**Community Learning Disability Services - Equality Engagement**

The Equality Delivery System (EDS) is a framework which was created by the Department of Health to help NHS Organisations to make improvements on equality, diversity and inclusion. To improve the services they provide for their local communities, consider health inequalities in their local area and provide better working environments free of discrimination.

**WWL want you, our service users and local community to have a say on our equality and inclusion work for Learning Disability Services. We want to:**

* **Show you what we currently provide and what we are working on**
* **Ask you “are we getting it right for everyone / people from all protected characteristics?”**
* **Tell us how well you think we are doing - Scores us on the following questions**

**Are all patients free from harm?**

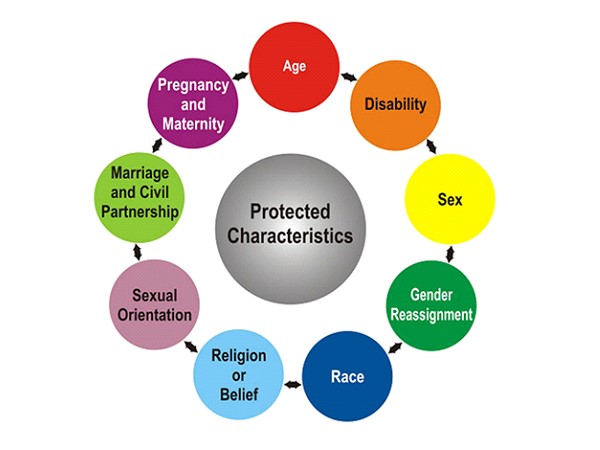
**Do all patients have access to the service?**

**Are all patient’s health needs being met?**

**Are all patients reporting positive experiences?** take

* **Help us decide what we need to do next.**

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**Community Learning Disability Service**

## Working together to provide specialist support for people with learning disabilities.

We are a multidisciplinary team based at locations across the Wigan borough aiming to provide a continuous, person centered service to adults and young people with a learning disability.

**We are made up of the following roles and will work closing with patients, families and carers:**

Assistant Practitioners  
Community Nurses and Support Workers  
Consultant Psychiatrist (Nurse Led Clinic for individuals with challenging behaviour)  
Occupational Therapists  
Physiotherapist (as part of the Complex Care Team)  
Speech and Language Therapists  
Administrative Support.

We also work closely with our Greater Manchester Integrated Care Partnership colleagues within the department of Psychology.

We are predominantly an adult service who supports adults with learning disabilities from the age of **18 years**.

Our aim is to work with patients to help reduce health inequalities and to promote independence in all aspects of daily living.

**Role of Community Learning Disability Team includes:**

Improving independence  
Improving communication  
Promoting personal wellbeing and self-care  
Providing specialist nursing and therapy assessments  
Aiding and coordinating access into adult services from education  
Specialist assessment for eating and drinking difficulties  
Addressing sensory needs  
Providing equipment (or liaise with appropriate services regarding equipment)   
Facilitating pathways in Acute hospitals /Primary Care/Mental Health services Specialist psychological / functional / risk assessments for individuals with challenging behaviours  
Proactive management of health needs: including individuals with complex physical health needs  
Specialist input around Autistic Spectrum Disorder (ASD) and Forensic needs  
Providing routine monitoring for signs of early ageing conditions

**The Adult Learning Disability Service is currently based at:**  
Pemberton Health centre   
Leigh Town Hall   
Hindley Town Hall

**WWL offer a wide range of learning disability services, for the focus of this review, we will look at the Learning Disability Service provided within the community only**. Learning disability data from GP registers show we currently have 2087 people with a registered learning disability in Wigan. om April 2022-2023 the Community Learning Disability Team received 794 referrals.

