

The NHS Centre for Equality and Human Rights



Equal Treatment: Closing the Gap

**Second Audit of Local Health Boards and
NHS Trusts**

EQUAL TREATMENT: CLOSING THE GAP SECOND AUDIT OF LOCAL HEALTH BOARDS

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1. Executive Summary

The former Disability Rights Commission's Formal Investigation (FI), 'Equal Treatment: Closing the Gap' (2006) found that people with learning disabilities and people with mental health problems are much more likely to experience major illnesses; to develop them younger and die of them sooner than other citizens.

This report presents the findings of a Second Audit of Local Health Boards and NHS Trusts in response to the 11 Recommendations set out within the FI Report for Wales. The Second Audit was requested by members of the Equality Forum of the NHS Centre for Equality and Human Rights (NHS CEHR) and was completed in 2008, one year after the first audit published in July 2007. Further details of the background to the Second Audit are contained in section 3.

The first audit demonstrated that progress had been made in Wales and this was formally acknowledged in the report of the reconvened FI Inquiry Panel published in September 2007. The first audit helped significantly in providing a picture of progress in Wales and also, in sharing examples of good practice aimed at improving the physical health of people with learning disabilities and people with mental health problems.

The Second Audit has found evidence of further progress being made across NHS Wales. A summary of the findings is listed in section 4 and further details including examples of notable practice are contained within Appendices 2A and 2B.

Although progress continues to be made, the Second Audit found evidence of gaps in relation to some of the FI Recommendations and these are addressed by eight recommendations contained in section 5. These recommendations are intended to support further progress being made to improve the physical health of people with learning disabilities and people with mental health problems, and will be drawn to the attention of the new health boards through a separate briefing note. It is essential that the legacy work is carried forward to ensure that progress continues to be made and that, ultimately, the life chances of people with learning disabilities and people with mental health problems are improved.

2. Acknowledgements

The NHS CEHR is grateful to all Local Health Boards and NHS Trusts that responded to the audit questionnaire and also, to David Groves from the Equality and Human Rights Commission, for his advice and support with the design of the audit questionnaire.

3. Background

The Formal Investigation (FI), *Equal Treatment: Closing the Gap* found that people with learning disabilities and people with mental health problems die sooner than non-disabled people and are ill more often. The FI also found that these groups face difficulties in accessing the primary health care they need and experience inequalities in health promotion and screening. The key findings of the FI are summarised in Appendix A.

Following the publication of the FI in December 2006, the NHS Centre for Equality and Human Rights (NHS CEHR) conducted an audit of Local Health Boards and NHS Trusts on behalf of the former Disability Rights Commission (DRC) to determine the extent to which the 11 overarching recommendations contained within the *FI Report for Wales* had been taken into account in the Disability Equality Schemes and action plans of organisations across NHS Wales.

Conducted in July 2007, the initial audit found that progress was being made in Wales and this was formally acknowledged in the report of the reconvened FI Inquiry Panel (September 2008). The initial audit helped significantly in providing a picture of progress in Wales and also, in sharing examples of good practice aimed at improving the physical health of people with learning disabilities and people with mental health problems.

Since the publication of the initial audit, both the Welsh Health Inspectorate (1) and MENCAP (2) have highlighted concerns about the healthcare services provided to people with learning disabilities.

In 2008 members of the NHS CEHR Equality Forum requested a Second Audit to determine the extent to which the FI recommendations continue to be reflected in Disability Equality Schemes and action plans, and to assess progress with their implementation. It was also intended to highlight examples of notable practice and also, any barriers to progress and to recommend actions to address them.

Although primarily focused on people with learning disabilities and people with mental health problems, other vulnerable groups in society also experience many of the barriers highlighted in the *FI Report for Wales*. With this in mind, the audit was designed to capture information in a broader context.

Overall, there was an excellent response rate to the Second Audit with 100% of NHS Trusts and 91% of Local Health Boards (20 organisations) returning completed questionnaires.

4. Summary of Second Audit Findings

Details of the audit responses received from Local Health Boards and NHS Trusts are set out within Appendices (2A) and (2B). However, the key findings are summarised below:

- Considerable work has been undertaken by Local Health Boards and NHS Trusts to raise awareness of the FI amongst staff, primary care and partner organisations, and to address the FI recommendations.
- Local Health Boards and NHS Trusts are working collaboratively with local authorities, partnership boards and disability organisations to address the physical health needs of people with learning disabilities and people with mental health problems.
- Learning disabilities and mental health services have been identified as priorities in the majority of Health, Social Care and Wellbeing Strategies and action plans.
- Considerable work has been undertaken within mental health and learning disabilities services to improve the physical health of people with learning disabilities and people with mental health problems. Many examples of well-established initiatives as well as newly developed projects were provided.
- People with learning disabilities and people with mental health problems are actively involved in the work of strategic partnerships and planning groups concerned with the design and delivery of mental health and learning disability services.
- The Care Planning Approach (CPA), Expert Patient Programmes and advocacy support are either already established or being developed to support people with learning disabilities and people with mental health problems to manage their own physical health, access the healthcare they need and to know their rights in relation to their physical health and the services to support this.
- Although the audit did not evidence any barriers to registering or remaining registered with a general practitioner on the grounds of a learning disability and/or mental health problem, there was little evidence to suggest effective systems are in place to monitor registration, deregistration or patient complaints with general medical practices.
- Work is being undertaken to improve access to primary care services and health promotion for people with learning disabilities and people with mental health problems who live in residential care or secure settings. These initiatives include: accessible information; advice and guidance on the management of long-term health conditions; staff training and the commissioning of specific services.

- There was a 4% increase in the uptake of annual health checks for people with learning disabilities in 2007/08 from the previous year. However, less than half (34%) of all people who are registered as having a learning disability received a health check. It is also evident that the uptake of annual health checks for people with learning disabilities, and for people with mental health problems on enhanced care programme approach, varied considerably in different parts of Wales, with a significantly higher uptake in Mid, West and North Wales.
- In the context of secondary healthcare services, many examples were provided of people with learning disabilities and people with mental health problems actively involved in staff recruitment and selection and training.
- More public and patient information is being made available in accessible formats, including large print and Plain English, and (to a lesser extent), Easy Read, Braille and audio format. Interpretation and translation services are also being made available in minority languages, including Welsh and British Sign Language (BSL).
- Several examples were provided of targeted outreach services to assess and respond to the primary healthcare needs of Gypsy and Traveller communities, homeless people, Refugees and Asylum Seekers.
- A range of reasonable adjustments have been made to improve access to primary and secondary healthcare services for disabled people, including: accessible patient and public information; hearing loop induction systems; text phones and minicomms; improved road markings; accessible parking, lifts and toilets; wheelchair ramps and lowered reception desks.
- There is wide variation in the recording of patient access requirements across primary care. Whilst some Local Health Boards identified the use of 'flagging' systems, others confirmed that access requirements are only recorded at the request of the patient or general practitioner, or by new patients at the point of registration.
- The majority of general medical practices have signed up to the Direct Enhanced Services (DES) on Access and participated in the EquiP Cymru training, which included the completion of a self assessment disability access audit and action plan.

5. Recommendations

These recommendations are based on the findings of the audit and are intended to support progress continuing to be made across NHS Wales to deliver the 11 recommendations set out within the *FI 'Report for Wales'*.

The new local health boards must demonstrate leadership and accountability to deliver the FI recommendations and achieve outcomes that improve the physical health and wellbeing of people with learning disabilities and people with mental health problems. Local health boards must continue to embed the FI Recommendations in all aspects of their work to help fulfil their statutory duty to promote disability equality.

Recommendation 1:

Monitoring and reporting on the progress of the FI Recommendations should be embedded into the Performance Management Framework of Single/Disability Equality Schemes and Action Plans.

Mental health and learning disabilities strategy, policy and service development must reflect the FI evidence of the physical health inequalities experienced by people with learning disabilities and people with mental health problems.

Recommendation 2:

The issues highlighted in the FI should be used to inform equality impact assessment of mental health and learning disability strategy, policy and service development, to ensure that the physical health needs of people with learning disabilities and/or mental health problems are fully considered.

Recommendation 3:

Local Health Boards must develop targeted strategies to engage with these particular groups to identify any unmet health needs, and ensure that any health needs assessment is fully inclusive of all individuals and groups within different communities. Key partners are: AWETU, ABCD, Gofal Cymru, Mencap Cymru, Mind Cymru and Stonewall Cymru.

Audit responses provided little evidence of initiatives to engage people with learning disabilities and/or mental health problems from black and minority ethnic communities (BME) and also, Lesbian, Gay, Bisexual and Transgendered (LGBT) people.

Recent research published by Stonewall Cymru entitled 'Double Stigma: the needs and experiences of lesbian, gay and bisexual people with mental health issues living in Wales' should also be considered. The full report of the research findings can be obtained from www.stonewallcymru.org.uk/mentalhealth

The FI highlighted the difficulties that people with learning disabilities and people with mental health problems face in registering with a general practitioner. The audit found little evidence of systems to monitor registration, deregistration and patient complaints with general practices.

Recommendation 4:

Equality monitoring arrangements within primary care need to be reviewed and effective monitoring systems for patient registration, de-registration and complaints introduced. The systems must also include people living in residential care and long term NHS or secure settings.

Audit responses demonstrated notable practice across NHS Wales to improve access to primary care for disabled people. Much of this has been achieved through the Direct Enhanced Service (DES) on Access, introduced in 2004. However, in accordance with the Disability Discrimination Act (DDA) 2005, organisations must demonstrate that all contracted services are also compliant with the disability equality duty.

Recommendation 5:

Improving disability access within primary care must be monitored and regularly reported on as part of the contract compliance work that is undertaken by Local Health Boards. The assessment work that is undertaken, as part of the Quality of Outcomes Framework (QoF), should be used to report progress and identify barriers to improvement. In accordance with the requirements of the DDA (2005), progress must be included in annual reports and reported regularly to the Board.

Audit responses demonstrated a variation in practice in respect of general practices requesting and recording disability access requirements on patient medical records.

Recommendation 6:

Local health boards must work closely with general practices to implement effective systems to request and record the disability access requirements of all existing and new patients. These systems should be subject to an equality impact assessment to identify a wide range of access requirements, for example, language interpretation and translation services.

The introduction of annual health checks are generally perceived as having made a positive impact on improving the health of people with learning disabilities, and people with mental health problems who are on Enhanced Care Programme approach. However, a significant number of people who are entitled to receive a health check did not receive one in 2007/08.

Recommendation 7:

Local health boards must adopt a targeted approach to achieve a substantial increase in the uptake of annual health checks throughout Wales. These must also address the wide variation in uptake that currently exists across different LHB areas. In progressing this work, consideration should also be given to the 5 areas of improvement identified within the 'Monitoring the Public Health Impact of Health Checks for Adults with a Learning Disability in Wales – User Experience' Report produced by the joint National Public Health Service (NPHS) and Wales Centre for Learning Disabilities (WCLD) Project Group. A copy of the full report can be downloaded from the NPHS website at www.nphs.wales.nhs.uk

The EquiP Cymru Project has delivered disability awareness training across general practices in Wales. The provision of disability awareness training in Local Health Boards and NHS Trusts is patchy and there has been a focus on sensory impairment. Disability awareness and impairment specific training is particularly important for staff in regular contact with patients and the public.

Recommendation 8:

A comprehensive disability training needs analysis should be undertaken as part of the organisational development function. Collaborative working with disability organisations will help to ensure that training programmes are designed and delivered by disabled people.

6. Conclusion

The FI, 'Equal Treatment: Closing the Gap' raised important concerns about the poorer health of people with learning disabilities and people with mental health problems. The FI *Report for Wales* set out 11 recommendations to tackle the inequalities in physical health experienced by these two groups of disabled people. An initial audit undertaken in 2007 found evidence of progress in Wales in response to the FI.

A Second Audit has found evidence of further progress but also gaps still exist in relation to some of the FI recommendations. Eight actions have been identified to close these gaps. It is essential that the legacy work is carried forward to ensure that progress continues to be made and most importantly, that the life chances of people with learning disabilities and people with mental health problems are improved.

