

Daily Summary from Workshop 1 – Day 3 (Wednesday 23 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 21 workshop attendees most of whom are Learning Disability Nurses, but also include commissioners, speech and language therapy, physio and psychology.

They represent the key statutory organisations involved including Southern Health Foundation NHS Trust, North Hampshire and West Hampshire CCGs, and Hampshire County Council. One person represented Choice Advocacy.

- The aim of today (Wednesday) is to test potential solutions and refine them further, allowing for more 'eureka' moments along the way!

Nicky MacDonald, SHFT's Associate Director for Learning Disability Services, joined the workshop for part of the day and praised the participants for their enthusiasm, energy and ideas to improve services for people with a learning disability.

The day started with a recap on the previous days' discussion about case management and care co-ordination and a reminder on the seven types of waste the workshop is aiming to eliminate:

1. Stock
2. Waiting
3. Transport of people or things
4. Over processing (eg: screening referrals)
5. Over production
6. Defects
7. Movement

Participants were reminded that transformation would be delivered within existing resources and there would be no new IT and no new nurses. Experience from Northumberland Tyne and Wear showed that nurses spent only 50% of their time with patients – and the other 50% writing up their notes. Introducing a dictation service freed up this time to enable them to see more patients.

Nicky MacDonald joined the meeting part way through the morning session and answered some of the queries raised in the earlier discussions – particularly around case management and care co-ordination.

She told the group: "It's not about adding more work – it's about working differently. Are we doing care co-ordination already but calling it something different?"

"What is the right thing for our service users? What will free up efficiencies if processes are different?"

Nicky said it was important to understand what is meant by case management and said it was important that the transformed service does not lose the specialist learning disability health focus.

Two distinct discussions then followed:

1. The Service User's journey – looking at the 'products' needed to support people.
2. Resources – looking at the skill mix needed in clusters, integrated care partnerships, etc.

Discussions were interpreted into a three-line flow chart based on a one-year timeline from Annual Health Check (AHC) to AHC.

People are identified from the GP Learning Disability register – the team carries out all the screening and health checks. GPs don't necessarily do that. We gather the data to start with.

Transition – recognised as an issue. Transition is highlighted from the age of 14 so that as AHCs are needed – the GPs begin engaging with the service user and develop a relationship.

On the timeline there are key decision points as people go along the journey.

3. Health liaison team role (top line) no intervention needed. Service user can take control of their health.
2. Issue are picked up (second line) the service user needs additional support. Ideally get the back-up they need and either return to the top line or continue with health interventions as required.
1. Specialist teams needed (third line) – to support the service user through a crisis. Response can come from specialist teams. If interventions are no longer needed they head back to line 2 or 3 above or if they have a life changing diagnosis e.g. dementia, their health support continues.

This model would allow staff to support service users for success whichever line they're in. We are not taking over their life. Allowing them to take control.

One nurse was heard to say: "This is really exciting. It will just be so good for service users and GPs. It's really good. I'm buzzing!"

Participants then picked up the proposed process and looked in more detail at the teams involved and the targets and measures to evaluate success.

Afternoon Feedback

Specialist pathway discussion

Discussed a MDT approach with similar professionals involved as now.

Focussed on the triggers for support, how success would be measured, and what KPIs are needed for evidence-based evaluation.

The conditions considered by the team were:

- Challenging behaviour
- Mental health deterioration
- Complex health needs
- Forensic services

Health Liaison team discussion

Considered stepping up or down to Level 1, 2 and 3 support.

Aim to carry out Annual Health Check (AHC) for 100% of people on the LD register – create an action plan if needed; or no support if appropriate.

Triggers for the service would be additional support needed to meet health goals, de-sensitisations for blood tests, weight loss, etc.

Success will be measured if the service user's health action plan is met, they have met their own goals, etc. A key to this role is knowing everyone else around – all suppliers available – so the

named worker knows where to signpost someone if they ring up asking about blue badge bus pass, etc.

Measures would be the number of AHCs completed, attendance at health promotion groups, service user satisfaction, meeting their goals.

The group suggested a MOU with CHC and HCC so there is awareness of where the role stops. The team also need to know the local advocacy groups, connect to support, you will know where to signpost them to.

The day ended with a round of applause as everyone recognised how they had achieved in the first three days!

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 (Thursday 24 January 2019).