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| **Evidence:**  **Can all patients (who need to) access the Community Learning Disability Service?** |
| **Personalised Individual Care Plans**  **WWL recognise every person and every family is different.  All patients have a personalised individual care plan**. They are involved with their personalised care and support planning, which identifies what matters to them and ensuring that their care reflects this.  The patient’s life, family situation, health and well-being and preferences are discussed and any reasonable adjustments put in place which are needed.  **If a need/adjustment in relation to a patient’s protected characteristic is required, then this is considered at the beginning of the patient’s journey with us.**  **For example:**   * if a patient with a learning disability also has a **physical co-disability** we ensure adjustments are put in place so they can fully access the service. We can arrange home visits / telephone and virtual appointments. We are aware that people with a learning disability have worse physical and mental health than people without a learning disability. * Personalised paperwork / charts / patient information is provided on patient specific needs basis. Easy Read Patient Information Leaflets are available * We ask about a patient’s **religion / spirituality** during our assessments so we can understand how they practice their faith and if it affects routines, places they need to access, so we can put reasonable adjustments in place. * If a patient has a learning disability and is **pregnant / young family**, we ensure the patient has the right support in place and liaise with the appropriate services. Our Maternity Services provide dedicated provisions for maternity patients with learning disabilities. * We have supported patients who are **LGBTQIA+** and explore with the person things that are important to them associated with this. An example could be a client we worked with who identified as non-binary. We discussed how they wanted to identify and what they wanted to be known as and shared this with the GP to make the appropriate changes within the patient record, the use of appropriate pronouns and preferred name, whilst ensuring that they were still included in recall for appropriate health checks. * We have full access to interpreter and translation services for patients from different **ethnicities** who do not speak English as their first language. We have access to:   Face to Face and telephone interpreters  British Sign Language Interpreter (face to face and video remote on demand)  Patient information can be made available in large print, audio and braille on request**.**   * On average, the life expectancy of people living with a learning disability is considerably shorter than people in the general population. On average, the life expectancy of women with a learning disability is **18 years shorter** than for women in the general population.   The life expectancy of men with a learning disability is **14 years shorter**than for men in the general population. The **age** **and gender** of our patients and their needs is assessed within their individual care plan. |
| **Examples of Reasonable Adjustments Made**   * A patient contacted the Community Learning Disability Service, as they were unable to complete the referral form. A ‘Duty’ Phone Service was implemented. This is staffed by a qualified clinician who is available to discuss access to the Community Learning Disability Service. In this instance, the clinician completed the referral form with the patient. This clinician now also assesses all new referrals and access to the service is part of this assessment. * The Community Learning Disability Service offer a flexible approach and offers appointments across all community and acute settings depending on the patient’s needs. Virtual and telephone appointments are also offered if deemed more appropriate. |
| **Learning Disability and Autism Policy and Protocols** (Currently being reviewed)   * To Identify people with a Learning Disability that access WWL services or receive care provided by WWL. * To deliver safe, effective and compassionate care to service whom have a known or suspected Learning Disability and/or Autism. * To avoid diagnostic overshadowing, inappropriate sedation, to always provide care jointly with family and/or carers. * To identify the specific care needs of people with a Learning Disability in order to give them equality to access and receive all services that they are entitled to at WWL. |
| **Learning Disability Liaison Team**  Their role is to support people with Learning Disabilities, when they are accessing WWL services for both planned and emergency admissions.  **Dedicated Learning Disability Liaison Nurse Role** for unplanned admissions  **Dedicated Learning Disability Complex Care Team**  Preventing patients with physical complex learning disability needs from being admitted to nursing homes / unnecessary hospital admissions. Work alongside hospice to deliver enhanced palliative care. |
| **Patients with Learning Disabilities awaiting breast screening** identified by GP. WWL informed and patients provided with support – Accessible breast awareness packages / supported care pathway / breast screening awareness training available for patients with learning disabilities and their carers. Patients who do not attend flagged. |
| **Learning Disability Access Tours**  **Patients with learning disabilities are encouraged to attend Tours** to familiarise themselves with the service and give feedback on service accessibility. Tours currently being held in A&E, Surgical Admissions Unit and Out-Patients.  **Learning Disability Community Team hold LD Transition Events**  for young people with LD to inform them about what to expect when transitioning to adult services. |

