

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

SAF	What the measure involves	How 'green' is rated	RAG Rating	12/13 Baseline	Improvement plan in place	KPI	Lead/Group Responsible
Section A - Staying Healthy							
A1	LD QOF register in primary care	Learning Disability and Down Syndrome Registers reflect prevalence data AND Data stratified in every required data set (e.g. age / complexity / Autism diagnosis / BME etc.)	Amber	Learning Disability and Down Syndrome Registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity).	Data has been obtained however a further report to include wider data sets will be developed for benchmarking. To be monitored via the LD Health Group.	Annualised(Qtr 1) prevalence report	LD Health Group
A2	People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy	Comparative data in all of the health areas listed in the descriptor at each of the following levels; Local Area Team Clinical Commissioning Group Individual GP Practice	Amber	Comparative data in some of the health areas listed in the descriptor at LAT/CCG/Practice	Channelling data is required from all systems to ensure benchmarking good practice.	Process established to benchmark	LD Health Group Wessex LAT
A3	Annual Health Checks and Annual Health Check	Validated on a minimum of an annual basis and process in place for all people aged 18 or over to be put on register.	Red	Registers not validated since set up. 25% of people with learning disability on the	A city wide plan is developed covering, engagement with GPs, Wessex LAT, Southern Health, LDPB, Choices	Registers will be validated by close of Qtr 4 14/15	LD Health Group Wessex LAT

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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	Registers	80% of people with learning disability GP DES Register had an annual health check.		GP DES Register had an annual health check.	Advocacy and LD population/carers.	Implementation to reach 50% (Amber) within 14/15.	
A4	Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care and these include a small number of health improving activities. Refer to RCG guidance around health action plans.	GP Health Action Plan (HAP) contains specific health improvement targets identified during the AHC for 50% of patients (to be captured through AHC template).	Red	No evidence that the Annual Health Check and Health Action Plans are integrated.	To have a process to generate GP health action plan that is integrated, SCCCg are working up with other CCGs, ready for implementation in 14/15.	10% of LD population to receive pilot of integrated HAP by Qtr 2	LD Health Group Wessex LAT
A5	Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each	Numbers of completed health screening for eligible people who have a learning disability in every screening group; AND Comparative data of screening rates in the non LD population for every screening group; AND Scrutinised exception reporting and	Amber	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 LAT to identify	LD Health Group Wessex LAT

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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	health screening area for: a) Cervical screening b) Breast screening c) Bowel Screening (as applicable)	evidence of reasonably adjusted services					
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	Amber	There is evidence of a LAT/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	This measure to be discussed at provider Clinical Quality Review Meetings (CQRM). Action plan to be developed pending item discussion for implementation Qtr 1 14/15. To be raised at Locality meetings with GPs to raise awareness for the need to pass information to providers.	Review of secondary system and identification of good practice guidance to services to be disseminated by Qtr 1 14/15.	Carol Alstrom (Quality Associate Director ICU) Clinical Governance Board (CGB)
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	Amber	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

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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A8	<p>NHS commissioned primary and community care</p> <ul style="list-style-type: none"> * Dentistry * Optometry * Community Pharmacy * Podiatry * Community nursing and midwifery <p>This measure is about universal services NOT those services specifically commissioned for people with a learning Disability.</p>	<p>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.</p>	Amber	<p>Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements e.g. podiatry/community nursing.</p>	<p>Each has its own action plan to address requirements (due to diversity/system differences/providers). CQUIN being worked up to cover patient experience Where relevant some work will be taken across Hampshire and Portsmouth area with Wessex LAT. A programme with carers to be put in place regarding reasonable adjustments in services.</p>	<p>CQRM to hold all providers to account in 14/15 to ensure all areas have clear action plans,</p>	LD Health Group
A9	<p>Offender Health & the Criminal Justice System</p>	<p>Local Commissioners have good data about the numbers /prevalence of people with a learning disability in the CJS. Local commissioners have are working with regional, specialist prison health commissioners Good information on health needs of people with LD in local prisons /wider criminal justice system and a clear</p>	Amber	<p>Assessment processes exist but tend to be focused around individual teams/pathways e.g. Mendos/LD forensic. There is easy read accessible information provided by the criminal justice system for adults with autism.</p>	<p>To review available data regarding population/need/prevalence. To establish a process to propose action plan of which CJS coproduce. been agreed to identify people with LD in all offender health services e.g. learning</p>	<p>Hampshire Probation Trust KPI - Reduction of the differential in successful completion of orders between</p>	<p>HTP Equalities Consultation Panel LD Health Group</p>

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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		plan on how needs can be met. Prisoners and young offenders with LD have had an annual health check, or are scheduled to have one within 6 months (either as part of custodial sentence or following release, as part of GP health check cycle). They are offered a Health Action Plan.			disability screening questionnaire	offenders who have a learning difficulty and those who do not by March 2014 (currently 14%)	
Section B- Being Safe							
B1	Regular Care Review	Evidence of 100% of all care packages including personal budgets reviewed at least annually	Red	<p>SCC % of LD of any age 18 or over in 2012-13 who were in receipt of a service who were reviewed was 50.4 %. Services include residential, nursing, domiciliary, day care, meals, short stays, direct payments, professional support (mainly OT) or major items of equipment.</p> <p>SCCCG has completed 63.3% of reviews based on a 12 month rolling average to end November 2013.</p>	<p>The review of the Adult Social Care Pathway will mean that reviews are completed more effectively.</p> <p>SCC LD Team are preparing an action plan to achieve 90% (amber) annually including improved recognition of review when work is undertaken with clients.</p> <p>SCCCG (Continuing Healthcare) are reviewing the service to raise to 85% in 2014/15.</p>	<p>90% of reviews to be completed for SCC in 14/15.</p> <p>85% of reviews to be completed for SCCCCG in 14/15</p>	<p>Andy Biddle (SCC Manager)</p> <p>Carol Alstrom (Quality Associate Director ICU)</p>
B2	Contract Compliance Assurance – For services	Evidence of 100% of health and social care commissioned services for people with learning disability have: - had full scheduled annual contract	Red	SCC reviews of commissioned services for LD clients was 65% in 2012/13. Services include	B1 will support this action being completed (due to the fragmentation of the services).	% of commissioned services with contract	Carol Alstrom (Quality Associate Director ICU)

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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	<p>primarily commissioned for people with a learning disability and their families.</p>	<p>and service reviews. - Demonstrate a diverse range of indicators and outcomes supporting quality assurance</p> <p>Evidence that the number regularly reviewed is reported at executive board level in both health & social care</p>		<p>residential, nursing, domiciliary, day care.</p> <p>Reports are completed and action plans required from providers. These are monitored to ensure improvements.</p> <p>Reports on progress relating to quality assurance reviews are made to SSAB</p>	<p>A new Individual Service Contract has been developed for all placements (SCC). 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>reviews per annum.</p> <p>% of contract reviewed services with additional requirements.</p>	<p>Provider Relationships Associate Director</p>
B3	<p>Assurance of Monitor Compliance Framework for Foundation Trusts Supporting organisations aspiring towards Foundation Trust Status Governance Indicators (LD) per trust within the locality.</p>	<p>Commissioners review monitor returns and EDS 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 level & EDS compliance.</p>	Green	Returns and evidence reviewed	Achieved. CQRM will ensure ongoing monitoring. This will be overseen by SCCCG Clinical Governance Committee and Governing Body/SCCCG Executive Board.	This requirement to be formally written into contracts for FT and Non FT providers.	Carol Alstrom (Quality Associate Director ICU)

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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B4	<p>Assurance of safeguarding for people with learning disability in all provided services and support This measure must be read in the context of an expectation that ALL sectors, Private, Public and Voluntary / Community are delivering equal safety and assurance.</p>	<p>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 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>	Green	<p>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 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.</p> <p>There is evidence of active</p>	The SSAB will ensure ongoing monitoring.	100% of services demonstrating compliance with CQC outcome 7	SSAB

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				provider forum work addressing the learning disability agenda through residential and domiciliary care forum as well as the LDPB.			
B5	Training and Recruitment – Involvement	LD specific services: evidence of 100% of services involving people with learning disability and families in recruitment/ training and monitoring of staff including advocates. Strong evidence of commissioners specifically raising the need for LD awareness training and reasonable adjustment within universal services in line with consultation by people with a learning disability and family carers. Strong evidence of universal services embedding LD awareness training and making reasonable adjustments for people with a learning disability and family carers to access and use the services AND of universal service providers sharing good practice and experience.	Amber	<p>Service audits undertaken evidence 90% of services involving people with learning disability and families in recruitment/ training and monitoring of staff.</p> <p>Some evidence of universal services embedding LD awareness training and making reasonable adjustments for people with a learning disability and family carers to access and use the services.</p>	<p>Specifications for all retendered services to include outcome measure regarding involvement in recruitment/training and monitoring.</p> <p>Advocacy services specification to include outcome to support this measure.</p> <p>All contracts stipulate under Equalities Act requirement to ensure wider access to services.</p> <p>Review to identify gaps in universal provision and reasonable adjustments.</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</p>	<p>Provider Relationships Associate Director ICU</p> <p>Carol Alstrom - Quality Associate Director ICU</p>

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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						have plans in place to ensure reasonable adjustments are achieved	
B6	Commissioners can demonstrate that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture. This is a challenging measure but it is felt to be vital that all areas consider this.	Clear evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment & management of the workforce Evidence of this approach in relevant universal services	Green	Tender processes focus on values of organisations and require demonstrations on these values being put into practice.	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 promoted.	Provider Relationships Associate Director

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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B7	Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with Learning Disabilities.	Evidence of Commissioning Strategies and associated Equality Impact Assessments being presented to people who use services and their families and clear plans in place for the development of Care, Support and Housing for people with learning disabilities based on evidence of current and future demand.	Amber	SCCCG providers submitted CIP schemes to commissioners including details of EIA and Quality Impact Assessments. This was completed for 2013/14.	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 by Qtr 2 14/15, with repeat agenda item at LDPB for review/challenge.	System Redesign Associate Directors Carol Alstrom - Quality Associate Director ICU
B8	Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, Whistle blowing	Evidence that 90 % of commissioned practice and contracts require evidence of improved practice, based on the use of patient experience data, and the review and analysis of complaints. There is evidence of effective use of a Whistle-blowing policy where appropriate.	Amber	Evidence from Southampton Service Audits is that 50 % of commissioned practice and contracts have evidence of improved practice, based on the use of patient experience data, and the review and analysis of complaints and that there is evidence of effective use of a Whistle-blowing policy	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.	Evidence of changes in practice to be presented via provider service reviews / monitoring	Carol Alstrom - Quality Associate Director ICU

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	experience.			where appropriate.			
B9	Mental Capacity Act & Deprivation of Liberty	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	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.	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
Section C – Living Well							
C1	Effective Joint Working	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.	Green	LD commissioning currently have one active Section 75. Further plans to expand are being consider under a broader programme of development linked to the Better Care Fund.	Plans to further develop partnership agreements will be processed through Southampton's Better Care Fund work area.	Number of jointly commissioned services	Integrated Commissioning Unit Board

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C2	Local amenities and transport	Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted facilities and services that enable them to participate fully and build / maintain social networks e.g. support to use local transport services, Changing Places in shopping centres, Safe Places and evidence that such schemes are communicated effectively.	Green		<p>Review of transport services to be undertaken.</p> <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>Number of training sessions delivered to transport agencies by people with learning disabilities</p> <p>Number of people being trained in Safer Places.</p>	<p>TBC</p> <p>LDPB</p>
C3	Arts and culture	Numerous examples of people with learning disability 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.	Green		<p>Info re accessible screenings and nightclub venues disseminated widely across sector, via email (KPI number of emails received, and could add to ldpb website)</p> <p>Continue to build on existing good practice.</p>		LDPB
C4	Sport & leisure	Extensive and equitably geographically distributed examples of people with learning disability having access to	Green		Continue to build on existing good practice.		LDPB

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		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.					
C5	Supporting people with learning disability into and in employment	Relevant data available and collected. The targets nationally and locally determined (See ASCOF) have been met for people with learning disability supported into employment in the past 12 months Employment activity of people with learning disability is linked to commissioning intent for future services Commissioning is clearly linked to proportionate local need.	Green		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.		LDPB System Redesign Associate Director in liaison with City Deal.
C6	Effective Transitions for young people. A Single Education, Health and Care Plan (EHCP) for people with learning disability	Evidence of 85% of people with learning disability has a current and up to date Single Education, Health and Care Plan by 2014. There is evidence of well-established and monitored strategy, service pathways and multi-agency involvement across Health and Social Care. There is evidence of very clear transition services or functions that have joint health & social care scrutiny	Red	I think the baseline should be set at 0 as in 12/13 we were only just beginning to agree assessment and EHC Plans. MH	There is a programme established to increase EHCP via the development of the 0-25 service development.	DC to add Just a suggestion for the KPI – the government are going to set a date of Sep 2017 for when 100% of children currently with	Children and Families Bill Steering Group Childrens Transformation Programme

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		and ownership.				statements have to be transferred to EHC Plans. Could this be the long term KPI with intermediate steps along the way? MH	
C7	Community inclusion and Citizenship	Clear commissioning intentions or action plans that address the social inclusion and citizenship needs of people with a learning disability, linked to data and Joint Strategic Needs Assessments. Commissioning intentions and processes are aligned across both health & social care, supported by joint commissioning arrangements. Clear evidence of strong consultation with local communities in developing what it means to be a citizen	Green		Continue to build on existing good practice.		LDPB
C8	People with learning disability and family carer involvement in service planning and decision making	Clear evidence of co-production in universal services that the commissioners use this to inform commissioning practice	Green		Continue to build on existing good practice with coproduction agenda.		Carers Commissioning Group LDPB

Southampton Learning Disabilities Joint Health and Social Care Assessment Framework Annual Action Plan 13/14

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	including personal budgets This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.						
C9	Family Carers	Commissioners are using needs assessment information relating to carers to shape services and provide a range of support. There is clear evidence of a carers strategy that has been co-produced with family carers and that this has been consulted upon. There is clear evidence that providers of LD services involve family carers in service development. There is clear evidence that such involvement has led to service improvement.	Green			Sandy to add	Southampton Carers Commissioning Group