

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | 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.) | 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. | | | | 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 | Channelling data is required from all systems to ensure benchmarking good practice. C6. Review Joint Strategic Needs Assessment to ensure the health needs for LD citizens are recognized. C11. Refresh the "Greenlight Toolkit" to ensure that mental health needs for individuals are being appropriately met. | | | | LD Health Group Wessex LAT |
| A3 | Annual Health Checks and Annual Health Check Registers | Validated on a minimum of an annual basis and process in place for all people aged 18 or over to be put on register. 80% of people with learning disability GP DES Register had an annual health check. | A city wide plan is developed covering, engagement with GPs, Wessex LAT, Southern Health, LDPB, Choices Advocacy and LD population/carers. Implementation to reach 50% (Amber) within 13/14. C2. Annual Health Check to ensure all Care/Case Managers are trained. | | | | LD Health Group Wessex LAT |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|---|---|---|---------------------------|--|--|-------------------------------|
| 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). | To have a process to generate GP health action plan, worked up with other CCGs, ready for implementation by 14/15 C3. Health Action Templates to be uploaded to the HLDP website and local CCG websites | | | | LD Health Group Wessex LAT |
| A5 | Comparative data of 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 | 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 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. C4. Improve take up of Health Screening for people with a LD particularly Cervical and Bowel. Breast screening is more in line with the General Population. | | | | LD Health Group Wessex LAT |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|--|---|---|---------------------------|--|--|---|
| | applicable) | | | | | | |
| A1 | 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 | <p>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.</p> <p>C1. To continue with the Learning Disability Directed Enhanced Service (DES)</p> <p>C5. Review access to expert physician support to assess, diagnose and treat individuals who have physical health causes for challenging behaviour</p> <p>C13. Develop procedures to assess the health needs of individuals placed in the Southampton catchment with LD services and Primary Care.</p> | | | | Carol Alstrom (Quality Associate Director ICU) Clinical Governance Board (CGB) |
| A7 | Learning disability liaison function or equivalent | Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in | There is a work plan in place for Health Facilitation/Hospital Liaison Nurses for Learning Disabilities, in order to gain formal reporting. This | | | | Carol Alstrom (Quality Associate Director ICU) Clinical |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|----|--|--|---|---------------------------|--|--|-------------------------------|
| | process in acute setting | the provider sites and there is broader assurance through executive board leadership and formal reporting / monitoring routes | <p>measure to be discussed at UHS and SHFT CQRM to ensure board leadership.</p> <p>C7. Review the role and function of the Community LD Specialist Team and the Intensive Support Team.</p> <p>C8. Undertake a skill mix analysis of Community LD Specialist Team.</p> <p>C9. Improve access to telecare and telemedicine technology to support the assessment and care of individuals</p> <p>C10. Review the need for future LD inpatients bed provision for individuals who present challenges.</p> | | | | Governance Board |
| A8 | NHS commissioned primary and community care * Dentistry * Optometry * Community Pharmacy * Podiatry * Community nursing and midwifery | All people with learning disability accessing/using service are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement. | 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. | | | | LD Health Group |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|------------------------------|---|---|--|---------------------------|--|--|--|
| A9 | Offender Health & the Criminal Justice System | 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 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. | To review available data regarding population/need/prevalence. To establish a process to propose action plan of which CJS coproduce. | | | | LD Health Group |
| Section B- Being Safe | | | | | | | |
| B1 | Regular Care Review | Evidence of 100% of all care packages including personal budgets reviewed at least annually | The review of the Adult Social Care Pathway will mean that reviews are completed more effectively. SCC LD Team are preparing an action plan to achieve 90% (amber) annually including improved recognition of review when work is undertaken with clients. | | | | Andy Biddle (SCC Manager) Carol Alstrom (Quality Associate Director ICU) |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|---|---|---|---------------------------|--|--|---|
| | | | SCCCG (Continuing Healthcare) are reviewing the service to raise to 80-90% in year. | | | | |
