Daily Summary from Workshop 1 – Day 1 (Monday 21 January 2019)

Hampshire's Learning Disability Health Services

Context:

NHS leaders in Hampshire are working together to review the county's learning disability services.

Their aim is to design a sustainable community service, reducing health inequalities for people with a learning disability.

The project is being run by Southern Health, supported by Hampshire commissioners (NHS West Hampshire CCG and NHS Southampton City CCG).

The project has three stages…

1. Firstly, look at what services are available at the moment.

2. Secondly, host two week-long workshops to gather ideas for future services - open to service users, carers, staff and anyone with an interest in learning disability services. At the end of each week, on Friday, these ideas will be presented to NHS leaders.

3. And thirdly, an 'implementation stage' - which will take place later this spring. This final stage will look at the ideas generated in the workshops, alongside the current provision of learning disability health services. From this, a plan will be created to transform these services in Hampshire.

To gather feedback, we will be sharing daily summaries on Southern Health's and the CCGs' websites, Facebook and Twitter feeds, as well as with our wider email focus groups of patients, carers and staff. This feedback will then be incorporated by the workshop group the following day.

www.southernhealth.nhs.uk/get-involved/transformation-programme/a-review-of-community-learning-disability-health-services/

Today's Outputs:

We started by welcoming the 15 workshop attendees and introducing them to the aims of the week. We want to address the variability in the service user journey. We want to improve our ability to respond to people in crisis (around behaviours that challenge) and to their physical health. And we want to do this in a sustainable way to improve the services we provide long-term.

We then outlined the format of the week.

- Today is about exploring the current services we provide and defining the issues and problems with these services, specifically how patients access and begin using our community services (referral, assessment and the start of treatment).
  - Much of the day has been dedicated to explaining and then practising the Quality Improvement (QI) tools that we can use to do this.
- Tuesday will identify and theme the problems and issues raised, plus any ideas that are generated. It will also be the start of developing solutions to these issues.
- Wednesday we will test some potential solutions and refine them further, allowing for more 'eureka' moments along the way!
- Thursday we will do our final testing and begin to plan how we can implement these solutions/improvements.
- And finally, on Friday, we will gather these together and present them to health care leaders for inclusion in phase three of this project, the implementation stage.

At the moment, it is planned that this cycle will repeat again next week (with a greater focus on the latter stages of someone's community-based care and discharge), with different participants to generate fresh ideas and outputs.

This week's group spent an interesting morning exploring the range of QI tools at their disposal, specifically looking at a process called 'LEAN thinking', which employs a number of key concepts:

- Removing waste – work that adds no value and burdens staff
- Understanding through observation – go, look, see, measure
- Pursuing value and quality, as defined by the patient/carer (not the Trust)
- Creating flow (as opposed to work/care being completed in unnecessary 'batches')
- Making it visual, so you can see what is happening (e.g. using maps to track and improve the flow of patients, staff, equipment, medicines, materials and information - all to the benefit of the patient)
- Standardising, documenting and continuously improving operations.

In the afternoon, after spending time discussing the current services we provide, we then asked participants to identify what they would like the week's workshop to focus on. What are the areas in particular need of attention? What isn't working well or could work better to the benefit of staff and ultimately our patients?

We'd specifically like your thoughts on this question too please.

The workshop attendees provided wide-ranging responses, a snapshot of which can be summarised as follows:

- We need to explore the reliance upon and relationships with third parties/partners, especially at the time of discharge
- Can we examine the referral screening process and its timeliness, e.g:
  - can it be done within 24 hours?

- - o   can we streamline the process?
  - o   can it be profession specific?
  - o   how can we share best practice across teams?
- Let's look at consistency of care and a common approach across Hampshire – the services someone gets in the East should be the same in the North or West for example, expectations should be the same.
- We need to explore the difficulties of segmenting service users – we can't just do this by IQ number, it is so much more complex. And what about those people with a learning disability but no diagnosis?
- There is a big issue of re-referrals from different teams (which is time consuming) and continuity of the care provider for service users
- Processes and duplication of administrative tasks – let's take a step back, review our processes and determine how we can tackle this and reduce wastage
- We work very reactively – e.g. introducing new forms/admin checks if there is an incident or something goes wrong in the wider Trust/NHS system. Is this a cultural issue? How can we be braver and maintain focus on what is best for our patients?
- Let's review the role of care coordination – many of our frontline staff feel responsible for all the risks associated with service users (even if they don't have health needs) but is this right? We need a clearly defined care coordinator role and we need to examine what is an acceptable level of risk and how we can support our staff to share these risks.
- IT – let's try to identify smarter ways of working (for example, 4G enabled staff phones/laptops for remotely completing patient records etc).

Finally, we spent some time focused on ideas generation. The workshop attendees were asked to consider the problems identified when discussing the current state of services and think about how they would fix them if they were in charge and had a free hand. We had 82 unique ideas generated by participants and these are now being grouped into themes overnight and will be shared in tomorrow's session.

Would you like us to consider any further ideas that you've had? How would you fix the current problems with learning disability health services if you had the power to do so? Your ideas will then also be fed into the themes for discussion the next day…

The workshop then concluded for the day, to reconvene tomorrow (Tuesday 22 January 2019).