Kent Community Health
NHS Foundation Trust

Summary Report

for Health Education England Kent Surrey and Sussex sponsored projects undertaken by Kent Community Health NHS Foundation Trust's Learning Disability Services

2017

Acknowledgements:

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Introduction

During 2016 and 2017 Kent Community Health NHS Foundation Trust Adult Learning Disability services embarked, through funding from HEEKSS, a programme of ambitious and innovative projects which aimed to:

1. Better understand the health needs, and the range of inequalities people with learning disabilities in Kent face
2. Validate a tool (HEF) used for identifying health inequalities for people with learning disabilities
3. Use public health demographics to forecast workforce skill and competencies
4. Grow and expand use of Anticipatory Care Planning to increase its use in for unregistered carers to recognise, record and respond to changes in health presentation in the people they support

Background

KCHFT recognise that the needs of people with learning disabilities are changing and therefore we need to change our approach to the learning disability workforce to guarantee we can provide the best possible care and support. The project set out to understand the needs of people with learning disabilities who may often experience many barriers with regards to accessing and receiving treatment and support. These barriers also mean that delivering and planning future services can be extremely difficult.

At that time little data was available on learning disabilities and the needs of people accessing services, it is increasingly difficult to plan a **workforce** who have the right skills for the future. Our project offered a systematic Kent wide approach to developing an adaptive and high quality workforce who will be equipped with the right skills to deliver a specialist outcome focused and person centred approach to care and support.

The **Health Equalities Framework** is a tool that is used to evidence health inequalities based on a number of determinants. As yet the tool has had little validation nationwide. By linking in the HEF validation to the proposed data intelligence review, we will be able to further support the success of the tool and offer an official validation, whilst better understanding the demands and needs of a future world class workforce in Kent. Our project aims to further validate the Health Equalities Framework (HEF) which is an outcome measuring tool designed especially for people with learning disabilities.

The **Anticipatory Care Calendar** is a free web sourced resource designed to help unregistered carers to recognise, record and respond to changes in health presentation in the people they support. Put together originally by the Merseyside and Cheshire Cancer Care Network following the potentially preventable death of a young man called Robert, with Downs Syndrome and Testicular Cancer, and it aims to support unregistered staff to recognise and record changes in health presentation, with a framework on how to respond to those changes in the form of a traffic light system and Descriptions and Actions paperwork

Project Approach/Methods

The information presented in the ***Data Intelligence*** report is based upon the data intelligence audit undertaken by the Clinical Support Team (which is independent of any clinical care provided) in 2016/17, the Health Equality Framework data analysis 2015-2017 and published literature, such as the Kent Learning Disability Needs Assessment as well as evidence from a literature review.

The data intelligence audit involved analysis of 1000 randomly selected closed cases; the project followed these cases through their journey of the service. This approach of using multiple sources of information was utilised following extensive research into other local needs analysis and data reviews which highlighted the importance of not relying on a single method of entry.

Once the data intelligence collection was complete, extensive analysis was conducted to provide Kent specific intelligence regarding the prevalence and trends of the health needs of people with a learning disability. This information was then cross referenced on a local basis through the Health Equality Framework data and the Kent Learning Disability Needs Assessment and then compared to national published literature.

The ***training needs analysis*** was designed as an online survey which was distributed to all 103 clinical staff members employed by the Community Learning Disability Team at that moment in time. The online survey method meant the survey was readily available for all staff members to complete when appropriate for them, was cost effective and enabled easier analysis. The survey questions were researched and a draft developed prior to the Intelligence Network meeting whereby final amendments and approval were sought.

It was originally planned for the survey to be active for 4 weeks however this was extended to 6 weeks to increase the number of responses to achieve a target response rate of 70%. By the end of the 6 week period we had achieved a 75% response rate which provided an accurate reflection of all disciplines.

