

**HERTFORDSHIRE COUNTY COUNCIL**

**HEALTH SCRUTINY COMMITTEE**

**TUESDAY, 3 JULY 2018 AT 10:00AM**

Agenda Item No:

**4**

**LEARNING DISABILITY NURSING SERVICE UPDATE**

*Report of the Director of Adult Care Services and the Chief Executive  
Hertfordshire Partnership Foundation Trust (HPFT)*

Report author: Sue Darker, Operations Director Adults with Disabilities &  
Mental Health; (Tel: 01992 588820)

**1. Purpose of the report**

- 1.1 To provide the Health Scrutiny Committee (HSC) with an update on the Learning Disability Nursing Service provided by Hertfordshire County Council (HCC) and the Hertfordshire Partnership Foundation Trust (HPFT).

**2. Recommendation**

- 2.1 For Health Scrutiny Committee to note the report.

**3. Background**

- 3.1 In 1986 the three long stay hospitals for people with learning disabilities (LD) were linked to form one management unit of North West Hertfordshire Health Authority. This health authority also managed the remaining long stay mental health hospitals in Hertfordshire. All were eventually part of the closure programme for long stay hospitals as people moved into community settings. The Horizon Trust was set up to manage the closure of the three long stay learning disability hospitals in 1991.
- 3.2 As part of the closure programme it was acknowledged that some specialist services for people with LD would be needed following the closures. In 2001 the last long-stay hospital for people with LD, Harperbury Hospital, closed. At this point Horizon Trust's functions were merged into a new trust called Hertfordshire Partnership Trust that was also taking on the ongoing mental health services. Since then the trust has applied for and gained foundation trust status and hence become Hertfordshire Partnership Foundation University NHS Trust (HPFT).

- 3.3 In December 2001 Hertfordshire was amongst the first areas in the country to use powers given by the 1999 Health Act to integrate health and care services through Hertfordshire Partnership NHS Trust to support people with mental ill health and through the county council's Adult Care Services (ACS) to support people who have learning disabilities.
- 3.4 HPFT and HCC have had a long standing relationship that goes back to HPFT's inception as a trust. There is a well-established section 75 agreement<sup>1</sup> that has been in place since April 2002 when 40 community LD nurses were TUPE transferred from the NHS / HPFT to the local authority to provide integrated health and community services for people with a learning disability in the community. Then, in 2006, HCC delegated a large part of its mental health social care responsibilities to the trust, transferring all working age mental health social workers to HPFT to mirror this arrangement and to provide joined up health and social care to people with mental ill health in the community.
- 3.5 In order to guarantee that the workforce is able to practise safely in the different environments, joint arrangements are in place to ensure that both the mental health social workers and the LD community nurses have the correct professional and clinical supervision. HPFT employ a Head of Social Work & Safeguarding, and HCC employ a Strategic Lead Nurse.
- 3.6 As a way of monitoring and maintaining good working relationships between HPFT and HCC, the Operations Director (Adults with Disabilities and Mental Health) from HCC is a member of the HPFT executive team and has a seat of the board of directors, and the Chief Operating Officer of HPFT has a seat on the Adult Care Services (ACS) management board.

#### **4. Community Learning Disability Nursing in Hertfordshire 2018**

- 4.1 It has been established that people with a learning disability die on average 15-20 years earlier than people in the general population. This is largely due to the inequalities they face in gaining equal access to good health care. There may be social barriers to overcome, such as inflexibility in appointment times for people who may need double appointments, or there may be attitudinal problems with health care workers where people with a learning disability are not heard or listened to. The learning disability nursing service is well placed to address these issues, for example ensuring reasonable adjustments are considered in ironing out such inequalities. The role, therefore, can be largely focussed around a training/educational/advocacy role.

---

<sup>1</sup> An agreement made under **section 75** of National Health Services Act 2006 between a **local authority** and an **NHS** body in England.

