

DECISION-MAKER:	HEALTH AND WELLBEING BOARD		
SUBJECT:	2014 JOINT HEALTH AND SOCIAL CARE LEARNING DISABILITIES SELF-ASSESSMENT FRAMEWORK		
DATE OF DECISION:	25 TH MARCH 2015		
REPORT OF:	DIRECTOR OF QUALITY AND INTEGRATION SOUTHAMPTON CITY CLINICAL COMMISSIONING GROUP (CCG)		
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STATEMENT OF CONFIDENTIALITY			
None			

BRIEF SUMMARY

This report informs the Health and Wellbeing Board of the second Joint Health and Social Care Learning Disabilities Self-Assessment Framework (the 'SAF') return.

The Learning Disability Health Self-Assessment began being used in England in 2007/8 and 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 of 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 *Transforming Care* report and the *Winterbourne Review 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.

The SAF is showing that Southampton is effective in many areas but there are still significant areas of improvement especially in uptake of screening and ensuring timeliness of reviews.

RECOMMENDATIONS:

- (i) To note the actions identified within the Action Plan (Appendix 1) and that there are areas which have been self-assessed as 'less effective' at this stage.
- (ii) That a further report on progress of the actions set out in the SAF 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 present the assessment to Southampton's Health and Wellbeing Board, with a carer and self-advocate involved in that presentation.

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 framework has been further refreshed for 2014. The format for the SAF questions is broadly unchanged from 2013 and it has the same three sections with nine measures in each. The definitions and guidance have been revised mainly to make them clearer. In two questions the self-assessment framework specifically asks for direct views of carers and/or self-advocates. Previously 'shared stories' were part of the return. This element has been stopped in order to lean the process. IHAL will also be assessing two measures via national data returns (cancer screening and annual health checks). 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) to 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 SAF will be used both locally and nationally. IHAL will publish a national themed analysis. The findings will also be reported to ADASS National Executive and Ministerial Programme Board, which includes NHSE leads with family carer (National Valuing Families Forum) and self-advocate (National Forum) representatives, 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, including ongoing work regarding Southampton's Challenging Behaviour Policy Statement.
 5. Learning Disability Partnership Board work programmes

The organisational arrangements of the new SAF 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. IHAL will add their data to the overall SAF and give each local area a final rating (based on a RAG score), by mid-February 2015.
7. The SAF now comprises two comprehensive sections which needed to be completed and submitted to Public Health England by the end of January 2015. These are:
 - Data collation
 - Self-assessment against nationally agreed measures

The following section gives an outline of each area and our initial findings from the assessment. The SAF is intended to be an up to date stock take of our local service. When it comes to performance numbers clear time frames were specified. In most cases this is either March 2014 or (if it is a snapshot question) March 31st 2014. But for the SAF questions (the 27 measures), which do not specifically specify a timeframe, we respond about our current position.

8. Data collation

As part of the SAF framework we are required to collate a comprehensive and a wide range of data. There is now a combined data pull from local information, in Southampton's case we undertake a Miquet report, and IHAL will take Southampton's remaining data from routine statistical returns.

This covers the following sections:

