Green Light for Mental Health – Leeds and York Partnership NHS Foundation Trust

The Green Light Toolkit was initially developed by the Department of Health in 2004, to support local initiatives to improve both access to and quality of mental health services offered to people with learning disabilities. In 2012 the National Development Team for Inclusion (NDTi) published 'Reasonably Adjusted'; a guide to adjustments made by mental health services to support people with Learning Disabilities to access mainstream services. NDTi now lead on the Green Light Toolkit which was revised in 2013 and 2017 to reflect changes in Mental Health Services, with the latest update due out in 2022.

NHS Improvement published 4 Learning Disability Improvement Standards for all NHS Trusts in 2018. Standards 1 - 3 apply to all NHS Trusts and Standard 4 applies to specialist NHS services for people with Learning Disability.

The standards are as follows:

Standard 1: Respecting and protecting rights

Standard 2: Inclusion and engagement

Standard 3: Workforce

Standard 4: Specialist learning disability services

LeDeR made the following recommendations that were relevant across all our services in Leeds and York Partnership Foundation Trust (LYPFT):

1. That mandatory learning disability (LD) training is delivered by people who are LD trained, and ideally by those who have a learning disability.

2. That we develop ways of knowing which service users accessing our services might have a learning disability and whether we are making reasonable adjustments for them.

3. That we strengthen governance in relation to the Mental Capacity Act.

4. That we ensure Health Action Plans are present to support service users who have an LD.

Whilst the standards contained within the Green Light Toolkit did not map directly on to the NHSi standards or the LeDeR recommendations, we asked our mainstream mental health services to complete the Green Light Toolkit self- assessment in December 2018 with the view that services which rate themselves well within this self-assessment were likely to be meeting some of the standards noted above.

The Green light Toolkit supports mental health services to assess themselves against 27 standards which are presented in 3 groups. These form a Basic Audit (Criteria 1 - 9), a Better Audit (Criteria 10-18) and a Best Audit (Criteria 19 - 27).

The outcomes of the 32 self - assessments that were completed were presented to the Care Group Governance Meetings in April and May 2019 with an agreement that a 'Green-Light Steering Group' would be formed to set out our priorities for improvement.

The group reviewed the outcome of the self - assessments and discovered that some of the criteria lacked clarity and had been misinterpreted by teams thereby affecting the validity of the results. We agreed that we needed to address this for our action plan for improvement to be meaningful.

Services were therefore asked to review their December 2018 self –assessments against the criteria (Basic Audit only) in August 2019 and the Steering Group provided prompts and examples of evidence to rate themselves against to provide greater clarity.

The ratings demonstrate that we have scope for development in all areas with the following standards requiring a particular focus:

- Physical Health
- Assessment
- Accessible Information

We renamed our group The Improving Care for People with a Learning Disability and/or Autism within Mental Health Services Steering Group. Given the overlap, it has responsibility and oversight for the implementation and adherence to the national standards and recommendations described above, not just Green Light. We have membership from service users, a range of professions representing the various services across LYPFT and the third sector.

In 2019 we completed a scoping exercise across our Mental Health and Learning Disability Services which confirmed that in the majority of responses:

- we did not have a process for identifying if someone has a learning disability and/or autism upon entry to our services
- staff in mainstream services did not know the threshold for accessing support from Learning Disability services
- we were not clear on what specialist LD support is available to mainstream services
- staff would like training
- staff would like improved partnership working

This along with the outcome of the self-assessments and improvement standards, supported the development of our action plan.

The pandemic has had an impact upon the progress we have been able to make due to the capacity of our staff and clinical priorities however we have been able to achieve the following:

Training

We reviewed our Learning Disability training package and concluded that it was no longer fit for purpose. An interim evaluation of the nationally mandated Oliver McGowan training was recently published however delays in the pilot due to the pandemic will impact upon the timescales for future rollout and implementation. As an interim measure the Steering Group approved and implemented 2 e-learning packages (one for learning disability and one for autism) in October 2021 as Priority Training that will be completed by all staff who have face to face contact with service users.

