

# HEALTH AND WELLBEING BOARD

12 MAY 2015

## Title: Review of our Learning Disability and Autism Health and Social Care Self Assessments

### Report of the Corporate Director of Adult and Community Services

Open Report

For Information

Wards Affected: ALL

Key Decision: NO

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#### Sponsor:

Anne Bristow, Corporate Director Adult and Community Services

#### Summary:

The Joint Health and Social Care Learning Disability Self-Assessment Framework (LDSAF) and Joint Health and Social Care Autism Self-Assessment Framework (ASAF) are self-submissions from health and local authorities to recognise the overall needs, experience and wishes of people with a learning disability, autism and their carers.

Both the LDSAF and the ASAF are overseen nationally by NHS England and National ADASS and have a national and regional focus for on-going improvement.

Members of the Learning Disability Partnership Board and officers from across the local health and social care economy agreed the submission for the LDSAF and the ASAF to NHS England and National ADASS on behalf of Barking and Dagenham. The following report summarises the submissions and the work that is being undertaken, led by the Learning Disability Partnership Board (LDPB), to improve areas and services that have been flagged by the self-assessments.

#### Recommendation(s)

Members of the Board are recommended to:

- Comment upon the submissions that were made for the Learning Disability Self-Assessment Framework (LDSAF) and the Autism Self-Assessment Framework (ASAF).
- Discuss and agree the proposed headline actions to be taken forward to maintain or improve services for people with learning disabilities. The Learning Disability Partnership Board will then expand and take forward these actions at their next meeting on 19 May 2015.

- Note the Action Plan to develop Autism services is reflected in the Adult Autism Strategy and the forthcoming Children's Autism Strategy and that a report will be brought to the Health and Wellbeing Board in the Autumn, giving an update on the progress of the implementation of the strategies.

### **Reason(s)**

The Council has committed to the vision of 'One borough; one community; London's growth opportunity'. The work of the Health and Wellbeing, and the Learning Disability Partnership Board, supports the delivery of this vision and the three Council priorities:

- Encouraging civic pride
- Enabling social responsibility
- Growing the Borough

The LDSAF and the ASAF ask questions relating to many aspects of health and social care for people with learning disabilities and autism. Many of these questions relate directly to the Council's vision and priorities. The self-assessments enable the Borough to review areas and services which require further improvement and put in place actions to progress these improvements.

## **1. Background – Learning Disability Self-Assessment Framework (LDSAF)**

- 1.1 The Joint Health and Social Care Learning Disability Self-Assessment Framework (LDSAF) began in 2007 as a guide for health and local authorities to recognise the overall needs, experience and wishes of people with a learning disability and their carers. The LDSAF is overseen nationally by NHS England and National ADASS. The development of the current version of the LDSAF was co-ordinated as part of the Winterbourne View Programme.
- 1.2 The aim of this framework is to provide 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. The intention is that Learning Disability Partnership Boards, Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) use the LDSAF to identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities in their areas. The full documentation pack can be found on the Improving Health and Lives (IHAL) website: <https://www.improvinghealthandlives.org.uk/projects/jhscsaf2014>

## **2. Introduction**

- 2.1 Each year authorities are tasked with carrying out a self-assessment on how it meets a set of criteria outlined within the LDSAF (please see below) for both children and adults. This year's assessment covers the period 1 April 2013 – 31 March 2014.
- 2.2 Upon completion and submission of the self-assessment, NHS England and National ADASS collate a national report of all of the submissions which will be

published and used by Ministers to track the progress in providing services to meet the aspirations of *Healthcare for All* and of *Transforming Care: A National Response to Winterbourne View*. NHS England and ADASS will also use the self-assessments to form regional action plans and sector led improvement work programmes.

2.3 Locally, the self-assessment is being used to inform the local authority and health partners on how it meets and plans for the future needs of people with learning disabilities and their carers, as well as inform and support the strategic priorities detailed in the:

- Joint Strategic Needs Assessment
- Health and Wellbeing Strategy
- Commissioning intentions and strategies for both the local authority and the CCG
- Winterbourne View Joint Improvement Plans
- The work programme of the Learning Disability Partnership Board.

2.4 The LDSAF is formed of two stages, the first of which is the collation of data and submission of the self-assessment. The Joint Commissioning Manager for Learning Disabilities led on the collation of the data for the LDSAF with health and social care colleagues from across Children's and Adult Services. The findings were approved by Senior Officers, Learning Disability Partnership Board representatives and the Cabinet Member for Adult Social Care and Health and submitted on 31 January 2015.

2.5 The second stage of the LDSAF is to use the data to build a local improvement action plan. The Integrated Commissioning Manager working with the Learning Disability Partnership Board, local stakeholders and commissioning partners has developed headline actions where the LDSAF rating evidenced that improvements are required or where good practice needs to be embedded and sustained. This is summarised in Section 6 of this report.

