

Divisions Affected - ALL

Oxfordshire Health and Wellbeing Board

17th March 2022

Tackling health inequalities for people with Learning Disabilities in Oxfordshire.

Report by Pippa Corner
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RECOMMENDATION

1. **The Health and Wellbeing Board is RECOMMENDED** to note the Partnership approach that Oxfordshire is taking in tackling health inequalities for people with Learning Disabilities and how this aligns with the Joint Health and Wellbeing Board Strategy.

Executive Summary

2. Oxfordshire is committed to taking a partnership approach to tackle health inequalities for people with Learning Disabilities, which aligns with the Joint Health and Wellbeing Board Strategy. The Live Well team is leading on co-ordinating collaboration between key partners to drive change and tackle health inequalities as part of Health Education and Social Care joint commissioning arrangements in Oxfordshire. Our commissioning model consists of a Life Stage Approach and Tiers of Need model, with the aim of integrating health and social care services to facilitate the delivery of the local NHS Long Term Plan. This paper outlines how we are working in partnership to reduce health inequalities for people with Learning Disabilities in Oxfordshire.

We are committed to co-production and ensuring everyone has a voice. Working with local organisations and experts by experience to understand key issues is one way to do this. My Life My Choice (MLMC) is a local Charity run by and for people with learning disabilities. The self-advocacy organisation has fifteen trustees, whose aim is to ensure people in Oxfordshire have choice and control over their lives and make a positive contribution to society.

MLMC are seeking support to reduce health inequalities for those with a learning disability in the county; primarily to be prioritised on NHS waiting lists through their “We Can’t Wait!” campaign. Whilst reducing waiting times for this population group needs to fit within the elective access COVID-19 recovery work, this paper outlines how we are able to reduce the impact on waiting times with our team’s interventions and the broader work being undertaken to address inequalities in health this population group experience. The Live Well team are committed to reducing health inequalities through partnership working and promoting strategic alliances to drive and shape change. This paper outlines the role of the Live Well Team in reducing health inequalities for people with Learning Disabilities in Oxfordshire.

Introduction

3. We know that life expectancy for people with learning disabilities is still significantly lower than other people in Oxfordshire and this needs action. Oxfordshire is taking a partnership approach to tackling health inequalities for people with Learning Disabilities and this links to the Joint Health and Wellbeing Strategy.

We are working to tackle health inequalities in several ways:

- Through discussion and challenge in newly formed Learning Disabilities & Autism Improvement Board
- Through learning from LeDeR work
- Through the partnership work and alliances formed with the new joint commissioning arrangements across Oxfordshire County Council and Oxfordshire Clinical Commissioning Group Health, Education and Social Care (HESC)
- Through multiagency meetings to manage risks relating to urgent hospital admissions
- Local priorities in 2021/2022 for the Oxfordshire Partnership
- Needs analysis and data scrutiny, using Joint Strategic Needs Assessment (JSNA) reports. There is further insight regarding Learning Disabilities in the JSNA which will be updated later this year following the release of the census data.
- An increased focus on system wide Prevention

Learning Disabilities & Autism Improvement Board

4. A new governance group, Learning Disabilities & Autism (LDA) Improvement Board has recently been established. This meets bi-monthly, and the intention is for meetings to be co-chaired by a person with a learning disability. This will

sense test new ideas and ensure a level of accountability from all partners in the system. The LDA Improvement Board is taking a phased approach to its formulation and now is a place where partners from across the NHS and Social Care system meet to have “themed meetings” such as health inequalities for those with a Learning Disability, share good practice and look at potential improvements. The LDA Improvement Board is currently chaired by the Deputy Director for Health, Education and Social Care Commissioning in Oxfordshire to embed a partnership approach to tackling key issues.

LeDeR Reviews

5. LeDeR is learning from deaths of people with learning disabilities and/or autism. Reviews are carried out following a death of somebody with a LD/A, normally a clinical person or social worker. They look at why somebody has died, reviewing their lives, circumstances that led to their death and from this information they make recommendations to the local system and changes that could be made to help improve services.