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| **Evidence: Are all individual patient health needs met?** |
| **Personalised Individual Care Plans**  **WWL recognise every person and every family is different.  All patients have a personalised individual care plan**. They are involved with their personalised care and support planning, which identifies what matters to them and ensuring that their care reflects this.  The patient’s life, family situation, health and well-being and preferences are discussed and any reasonable adjustments put in place which are needed.  **If a need/adjustment in relation to a patient’s protected characteristic is required, then this is considered at the beginning of the patient’s journey with us.** |
| **Our aim is to work with patients with learning disabilities to help reduce health inequalities and to promote independence in all aspects of daily living.**  People with a learning disability have worse physical and mental health than people without a learning disability.  On average, the life expectancy of women with a learning disability is **18 years shorter** than for women in the general population.  The life expectancy of men with a learning disability is **14 years shorter**than for men in the general population.  We are aware that people with a learning disability have health inequalities and consider this as part of our assessment. |
| **Learning Disability recorded / flagged on hospital admission. Safeguarding and Community Learning Disability Team alerted to patient’s admission.** |
| [**Oliver McGowan Learning Disability and Autism**](https://portal.e-lfh.org.uk/Component/Details/781480) **Training now mandatory for all staff to complete**  All WWL staff are now required to undertake this training. The training is named after Oliver McGowan. Oliver was a young man whose death shone a light on the need for health and social care staff to have better skills, knowledge and understanding of the needs for autistic people and people with a learning disability. |
| **Bespoke Learning Disability Training**  Provided by Community Learning Disability Multi-Disciplinary Team to raise awareness / ensure people with a learning disability receive the best possible healthcare. |
| **Learning Disability Awareness / Health Promotion Training**  Provided to all new GPs (twice a year)  **Annual Health Checks provided by GPs to all patients with learning disabilities** |
| **Learning Disability Awareness Communication** **Guides**  For staff and support workers |
| **Safeguarding / Learning Disability Passports**  People with a learning disability can**bring a copy of the Hospital Passport with them when they attend hospital.** If they do not bring one with them, hospital staff will provide a blank copy and encourage the carer to complete with the patient whilst waiting. |
| **Learning Disability regular agenda item on Patient Safety / Safeguarding Committee Meetings**  Any topics / issues fed back at each meeting. |
| **Examples of Reasonable Adjustments Made**   * The Community Learning Disability Team work collaboratively with mainstream services to ensure the person is able to access the health care to meet their needs. For example the team have worked with the Neuro Rehabilitation Service to advise and guide how to meet the complex needs of a patient with a learning disability when they have experienced a brain injury. * The Community Learning Disability Team support people to make their own Health Action Plans. See Carol’s Breast Screening story below:   **South Lancashire Breast Screening Unit, Learning Disability Team, Family Carers and Patient Working Together to enable access to Breast Cancer Screening.**  Carol was referred by her GP practice to the learning disability team as she had not responded to breast screening invitations. The learning disability nurse and support worker made a home visit to Carol and her niece (family carer).  Using easy read information, the learning disability team explained why breast cancer screening is offered and the screening process. Carol agreed she would attend a breast screening appointment but only with the support of her niece.  The learning disability team arranged a breast screening appointment at one of the learning disability sessions. These occur on Friday’s when the clinic is quieter, and the team have the dedicated time to meet the additional needs of the patients. The breast care team were informed that Carol wanted to have her niece with her for support and for her to be allowed in the room as the breast screening was done. They confirmed this reasonable adjustment would be made.  On the day of the breast screening appointment Carol refused to attend. A second appointment was made for a few weeks later but again Carol refused to attend, and the appointment was cancelled. Shortly after Carol’s niece contacted the learning disability nurse to say that she and Carol were going to try and get to the appointment. The learning disability nurse liaised with the breast screening service to get the appointment reinstated.  Carol with the support from her niece did eventually attend the appointment on that day. However due to Carol’s repeated change of mind, they arrived one hour later that the appointment time given. The staff at the breast screening unit were kind and understanding. They acknowledged how difficult it had been for Carol to attend for breast screening, and they provided the breast screening despite her late attendance.  Carol is very happy and proud of herself. Carol told the Learning Disability Nurse:  “I did it, I went in myself, and it were okay. I didn’t even need her (niece) to come in with me, I did good, I need to wait two weeks and then they will tell me in a letter if it was okay. We went for a drink afterwards because I did good, and they (niece and family) were proud.”  When asked if she would attend for breast screening again Carol replied: “Yes, it were easy.” |

