

Newcastle Learning Disability Partnership Board

Valuing People Update on the Health Theme Report in Citizens First Newcastle Primary Care Trust February 2008

1 Introduction

The white paper 'Valuing People' was published in 2001 which aimed to dramatically change the way the NHS plans and delivers services for people with learning disabilities.

The paper stated that people with learning disabilities should get the same, good quality, health services as everyone else the objective being *"to enable people with learning disabilities to access a health service designed around their individual needs, with fast and convenient care delivered to a consistently high standard, and with additional support where necessary."*

This report summarises the progress made so far by the key partners involved in the Partnership Board as well as the future challenges to be met in order to ensure the Valuing People objective is met.

2 Background

Valuing People Now, published in December 2007, highlighted that nationally although substantial progress has been made in many of the key areas of the original paper there is still inequity in the provision of services.

The original Valuing People white paper stated that people with learning disabilities have greater health needs than the rest of the population and the poorest outcomes. They highlighted areas of concern shown below:

- A lack of appropriate information and support for adopting healthy lifestyles
- A need to improve access to their general services as well as to health related advocacy support in line with current policy drivers nationally to deliver the right care at the right time in the right place
- Understanding that people with learning disabilities more susceptible to a range of conditions than the general population and developing services appropriately to accommodate this

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- A need to build capacity and knowledge in order to provide the most appropriate support for people with learning disability within health services.

In order to address these inequalities in healthcare Valuing People identified actions to be undertaken to improve health outcomes:

- By Spring 2003 'health facilitators' for people with learning disabilities will be identified
- All people with a learning disability will be registered with a GP by summer 2004
- All people with a learning disability will have a Health Action Plan by June 2005
- The NHS will make sure that mainstream hospital services are accessible to people with learning disabilities

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There has been much guidance produced nationally and locally giving ways of improving the health of people with a learning disability (see Appendix 1)

The partnership board seeks to address the relatively slow progress which has been made locally by:

- Making sure people get equal access to general health care services – primary (including dentists , opticians as well as GPs) and secondary care and
- Refocusing specialist services (like services for people with autistic spectrum disorder) provided to people with learning disabilities to fulfil the principles of Valuing People

Measurable Outcomes

- People will have clear plans about how to be and stay healthy
- People will have their right to good health services honoured
- People will have good support to help them get and use health services
- People will have support and information to choose to take control of their health if they wish
- People will play a big part in training professionals about the health needs of people with learning disabilities
- People will take a big part in making all of the above happen

Progress To Date – What has really gone well

There has been substantial progress made through the work of the Partnership Board in some key areas toward reaching the targets set out in Valuing People. This developmental work is imperative and must be in place to ensure delivery of the targets.

Systems in place

- The Partnership Board approved an Action for Health framework in February 2006. (full, summary and Easy Read available from Bill Norman)
- There is a committed Health Sub Group in place including specialist NHS Trusts, Acute trust , carers , self advocates

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and supported living providers

- Regionally , Strategic Health Authority Framework Health Assessment Framework pioneered for all areas in the North East to use
- Primary Care Services Framework was published in July 2007 nationally and could be adopted as an effective tool in Newcastle
- Primary Care Trust Local Delivery Plan for 2007-08 includes plans and funding for Health Action Plan Co-ordinator post

Capacity Issues

- PCT Commissioner role that has been vacant for seven months, due to management restructuring within the PCT, is now filled.
- Temporary posts to undertake Community Services review of Community Learning Disabilities specifically has been appointed to.
- Health Action Coordinator post (the equivalent of the Strategic Health Facilitator role outlined in the Primary Care Services Framework) is ready to recruit to
- Health Action Plan formats have now been redeveloped
- Some Newcastle health professional staff have undertaken Inclusion North training
- The recently completed resettlement process for the last of the residential patients from Northgate and Prudhoe Hospitals has significantly enhances the specialist services available to people with learning disabilities within the City adding four new staff members to the CTLD, establishing a BAIT team of eight highly skilled staff, specialist palliative care nursing and nursing for assessment of continuing healthcare.
- Also provided through resettlement are the resources for community healthcare interventions facility which will prevent the inappropriate admissions to Northgate hospital though this development has still to be implemented.