The theme of the first LDA Improvement Board meeting was the LeDeR annual mortality review. The LeDeR review looks at the mortality rate for those with a Learning Disability and compares it against the general population. We had a presentation from the Oxfordshire Clinical Commissioning Group (OCCG) about the annual mortality review for people with learning disabilities and autism. It included a quick glimpse of the headline statistics and offered an opportunity for a joined-up approach to developing a multi-agency response and action plan in order we could take on board the findings.

More information about the process can be found here [LeDeR - The LeDeR process](#)

Health, Education & Social Care (HESC)

6. Commissioning of services in Oxfordshire for health, education and social care is now managed by the HESC Commissioning Team. This is a joint commissioning function that oversees and delivers the Joint Commissioning Executive’s programme for the population of Oxfordshire with a total budget of half a billion. As part of this new structure, the Live Well team commission services supporting working age adults, including health and social care for people with learning disabilities.

At the end of October 2021, the Council was funding services to 6318 people through the pooled budget arrangements with Oxfordshire Clinical Commissioning Group:

- 3619 older people
- 1666 adults with a learning disability
- 865 adults with a physical disability
- 89 adults with mental health problems

In partnership with operational colleagues, our new approach the “**Oxfordshire Way**” is to deliver strengths-based support, providing people with the ability to support themselves through personal, local and system assets to ‘keep them in the centre’. With our communities, voluntary sector, and other system partners we support people who are aged over 18 (from the age of 16 for people transitioning from children’s services) to lead independent lives.

Our collective focus is on achieving these outcomes for our residents, through collaboration and co-production.

Care and Treatment Reviews (CTR) and Local Area Emergency Protocol Meetings (LAEP)

7. There are a range of critical meetings to discuss people at risk of a hospital admission and where appropriate to avoid it e.g., Care and Treatment Reviews (CTRs) and Local Area Emergency Protocol meetings. Our Dynamic Support Register is in development to track the more complex LDA cases and support NHSE to understand people’s needs in Oxfordshire.

Current Oxfordshire data

1 April 2021 - 31 December 2021:

10 inpatients were supported:

- 2 people with Learning Disabilities
- 1 person with a Learning Disability and Autism
- 7 people with Autism

Annual Health Checks

8. The annual LD health check is a national programme offered to all patients registered with a GP with a recorded Learning Disability. It aims to help people stay well by having regular discussions with health care professionals, so issues

can be identified early. The physical health check includes monitoring weight, heart rate and blood pressure.

In Oxfordshire 1099 LD health checks had been completed by end of Q3 of 21-22 and we are on course to exceed our target of 75% of people with a LD in Oxfordshire receiving a check each year.

To support delivery of this target, the Live Well Team take a pro-active approach to ensuring that GP Practices and Primary Care Hubs facilitate as many LD Annual Health Checks as possible and are currently doing a lot of targeted work with GP Practices around increasing these numbers before end of March 2022.

This includes sharing a dashboard for LD, sharing data with GPs to promote quick wins on increasing numbers and comms to all Primary Care Networks (PCNs) / GPs about the requirement of ensuring these vulnerable people receive both health checks, flu and covid vaccines in a timely manner. The latter have likely slowed down the rate of Health Checks this past year.

Local priorities in 2021/2022 for the Oxfordshire Partnership (OCCG, OCC and providers in Oxon)

9. These include:

- Ensure that the mental capacity of every individual is considered and recorded, and when best interest decisions are made ensure, they are in accordance with guidance and appropriately recorded
- Improving the number of Annual Health Checks completed and the integration between these and the individual's Community Health Action Plan (HAP) or Education and Health Care Plan (EHP)
- Promote timely conversations about proactive care planning (life choices) for any individual living with a learning disability. This includes addressing obesity and bowel related support needs
- Improve the rate of Health Screening Uptake
- Reduce the number of people with an LD dying in hospital to more in line with the general population
- Support social care teams and providers to work in a person-centred way to reduce the need for hospital care and to ensure that people live well in their community
- Improve the experience for individuals and their families when they move from children's services to adult services.

