



Hampshire and Southampton's Learning Disability Health Services

- Next Steps -

NHS leaders in Hampshire and Southampton have been working together to review the county's learning disability services – with the aim of designing a sustainable community service, reducing health inequalities for people with a learning disability.

In January, Southern Health hosted two week-long workshops to gather ideas from service users, carers, staff, commissioners and anyone with an interest in learning disability services. We also encouraged around 200 people, who couldn't attend, to input their ideas online, via email and through our Service User Groups.

Following this very positive collaborative work, we have used the ideas generated to create a plan to help transform services in Hampshire.

Our Main Areas of Focus

These priorities were identified by the workshop participants. We split our main areas of focus into:

1. Preventative care/early intervention (i.e. health promotion)
2. Improved case co-ordination
3. Combining annual reviews and assessments (to be more efficient and collaborative)
4. Streamlining 'the patient pathway' so we can help people sooner
5. Adapting our workforce for future needs
6. Communications and engagement with partner organisations (to encourage collaboration)

These six areas of focus are now live work-streams, each of which will be led by a specific member of our frontline teams. They will use work plans, which will be developed with the support of the main Programme Board (who'll meet monthly initially), to ensure progress.

Preventative care/early intervention

We will work to improve the overall health of people with a learning disability by providing increased support to GPs, secondary care and supported living/residential care homes. With a focus on education, we'll increase our health promotion work with them all - for example, building relationships with the care providers who cook for and care for our service users to encourage healthier diets and more active lifestyles.

Our goal will be to increase the opportunities to help service users help themselves, supporting people to stay well and signposting them to additional support wherever possible.

This work will incorporate existing projects such as: our 'Learning Disability Improvement Standards' work with NHS England; our work to create 'Learning Disability Friendly' accredited GP surgeries and hospitals; and our 'Green Light Toolkit' work (ensuring mental health services properly support people with learning disabilities).

One of our first actions will be to start discussions with the 'GP Clusters' which are also known as Primary Care Networks to develop relationships with them and explore ways we can support their patients who have a learning disability.

Improved case coordination

During the workshops, we discussed how to improve case coordination. Some staff were anxious that being a 'case coordinator' might mean becoming the primary professional who finds and then has ongoing responsibility for an entire care package (which involves additional work which is already carried out by other staff, much of which is not clinical or healthcare related).

Commissioners gave assurances this is not what they want. For them, improved case coordination means blending expertise from across the system to get the right outcome for people with a learning disability. They want our clinical teams to help facilitate conversations with health and social care colleagues, contributing to assessments that will help inform the overall care package, keeping the person safe.

This way of working will take time to evolve but there are some things we can start to do immediately:

- *We will work with our health and social care colleagues to improve the coordination of annual and statutory reviews and assessments. By reducing the number of separate assessments and ensuring that instead the right experts come together to share information, we can deliver quality outcomes for the people we care for.*
- *Commissioners have also committed to visiting the health and social care teams to discuss each team's role in the wider system and how they can work closer with colleagues outside their organisations.*
- *We also agreed to explore how service users might be able to hold their own information centrally in one place using a 'wiki' - which is a website on which users can collaboratively modify content directly from their web browser. It's a type of content management system, which works differently in that the content is created without any defined owner or leader, allowing structure to emerge according to the needs of the users (with certain pre-agreed editing rights). As part of our programme of work going forward we will explore how this innovative system could work.*

Combining annual reviews & assessments

As mentioned above, currently across the health and social system, we have multiple reviews and assessments for people with a learning disability. We don't need lots of unnecessary and separate assessments if we come together to undertake more collaborative health and social care ones. We can reduce the administrative burden on staff but also the burden on our service users who attend these.

Also, by changing the referral pathway process (see below), a clinical assessment no longer needs to be the very first contact with a service user, for some people we may be able to provide advice and support them to access other services. We can meet to first discuss a service user's needs and how we can help, ensuring the right balance between clinical intervention and a person's goals and wishes.

Our first task will be to streamline and co-ordinate the various annual assessments and reviews into a single calendar, with teams working more closely together.

Streamlining the patient pathway

We want to implement a new referral process, that was co-designed in the workshops, which will see the time a patient is referred to us until they get seen, reduce from 28 days to 7 days. The streamlining of this referral process will be a huge benefit to service users and their families.



It will result in a more responsive assessment and treatment process, which empowers staff to use their clinical judgement about what we can do and what else might need to be done. It will also enable us to monitor our performance by looking at more quality measures such as patient goals and outcomes, rather than just quantitative data like numbers of referrals and discharges.

As a starting point, clinical staff will review and adjust our current ways of working and our reporting processes to enable the new pathway to work on RiO (our patient records system) and Tableau (our reporting system).

Adapting our workforce for future needs

We recognise that we need to think differently about how our staff's skills are used most appropriately. Do we have the correct skills in the right geographical areas (particularly relevant as Hampshire health services move towards more localised ways of working)?

We will design a workforce model that is fit for the future. We'll look at how we develop and support new roles, and the skills required, as we move to a more preventative and proactive way of working with our service users.

We will still need our specialist staff with their specialist skills but it may be that health promotion activity, whilst currently the responsibility of only a specific number of staff, becomes the responsibility of all staff, as part of their day to day roles. For example, if a nurse has six referrals all with healthy lifestyle issues, the team should host a workshop for them and their care providers to tackle these generic health concerns. Such workshops wouldn't necessarily require qualified staff to run them and more junior, unregistered staff could be recruited to work under the guidance of a clinician to deliver this health promotion work. Commissioners have already indicated they would be willing to support this more flexible way of working, in particular accepting the lack of qualified nurses across the UK currently, and clinical teams would be better supported to deliver more health promotion.

Our first step is to submit a business case (to employ health promotion workers as part of the clinical team) to secure funding from commissioners and provide additional resource and skills mix to our teams.

Communications & engagement with partner organisations

We will develop a plan for ensuring our stakeholders are engaged and aware of the changes being made to Hampshire learning disability services.

This will include incentivising and building on collaborative approaches and linking our Service User Groups with the Hampshire Personalisation Board.

Whilst not directly related to the aims above, one immediate communications action which came out of the workshops was the need to develop a Service User Working Group which would meet regularly to create easy read, accessible communications (leaflets, letters, posters, videos) about learning disability services. The first meeting of this new group, which will comprise service users and the Trust's patient experience lead, is set to take place this month.

For more information about the project as it progresses, please visit:

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