## 5. ACS Nursing Service

5.1 The LD nursing service in the Adults with Disabilities team in ACS now comprises 51 posts working across the seven locality teams, the 0-25 Together service and a Health Liaison Team (HLT). The HLT includes health liaison nurses, epilepsy nurses, nurses working with health promoting the Purple Folder (health action plan) and the Purple Star Strategy Project, and a nurse in a specific training role. The aim of the HLT team is to ensure that staff in primary and secondary health services understand the reasonable adjustments people with a LD need when accessing health services. The nursing service in ADS (Adults with Disabilities Services) also employs an expert by experience and administrative support staff.

5.2 Nurses are working in the following categories of nursing activity across the ACS teams (numbers rounded up):

- Primary Health need: 88 (24%)
- Mental Health: 59 (16%)
- Epilepsy (separate from the epilepsy team): 35 (9%)
- Dementia: 29 (8%)
- Secondary Health need: 27 (7%)
- Obesity: 22 (6%)
- DLD - screening tool for early detection of dementia: 20 (5%)
- Medication: 20 (5%)
- Desensitisation: 16 (4%)
- Safeguarding: 14 (4%)
- Screening: 12 (3%)
- Positive Behaviour Support: 9 (3%)
- Continuing Health Care: 8 (3%)
- End of Life: 4 (2%)
- Sexual Health: 2 (1%)

Total: 372 (100%)

5.3 The epilepsy nursing service data reflects the following:

- 37 referrals received (6 non-referrals)
- 44 discharges
- 32 SUDEP leaflets given out (SUDEP Sudden Unexpected Death – Epilepsy).

5.4 Data for 2017 indicates that HCC nurses are working with around 500 people per year from a total of around 3,500 people with an LD which is about 15% of the adult LD population. The difference between 372 and 500, or 10-15%, will be at least partly accounted for by missing data from outside of the locality teams e.g. the HLT.

- 5.5 In addition, across the teams there have been 116 GP contacts out of a possible 132 practices. These include Purple Star meetings and discussion of medication and other health issues. Contacts are both face to face and administrative contacts. Training has also been provided to GPs regarding LD awareness.
- 5.6 From a management perspective, the nurses in the ACS operational teams are managed by Community Team managers and have clinical professional supervision via one of the lead nurses in the service. In the HLT there are three strategic leads, one leads on primary care and the Purple Star Strategy, one on secondary and tertiary care, and a lead strategic nurse post was created in September 2017.
- 5.7 Following a lengthy period without a lead strategic nurse, when interim measures for the management of the service were brought into being, the latter half of 2017/18 has been a period of reflection and planning for the service going forward. The key aspects of this change are discussed in this report in terms of achievements and challenges. Such changes should also be viewed within the context of significant change within the wider Adult Disability Service, which has seen the service incorporate people with a physical disability into its remit and the disbandment of the Asperger's Team, as well as significant change in the senior management structure.

## **6. HPFT Learning Disabilities Nursing Service**

- 6.1 Bed based services are provided for both Hertfordshire residents and people out of area. HPFT are currently rated as overall good by CQC (Care Quality Commission) and all LD and forensic services are rated as outstanding.
- 6.2 In 2008/9 the number of bed based services were
- Tertiary Assessment and Treatment (TATS) - 32 Beds
  - 143/145 Harper Lane (follow on from TATS) – 8 Beds
  - Cassio Unit, Watford - 10 Beds inpatient
  - 305 Ware Rd, Ware - 10 Beds
  - The Kestrels, Bricket Wood – 10 LD rehabilitation beds
  - Specialist Residential Services (SRS), Radlett – 32 beds.
- 6.3 Today, the active bed reductions mean the picture is very different. HPFT has also made a huge investment in the newly built Kingfisher Court at Kingsley Green Radlett on the old Harperbury Hospital site. Alongside the Mental Health facilities it also comprises of:

- 6.3.1 **Dove Ward** is a 10 bed assessment and treatment ward for people with LD. It is a mixed gender ward with separate bedroom corridors for males and females. All bedrooms are en-suite. It has two intensive care areas for individuals with complex needs who can be appropriately supported that may find it difficult to integrate into the communal areas. The aim of Dove ward is to enable a short period of assessment and treatment where this cannot be provided safely in the community. Discharge planning commences on admission and the Crisis Assessment & Treatment Services (CATS) remain involved to expedite discharge. The service is managed by a team leader with the support of three charge nurses and a team of staff nurses and health care assistants. The multi-disciplinary team (MDT) also includes two psychiatrists, junior doctors, an occupational therapist (OT), speech & language therapist (SALT), therapy workers, psychologist, an art therapist, dietitian and a visiting GP.
- 6.3.2 **SRS** now comprises of 28 beds spread across six bungalows and a bungalow where activities take place. There are two bungalows for female service users (eight beds) and four bungalows for male service users (20 beds). It is jointly managed by an operational team leader and a clinical team leader with support from two charge nurses and a team of staff nurses and health care assistants. The MDT also comprises of psychiatry, psychology, OT, SALT dietetics, dietitian social worker from ACS and a visiting GP. The bungalows recently underwent an extensive refurbishment programme including the installation of accessible baths to meet the needs of service users whose mobility is deteriorating.
- 6.3.3 **Intensive Support/CATS:** Hertfordshire was one of the forerunners in setting up intensive support teams (IST) to offer support for people in crisis in their own homes. The service was originally a nursing, physiotherapy and psychology service that operated 9am-5pm Monday to Friday. In 2008/09 the decision was taken to close many of the bed based services and resettle people who were no longer receiving medical treatment back into their communities. At that time, HPFT and ACS agreed to redistribute the funding to extend what was an intensive support service. In 2012 a CATS was set up and intensive support became a function of this service alongside other disciplines. Intensive support extended its hours using a shift pattern to cover 9am-9pm Monday to Friday and 9am-5pm at weekends and bank holidays. This change required significant resources to be added to the ISTs.
- 6.3.4 Staffing redeployed to the community services required investment in terms of training and development particularly around autonomous decision making and lone working. The CATS teams are now well established and working well in treating people at home and prevention of admission to hospital.
- 6.3.5 The current operating hours of IST appear to be appropriate. On occasion IST have worked overnight but this is not a frequent

occurrence and HPFT out of hours services using rapid assessment to intervention development (RAID), night time CATS, out of hours clinical leads and on call managers systems work well outside IST operating hours

## **7. Interface between the ACS and HPFT nursing services.**

7.1 There are clearly informal interfaces between the two organisations but on a more formal basis senior nurses from ADS and HPFT meet quarterly to ensure that positive relationships continue in joint working across both services and to continue clarifying roles. From this work a protocol has been developed setting out one joint operational model describing the transfer of referrals between each organisation. Access has also been organised for both ADS nurses and managers to both ADS and HPFT client record systems.

7.2 Looking forward, the Chief Nurse for England, Professor Jane Cummings, has outlined some of the challenges for nursing and the NHS going forward and how these might be met. She has focused on Sustainability and Transformation Plans (STPs) as a key vehicle for doing this, with a particular focus on providing good care, improved health and lower costs. This report will indicate some of the ways in which this service is trying to address this agenda.

## **8. Achievements**

8.1 One of the themes to report on is the need to ensure alignment between the nursing service and the social care element of ADS. To this end a nursing team plan has been produced to reflect the aims of the overall service. A team plan for the nurses has been developed based on the ADS Service Plan and focuses on the following areas:

- the nursing contribution to the efficiencies agenda e.g. the promotion of reasonable adjustments to achieve early diagnoses and prevent later, more costly interventions;
- the nursing contribution to establishing Connected Lives the updated assessment framework, as the practical ethos of the service, which will include joint working on locality based projects;
- the nursing contribution to improving the service's response to safeguarding concerns e.g. providing investigators for the LeDeR programme (Learning Disabilities Mortality Review);
- the nurses' contribution to promoting a locality focussed service, e.g. the further embedding of the Purple Star Strategy award to GP practices across Hertfordshire;
- promoting access to mainstream health care. Nursing activity here is evidenced by the nursing team plan devised in October 2017 as above and in this sense there is one team plan, albeit on different timescales.