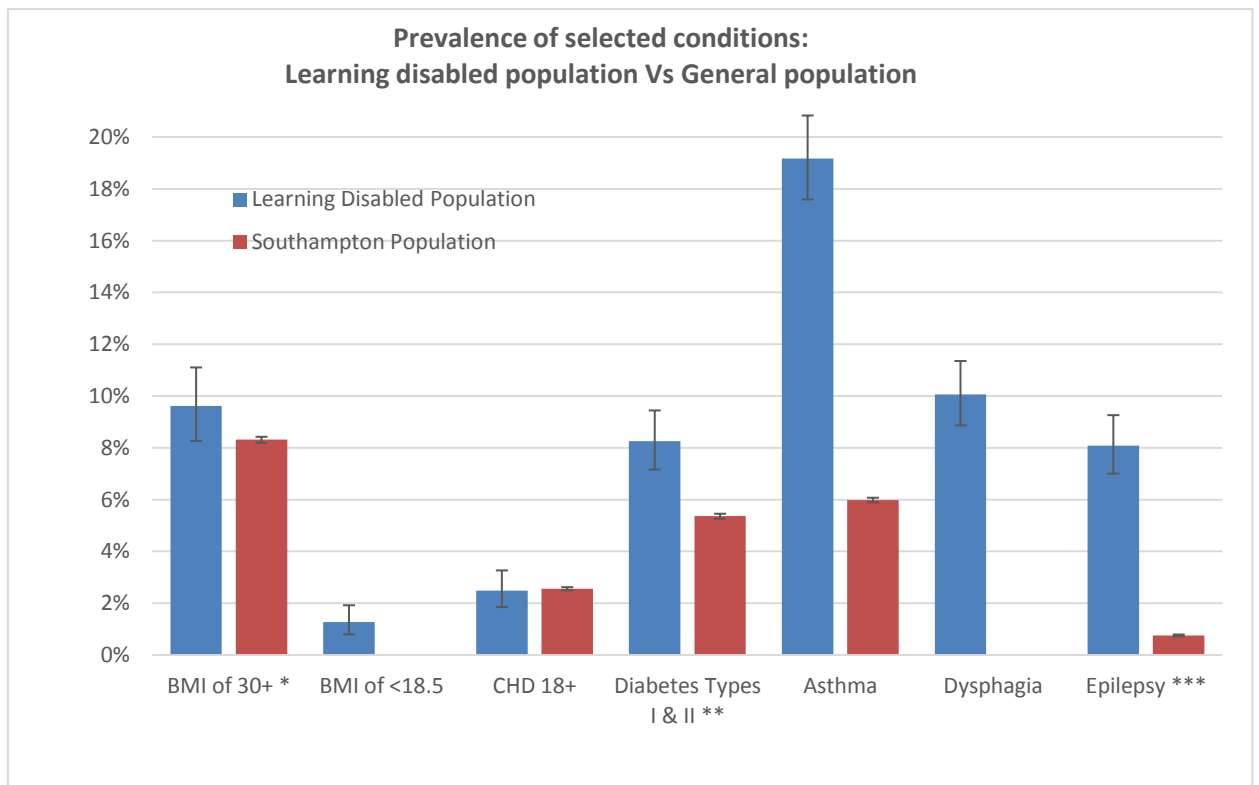
- Demographics - Healthcare and health needs (such as numbers of people known to GP's)
- Cancer screening
- Wider health (e.g. BMI/diabetes/asthma/epilepsy)
- Those in inpatient services, continuing healthcare and those with challenging behaviour
- Mortality
- Inclusion and where I live (e.g. employment and housing);
- Children and young people in transition

Completing the SAF meant gathering a large amount of data, however, due to the refreshed approach from IHAL this process has been leaner this year.

Headlines from data collection for the Health and Wellbeing Board to note are:

- 2,326 people with a learning disability are identified on GP registers. These are: 184 0-13 year olds; 134 14 – 17 year olds, 792 18-34 year olds, 1,046 35 – 64 year olds, 170 65 years and over. 166 of these people also have either profound or complex needs.

- The prevalence of epilepsy, asthma and diabetes shows significantly higher proportions for people with learning disabilities than the general population. The graph below shows a comparison for these measures.



- 103 people with learning disabilities are in receipt of Continuing Healthcare
- 41 adults with a learning disability, known to the council, were in paid employment and 46 in some form of voluntary work.

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 various 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
- Section B – Keeping Safe
- Section C – Living Well

The SAF action plan demonstrates 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 against which there are three possible assessment outcomes:

	Less Effective
	Effective
	Exceeds requirements

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 are in place, annual health checks occur and how we 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.

Comparing the RAG rating from 2013/14 with 2014/15; four of the nine standards maintained the same rating, three improved and two are now supplied by IHAL so a comparison is not possible. None of the standards in Section A became less effective. The three standards which have an improved rating all moved from amber to green, they are:

- Learning Disability registers now reflect prevalence data and are stratified in every required dataset (Standard A1). This was achieved and prevalence reports will be updated annually.
- Primary care notification of LD status to other healthcare providers (A6). There is a system in place to enable this and evidence that both an individual's capacity and consent are inherent to the system.
- A Learning Disability liaison function is in place (A7). There is a work plan in place for LD liaison nurses in order to gain formal reporting to leadership boards.

Section B – Keeping 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.

Comparing the RAG rating from 2013/14 with 2014/15; five of the nine standards maintained the same rating, three improved and one became less effective.

The three standards which improved were:

- Services commissioned for people with a learning disability have annual service and contract reviews (B2). This improved from red to amber because all services now have annual contract reviews. Further development of quality assurance indicators and executive board level reporting is planned so that a green rating can be achieved.
- Up to date commissioning strategies and impact assessments are in place and are clear about how they will address the needs of those with learning disabilities (B7). This moved from amber to green as clear progress had been made.
- There is evidence that providers change practice as a result of feedback from complaints and whistle blowing (B8). This moved from amber to green as clear progress had been made.

The standard which became less effective was:

- Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect (B6). This moved from green to amber and was based on feedback from self-advocacy and LD groups in the City

who felt that there were areas of good practice however also improvements in access, communication and workforce which should be made so that services are more consistent in how people are treated

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.

Comparing the RAG rating from 2013/14 with 2014/15; one of the nine standards improved, seven became less effective and one is not comparable as it was removed from the 2014/15 SAF.

