Health Improvement & Prevention Nurses for people with LD
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Health Improvement & Prevention Nurses for people with LD

WHO ARE WE?

Hertfordshire

NHS
When did the project start?

Introduced in January 2019 Louise Jenkins, (Strategic Lead Nurse at Hertfordshire County Council)
Why did the project start?

There is a wealth of research that shows that people with learning disabilities die an average of 25 years earlier than the rest of the population. This is for many reasons, but a difficulty in investigating and treating health conditions at an early stage contributes to these risks.

The risks for people with learning disabilities if they need to be admitted into hospital are high, as taking someone out of their usual environment and away from staff that know them well increases the risk of a breakdown in care.
HIP LD Project Aims

- To prevent inappropriate hospital admissions for people with learning disabilities through the identification of deterioration earlier and increasing awareness of other teams functions (CHIT and HAARC Teams)

- To empower care provider staff on how to identify signs of deterioration and recognise how people with learning disabilities may present these differently

- To support care provider staff to articulate their concerns to health professionals to facilitate a timely response

- Also, to know when to call 111, 999 and when to report to GPs.
What do HIP LD Nurses offer to LD care providers?

- Resident assessments, health improvement plans and reviews to identify and address the needs of the individual
- Support and empower the Carers, Support Workers and Managers on steps to take to prevent inappropriate hospital admissions
- Advice on how to ensure a quality Annual Health Check has been completed
- Specific training to LD residential Homes and Supported Living environments
- Support care staff on how to communicate effectively with the GP and other health providers
What do HIP LD Nurses offer to LD care providers?

- Numbers of assessments carried out: 642
- Number of learning disability providers: 88 care environments across Hertfordshire
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We provide an understanding of how to recognise soft signs in a resident in order to act and get help in a timely way.

We educate care staff on how to carry out baseline observations: temperature, pulse, respirations, blood pressure (using a digital machine), oxygen saturation and level of consciousness.

Education provided by HIP LD Nurses
Education provided by HIP LD Nurses

We empower staff on how to use learned skills in communicating concerns about their residents in a confident and effective way.

We use scenarios to ensure that staff are comfortable with using the SBAR and STOP & WATCH tools.

<table>
<thead>
<tr>
<th>Situation</th>
<th>Background</th>
<th>Assessment</th>
<th>Request</th>
<th>Decision</th>
</tr>
</thead>
<tbody>
<tr>
<td>Briefly describe the situation:</td>
<td>(briefly state the relevant history and what got you to call)</td>
<td>(summarise the facts and give your best assessment on what is happening)</td>
<td>(what actions are you asking for? What do you want to happen next?)</td>
<td>(what have you agreed?)</td>
</tr>
<tr>
<td>I am a support worker/carer at X care home (which is nursing/non nursing). I am calling about Mr/Mrs X, I am calling because I am concerned that e.g. the resident is more confused or drowsy / I need advice.</td>
<td>Mr/Mrs X has been a resident here for X years. Their normal condition in e.g. alert / drowsy / confused / self-caring. Their relevant history includes e.g. asthma, learning disabilities, dementia. A 'Do Not Attempt Cardio Pulmonary Resuscitation' form is / is not in place. If Yes, it is signed and in date.</td>
<td>I have found that he / she is (e.g. is struggling to breathe / walk / has pain / has injured / is confused).</td>
<td>I now need your assistance. I would like you to visit the resident in the next xx hours AND Is there anything I need to do in the meantime? e.g. repeat obs.</td>
<td>We have agreed you will visit/call in the next XX hours, and in the meantime I will do XX. If there is no improvement within XX time, I will take XX action.</td>
</tr>
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Date: Time of call: Signature:
Life Expectancy

- Data from LeDer Report (May 2019) suggests that women die 27 years earlier than the general population, and men die 23 years earlier than the general population.

- Pneumonia and Aspiration Pneumonia are the most common causes of death in people with learning disabilities. Many people have increased risks due to pre-existing swallowing difficulties (Dysphagia), physical disabilities and dementia.

- Other causes of death identified through the Learning from Deaths of people with LD Report (2019) are sepsis, dementia, ischemic heart disease and epilepsy.
The health service is based on a self reporting system, but if you don’t have the ability to recognise when things are not ‘normal’ and can’t communicate this, then health issues can be missed. It is important when working with patients with learning disabilities to be pro-active and always consider physical health causes when any changes of behaviour identified.

Our Community Learning Disability Nurses can support you if you are finding it difficult in getting residents to engage or understand what you are recommending. Please refer by sending a summary of the issues and patient details to ldnursereferrals@hertfordshire.gov.uk
HIP LD - Making a Difference
in the lives of people with
learning disabilities

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Thanks for Listening

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