

Learning Disability Provider Forum

Working Together for Future Services

Welcome and Introductions

Agenda

Time	Agenda Item
09:30 - 09:35	Welcome and Introductions
09:35 – 09:50	 Updates: Sleep-in update (NYCC payments) Inflation and contracts Provider drop in surgeries
09:50 – 10:20	Mencap – National sleep-in campaign
10:20 – 10:30	"Live Well Live Longer" strategy implementation – provider perspective
10:30 – 10:40	Transforming care partnership update
10:40 – 10:55	Break
10:55 – 11:25	Accessible information standard – Erin Outram
11:25 – 11:40	Provider – meet and greet, Ryedale Special Families
11:40 – 11:50	Supported living pathway and progress
11:50 – 12:00	Open Provider Discussion – Providers to bring any issues they would like to discuss
12:00	End

Updates

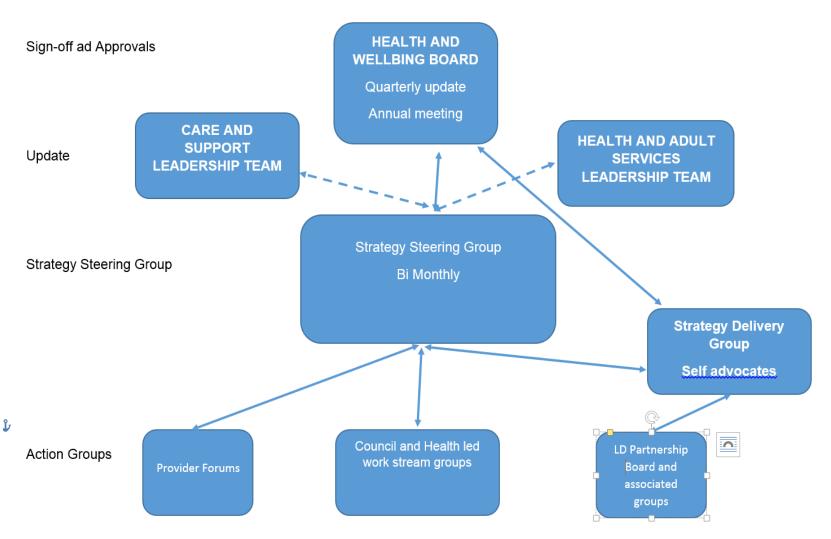
- Sleep In Payments (NYCC Payments)
- Inflation and Contracts
- Provider Drop In Surgeries

National Sleep-In Campaign

Steve Roberts, Regional Operations Manager, Mencap

"Live Well, Live Longer" strategy implementation – provider perspective

Live Well Live Longer Governance Structure



Building the Right Support Reducing inpatient facilities and enhancing community services

Target audience/population:

Complex LD and/or autism with behaviours that challenge; including those with a mental health condition

Vision:

'Homes, not hospitals'

Two key objectives:

- Preventing admissions into LD-specific inpatient beds
 - CCG Commissioned 'Assessment and Treatment' Beds and NHSE Specialised Commissioned 'Secure'/T4 beds
- Facilitating discharge and community resettlement
 - especially for those who have been inpatients for 5 years plus

Key issues

- Future sustainability of new community services to prevent admissions
- Building the right community infrastructure ahead of resettlement
 - double-running costs and high cost of community care packages not being offset by savings made from bed closures
 - availability of providers locally who have the credentials needed to care for this complex cohort

North Yorkshire and York TCP Inpatient Cohort

- Trajectory position for Q3 2017/18 33 inpatients
- Actual position 34 inpatients

14 adult inpatients in CCG commissioned beds

- 11 in block contract beds (TEWV)
- 3 in spot purchase beds (2 outside of Yorkshire & Humber)
- 5 discharges planned by Q4 2017/18 (end March)

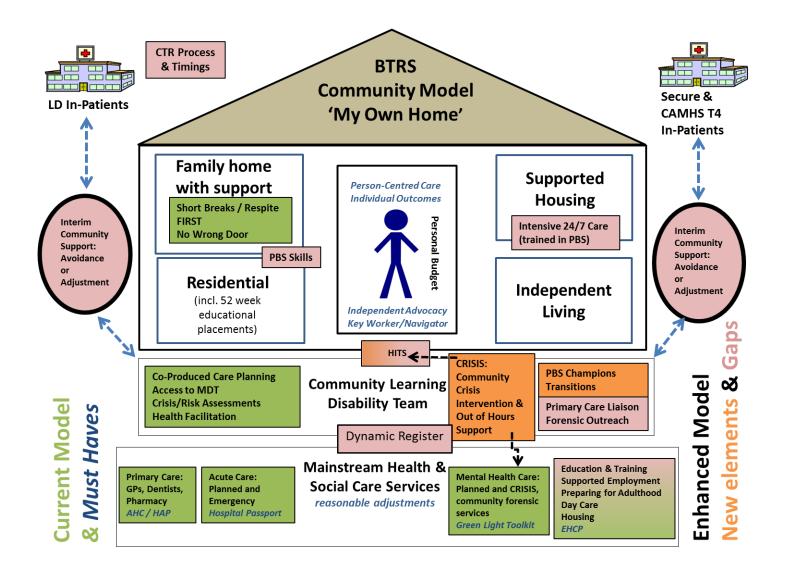
20 inpatients in NHSE beds

- 16 adults
 - 2 'ready for discharge' into community care packages by Q4 2017/18 (end March)
- 4 children
 - Admissions and discharges for U18 are fluid

