

# Report to the Meeting of the

# Oxford Health NHS Foundation Trust

**BOD 09/2019**

(Agenda item: 11)

# Board of Directors

**31 January 2019**

**Learning Disability – health access**

**For: Information/Assurance**

**Executive Summary**

* NHSI Provider Improvement Standards for all Trusts in regards to health care access for people with learning disabilities and autism were launched in July 2018.
* The Board, Quality committee and Caring and Responsive Sub Committee have received reports against the high-level deliverables included under each of the four standards.
* NHSI launched a benchmarking data collection ‘review’ against the standards which OHFT LD services fully participated in.
* The data collection has been designed to fully understand the extent of Trust compliance with the recently published NHSI Learning Disability Improvement Standards and identify improvement opportunities.
* This report outlines a position against each of the four standards.
* NHSI will publish a bespoke report for the Trust and give access to a comparison toolkit in late February 2019. The bespoke report will support understanding of where improvements are needed and subsequent reports will include benchmarked data against other Trusts.

**Governance Route/Escalation Process**

A prior ‘light’ version of thisreport was presented at the meeting of the Quality Committee/group on 14th November 2018.

This report is also being presented at Caring and Responsive sub committee 25th January 2019.

This reportis a deeper dive into health access for people with learning disabilities against the Provider Standards following feedback from the Quality Committee, pending the NHSI publication of the Trust bespoke report.

**Statutory or Regulatory responsibilities**

The Trust is compliant with its statutory and regulatory duties in the community specialist LD services, receiving an overall ‘Good’ rating.

Work is being completed to support the LD medium secure unit, Evenlode, address the areas required, having received a ‘Requires Improvement’ rating.

The interface between CQC requirements and the Improvement standards are being mapped in detail by the team and it is anticipated that CQC will receive the data submitted.

**Recommendation**

The Board is asked to discuss the report.

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**Lead Executive Director:** Dominic Hardisty, Chief Operating Officer

*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)*

**SITUATION**

* 1. Oxford Health NHS Foundation Trust Board (OHFT) have previously received reports on progress against the NHSI framework ‘Provider Improvement Standards for Learning Disability’. The standards apply to people with learning disabilities and/ or people with autism.
	2. The Oxfordshire adult community learning disability (LD) service piloted the NHSI standards and are publicly highlighted by NHS Improvement as an exemplar against Standard 4 (Specialist LD services).
	3. The framework was published in June 2018 (with significant revisions in structure, but not content).
	4. The improvement standards reflect the strategic objectives and priorities described in national policies and programmes, in particular those arising from [Transforming care for people with learning disabilities – next steps](https://www.england.nhs.uk/wp-content/uploads/2015/01/transform-care-nxt-stps.pdf) and the [Learning Disabilities Mortality Review (LeDeR) programme](http://www.bristol.ac.uk/sps/leder/).
	5. Compliance with these standards requires Trusts to assure themselves that they have the necessary structures, processes, workforce and skills to deliver the outcomes that people with learning disabilities, their families and carers, expect and deserve.
	6. NHSI requested a benchmarking exercise against the standards with data submission deadline of 30th November 2018 (extended to 31st December 2018). OHFT completed a full submission 30th November 2018.
	7. The benchmarking information requested has given the Trust an indication of what NHSI expect in terms of detailed deliverables against which we can benchmark current Trust wide provision.
	8. NHS benchmarking intend to release a Trust specific report including staff and user feedback by the end of February 2019 and three infographics (at a later unspecified date).
	9. NHS benchmarking will also release an online toolkit which will include the Trust and where we sit nationally in terms of our responses, by the end of February 2019.
	10. The writing of this paper coincided with the publication on the 7th January 2019 of the Ten Year Plan for the NHS, which references the implementation of the standards across all NHS funded services over the next five years (Chapter 3, 3.32) in service of the whole NHS improving its understanding of the needs of people with learning disabilities and autism. The Ten Year Plan also includes some indicative dates against improvements specified within the standards.

**BACKGROUND**

The Provider Improvement framework contains four standards and twenty two improvement measures. Previous reports have been based upon the deliverables (now known as ‘improvement measures’) under each standard and the adult community LD service had responded with evidence.

The fours standards are:

**1. Respecting and protecting rights:** *All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act.*

**2. Inclusion and engagement**: *Every trust must ensure all people with learning disabilities, autism or both and their families and carers are empowered to be partners in the care they receive.*

**3. Workforce:** *All trusts must have the skills and capacity to meet the needs of people with learning disabilities, autism or both by providing safe and sustainable staffing, with effective leadership at all levels.*

**4. Specialist learning disability services:** *Trusts that provide specialist learning disabilities services commissioned solely for the use of people with learning disabilities, autism or both must fulfil the objectives of national policy and strategy.*

The NHSI – Learning Disability Improvement Standards review was a national data collection, commissioned by NHS Improvement (NHSI) and run by the NHS Benchmarking Network (NHSBN).