The standard which improved moved from red to green, this was:

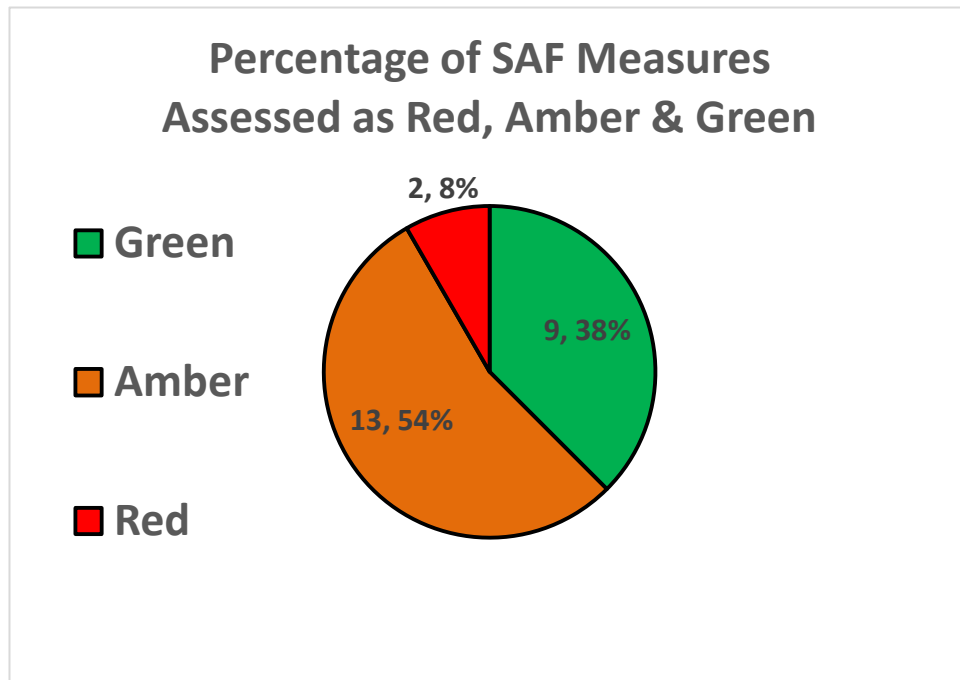
- There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care in relation to transition from children to adult's services (C6). The reason for this is the implementation of a 0-25 years SEND (Special Educational Needs and Disability) service which includes adult social care staff seconded into the team. A task and finish group has been set up to lead recommissioning of post 16 health services related to SEND.

The standards which became less effective all moved from green to amber. They were:

- Effective joint working across health and social care (C1). Progress against this has moved forward with the Better Care programme however there is still progress to be made around developing fully integrated teams.
- Access to local amenities and transport (C2), arts and culture (C3), sport and leisure (C4). The LD Partnership Board felt that there were areas of good practice such as the range of arts and culture on offer but that in order to access these there is often an over-reliance on support staff. If services were further improved, people could access these with less support. There remains an issue for those with the most complex needs in the City accessing mainstream services.
- Supporting people with learning disabilities into employment (C5). The guidance on this standard was clarified for the 2014/15 return making clear that a green rating should be given where there is a clear and published strategy for supporting people with learning disabilities into employment. This work is in progress but not completed yet so the standard was rated as amber.
- People with learning disability and family carers are involved in service planning and decision making (C7). This was rated amber after discussion with the LD Partnership Board and self-advocacy groups who felt there were areas of good practice however co-production was not yet embedded as common practice across all services.
- Carer satisfaction rating (C8). The guidance for this standard was updated for the 2014/15 return and family carers felt that an amber rating was most appropriate given that there were some areas of good practice but still further development needed in other areas such as the experience of going to the GP. The carers commissioning group will be responsible for actioning these areas to improve the satisfaction rating.

The detailed SAF shows there were a number of measures (8%) where our position was assessed as less effective (red). Our responses and evidence to 54% of the questions

were identified as effective (amber), and 38% 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 SAF Action Plan (Appendix 1).

- 10 The Learning Disabilities Partnership Board will have formal feedback and update progress events throughout 2015. Health is a regular topic at the Board, and therefore regular updates will be given to outline progress. Quarterly updates will be tabled at the Integrated Care Board.

RESOURCE IMPLICATIONS

Capital/Revenue

11. N/A

Property/Other

12. None.

LEGAL IMPLICATIONS

Statutory power to undertake proposals in the report:

13. Equality Act 2010
14. The Care Act 2014 requires local authorities to prepare for implementation of the Act in April 2015 and April 2016. The Act places a number of duties and responsibilities on Local Authorities regarding commissioning appropriate services. Local Authorities must ensure their commissioning practices and the services delivered on their behalf comply with the requirements of the Equality Act 2010 and should encourage service that respond to the fluctuations and changes in people's care and support needs.

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 2015
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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)

1.	None	
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