Better health - healthier lives: Solutions to improving the health with and for people with learning disabilities.

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What I would wish for?

Yvonne Newbold
DIAGNOSTIC Overshadowing

Mental Health
Learning Disability
Autism

Headache
Stomach Cramps
Constipation
Dizziness

Try this way

See Beyond the Diagnosis

My Physical Health

My Family

See Me
Hear Me

Myself
Make reasonable care adjustments - consider:

- **T** *Time* — take time to work with the patient
- **E** *Environment* — alter the environment e.g. quieter areas, reduce lighting and waiting
- **A** *Attitude* — have a positive solution orientated focus
- **C** *Communication* — find out the best way to communicate with the patient and also communicate this to colleagues
- **H** *Help* — what help does the patient need and how can you meet their needs

- The **TEACH** approach was adapted from the one created by Hertfordshire Community Learning Disability Team

- Purple folder, purple all stars and the purple award scheme
Experts by Lived Experiences

• Engage people with LD and families in service design, accreditation, delivery, evaluation, evolution and staff training

• *THEN* we will get the culture and care right
4 Pillars of Evidence

*Improving health outcomes for people with a Learning Disability*

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Why?

• Delays or problems with diagnosis or treatment
• Problems with identifying needs
• Difficulty providing appropriate care in response to changing needs

• Confidential Inquiry into Premature Deaths of People with a Learning Disability 2013
Foundations – engagement and involvement of people with a learning disability and their families their ideas and experiences flowing within all of these

4 Pillars of Evidence for community, primary and acute hospital care for people with a learning disability

- The following should once it has been implemented alongside the NHSi Learning Disability Standards significantly improve the evidence of reducing health inequalities and increase the quality of care outcomes for people with a learning disability accessing these service areas.
- 1 Referral to treatment from point of referral by GP to the treatment taking place.
- 2 Attendance at outpatients being successful so appointments happen rather than breaking down and not effectively occurring.
- 3 Reducing lengths of stay in acute hospitals people with learning disabilities tend to spend longer periods of time in acute hospitals than other members of society.
- 4 Reduce readmission rates to acute care post discharge within 12-48-hour period.
NHS Learning Disability Standards 2018

- Respecting and protecting rights
- Inclusion and engagement
- Workforce
- Specialist learning disability services
Tripod of elements for delivering for Primary, Acute and Community Pillars of Evidence
Involves working across and within primary, acute & community

• **Referral to treatment** times for those with a learning disability data and actions to be delivered together example health action plans, learning disability lists, adjusted care plans

• **Attendance at Outpatients** evidence primary care notified when taken place or broke down - reasons and actions evidenced to ensure supportive reasonable adjustments occur

• **Reducing lengths of stay in acute care** Evidence of an understanding of and a plan to reduce the length of stay in Acute settings for people with a learning disability

• **Reduce readmission rates to acute care** data gathered and monitored about discharges and readmission rates with actions devised and delivered on
Behind every behaviour change consider a health reason physical or mental health issue