Evaluation and Baseline Data

One of the initial priorities of the group was to gather baseline data so that we can see if our work is having a positive impact upon the knowledge and skills of staff and service user's experience of care.

• Staff Survey

We devised a staff survey in partnership with the Clinical Effectiveness Team regarding staff's current knowledge and skills in identifying and working with people with a learning disability and/or autism. The survey was open to other services within the West Yorkshire and Harrogate Partnership to help inform future work at a regional level. Generally, respondents reported feeling neutral or confident with respect to their confidence in recognising, diagnosing, and working with patients with autism. Respondents also generally reported feeling neutral or confident across the three areas relevant to learning disability: recognising moderate to severe learning disability, recognising mild learning disability, and managing/treating mental health problems in service users with learning disability.

Although 89% had heard of the term "reasonable adjustments", 36% had never seen a 'hospital passport' (also known as a 'health passport') for an autistic or learning-disabled service user.

In general, staff were marginally more confident in making reasonable adjustments for people with autism than those with LD. However, only 11% said they knew where to record reasonable adjustments on the Electronic Patient Record (EPR). Multiple examples of reasonable adjustments were provided, which illustrated good practice in this area.

Most of the staff reported that they had not had any training related to Autism or LD, and they were keen or very keen to receive training related to both autism and LD. We have incorporated the recommendations into our action plan.

• Service User Survey

We have now finalised a baseline survey of service user's experience of mainstream mental health services if they have a diagnosis of a learning disability and/or autism. The questionnaire has been devised with our service user representatives, the Involvement Team and the Clinical Effectiveness Team and the Involvement Team have made the questionnaire accessible. We can consider the feedback from this alongside our service user feedback from the national benchmarking exercise.

• Reasonable Adjustment Audits

The Leeds Autism Diagnostic Service and Learning Disability Services have completed clinical audits to determine whether there is evidence we have considered reasonable adjustments within the care

plan of service users diagnosed with autism or a learning disability who have received care in mainstream mental health services within the last 12 months. As predicted these audits identify areas for development in ensuring that reasonable adjustments were considered within care plans. The Reasonable Adjustments Care Plan has been revised and will be included in LYPFT's work on care planning.

• National Benchmarking Exercise

LYPFT has collected data for the 3rd annual benchmarking exercise for our performance against the NHSi Learning Disability Improvement Standards. We have received the outcome data from the 2nd Benchmarking Exercise from 2019/2020. The service user survey demonstrated that a high number of people thought they were treated with respect and well cared for and carers also felt listened to and involved.

Identification of People with a Learning Disability and/or Autism

We know through an initial scoping exercise that we do not have a process for identifying if someone has a learning disability and/or autism upon entry to our services. Many staff in mainstream services do not know the threshold for accessing support from Learning Disability services and are not clear on what specialist LD support is available to mainstream services.

We are therefore in the process of developing a procedure that will support staff to identify if someone has a learning disability and/or autism and ensure that they receive the appropriate interventions from the most appropriate service. This will be read in conjunction with the Policy for the Planning of Care for Adults with Both Mental Health Needs and Learning Disability and/or Autism which the group has reviewed.

Some members of the group are working with our Electronic Patient Record team to ensure we can easily identify people who have a learning disability and/or autism.

Engagement and Involvement in the Integrated Care System (ICS) Learning Disability Steering Group

Some members of our group have recently met with the Chair of the ICS steering group to establish how we can link in and influence the regional work. We will ensure LYPFT has representation on the Steering Group and in any appropriate workstreams.

Next Steps

In addition to the completion of our procedure, following a recommendation from the Reasonable Adjustment Audit, we are finalising a proposal to introduce a learning disability and autism champion within our mental health teams who will:

•Positively promote a culture of good partnership working with specialist services both internally and externally to LYPFT

•Develop greater awareness of the needs of people with a learning disability and/or autism within their teams and service.

•Develop and support practices within the services that address the needs of people with a learning disability and/or autism.

• Develop systems and processes to keep colleagues up to date on practice issues

I hope that this demonstrates that at LYPFT we are committed to ensuring that people with a learning disability and/or autism can easily access our mental health services and have a positive experience working with staff who have increased knowledge and skills in this area to deliver high quality care.