8.2 The plan produced in October 2017 centred on health promotion projects designed to improve health for adults with LD by enhanced guidance and information and also to utilise mainstream health services wherever possible. To address this each nurse has been assigned at least one of the following projects under the coordination of a senior nurse:

- Obesity and Diabetes;
- Sepsis;
- First Aid;
- weighing people who use wheelchairs;
- smoking cessation;
- sexual health;
- undiagnosed learning disability pathway;
- gypsy and traveller community support;
- transgender support;
- needle phobia;
- Positive Behavioural Support;
- Mental Wellbeing and Mindfulness;
- Bone health in epilepsy;
- cervical screening;
- constipation;
- dysphagia and Gastro-Oesophageal Reflux Disease (GORD);
- dementia pathway;
- Makaton;
- dental hygiene and links with school nursing;
- promoting access to mainstream health care.

By 2019 there will be one plan for the nurses integrated into the ADS service.

8.3 **Purple Star Strategy** is designed to reduce the health inequalities faced by people with a learning disability in accessing health care services as experienced by the general population. This is achieved by supporting those health services, including GP practices and hospital departments, to achieve the Purple Star Award. This is recognition that those services have achieved a specified standard of delivering health care to people with a learning disability following receipt of the appropriate training and input. It is funded through local commissioning and NHS England and commenced in 2014. The Purple Star accreditation has been awarded to 25 services across Hertfordshire. The team are now working with another 23 services demonstrating commitment to enabling access to mainstream health services for people with a learning disability. A carers' training package has also been devised and implemented to equip carers, both paid and unpaid, in supporting adults with a learning disability to ask the right questions at their annual health checks, which is an important review.

- 8.3.1 The Purple All Stars are a group of people with LD who deliver user-friendly health advice to people with LD through creative arts. Over the years they have delivered a range of health-based messages, including the importance of infection control, healthy eating, reasonable adjustments and the importance of exercise, reaching over 450 people across Hertfordshire. The team also produce easy read information for people with a learning disability, for example on sepsis.
- 8.3.2 The team continues to benefit from the advice and training input of an expert by experience employed by ACS.
- 8.4 Work with the acute trusts:** memorandums of understanding have been developed between both Hertfordshire acute NHS trusts and the HLT. This has been a joint piece of work that helps to cement relationships between the different partners and clarify the operational interfaces between them.
- 8.5 Positive Behavioural Support (PBS).** All ADS learning disability nurses undertake PBS training. As a result of this training, two ADS nurses are currently working with a HPFT consultant psychologist to produce a joint guideline for cooperative PBS working across the organisations.
- 8.6 Practice Governance:** the lead strategic nurse is a member of Adult Care Services' Practice Governance Board (PGB) and provides regular reporting on nursing activity. Many of the initiatives described in this report are also reported to this board along with recruitment and retention data. Attendance by the lead strategic nurse at the PGB also provides the opportunity for cross-service project working.
- 8.7 LeDeR (Learning Disabilities Mortality Review)** was set up by NHS England and Bristol University in 2017. It aims to establish local mechanisms to review the deaths of people with LD with a view to learning any lessons that could be applied to improve health outcomes for people with LD. The lead strategic nurse for secondary and tertiary care has undertaken several LeDeR reviews and there has been one other review conducted by a community nurse. Senior nurses are represented at LeDeR review meetings as available.
- 8.8 0-25 Together** nurses have worked collaboratively with the relevant consultant paediatricians to develop a transition process from children's to adult services, with an emphasis on using mainstream health services. This is currently being audited.
- 8.9 Herts-Wide Nursing Forum** is a quarterly meeting for all LD nurses working in Hertfordshire, chaired alternately by ADS and HPFT. This has been reviewed and relaunched this year with a framework that encourages the sharing of good practice, joint learning, networking and improving practice. At the last meeting, colleagues outside of the statutory services attended.



