

**Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 15/16**

SAF	What the measure involves	How 'green' is rated	RAG Rating	2014 Baseline	Improvement plan in place	KPI (15/16)	Lead/Group Responsible
<b>Section A - Staying Healthy</b>							
A1	LD QOF register in primary care	Learning Disability data is stratified in every required data set (e.g. age / complexity / Autism diagnosis / BME)	Green	Learning Disability Registers reflect prevalence data and are now stratified in every required data set (e.g. age / complexity).	No required	Continue to pull prevalence reports (suggested annual).	LD Health Group
A2	Long Term Health Conditions: People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardiovascular disease and Epilepsy	Compare treatment and outcomes for all four health conditions between people with learning disabilities and others in: the area and at local GP level.	Amber	Comparative data for some of the health areas listed in the descriptor available at AT/CCG/Practice level	Channelling data is required from all systems to ensure benchmarking good practice.	Process established to benchmark	LD Health Group Wessex AT
A3	Annual Health Checks and Annual Health Check Registers	IHAL are undertaking this and will provide local authorities and CCGs with a figure.	IHAL to provide	Registers not validated since set up. <b>30-37%</b> of people with learning disability on the GP DES Register had an annual health check.	A city wide plan is in development covering, engagement with GPs, Wessex AT, Southern Health, LDPB, Choices Advocacy and LD population/carers.	Registers will be validated by close of Qtr 4 15/16 Implementation to reach 50% (Amber) within 15/16.	LD Health Group Wessex AT
A4	Health Action Plans are generated at the time of Annual Health Checks	70% or more of Annual Health Checks generate specific health	Red	39% of patients who have had an assessment have a	Template shared with all practices. CQUIN undertaken from	Southern health to visit all 33 practices signed	LD Health Group Wessex AT

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	(AHC) in primary care and these include a small number of health improving activities.	improvements (Health Action Plan)		health action plan. An audit is being carried out to review the quality of these plans. Unclear whether plans are being generated at the time of health checks and if these are aligned.	Southern Health – identified that no practices had an easy read action plan.	up to LD DES and work with them to embed the easy read health action plan.	
A5	Comparative data for national cancer screening programmes for people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for: a) Cervical screening b) Breast screening c) Bowel Screening (as applicable)	IHAL are undertaking this and will provide local authorities and CCGs with a figure.	IHAL to provide	Numbers completed and comparative data in place.  Limited evidence to suggest scrutinised exception reporting and evidence of reasonably adjusted services	Comparative data shows marked differences in uptake; therefore screening programmes need to demonstrate reasonable adjustments. A programme regarding improved coding. Accountability issues to be resolved.	Wessex AT to identify KPI	LD Health Group Wessex AT
A6	Primary care communication of learning disability status to other healthcare providers	Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed	Green	There is evidence of an AT/CCG wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual's capacity and consent are inherent to the system employed	To be raised at Locality meetings with GPs to raise awareness for the need to pass information to providers.  Quarterly contract meetings to monitor progress.	Review of secondary system and identification of good practice guidance to be disseminated.	Carol Alstrom (Quality Associate Director ICU ) Clinical Governance Board (CGB)

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A7	Learning disability liaison function or equivalent process in acute setting	Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in the provider sites and there is broader assurance through executive board leadership and formal reporting / monitoring routes	Green	Designated learning disability liaison function in place and details of the provider sites covered has been submitted. Providers are not yet using known activity data to effectively employ LD liaison function against demand.	There is a work plan in place for Health Facilitation/Hospital Liaison Nurses for Learning Disabilities, in order to gain formal reporting. This measure to be discussed at UHS and SHFT CQRM to ensure board leadership.	Annual rolling programme to demonstrate board leadership.	Carol Alstrom (Quality Associate Director ICU ) Clinical Governance Board
A8	Reasonable adjustments in primary care: NHS commissioned primary and community care * Dentistry * Optometry * Community Pharmacy * Podiatry This measure is about universal services NOT those services specifically commissioned for people with a learning Disability.	All people with learning disability accessing/using services are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement.	Amber	Services commissioned by the CCG (maternity and podiatry) are able to provide evidence of reasonable adjustments and plans for service improvements. NHS England commissioned services do not have specific contractual requirements.	Reasonable adjustment work will be taken forward in 2015/16 contracts. CQUIN being worked up to cover patient experience Where relevant some work will be taken across Hampshire and Portsmouth area with Wessex AT. A programme with carers to be put in place regarding reasonable adjustments in services.	CQRM to hold all providers to account in 15/16 to ensure all areas have clear action plans.	LD Health Group
A9	Offender Health & the Criminal Justice System	Local Commissioners have and act on data about the numbers /prevalence of people with a learning disability in the CJS. Local commissioners have are working with regional, specialist prison health	Amber	There is ongoing communication with specialist prison health commissioners. Processes in place to ensure prisoners and youth offenders with LD are offered a health action plan.	Work ongoing around developing the LD forensic pathway and implementation of the Green Light Toolkit.	Hampshire Probation Trust KPI - Reduction of the differential in successful completion of orders between offenders who have a learning	HTP Equalities Consultation Panel  LD Health Group

