## Welcome

# Adult Disability Provider Forum

14<sup>th</sup> June 2023

This Session will begin shortly

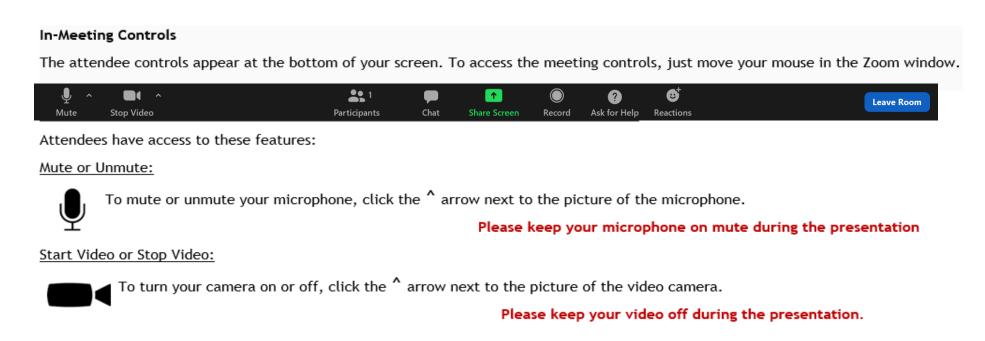






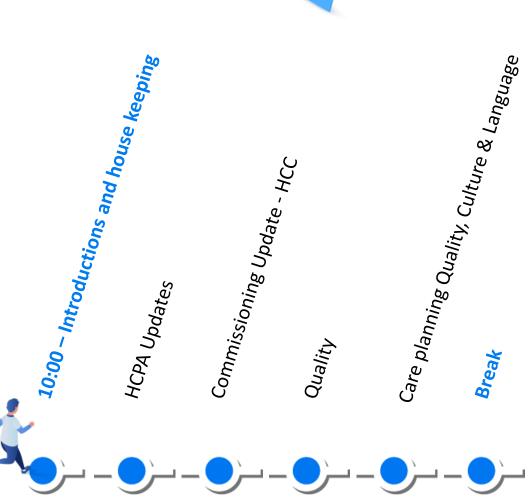
## **House Keeping**

- If you are in the wrong break out room, please click leave and select Leave Breakout room and you will be taking back to main event to be reassigned
- Microphones off unless asked to speak or speaking
- For questions, please add these to the chat box, we will come to these at the end, you may
  be asked to elaborate over the microphone





## Agenda



Care planning Quality, Culture & Language <sup>Digital</sup> Care Records Funding <sup>P</sup>urple Folder Update







# The New Membership Year. What's New 2023 - 2024

- Updated benefits to Silver and Gold
- New membership brochure and others
- New fully funded projects and initiatives
- 'Ask Us Anything'!
- All your usual HCPA benefits plus more



# Make the most of your 2023 HCPA Member Benefits

#### With Exclusive access to...

- Manager mentoring and coaching including support in a crisis
- 24/7 access to the government recognised Provider Hub support line
- Free access to our nationally recognised recruitment service
- Toolkits and checklists to help quality assure your business
- Bespoke fully funded Care Sector training
- Invitation to member networking events

































As a membership organisation we partner with leading businesses to support you in all your business needs. As a member you have exclusive access to...





- Legal advice 15% off Ridouts headline prices
- Up to 30% off essential supplies and clothing with Arco
- Exclusive discounted prices on photocopying equipment and bulk printing with Inception
- Preferred rates to join Peninsula Business Services, assisting with HR and Health and Safety
- Member rates on telecoms, mobile phones,
   SIM cards and Wi-Fi via SimCredible
- Preferred rates with Towergate insurance
- Large savings on Utility bills via Business Saving Experts
- Access to lower cost business support, consultancy, policy writing, food solutions and IT via our partner services

#### **SILVER ELIGIBILITY**

At least 10% of your staff using free Academy staff benefits.

2 x people who have each attended designated leadership courses.

#### **Silver Benefit**

Leadership culture ½ day course (webinar style, open to all silver members, by invitation, no cap)



STAN
IFS
Culture Check
PAMMS/CQC Good overall rating

#### **Gold Benefit**

Marketing package (Gold shout out/ Gold logo / Gold membership list in brochure)
Bespoke Behaviours Framework consultation with Leadership T.E.A.M ½ day













#### Now Live for Nominations

- 1. The Support At Home
  Outstanding Achievement
  Award
- 2. The Compassion Award for Residential Care
- 3. Outstanding Achievement in Adult Disability Services

- 4. The Inspirational Leader Award
- 5. The Rising Star Award
- 6. Most Improved Support at Home Team
- 7. Most Improved Residential Care Team

- 8. Most Improved Adult
  Disability Support Team
- 9. The Care Culture Award

The nomination deadline is 31st August at 5pm

hcpa.info/the-hertfordshire-care-awards/

#### Oliver McGowan

The Oliver McGowan Mandatory Training on learning disability and autism is the standardised training that was developed for this purpose and is the government's preferred and recommended training for health and social care staff to undertake.

Tier 3

Health, social care and other professionals with a high degree of autonomy, able to provide care and support in complex situations and/or may also lead services for

Tier 2

People with responsibility for providing care and support for an autistic person or people, but who could seek support from others for complex management or complex decision-making

Tier 1

People who require a general understanding of autism and the support autistic people may need



- Core Capabilities
- Roll out and Monitoring



#### **Mandatory E-Learning for Health**

The Oliver McGowan mandatory training on learning disability and autism is the government's preferred and recommended training for health and social care staff and it is delivered in 2 tiers.

The E-Learning which is now live and is part 1 of both tier 1 and tier 2.

The content of the E-Learning session is mapped to the Tier 1 learning outcomes of the Core Capabilities Framework for Supporting Autistic People and the Core Capabilities Framework for Supporting People with a Learning Disability.

It should take you one hour and 30 minutes to complete. To access the E-Learning - <u>The Oliver McGowan Mandatory Training on Learning Disability & Autism</u>







#### **Expressions Of Interest**

Train the Trainer Click <u>here</u>

General OM training Click <u>here</u>

Any queries please email olivermcgowantraining@hcpa.co.uk







#### Connected Lives Resources and Evidence Forum

Following feedback from Hertfordshire Care Providers, we have developed this session to offer guidance on how you can practically evidence Connected Lives in your day-to-day work in conjunction with PAMMS and CQC.

