These are led by the CCG and OCC with OHFT as active participants.  An agreed template including everyone in an inpatient bed and at risk of admission is completed weekly and used in monthly multi agency meetings, which focus upon proactive discharge and delayed transfers of care. |
| NHS Specialist Provider Trusts providing inpatient services should have robust clinical pathways in place which support evidence based assessment and treatment, time limited interventions and measurable discharge processes to ensure inpatient episodes are kept to a minimum. | We do not currently offer specialist in patient services. Given beds throughout the country are now being closed, this represents a risk to the Trust,  However, following the Greenlight toolkit review we have been able offer a mainstream mental health bed and people with autism are cared for and treated in our mainstream beds.  Both the NHSI Collaborative outlined below and the joint work with MH regards autism (currently led by the Autism Task Force) and underpinned by a CQUIN from OCCG) will combine to ensure the we can achieve this deliverable. The joint work with collaborative has evidenced significant reduction in lengths of stay.  The enhanced work of the IST will lead to a reduction in the need for beds.  This is now a full work programme including the exploration of standby beds, consideration of current estate to be developed into a safe place. |
| NHS Specialist Provider Trusts should have plans in place to deliver the ambition of a 50% bed reduction across learning disability assessment and treatment units by 2020. | We do not currently offer specialist in patient services. However, we do commission beds when a person with a learning disability needs one through the CTR process as identified above.  Reduction in the use of beds is a locally derived target against population figures and is scrutinised nationally by NHSE. The targets include people with autism without a learning disability. We have recently reduced the number of people with LD in beds from 11 to 5 and length of stay for people with LD from 586 to 295 days following taking part in an NHSI Collaborative ‘Criteria led discharge collaborative jointly with the Quality Centre.  The numbers above do include a technicality, where people with autism are experiencing long periods of Section 17 leave so are not present on inpatient wards but are counted as inpatients against this target.  Joint work is underway to ensure joined up work about people with autism who are inpatients and experience delays in their discharge.  The impact upon the needs for admission, length of stay and delay in discharge are being addressed in two ways in order to meet targets:  Through the Patient Safety Academy Human Factors programme which will include a specific deep dive project into the circumstances around the admission of patients. |
| NHS Provider Trusts must ensure they have robust governance processes in place which measure the use of restraint. Including detailed evidence and recommendations to support the discontinuation of planned prone restraints and reduction in unwarranted variation in the use of restrictive practices. | As part of the transition, work has been completed to align the learning disability agenda into the wider Trust work. |

**4.9** **STANDARD 4:** **Improving Inclusion & Engagement** by supporting providers to empower the People who use services and their family carers to be partners in the care they receive.

The Healthcare for All criteria asked *‘does the NHS foundation trust have protocols in place to provide suitable support for family carers who support patients with learning disabilities?’.*

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| NHS Provider Trusts should have processes in place to ensure they work alongside and engage with families and carers of people with learning disabilities. For example this may include work with individuals, service design/improvement, complaints, investigations, training & development, recruitment. | OHFT sit on the local Transforming Care Partnership Board where groups representing people with learning disabilities and family carers have equal voting rights.  Our ‘I care, you care: Family, Friends and Carers Strategy 2017-2020’ includes everyone.  We are co-located specialist health teams with carer and user groups where practical. Anecdotal evidence suggests increased joint working between professionals and care advocacy groups to support families post transition.  Specialist carer led sessions for all specialist staff including OCC colleagues during December (‘Working Successfully with Families’) were incredibly well received and more are planned.  We are active design partner in the ‘Leading Together programme’, a regional programme led by OAHSN, which aims to develop partners in leadership between those with lived experience and those with decision making power across the systems. Applications are now open from professionals and are being circulated to the Executive, Board and Board of Governors.  We have completed accessible job descriptions for two public and patient involvement leads to lead on and develop this work and recently appointed to one role. |
| NHS Provider Trusts should be able to illustrate improvements in how they work alongside people with learning disabilities, their families and carers in order to ensure there is meaningful and productive engagement which ultimately reduces health inequalities, improve quality and outcomes, and make services more sustainable. | We will need to work jointly to consider how to meaningfully evidence this, including uses of stories, case studies, film, etc.  We are partners in an OUH project, which includes an Oxfordshire baseline of health needs (led by NDTi).  IC5 has agreed to amend the peer review template to include questions about equality of access for people with learning disabilities, so we will build a picture through this method.  Families and people who use services are included within nearly all project currently underway within LD and the new PPI lead will actively support us to meaningfully engage with people who use services in a more comprehensive manner. |
| NHS Provider Trusts should be able to demonstrate how they are learning from complaints, investigations and mortality reviews by improving how they engage with and involve families and carers throughout these processes. | Mortality review work continues and learning is emerging.  Human factors project work with the Patient Safety Academy (led by Dr Dawn Benson) in conjunction with OHFT Quality Centre includes an offer via OXFSN to families to join the 6 sessions of human factor training/ more in-depth investigation training for smaller cohort and to participate in the two project deep dives, one into dysphagia (Mazars retrospective response) and one into retrospective analysis of the admission of people to inpatient wards to inform process and future models ( as previously referenced). The researcher leading this work is a family carer. |

**Recommendation**

The Board is asked to acknowledge and approve the progress made to date.