There is an action plan in development which can be shared on request.

To meet these objectives, Live Well will be working closely with commissioning colleagues in Start Well to manage transitions more effectively; this work has already started.

It will be these Oxfordshire priorities that evidence how Oxfordshire has a special focus on the health and life expectancy of those with Learning Disabilities and Autism. These are translated into preventative business of usual activities. It is proposed these now secure greater scrutiny and impetus through the new LDA Improvement Board and ensures there is a joined-up approach to reducing health inequalities for those with Learning Disabilities and Autism in Oxfordshire. There is a national and local LDA 3 Year Plan which is overseen regionally by NHSE – they review and monitor progress with Oxfordshire in its delivery of its 3-year LDA Plan.

National Policy

10. The recently published White Paper **Joining up care for people, places and populations (February 2022)** outlines government proposals for tackling health inequalities. A key aim of the white paper is to **level up health outcomes** over the long term. The Live Well team are working to deliver this by being more ambitious for people, striving for better outcomes and ensuring the person is at the heart of all decisions relating to their support.

The White Paper **Joining up care for people, places and populations (February 2022)** highlights the importance of learning from our experience of the pandemic to bridge the gaps – between health and social care, between health outcomes in different places and within society. Covid-19 has generated new ways of working, that have enabled an increased focus on system wide Prevention to reduce health inequalities.

Conclusion

11. We recognise there are inequalities and much work is being undertaken through the Live Well Commissioning Team in the HESC to address the issues raised as part of the “We Can’t Wait!” campaign. We welcome the opportunity to engage with people such as MLMC Trustees, and this paper highlights the range of work going on in this area to address adverse health outcomes.

Through discussion and challenge in newly formed Learning Disabilities & Autism Improvement Board, we continue to strengthen partnerships and promote engagement opportunities with people and the services that support them. We are continually improving services for people living with a learning disability and autism through our contribution to the LeDeR improvement

programme, creating opportunities to improve and to share examples of excellent practice. Through alliances formed with the new joint commissioning arrangements, we are facilitating a more joined up approach in our work.

We are working with partners and providers to reduce health inequalities, by supporting GPs and providers to ensure timely and increased uptake of health checks, facilitating multiagency meetings to manage risks relating to urgent hospital admissions. We are committed to commissioning co-ordinated, joined up and seamless services to support people to live healthy, independent and dignified lives and which improves outcomes for the population as a whole. Everyone should receive the right care, in the right place, at the right time.

We welcome the opportunity to hear further from the My Life, My Choice Trustees about any of their specific concerns in order we can address these fully in Oxfordshire.

Bhavna Taank

March 2022

Annex 1

We Can't Wait Campaign – My Life My Choice March 2022 status update.

Since the start of the year the campaign has:

- attended BOB-ICS meetings, putting Waiting List reform on the agenda for the new integrated care system and will be speaking to the Oxfordshire County Council Health and Wellbeing Board on the 17th March about “We Can't Wait”.
- researched the learning disability waiting list priority pilot in Bristol, South Gloucestershire and North Somerset Clinical Commissioning Group and found out that although the start of it has been delayed, they are still going ahead.
- sent letters about our campaign have to the County Councillors responsible for health inequalities and social care, and also the head of the new BOB-ICS structure.
- contacted self-advocacy groups in the wider Thames Valley to get their support for the campaign and generate more information about the impact of health inequalities.
- now recruited all of its' Health Ambassadors who are ensuring that the campaign is lead as much as possible by our membership.
- provided coproduced internal training to equip Health Ambassadors with the skills to undertake campaigning activities.
- started on updating information on the We Can't Wait webpage, and creating opportunities for supporters to engage with the campaign online.