Within the session you will also have the opportunity to feedback on a new online Connected Lives resource which has been built especially for providers.

This is a virtual session, details are below.

Location- Via Zoom

Date: Thursday 6th July 2023

Time: 10:00-12:00

To book your place please Click here







## ACS commissioning update

14th June 2023







### **Updates** 2023/24

- Uplifts applied New maximum rates for Supported Living, Community Support and Community Day Opportunities\*
- Contract Information Returns (CIR) are a contractual requirement
- Performance Default Notices
- Supported Living Framework



<sup>\*</sup>Uplifts applied as per letters sent to providers

#### Disabled Adults Services - General

- New contracts will be issued to residential services in 2023/24
- New Commissioning Manager to be recruited for Community Day Opportunities
- Provider Review Programme remains ongoing for Supported Living and Residential services
- Provider Portal & CAR400's
- Terminology 'Service Users'



#### Provider Q & A

CCDA are looking to offer a one hour session on 18<sup>th</sup> July to answer provider questions\*

We would like to know if you have any specific topics you would like to discuss.

Please e-mail <a href="mailto:ccad.Support@hertfordshire.gov.uk">ccad.Support@hertfordshire.gov.uk</a> by Friday 30<sup>th</sup> June to submit your suggestions

\*Please note this session will not be used to discuss fees, uplifts or individual cases.



Creating a cleaner, greener, healthier Hertfordshire

# All-Age Autism Strategy Hertfordshire AACP Board









#### NHS 3 year funding Plan

- Funding arrangements for year 3 (2023/24) for the NHSE 3-year funding plan.
- There was a reduction of reduction
- Proposals have been informed by:
  - a) a community services mapping exercise completed in December 2020 by the provider trusts and commissioners, including a self-assessment of Intensive Support and Forensic Support Services which identified gaps in service areas for adults with Autism, the need for the further development of intensive support services for CYP with Autism, and the high numbers of children, young people and adults waiting for an autism diagnosis sometimes on waiting lists for several years; and,
  - b) more recently by a two phased autism review which is being used as the basis for the development of an all-age autism strategy.
- Note there is an exception for the CYP Keyworker funding, where Herts was successful in becoming a pilot site NHSE allocated funding based on TCP population.



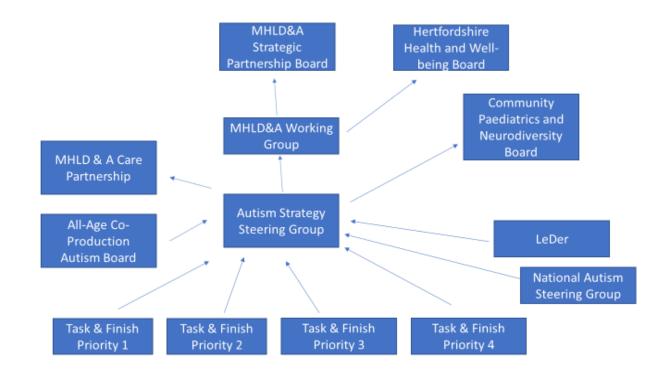


#### **Autism Strategy Developments**

- Workshops with National Development Team for Inclusion
  - Emerging themes:
  - Mental Health
  - Education
  - Diagnosis
  - Social connections for all ages











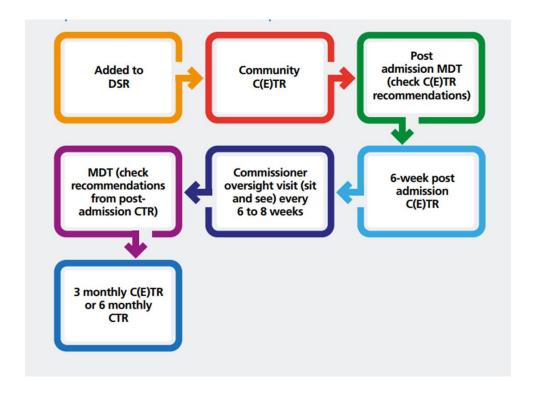
#### Waiting Lists

- Demand continues to outstrip capacity
- Continued confusion about how to refer
- Further investment in additional capacity for Physiatrist UK
- Neurodevelopmental board





#### **DSR and CTR Progress**







#### **HPFT Autism Strategy**

- HPFT is the mental health trust for Hertfordshire
- They are developing an organisational strategy about the needs of the Autistic population





#### **ASD Social Workers**

- Sit within Adult Disability Services
- Considering how we can better utilise this resource





# 16/17 ASD Diagnostic Pathway Task and Finish Group

- Updated letters sent by the Tavistock
- Small investment made in terms of funding for the waiting lists
- Further outsourcing but could also increase Tavistock capacity





#### **Annual Health Checks**

#### Stevenage Site

- 25 AHC have been completed. These have been completed across 4 clinics held specifically for the Autism AHC. The appointments were 30 minutes each initially, but following feedback from clinicians that more time was necessary, the last 6 AHC appointments were 45 minutes
- 3 different doctors were involved, each had completed the training. All paid attention to their clothing and the environment in the room that day to ensure excessive sensory stimuli was reduced. The doctors reported that enjoyed the clinics and found the checks beneficial, as did the patients. All patients were white British and the majority were male.

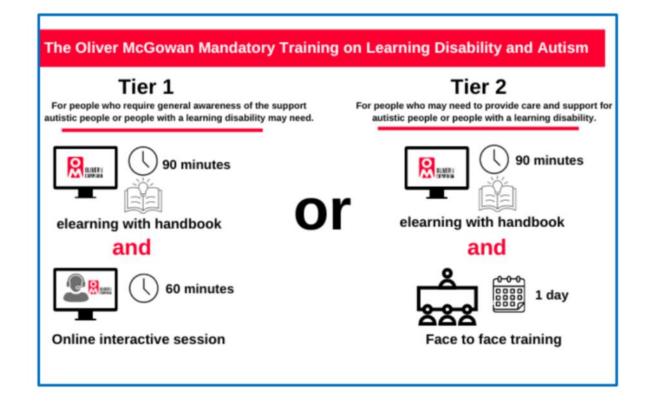
#### Watford Site

- 24 AHC have been completed and another 1 booked at end of April.
- 1 cancelled on the day the patient was called and rebooked. The patient had cancelled due to illness. This AHC has now been completed.
- 2 doctors have completed the AHCs, both have completed the training. The appointments have been for 1 hour, at a time most suitable to the patient. Some patients reported quite firm routine, therefore the AHC was scheduled with flexibility to the patient.
- All patients on the Autism register were white British
- Most common themes remain anxiety, sleep, dentist, screening, healthy lifestyle advice.
- Patients have appreciated time to talk about all their health concerns and not having to pick 1 condition or concern for a 10 minute consultation for many choosing 1 health condition was too challenging and would be a barrier to accessing healthcare.
- All patients have appreciated being informed of Autism Hertfordshire.
- Process of finalising feedback forms, with support from Autism Hertfordshire for patient feedback, and Claudia for clinician feedback. Hopefully these will be completed with outcomes to share for the next meeting.





