

HEALTH AND WELLBEING BOARD

05 NOVEMBER 2013

Title: Learning Disabilities 2012/13 Joint Health and Social Care Self Assessment Framework	
Report of the Learning Disability Partnership Board	
Open Report	For Decision
Wards Affected: All	Key Decision: No
Report Authors: Jamil Ahmed, Commissioning Manager, NHS Barking and Dagenham CCG. Pete Ellis, Strategic Commissioner, LBBB	Contact Details: Tel: 020 3644 2376 email: Jamil.Ahmed@barkingdagenhamccg.nhs.uk Tel: 0208 227 2492 email: pete.ellis@lbbd.gov.uk
Sponsor: Anne Bristow, Corporate Director of Adult & Community Services	
Summary: The Joint Health and Social Care Self-Assessment Framework (JHSCSAF) is one of the key elements of the Winterbourne View Concordat which has previously been reported to the Board. The new framework replaces and combines the local authority <i>Valuing People Now</i> Self-Assessment and the NHS Learning Disability Health Self-Assessment and becomes a comprehensive needs assessment. This report sets out the content of the JHSCSAF and provides the board with an overview of the areas for improvement that have been identified as part of this process.	
Recommendation(s) The Health and Wellbeing Board is recommended to: (i) Note the initial findings from the Joint Health and Social Care Self-Assessment Framework (JHSCSAF); (ii) Note there are areas that have been self-assessed as 'less effective' at this stage, and require the Learning Disability Partnership Board to report back with an improvement plan to tackle these areas to a future meeting.	
Reason(s) As part of the governance arrangements for the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) there is a requirement to bring the borough's submission through the Health and Wellbeing Board for validation.	

1. Introduction

- 1.1 This report provides members of the Health and Wellbeing Board with information about the work currently being undertaken within the Joint Health and Social Care Learning Disability Health Self Assessment Framework (JHSCSAF).
- 1.2 The JHSCSAF has been created from intelligence gained during the development of the previous Learning Disability Partnership Board annual report and the Learning Disability Health Self Assessment Framework. The aim of this framework is to provide a single, consistent way of identifying the challenges in meeting the needs of people with learning disabilities, and documenting the extent to which our shared goals of providing good quality care are being met.
- 1.3 This is intended to assist Learning Disability Partnership Boards, Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities 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.

2. Background to the current arrangements

- 2.1 The Learning Disability Health Self-Assessment was introduced in 2009/10 and was led by Strategic Health Authorities. It has become an important guide for both the NHS and Local Authorities as one of the key sources of data intelligence. The aim was to identify the overall needs, experience and wishes of both young people and adults with learning disabilities and their carers; and bring these perspectives into the tasks of determining local commissioning priorities and monitoring services.
- 2.2 In January 2009, the Department for Health published '*Valuing People Now: a new three-year strategy for learning disabilities*'. This set out the Government's strategy for people with learning disabilities and included a recommendation that local Learning Disability Partnership Boards should write an annual report on their progress towards the strategy's goals.
- 2.3 The March 2009 report from the Local Authority and Parliamentary Health Service Ombudsmen entitled '*Six Lives: the provision of public services to people with learning disabilities*' recommended that all NHS and social care organisations should:
 - Review the effectiveness of the systems they have in place to enable them to understand and plan for the needs of people with learning disabilities;
 - Review the capacity and capability of the services they provide and/or commission to meet the additional and often complex needs of people with learning disabilities; and
 - Report accordingly to those responsible for the governance of those organisations.

Winterbourne View Joint Improvement Programme

- 2.4 Action 38 of the *Winterbourne View Concordat* committed the NHS Commissioning Board (now NHS England) and Association of Directors of Adult Social Services (ADASS) to '*implement a joint health and social care self-health assessment framework to monitor progress of key health and social care inequalities from April 2013.*'

- 2.5 A key successful feature of the current self assessment process is the inclusive approach which listens to and incorporates the lived experience of service users and carers. The Winterbourne View report has identified the need to engage and empower people and their families, and the SAF will provide a robust mechanism to identify areas to make improvements to our services.

3. Overview of the JHSCSAF

- 3.1 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 and carers.

