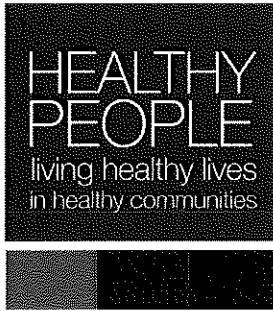


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Northern, Eastern and Western Devon  
Clinical Commissioning Group

Private & Confidential  
Mr J Tomalin  
Exeter and greater Devon Coroner's Office  
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Exeter  
EX2 4QD

NHS Northern, Eastern &  
Western Devon Clinical  
Commissioning Group  
The Annexe  
County Hall  
Topsham Road  
Exeter  
EX2 4QL

Date: 27/07/2016

Dear Mr Tomalin

**Re: Jessica Mary BIRKHEAD Deceased DOB. 28/07/2015**  
**Inquest held on 20 May 2016 at Devon County Hall, Topsham Road, Exeter**  
**Regulation 28 Report**

I am writing to you in response to your letter dated 02 June 2016 to NHS Northern, Eastern and Western Devon Clinical Commissioning Group (CCG). Please see below the CCG response to the matters of concern identified in the Regulation 28 report.

In terms of context, the CCG's approach to commissioning access to mainstream healthcare services for people with a learning disability is in accordance with national policy. People who have a learning disability should have access to the same specialisms as the general population, whilst recognising that reasonable adjustments may need to be made in services to enable this access. It is not practical or indeed clinically desirable to run a host of parallel health services for people who have a learning disability as they should always be able to access the expert input they need as patients, for example in primary care, physical acute medical and surgical services or mental health services. This in turn will enable people with learning disability to use evidence based services supplied by members of staff with the appropriate skills who are supervised and trained according to their specialist function.

This is a widely supported position intrinsic in government policy and research such as:-

- Improvement, expansion and reform ensuring that 'all' means 'all' DH 2002

- Equal treatment closing the gap (DRC 2009)
- Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups (CCGs)
- Valuing People Now (DH 2001)
- Valuing People Now (DH 2009)

The CCG fully recognises that people in our community who have different needs may need different approaches to care and the duty under the Public Sector Equality duty (2011) for public sector organisations to ensure that services are reasonable adjusted.

- (1) *Details of measures the CCG has implemented to assist people with learning disabilities to access appropriate main stream adult services and to support both the service user and the main stream adult services to ensure that appropriate care is provided*

The CCG has specifically commissioned services with Devon Partnership NHS Trust (DPT) to support the access of people who have a learning disability to mainstream services.

In primary care there are approximately 20 nurses operating across Devon to ensure that individuals have good support in primary care services. This is a significantly higher level of service than other CCG's. The Extended Service provision of Annual Health Checks in Primary Care for people with learning disabilities has been maintained. In addition work has taken place with the locality screening teams (Cervical cancer, Bowel Cancer, Abdominal Aortic Aneurysm, Breast cancer and Diabetic Retinopathy) and immunisation teams (influenza) to increase uptake of these services by people with learning disabilities.

In secondary care there is an Acute Care Liaison nurse in all of the large general hospitals in Devon and additional liaison learning disability nurses offering support. The specification for this service is explicit stating it is there 'to provide a link between social care/community learning disability teams/primary care and facilitate health promotion supporting people to access other health services i.e. chiropody, dentistry, mental health services district nurses etc.' In addition the specification states that this service will "support good mental health outcomes and access to all universal mental health services"

The intensive assessment and treatment team (IATT) in learning disabilities also offered support in this case and is there to support direct input to the person if they are experiencing behavioural problems. The current service specification states that '...therefore a key function of the team is to enable advice and support to those agencies to make sure those reasonable adjustments happen in those other services. ...' and 'IATT is not a crisis intervention service'. Mental health, physical or social care crisis should be dealt with through the normal services.

However IATT staff will support and advise those services offering guidance where appropriate.”

Mental health services such as the Depression and Anxiety Service (DAS) are able to identify vulnerability and make reasonable adjustments where required to enable people with learning disabilities to access services. From the root-cause analysis report completed by DPT it is noted that regular conversations had taken place between mental health services and learning disability services. Services appeared responsive and caring with a wide range of input in place.

- (2) *Details of further measures the CCG plans to take in the future to assist those with learning difficulties to access appropriate main stream adult services or to support both the service user and main stream adult services to ensure that appropriate care is provided.*

The “<sup>1</sup>Green Light” audit tool (NDTi, 2013) has previously been deployed to review and benchmark inpatient services response to people who have mental health needs and also a learning disability and/or autism. The CCG clinical and quality leads will assess with the leads of relevant provider organisations whether this tool could appropriately be applied to other community services to provide a review of access of mental health services to individuals and to identify what further reasonable adjustments are needed in services to enable service improvement. Assessment and agreement as to how this tool can be appropriately deployed will be completed in 2016/17 in order to inform any quality improvement initiatives to be undertaken in 2017/18.

I trust that this response addresses the matters that you have raised in your report, however should you have any further questions please do not hesitate to contact me.

Yours sincerely



Managing Director, Joint Commissioning  
Northern, Eastern and Western Devon Clinical Commissioning Group

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<sup>1</sup> [http://www.ndti.org.uk/uploads/files/Green\\_Light\\_Toolkit\\_22\\_Nov\\_2013\\_final.pdf](http://www.ndti.org.uk/uploads/files/Green_Light_Toolkit_22_Nov_2013_final.pdf)