#### Oliver McGowan







# Nation Workstreams – Reducing Health Inequalities

- Autism Team is supporting regions to pilot the autism-specific annual health check and are on target to deliver. 450 annual health checks completed by the end of March 2023
- Four regions involved: Midlands, North East & Yorkshire, London, East of England
- Launched the health inequality data dashboard in December 2022.
- Continued alliance with STOMP/STAMP team to ensure the autism perspective is
- considered.





# National Workstream -Improving the quality of mental health treatment and support for autistic people

- Improving the sensory and social environments of hospital settings and Supported circulation and filming of Green Light Toolkit
- Continuing to oversee the development of an evidence and community informed sensory assessment tool with the University of Reading, including comparing outcomes for individuals in settings where (1) the new sensory assessment tool and educational resources are introduced and (2) an active control intervention (i.e., generic autism awareness training) is introduced to assess if this sensory intervention leads to better outcomes.
- Continued to support HEE with plans to roll out Tier 3 autism training for mental health inpatient





## Disabled Adults Residential, Nursing, Supported Living, Community Support and Day Opportunities Quality Overview

2022-23

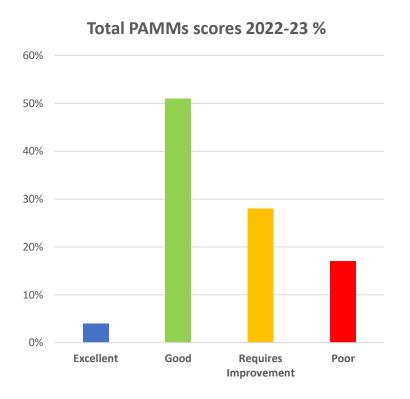




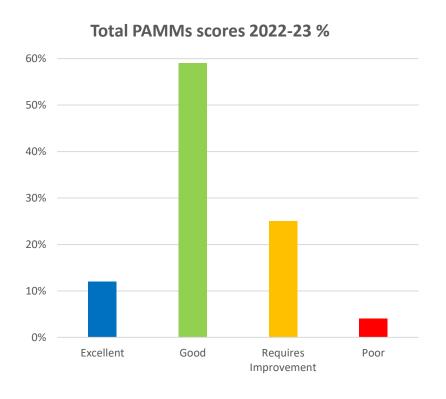
We RISE to the challenge

#### Overview of PAMMS Scores

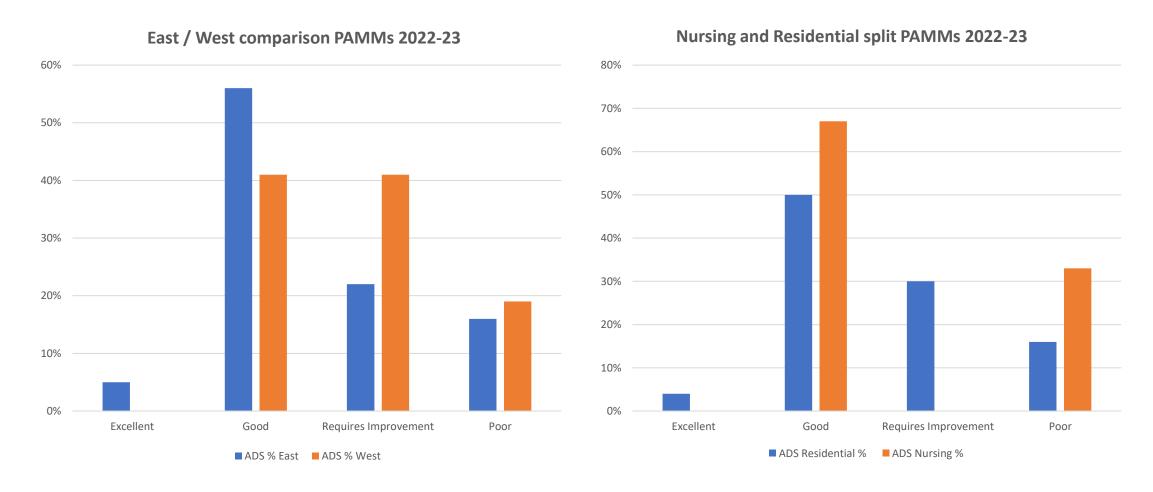
### 82 PAMMS scores analysed 22-23 in Residential and Nursing Care