3.2 Data collation

As part of the SAF 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); and
- Transition.

3.3 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.

3.4 **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 bad experiences of health and social care services that they have received, through an exercise called "shared stories".

Uses of the Framework

3.5 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*.

3.6 Locally, the outcomes from the SAF will be used to inform:

- Joint Strategic Needs Assessment (JSNA);
- Health and Wellbeing Strategies;
- Commissioning intentions/strategy;
- Winterbourne improvement joint plans; and
- Learning Disability Partnership Board work programmes.

Submission and Validation processes

3.7 The JHSCSAF was released by Public Health England on the 8th September giving an external deadline for submission for the 30th November. The work required to complete it was extensive and inclusive, requiring input from across the Council, CCG, NHS NELFT, NHS BHRUT, local provider services, people with a learning disability and carers. The summary of the initial results are described in Section 5.

3.8 Following submission, the self assessment framework will be validated jointly by the NHS England Area Teams and regional ADASS leads. Their role is to critically appraise the scoring and evidence and compare our area against other areas in London and provide feedback. As part of the assurance process they will consider the approach taken locally to seek views from people with a learning disability and family carers. A validation panel will be held where a final agreement on the scoring will be made and outcome of the SAF will be confirmed.

4. Data Collation

4.1 As part of the JHSCSAF to a large amount of data held on separate systems regarding our learning disability population was collated. The initial key areas identified for the H&WBB to note are:

- 673 people with a learning disability are identified on GP registers. These are: 128 0-17 year olds; 506 18-64 and 39 adults aged 65+. 62 of these also have either profound or complex needs.
- 31% of people with a learning disability over 18 are identified as having a BMI in the 'obese' range.

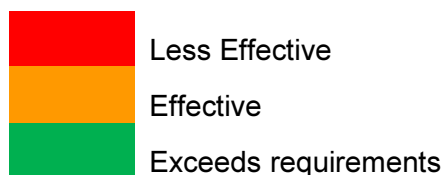
- screening levels for physical health problems were low in comparison to the population's average.

Screening type	B&D Population Average	LD Population Average
Cervical cancer	55%	26%
Mammographic screening	48%	39%
Bowel cancer screening	25%	25%

- 81% of those deemed eligible under the DES received an Annual Health Check. An improvement from last year of 69% and well above the London average.
- From 2013 we have 6 people with a learning disability or autism, with challenging behaviour in NHS funded care on the CCG register.
- 119 safeguarding alerts were made for adults with a learning disability. This equates to approximately 10% of all alerts made.
- 54 Young People aged 14+ are currently the subject of a Transition Plan.
- 10% of commissioned out of borough accommodation, residential or nursing placements had unannounced visits.
- 26 adults with a learning disability, known to the council, were in paid employment and 32 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).
- There are 1,112 people who care for people with a learning disability.

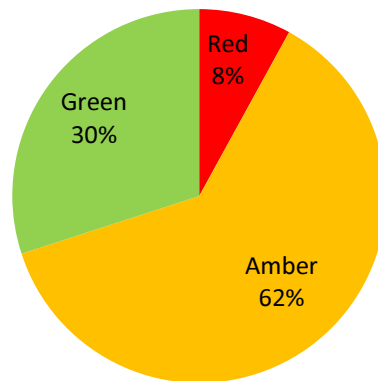
5. Overview of results

- 5.1 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.
- 5.2 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:



- 5.3 A summary of the provisional/draft self assessment for Barking and Dagenham is shown below. The detailed SAF shows there was only 1 measure (4%) where our position was assessed as less effective (red). Our responses and evidence to 66% of the questions were identified as effective (amber), and 30% were considered as exceeding requirements (green). This is shown visually in the chart below:

2012 / 13 SAF Performance



- 5.4 Discussions with neighbouring areas indicates that, subject to the external validation processes described above, our position will compare favourably with other London boroughs. However further work will be required to continue to drive up service standards, particularly in the areas highlighted below.

Areas assessed as excelling

- 5.5 These include:

- Completion of Annual Health Checks and Health Action Plans;
- Barking & Dagenham's sport and leisure offer for people with a learning disability;
- evidence that providers changed practice as a result of complaints, whistleblowing and feedback;
- Equality Impact Assessments in relation to strategies for the provision of support, care and housing are in place;
- A process for contract compliance assurance with commissioned services;
- Completion of Annual Health Checks and Annual Health Check registers.