- (1) *Healthcare Inspectorate Wales 'How Well Does the NHS in Wales Commission and Provide Specialist Learning Disability Services for Young People and Adults?' – Findings and Themes from the All Wales Review.*
- (2) *MENCAP 'Death by Indifference' (2007).*

EQUAL TREATMENT: CLOSING THE GAP SUMMARY OF KEY FINDINGS

The Formal Investigation, 'Equal Treatment: Closing the Gap' published in 2006, found that people with learning disabilities and people with mental health problems are much more likely than other citizens to have poorer physical health. For example, people with schizophrenia or bi-polar disorder are much more likely than the rest of the population to develop diabetes, coronary heart disease, high blood pressure and stroke. In comparison to other people, they are also more likely to develop them at a young age and to die sooner from them.

People with learning disabilities are more likely to be obese than the general population, have higher rates of respiratory disease and are less likely to receive some health interventions, for example, body mass index measurement, blood pressure checks, cervical and breast cancer screening checks. High levels of unmet need were highlighted with half the people with learning disabilities who received health checks as part of the research found to have health needs that had not previously been identified.

Many complex and inter-related causes explain why these groups of people experience poorer health. The wide range of factors considered includes:

- Poverty
- Lack of access to healthy living and exercise;
- Difficulties recognising symptoms;
- Poorer access to health screening;
- The side effects of psychiatric medication;
- Communication barriers;
- Health services that are not designed to meet people's needs.

Audit of Local Health Boards

FI RECOMMENDATION 1: LEADERSHIP AND COMMITMENT

Recommendation 1 was broken down into six statements. The statements are concerned with the actions taken by organisations to disseminate the FI findings and address the recommendations within Disability Equality Schemes and action plans.

Statement 1.1

Please describe the action taken to disseminate the FI *Report for Wales*, and the Report of the Reconvened FI Inquiry Panel published in September 2007, within your organisation. Please include reporting to Board/executive committees/directors/senior staff and staff generally.

Twelve Local Health Boards reported the findings of the FI to their Boards. Seven Local Health Boards reported on the FI in 2007 and five had reported in 2008. The majority of Local Health Boards have raised awareness of the FI with a range of committees including:

- Executive and Management Teams
- Clinical Governance Committees
- Equality Committees
- Public and Patient Involvement Committees

All respondents had reported the findings of the FI to staff using staff briefing arrangements and internal intranet sites.

Notable Practice

- Bridgend and Neath Port Talbot Local Health Boards reported on the FI to their Adult Mental Health Implementation Teams.
- Bridgend Local Health Board reported on the FI to the Dementia Planning Group and Learning Disability Strategy Planning Team.

Statement 1.2

Please describe the actions that are set out within your current Disability Equality Scheme Action Plan which implement the FI Recommendations. Where appropriate, please include the outcomes of the assessment carried out as part of the annual review of your DES in December 2007.

Six Local Health Boards provided specific examples of actions set out within their DES action plans to address the FI. Others provided examples of actions being taken to promote disability equality.

Notable Practice

- Torfaen Local Health Board revised the DES action plan to include the FI Recommendations and established a working group to focus on specific recommendations.

Statement 1.3

Please confirm whether you have or are intending to develop a Single Equality Scheme to replace your Disability Equality Scheme and where appropriate, the date when this will be effective.

Seven Local Health Boards confirmed that work was underway to develop a Single Equality Scheme and effective dates for its introduction varied between September 2008 and January 2009. Three Local Health Boards indicated that a decision had been taken to continue with a separate Disability Equality Scheme. Ten Local Health Boards stated that the decision was under review pending the development of the Welsh Assembly Government Single Equality Scheme and/or the restructuring proposals in 2009.

Statement 1.4

Please describe the action taken to raise awareness of the *FI Report for Wales* and Recommendations with general practitioners and other primary care staff.

The majority of Local Health Boards described actions taken to raise awareness of the *FI Report for Wales* and Recommendations with general practitioners and other primary care staff. Seven Local Health Boards referred to the EquiP Cymru training project which included the FI Report and Recommendations in the delegate packs.

Notable Practice

- Blaenau Gwent and Wrexham Local Health Boards circulated the FI Report for Wales to all general practices.
- Newport Local Health Board made presentations on the FI to the practice managers' forum.
- In Gwynedd Local Health Board, following a Board discussion, the Medical Director included the FI Recommendations on the agenda of the Health Innovation Group meetings held with local general practitioners.

Statement 1.5

Please describe any projects or services commissioned to address the FI Recommendations. Please include the outcome of any evaluation work undertaken to assess effectiveness and also, the arrangements for ensuring that the good practice is capable of being transferred and sustained.

The majority of Local Health Boards described projects or services commissioned to address the FI Recommendations. Five made reference to the Direct Enhanced Services (DES) providing annual health checks for people with learning disabilities and, people with mental health problems who are on Enhanced Care Programme Approach.

Notable Practice

- Carmarthenshire, Ceredigion and Pembrokeshire Local Health Boards have commissioned a smoking cessation service for people with severe/enduring mental health problems.
- Flintshire Local Health Board has developed a DVD in collaboration with other sectors to promote health checks amongst people with learning disabilities. Training sessions for service users have been provided to explain the checks and to resolve anxieties that the individual and their carer may have. The Local Health Board is also considering providing health checks on behalf of practices that have not achieved the 'DES' in the previous year because of capacity issues, and has appointed a Learning Disabilities Nurse to review continuing healthcare placements.
- Monmouthshire Local Health Board has engaged in a project with the Prison Board to review services for prisoners with learning disabilities and/or mental health problems.

Notable Practice

- Neath Port Talbot Local Health Board has appointed a Consultant Nurse to improve access to primary health care, reviewed respite arrangements and introduced a Bibliography Scheme. They have also developed a mental health website and introduced a review process for every client on placement in residential care.
- Newport Local Health Board has appointed a Specialist Nurse for Asylum Seekers. The post is based in the Welsh Refugee Council and individuals are offered a holistic assessment of their psychological, physical, social and cultural needs and are registered with a general practitioner.
- Swansea Local Health Board has developed a communication toolkit entitled 'my health book' for adults with a learning disability.
- The Vale of Glamorgan Local Health Board has supported training grants to provide focused training by disabled people for primary care staff.
- Wrexham Local Health Board has commissioned specific support for Asylum Seekers and Gypsy Travellers.

Statement 1.6

Please describe the action taken to ensure that progress on the delivery of the FI Recommendations is regularly reported to the Board.

The majority of Local Health Boards responded positively to this statement. Most Local Health Boards made reference to the annual progress reports they produce on their Disability/Single Equality Schemes.

Notable Practice

- Cardiff Local Health Board provides quarterly progress reports to its Clinical Governance Committee, which is a sub committee of the Board.
- The Vale of Glamorgan Local Health Board reports on progress with their equality action plan as part of their governance work at every Board meeting.

RECOMMENDATION 2: PLANNING AND COMMISSIONING

This Recommendation primarily concerns the actions taken by Local Health Boards to ensure that the needs of people with learning disabilities and people with mental health problems are taken into account in the planning and commissioning of health services. The Recommendation is broken down into four statements.

Statement 2.1

Please describe the extent to which the Health, Social Care and Wellbeing (HSCWB) Strategy for 2008-11 will address the FI Recommendations. Please include in particular your plans to support people with learning disabilities and/or mental health problems to access facilities and opportunities to improve their physical health.

Fourteen Local Health Boards reported that mental health and learning disabilities services are identified as priorities within their Health, Social Care and Wellbeing Strategies. Four Local Health Boards have identified generic themes as strategy priorities and confirmed that action plans to ensure access to facilities and opportunities to improve physical health would focus on the needs of people with learning disabilities and/or mental health problems.

Notable Practice

- Blaenau Gwent Local Health Board referred to a joint commissioning strategy for learning disabilities being developed to identify best practice and service gaps including access to health, social care and leisure facilities. This will be implemented during the life of the HSCWB Strategy.
- Caerphilly Local Health Board provided an extract from their HSCWB Strategy which refers to improving the way staff work with service users with mental health problems and/or learning disabilities to enable them to take greater control of their lives.
- Denbighshire Local Health Board referred to its Community Services Plan which sets out strategic actions to improve access to facilities for people with mental health problems and/or learning disabilities.
- Flintshire Local Health Board made specific reference to the FI Recommendations within the revised HSCWB Strategy with key objectives to support people with learning disabilities and/or mental health problems to access facilities and opportunities to improve their physical health.
- Gwynedd Local Health Board referred to the Hearts & Minds project which specifically targets services for mental health patients who have heart disease.

Notable Practice

- Monmouthshire Local Health Board referred to the current review of learning disabilities services by their joint commissioning team and agreement with the local authority to develop Self Directed Care. Both promote a social inclusion agenda and access to mainstream services including healthcare.
- Torfaen Local Health Board referred to their joint commissioning strategy for learning disabilities containing a specific set of actions to improve access to opportunities to improve physical health. This also includes training for GP surgeries and a Health Passport Scheme. The Older Adult Mental Health Strategy also focuses on connections between mental and physical health and identifies the need to explore the feasibility of 'one-stop clinics' where patients' physical and mental health needs can be addressed in a single setting.
- Wrexham Local Health Board referred to their work as a partner in VIVA, managed by a voluntary organisation to deliver a holistic service which will address the physical health needs of people with mental health problems.

Statement 2.2

Please describe the actions you have taken to ensure that people with mental health problems and people with learning disabilities have been involved with the Strategy's development and other strategies and policies.

All respondents made reference to the active involvement of people with mental health problems and people with learning disabilities on strategic partnerships and planning groups concerned with the development of Mental Health and Learning Disabilities services.

Notable Practice

- Anglesey Local Health Board works in collaboration with a variety of multi agency planning groups which include service user and carer representatives. The 'Promoting Independence' priority of the Strategy will support the continuing involvement of service users and carers and a Mental Health Service User and Carer Strategy is being drafted.
- Blaenau Gwent Learning Disabilities Group held a 'Have your Say' event in March 2008. This identified six priorities which are informing the strategy's development. A Carers Forum has also been established as a consequence. A Mental Health Service User Involvement Strategy is being developed by the Mental Health Operational Strategic Planning Group which has representation from service users and carers.

- In Cardiff Local Health Board, the Strategy strand development is managed by Advisory Planning Groups (APG). Learning Disabilities APG has Forum, Parents Federation and Cardiff People First as members. The Mental Health APG includes the Mental Health Development Project and service user involvement for adults of working age and for older adults (supported by involvement officers).
- Flintshire Local Health Board work with multi agency Learning Disabilities and Mental Health strategic partnerships and planning groups with service user and carer input as a central planning assumption. The Board has also involved service users in the development of a DVD designed for service users.

Statement 2.3

Please describe the actions you have taken to engage with the diversity of people with mental health problems and/or learning disabilities, for example, people from:

**Black and minority ethnic communities
Gypsy and Traveller communities
Lesbian, Gay, Bisexual and Transgender people**

In response to this statement, most Local Health Boards made reference to work being undertaken to deliver Mental Health Race Equality Action Plans. A number of voluntary organisations were also named as partners in this work including the Valleys and Swansea Bay Race Equality Councils, the North Wales Race Equality Network and Communities First Partnership Boards. Denbighshire and Wrexham Local Health Boards made specific reference to employing a Gypsy and Traveller Outreach/Project officer who works closely with these communities to identify their health needs.

No specific examples of work to engage with Lesbian, Gay, Bisexual and Transgender people with mental health problems and/or learning disabilities were provided. A few Local Health Boards referred to the development of engagement strategies that would seek to engage with people from all sections of the community.

Notable Practice

- Caerphilly Teaching Local Health Board provided details of its work to develop an equality service specification which would set out the minimum requirements of service providers and be used to support the evaluation of current services and to identify future priorities.
- Newport Local Health Board made reference to its Mental Health Strategic Planning Group which has co-opted a voluntary sector Black and Minority Ethnic worker.