#### 102 PAMMS scores analysed 22-23 in Supported Living, Community Support and Day Opportunities

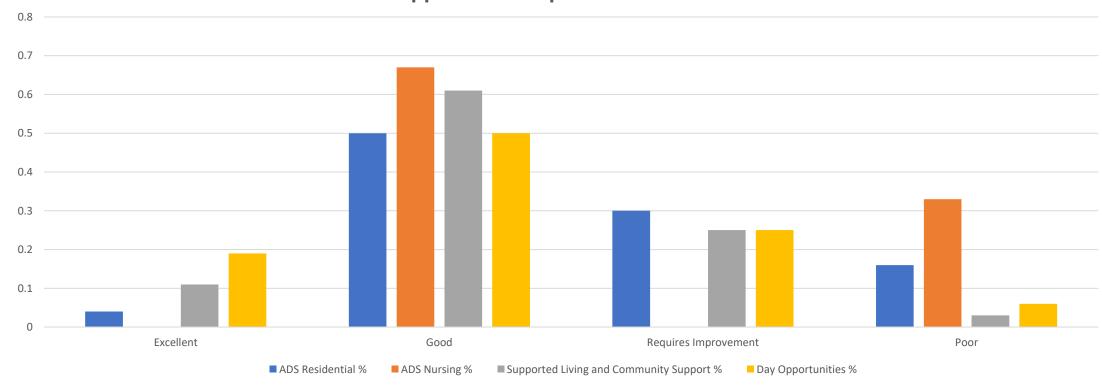


### Comparisons ADS Residential and Nursing Care



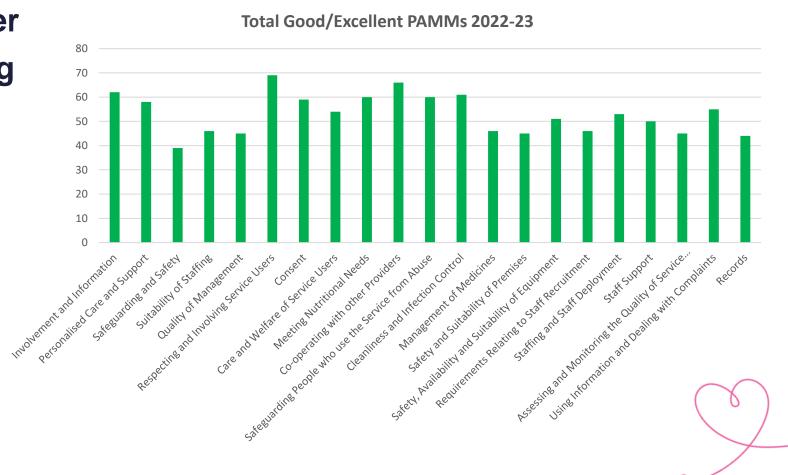
#### Comparisons Residential and Nursing Care, Supported Living, Community Support and Day Opportunities

ADS Residential and Nursing Care, Supported Living, Community Support, and Day Opportunities split PAMMs 2022-23



## Total Good and Excellent 2022-23 Residential and Nursing Care

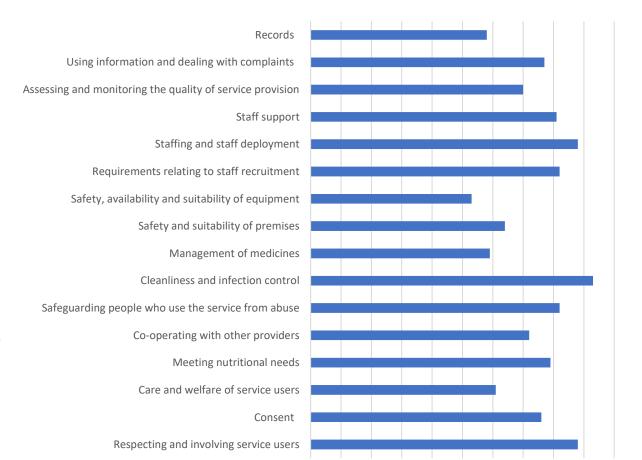
Co-operating with other
 Providers and Respecting
 And Involving Service
 Users have the most
 Good and Excellent
 Scores combined



## Total Good and Excellent 2022-23 Supported Living, Community Support and Day Opportunities Total Good + Excellent PAMMS

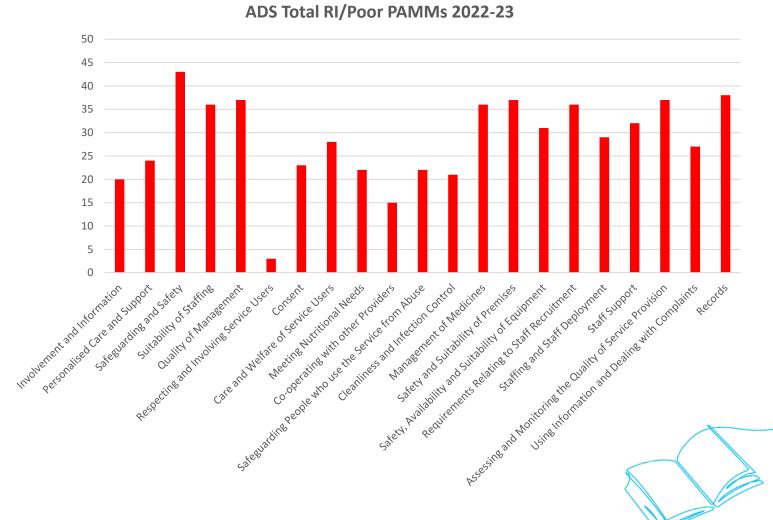
- Cleanliness and Infection control
- Respecting and Involving Service Users
- Staffing and staff deployment

have the most Good and Excellent Scores combined in Supported Living, Community Support and Day Opportunities



## Total Requires Improvement and Poor 2022-23 Residential and Nursing Care

 Safeguarding and Safety and Records are the areas that most commonly scored Poor or Requires
 Improvement combined

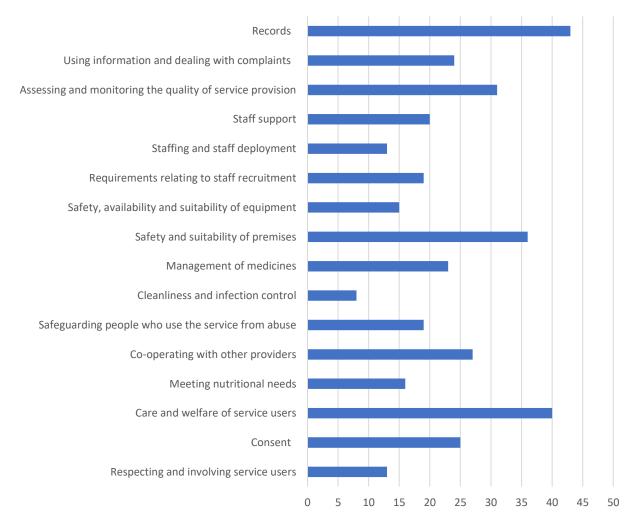


#### Total Requires Improvement and Poor 2022-23 Supported Living, Community Support and Day **Opportunities**

- Records
- Care and welfare of people
- Safety and suitability of premises

have the most Requires Improvement and Poor scores combined in Supported Living, Community Support and Day Opportunities





#### Next Steps

- Share the trends and themes with the ICB, SLDS, Workforce development and HCPA to review and source training requirements:
  - To support providers to improve in the areas with the lowest quality scores.
  - To focus on the areas where more Providers can score at least a Good.
  - To offer additional support to Providers who have scored Poor in their PAMMs
- Share trends and themes with Providers to highlight areas of focus / improvement for this year.
- Work closely with commissioning leads around the trends
- Celebrate areas where Providers are performing well



Creating a cleaner, greener, healthier Hertfordshire



### Care planning Quality, Culture & Language Joanna Vlismas

Care Education Team Manager

#### **Maisy Hockey**

**Education and Quality Improvement Projects Manager** 







#### **Digital Social Care Records**

#### What are Digital Social Care Records?

A Digital Social Care Record (DSCR) is a system that allows the digital recording of care information and care received by an individual. DSCR's should replace traditional paper-based recording.