| B2 | Contract Compliance Assurance – For services primarily commissioned for people with a learning disability and their families. | <p>Evidence of 100% of health and social care commissioned services for people with learning disability have;</p> <ul style="list-style-type: none"> - had full scheduled annual contract and service reviews. - Demonstrate a diverse range of indicators and outcomes supporting quality assurance <p>Evidence that the number regularly reviewed is reported at executive board level in both health & social care</p> | <p>B1 will support this action being completed (due to the fragmentation of the services).</p> <p>A new Individual Service Contract has been developed for all placements (SCC). SCCC (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>Carol Alstrom (Quality Associate Director ICU)</p> <p>Provider Relationships Associate Director</p> |
| B3 | Assurance of Monitor Compliance Framework for Foundation Trusts Supporting organisations aspiring towards Foundation Trust Status Governance Indicators | Commissioners review monitor returns and & EDS review actual evidence used by Foundation Trusts in agreeing ratings Evidence that commissioners are aware of and working with non-foundation trusts in their progress towards monitor level & EDS compliance. | Achieved. CQRM will ensure ongoing monitoring. This will be overseen by SCCC Clinical Governance Committee and Governing Body/SCCC Executive Board. | | | | Carol Alstrom (Quality Associate Director ICU) |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|--|--|--|---------------------------|--|--|-------------------------------|
| | (learning disability) per trust within the locality | | | | | | |
| B4 | 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. | 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 | The SSAB will ensure ongoing monitoring. C12. Review the physical intervention approaches being used in the City and develop an improvement plan. | | | | SSAB |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|--|--|---|---------------------------|--|--|---|
| | | provider forum work addressing the learning disability agenda | | | | | |
| 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. | Specifications for all retendered services to include outcome measure regarding involvement in recruitment/training and monitoring. Advocacy services specification to include measure to support. All contracts stipulate under Equalities Act requirement to ensure wider access to services. Review to identify gaps in universal provision and reasonable adjustments. | | | | Provider Relationships Associate Director ICU Carol Alstrom - Quality Associate Director ICU |
| B6 | Commissioners can demonstrate that providers | Clear evidence of commissioning practice that drives providers to demonstrate compassionate care and value | 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. | | | | Provider Relationships Associate Director |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|---|---|---|---------------------------|--|--|---|
| | 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. | base recruitment & management of the workforce Evidence of this approach in relevant universal services | H1 The development and audit of a Good Practice Standards Checklist to be used in conjunction with the client annual review process. H2 Further up skill the workforce. Southampton's Workforce Strategy and Action Plan for people with Autistic Spectrum conditions will support this. Service specifications and improved monitoring will identify areas for development. | | | | |
| 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 | 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. | 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. Consider developing Experts by Experience. A1. Implement the LD Complex Housing Business Case to develop bespoke services for all individuals who are place out of area. | | | | System Redesign Associate Directors Carol Alstrom - Quality Associate Director ICU |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|--|------------------------|-----------------|--|---------------------------|--|--|-------------------------------|
| | learning Disabilities. | | <p>A2. Undertake a review of the local (Winterbourne) register to improve risk management and implementation of care plans, preventing crisis and improve the planning and delivery of services locally. The review to take the learning from the existing Multi Agency Resource Panel process in place in local Children's' services.</p> <p>D1. To implement a strengthened housing plan to support people with complex needs.</p> <p>D2. To review and improve the long term management of existing housing stock with NHS/Council nomination rights, maximising development and rental opportunities.</p> <p>D3. To work with housing providers in the City to ensure that appropriate housing is developed which addresses emerging need.</p> <p>D4. To review the LD housing panel to ensure that housing needs and development opportunities pursued to support individuals to stay in Southampton.</p> <p>D5. City Council and CCG to identify</p> | | | | |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|--------------------------------|---|---|--|---------------------------|--|--|--|
| | | | funding to support the development of bespoke properties. | | | | |
| B8 | Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, Whistle blowing experience. | 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. | 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. | | | | Carol Alstrom - Quality Associate Director ICU |
| B9 | | | | | | | 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. | Plans to further develop partnership agreements will be processed through Southampton's Better Care Fund work area. | | | | Integrated Commissioning Unit Board |