- Neath Port Talbot Local Health Board works with Swansea Bay Race Equality Council to provide quarterly 'surgeries' with Black and Minority Ethnic communities.
- Gwynedd Local Health Board described its work for the Older Persons Strategy which identified a Chinese community group of predominantly older women as being at risk of isolation.

Statement 2.4

Please describe your policy and practice in relation to providing payment to individuals who participate in public and patient involvement events.

Fifteen Local Health Boards confirmed that travel expenses are reimbursed to individuals who participate in public and patient involvement events. Four Local Health Boards have developed policies that address the payment of individuals for their participation. Five Local Health Boards stated the intention to develop or review policy in this respect in 2008/09. The Mid and West Wales PPI Network is developing a strategy that will address payment issues arising from public and patient involvement.

Notable Practice

- In Conwy and Denbighshire Local Health Boards, the integrated Adult Mental Health and Social Care Partnership Board have two service users and one carer as board members who receive expenses and an agreed annual payment of £3,500 per annum.
- Denbighshire Local Health Board also has a policy on supporting members of the public involved with LHB activity and this provides travel expenses; taxis, by prior agreement; escorts for people who require assistance; reasonable respite care expenses; conference fees by prior agreement; documented telephone, postage and stationery expenses agreed in advance and other support facilities as needed, including language interpretation, signing and induction loop system.
- Torfaen Local Health Board has a specific policy for payment of individuals engaged in the 'User-led Monitoring' project in Mental Health. The Board pays all out of pocket expenses including travel, respite and subsistence.

RECOMMENDATION 3: EMPOWERING USERS

This Recommendation is primarily concerned with making sure that people with learning disabilities and/or mental health problems and their carers (and other support workers), where relevant, know their rights in relation to physical health and the services to support this, and are able to take part or receive appropriate help in programmes geared to supporting them in managing their physical health conditions.

Statement 3.1

Please describe your strategies and/or plans to ensure that people with learning disabilities and people with mental health problems are empowered to manage their own health and access the health care they need. For example, to what extent is the expert patient programme accessible to people with learning disabilities and/or mental health problems.

In responding to this statement the majority of Local Health Boards made reference to the Expert Patient Programmes which involve mental health service users and people with learning disabilities. Some Local Health Boards described how the programme has been developed to ensure that it is accessible to people with learning disabilities using Easy Read and large print formats, DVD and CD-Rom. Some Local Health Boards also made reference to the annual health checks provided within primary care and a course entitled, 'Looking after me' designed for carers of people with mental health problems.

Notable Practice

- Carmarthen, Ceredigion and Pembrokeshire Local Health Boards have purchased through their Learning Disability Action Plans, individual health needs booklets developed in Easy Read format.
- Flintshire Local Health Board adapted the Diabetes X-pert programme for a group of people with learning disabilities. The course delivered over a period of 4 weeks gave more emphasis to the use of visual aids to support the learning. Post health check questionnaires were also sent to all patients who attended the health check. 42% returned the questionnaire and everyone said they would attend another health check in the future.
- In Monmouthshire the Joint Commissioning Team has agreed with the local authority to develop Self Directed Care. This will empower individuals to control how and when they receive support for social care. The work will also support access to mainstream health services and is based on the Social Model of Disability.
- Torfaen Local Health Board has a specific mental health project called "User led monitoring" in which service users develop skills, confidence and

capacity to evaluate mental health services the service users. This improves their capacity to manage their own condition.

Statement 3.2

Please provide details of any programmes within your area to support self-advocacy for people with learning disabilities and/or mental health problems.

All Local Health Boards provided details of advocacy support programmes either directly commissioned by the Local Health Board and, in some instances, in partnership with the local authority or provided by local groups and networks. The majority of responses also referred to the provision of in patient and community advocacy support through the local Trust. A number of voluntary sector organisations were referenced in responses including People First organisations, Mind Cymru and the North Wales Advice & Advocacy Association and networks such as the North East Wales Self Advocacy Network (NEWSA).

All Local Health Boards are also currently developing independent mental capacity advocacy (IMCA) services in line with the Mental Health Act 2007 and Welsh Assembly guidance.

Notable Practice

- Conwy Local Health Board commissions advocacy services to support tenants in accommodation funded through the 'Supporting People' grant stream.
- Neath Port Talbot Local Health Board has developed a care home advocacy project to train staff members to act as advocates.
- Newport Local Health Board described a peer advocacy service developed through in patient services and in the community.
- The Vale of Glamorgan Local Health Board commissions the Cardiff and Vale Project to provide both advocacy and carer support services within the Vale.
- Wrexham Local Health Board described the project, 'Caia Park' which has been established to provide advocacy services for migrant workers.

Statement 3.3

Please describe the extent to which the Care Planning Approach (CPA) is being used to support people with learning disabilities and/or mental health problems.

The Care Planning Approach (CPA) is a holistic assessment of needs and risks to produce a needs based outcome focused care plan which is subject to co-ordination and regular review. The majority of Local Health Boards have established arrangements in place for CPA in respect of adult mental health services and in most cases, the Local Health Board fund co-ordinator posts to manage the process.

In relation to learning disabilities, audit responses suggest that CPA is a developing area of work with a number of Local Health Boards describing plans to introduce CPA for individuals with learning disabilities. A few Local Health Boards described CPA as being fully implemented in respect of adult mental health service users and for people with learning disabilities.

In September 2008, a new Mental Health Act Code of Practice was published by the Welsh Assembly Government. The Code prescribes that care plans for people who are subject to the Act must cover a number of key areas including 'personal and physical well-being' described as:

- A review of all aspects of the patient's general health including medical issues, dentistry, optician and lifestyle issues and how these will be covered in hospital;
- Encouraging appropriate contact with GP and continuing consideration of all aspects of a person's physical well-being and personal care.

Notable Practice

- In Blaenau Gwent the local authority is commissioning a consultant to undertake a review of person centred planning processes within the Borough. The Local Health Board will develop an action plan to introduce CPA for people with learning disabilities. Similarly, person centred planning is being introduced in the Borough of Caerphilly for clients with learning disabilities.
- CPA is adopted throughout Conwy and Denbighshire and a co-ordinator has been appointed to manage the process and ensure consistency. A joint Conwy and Denbighshire Task and Finish Group is looking at care assessments and reviewing the documentation to ensure the process is effective and delivers agreed outcomes. Similar group work is being undertaken in Anglesey and Gwynedd.

Statement 3.4

Please describe the action you have taken to produce information you provide for the public in the following accessible formats: Easy read; large print; plain English; British Sign Language video; audio cassette; Braille; Welsh Language; minority languages and other (please specify). Please also indicate any action you have taken to develop the capacity and capability of primary care practitioners to provide public and patient information in accessible formats.

The majority of Local Health Boards made reference to guidance they have developed for staff and primary care practitioners on producing accessible information. Three Local Health Boards reported that their Communication Strategies cover the requirement to produce accessible information and, another Local Health Board has developed a procedure for producing Patient and Public Information.

All respondents confirmed that information in alternative formats is made available on request and the majority have provided patient and public information including consultation publications, in large print and Plain English, and to a lesser degree, Easy Read, Braille and audio.

Reference was also made in most responses to the provision of information in Welsh and different minority languages. The work of EquiP Cymru in raising awareness of the need to produce accessible information within primary care was referenced by a number of Local Health Boards. The majority of Local Health Boards reported that 'practice leaflets' are provided in large print and Plain English and a number of Local Health Boards also described in relation to primary care, the provision of Braille signage, the use of different contrasting colours to assist people with a visual impairment, hearing loop induction systems, BSL Interpreter Services and Language Line. A number of Local Health Boards in North Wales also made reference to the provision of 'Sign Health'.

The majority of respondents also reported using Reader or Patient Panels to advise on the accessibility of information and access requirements when organising engagement events.

Notable Practice

- Anglesey Local Health Board produced their Disability Equality Scheme on audio cassette in response to a request for this format.
- In Bridgend and Neath Port Talbot Local Health Boards, the learning disabilities planning team minutes and papers are produced in Easy Read format and the Health, Social Care and Wellbeing Strategy for Bridgend was also produced in Easy Read, Braille, audio, Welsh and large print.

- In Conwy Local Health Board, the complaints leaflet is available in Easy Read including a number of other documents used for public and patient involvement events.
- Monmouthshire Local Health Board has reviewed the use of language line in primary care and extended the service to all pharmacies and dental practices.
- Torfaen Local Health Board has provided training for staff on best practice in producing public information.
- The website of the Vale of Glamorgan Local Health Board has a large text option, Bobby AA rating and browsealoud.

RECOMMENDATION 4: REGISTERING WITH A GENERAL PRACTITIONER

This Recommendation is primarily concerned with making sure that people with learning disabilities and/or mental health problems are registered with a general practitioner.

Statement 4.1

The recent Report of Healthcare Inspectorate Wales: ‘How well does the NHS in Wales Commission and Provide Specialist Learning Disability Services for Young People and Adults? – Findings and Themes from the All Wales Review’ recommended that all people with learning disabilities should be registered with a general practitioner. Please describe the action you are taking to ensure that all people with a learning disability are registered with a general practitioner.

The majority of Local Health Boards made reference to their work with Local Authorities to validate Learning Disabilities Registers to ensure individuals are registered with a general practitioner and receive an invitation for an annual health check in accordance with the Direct Enhanced Services (DES) for Learning Disabilities. Reference was also made by most Local Health Boards to the operation of ‘open lists’ in general practices.

A few Local Health Boards indicated that lists held by Local Authorities have not always matched the lists of patients held by general practices and some patients were not included on the Local Authority Register. It was indicated that the validation work which is subject to annual review as part of the process for administering annual health checks, has helped to identify individuals with a learning disability and ensure registration.

Most Local Health Boards asserted that all individuals with learning disabilities will be registered and there was no indication of any experience of individuals not being registered. A number of Local Health Boards referred to the work of the community based Learning Disabilities team (health and social care) who ensure GP registration as part of the referral process.

Notable Practice

- Anglesey Local Health Board described how general practitioners work closely with services providing care for people with learning disabilities to ensure full registration and made reference to the Lighthouse Project in Holyhead where workers support vulnerable patients to register for general medical services.
- Conwy, Gwynedd and Wrexham Local Health Boards described the dedicated posts of care coordinators for Learning Disability Services who support general practices to ensure patients access treatment.

- Flintshire Local Health Board meets regularly with the Health Liaison Nurse to ensure that the annual health checks are taken up. The Health Liaison Nurse also visits practices and provides support and advice to service users and carers in promoting the service.

Statement 4.2

Please describe the action you have taken to collect and analyse equality monitoring data on patient registration and deregistration.

The responses to this statement indicate that ethnicity, gender and age data is routinely collected on new patients as part of the Quality of Outcomes Framework (QoF). In relation to disability data, a number of Local Health Boards described work to assess the access needs of patients as part of the Direct Enhanced Services (DES) on Access. There was no reference in any response to data being collected on languages spoken, sexual orientation or religion/belief. A number of Local Health Boards made reference to the role of the Business Services Centre (BSC) in holding patient registration data. There was no information provided to suggest that data currently being collected is used for monitoring purposes.

In terms of monitoring patient deregistration, the picture is less clear. One Local Health Board reported that general practices notify them if they wish to remove a patient from their list and there was no indication of any requirement to provide a reason for doing so. One Local Health Board reported carrying out an annual review of general medical services which requests and records data on patient deregistration from which any trends are highlighted. One Local Health Board suggested that individual practices are responsible for this work and another confirmed that equality monitoring is not undertaken in respect of patient registration or deregistration.

Notable Practice

- Flintshire Local Health Board is considering a pilot project with a number of general practices to collect and record patient equality monitoring data. An equality monitoring form has also been included in the annual patient satisfaction survey to capture equality data.
- Newport and Torfaen Local Health Boards described the work of the Long Term Conditions teams, and in Torfaen, the Complex Care Team, to collect and record information on patients' cultural, religious and spiritual needs. Data on gender, age and disability is also collected. The information gathered is used to ensure that patients' individual needs are met.