Areas assessed as "Less Effective"

- 5.6 **Offender Health and Criminal Justice**

To self assess as effective or excelling there needs to be an assessment process for people with learning disability in the criminal justice system, systematic training for partners in the criminal justice system, good information on the health needs of offender with a learning disability and evidence around prisoners receiving a Health Action Plan.

- 5.7 The Council has good relationships with criminal justice partners through the Community Safety Partnership, the Safeguarding Adults Board and the Learning Disability Partnership Board where the Autism action plan is reviewed and monitored. In addition, local health and social care practitioners work in partnership on a daily basis via a number of routes including acting as appropriate adults,

working with the Public Protection Unit, MAPPA and local probation services to support the management of vulnerable people who present a risk to the public.

5.8 However there will need to be a more systematic and strategic approach to ensure services are able to demonstrate they have taken the needs of people with a learning disability into account throughout the criminal justice system.

5.9 **Regular Care Reviews**

The expectation is that 90% of all social care packages were reviewed in 2012/13. Our current performance across adults and childrens services is 85% so there is further work to achieve the required standard.

Summary of improvements required

5.10 The self assessment has indicated that we are “effective” in each of the three key domains of the self assessment framework. However a summary of the themes emerging and work required to rate ourselves as excelling is provided below:

- **Section A - Staying Healthy**

A key theme for improvement emerging from this was improving screening uptake, reasonable adjustments to our health services and better communication with healthcare services on patients with a learning disability.

- **Section B – Being Safe**

One of the key areas for improvement is to deliver awareness training and ensuring reasonable adjustments within universal services.

- **Section C – Living Well**

the JHSCSAF placed an emphasis on access to the local community (i.e. local arts and leisure services, sports & culture, transport amenities and employment). The assessment indicated there is further work to be done in this area which will be addressed as we implement the Council’s vision set out in Fulfilling Lives.

6. Shared Stories

6.1 In total we received 66 shared stories from people with a learning disability and carers that will support the SAF. 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.

6.2 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), and the experiences of being supported in the community by local services. These also confirm the data provided, especially on accessing health screening.

7. Consultation

7.1 In completing the JHSCSAF the partnership consulted service users, family carers, providers and professionals. This was delivered through:

- Completion of the JHSCSAF was overseen and monitored throughout by the Learning Disability Partnership Board.

- Both the service user and carer forums, which are part of the Learning Disability Partnership Board structure, were used as opportunities to gather shared stories around health and wellbeing.
- Local health and social care provider services supported the council and CCG in gathering shared stories from people with a learning disability and their carers.

8. Mandatory Implications

8.1 Joint Strategic Needs Assessment

The JHSCSAF provides useful data that can inform and support the JSNA process, in particular the sections on:

- Section 3.2 - Children and Young People with a Learning Disability;
- Section 4.3 – Learning Disabilities and Employment Adults with a Learning Disability Section and health issues they face;
- Section 7.3 – Adults with a Learning Disability and the health issues they face; and
- Section 7.4 - Autism.

8.2 Health and Wellbeing Strategy

The JHSCSAF supports and informs the delivery of a number of themes within the borough's Health and Wellbeing Strategy, across the whole life course. In particular, the SAF provides a framework for reviewing the work that is undertaken across all four major themes of the Strategy with respect to people with learning disabilities: to prevent ill-health, promote safety, integrate services and increase choice and control.

8.3 Integration

The JHSCSAF has been designed to improve better integration between health and social care in the area of learning disability. Through completing the Joint HSCSAF, along with the ongoing work on joint local strategic plan and the S75 agreement, it strengthens integration and enables us to identify areas for improvement.

9. Non-mandatory Implications

9.1 Safeguarding

Through completing this year's JHSCSAF we assessed ourselves as being effective in complying with our statutory duties on safeguarding people with a learning disability.

10. Background Papers Used in Preparation of the Report:

- Winterbourne View Concordat
- Paperwork for the JHSCSAF