GP Registration

- All people known to services are registered with a GP

Partnerships

- Link to Health Services' Disability Equality Schemes and Health Improvement Strategy

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- Excellent links with Newcastle Hospitals Trusts including their Equality and Diversity programme
- Voluntary sector commitment to health
- Liaison Nurse role identified as a priority action to improve understanding and support for secondary care staff
- Health Information partnership working

Initial Work

- Much has been learned much from the initial work undertaken on a pilot project involving three GP practices which is leading to a new approach to the maintenance of accurate GP registers
- Inclusion North training on HAPs and Health Facilitation February 2007
- Dignity in Care programme extended to people with learning disabilities
- Analysis of what health information is being used by health professionals carried out by Better Days
- We have identified appropriate health information for a website that can be used by self advocates , carers and professionals

Future Steps – What do we still need to do

As part of Citizens First the Partnership Board and Good Health group identified areas for future working. An Action Plan to make this happen is attached. These are the major areas we still have to tackle :

Capacity

With the appointment of a Lead Commissioner and a prospective Health Co-ordinator it should be possible to:

- roll out the development of Health Action Plans or agreement of Health Facilitators
- to ensure consistency of quality of HAPs when they are being devised and implemented
- identify training requirements and training delivery
- enable primary care to take a higher profile role in implementation
- ensure the Good Health Sub Group is led by the PCT
- re-address the issues around IT resources necessary to support implementation of pilot project for HAPs and

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subsequent roll out

- look to implement the specific actions around Learning Disabilities in its Disability Equality Scheme Action Plan
- review the role and remit of Community Team Learning Disabilities in order to identify the best use of CTLD expertise to support the preferred model for Health Action Plans and Facilitators

Evidence base

We have some useful but limited research on people perceptions of health but not their use of health services. We need to look to commissioning research to indicate how we compare in terms of health service access and peoples experiences of health services to other areas.

Technical

Work with PCT and Trust IT services is required to give a more effective process to enable GPs to identify people with learning disabilities within practices, based on the work in the pilot project.

Ownership

This is of great importance to ensure that there is support for and subsequently effective roll out of actions. We need:

- agreement across **all** stakeholders on the range of HAP formats and how they will be used
- to explicitly link our work to person centred planning

Support to secondary care staff

The specific liaison role has been identified as being more important than training by NUT Hospital Trust staff

Health Checks

The national policy promise was to introduce comprehensive health checks for people with learning disabilities is still to be delivered. However, introducing health checks does not have to wait for national agreement if the NHS Primary Care Contracting framework to commission these services locally is used

Health promotion and screening

Health Promotion is important to drive the personalisation agenda. We need to:

- Identify and prioritise gaps in health information

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- Address the health inequalities issues by identifying leads in Primary Care Trust to gain ownership and commitment to resources
- Start talks with Cancer and other screening programmes leads

Specialist services

- Recent guidance needs to be reviewed by newly appointed lead commissioner

Summary

Much has already been achieved in the delivery of improved healthcare for people with learning disabilities within the City but there are still significant tasks to be undertaken, particularly those related to the original Valuing People targets. However, the PCT and local healthcare providers are now in a much stronger position to work with others on the Partnership Board and the Good Health Group to deliver the outcomes described in the attached work plan.

Recommendation

The Partnership Board is asked to

- Note the content of this report.
- Make comments on
 - The draft action plan included in the report.
 - The performance indicators that we are suggesting be used
 - How the Board as a whole can help to make the plan happen

Newcastle Primary Care Trust with input from Good Health Group on Action Plan
Thursday, 07 February 2008

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Partnership Board Performance Monitoring

Despite a strong and committed sub group who have made substantial progress over areas they can influence or control, we are now over two years past the Valuing People target dates in making and delivering Health Action Plans for Newcastle mean that for Health we would have a **RED Traffic Light Colour**. So, Health Action Plans must be the highest priority for Board to take action on

Draft Action Plan for the delivery of Healthcare Priorities of the Partnership Board

National Policy

Gap	Objective	Who	Principal Risks
Commitment to use Primary Care Service Framework	To agree plan for implementation of primary care service framework By June 2008 with particular emphasis	The Primary Care commissioner and LD Commissioner <u>Supported by:-</u> Good Health Sub Group, Supported Living Forum	Delay in taking forward Disability Equality Scheme commitments

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Capacity			
Roll out development of Health Action Planning	To offer Health Action Plans to all people with learning disabilities By December 2010	HAP co-ordinator <u>Supported by:</u> strategic non learning disabilities services lead in PCT	Without the extra capacity from HAP co-ordinator post we will not be able to move this on
	To recruit Health Action Plan Co-ordinator By May 2008	Lead LD Commissioner at PCT <u>Supported by</u> NTW Trust	
	To offer Health Action Plans to all people with learning disabilities	HAP co-ordinator <u>Supported by</u> Primary Care and LD Commissioners	Dependent upon HAP co-ordinator appointment and Primary Care engagement.