Statement 4.3

Please tell us about any evidence you have found from the monitoring data to suggest that certain groups may experience barriers to registering or remaining registered with a general practitioner and the action taken or planned to address the issues. These groups may include people with learning disabilities and/or mental health problems; people from black and minority ethnic communities; people from the Gypsy and Traveller communities and people who are Lesbian, Gay, Bisexual or Transgendered.

The majority of Local Health Boards were not aware of any local evidence to suggest that certain groups experience barriers to registering or remaining registered with a general practitioner. Some Local Health Boards described their work to improve access to primary care for Gypsy and Traveller communities, homeless people, Asylum Seekers and Refugees and migrant workers. Reference was also made to the work of community learning disability and mental health teams to support patients with registration and access to services.

Notable Practice

- Newport Local Health Board employs a mental health nurse who undertakes health needs assessments of Asylum Seekers. This work includes making sure they are registered with a general practice. The individual also has close working links with the Wales Refugee Council and is regarded as a contact for advice and health care sign posting.
- Torfaen Local Health Board made reference to a dedicated health visitor and general practitioner with a special interest in working with Gypsy and Traveller communities to improve access to health care services.
- Wrexham Local Health Board described the work of the Gypsy Traveller Project Worker who facilitates registration with general practices and dental services and supports attendance at appointments. The project worker also reminds people of appointments and this has reduced the DNA rates and encouraged practices to maintain registration. Dedicated Asylum Seeker health visitors also facilitate registration for Asylum Seekers, Refugees and migrant workers.

Statement 4.4

Please describe any arrangements for an independent appeals process or mediation service for people who are in dispute with a general practitioner.

Most Local Health Boards confirmed that complaints against general practitioners are managed in accordance with the NHS complaints process. All respondents made reference to advocacy, advice and mediation services available from local community health councils and the arrangements for independent review and

Ombudsman review of complaints. A number of Local Health Boards made reference to the support available from the Complaints Department of the Business Services Centre (BSC) and the Primary Care Support Services Conflict Resolution and Mediation Service. Some Local Health Boards indicated that patients are encouraged to seek resolution directly with the general practice and can be supported by the Local Health Board to achieve local resolution. Three Local Health Boards provide independent medical advisers where disputes remain unresolved.

Notable Practice

- In Denbighshire, all practices are required to display information on how to make a complaint or comment on services.
- Pembrokeshire Local Health Board has produced a Children's complaints leaflet that is currently being disseminated. The leaflet will also be produced in Easy Read format.
- Swansea Local Health Board will provide a lay conciliator on request and has a service level agreement to provide a Children's Advocacy Service.

RECOMMENDATION 6: THOSE LIVING IN RESIDENTIAL CARE OR SECURE SETTINGS

This Recommendation is primarily concerned with making sure that people with learning disabilities and/or mental health problems and living in residential or nursing homes, in 'supported living' arrangements, prisons or in secure accommodation, have equal access to a general practitioner and access to options for healthy living.

Statement 6.1/6.2

Please tell us the extent to which people living in residential care or secure settings are registered with a general practitioner. Please tell us if people living in residential care or secure settings have the opportunity to register with a general practitioner or alternatively, does your Local Health Board provide in reach services?

The majority of Local Health Boards asserted that all people living in residential care homes are registered with a general practitioner. There was no evidence provided to suggest that Local Health Boards are aware of people not being registered although one Local Health Board provided a statistic of 96% registration for this group. One Local Health Board highlighted the issue of people in long term NHS settings not being able to register with a general practitioner.

A few Local Health Boards made reference to the general medical services they commission for prison settings. A number of Local Health Boards described active monitoring arrangements to ensure people in residential care or secure settings are registered whereas others made reference to the responsibility of the care home to register patients with a local general practitioner. Reference was also made by most Local Health Boards to 'open lists' which should ensure that people can register with the local practice of their choice.

Notable Practice

- Cardiff and Monmouthshire Local Health Boards commission general medical services for prisoners in HMP Cardiff and HMP Usk and Prescoed respectively.
- Flintshire Local Health Board has 'in reach' clinical support nurses to maximise and maintain health, well being and quality of life of residents in care homes in Flintshire.
- Newport Local Health Board works closely with care homes and has collected data at various intervals of patients registered with each practice. In some cases the Local Health Board has provided advice to homes in respect of actively ensuring patient choice by providing people with full details of all practices in the residential home boundary.

- Torfaen Local Health Board monitors registration and ensures that registration is maintained and appropriate access provided, as part of its contract compliance role within the independent sector.
- The Vale of Glamorgan Local Health Board has established a local enhanced service (LES) to deliver general medical services to residents in the one care home in the Vale.

Statement 6.3

Please describe any work undertaken by the LHB to assess access to primary care services for people living in residential or secure settings. Please describe any actions identified from the assessment to promote healthy lifestyles for people living in these settings.

The majority of Local Health Boards provided examples of work undertaken to ensure access to primary care services for people living in residential or secure settings and to promote healthy lifestyles. Most of the actions concern the provision of information, advice and guidance on the management of long term health conditions, staff training and the commissioning of specific services.

Notable Practice

- Cardiff Local Health Board has re-commissioned a Local Enhanced Service (LES) for nursing care home residents focused on the more proactive management of the health of older people and to avoid admission to secondary healthcare. The Local Health Board has also worked with the local Trust to develop a community ward for older people with mental health problems. This includes general medical input to manage the primary health care needs of patients.
- Carmarthen Local Health Board undertakes medication reviews in targeted care homes.
- Conwy Local Health Board provides nurse assessors who liaise with general practices. The assessment for people in nursing homes includes daily living including physical activity and nutrition.
- Gwynedd Local Health Board funds practice development nurses to train and support nursing home staff to ensure high quality evidence based care for residents. This includes supporting staff to develop care plans for residents with chronic and complex health needs. Community pharmacists also undertake medicine reviews as part of a new pharmacy contract. Various healthy lifestyle initiatives have been developed in partnership with the local authority including the 'Move more often' training programme, the purchase of 'Wii's to provide alternative ways of undertaking physical exercise and promote mental well being and various arts projects.

- Monmouthshire Local Health Board is commissioning Care Home Direct Enhanced Service (DES) in all 14 practices for its 649 nursing and residential care home residents. This will be evaluated in 2009/10.
- Newport Local Health Board has undertaken a data collection exercise and used the information to ensure that all care homes are aware of the general practices in their area.
- In Newport and Torfaen Local Health Boards, specialist nurses work with residential/nursing homes to assess and train staff on disease specific issues such as Diabetes management.
- Swansea Local Health Board undertakes monitoring on a quarterly basis to assess the delivery of healthcare in prison settings. This includes complaints or incidents relating to the service.
- In the Vale of Glamorgan, the Health Promotion Team works with primary care and nursing teams to deliver healthy lifestyle information to the residential home in the area. This can range from falls prevention to oral health.

RECOMMENDATION 7: EXCLUSION ON MULTIPLE GROUNDS

This Recommendation is primarily concerned with making sure that people with learning disabilities and/or mental health problems who do not have easy access to a general practitioner or experience exclusion on multiple grounds receive full and proper primary health care services.

Statement 7.1

Please describe the steps you are taking to ensure that communities who may experience social exclusion on multiple grounds can receive equal access to primary health services. These may include people with or without learning disabilities and/or mental health problems who are homeless; from black and minority ethnic communities; from Gypsy and Traveller communities and Refugees and Asylum Seekers.

The majority of Local Health Boards were able to describe established or developing arrangements to provide local enhanced services for vulnerable groups and in particular, Gypsy and Traveller communities, homeless people and Refugees and Asylum Seekers. In most cases, the primary health care needs of vulnerable groups are addressed through the use of targeted outreach nurses and health visitors.

A few Local Health Boards reported that no evidence was available locally to suggest that a particular group had experienced barriers to accessing primary healthcare services.

Notable Practice

- In Blaenau Gwent work is ongoing through the Direct Enhanced Services (DES) for Asylum Seekers and the Homeless to conduct a baseline assessment for the Borough to establish potential need and demand for services.
- Cardiff Local Health Board commissions a Multicultural Centre via the Trust which provides interpretation, health access and facilitation services in a number of core languages. A primary care access practice has been developed for Asylum Seekers and a local enhanced service for the Homeless.
- In Denbighshire rural communities are identified as a priority area by the Adult Mental Health and Social Care Joint Commissioning Partnership. The Conwy and Denbighshire Rural Interest Group (CADRIG) is undertaking a mapping exercise to identify those people excluded from services as a result of rural issues.
- Gwynedd Local Health Board is undertaking a data collection exercise with the local authority to identify the number and location of vulnerable groups,

in particular, Asylum Seekers, Refugees and Homeless people, in order to consider the primary health care needs of these groups.

- Neath Port Talbot Local Health Board has commissioned a dedicated health visitor to work with Gypsies and Travellers and Gateway workers are established for people with mental health problems. The Local Health Board is also planning to target intervention within the Gypsy Traveller site to increase childhood vaccination.
- Newport Local Health Board employs a mental health nurse to undertake health needs assessments of Asylum Seekers which includes registration with a general practitioner. The nurse works closely with the Wales Refugee Council and is seen as a link for advice and healthcare signposting.
- Torfaen Local Health Board is establishing a forum to explore how access to health services can be improved for homeless and vulnerable groups. A dedicated health visitor for Gypsy and Traveller communities has been commissioned and this individual works closely with a 'General Practitioner with Special Interest' in this community.
- In Wrexham, two health visitors provide support to Asylum Seekers in accessing primary health care services and the Local Health Board has also commissioned general medical services for Refugees and Asylum Seekers and an out reach service for Gypsies and Travellers.

RECOMMENDATION 8: 'REASONABLE ADJUSTMENTS TO SERVICES'

This Recommendation is concerned with the need for general medical practices and primary care centres to make 'reasonable adjustments' to make it easier for people with learning disabilities and/or mental health problems to get proper access to the services offered by the practice.

Statement 8.1

Please tell us about the extent to which practices in your area have engaged in the Direct Enhanced Services (DES) on Disability Access. Please describe any actions you have taken to promote participation by general practices.

The majority of Local Health Boards confirmed that most, and in some cases all, general medical practices in their area had signed up to the DES on Access and had participated in the EquiP Cymru training, including completing the self assessment toolkit and action plan.

Notable Practice

- In Blaenau Gwent all 16 practices participated in the EquiP training, completed the toolkit and identified areas for improvement. Staff identified the need for further training, and training to raise awareness of the needs of patients with visual impairments has been provided. General practitioners also received a letter to emphasise the importance of engaging in the DES.
- In Anglesey, all 11 practices participated in the DES and action plans are currently being reviewed. The LHB funded the EquiP Cymru training to establish disability leads in all practices by July 2008.

Statement 8.2

Please tell us what reasonable adjustments are being made by practices in your area to meet the needs of disabled people.

The majority of Local Health Boards described adjustments being made within primary care to improve communication and physical access to and within buildings and car parks. The most common highlighted are: information in large print, Braille and on audio cassette; hearing loop induction systems; text phones and minicomms; road markings; accessible lifts and toilets; ramps to ensure wheelchair access and lowered reception desks; use of colour contrasts for internal decoration and training to provide basic awareness of British Sign Language. Some Local Health Boards made reference to practices applying for improvement grants to assist in carrying out adjustments and also, plans for

general practices to move to new premises that meet disability access requirements as set out within the Disability Discrimination Act 1995.

Notable Practice

- In Anglesey work is ongoing to transfer two practices to new premises fully endorsing DDA requirements and full DDA assessments were undertaken in 2007/08 for remaining practices and action schedules completed.
- Monmouthshire Local Health Board has recently undertaken a tendering exercise to assess all general medical services for disability access and compliance. A conscious sedation service has also been commissioned in Abergavenny to improve access for patients with phobia and will be used to improve access for disabled people including people with learning disabilities.
- In Newport practices have successfully applied to the Local Health Board to utilise their prescribing incentive savings to fund investments in alterations to practices to improve access for disabled patients.

Statement 8.3

Please tell us about the barriers to improving access for disabled people highlighted by general practices.