All Acute, Community and Mental Health Trusts were included in the scope of the data collection, with an additional data collection for providers of specialist learning disability services.

The standards review aimed to collect data from a number of perspectives to understand the overall quality of care across Learning Disability services. As such, data collection was comprised of the following 3 elements:

1. Organisational level data collection, completed from the perspective of a nominated Executive Learning Disability lead, which collated data on policies, activity, the impact of the care delivered, service quality and outcomes.
2. Staff survey, completed from the staff perspective to survey the workforce, training and skills available
3. Service user survey, completed from the patient perspective to survey the quality of care received by people with learning disabilities, and overall patient experience
* The organisational level data was submitted as per the deadline of 30th November 2018.
* Twenty staff received their log in details to complete the staff survey and 12 service users were supported to participate via the Engagement lead, with another one completing it with no support.

The annual April 2019 Trust Board report will fully include reference to the Trust bespoke report, and baseline all completed actions, actions currently underway as part of the wider LD and Autism Strategies and any further action as a result of the report. This April baseline will then be reported against quarterly.

The writing of this paper coincided with the publication on the 7th January 2019 of the Ten Year Plan for the NHS which references the Provider Standards as the tool by which Trusts can evidence progress against the standards.

**ASSESSMENT**

This is an update against the improvement measures, enhanced by the specific questions requested by NHSI within the organizational level specification which give an indication of the evidence they require/ what they expect to achieve the measures.

**1. Respecting and protecting rights:** *All trusts must ensure that they meet their Equality Act Duties to people with learning disabilities, autism or both, and that the wider human rights of these people are respected and protected, as required by the Human Rights Act.*

This improvement measures relate to **reasonable adjustments to care pathways**, mechanisms to **identify and flag patients, processes to investigate the death** of a person with learning disabilities, autism or both while using their services, and to learn lessons from the findings of these investigations, **vigilance in monitoring any restrictions** or deprivations of liberty associated with the delivery of care and treatment and measures to **promote anti-discriminatory practice** in relation to people with learning disabilities, autism or both.

Reasonable adjustments to pathways of care are at varying stages of development. The **mental health pathway** has a national recognized and benchmarked tool (the Green Light Toolkit), which enables the development and monitoring of the reasonable adjustments. A base line and follow up audit has happened in Oxfordshire with significant progress noted and priority areas to develop, which are.

A baseline audit is in the final stages of being completed jointly with Hertfordshire Partnership Foundation Trust in Buckinghamshire.

Joint work with primary care formed a CQUIN for the year one of the Oxfordshire adult LD team and resulted in the development and implementation of a Primary Care Liaison offer to be developed with GP's and the development of guidance for reasonable adjustments resources, now live on the Trust website.

The **Physical Health Strategy** for the Trust includes learning disability and will need to consider autistic people as part of the Autism Strategy.

More work needs to be developed in terms of detailed adjustments to pathways but joint work does occur between the LD adults services and community health services. The strategy also includes reasonable adjustments to community health pathways currently delivered via the Trust e.g. diabetes care. Given the further detail within the NHSI review, the implementation plan will be reviewed to ensure it covers all of the details. This will be the focus of 2019.

Joint work with Oxford University Hospitals is ongoing including a project to support those with most complex health needs.

Reasonable adjustments for **autistic people** is part of the Autism Strategy and a bespoke multi-disciplinary team to support reasonable adjustments is part of a business case currently being considered.

**Flagging** has remained a difficult issue to resolve and the recent benchmarking highlighted this. There is NHS Ten Year plan renewed target of 2023/24 in recognition of the complexity and the Trust have made contact with a flagging project being undertaken nationally (led by the LD Nurse Consultant Crispin Hedron in Twogether, Gloucestershire) to ensure we can flag and track reasonable adjustments in line with the timescales. This fundamentally underpins the achievement and monitoring of the adjustments to pathways so is critical to resolve.

We have robust processes within the Trust in regard to **investigating deaths**, linked locally under the Vulnerable Adult Mortality Group meetings (a sub group of the local safeguarding board) which reports annually and is fully connected and embedded under the national LeDeR process.

There have been some **Dols** issues within the social care service (Stepdown) and these were proactively managed. A new Dols audit is being devised by the Trust.