| C2 | Local amenities and transport | Extensive and equitably geographically distributed examples of people with learning disability having access to | Review of transport services to be undertaken. Continue to build on existing good | | | | TBC LDPB |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|------------------|--|---|---------------------------|--|--|-------------------------------|
| | | 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. | practice. | | | | |
| 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. | Continue to build on existing good practice. | | | | LDPB |
| C4 | Sport & leisure | 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 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 | Continue to build on existing good practice. B1. Review of day support services to be undertaken in 2014 | | | | LDPB |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|---|--|--|---------------------------|--|--|--|
| | | effectively. | | | | | |
| C5 | Supporting people with learning disability into and in employment | <p>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</p> <p>Employment activity of people with learning disability is linked to commissioning intent for future services</p> <p>Commissioning is clearly linked to proportionate local need.</p> | <p>Work is in progress to ensure that all vulnerable groups access employment more effectively within the city (ICU Employment Plan drafted).</p> <p>Implementation of employment advisor for people with complex learning disabilities approved.</p> <p>B2. Development of Supported Employment Strategy to ensure that expert skills are developed for individuals to access</p> <p>B3. A range of employment opportunities to be explored for individuals including, job carving, micro firms, and cooperatives</p> | | | | <p>LDPB</p> <p>System Redesign Associate Director in liaison with City Deal.</p> |
| C6 | Effective Transitions for young people. A Single Education, Health and Care Plan (EHCP) for people with learning disability | <p>Evidence of 85% of people with learning disability has a current and up to date Single Education, Health and Care Plan by 2014.</p> <p>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 and ownership.</p> | <p>There is a programme established to increase EHCP via the development of the 0-25 service development.</p> <p>G1. To support the Children and Families Bill 2013 implementation which will extend the special educational needs (SEN) system from birth to age 25.</p> <p>G2. Review MARP/TOG in light of the implementation of Children's and Young Peoples Development Service</p> | | | | <p>Children and Families Bill Steering Group</p> <p>Childrens Transformation Programme</p> |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|---|---|--|---------------------------|--|--|---|
| | | | <p>0-25 year's service, ensuring that the clinical, social and educational needs of individuals are met into adulthood.</p> <p>G3. Ensure that all transition plans will include person centred behaviour management plans which address the communicative functions of individuals.</p> | | | | |
| C7 | Community inclusion and Citizenship | <p>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.</p> <p>Clear evidence of strong consultation with local communities in developing what it means to be a citizen</p> | <p>Continue to build on existing good practice.</p> <p>B4. LD Advocacy will be re-commissioned in 2014, to ensure that the needs of people with complex needs and behaviour that challenges are met within the city.</p> | | | | LDPB |
| C8 | People with learning disability and family carer involvement in service planning and decision | <p>Clear evidence of co-production in universal services that the commissioners use this to inform commissioning practice</p> | <p>Continue to build on existing good practice with coproduction agenda.</p> | | | | <p>Carers Commissioning Group</p> <p>LDPB</p> |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|-----------|--|-----------------|---|---------------------------|--|--|--|
| | making 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 | | <p>E1. Complete the Carers Strategy review and ensure that carers and siblings of individuals with learning disability who present challenges are recognised as a priority.</p> <p>E2. Assessments of individuals and family's needs to recognise the role and impact on siblings and consideration given to recognising the benefit of accessing young carer services.</p> <p>E3. The training needs of carers needs to be recognised in the learning disability workforce development plans as most would</p> | | | | Southampton Carers Commissioning Group |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | Objective | Measures | Recommendations from Strategy | Statutory Timeline | | | Lead/Group Responsible |
|--|-----------|----------|---|--------------------|--|--|------------------------|
| | | | <p>benefit from access to this specialist training.</p> <p>E4. A small number of individuals who present challenges are supported by elderly carers, planning for their future needs to be prioritised.</p> <p>E5. Complete the review respite services offered in the City and ensure that the needs of people who present challenges are addressed.</p> | | | | |

**Joint Commissioning Strategy for Working with Children and Adults with Learning Disabilities whose Behaviour Challenges Services
Action Plan 13/14**

| | | | | | | | |
|--|--|--|--|--|--|--|--|
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |