

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	LEARNING DISABILITIES 2013/14 JOINT HEALTH AND SOCIAL CARE SELF ASSESSMENT FRAMEWORK		
DATE OF DECISION:	29 TH JANUARY 2014		
REPORT OF:	DIRECTOR QUALITY AND INTEGRATION SOUTHAMPTON CITY CCG / HEAD OF INTEGRATED STRATEGIC COMMISSIONING SOUTHAMPTON CITY COUNCIL		
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STATEMENT OF CONFIDENTIALITY			
None			

BRIEF SUMMARY

This report informs the Health and Wellbeing Board of the introduction of the Learning Disability Joint Health and Social Care Self Assessment Framework (JHSCSAF).

The Learning Disability Health Self-Assessment began being used in England in 2007/8. It has become an important guide for the NHS and Local Authorities. It has helped them to recognise the overall needs, experience and wishes of young people and adults with learning disabilities and their carers. This has made it easier to bring these perspectives into the tasks of determining local commissioning priorities and monitoring services.

The Framework has helped to improve services for young people with learning disability in many parts of the country by raising awareness of their health needs, driving increased health and local authority resources and improving interagency co-ordination. However, the events at Winterbourne View and subsequent investigations have demonstrated there is still much to be done. As a result of this, the signatories to Transforming Care and The Concordat agreed to implement a joint health and social care self-assessment framework.

It has been designed so that it becomes the main source of intelligence and data on learning disability in future years.

RECOMMENDATIONS:

- (i) To note there are areas that have been self-assessed as 'less effective' at this stage, identified within the Action Plan (Appendix 1)

- (ii) That a further report on progress of the actions set out in the self assessment be brought back to the Health and Wellbeing Board in 12 months.

REASONS FOR REPORT RECOMMENDATIONS

1. As part of the governance arrangements, requested by Public Health England - Improving Health and Lives (IHAL) there is a requirement to bring the Southampton's submission to the Health and Wellbeing Board

ALTERNATIVE OPTIONS CONSIDERED AND REJECTED

2. None. The Department of Health has indicated it expects Health and Wellbeing Boards to be confident that the right leadership and infrastructure is in place to secure delivery of the actions required.

DETAIL (Including consultation carried out)

- 3 The new framework replaces and combines the local authority Valuing People Now Self- Assessment and the NHS Learning Disability Health Self - Assessment and becomes a comprehensive needs assessment. The aim is to ensure that the information collected will support action that improves outcomes for people with learning disabilities and their families.
4. The framework provides a single, consistent way of identifying the challenges in caring for the needs of people with learning disabilities, and documenting the extent to which the shared goals of providing care are met. Locally, this will help Learning Disability Partnership Boards, Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities in their areas. It should also provide a sound evidence base against which to monitor progress.
5. Findings from the JHSCSAF will be used both locally and nationally. Nationally, it will be used to report publicly and to Ministers on the progress in providing services in every part of the country to meet the aspirations of *Healthcare for All* and of *Transforming care: A National Response to Winterbourne View*.
Locally, it will be used to inform:
1. Joint Strategic Needs Assessment (JSNA)
 2. Health and Wellbeing Strategy
 3. Commissioning intentions/strategy
 4. Winterbourne improvement joint plans
 5. Learning Disability Partnership Board work programmes

The organisational arrangements of the new JHSCSAF will retain at its heart the principles of engaging with people with learning disability, their families and carers and of strengthening their voice. The governance arrangements

set out below are designed to support this.

6. The governance structure is designed to facilitate local arrangements for reporting, planning and action. It is assumed that local authorities, through their Health and Wellbeing Boards, will provide the central leadership. The geographic arrangements for the JHSCSAF will reflect this, with the exercise being undertaken in most cases for each upper tier local authority. It is good practice for NHS England Area Teams and Regional ADASS sector-led improvement networks to support the process of quality assurance in consultation with local area staff. The national ADASS LD Lead and the NHS England LD National Clinical Director will receive a report prepared by Improving Health and Lives (IHaL) – Public Health England (PHE) showing by region how areas compare locally, regionally and nationally. Conclusions will be fed back to the Ministerial Learning Disability Programme Board.
7. The JHSCSAF comprises three comprehensive sections which have been completed and submitted to Public Health England. These are:
 - Data collation
 - Self assessment against nationally agreed measures
 - Shared stories completed by people with a learning disability, carers and other stakeholders.

The following section gives an outline of each area and our initial findings from the assessment. Information used to populate the assessment is taken from 12/13 as per PHE requirements.

8. Data collation
As part of the self assessment framework we are required to collate a comprehensive and a wide range of data across health and social care. This covers the following sections:
 - Healthcare and health needs (such as numbers of people known to GP's)
 - Those in inpatient services, continuing healthcare and those with challenging behaviour;
 - Assessment and Social Care services;
 - Inclusion and where I live (e.g. employment and housing);
 - Quality (e.g. number of safeguarding alerts and money spent on training); Transition.

Completing the JHSCSAF meant gathering a large amount of data held on separate systems, regarding our learning disability population.

Headlines from data collection for the H&WBB to note are:

- 1478 people with a learning disability are identified on GP registers. These are: 653 0-17 year olds; 742 18-64 and 83 adults aged 65+. 108 of these people also have either profound or complex needs.
- 48% of people with a learning disability over 18 are identified as

having a BMI in the 'obese' range (with BMI recorded over the last two years)

- Screening levels for physical health problems were low in comparison to the population's average.