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| **Evidence: Are all patients free from harm?** |
| **Personalised Individual Care Plans**  **WWL recognise every person and every family is different.  All patients have a personalised individual care plan**. They are involved with their personalised care and support planning, which identifies what matters to them and ensuring that their care reflects this.  The patient’s life, family situation, health and well-being and preferences are discussed and any reasonable adjustments put in place which are needed.  **If a need/adjustment in relation to a patient’s protected characteristic is required, then this is considered at the beginning of the patient’s journey with us.** |
| **Trust Risk Management Policy**  **All serious incidents / complaints are investigated, and lessons learnt embedded within Trust practice.**  All staff working within Community Learning Disability Services at WWL have a role in identifying risk and ensuring children and adults are protected from harm.  **Learning Disability Alert embedded within WWL’s electronic incident reporting system**. |
| **Learning Disability Risk Assessments Undertaken**  Identifies any risks for learning disability patients. |
| **The Riding the Rapids Training**  Riding the Rapids is a programme delivered by the Community Learning Disability Service to parents/carers of children who present with behaviours of concern. The aim is to provide them with the support, skills and tools needed to reduce the risks to the child and/or others. Prevent carer breakdown. We ask families to share feedback and there has been evidence of negative  behaviours reducing.  We identify as a team at the start of our involvement what the person hopes to achieve through our involvement and we then review this before discharge to see if these aims have been achieved. We hope to develop in the future a more effective way of capturing this information. |
| **Learning Disability Mortality Review (LeDer) Programme –**  **Greater Manchester Annual Assurance Report 2020-21**  This assurance report is the second written in respect of the Learning Disabilities Mortality Review Programme (LeDeR) within Wigan Borough. The report concerns the period 1st April 2020 until 31st March 2021. The report provides an overview of LeDeR activity for 2020 – 2021 and analysis of the same. Commentary is provided regarding progress against the previous year’s objectives and outlines the objectives for the forthcoming year. |
| **Easy Read Patient Information Leaflets available on the following:**   * How to prevent a fall * Bowel cancer screening |
| **Access to Interpreter and Translation Services** |
| **Examples of incidents / lessons learned**   * We are working with Community Pharmacy and Psychiatry Services to try and develop effective ways to manage community prescriptions following an incident where a prescription was not collected from a community location in time. * Incidents reported are reviewed by the service within leadership meetings to review if any lessons can be learned. * We work with teams to understand the functions of challenging behaviour to reduce risk to self and or others and ensure a least restrictive approach is taken. |

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| **Evidence: Patients report positive experiences of the service** |
| **Patient Experience and Engagement Surveys**  The Trust collects and obtains feedback from patients through its PALS processes and patient surveys which are reported to the Trust Board of Directors (Family and Friends Test)  All 9 protected groups are included in Hospital Patient Surveys (overseen by the Trust’s Patient Experience and Engagement Department). |
| **Community Learning Disability Team hold transition events for young people with Learning Disabilities**    To inform them about what to expect when transitioning to adult services. |
| **Learning Disability Access Tours**  **Patients with learning disabilities are encouraged to attend Tours** to familiarise themselves with the service and give feedback on service accessibility. Tours currently being held in A&E, Out-Patients and Surgical Admission Unit. |
| **Learning Disability Carers Counselling Support Group**  **(Wigan and Leigh Hospice)**  First Group held May 2022. Established to bring informal and professional carers together with health and social care professionals to:   * Share knowledge, experience, concerns, successes, and challenges of families/those important to an individual living with a profound learning disability. * To seek to overcome or manage end of life challenges in an inclusive way. * Explore the role of the hospice and its services, in supporting the needs of the person with a learning disability, and those important to them. * Provide a supportive, non-judgemental forum, in which everyone’s views are heard and considered equally. |
| **Selection of the parent feedback from the Riding the Rapids Course**  “Enjoying understanding my child more”.  “All really good, Thank you”.  “Fantastic, I will miss my Tue mornings with the ladies and all the help and support I am very grateful for”.  “Great course, thanks so much”.  “Very Informative to parents learning of the ideas what we never even thought of. Thank you to the nurses who completely understand”. |

**Scores Table** (see scoring guide)

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| **Outcome** | **Score** | **Comments** |
| **Do all patients have access to the service?** |  |  |
| **Are all patients free from harm?** |  |  |
| **Are all patient’s health needs being met?** |  |  |
| **Are all patients reporting positive experiences?** |  |  |

**Scoring Guide**

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| 1. **Underdeveloped** | **2) Developing** |
| **Sad face outline outline**  **People from all protected groups**  **Fair poorly compared to people**  **overall / No evidence** | **Neutral face outline with solid fill**  **People from some protected groups**  **Fair as well as people**  **overall** |
| 1. **Achieving** | **4) Excelling** |
| **Smiling face outline with solid fill**  **People from most protected groups Fair as well as people**  **overall** | **Winking face outline with solid fill**  **People from all protected**  **groups Fair as well as people**  **overall** |