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		CTLD Good Health Sub Group Three year timescale 500 per year Starting April 2008	
Implementation of Health Facilitators	To agree health facilitators for all people with learning disabilities	As above	Dependent upon HAP co-ordinator Process needs formal engagement of providers, carers organisations and PCT Original AFH Framework timescale 18 months overdue
To ensure consistency of quality	To devise and implement system to monitor quality of Health Action Plans and Health Facilitation	Health Action Plan Co-ordinator <u>Supported by</u> PCT Service Quality lead , Good Health Sub Group By September 2008	Dependent upon HAP co-ordinator
Training	To ensure all health professionals working in	Training leads in PCT and NHS Trusts	Target services are those services which people with

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	target services are trained in awareness of people with learning disabilities' needs and what they have to do to access support if needed	<u>Supported by</u> Good Health Sub Group Health Action Plan co-ordinator June 2009	learning disabilities are more likely to use Training tiers concept need to be implemented Dependent upon HAP co-ordinator Resources not identified or secured
	To ensure all other health professionals are trained in awareness of people with learning disabilities needs and what they have to do to access support if needed	Training leads in PCT and NHS Trusts <u>Supported by:</u> Good Health Sub Group, Health Action Plan co-ordinator by June 2012	
PCT Disability Equality Scheme Action Plan relating to learning Disabilities	Establish a programme to ensure that the elements relating to learning disabilities in the PCT Disability Equality Scheme Action Plan are implemented.	PCT LD Commissioning leads <u>Supported by</u> Other PCT Commissioning leads PCT Quality Lead Good Heath Sub	Risk of Equal Treatment not being responded to locally if this doesn't happen

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		Group	
Newcastle Hospitals Trust Disability Equality Scheme Action Plan relating to LD	Establish a programme to ensure the need of people with learning disabilities are considered as part of the DES work	NUTH Trusts Equality and Diversity sub group	Lack of communication between partners
Community services Review	Examine the effectiveness of all the specialist NHS services provided in the community in Newcastle and make changes to ensure that they deliver the service in line with current best practice and in a way which maximises the benefit to local service users	PCT Project Lead Supported by Northumberland Tyne and Wear NHS Trust Adult Social Care Good Health Sub Group Timescale – February 2008 – June 2008	Timing of review compared to HAP implementation
<i>Evidence Base</i>			

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Research into local peoples experience	To undertaken systematic study of people health experiences	Good Health Sub Group	Possible LDDF bid
<i>Technical</i>			
Implementing an improved LD Registration process	To secure dedicated time and support to ensure consistent recording and review process operated within all Primary care services in the City.	PCT Commissioning Lead Supported by , PCT IT , NTW IT Health Action Plan Co-ordinator , Good Health Sub Group By May 2008	Robust primary care LD register date is critical to whole VP programme
<i>Ownership</i>			
Broad ownership of the Health Action Plan (HAP) concept	Agreement on range of HAP formats and how they will be used	People with learning disabilities through sub group member and all partnership board stakeholders	Must be a realistic timescale that we know is achievable

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	Adopt the Health Action Plans format developed for users of the CTLD as a model for all HAPs	CTLD/NTW Commissioning Team Supported Living Forum Carers Centre NSNN By March 2008	
HAP Links to Person Centred Planning	To review linkages between sub groups	Valuing People Co-ordinator <u>Supported by</u> Person Centred Planning Co-ordinator Health Action Plan Co-ordinator	Confusion/overlap between initiatives
People taking control	To identify and explore opportunities for people with learning disabilities participation on local Expert patient programme	PCT Expert patient programme lead <u>Supported by</u> , Good Health Sub Group	Lack of accessibility to programme