Work in Progress

- Inpatient bed estate planning / bed reconfiguration
 - Underlying long-term principle: funds from CCG commissioned bed closures to be recycled and provide a Community Enhanced Service (CES)
- CES planning and sustainability: especially the Community Crisis Intervention Service (CCIS) pilot
 - CCIS Update at next Provider Forums in February 2018
- Community Forensic Service (CFS) planning and sustainability
 - Underlying long-term principle: funds from NHSE Specialised Commissioning 'secure' bed closures to be recycled and provide a CFS
- Know and understand potential future demand on inpatient services:
 - The needs of our 'at risk' local population; especially those with complex needs coming 'up stream' from Children's Services

To help inform planning, building and enhancing community services to prevent inpatient admissions



Break

Overview of the Accessible Information Standard and your obligations

Erin Outram, Business
Development Officer –
Safeguarding, MCA & DoLS,
NYCC

AIS Expert Advisor to NHS England



What is the Standard?

With partners, NHS England has developed the 'Accessible Information Standard'.

 The aim of the Standard is to make sure that people who have a disability or sensory loss get information in the right format for them, and any support they need to communicate.

The Standard tells organisations that provide NHS or adult social care

services how they

must do this.

Scope of the Standard – Who does it apply to?

•All providers of NHS and / or publicly-funded adult social care must have been fully following the Standard in full by 1 August 2016 (in line with section 250 of the Health and Social Care Act 2012). This relates to any care services NYCC provide – Providers we contract with also have a duty to follow the Standard.

- •Commissioners (including CCGs and local authorities) are also required to <u>support compliance by providers</u> Our provider contacts and monitoring processes now reflect this.
- NHS England have advised that, as good practice this should be rolled out across all council services as Standard, including benefits advice, complaints Customer Services and corporate communications. Although not legally binding for these services, failure to provide accessible information and communication services to the public may questioned in court
- •Patients and service users who have information and/or communication support needs related to or caused by disability, impairment or sensory loss
- •Parents and carers where appropriate
- •The Standard <u>does not</u> cover:
 - •Those who require language translation because their first language is not English
 - •Those with learning difficulties such as Dyslexia although following recent engagement it should now be a matter of best practice to provide alternative formats for this group.
 - •Other types of accessibility such as signage or hospital transport

What does the Standard say?

The Standard says organisations must:

- **1.** <u>Identify</u> the communication and information needs of those who use their service
- **2.** <u>Record</u> the communication and information needs they have identified: clearly and consistently on the individual's record, recording their needs not why they have those needs
- 3. Have a consistent <u>flagging system</u> so that if a member of staff opens the individual's record it is immediately brought to their attention if the person has a communication or information need.
 - 4. <u>Share</u> the identified information and communication needs of the individual when appropriate
 - **5. <u>Meet</u>** the communication and information needs identified. For example, send an appointment letter in Braille or book an interpreter for an appointment.

What difference can the Standard Make?

"The interpreter arrived late for an appointment with my daughter, who is five years' old, and who was going to have an operation. The nurse asked my daughter to interpret for me as the interpreter was late." CIPOLD found that **42%** of people with learning disabilities die prematurely due to poor access to healthcare

61% of people with

BSL as their first
language report
avoiding seeking help
with their health
because of concerns
about communication

"Missed diagnosis and poor treatment [due to lack of communication support] costs the NHS £30m a year"

"If I get jargon letters in the post, I don't bother reading them, sometimes I've missed appointments"

How will the Standard change things?

The Standard says that patients, service users, carers and parents with a disability or sensory loss should:

- Be able to contact, and be contacted by, services in ways that they can use.
- Get letters and information in formats they can read and understand (including any letters or information your provide within your service).
- Be supported by a communication professional at appointments and meetings if this is needed to support conversation.
- Get support from health and care staff and organisations to communicate.

What if the Standard is not followed?

- The AIS is now law under Section <u>250 of Health and</u> Social Care Act 2012
- As with any other law, if it is breached, anyone may begin a legal challenge
- RNIB are already supporting some of their members to begin legal proceedings against NHS providers who have not complied with the Standard.
- NHS England have no legal authority to penalise for non-compliance but can pick out and make recommendations to those organisations who are falling short.

Future plans

 The 'full implementation' deadline has now passed (1st August 2016) and ongoing compliance with the Standard should be part of 'business as usual'.