The majority of Local Health Boards highlighted common barriers to improving access for disabled people. In the main these included the age and condition of buildings; limited space; planning and lease restrictions with many premises not being owned by practices. The costs of carrying out structural changes as a consequence of practices being housed in old and inappropriate buildings such as converted residential accommodation, was also highlighted as a barrier.

A number of Local Health Boards made reference to addressing these barriers through their Primary Healthcare Estate Strategies with plans to move or develop practice premises. One Local Health Board highlighted the need for further training to raise greater awareness amongst practice staff of the barriers for disabled people.

Notable Practice

- Anglesey Local Health Board identified the barriers as constraints imposed by old buildings, buildings stretched to capacity and buildings with lease restrictions or restrictions presented by joint use. Alternative access has been provided in some practices, for example, wheelchair access is not available for all treatment rooms but protocols give priority access to disabled patients.

- As part of Caerphilly Teaching Local Health Board's Estate Strategy, three main surgery developments are being undertaken in 2008.
- Torfaen Local Health Board invested approximately £200,000 a few years ago in order to meet the needs of disabled clients. This investment was made in Braille signage, Jayex display systems, accessible toilets and ramps, etc.

Statement 8.4

Please tell us the extent to which access requirements of patients are requested and recorded in their file.

Responses to this statement suggest a variation in practice in respect of general medical practices requesting and recording disability access requirements. Four Local Health Boards stated that all patient records are 'flagged' to identify access requirements. One Local Health Board described how practice computers enable electronic flags to be shown on screens. Five Local Health Boards reported that new patients are asked to record their access requirements at registration. Two Local Health Boards reported that access requirements are recorded on request by the patient or general practitioner. Three Local Health Boards reported that the information gained during visits made as part of the Quality of Outcomes Framework (QoF) and in relation to the DES on Access, indicated that practices obtain and record information on patients' access requirements.

RECOMMENDATION 9: HEALTH CHECKS

This Recommendation is concerned with the introduction of annual health checks for people with learning disabilities and/or mental health problems to assess their physical health and ensure access to health interventions that fit the level of their health needs regardless of age.

Statement 9.1

Please tell us how many people with learning disabilities received an annual health check between April 2007 and March 2008.

It was agreed in April 2006 that primary care based, annual health checks for adults with a learning disability on local authority registers, were to be introduced in Wales as a Direct Enhanced Service (DES). In April 2007 the Welsh Assembly Government funded a proposal submitted by the National Public Health Service (NPHS) and Welsh Centre for Learning Disabilities (WCLD) to monitor and evaluate the introduction of health checks for people with learning disabilities.

The first report entitled, 'Monitoring the public health impact of health checks for adults with a learning disability in Wales' was published in January 2008. The Report states that it was estimated that there were 10,000 people aged 18 and over on learning disability registers in Wales in 2006/07. During the scheme's first year, 6,450 people with learning disabilities in Wales were invited to have a health check and 3,144 health checks were undertaken. The report refers to the wide variation between Local Health Boards in the rates of invitations issued and of those who received a health check.

The second report of the joint NPHS/WCLD project group was published in February 2009. According to data received, of the estimated 10,931 people aged 16 and over on learning disability registers in Wales in 2007/08, 3,748 health checks were undertaken (34% of all people on LD registers). This represents a 4% increase from the previous year.

The report concludes that 'the likelihood of receiving a health check continues to be strongly related to where people lived, e.g. over half of those living in Conwy, Swansea, Denbighshire, Gwynedd and Wrexham LHB areas received a health check compared with 8%, or fewer, of those living in Rhondda Cynon Taff and Merthyr LHB areas. This finding is consistent with the data provided for the audit which demonstrated significantly higher numbers of health checks undertaken in North, Mid and West Wales in comparison to South East Wales.

The majority of Local Health Boards were able to provide figures for the number of people with learning disabilities who received an annual health check between April 2007 and March 2008. However, only four Local Health Boards provided data to indicate the percentage of uptake compared with the number of people either on the Social Services Learning Disability Register or invited to attend. Therefore, it is not possible to establish from the audit data, the percentage of people with learning disabilities in every Local Health Board area who received an annual health check in response to an invitation from their general practitioner.

The audit data indicates that at the end of the scheme's second year, there is still wide variation in the uptake of health checks for each health region. The audit data which is not inclusive of every Local Health Board suggests that the following number of health checks were carried out:

	South East Wales	Mid and West Wales	North Wales
Health checks	619	963	1,274

These figures do not amount to the overall figure of 3,144 for Wales, indicated in the joint NPHS/WCLD report; however, this can be explained by not all Local Health Boards providing data for the audit.

In October 2008 the NPHS and WCLD published a further joint report entitled 'Monitoring the public health impact of health checks for adults with a learning disability in Wales – User Experience'. The report presents the findings of a study which explored the views of a sample of recipients about their experience of having an annual health check. The report states that: ***'overall, participants in the focus groups appreciated the importance of health checks, valued the opportunity to have them and were positive about the experience'***.

However, the findings of the study highlight a number of ways in which the Health Check process could be improved, including greater standardisation of the invitation process with mechanisms for informing everybody of their entitlement to a health check and a clear and accessible explanation of the purpose of a health check and what it entails.

Audit data indicates that some Local Health Boards, but not all, have recognised the need to provide additional support to people with learning disabilities to ensure that they understand the reason and nature of the health check and to encourage people to participate in the process. Audit responses would also suggest that there is a positive correlation between this approach and higher levels of uptake of the annual health checks.

Statement 9.2

Please tell us how many people with a mental health problem and on Enhanced Care Programme Approach received an annual health check/report between April 2007 and March 2008.

A Direct Enhanced Service (DES) to provide annual health checks for people with a mental health problem and on the Enhanced Care Programme Approach was also introduced in 2006. The majority of Local Health Boards were able to provide figures for people with a mental health problem on Enhanced Care Programme Approach who received an annual health check/report between April 2007 and March 2008. Not every Local Health Board provided the number of people living in the catchment area who are known to be included on the Advanced Care Programme Approach Register and therefore it is not possible to establish from

the data provided, the percentage of eligible people who received the health check.

Again, there was considerable variation in the numbers reported for each health region with significantly more people receiving a health check in Mid and West Wales and North Wales in comparison to South East Wales. The audit data, which does not include every Local Health Board, indicates that the following number of health checks were carried out:

	South East Wales	Mid and West Wales	North Wales
Health checks	287	802	783

Statement 9.3

Please tell us in what ways the health checks have enhanced the physical health of the recipients.

All Local Health Boards responded positively to this statement and highlighted the opportunity annual health checks present to enhance the level of healthcare for people with learning disabilities and people with mental health problems. A number of Local Health Boards provided specific examples of health conditions identified through the health checks. Other Local Health Boards made reference to plans to review the data and/or assess the patients' views of health checks.

Notable Practice

- Anglesey Local Health Board highlighted at least one patient had benefited from an early diagnosis of breast cancer and a number of indicators of chronic diseases, for example, Coronary Heart Disease and Diabetes, had been identified which are subject to ongoing management.
- Blaenau Gwent Local Health Board highlighted the benefits of medication reviews, the potential to identify chronic diseases that benefit from early intervention and the opportunity to develop the patient's relationship with the general practitioner.
- Conwy Local Health Board highlighted the benefits as identifying patients with hypertension, Diabetes and high cholesterol and that this has enabled general practitioners to provide appropriate treatment.
- Denbighshire Local Health Board made reference to the valuable information that would not otherwise be known or available to CPA coordinators or consultant psychiatrists. The checks also strengthen and maintain the lines of communication between practices and their local mental health teams. One Denbighshire practice has also successfully piloted a screening and support programme for people with mental health

problems prior to the implementation of the enhanced service for which a Health Inequalities grant was awarded. The Local Health Board is eager to implement this programme across all practices.

RECOMMENDATION 10: SUPPORT FOR HEALTHY LIVING AND MANAGING SIDE EFFECTS

This Recommendation is concerned with making sure that people with learning disabilities and/or mental health problems are offered accessible and appropriate support to encourage healthy living and overcome any physical health disadvantages which come with their condition or treatments administered for their condition.

Statement 10.1

Please describe the steps taken to ensure that people living in residential and secure settings in your area are able to eat five portions of fruit and vegetables a day and to achieve the 10,000 steps (or equivalent) exercise each day.

The majority of Local Health Boards made reference to reviewing the care plans of people living in residential settings as part of their contract compliance role. The reviews consider nutritional aspects of care and physical activity.

A number of Local Health Boards also highlighted the inspections carried out by CSSIW that consider access to healthy food and hygiene standards. The reports are available to Local Health Boards. Two Local Health Boards made reference to Health Promotion Strategies developed within prison settings to promote healthy eating for prisoners.

Notable Practice

- Bridgend Local Health Board made reference to training delivered in residential homes by the National Public Health Service on physical activity and healthy eating.
- Caerphilly Teaching Local Health Board has developed an audit tool for looking at food and nutrition for patients (including fruit offered) at independent sector nursing homes. The Local Health Board is the only one in Gwent to employ a specialist Practice Development Nurse (Care Homes).
- Flintshire Local Health Board has purchased books on nutritional care for nursing care homes to ensure the nutritional needs of residents are considered in line with national guidance.
- Gwynedd Local Health Board made reference to several residential and secure settings managed by the local Trust which provide a budget for fresh fruit for patients; a gym and large garden area with exercise encouraged and timetabled; fruit and vegetable menu options with encouragement to select them; patients regularly using sports facilities,

and training at certificate level in physical exercise for health care assistants.

- Newport Local Health Board has a Nutrition Strategy which includes the need to consider the culturally diverse population. Significant work has been undertaken through the Asylum Seeker Nurse to provide nutritional advice and support to Asylum Seekers.
- Swansea Local Health Board's Prison Health Promotion Strategy (2008-11) includes specific actions about the provision of food and healthy eating plans for prisoners.
- Torfaen Local Health Board has developed its contract compliance monitoring and questions and observations around nutrition and diet have improved. The process now includes a component in relation to respecting cultural diversity in dietary needs and how care staff can meet specific needs, such as assistance with eating at meal times.

RECOMMENDATION 11: TRAINING

This Recommendation is concerned with the development of comprehensive evidence-based training and information resources (the design and at least some of the delivery of which involves users and user groups) for primary health care staff.

Statement 11.1

Please describe the steps taken to develop the awareness and understanding of staff of disability equality and the Social Model of Disability. Please include action taken to provide impairment specific training, for example, deaf awareness training, for staff.

Most Local Health Boards made reference to generic equality awareness training that includes the Social Model of Disability and raises awareness of the needs of disabled people with different impairments. Two Local Health Boards described specific training on the Social Model delivered to staff. Other steps described by the majority of Local Health Boards included dissemination of Disability Equality Schemes to all staff; staff briefings; staff induction training; Board development sessions; work to develop the Equality and Diversity core dimension of the Knowledge and Skills Framework (KSF) and Equip Cymru training.

A number of Local Health Boards have provided impairment specific training but this was limited in the main to Deaf awareness training. One Local Health Board has provided training to raise awareness of the needs of people with visual impairments.

Notable Practice

- Blaenau Gwent Local Health Board made reference to its lunchtime Finger Spelling Club to raise awareness of BSL and, the provision of information to inform service providers of the process of engaging BSL Interpreters.
- Denbighshire Local Health Board has developed a training programme with GP trainees and people with learning disabilities using 'role play' sessions based around GP surgery visits.
- Swansea Local Health Board provides annual training in the Social Model of Disability that includes Deaf awareness training, visual impairments and physical disability awareness and the needs of people with learning disabilities and/or mental health problems.
- Torfaen Local Health Board commissioned the support of a disabled person to train staff on the Social Model of Disability which was mandatory for all senior managers.

Statement 11.2

Please describe the extent to which disabled people are involved in the design and delivery of disability equality training.

In responding to this statement, most Local Health Boards made reference to their work with the EquiP Cymru project. However, apart from this example, the involvement of disabled people in the design and delivery of training is limited. The audit data indicates that organisations within North Wales have engaged more with disability organisations to deliver staff training, particularly with RNIB and RNID. Reference was also made by a number of organisations to their public and patient engagement work which has involved disabled people in sharing their experiences of healthcare with local service providers.

Statement 11.3

Please tell us how many practices have engaged in the EquiP Cymru Project and received training. Please tell us how many general practitioners and reception staff have participated in your area. Please include any plans for future training.

With one exception, all respondents were able to provide data on the number of practices that have engaged in the EquiP Cymru Project. Eight Local Health Boards reported that all practices within their area had participated and in respect of the remaining organisations, most practices were represented on the training. Not all respondents provided data for the numbers of general practitioners and reception staff that had attended the training. In the majority of responses however, general practitioners had participated as well as practice nurses, practice managers and reception staff. Where data was provided the number of general practitioners was relatively low in relation to the number of practices participating, with the exception of Neath Port Talbot Local Health Board where the participants included 63 general practitioners, 13 practice managers and 136 administrative staff.

Statement 11.4

Please tell us of any arrangements made for general practices to receive supplementary disability awareness training for staff, following their engagement with the EquiP Cymru Project.

Two Local Health Boards made reference to specific training planned to supplement the disability awareness training provided by EquiP Cymru. The majority of respondents indicated that further training needs would be identified following evaluation of the training and/or the visits made under the Quality of Outcomes Framework (QoF).

Audit of NHS Trusts

RECOMMENDATION 1: LEADERSHIP AND COMMITMENT

Recommendation 1 was broken down into six statements. The statements are concerned with the actions taken by organisations to disseminate the FI findings and address the recommendations within Disability Equality Schemes and action plans.

Statement 1.1

Please describe the action taken to disseminate the *FI Report for Wales*, and the Report of the Reconvened FI Inquiry Panel published in September 2007, within your organisation. Please include reporting to Board/executive committees/directors/senior staff and staff generally.

In responding to this statement, most Trusts confirmed that the *FI Report for Wales* had been presented to high level equality and diversity committees that report to Trust Boards. A number of Trusts had also disseminated the FI findings through divisional equality leads and to staff using the intranet, briefings, newsletters, induction and training. A number of Trusts also indicated that actions had been highlighted in response to the FI and these would be reported on through the development of their single equality schemes and action plans. Some Trusts are also using equality impact assessment to raise awareness of the FI.

Notable Practice

- In North Wales NHS Trust, (Eastern) mental health directorate representatives attended a launch of the *Report for Wales* and fed back verbally to the Learning Disability Teams, providing copies of the report for service users.
- In Velindre Trust, the FI report was considered by the Equality and Diversity Group, which includes five Trust Board representatives. Each divisional representative fed back into their own teams and where relevant, equality groups, such as in Velindre Cancer Centre and the National Public Health Service (NPHS). The Vulnerable Adults Team, Local Public Health teams and in screening services, screening promotion officers, were made aware of the report. Comments were fed back via Trust Equality leads for inclusion in the Disability Equality Scheme.

Statement 1.2

Please describe the actions that are set out within your current Disability Equality Scheme Action Plan which implement the FI Recommendations. Where appropriate, please include the outcomes of the assessment carried out as part of the annual review of your DES in December 2007.

The majority of Trusts confirmed that disability equality schemes contain specific actions to address the FI Recommendations. A number of Trusts made reference to work to integrate disability equality action plans within new single equality schemes. A number of Trusts provided specific examples of actions set out within their DES to address the FI. Three Trusts provided examples of outcomes achieved through the DES action plan.

Notable Practice

- In Gwent Healthcare NHS Trust, health packs which cover a range of health issues are available within all areas of the Learning Disability Service; physical health needs are identified and recorded within the 'Unified Assessment & Care Programme Approach' and the 'Gwent Lifestyle and Diet in Severe Mental Illness (GLADIS)' Project which is a health promotion initiative that incorporates a health assessment, accessible information and support programme for people with mental illness to reduce their risk of preventable diseases such as coronary heart disease, has been supported.

Statement 1.3

Please confirm whether you have or are intending to develop a Single Equality Scheme to replace your Disability Equality Scheme and where appropriate, the date when this will be effective.

The majority of Trusts confirmed that single equality schemes were either in place or work was underway to develop one. A number of Trusts anticipated their implementation during 2009. Two Trusts confirmed that a decision on a single equality scheme was under review pending in one case, guidance in relation to the Gender Equality Duty and in the other, the outcome of restructuring proposals in 2009.

Statement 1.4

Please describe any projects or services commissioned to address the FI Recommendations. Please include the outcome of any evaluation work undertaken to assess effectiveness and also, the arrangements for ensuring that the good practice is capable of being transferred and sustained.

The majority of Trusts described projects initiated in response to the FI Recommendations. Partners in this work include Local Health Boards, community mental health teams, learning disability services and the Welsh Assembly Government. Only one Trust made reference to evaluation work using staff interviews with a view to sharing the learning to inform future practice across the Trust.

Notable Practice

- In Gwent Healthcare NHS Trust, a joint working pilot project has been carried out between Newport East Community Mental Health Team and the Learning Disability Service. This has involved a small number of clients from each team, who have both a mental health problem and a learning disability, being jointly assessed by staff from the two teams, with a view to changes being made to their care plans where necessary. An evaluation of this project is currently being carried out by a Clinical Psychologist, Adult Mental Health and a Clinical Psychologist, Learning Disabilities. Outcomes of this will be fed back to teams in October 2008 and disseminated more widely in the Trust in order to inform future practice.
- In North Wales NHS Trust (Central), a Project Board chaired by a non-executive director has been convened to oversee streams of work addressing recommendations from the FI. The recommendations have informed plans for a clinical audit, currently being designed, to gather evidence of the patient experience of service users accessing A&E specific to learning disabilities.
- In North Wales NHS Trust (Eastern), projects have been established with the health liaison nurses to develop health action plans, piloted and audited in partnership with service users. A WAG award was received for cervical and breast screening packs for women with learning disabilities. The Trust worked with Clwyd Health Council to produce accessible DVD's to explain health checks for people with learning disabilities. Community mental health teams have medication clinics that expressly monitor physical health and a 'Mental Health Motive Day' was run in collaboration with the North East Wales Institute (NEWI) to promote leisure activities for adults and older persons with mental health problems. Helyg Day Hospital has set up systems to activate community based activity groups, to ensure service users link into local health and wellbeing programmes.
- North West Wales NHS Trust has a project nurse working for the 'Cynllun Codi Calon' which is a joint initiative between the department of psychological medicine (Hergest Unit) and Gwynedd Local Health Board.

There is a 'Healthy Living Group' on Taliesin (intensive care ward, Hergest Unit) which looks at the holistic approach to care including physical interventions, smoking cessation, self esteem issues and physical activity for clients. One Health Care Assistant has also completed a course to supervise clients doing exercises. Ty Llywelyn medium secure unit also employs a fitness instructor and residents have access to a gym and sports hall. Healthy eating, physical activity and smoking cessation are addressed in individual care plans.

- In Velindre NHS Trust, a project was undertaken to address the needs of women with learning disabilities in accessing Breast and Cervical Screening, with the development of a health education package which can be used by local community learning disability teams.

A joint Breast Test Wales and Cervical Screening Wales health promotion initiative was carried out in North Wales. A workshop held with women with learning disabilities explored their understanding of the purpose and nature of screening. Over a twelve month period the project team developed a health promotion/education resource pack to support women through the screening process. The two teaching packs called 'Having a Breast Test' and 'Having a Smear Test' are in pictorial format with simple language and the pictures used are real images, not animated cartoons. The packs break down the screening journey into small manageable sections covering invitation through to pre-visits, actual appointments and the results process. Checklists were developed to enable nurses to see at a glance if they had covered the key aspects needed for an informed decision. During the pilot phase the project team designed comprehensive questionnaires to collect qualitative data at evaluation stage from learning disability health professionals and from women with learning disabilities. Interviews were also held and overall, there has been a very positive response to the initiative.

Statement 1.5

Please describe the action taken to ensure that progress on the delivery of the FI Recommendations is regularly reported to the Board.

The majority of respondents described arrangements in place to report on a regular basis on progress with disability or single equality scheme action plans to Trust equality groups and governance committees. A number of Trusts also made reference to their annual reports on equality which would include actions being taken in response to the FI.

Notable Practice

- In North West Wales NHS Trust, the Head of Nursing (Mental Health/ Learning Disability Services) is a member of the Equality, Diversity and Human Rights Strategic Committee, and reports on progress against delivery of the FI Recommendations. Following the Report of the FI Formal Inquiry Panel in September 2007, a detailed report into the inequalities in

physical health experienced by people with learning disabilities and people with mental health problems is being prepared for Trust Board in October 2008.

RECOMMENDATION 2: PLANNING AND COMMISSIONING

This Recommendation primarily concerns the actions taken by organisations to ensure that the needs of people with learning disabilities and people with mental health problems are taken into account in the planning and commissioning of health services. The Recommendation is broken down into four statements.

Statement 2.1

Please describe how people with mental health problems and people with learning disabilities are involved in developing Trust strategy and policy.

The majority of Trusts were able to provide examples of how people with mental health problems and people with learning disabilities are involved in developing strategy and policy. Examples included membership of Planning Teams, multi-agency planning forums, Patients Councils or Panels and involvement through PPI groups and events. A number of Trusts also made reference to the opportunity presented by equality impact assessment to actively seek the participation of these two groups in strategy and service development.

Notable Practice

- In Abertawe Bro Morgannwg NHS Trust, service users and carers are represented on the Mental Health Directorate Planning Team, multi-agency planning forums and Mental Health Modernisation Board. Patients Councils and groups have also been established to work with service users and local communities including the Patients Council at Cefn Coed Hospital and the friends of Caswell Clinic who review service development proposals and discuss issues of public and community safety. These groups also provide support to in-patients and organise social events throughout the year. Within the Mental Health Directorate there is a Post-Natal Depression Group which scopes the views of service users. Staff-patient partnership has ensured the right techniques are used to gain views in Mental Health where there are Patients Councils, supported by external advocacy.
- In Cardiff and Vale NHS Trust, service users, carers and user organisations are active members of the multi agency Joint Operational Groups (JOGS) which develop and monitor mental health services. Service users and carers have also been involved in the planning and design of the new building to replace Whitchurch Hospital. This work has been benchmarked across the UK and ideas are brought back to the design and planning teams to influence the plans. Service users are also actively involved in workshops with Aston University looking at the role and function of Community Mental Health Teams and the agreed move towards integrated teams and new ways of working.
- Cwm Taf NHS Trust has worked in conjunction with LHB partners to ensure that service users and carers' views are gathered to influence major service reviews such as the Review of Adult Mental Health Services in Merthyr and Cynon and the review of CAMHS service (Young Minds report).

- In Gwent Healthcare NHS Trust, the views of people with mental health problems and/or learning disabilities are sought for the equality impact assessment of policies/strategies/functions. This is achieved via the Service User Panel for people with learning disabilities; patient stories; and having advocates as members of policy groups. There is also regular contact with members of the 'People First' learning disability organisations.

Statement 2.2

Please describe the actions you have taken to engage with the diversity of people with mental health problems and/or learning disabilities, for example, people from:

**Black and minority ethnic communities
Gypsy and Traveller communities
Lesbian, Gay, Bisexual and Transgender people**

In response to this statement, the majority of Trusts provided examples of work to engage with black and minority ethnic communities. To a lesser extent, a number of Trusts also made reference to projects to engage with Gypsy Traveller communities and Lesbian, Gay, Bisexual and Transgendered people.

- Gwent Healthcare NHS Trust, in partnership with local voluntary organisations, Gwent Association of Voluntary Organisations (GAVO), the Local Authority and Newport LHB, held 8 service user focus groups with local Black and Minority Ethnic communities to gain their views on mental health and wellbeing. A Health Visitor and Midwife are designated to work with Gypsy and Traveller communities. Raising awareness of Gypsy and Travellers' distinct and varied cultural and ethnic identities is a focus for this year's race equality action plan. The Trust has published an action plan to improve service delivery and employment practice for LGBT people. Part of the action plan involves engagement activity such as storytelling and attendance at LGBT community events including Mardi Gras and Cardiff Pride. The Trust also works closely with the Newport Local Health Board Mental Health Nurse for Refugees and Asylum Seekers.
- In North Wales NHS Trust (Central), engagement work to inform the 2008 Race Equality Scheme was led jointly with partners in health, the Local Authority and North Wales Race Equality Network.

Discussion groups were facilitated in a range of community languages including Polish and Chinese. There has been closer working with Transgendered people to raise awareness of the barriers experienced in accessing healthcare, carried out independently and, jointly with North Wales Police at a recent 'Transgender Symposium'. One proposal following this event is to facilitate an awareness session for Mental Health Teams with members of the Transgender community. The organisation has built close working relationships with Stonewall Cymru and VIVA, the West Rhyl LGBT young people's support network.

Statement 2.4

Please describe your policy and practice in relation to providing payment to individuals who participate in public and patient involvement events.

The majority of Trusts confirmed that travel expenses are reimbursed to individuals who participate in public and patient work.

Notable Practice

- In North Wales, Conwy and Denbighshire have been at the forefront of reimbursing service users and carers for their contribution to service planning and monitoring. The Partnership Board has two service users and one carer Board members. This is the first integrated Partnership Board in Wales. The service users and carer Board members receive expenses and also, an agreed annual payment managed through a payroll system.

RECOMMENDATION 3: EMPOWERING USERS

This Recommendation is primarily concerned with making sure that people with learning disabilities and/or mental health problems and their carers (and other support workers), where relevant, know their rights in relation to physical health and the services to support this, and are able to take part or receive appropriate help in programmes geared to supporting them in managing their physical health conditions.

Statement 3.1

Please describe your strategies and/or plans to ensure that people with learning disabilities and people with mental health problems are empowered to manage their own health and access the health care they need. For example, to what extent is the expert patient programme accessible to people with learning disabilities and/or mental health problems.

In responding to this statement a range of initiatives were referenced by respondents including Expert Patient Programmes, personal health profiles, health and wellbeing groups, stress control courses, volunteers acting as 'buddies', staff training and DVD resources for both staff and patients.

Notable Practice

- Gwent Healthcare NHS Trust has adopted the Recovery Model as the preferred model for delivery of care in Mental Health Services. A training programme has been developed to re-examine, reflect on and challenge traditional ways of working through the introduction of Value Based Practice that complements the Recovery Model.

The aim is to refocus a service-based model of care and for staff to understand the transition and adjustments necessary for the provision of authentic user-centred services. At Early Intervention Service clients are taught relapse prevention, (user friendly books are available to support this). This enables them to identify the early, middle and late symptoms of relapse of a psychotic episode, who to contact and the best coping strategies, etc. Within the Learning Disability Service, a healthy lifestyle group programme looks at issues such as how to keep healthy, healthy eating, alcohol and smoking.

- In North Wales NHS Trust (Eastern), an Expert Patient Programme for Diabetes has been set up within Learning Disability Services and this has identified a huge unmet need. Learning Disability Services have now established service user held health action plans. A buddy makes sure these are implemented. Training programmes are run for service users to learn about healthy lifestyles. Adult mental health services have a KIM project specifically for women and female physical health is targeted as well as social activities. Successful grant applications for sports equipment have been secured for the psychiatric unit and Learning Disability teams.

The harm reduction team for substance misuse provide Hep B vaccination programme (mobile unit) for disadvantaged people who cannot/will not access generic services. Flintshire Older Persons team have a Men's Group specifically designed for older men.

Statement 3.2

Please provide details of any policy or practice development to support self-advocacy for patients with learning disabilities and/or mental health problems.

The majority of Trusts provided details of policies and practices to support self-advocacy for patients with learning disabilities and/or mental health. In most Trusts, patient advocacy services are based on site and provided by external agencies, such as MIND Cymru. A number of Trusts also described how a pre-hospital assessment process supported by documentation helps to ensure that patients are involved in decisions about their care, including the provision of advocacy services.

Notable Practice

- Cardiff and Vale NHS Trust is developing a Service User and Carer Strategy. This strategy is being developed through a service user and carer workshop jointly facilitated by the Trust and the mental health development project. The strategy is now the overarching document to take user and carer involvement further. This includes advocacy arrangements and advocacy workers who from October will have a statutory role under the Mental Health Act 2007.
- Gwent Healthcare NHS Trust works in partnership with an advocate from MIND who runs a 5-day self-advocacy training course for people who have experienced mental health problems. The Trust supports this by providing the advocacy service with an office, a PC, telephone and photocopying facilities. The Trust has also recently produced in collaboration with Newport Care Forum, a 'Being Prepared' form to allow patients with mental health problems to indicate their needs and wishes in CPA meetings.
- Hywel Dda NHS Trust has a Pre-Hospital Assessment Form to be completed by patient/relative/carer indicating that they should always be involved in decisions about their care and including information on 'How to communicate with me' and 'How to help me understand things'. The assessment also details any problems with eating, drinking, hearing and seeing, keeping safe, personal care and known triggers, etc. A comprehensive programme of Patient Satisfaction Surveys has been initiated allowing greater insight into the needs and experiences of service users.
- North Wales NHS Trust (Eastern) Learning Disability Services have established advocacy services but this is an independent service and the

role of the Learning Disability Services is to signpost the service user. Substance misuse and adult mental health services also signpost service users to independent advocacy services.

- North West Wales NHS Trust is supported by an Advocacy Service dedicated to mental health service users. Learning Disability clients have access to North Wales Advocacy Service.

Statement 3.3

Please describe the extent to which the Care Planning Approach (CPA) is being used to support people with learning disabilities and/or mental health problems.

This statement was not relevant to all Trusts. Audit responses suggest that CPA is more developed within mental health services whereas references were made to unified assessment and/or person centred planning within learning disability services.

Notable Practice

- In Cardiff and Vale NHS Trust, CPA is implemented and audited although audit data shows poor compliance in certain areas. Following audit the areas where deficits have been noted are targeted for training. Implementation can be monitored through the PARIS information system with which CPA is fully integrated.
- Gwent Healthcare NHS Trust has implemented CPA across adult and older adult mental health services and it is audited on an annual basis to ensure continued improvement in care planning for people with mental health problems and for their carers. The Learning Disabilities Service uses the unified assessment process.
- In Hywel Dda NHS Trust, the care planning approach is on a traffic light system and the learning disability team represent the patient/carer perspective, providing expert advice. Unified Assessment documentation records a broad range of equality data to enable staff to ensure that any aspect of a patient's social identity relevant to their care and treatment is reflected in their care plan.

Statement 3.4

Please describe the action you have taken to produce information you provide for patients and the public in the following accessible formats:

Easy Read; Large Print; Plain English; British Sign Language Video; Audio cassette; Braille; Welsh Language; Minority languages; Other – please specify.

The majority of Trusts reported that patient and public information is made available in a range of different formats on request and that statements indicating this are included on patient and public information. Most Trusts have developed policies to ensure that information is produced in accessible formats. Most Trusts made reference to patient information being provided in simple, plain English and in large print. Bilingual information is produced in accordance with Welsh Language Schemes, and most Trusts use Language Line to provide interpreters in minority languages.

Most Trusts made reference to holding registers of languages spoken by staff. However, one respondent suggested that Language Line is only used when staff are not available to act as interpreters. **Using staff as interpreters is not regarded as good practice. Where an interpreter is required, organisations should ensure that a professionally qualified interpreter is available from agencies such as Language Line.** Where staff have communication skills in another language, they should be encouraged to use these skills to greet patients and to make them feel more comfortable during their time in hospital. However, this should not extend to providing language interpretation for them when their treatment and care is being discussed.

A number of Trusts made reference to information already being produced in Easy Read format whilst others indicated plans to develop this facility. BSL Interpreters are provided on request and BT Type Talk and induction loops systems in reception areas are available to support communication for patients who are Deaf or hard of hearing. Braille and audiocassette formats are made available on request.

Notable Practice

- In Abertawe Bro Morgannwg NHS Trust, the Inclusive Communication Strategy was developed by the Directorate of Learning Disability Speech and Language Therapy department to promote the inclusion of people with a learning disability and communication difficulties into the community. The initiative includes a training package and ongoing support to enable carers and service users to communicate effectively using a range of strategies such as routines, objects, signs, symbols, photographs and communication passports. An accessible training package is also available for service users who wish to attend the training.
- Gwent Healthcare NHS Trust has a Patient Information Unit to support staff in producing patient information in a user friendly and accessible format. This includes 'Easy Read' software and sufficient licences for each Division of the Trust. Information in alternative formats is always available on request, however, the most popular information has already been produced in a range of formats including: Mental Health Act information available in 71 languages; all mental health patient information leaflets are bilingual; a

range of information used in learning disability services is in Easy Read and bilingual Easy Read; all mental health patient information is available in audio format.

- The North Wales NHS Trust (Central) has a Policy for the 'Production of Information for Patients/Users and Visitors' and employs a Patient Information Administrator to advise on alternative formats. The Policy has tool cards which detail the process of obtaining all alternative formats, including Braille. A Patient Information Group, a sub group of the Public Partnership Committee, advise and enforce actions to ensure information for patients and the public is in accessible formats. All leaflets have a statement on the front page relating to alternative formats. Standard font size of all patient information is Arial 14. All new and revised information is written to Plain English standards and to a reading age of at least 10. Following a recent review, the reading age aimed for will be between 5 and 9. Audio versions are available on request. Leaflets on website can be used on audio (English only). Central print budget includes Braille translation via RNIB. The Trust has two in-house Welsh language translators. All other languages are available on request via language line. A register is held of the spoken languages of all staff.
- North Wales NHS Trust (Eastern) Learning Disability Services have photographs to show people the health journey, for example, a photograph of a medical ward or surgical ward if they were to have an operation. DVD versions of health screening have been produced with the involvement of service users and service users attended the launch. Information can also be provided in Braille. For adult, older persons and substance misuse, health information leaflets are available in Polish and Portuguese. Welsh speakers in the in patient psychiatric units are clearly identified on their badge and a list of names is displayed in prominent areas on the wards. Bilingual communication support also applies to community mental health services. Substance misuse services have workers trained in BSL.
- The Welsh Ambulance Services NHS Trust reported that for the North Wales Joint Race Equality event held in November 2007, information pack and reports were translated into Cantonese, Polish and Welsh.

RECOMMENDATION 6: THOSE LIVING IN RESIDENTIAL CARE OR SECURE SETTINGS

This Recommendation is primarily concerned with making sure that people with learning disabilities and/or mental health problems and living in residential or nursing homes, in supported 'living' arrangements, prisons or in secure accommodation, have equal access to a general practitioner and access to options for healthy living.

Statement 6.1/6.2

Please tell us the extent to which patients in secure settings are registered with a general practitioner. Please tell us if people living in secure settings have the opportunity to register with a general practitioner or alternatively, are in reach services provided by the Local Health Board

These statements were not relevant to all Trusts. Responses to the statement varied with two Trusts indicating that those living in residential care would be registered with a general practitioner, whereas another reported that in-patients without a local GP are not registered with a GP until they move on to community facilities. Another Trust stated that there are no residents with learning disabilities registered with a general practitioner despite efforts to change this. A paper had been presented on this issue to the Learning Disability Partnership Board. The same Trust reported that patients within secure settings are not registered with a general practitioner although a full range of medical support is available on site including access to emergency dental services.

Notable Practice

- Within the Gwent Healthcare NHS Trust Residential Learning Disability Service, where service users are moving from Llanfrechfa Grange, the service works with GPs to either ask them to accept them onto their registers or contract with them to provide this care. Where the service users are registered with GPs, they access the local enhanced programme. In adult mental health services, each GP practice is advised of the patients on their lists who are receiving enhanced level of care under the Care Programme Approach. This can be updated when new care plans are received in the practice. A spreadsheet has been developed for each Community Mental Health Team (CMHT) (and this is accessible centrally by the CPA Team) to monitor when PMI reports are received by the various CMHTs. Older Adult Services are still in the implementation phase of CPA and are in the process of developing these lists.