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		<p>commissioners</p> <p>Good information on health needs of people with LD in local prisons /wider criminal justice system and a clear plan on how needs can be met. Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one within 6 months.</p> <p>Evidence of 100% of all care packages including personal budgets reviewed at least annually.</p>		<p>LD screening questionnaires used in police and health.</p> <p>Probation have own screening tools.</p>		<p>difficulty and those who do not.</p>	
<b>Section B- Keeping Safe</b>							
<b>B1</b>	Individual health and social care packages for people with learning disability, across all life stages, are reviewed regularly.	Evidence of 100% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment	Red	85% of health packages have had an annual review. 47% of social care packages received a review in 2014. There are 177 reviews currently in progress.	There is a plan in place, for social care, co-working with the review project, identifying outstanding reviews, and ensuring recruitment in progressed to ensure full resource in place to undertake the reviews.	100% of reviews to be completed in 15/16	<p>Mark Howell (SCC HoS)</p> <p>Carol Alstrom (Quality Associate Director ICU )</p>
<b>B2</b>	Contract Compliance Assurance – For services primarily commissioned for people with a learning	Evidence of 100% of health and social care commissioned services for people with learning	Amber	All services have annual quality reviews. Lead commissioning managers are identified	A new Individual Service Contract has been developed for all placements (SCC).	% of commissioned services with contract reviews	Carol Alstrom (Quality Associate Director ICU )

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	disability and their family carers.	<p>disability have:</p> <ul style="list-style-type: none"> <li>- had full scheduled annual contract and service reviews.</li> <li>- Demonstrate a diverse range of indicators and outcomes supporting quality assurance</li> </ul> <p>Evidence that the number regularly reviewed is reported at executive board level in both health &amp; social care</p>		for each contract and the monitoring of reviews will be overseen by the contract development and monitoring committee with outcomes reported as performance indicator to CCG and LA exec board level.	<p>SCCCG (Continuing Healthcare) are reviewing service contracts in line with new home care tender.</p> <p>The ICU Scorecard, including Quality elements will report to IC Board and other relevant bodies' such as SSAB this will include the number of services reviewed</p>	<p>per annum.</p> <p>% of contract reviewed services with additional requirements.</p> <p>Levels are currently being agreed by Leads.</p>	Provider Relationships Associate Director
<b>B3</b>	Monitor Assurances: Assurances given regularly in Monitor Risk Assessment Framework for Foundation Trusts	<p>Commissioners review monitor returns and review actual evidence used by Foundation Trusts in agreeing ratings</p> <p>Evidence that commissioners are aware of and working with non-foundation trusts in their progress towards monitor compliance.</p>	Green	The quality and safeguarding team work with health providers regarding their monitor returns.	Achieved. CQRM will ensure ongoing monitoring. This will be overseen by SCCC Clinical Governance Committee and Governing Body/SCCCG Executive Board.	This requirement to be formally written into contracts for FT/Non FT and major private providers quality schedules.	Carol Alstrom (Quality Associate Director ICU)
<b>B4</b>	Assurance of safeguarding for people with learning disability in <b>all</b> provided services and support.	Evidence of robust, transparent and sustainable governance arrangements in place in all statutory organisations including Local Safeguarding Adults Board(s), Health & Well-Being Boards and Clinical	Green	There is evidence of robust, transparent and sustainable governance arrangements in place in all statutory organisations including SSAB, HWBB and CCG Executive Board. The provider can	The SSAB will ensure ongoing monitoring.	100% of services demonstrating compliance with CQC outcome 7	SSAB