#### **CQC Recognised Benefits of Digital Social Care Records**

- provide 'real time' information recording
- help providers and staff to be more aware when people's needs change
- help information to be shared quickly,
- help to minimise risks such as medication errors
- help to manage and support staff to do their job effectively and efficiently
- be easier to store, requiring less physical space









"Language is a powerful tool for communication but sometimes the way that it is used in social care creates stigma and barriers for understanding. Language is power..."

TACT (The Adolescent and Children's Trust)



#### Language in reports and written records



Written reports and case records are an important form of communication, and also contribute to building up the history and narrative of peoples care support needs. There had been examples where professionals' choice of language in written reports did not adequately capture what was happening at the time of the record made.

#### Understand the reason why we record

provide basic and essential information;

provide the person's relevant history and our involvement in their life;

explain decisions that are made and the person's views about these; help communication between all those involved with the person;

promote consistency

reflect on our practice and its success;

help collect information;

promote analysis and decision making;

provide evidence for court, inspections, investigations and enquiries;

check the quality of our work

#### **BSP 4**



#### **Goals:**

Paul will not become disruptive during tasks transitions.

Paul will not exhibit aggressive behaviour towards other clients when he becomes anxious.

Paul will regulate his reactions to the shared living environment.

#### Positive behaviour support plan:

- 1.Paul responds well to acknowledgment. Use statements to connect positive actions and provide verbal recognition when he is meeting his goals.
- 2. A new chart will be created in Paul's room to reward replacement behaviour and to bote goal achievement.
- 3. Discussions will be utilised with Paul to discuss he behaviour incident as soon as he is calm, and anxiety has lowered to discuss the problem. With the aid of staff, the problem will be reviewed and supportive options for next time created.
- 4. Pauls reactions are triggered when there are changes to his routine, when asked to complete tasks and around personal care. Pauls behaviour can be more evident in the AM until before lunch but tends to reduce as the day goes on. Paul will also target few staff when he is anxious.







- Aim to be concise
- Aim to use everyday words
- Aim to avoid jargon <u>TLAP Care and Support Jargon Buster</u>
- Aim to make clear what is "fact" and what is "judgement"
- Aim to be more analytical
- Aim to be respectful in what we write, how we write it and how we present it
- Aim to be human in our writing





#### Importance of Good Care Planning



A clear understanding of the person- completed with the person

Particularly important for agency staff, new staff and professionals

Provide clear information in an emergency

Regularly reviewed

Flexible

Evidence

Risk assessments

**Future wishes** 

Legal documents

Connected Lives-Outcomes





#### Considerations





Key documents and templates



**Prompts** 



Involvement and Flexibility



Contingency



Trends and themes



Language and Staff Skills





#### Auditing



Carried out by a senior member of the team who is competent

Look for patterns

Set a company policy for Governance

Check the notes

Evaluate when changes

Minimum of every three months





#### **Hints and Tips**



Personalised – including daily records

Involvement

Regularly reviewed

Clear evidence

Reflective of need

Contingency plans

Staff training and confidence

Language





#### **Next Steps**



Update Care Planning Toolkit

DSCR Supplier Forums

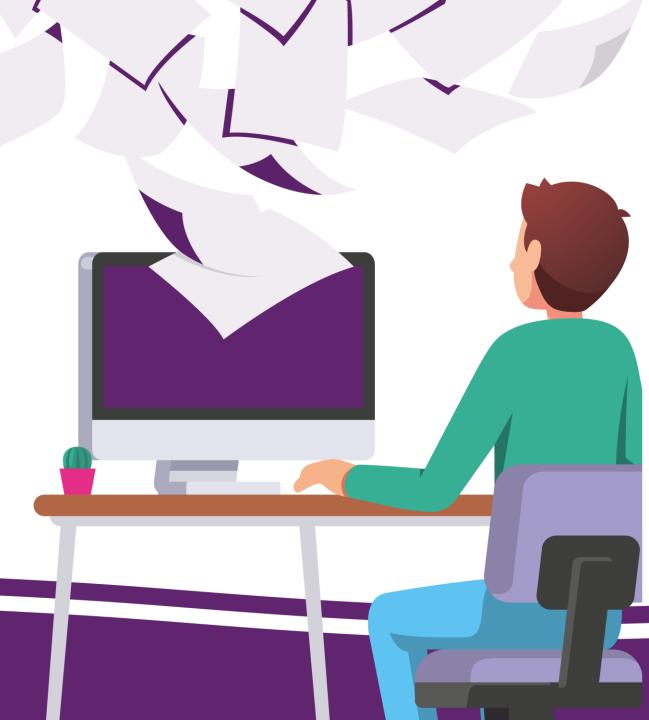
Access to DSCR Funding

New Care
Planning course
for Managers









#### What do we hope to achieve?



- √ 80% of CQC Registered Providers using DSCR by March 2024currently 58%
- ✓ Improved digital foundations and literacy across the ICS
- ✓ Increase in use of other digital technology such as eMARs and health monitoring
- ✓ Good quality outcome based care plans
- ✓ All providers meeting Data Protection and Security Standards





#### **Digital Social Care Records Offer**

50% of Year One Implementation Costs\*



Requirements= DSPT, Secure Email + Evaluation \*Up to £10,000



#### Next Steps...

BE DATA WISE

- 1. Download the application form from HCPA's Digital Trials Funding page
- 2. Review and Choose your Assured Supplier
- 3. Calculate implementation costs to 100% and funding will cover 50% or up to £10,000
- 4. Complete application per site (there is one form Herts and one for West Essex)
- 5. Send Application to <a href="mailto:dscr@hcpa.co.uk">dscr@hcpa.co.uk</a> by 30<sup>th</sup> November
- 6. HCPA to respond with questions or to inform of successful application within 30 days
- 7. If successful, a grant agreement will be returned for electronic signature by the provider
- 8. Upon receipt of a signed agreement HCPA will arrange for the initial 80% payment to be made to the agreed bank account
- 9. Final 20% funding will be paid after final evaluation completion + proof of DSPT and secure email
- 10. Must all be complete by 31st March 2024



### The New Purple Folder Health Record for Adults with a Learning Disability in Hertfordshire

<u>Hilary.gardener@hertfordshire.gov.uk</u> – Strategic Liaison Nurse for Hertfordshire Primary Health

<u>Lisa.Kippins@hertfordshire.gov.uk</u> Senior Support Officer for Primary Health and Purple Star





People With a Learning Disability Die and Average of Around 25 Years Younger than the rest of the Population in the UK [LeDeR 20191

Delays in Diagnosis is one of the identified reasons for these early deaths.