Once the survey had been closed, profession specific analysis was undertaken to identify common themes and training needs areas. This information was then cross referenced to the data intelligence audit and the HEF data which detailed the service's population data, including the most prevalent referral reasons and the support and treatment types provided. The final stage of the analysis was a workshop interview with each of the senior managers. These discussions had a focus on future vision and anticipating future needs for developing the professions over the next 3 years; taking into consideration the changing needs of people with learning disabilities and the developing skill sets staff will require to meet the evolving requirements on the team.

Prior research has been undertaken to identify outcome tools which closely relates to the ***HEF*** in order that validation can occur through cross referencing case comparisons for people with a learning disability. The Life Star and the TOMs relate to the HEF as the outcome tools all work on similar health indicators, possess numerical basis with descriptors of each scale step and are best utilised when scoring is repeated at regular intervals to track progress.

Volunteer validators from the Community Learning Disability Team completed 30 case comparisons between the HEF and the Life Star and the TOMs at initial referral and at the end of the 8 week sample period. For each client, all first and follow up scores were compared between the 3 measurement tools to analyse results, identify correlations and ascertain any disparities.

Once all cases were scored and reviewed by the validators, a case scoring review workshop was held to examine the available information and to ensure all cases were applicable to the study. The case scoring review workshop scrutinised the summary of assurance reports to ensure they reflected the validators overall assessment.

The final stage of the validation was a correlation analysis which provided statistical reasoning to the validation of the HEF. The analysis considered all necessary information for each case and provided a final decision on the validity of the methodology utilized.

The ***ACC*** project was a 12 month project to try and implement the Anticipatory Care Calendar in South Kent Coast area. Innovation Agency (NW Academic Health Sciences Network) hosts the ACC and is a paper based system supported by free e- learning which is accessed through the Innovation Agency website. Initial scoping of providers was via known contacts, and through the locality Learning Disability teams. This was followed up by face to face visits to all those services interested, provision of the web access details and a demonstration of how the Anticipatory Care Calendar works. When we were visiting providers, the ACC was offline, and we therefore followed up our face to face visit with emails and information on the web links once the ACC was live again. Every provider with whom we had face: face contact was positive about the use of the ACC, and could see the potential benefits. They all agreed to try and use it, either wholesale throughout a service, an individual house, or with particular individuals for whom a benefit could be seen. We offered face to face training to back up the free e-learning, but this was not taken up. Following the initial promising response and the ACC coming back on line in October, services were contacted and given information about how to register as well as a reminder about our support availability. Services were then given time to complete their e-learning and begin to implement the calendar. At follow up, none of the providers had registered or completed the e-learning, and therefore none were using the Anticipatory Care Calendar. Reasons for this ranged from service demands, losing the emails, the gap between our face to face visits and the ACC coming on line through to local decisions not to use the ACC after all. Some Providers did not respond at all at follow up. We therefore offered new face to face visits, and provided with new contacts from other organisations who might be interested. At these face to face meetings we demonstrated the Calendar again, and supported staff to actively register and log in to the ACC if they were able to. During these visits we established some processing issues with the registration for the ACC – registering for the e-learning was complicated to achieve, and for some providers the registration process was not achieved at all.

Findings

HEF Validation - The conclusion from this study outlines Pearson's correlation coefficient validation scoring of between -0.57 and -0.63 which results in an outcome of the HEF being validated with strong assurance. The construct face validity offers a conclusion of 92% which translates to a strong assurance of validation. Given the strong results using the above 2 methods, the project has been able to successfully validate the HEF with a strong assurance of validity.

In conclusion, the results demonstrate the validity and reliability of the HEF, and its good diagnostic use in identifying health inequalities. It has been concluded that it provides an accurate (and free) alternative to outcome measurement tools as there is a linear negative relationship between the

scorings. The HEF may be used as a freely available outcome measure of health inequalities and has clinical use as a measurement tool for people with a learning disability.