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		<p>Commissioning Executive Boards          The provider can demonstrate delivery of Safeguarding adults within the current Statutory Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent. Every learning disability provider service have assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. Key lessons from national reviews are included. There is evidence of active provider forum work addressing the learning disability agenda</p>	<p>demonstrate delivery of Safeguarding adults within the current Statutory Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent          Every learning disability provider service have assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. Key lessons from national reviews are included. There is evidence of active provider forum work addressing the learning disability agenda through residential and domiciliary care forum as well as the LDPB. An independent chair has been appointed to the</p>			
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				SSAB.			
B5	Involvement of self-advocates and carers in training and recruitment	LD specific services: evidence of all services involving people with learning disability and families in recruitment/training. Commissioners of universal services can provide evidence of contracting for LD awareness training (e.g. as part of Disability Equality training)	Amber	<p>In place for universal health providers as part of their mandatory training requirements.</p> <p>There are areas of good practice within the city that will be built upon. Some residential and homecare providers employ people with learning disabilities and carers to undertake their training.</p>	<p>Provider forums will seek to address how self advocates are engaged more proactively in training and recruitment and contractual requirements will be further enhances as contracts are reviewed.</p>	<p>100% of services evidence involvement of users and families in recruitment, training and monitoring during QA visits.</p> <p>100% of services have completed reviews of universal provision and have plans in place to ensure reasonable adjustments are achieved</p>	<p>Provider Relationships Associate Director ICU</p> <p>Carol Alstrom - Quality Associate Director ICU</p>
B6	<p>Compassion, dignity and respect.</p> <p>To be answered by self advocates and family carers.</p>	Family carers and people with a learning disability agree that all providers treat people with compassion, dignity and respect.	Amber	Feedback provided by 'Busy People' a Southampton self advocacy group and the LD carers groups. Areas of good practice were identified however improvements across services were identified.	Ongoing monitoring in place for all contracts using good practice e.g. service audits, Dignity in Care work. Social Value Act used prominently within tendering processes.	100% of services evidence organisational values reflected in day to day work practices, with clear commitment to involvement of users and dignity being	Provider Relationships Associate Director

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						promoted.	
<b>B7</b>	<p>Commissioning strategy impact assessments.</p> <p>Commissioning strategies for support, care and housing is the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with Learning Disabilities.</p>	Up to date commissioning strategies and impact assessments are in place.	Green	All commissioning strategies most have completed impact assessment. This is carries out as standard.	Commissioning Strategies and work stream areas identify EQI. The LDPB (which has 50% of people with LD sitting on this) inputs on commissioning strategies and associated equality impact assessments, these are shared via the LDPB website. Experts by Experience to considered.	90% of all EIA's to be up loaded to LDPB website with repeat agenda item at LDPB for review/challenge.	<p>System Redesign Associate Directors</p> <p>Carol Alstrom - Quality Associate Director ICU</p>
<b>B8</b>	Commissioners can demonstrate that all providers change practice as a result of feedback from complaints and Whistle blowing experience.	90% or more of commissioned services can demonstrate improvements, based on the use of feedback from people who use services (e.g. complaints, surveys and quality checking). There is evidence of effective use of a Whistle-blowing policy where appropriate.	Green	In place for 100% of health providers. Good evidence that providers respond to complaints and whistle blowing positively. The CCG have worked proactively with commissioned services. There are good examples of where services have invited the complainant to board. Complaints leaflets are produced in easy read format.	Providers will be requested to demonstrate that they are changing their practice, based on the feedback from the service users. Monitoring to record this to be put in place so that at least 90% of providers show this under service review/monitoring. Staff surveys' also to be used more formally to gain intelligence.	100% of service reviews evidence changes in practice based on complaints/whistle blowing.	Carol Alstrom - Quality Associate Director ICU



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B9	Mental Capacity Act & Deprivation of Liberty Safeguards. Appropriate use of the MCA and DoLS.	Commissioners can evidence that all relevant providers have well understood policies in relation to the MCA and DoLS in place and routinely monitor their implementation.	Green	All appropriate providers have well understood policies in place and routinely monitor implementation of these in relation to, the Mental Capacity Act (including restraint, consent and deprivation of liberty). The provider can evidence action taken to improve and embed practice where necessary. This is identified and monitored through contract review processes and SSAB.	Maintain good practice. Develop register of providers checked for compliance against MCA.	Breaches of MCA and DOLS to be reported – expectation no breaches in any providers	Carol Alstrom - Quality Associate Director ICU
<b>Section C – Living Well</b>							
C1	Effective joint working across health and social care.	There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of pooled budgets or pooled budget arrangements, joint commissioning structures, intentions, monitoring and reporting arrangements.	Amber	Joint commissioning strategy and pooled budgets operate within the city. Better Care Southampton is supporting the joint agenda to meet needs across the city. There is no integrated team at present.	Plans to further develop partnership agreements will be processed through Southampton's Better Care Fund work area.	Number of jointly commissioned services. Review and agreement re Integrated Team arrangements.	Integrated Commissioning Unit Board
C2	Local amenities and transport	Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably	Amber	Evidence from LDPB is that services are making reasonable adjustments and reviewing how to support people with	Needs to be a better plan regarding how transport is managed in the city.	Number of training sessions delivered to transport	LDPB