The new Purple Folder aims to help reduce those delays by:-

Providing health professionals the Information they need to make personalised reasonable adjustments and understand the persons ways of communicating

Provide a clear document to help the person and those that support them to be empowered to ask for the reasonable adjustments and communication methods the person needs within the legal framework the health profession has a duty to follow.





## Have you Collected Yours?

As we have around 4000 Purple Folders in circulation it is BIG task to get them all replaced! We NEED YOU to help

#### You can :-

- Contact us purplefolder@hertfordshire.gov.uk And tell us How many folders you need replacing.
- If it is just one or 2 people you support then we can post these. We need to Log each one so we need the persons Name, DOB and address and NHS or Acsis number if you have it.
- If you have more people then we can arrange a date and time that we are in either Farnham House or Apsley, for you to collect. We need to Log each one so we need the persons Name, DOB and address and NHS or Acsis number if you have it. This isnt a quick job so allow enough time.
- You can await email saying when next mass distribution dates will be in Apsley and Farnham House please email us to tell us if you are awaiting these dates so we can contact you directly when we arrange them
- You Can request Purple Cards for people who are independent at the asme time







## How To Complete

On the New Purple Folder Webpage The Purple Folder | Hertfordshire County Council

- There is a GUIDE
- There is a VIDEO
- There are Examples of Completed Folders

And if you still need help and advise then contact us on purplefolder@hertfordshire.gov.uk

REMEMBER - the Folder is only as good as the content and making sure you tell the health professional what that content is - So PLEASE make sure you share the amazing knowledge you have on the person. Health Professionals Need YOUR expertise to overcome health barriers







#### Hello



Please stick a photograph of the owner of this Purple Folder in this

This is really important so health professionals can see what they are like when they are healthy and happy.

I have a video of me on my best day, you can watch this by

Asking me to see it -in my favourite videos in my smart phone

My name is Alfred Smith

The name I like to be called FREDDIE

I use a Health App: Yes / No

Details: I use the NHS APP

For those supporting the completion of this Purple Folder:

It is essential that the information in this purple folder is as accurate as possible. Pages must be reviewed every year at the time of the annual health check, the review must be recorded on the sheet in the annual health check section.

The start Changes

#### Mental Capacity to understand Data Protection Relating to My Purple Folder

This Purple Folder is a record of the owner's health and, as such, will contain confidential and personal information. It is important that the person who owns it understands this and is supported to maintain and store this folder safely.

If the owner does not have the capacity to understand the information stored and the data protection risks then the people that support them will need to make a best interest decision to hold, maintain and safe keep this folder.

#### **Mental Capacity Assessment**

Does the owner have the capacity to understand the following points?

- This folder holds important health information about them, meaning anyone they give this folder can read this information
- It should only be health professionals and the people that support them who read and write in this folder
- The good thing about the folder is it will help health professionals know all the health treatments they are having and will help them know what helps the person to accept health treatment
- If they think some of their health problems are very private and they don't want other health professionals knowing about them, they can ask the health professional NOT to write about it in their folder.

Could the owner understand and remember all this information about the Purple Folder?

Yes / No (please delete as appropriate)

Please detail how they communicated to indicate this in the box below:

If the answer above is no, and they are not likely to be able to gain capacity to understand with more time then the people who support them need to make a Best Interest Decision.

- Does this person's learning disability mean they have barriers to receiving good healthcare?
- Could the Purple Folder help health professionals support the person and reduce the risk
  of delays in treatment and/or diagnosis? For example, this person may need alternative
  means of communication, have a reluctance to accept health interventions, difficulties
  understanding the risks and benefits of investigations/treatments, reasonable adjustment
  requirements and additional support needs.

If yes, then a Purple Folder will be in their best interest to reduce the known risk of delays in health care diagnosis for people with learning disabilities.

The delice area	
The risks asso	ociated with data breach need to be considered and a plan agreed.
Where will f	the file be stored that will mitigate the risk of a data breach?
	will be taken when going out with the folder to ensure it is kept safely
and returned?	<u>,                                    </u>
person and th interest for thi whether other	ntervention of a personal/sensitive nature happens, the people who support the health professional involved should discuss whether it is in the person's best is information to be recorded in the Purple Folder (weighing up the element of health professionals would 'need to know').  In done to ensure all who may support the owner to health appointments his?
Owner's sign	nature (if they have capacity):
Owner's sign	ature (if they have capacity):
Owner's sign	
Completed b	
Completed b	у:
Completed b	у:



the time of the owners Annual Health Check.





#### The **Pages** There are now only 11 core pages

There are now 11 core pages only The first 3 Cover Standard Information –

- name
- next of kin AND key people
- Cultural and religious needs
- **Benefits**
- LPA
- **Vaccines**
- Allergies

Plus ...

My vital information for delivering healthcare					
I have a learning disability					
Name					
Pronouns I like to use Date of Birth (He/She/They):					
Address:					
NHS No: Ethnicity:					
NI Number: Religion:					
Languages I understand (including Makaton):					
GP Name and Address:					
Next of kin details:					
Name					
Is your next of kin actively involved in your life? ☐ YES ☐ NO Details:					
Other Key Contact Details:					
Tel:					
Who they are to me:					
I give permission for health professionals to talk to these people about me:					
☐ YES ☐ NO ☐ Best Interest consideration Continued Overleaf					

				welfare deput Does anyone health needs? Circle or hight YES If	have lasting power of a	attorney/d : r of attorn	deput	yship f	for your	nis	oute.
Name	l like to be called	Date of birth:		Name	record here the hame &	Telepho	one [	or your	attorne	y/uep	outy.
I have an active DNACPR	in place. See guide. □ YES	□ NO		Address:		Tullibei					
Details: Spiritual/cultural needs:				Brief overview everyday life. F	of my learning disab of your diagnosis and/or lease highlight any ess ecome so anxious you c	how the lential infor	matio	n e.g. t	riggers (	pacts or ind	you in dicators
Spiritual/cultural needs.				Vaccines							
				Annual Flu Va	ccine dates						
				Was Flu given	via nasal spray □ YES	□ NO					_
				Covid-19 Vacc	ine dates						
				Covid-19 Boos	ster Vaccine dates						
				HPV Vaccine of	dates						
I receive Benefits: ☐ YES  Details:	□ NO			Childhood Vac Rubella etc	cines received e.g. Diph YES □ NO	ntheria, Po	olio, M	leasles	, Mumps	s,	
Details.				Pneumococca	l Vaccine dates						
				Last Tetanus d	late						
								Co	ntinued	d Ove	erleaf
I believe I am allergic to th	nese drugs:										
I believe I am allergic to th	nese foods:										