One ward where restrictions may take place, Evenlode is being buddied to an NHSI collaborative on **reducing restrictive practice** (being led by Kestrel Ward) via the Quality Centre and CQC have asked for a return in regard to the use of force and restrictive interventions in settings that provide inpatient and residential care for people with mental health problems, a learning disability and/or autism, which we have fully participated in. The data request is for Evenlode, the Highfield and MH Swindon and is being submitted by 29th January 2019.

Where we purchase out of area inpatient beds for adults from Oxfordshire, the Intensive Support Team and case coordinator oversee any care and treatment, challenge and **review restrictive practices including restraints** and this data is also shared with the Clinical Commissioning Group via Quality Review Meetings.

A number of initiatives linked to **anti discriminatory practice** are underway. In the adult Oxfordshire service, clinical outcomes measures being used have been mapped across the services and are being considered in Governance, linked to a quality improvement project. The Equality and Diversity Group have championed people with LD and this was included as part of the disability linking leaders in 2018, as was autism. A pan disability employment strategy is being coproduced to include project search (as referenced in the appendix of the ten year plan).

**2. Inclusion and engagement**: *Every trust must ensure all people with learning disabilities, autism or both and their families and carers are empowered to be partners in the care they receive.*

This improvement measures relates to processes to ensure Trusts **work and engage with people receiving care, their families and carers, services are ‘values-led’, codesign of relevant services, learn from complaints, investigations and mortality reviews and empower** people with learning disabilities, autism or both and their families and carers to **exercise their** **rights**.

There is significant evidence that people, **families and carers are involved in all aspects of planning and evaluating care and treatment**, and the use of their feedback and experiences to improve services, including when things go wrong. A member of the patient engagement group jointly presented at the AGM 2018 with the Service Director. As part of the care planning work, how other Trust use carenotes and evidence people’s views and participation in their care is being considered, to better prompt and ensure this is recorded as happening consistently.

Our services are **values led** in that all staff are aware of the attitudes, behaviours and communication that is expected of them – this will be evidenced through the CQC report. We involve people with learning disabilities in staff recruitment at all levels. An audit for year two could be focused upon the involvement of people in complaints and investigations.

People and families have been and are involved throughout all **design processes** – the PPI Lead now in post links directly with the Programme Team to ensure that every project is jointly led with people and families in a manner of their choosing. The John Sharich flats project is an example of experience-based design based upon the experiences of people and families who have used inpatient settings, supported by the Oxford Patient Safety Academy retrospective review of admissions. A new specific example is the coproduction of always events for the Intensive Support Team who are being trained through the NHSE’s patient experience team to devise and implement these. Autistic people have been involved throughout the development of the Autism Strategy.

Regular reports into LD Governance detail **complaints** and an annual report in regards to both **expected and unexpected deaths**. This includes the learning and the completion of a thematic review under the system wide vulnerable adults mortality group (sub group to the Oxford Adult Safeguarding Board) found high level learning in regards to sepsis and pneumonia. The Look@Me project has developed the use of technology to ensure people are safe when they eat.

The Trust does much to ensure people are **empowered** in addition to PPI work, e.g. we commission and pay Autism Oxford in regards to assessment of buildings and sensory needs The OCCG in Oxfordshire commission people with learning disabilities, autism or both to co-chair the Transforming Care Partnership Board and to independently review services, and pay them for any work they do.

Other examples include My Life My Choice are speakers at induction, patient stories regularly go to Board and a person with a learning disability jointly presented about the LD service at the Tryst AGM.

An annual report is produced for the Oxford OCCG contract. A more forward thinking planned strategic approach will be enabled now the PPI lead is in post*.*

**3. Workforce:** *All trusts must have the skills and capacity to meet the needs of people with learning disabilities, autism or both by providing safe and sustainable staffing, with effective leadership at all levels.*

This improvement measures relates to staff having the **specialist knowledge and skills** to meet the unique needs of people with learning disabilities, autism or both who access and use their service, **routine and updated training** in how to deliver care to people with learning disabilities, autism or both who use their services, **workforce plans** and **clinical and practice leadership** and consideration of the needs of people with learning disabilities, autism or both, within local strategies to ensure **safe and sustainable staffing**.

The LD team and multi-agency partners are on the closing stages of completing an STP BOB wide **Workforce Strategy** for LD and autism, due to be signed off from an Oxfordshire perceptive by NHSE on the 31sy January 2019. The finalized workforce plan will be available to give more detail on for the April 2019 Board baseline report.

Work internally to date includes **supporting new emerging roles** such as advanced practitioners, apprenticeships, people and their families as peers and considering other models for staffing inpatient units (joint OT/ nursing staff known as occupation-based wards). Further work as part of the strategy includes proactive work with training providers and universities, working with the provider sector and considering how we mobilise a ‘workforce without walls’ both in Oxfordshire and across BOB and a Trust-side pan disability employment strategy to attract and support people with disabilities to become a greater part of the workforce, following on from and building upon the success of the linking leaders disability events.