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<p>To establish wider input of people with learning disabilities into Good Health Sub Group processes</p>	<p>Establish alternative vehicles to get service user voices heard</p>	<p>Self advocate Health champion, <u>Supported by</u> Good Health Sub Group , User Forum , Better Days , Health Action Plan Co-ordinator, Good Health Sub Group By August 2008</p>	<p>Time to support self advocates</p>
<p><i>Support to Secondary Care Staff</i></p>			
<p>Support to secondary care staff</p>	<p>To create a nurse liaison post to provide support advice information , specific training to secondary care staff in caring for people with a learning disability in hospital</p>	<p>PCT LD Commissioning lead <u>Supported by</u> NHS Trust Equality leads All Partnership</p>	<p>Not filling post quickly</p>

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		Board	
	To make sure People with learning disabilities take a big role in training of health professionals	LD Liaison Post <u>Supported by</u> Training Leads, PCT& NHS Trusts Good Health Sub Group	
<i>Health Promotion and Screening</i>			
Identifying and prioritising gaps in health information	To identify 'easy to understand information' gaps in target services	Good Health Sub Group <u>Supported by</u> NTW Patient Information Centre, PCT Health Promotion, Other Partnership Boards	Build upon work from Better Days Bid for LDDF

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		By June 2008	
	To commission and disseminate 'easy to understand' information to fill gaps in current availability	<p>Good Health Sub Group</p> <p><u>Supported by</u></p> <p>Northumberland Tyne and Wear NHS Trust</p> <p>Accessible Information Partnership</p> <p>Josephine Project ,</p> <p>LDF North Tyneside,</p> <p>Programme over time</p> <p>Start July 2008</p>	<p>Build upon work from Better Days</p> <p>Need commitment from services to develop as part of their budgets</p>

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	To use NTW website as a host for easy read health information , information for professionals and carers	Good Health Sub Group NTW , Supported by NTW Patient Information Centre, Other Partnership Boards	Possible; LDDF bid
Health Promotion programme	To identify and commission projects to enable people to get healthy	All voluntary sector members of the Board , Health and Wellbeing partnership Rolling programme	Fundamental commitment and buy in to “non traditional” forms of health promotion delivery Cohesion within Voluntary sector to offer united package
Health Improvement Strategy	To ensure people with learning disabilities needs are reflected in the implementation of the Newcastle Health Improvement Strategy To ensure people with	PCT LD Commissioning Lead <u>With Support from,</u> Director of Public Health , Health and Wellbeing Partnership,	Cannot happen without commitment to leadership of sub group from PCT

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	learning disabilities needs are reflected in the work of the Health and wellbeing of partnership	Good Health Sub Group Ongoing	
<i>Development of Specialist Healthcare Services</i>			
Specialist services needed to meet Valuing People requirements	To plan for the implementation of the healthcare components of the NHS North East strategy in accordance with its framework. This will need to be broken down into several secondary objectives once the process for implementation of framework agreed regionally	LD Commissioning lead at the PCT <u>Supported by:</u> PCT Quality Lead SSD Adult Social Care Commissioning Team Good Health Sub Group Ongoing	Capacity to deliver at all levels

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Performance Indicators

Initially, the most important things we need to know on a regular basis to be sure this theme is being delivered by the NHS are:-

1. The percentage of the people on the learning disability register who have a formally identified healthcare facilitator
2. The percentage of the people on the learning disability register who have had a formally arranged health check
3. The number of Health Action Plans offered
4. The number of Health Action Plans produced
5. The number of times Health Action Plans are used when people access services
6. The number of times that people are admitted to specialist learning disability hospital beds
7. The number of NHS and non- NHS staff trained in the use of health action plans
8. The number of complaints from people with health action plans about the way service providers have/have not used them

As the use of plans develops there may need to be further things recorded and reported on a regular basis

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Appendix 1

The main reports and guidelines affecting Learning Disabilities

National

Signpost for Success – DH
1998
Once a Day DH , 1999
All means All – Valuing
People Support Team, 2002
CTLD Review Toolkit – 2002
Discharge guidance 2003
Treat Me Right – Mencap,
2004
Equal Treatment , Disability
Rights Commission 2006
Death by Indifference
Mencap 2007
GP Toolkit , DH 2006
Primary Care Service
Framework , DH 2007
Specialist Health services
Commissioning Guidance
DH 2007
A Life Like No Other –
Healthcare Commission
2007
Review of Learning Disability

Local or Regional guidance

Strategic Health Authority
Performance Management
Framework (Health Assessment
Framework)
Strategic Health Authority Regional
Public Health Strategy
Newcastle Health Improvement
Strategy
NHS Disability Equality Scheme