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		adjusted local transport services, changing places and safe places (or similar schemes) in public venues and evidence that such schemes are communicated effectively.		learning disabilities.	<p>Training regarding reasonable adjustments for bus companies by people with LD being developed.</p> <p>Safe places launched and updated, work currently being undertaken to include info on training for providers and council staff (KPI) Meetings with police to monitor scheme.</p> <p>Continue to build on existing good practice.</p>	<p>agencies by people with learning disabilities</p> <p>Number of people being trained in Safer Places.</p>	
C3	Arts and culture	Extensive and equitable distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services that enable them to participate fully e.g. cinema, music venues, theatre, festivals and that the accessibility of such events and venues are communicated effectively.	Amber	This measure was asked at the LDPB. People felt there was a good range of arts and culture on offer. However there is sometimes an over reliance on support staff in order to help people. If services were further improved, people could access these with less support. Example is autism friendly cinema and theatre screenings.	Continue to build on existing good practice.	Numbers of new arts and culture facilities promoting reasonable adjustments in their services.	LDPB
C4	Sport & leisure	Extensive and equitably geographically distributed examples of people with	Amber	This question was asked at the LDPB. Similar to access to arts and	Continue to build on existing good practice. Active Nation	Numbers of new sports and leisure facilities	LDPB

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		learning disability having access to reasonably adjusted facilities and services that enable them to participate fully e.g. local parks, leisure centres, swimming pools, walking groups. Designated participation facilitators with learning disability expertise etc. and evidence that such facilities and services are communicated effectively.		culture, they felt there was a good range however an over reliance on support staff which could be reduced if services were improved.	developing a range of sport and leisure activities.	promoting reasonable adjustments in their services.	
C5	Supporting people with learning disability into and in employment	Clear published local strategy for supporting people with learning disabilities into paid employment. Relevant data is available and collected and shows the strategy is achieving its aims.	Amber	Employment workplan has identified key actions for supporting adjustments with the LD population. 127 clients supported by City Limits with 41 in paid employment. New 'job club' has started with the Job Centre and working with a self advocate from Choices Advocacy.	Work is in progress to ensure that all vulnerable groups access employment more effectively within the city (ICU Employment Plan drafted).  Implementation of employment advisor for people with complex learning disabilities approved.	Numbers of adults in employment against national and regional benchmarks.	LDPB  System Redesign Associate Director in liaison with City Deal.
C6	Transition to Adulthood. Preparing for adulthood in Education, Health & Social Care.	There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care. There is evidence of clear preparing for adulthood	Green	The integrated SEND service has adult social care staff seconded into it to co-work transition cases from Q4 2014/15. Joint task and finish group established to lead re-commissioning	Ongoing development of the SEND 0-25 service and joint tasks and finish group to lead on re-commissioning of post 16 health services.	Qtr 2 2017 is the national requirement of 100% of children currently with statements to have been	Childrens Transformation Programme

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		services or functions that have joint health and social care scrutiny and ownership across children and adult services.		of post 16 health services related to the SEND service.		transferred to EHC Plans.	
<b>C7</b>	People with learning disability and family carers are involved in service planning and decision making.	Clear evidence of co-production in universal services and learning disability services. The commissioners use this to inform commissioning practice.	Amber	LDPB meeting is co-produced and attended by commissioners. There are a number of forums across the city that people with learning disabilities are actively involved with, e.g. Consult & Challenge, health Inequalities Group. Self advocacy groups proactively seek to influence how services are delivered.	Continue to build on existing good practice.	Co-production embedded as common practice across all services (not just specialist LD).	LDPB
<b>C8</b>	Carer satisfaction rating.  To be answered by family carers.	Most carers are satisfied that their needs were being met.	Amber	There are some positive themed areas but some areas that require further work.	Carers commissioning group to action areas identified as needing further work.	Increase in the proportion of carers who report that they have been included or consulted in discussions about the person they care for.	Carers Commissioning Group  LDPB