#### Reasonable Adjustments Equality Act

Name	l like to be called	Date of birth:			
The reasonable adjustments I need to be help me accept health appointments, investigations, and treatment (in line with the Equality Act 2010)  Think about T.E.A.C.H – Time, Environment, Attitude, Communication and Help – see guidance notes					
•					
•					
•					

Give me time to calm down when I am anxious – talk to me and reassure me that its all OK.

If I say I don't
want you to do
something — calmly
explain to me what
my choices are and
make sure I
understand WHY you
need to do it and
what the risks are
for me if you don't do
it.

If you need to do physical checks ask my family to prepare me for this — they will talk to me to reassure me and use some Makaton and gestures. Please take their lead and use mirror their communication.

If I am anxious I will rock and groan - give me an update on what is happening and see if I want to go outside while I wait so I can use nature to help me calm.

If I am stiff and red in the face – reassure me and give me time to settle into the environment and accept why I am there.

When you meet me Talk to me first – reassure me that you are someone I can trust and be comfortable with – stroke my hand as you speak THEN talk to my family





#### Communication Accessible Information Standard

1. Identify
2. Record
3. Flag
4. Share
<b>5.</b> Act



	The communication needs I have to be able to accept Health appointments, investigations, and treatment (in line with the Accessible Information Standard 2016)	
	See guidance notes – make sure the GP practice and social care (if involved with you) are aware of these communication requirements and have them flagged on their system.	
	•	
	•	
)		

Communication sent to me is opened and managed by

my parents as I live with them and are cared for by

them. My sister is also a strong advocate for me and

can read my body language communication well.

Use Makaton signs for Pain, Its

OK [thumbs up] Love, happy, sad

and toilet. My family can show you

any you don't know.

Make sure someone calls me if I don't follow up incase I have forgotten what I was meant to do

Send any letters to Janice at happy Homes as well as to me because if I am scared I

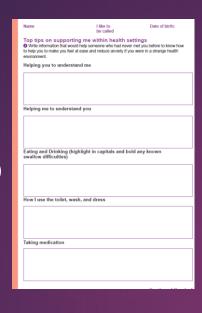
I make a loud squeal sound when I am excited and I grit my teeth and make a low growl sound when I am unhappy / scared. It id important to acknowledge that you have understood me and reassure me.

> If I am anxious ask me about my dog – talking about my dog will help me calm and then I will be able to listen and accept <mark>health treatment</mark>

sometimes bin letters.



# Top Tips to support WITHIN Health Settings





Helping you to understand me I am usually someone who smiles and chats and you would not know I had a learning disability. If I am rocking, blinking, looking around, twitchy then I am anxious, so I need reassuring to help me calm

#### Eating and Drinking

At home I can eat and drink without any help. If I am unwell and in a strange place I will need reminding to drink more, I will need encouraging at each mealtime about why it is important to eat and someone to check I have eaten and praise me. I will need someone to make sure I eat the meals and don't just eat rubbish snacks.

#### Help me to understand you

speak softly

keep it simple

stroke my hand

give me an aura of you being kind and caring through body language and tone.

Acknowledge you understand my noises and movement







### Barriers and fears of Health investigations and ways to overcome them

New experiences and people
Sit with me
Talk to me and Explain what is happening and what will happen next
use my lava lamp and music app
stroke my hand and use nonverbal communication and voice tone to
help me feel safe.

OR

General Health appointment anxiety

If I am showing anxious behaviours –

Sit with me

Explain what is happening and what will happen next

Distract me by talking about my dog

If possible have one person stay with me

Allow me to go outside so I can use breathing and calm myself by looking at nature

#### Signs of being unwell or in pain

I become lethargic and sleep a lot [I am generally awake all day]

I don't make eye contact and generally and quiet and not moving as much.

I am less resistant to things happening to me and don't use all my communication methods.

#### OR

Ask me to show you my Me on My Best day video - this is 15 seconds long and will help you see how I am when I am not unwell. It is on my phone. Showing you this will also help me calm.

When I am well I can communicate fully. Most people would not know I have a learning disability. I behave in the same way you would expect any other person to behave. I am fully mobile. I go for long walks and bike rides.

I am generally a very happy, polite and talkative person who can join in any level of conversation.

Name	l like to E be called			Date of birt	h:	
My baseline health measurements  This information is to be updated annually with the Annual Health Check. Please use additional recording pages if these are being measured more frequently (i.e., weight management)						
Date						
Weight						
BMI BMI Classification						
Blood pressure						
Pulse						
Oxygen Saturation						
Respiration						
Height						
I need	If I were to become very unwell suddenly, these are the things I need  • See quidance notes to see who also may require additional information					
	□ I have an End of Life plan in place See guidance to establish who should have an advanced care plan.					

#### **Health Appointment Record**

To be completed by the health professional on each visit to a GP / Nurse / Hospital / Dentist / Optician
Please provide only basic information to identify the health issue and the health service provided (with the individual's consent).
Please avoid recording details of sensitive health information.

If any information changes do not cross out or erase. Complete a new sheet and store the old one securely.

I like to

be called

Date of birth

Date	Name of Health Professional	Profession	Contact Details	Reason for Appointment and Outcome	Signature





But a Good Collaborative working across 365 days a year, using Connected Lives Principles can be the difference Between Avoidable Deaths and early Diagnosis



Name I like to Date of birth: be called

#### Additional health conditions/health intervention support

① Health professionals use this page to summarise your specific medical interventions and the reasonable adjustments you use to enable this.