Screening Type	Southampton Population Average	LD Population Average
Cervical	68%	32%
Mammographic	44%	36%
Bowel	27%	6%

- 30% of those deemed eligible under the DES received an Annual Health Check.
- From 2013 we have 6 people with a learning disability or autism, with challenging behaviour in NHS funded care on the CCG register.
- 56 Young People aged 14+ are currently in receipt of a co-produced Transition Plan.
- 63 adults with a learning disability, known to the council, were in paid employment and 46 in some form of voluntary work.
- There were no adults identified with a learning disability in unsettled accommodation (i.e. homeless, rough sleeping or temporary accommodation).

9. Self assessment against nationally agreed measures (SAF)

As part of the SAF we were required to self assess ourselves against 27 measures using a RAG 'Traffic Light' system. These are aligned to the outcome frameworks – Adult Social Care Outcomes Framework (ASCOF), Public Health Outcomes Framework (PHOF), National Health Service Outcomes Framework (NHSOF), Winterbourne View Concordat and Health Equalities Framework (HEF). These nationally agreed outcome frameworks and policies were used as the evidence base for the three broad areas in the SAF, which are:

Section A – Staying Healthy

This asks questions about making sure people with learning disabilities can be as healthy as everyone else. It includes questions about making sure we have the right information about people, health action plans and annual health checks and assess that people are being supported to manage their own health. It also asks questions whether universal or mainstream health services are making reasonable adjustments.

Section B – Being Safe

This section looks at safeguarding and quality. Making sure that we design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice. This was highlighted in the Winterbourne Review Concordat.

Section C – Living Well

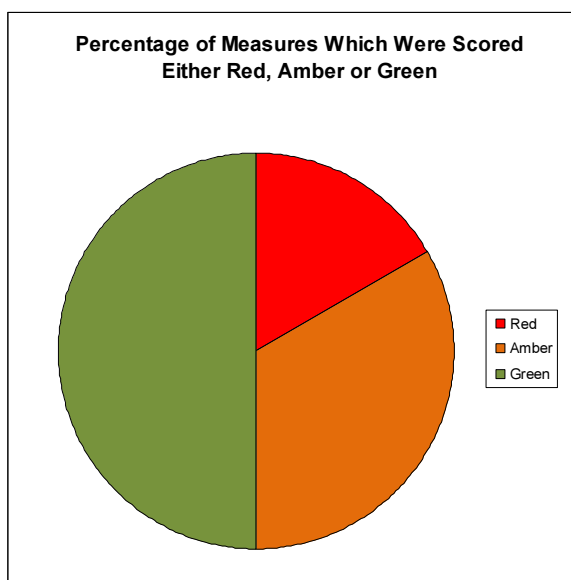
This section is about inclusion, being a respected and valued part of society and leading fulfilling and rewarding lives. People with learning disabilities and their family carers deserve an equal opportunity with the rest of the population to fulfil their lives as equal citizens of our nation safe from crime and intolerance.

The findings from the SAF show that plans are in place to continue delivering change and improvements in the commissioning and delivery of care for people with learning disabilities to address health inequalities and achieve comparable health outcomes.

Each of the domain areas has a range of performance measures, as listed in the self assessment template, against which there are three possible assessment outcomes:

	Less Effective
	Effective
	Exceeds requirements

The detailed SAF shows there were a number of measures (18%) where our position was assessed as less effective (red). Our responses and evidence to 37% of the questions were identified as effective (amber), and 56% were considered as exceeding requirements (green). This is shown visually in the chart below:



Further work will be required to continue to drive up service standards, as identified in the 13/14 LD JHSCAF Action Plan (Appendix 1).

10. Shared Stories

As part of this year's SAF we were required to ask people with learning disability and their carers to feedback on both good and poor experiences of health and social care services that they have received, through an exercise called "shared stories".

We were able to report in most cases a 'shared story' related to peoples experiences within the city per measure. We had twenty responses in total (some responses covered more than one area). These were collated through service user and carer forums, which are part of the Learning Disability Partnership Board structure, and local providers who completed workshops with their service users.

The main themes emerging from the shared stories were both the good and poor experiences of accessing local health care services (ranging from acute, community to primary care services).

Shared stories are discussed within the LD Health Group and used to inform service changes.

- 11 The Learning Disabilities Partnership Board will have formal feedback on the 6th March 2014. Health is a regular topic at the Board, and therefore on going updates will be given to outline progress. Quarterly updates will be tabled at the Vulnerable People Board.

RESOURCE IMPLICATIONS

Capital/Revenue

12. All future revenue implications will be met from the revenue budgets approved by council.

Property/Other

13. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

14. Equality Act 2010

Other Legal Implications:

15. None.

POLICY FRAMEWORK IMPLICATIONS

16. None.

KEY DECISION? No

WARDS/COMMUNITIES AFFECTED:	All
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SUPPORTING DOCUMENTATION

Appendices

1.	Learning Disabilities Joint Health and Social Care Action Plan 2014
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Documents In Members' Rooms

1.	None
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Equality Impact Assessment

Do the implications/subject of the report require an Equality Impact Assessment (EIA) to be carried out.	No
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Other Background Documents

Equality Impact Assessment and Other Background documents available for inspection at:

Title of Background Paper(s)	Relevant Paragraph of the Access to Information Procedure Rules / Schedule 12A allowing document to be Exempt/Confidential (if applicable)
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1.	None	
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