 NHS England is undertook a review of the Standard during January-March 2017 and the implementation guidance was updated, but this does not affect the content of the AIS.

What impact will the Standard have on you?

- You now have a legal duty to provide accessible information and communication support to those who need it this includes things such information, provision of interpreters including for carers/Family in attendance, communication such as text alerts, email communication etc. It is your duty to provide these for internal meetings, however if a meeting is taking place with NYCC it is good practice to remind them to provide, which is the same if you are accompanying someone to a medical appointment (notify the GP, Hospital etc. as appropriate in advance)
- All of your public facing material, letters to those using your services etc. should be available in accessible formats. This does not extend to your website, but is considered best practice where possible.
- •Failure to comply with the Standard may result in legal penalties
- •Compliance will result in better engagement with the public, ensuring that we can create person centred services that work more efficiently, which could result in cost savings.

What supporting resources are available?

- NHS England have published a large number of internally and externally developed resources including toolkits, e-learning, communication cards, information leaflets and more.
 - https://www.england.nhs.uk/ourwork/patients/accessibleinfo/resources/
- Other members of the Advisory Group have also released supporting resources
 - <u>Sense</u> Legal webinar, Communication Cards
 - <u>CHANGE</u> Easy read rights guides for those using services, guides on obligations, communication cards
 - <u>Action on Hearing Loss</u> Letter templates, information guides
 - RNIB Legal guides, information guides





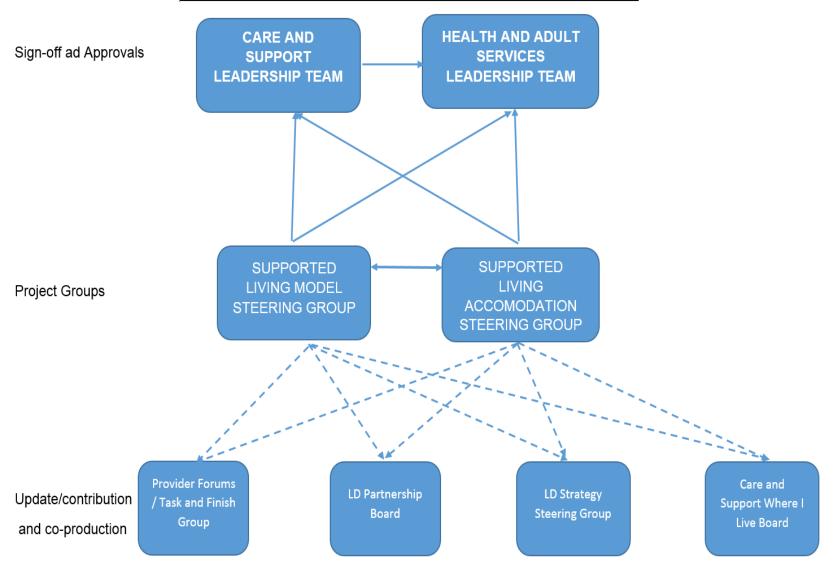
Thank you.

Any questions?

Provider Meet and Greet

Supported Living Pathway and Progress

Supported Living project Governance Structure



STRATEGIC PLACEMENT MEETING

Frequency:

Quarterly

Attendees:

LHOC, CM, HOMHLDT, BTL,

HOA, C&SSM

Scarborough / Ryedale

Harrogate / Craven

Hambleton / Richmondshire

Selby

LOCALITY **PLACEMENT**

MEETING

Frequency: Monthly

Attendees: LHOC CM SBO C&SSM MHSM COA

LOCALITY ACCOMODATION

Frequency:

Attendees: LHOC CM SBO C&SSM MHSM

MEETING

Quarterly

COA Housing Rep

LOCALITY PLACEMENT **MEETING**

Frequency: Monthly

Attendees: LHOC CM SBO C&SSM MHSM COA

LOCALITY ACCOMODATION MEETING

Frequency: Quarterly

Attendees: LHOC CM SBO C&SSM MHSM

COA

Housing Rep

LOCALITY **PLACEMENT MEETING**

Frequency: Monthly

Attendees: LHOC CM SBO C&SSM

MHSM

COA

Attendees: LHOC CM SBO C&SSM MHSM COA Housing Rep

LOCALITY

ACCOMODATION

MEETING

Frequency:

Quarterly

LOCALITY **PLACEMENT MEETING**

Frequency: Monthly

Attendees: LHOC CM SBO C&SSM MHSM COA

LOCALITY **ACCOMODATION MEETING**

Frequency: Quarterly

Attendees: LHOC CM SBO C&SSM MHSM COA

Housing rep

District and Borough Chief Housing Officers Meeting

Open Provider Discussion

Thank you

- If you want to contact us please email commissioning@northyorks.gov.uk
- Future forum dates can be found at www.nypartnerships.org.uk/ldproviderforum