**Trust wide training** in learning disability, autism and epilepsy is being considered in the same three tier system that currently operates for dementia alongside the communication, intensive interaction, epilepsy and bespoke training delivered Trust wide. Learning and Development have funded three tier one pieces of training (video/ e learning) in LD, autism an epilepsy and the adult specialist team are currently identifying partners to work on this training, aligned to the carer’s video under development.

Currently staff can access communication, epilepsy and LD awareness training as delivered by the adult specialist staff in Oxfordshire, but this is not mandatory or Trust wide.

We have **multiple designated leads for learning disabilities**, including an associate Clinicial Director who is an LD nurse. There are some shared posts with forensic services to ensure consistency e.g. the LD Nurse consultant, safeguarding lead. Although there are very strong AHP staff, there is no dedicated lead post as yet for an AHP.

This is an emerging team within the Trust, now fully recruited to, that is beginning to mobilise across the Trust geography. For autistic people there is different leadership in different areas the Trust serves, however the service Director for LD takes a strategic lead for the Trust which ensures the needs of autistic people are included in local strategies.

**4. Specialist learning disability services:** *Trusts that provide specialist learning disabilities services commissioned solely for the use of people with learning disabilities, autism or both must fulfil the objectives of national policy and strategy.*

This improvement measures relates to **plans for the development of community-based intensive support**, the use of care **and treatment review (CTR) and care and education treatment review (CETR), processes to regularly review the medications** prescribed to people with learning disabilities, autism or both (specifically, prescribing of all psychotropic medication should be considered in line with NHS England’s programme stopping over medication programme STOMP),  **inpatient services** that adhere to evidence-based assessment and treatment, time-limited interventions and measurable discharge processes to ensure inpatient episodes are as short as possible and **governance processes for measuring the use of restraint and other restrictive practices**.

In Oxfordshire we have established **community based intensive support for adults** and as of the 9th July 2018 this now covers all age, linked to the LD CAMHS service. We have a mental health liaison nurse who rolls out the green light toolkit, provides case by case advice and aggregates this into forward planning and learning to support the access of people with LD and ASC to ordinary mental health community and inpatient services. Community based forensic support (the FIND Team) is now under development thanks to investment from NHSE to be mobilised across BoB / Thames Valley (£750K over two years). This team is being recruited to currently. Any gaps between this support team and community learning disability teams are being jointly considered across the STP (as numbers are small).

The joint protocol with the OCCG and OCC to ensure we fully comply with the national standards for **CTRs and CETRs** is now in operation. We have an assertive approach to discharge planning as evidenced within the standards where we are an exemplar and following the NHSI Collaborative regarding discharge (with corresponding reductions in numbers of people in inpatient beds and reduced lengths of stay).

In regards to **medication**, this is annual ongoing audit for the adult specialist services in Oxfordshire starting with people accessing IST. This audit is aligned to (and goes further than) STOMP, which we are in the process of signing up to. Future plans consideration of closer joint working between specialists teams, pharmacy and primary care in consideration of polypharmacy (wider than the STOMP audit and linked to LeDeR).

There are no time limited **in patient specific services** in Oxfordshire– people with LD and autistic people either use the mental health inpatient beds with reasonable adjustments (with support from the mental health liaison nurse) or out of area specialist LD beds are commissioned on an ad hoc basis. This remains the final outstanding part of the Transforming Care ‘Building the Right Support’ element of support not in place locally in Oxfordshire.

**Governance around restrictive practice**

There is a clearly designated executive-level lead for restrictive intervention reduction and an overarching restrictive intervention reduction policy. Data on restrictive interventions is collected, analysed and made publicly available, including reports on commissioned out of area inpatient beds. More work is needed to embed positive behavior support across both the community and forensic service and L&D have funded some bespoke and ongoing training. A PBS strategy is being considered for 2019.

**Overall**

The work completed to date and the work planned, particularly in Oxfordshire where we deliver adult services, would indicate we are well placed to meet the NHSI standards, which we anticipate will be stated in our bespoke report due to be published February 2019.

Following the publication of the bespoke report, a detailed project plan will be put into place to ensure all aspects of the improvement measures are either within current implementation plans (e.g. workforce) or completed as discrete actions under relevant processes e.g. safeguarding policy on medication. These will be cross referenced to the Ten Year Plan.

**RECOMMENDATION**

The Board are asked to note the report and expect a further report once the bespoke Trust report and national toolkit is available.