- 8.10 Nursing Times Awards:** ADS nurses were finalists in the Nursing Times Awards this year for the Purple Star Strategy work as team of the year; and in the infection control category for the health promotion work undertaking around the importance of hand-washing for people with a learning disability.
- 8.11 Epilepsy Service:** 2017/18 has seen an increase in referrals to the epilepsy nursing service, which have included joint work with HPFT colleagues to update home risk assessments. A new epilepsy clinic will be opened in the Watford area. For 2018/19 the aim is to implement the clinical governance and organisational structures in consultation with HPFT to set up the epilepsy nurses as nurse prescribers, of which two are already accredited.
- 8.12 Flu Campaign:** the lead nurse for primary care has led on the Hertfordshire flu campaign in respect of LD nursing in ADS. Work has been undertaken with both clinical commissioning groups (CCGs) to encourage the uptake of pop up markers for people with a learning disability on GPs' QOF (Quality Outcomes Framework) registers. This will bring people with a learning disability into line with other targeted population groups. GPs have also been reminded that the flu vaccine is available via nasal spray and that this is an effective alternative route of delivery for people with a learning disability where appropriate. Building on the developments promoting uptake of the flu vaccine in the forthcoming year the plan is to update the easy read guidance for GPs and service providers promoting the use of the nasal spray flu vaccine. This should improve the uptake of this vaccine among the learning disability population.
- 8.13 Screening Tool:** the learning disability screening questionnaire (LDSQ) has been introduced in the last quarter (and GPs advised accordingly) which will provide a practical tool should there be any diagnostic uncertainty.
- 8.14 End of Life Care:** the lead nurse for secondary and tertiary care led on a joint project with the Palliative Care Service to design and implement a training programme to meet the needs of people with a learning disability entering the end of life pathway. The training sought to raise awareness of practice standards and has achieved interest outside of Hertfordshire with the Central & East NHS England commissioning region and a presentation was also made at a conference in Liverpool.
- 8.15 Better Health, Better Me:** nurses supported a one day health promotion event in February 2018 in St Albans to raise the awareness of people with a learning disability and their carer's with regard to their health needs. The event was very successful with a good attendance of over 200 people with learning disabilities and carers.

**8.16 Training:** there was a change in the lead trainer nursing post in February 2018 and plans are currently being revised concerning training provision. Statistics for the last quarter are that 221 staff (both in-house and in the private and voluntary sectors) received epilepsy training (131 introductions and 90 refreshers). 11 staff attended an introduction to learning disabilities course. The service continues to offer placements to nursing students from the University of Hertfordshire.

## **9. Challenges for 2018/19**

**9.1 Nursing and Budget Review:** the ACS nursing service has not been formally appraised since its inception in 2004. It will be reviewed to ensure that it is 'fit for purpose' and that the budgetary and resource requirements for the service to be delivered are distributed and targeted appropriately.

**9.2 Purple Star Strategy** is acknowledged (including by NHS England) to be delivering good outcomes for people with LD as is recognised through the Nursing Times award, promotion of the use of the Purple Folder, associated training and reasonable adjustments etc. However, funding to establish the strategy comprehensively across Hertfordshire beyond the current year-on-year funding mechanism has not been forthcoming and has relied upon annual bids. An aim for this year is to identify and agree a formula for longer term funding and evaluation of the strategy.

### **9.3 Integrated working with Social Care**

The nursing service is part of HCC and the community learning disability nurses, in particular, work in integrated teams with social care colleagues. Many of the goals of the nursing service are compatible with social care goals i.e. promoting individual independence and therefore an aim of the forthcoming year is to ensure that opportunities for collaborative working are maximised wherever and whenever possible to collaboratively target resources for the benefit of people with LD. Jointly delivered community-based projects would be one example of how this could be achieved.

### **9.4 Operational Quality**

There are seven locality teams individually managed by an operational, social care manager. Inevitably each has developed different ways of operationally delivering their services over time. To some extent this is to be encouraged as it can reflect local differences. However, from a nursing perspective, given that other elements of the nursing service such as the 0-25 Together Service, will also have developed different operational models, there is a need to ensure some standardisation in quality of nursing delivery across the service. It is the intention of the strategic lead nurse to identify such areas of delivery through structures such as practice and clinical governance and an audit programme. An

example would be to ensure that the supervision structure does deliver regular management and clinical supervision for all nurses.

### **9.5 Recruitment and Retention**

There are ongoing challenges in recruiting and retaining nurses for both ACS and HPFT and this may become even more difficult as the effects of the demise of the nursing bursary scheme for student nurses takes effect. It is therefore imperative for the services' to seek collaborative ways to recruit and retain staff with its key partners' e.g. social care, HPFT and the University of Hertfordshire. Joint recruitment days with 'on the spot' interviews are one of the initiatives currently being explored. Discussions are taking place with the university to explore how HPFT can assist in finding a joint local solution to dwindling numbers of students undertaking LD nursing training.

### **9.6 Research and Development**

With the new clinical nurse specialist / lead training nurse in post an aim will be to maximise opportunities for research and development, building on our links with the council's Practice Development Team and the University of Hertfordshire. There are plans to implement a new 'Healthcare Needs for People with a Learning Disability' training course and through innovative developments, such as in end of life care, there will be opportunities to benefit from and develop research initiatives.

9.6.1 Work has also been undertaken within year to begin to map health promotion training packages developed by the nurses (e.g. breast and testicular cancer) to both Hertfordshire CCGs' DXS systems to enable access for all GPs. The plan is to more comprehensively embed this work within the forthcoming year.

### **9.7 Datix**

Following the signing-off of the respective memorandums of understanding with both acute NHS trusts and the HLT, HLT are currently undertaking training on the NHS Datix system to be able to report incidents directly at the relevant hospital to enable better coordination of incident management.

### **9.8 Screening**

Work has commenced to liaise with both Hertfordshire CCGs to identify ways to improve access for people with a learning disability to mainstream health screening programmes e.g. promoting the use of cervical screening training materials. In the forthcoming year, the plan is to strengthen these pathways and also promote to GPs the use of the 'Check It Out' logo on all learning disability training materials.

### **9.9 Dementia**

Commissioners have been developing a dementia pathway for people with LD over the past year with input from the nursing service, among others. In 2018/19, senior nurses will work with commissioners and HPFT colleagues to finalise a training pack and pathway that will

enable carers to support someone with LD that has been newly diagnosed with dementia in the most effective way.

#### **9.10 Postural Care**

It has been identified through multi-agency meetings such as the Improving Health Outcomes Group, that the learning disability service is not funded for physiotherapy provision to meet the postural needs of people with LD. Anecdotally, the nurses have highlighted the implications of this, for example the increase in costs of care provision resulting from the preventable deterioration of people with LD. Nurses will work with commissioners to establish the funding case for addressing this issue further.

#### **9.11 Diabetes and Obesity**

Further work is to be undertaken with the diabetic service, GPs, acute NHS trusts and Hertfordshire Community Trust (HCT), to understand the barriers that people with LD face in these aspects of ill health, given that some nurses are reporting that caseloads can comprise 75% of people having a diagnosis of diabetes. The aim is to help produce improved training and communication tools to address this issue.

**9.12 STOMP (Stop the Overmedication of People with a Learning Disability).** Hertfordshire nurses in both ACS and HPFT have made good progress this year working alongside commissioners and the lead GP for Herts Valleys CCG in implementing a pilot project to look at the possible implications for people with a learning disability of STOMP at targeted GP practices. This work has also been acknowledged by NHS England. For the forthcoming year, the intention is to embed the identification of individuals who may benefit from a 'STOMP' review alongside their annual health checks. This work will be led by two band 7 community nurses.

9.13 NHSE closure of beds at impacted sites is having an effect on both community services and Dove ward. Non Hertfordshire service users have been discharged to placements in Hertfordshire without any involvement or handover to the CATS team and this has led to admissions to Dove ward that may have been preventable. Monthly meetings have been set up with provider and commissioners to ensure any discharges to Hertfordshire are timely and have the involvement of CATS.

9.14 Working with those with personality disorders Adolescent Metallization Based Integrative Therapy (AMBIT) training should assist.

9.15 Working with young people at risk of admission; stronger links are being created with 0-25 team and PALMS (positive behaviour, autism, learning disability and mental health service).

## **10. Conclusions**

- 10.1 Challenges remain, as they always will, but maximising achieving the aims of the service by collaborative working, both in-house with ACS, with HPFT and other key partners remains crucial. The nurses' work continues to gain recognition both within Hertfordshire but also externally with NHS England. We see the future as seeking to innovate and develop practice, whilst simultaneously ensuring that nursing structures and service delivery are appropriate.
- 10.2 At the end of the day, success will be measured by the views of people with LD and this continues to be our main challenge: to ensure we keep a dialogue open with people with LD to ensure we are doing the right things at the right time.