Statement 6.3

Please describe any work undertaken by the Trust to assess access to primary care services for people living in secure settings. Please describe any actions identified from the assessment to promote healthy lifestyles for people living in these settings.

This statement was also not applicable to every Trust. Two Trusts indicated that this work would be undertaken as part of the Care Planning Approach and one respondent confirmed that the discharge planning process involves arrangements with primary care and the Local Health Board to ensure registration with a general practitioner. Another respondent made reference to dedicated primary care workers based in a prison setting working with in-reach secondary care services.

Notable Practice

- In North West Wales NHS Trust, Ty Llywelyn medium secure unit employs a fitness instructor and residents have access to a gym and sports hall. Healthy eating, physical activity and smoking cessation are addressed in individual care plans.

RECOMMENDATION 8: 'REASONABLE ADJUSTMENTS TO SERVICES'

This Recommendation is concerned with the need for 'reasonable adjustments' to be made to make it easier for people with learning disabilities and/or mental health problems to get proper access to healthcare services.

Statement 8.1: 'Reasonable adjustments to services'

Please tell us about any reasonable adjustments that have been made to meet the physical health needs of patients with learning disabilities and patients with mental health problems.

All respondents provided details of reasonable adjustments made to meet the physical health needs of patients with learning disabilities and patients with mental health problems. A number of Trusts also made reference to adjustments being made to improve access for patients generally. Adjustments included making sure buildings are accessible, health and wellbeing clinics, accessible health information, provision of hearing induction loops and interpreter services. One respondent also made reference to this work being undertaken through equality impact assessment and the Trust Access Group.

Notable Practice

- Cwm Taf NHS Trust train staff in smoking cessation to support patients. An exercise therapist within the acute mental health unit encourage patients to consider taking more exercise and making other lifestyle changes to improve their physical health. This project will be evaluated with the intention of extending it across the Trust. Health and wellbeing clinics are being developed across the community mental health service to offer basic physical health checks, provide advice/education and support service users to access primary care appropriately.
- In Hywel Dda NHS Trust, the MUMS (mothers using maternity services) group were actively involved in the maternity ward refurbishment ensuring that the physical needs of patients are taken into consideration and facilities upgraded appropriately. A list of 'Top 10 Tips' is available for Theatre staff with recommendations in relation to clients with learning disabilities in order to ensure safety and preserve dignity.
- In North Wales NHS Trust (Central), a wide range of reasonable adjustments have been made to meet the physical health needs of service users, including a programme of works to improve 'external access' with increased accessible car parking provision, ramps, rails and stairs and installation of automated entrance doors and hearing loops to reception areas.

The Out Patients Department is piloting a project to identify specific requirements prior to attendance at a General Out Patients Clinic. The

patient appointment letter invites service users to highlight their specific needs when they telephone to confirm their appointment with the Patient Appointment Centre. This is flagged to the OPD Clinical Leader to ensure necessary adjustments are made prior to appointment. The Interpretation and Translation Policy has been developed to ensure better communication between visits/departments with specific communication requirements flagged as an alert on the Patient Administration System.

Within Mental Health Services, the following adjustments have been made: automatic doors to the Unit; touch pads for wheelchair users to open doors into reception; improved flooring to help prevent slips and falls; improved lighting to corridors and light tubes; footpaths with lowering of kerbs and sensory slabbing of lowered edges; installation of power switches on a lower level to allow wheelchair users to access; workshop in Occupation Therapy kitchen to be adjusted to allow wheelchair users easy access and single sex wards for vulnerable adults.

RECOMMENDATION 10: SUPPORT FOR HEALTHY LIVING AND MANAGING SIDE EFFECTS

This Recommendation is concerned with making sure that people with learning disabilities and/or mental health problems are offered accessible and appropriate support to encourage healthy living and overcome any physical health disadvantages which come with their condition or treatments administered for their condition.

Statement 10.1

Please describe the steps taken to ensure that people living in secure settings are able to eat five portions of fruit and vegetables a day and to achieve the 10,000 steps (or equivalent) exercise each day.

This statement was only relevant to Trusts with secure wards. All respondents to this statement gave examples of work to promote healthy lifestyles for people on secure wards including physical exercise programmes, nutrition assessment, advice and information and using individual care plans to assess physical health needs.

Notable Practice

- In Abertawe Bro Morgannwg NHS Trust, health professionals directly involved in patient care in residential settings for people with learning disabilities have received training on the importance of providing adequate nutrition which includes five portions of fruit and vegetables a day. A community nutrition risk assessment tool is in place to identify any risk. Additionally, accessible information has been produced to support this health message for use in both residential settings and in the community.

Within the Mental Health Directorate, an extensive programme is in place to promote healthy lifestyles and weight management and to provide information on the management of medication side effects with regular reviews of general well being of clients of the Community Mental Health Teams. This work featured as a poster presentation 'Removing the Barriers between Physical and Mental Health' at the NHS CEHR/NLIAH conference in 2008. Within the secure setting of Caswell Clinic, a weekly activity programme is well established, where physical activities such as swimming, cycling, rambling and supervised activities such as circuit training, are provided and participation is encouraged.

- In Cardiff and Vale NHS Trust, the catering manager works closely with managers from both secure wards to ensure that clients have at least 5 portions of fruit and vegetables a day. The Forensic Activity Support Team (FAST) provide an exercise programme for clients which includes football, cycling and walking as well as other pursuits. Gym facilities are available for this unit but also for the intensive care ward and all other wards have access to exercise facilities. A green Gym is also supported by the activity

nursing staff enabling gardening, walking, etc. There are also secure grounds to enable access to walk and to fresh air. The acute secure facility is also part of the Royal College Accreditation Scheme (AIMS) for acute admission facilities and has gained accreditation. The FAST team were noted in this process as representing excellent practice.

RECOMMENDATION 11: TRAINING

This Recommendation is concerned with the development of comprehensive evidence-based training and information resources (the design and at least some of the delivery of which involves users and user groups) for primary health care staff.

Statement 11.1

Please describe the steps taken to develop the awareness and understanding of staff of disability equality and the Social Model of Disability. Please include action taken to provide impairment specific training, for example, deaf awareness training, for staff.

The majority of Trusts made reference to their Disability Equality Schemes and a commitment to promoting the Social Model of Disability. Raising awareness of disability equality is generally integrated with equality and diversity training for staff at induction and within dedicated training programmes on equality and diversity. A number of Trusts made reference to using e learning and DVDs to deliver training as well as conventional style workshops. A number of Trusts indicated that deaf awareness and basic BSL training had been delivered to some staff, and a number of Trusts also highlighted the learning from hosting a BSL apprentice interpreter through the BSL Futures Scheme.

Reference was also made by a few respondents to training to fulfil the KSF core dimension on equality and diversity. There was very little reference to specific training to raise awareness of the needs of people with learning disabilities and people with mental health problems. One respondent also made reference to training for staff in the Mental Capacity Act.

Notable Practice

- Abertawe Bro Morgannwg NHS Trust adopted the Social Model of Disability as a key area under 'Leadership and Cultural Change' within its Disability Equality Scheme Action Plan. Equality and diversity awareness training is delivered by the Equality and Diversity Manager and there is a focus on nursing and clinical members of staff. All equality training is fully mapped to the Knowledge and Skills Framework (KSF) and is flexible to enable it to be tailored according to individual audiences. The Trust has done some preliminary work to support people who are Deaf or hard of hearing to access services. A representative from the Wales Deaf Association provided training as part of the Trust's Clinical Governance Support Unit's multi-disciplinary training and education programme.

The Social Model has been incorporated in the past within the Learning Disabilities Directorate in Social Role Valorisation training and is now incorporated within BTEC accredited training. Within the Mental Health Directorate, a 4-Day Person Centred Creativity Course was provided in February 2008. This training was available to all multi-agency/disciplinary

staff working with mental health service users. NVQ training at levels 2 and 3 and Assessor training are provided and specific modules examine in depth disability issues and focus on equity and diversity across the health community.

- Gwent Healthcare NHS Trust has adopted the Social Model of Disability and provides disability equality training based on this approach. Visual awareness and deaf awareness training is also available. The Trust has benefited over the last year by the placement of a BSL Interpreter as part of the BSL Futures Scheme. Many sessions were held for staff throughout the placement on 'Working effectively with a BSL Interpreter' and simple guidance produced.
- In North Wales NHS Trust (Central), a training needs analysis in equality and diversity has been undertaken in accordance with the KSF. The Trust has an equalities training plan and offer a wide-ranging rolling training programme. This includes taught sessions, DVDs and cd roms. The Trust employs North Wales Deaf Association and RNIB to facilitate training sessions led by disabled people. In house specialists from the Learning Disabilities Team, Ophthalmology Department and Audiology Department facilitate awareness sessions as part of the ongoing training programme. The in-house specialists who work with the teams to identify barriers and solutions for service users accessing general wards/departments offer support to Divisions. A recent 'walkabout' was requested by Family Services to identify barriers for service users with visual impairments on maternity wards. The Trust is currently working with service users who are Deaf and hard of hearing to identify design solutions with the Estates Department in respect of access issues and intercoms for locked wards.

Statement 11.2

Please describe the extent to which disabled people are involved in the design and delivery of disability equality training.

Most Trusts provided examples of how disabled people have been involved in the design and delivery of training. A number of Trusts described how members of their disability equality/patient involvement groups have contributed to training staff. In some instances members have delivered training and in other instances, their advice and guidance has been sought. A number of Trusts described how mental health service users are involved in delivering training to staff.

Notable Practice

- In Cardiff and Vale NHS Trust, service user training by clients with mental health problems is provided to nursing staff. Future plans are to involve service users in delivering a part of the prevention of violence and aggression training (REACT) to give a user's perspective of receiving safe

holding. Involvement of service users in the delivery of CPA training from a user's perspective is also planned.

- The North Wales NHS Trust (Eastern) Disability Equality Scheme embraces the social model of disability. Training courses have been made available to staff in respect of Deaf awareness, visual impairments and equality impact assessment. Learning Disability Services provide sessions to support staff about particular impairments, for example, information about particular syndromes. Learning Disability Services teach on the Local Authority induction programme. Adult and older person services in mental health will be supporting the Trust Hospital at Night project to help nurse practitioners identify and treat physical health needs in people with mental health problems.

Learning Disability Services are teaching A&E nurses how to manage the needs of service users with learning disabilities. The development of a Liaison Service for Older Persons will improve training opportunities for general medical staff and ensure the journey of older people with mental health problems is supported through general hospitals.

- In the Welsh Ambulance Services NHS Trust, Remploy continue to provide disability awareness training for staff.

Recommendation 11.3

Please describe the extent to which people with learning disabilities and people with mental health problems are involved in the recruitment and selection of staff.

In relation to mental health services, four Trusts confirmed that service users are included on appointment panels. In two instances, the responses indicated that this is well established practice whereas in the other two, this work was more at a developmental stage. There was one example provided of people with learning disabilities being involved in the recruitment and selection of staff although two other Trusts indicated that this was currently being considered.

Notable Practice

- Cardiff and Vale NHS Trust described the involvement of people with learning disabilities and/or mental health problems as an aspiration of the Service User/Carer Strategy. Involvement has been happening but draws on a limited number of service users. Through the Strategy group (involving mainly service users) the Trust is looking at volunteering and key to this is the aim to increase the uptake of volunteers in recruitment and selection. Planning for a recent specialist post involved service users from that speciality being involved in short listing and being on the interview panel. Part of the interview process involved a presentation to a group of staff and users from the speciality who rated the performance of

the applicants. The Protection of Vulnerable Adults Named Nurse post involved a representative of the patients' panel on the interview panel and this added real value to the interview process.

In Cwm Taf NHS Trust, Mental Health Service Users are involved in recruitment panels.

- In North Wales NHS Trust (Central), all acute staffing posts in Mental Health Services are short listed and interviewed by a panel which includes a service user. Within Learning Disabilities Services, service users are supported to engage fully in staff selection. For the first time in 2008 a service user from Mental Health Services was included in the selection panel for trainee clinical psychologists. This received very positive feedback from all concerned.