Area of Health: (e.g Epilepsy/Physiotherapy for respiratory/SALT)	
Health professionals involved, names and contact details:	
Start date/timeframe of intervention:	
Current intervention/ health plan:	
Medication/medication plan (if applicable):	

Top tips/reasonable adjustments to support the delivery of this plan (for use should a different clinician be required to pick up this role):

① (See guidance, remember to consider all areas of TEACH and whether adding photos will aid someone to support this person in your absence.)





Name	l like to be called	Date of birth:
Your health plan af	ter today'	s appointment
Today (date)		A STATE OF THE STA
person needs to do, any medication ask them to repeat the plan to you, e	the exact details on the consuming they have to the consuming they have to the consuming the construction that consuming the con	
•		
•		
•		
This will help you:  (Please list why this is of benefit to	their health in sim	ple language.)
•		
•		
•		
Things to look out for:  (f) (Please list possible side effects or what they should do.)	r anything that mea	ans they should get urgent help, and
•		
•		
•		
After this, we will:  (Please write what they need to do following the above.)	o/if there is a follow	up plan or if they are not better
•		
•		
·		
	then your clinical of you may choose to	





Name I like to Date of birth: be called Reluctance to accept blood taking or injections Historically, have you had the capacity to understand the reasons bloods need to be taken/injections need to be given, and the risks to your health of not having them?: (Please give some examples from the past of the level of understanding you had for the REASONS for a blood test/injection and risks of not having it.) If you have historically had capacity to decide to have blood tests/ injections, what were the best ways to support you to have these?: (0) (e.g. playing music, distraction, specific venue, specific person, shielding so you can't see, gentle holding or sedation etc) If historically you did not have capacity and a best interest decision was made on your behalf with injections/blood tests, what were the least restrictive methods for achieving these?: (e.g. playing music, distraction, specific venue, specific person, shielding so you can't see, gentle holding or sedation etc)



Name	I like to be called	Date of birth:						
Support with helping assess mental capacity								
for specific health in	vestigations/tre	eatment.						
© Remember that it is assumed that all people have capacity to make decisions, but where somebody who has a learning disability who MAY NOT have the capacity to weigh up the risks and benefits for a specific health investigation or treatment and May refuse essential treatment WITHOUT understanding the risks of that decision, then a MENTAL CAPACITY ASSESSMENT SHOULD BE MADE by the HEALTH PROFESSIONAL								
If it is safe to delay treatment and allow time to support the person to make an informed decision, then the Health Professional should seek the support of the people who know the person best to take time to communicate with them in the most effective way and environment for that person.								
circumstance the assessment of capacit is agreed that the person does not have	[PLEASE NOTE – This form is NOT for use when there is immediate risk to health. In that circumstance the assessment of capacity will need to happen immediately and where it is agreed that the person does not have capacity to make an informed decision for this investigation / treatment then a Best Interest Decision would be needed immediately]							
1. [To be completed by requesting Healt required/recommended and DATE:	th Professional] Medical interv	vention/treatment						
<ol><li>To be completed by requesting Healt health professional will be assessing</li></ol>		ns and answers the						
e.g. Covid Vaccine – the person will need to understand that 1. Covid is a nasty illness that people can die from. 2. The injection helps reduce chances of being very poorly if I get Covid.     More people with learning disabilities die from Covid than those without learning disabilities.     The doctor thinks it is a good idea for me to have the injections.)								

Name	l like to be called	Date of birth:
	y requesting health professional] Wh n well to return this information fo assessment?:	
Note the ways that th	r People who know this person well] the information was communicated ses were and the level of understa	I, the number of attempts, what
• Noticel and continue		
it is your clinical judge	onal – the assessment of mental cap ement whether the information provid er you need further face to face to o ey lack capacity).	ded is enough for you to make this







#### Safe Handover



#### **Purple Folder Handover Agreement**

Where someone does not have capacity to look after their own Purple Folder and keep their personal information safe, then this form can be used as a receipt for those supporting them.

The Purple Folder contains confidential information. Therefore, if lost, this is a breach of GDPR and must be reported and treated in line with Data Protection policies/procedures.

This receipt should be completed whenever the Purple Folder owner is admitted to Hospital or goes to stay in a different home environment, temporarily or permanently, and takes their purple Folder with them.

The person relinquishing the folder should ensure this is completes and keep it as receipt/ evidence of the Purple Folder now being the responsibility of a different organisation.

If the person later returns to their home and the Purple Folder is returned, then again this should be completed as receipt of its return.

l,	
(n	ame of person who supports the Purple Folder owner and is handing the folder)
State that this Purple Folder, belonging to (name of the person that the Purple Folder contains the health information of)	

has been handed over with the relevant information to (name of the person receiving the folder)

Job role:

Of establishment/ward

Signed (person handing over the folder)

Print name:

Role/Relationship to the Purple Folder owner:

Date

Signed (person receiving the Folder)

Print name:

Role/Relationship to the Purple Folder owner: ...

Date



## The Purple Folder is now ONLY A4



The folder will be supplied with the inserts BUT all pages will NOT be included as it was requested that these are available for completing electronically and self printing.

All pages will be available on My Purple Folder | Hertfordshire County Council

The NEW Pages will SOON be updated on there.

If a person has absolutely no access via friends family or people who support, to complete electronically and self print, then we will print a set of blank pages for hand written completion

The Guide and webinar on how to complete the Purple Folder WILL be made available on the website too







## The Purple Card



The Purple Car is available IN ADDITION to the Purple Folder for people who are likely to be out and about Independently It is NOT aimed to replicate or replace the Purple Folder, but gives immediate information on reasonable adjustments where someone may not have either their Purple Folder OR a person supporting them in a sudden health change situation









## What Next ...How to collect Reminder

As we have around 4000 Purple Folders in circulation it is BIG task to get them all replaced! We NEED YOU to help

#### You can :-

- Contact us <u>purplefolder@hertfordshire.gov.uk</u> And tell us How many folders you need replacing.
- If it is just one or 2 people you support then we can post these. We need to Log each one so we need the persons Name, DOB and address and NHS or Acsis number if you have it.
- If you have more people then we can arrange a date and time that we are in either Farnham House or Apsley, for you to collect. We need to Log each one so we need the persons Name, DOB and address and NHS or Acsis number if you have it. This isnt a quick job so allow enough time.
- You can await email saying when next mass distribution dates will be in Apsley and Farnham House please email us to tell us if you are awaiting these dates so we can contact you directly when we arrange them
- You Can request Purple Cards for people who are independent at the same time







#### **Breakout Room**

#### What do you want our of future forums? Opportunity for Networking