The **Training Needs Analysis** for staff working in the Kent Learning Disability service has identified themes cross discipline as part of workforce development. Common themes can be found below:

- Dysphagia
- Managing Risk
- Communication

The **data intelligence** programme analysed over 1000 cases, the results varied by a range of categories such as CCG area evidencing differing levels of inequality in Kent. Comparing this with national data has given scope to Kent's position.
Evidence from the report highlights the key principles for people using services include the need to put the individual and their surrounding family or carers at the heart of the service which should be personalised and designed to meet their needs.

The **Anticipatory Care Calendar** has been updated (i.e. a focus on Sepsis) and we have also designed tools for monitoring its use. The Calendar meets many national targets for supporting the reduction of Hospital treatment for Ambulatory Care Sensitive Conditions, and for the rapid treatment of deteriorating conditions such as Sepsis.

The impact of the project is a significantly greater awareness of the Anticipatory Care Calendar across Kent. There are discussions around KCHT hosting the ACC in order to maintain and promote New Services continue to make contact, and to be offered the opportunity to use the ACC. Due to the feedback from the project the Innovation Agency have acknowledged the difficulties with the e-learning registration and the general access to the e-learning process. They have agreed to move forward with changes, either directly from myself working with the web designers, or by the Innovation Agency working with them.

On follow up, due in part to the problems with registration – there were still no services using the ACC from the original cohort. There continues to be interest and new services are beginning the registration process.

Legacy of projects and future plans

The information obtained by the training needs analysis has been developed into a table of discipline/ profession specific training needs recommendations. These recommendations will become guidance for all clinical members of staff, identifying skills required for different bandings which will help career progression and the recruitment of new staff members. Each Consultant has been tasked with ensuring their teams receive the required training on an ongoing basis.

This information will be beneficial in the design and implementation of services to match care to need of people living in Kent with learning disabilities; ensuring the formation of services aimed at addressing the areas of health inequality.

The data intelligence report will be directed to the NHS England Public Health group and the Alliance Governance committee (Kent Community Health NHS Foundation Trust, Kent County Council and Kent and Medway NHS and Social Care Partnership Trust). The Alliance Governance group will then develop an operational action plan to review alliance training requirements and service provision with regards to how services are commissioned and operated.

There are plans for the Alliance Governance committee to explore expansion of the HEF to include Alliance partners – Kent County Council and Kent and Medway NHS and Social Care Partnership Trust.

The results of the HEF Validation will be nationally published which will have the supplementary intention of encouraging clinicians, commissioners and providers to apply and operate the HEF as the validation will increase participation rate and promote acceptance of the tool.

HEEKSS to consider approaching universities with regards to the HEF being introduced to the syllabus of nursing courses.

The Community Learning Disability Team to lead on the implementation of exploration of the following recommendations:

1. Increase scoring scale to incorporate greater flexibility to indicate slight but significant change in health inequalities.
2. HEF tool development to include reason for treatment/support to ensure improvements are being achieved in the area of the referral.
3. Introduction of an N/A box to allow for omission of irrelevant indicators.
4. Increase reliability of data through sharing case studies with the applicable scoring to check for inter-rater reliability.
5. To improve and test consistency amongst users, development of a HEF text book to provide resources, guidelines etc.
6. Further development of the aggregation tool to encompass range of scores, functionality and easier to use selection buttons
7. More focused attention on easy read information, i.e. developing the aggregator tool to produce a HEF Service User Outcome Report

The Community Learning Disability Team each has an identified ACC Lead to pursue, and support the ACC In their area.

The project lead continues to liaise with Innovation Agency to try and solve the access issues

Future Learning

The use of KCHFT/ orgnaisational audit program to be fundamental to the data collection for projects

Resources

Health Equalities Framework – https://www.ndti.org.uk/resources/useful-tools/the-health-equality-framework-and-commissioning-guide1
Life Star – https://www.staronline.org.uk/star_mock_homepage.asp?section=702
Therapeutic Outcome Measure – http://www.communitytherapy.org.uk/TOM.html

Appendices


Data Intelligence Final Report.pdf


HEF Validation Report FINAL.pdf