### **3. Collating the Evidence**

3.1 The local authority took the lead on the SAF working closely with the CCG, in consultation with Children's Services, Community Learning Disability Team Practitioners, Commissioners, Transport services, Leisure and Arts, Youth Offending, Probation services, as well as service users, carers and providers.

3.2 The SAF is made up of two elements;

The quantitative demographics and data on:

- People receiving various types of services,
- Their age ranges,
- How many people have received health checks,
- Continuing Care,
- People in employment,
- In-patient services,
- Safeguarding and Mental capacity and Deprivation of Liberty of Safeguards
- Children of school age and Transition

The other element of the SAF is the more qualitative data and seeks views and comments on how well each area is being met. This section looks at:

- Staying healthy
- Staying safe
- Living well

3.3 Each qualitative measure assessed is rated as fully met, partially met or unmet, represented as RED, AMBER or GREEN as detailed in the national guidance. Each service area has agreed the rating of how they meet the needs of people with a learning disability.

#### 4. Summary of results

4.1 The following table summarises the results of the indicators that were submitted. Where the information is available to compare to last year, the RAG and Direction of Travel (DoT) has been included.

4.2 It should also be noted that some of the indicators have been left blank e.g. A3 because Improving Health and Lives (IHAL) will complete these measures for all localities from the national data source.

	Indicator	RAG 2012/13	Submitted RAG for 2013/14	DoT
A1	Learning Disabilities Quality Outcomes Framework (QOF) register in primary care	Amber	Green	↑
A2	Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy	Amber	Amber	↔
A3	Annual health checks and annual health check registers	Amber	IHAL to collate	N/A
A4	Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care	Green	Green	↔
A5	National Cancer Screening Programmes (bowel, breast and cervical) for people with learning disabilities	Amber	IHAL to collate	N/A
A6	Primary care communication of learning disability status to other healthcare providers	Amber	Amber	↔

	Indicator	RAG 2012/13	Submitted RAG for 2013/14	DoT
A7	Learning disability liaison function or equivalent process in acute setting			↔
A8	NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry			↔
A9	Offender health and the Criminal Justice System			↑
B1	Individual health and social care package reviews			↓
B2	Learning disability services contract compliance			↔
B3	Monitor assurances			↔
B4	Adult safeguarding			↔
B5	Self-advocates and carers in training and recruitment			↔
B6	Compassion, dignity and respect. To be answered by self advocates and family - carers			↔
B7	Commissioning strategy impact assessments			↔
B8	Complaints lead to changes			↔

	Indicator	RAG 2012/13	Submitted RAG for 2013/14	DoT
C1	Effective joint working	Yellow	Green	↑
C2	Local amenities and transport	Yellow	Green	↑
C3	Arts and culture	Yellow	Green	↑
C4	Sports and leisure	Green	Green	↔
C5	Employment	Yellow	Green	↑
C6	Preparing for adulthood	Yellow	Green	↑
C7	Involvement in service planning and decision making	Yellow	Green	↑
C8	Carer satisfaction rating. To be answered by family carers	Yellow	Yellow	↔
C9	Overall rating for the assessment. To be answered by IHAL	IHAL to collate	IHAL to collate	N/A

## 5. Key points to note

5.1 There are 26 measures in this year's SAF. The authority is asked to comment on 23 of the measures. In comparison to last year's assessment there were 8 improvements and 14 measures where the rating has remained stable.

5.2 The areas of improvements in the past year were:

- More people with learning disabilities in employment,
- More access to local amenities for people with learning disabilities,
- Greater awareness of learning disabilities within the criminal justice system

- Improved access and participation in Arts and Leisure services
- Improved preparation for adulthood, mainly through the work completed on Education, Health and Care Plans
- Improved joint and effective working.

5.3 These improvements are consistent with the continued Borough-wide focus on improving the wellbeing of people with a learning disability in Barking and Dagenham, through the coordinated work of the Learning Disability Partnership Board and the Council's Fulfilling Lives programme. There have also been closer working relationships between health and social care around learning disabilities and Winterbourne View which has also facilitated these improvements. Additionally, the level of work undertaken by Children's Services since the introduction of the Children and Families Act has improved a number of indicators, but particularly the 'Preparing for Adulthood' indicator.

5.4 There were six measures where the authority remained at an Amber rating. These concerned the provision of health services and provision of advocacy.

5.5 Both the provision of health services and advocacy services are recognised as being in development by service managers and commissioners. We would anticipate improvements following the re-commissioning of advocacy services in line with the Care Act and closer worker with health colleagues. Examples of this include the CLDT training GPs and Practice Nurses on completing Health Action Plans and greater awareness and promotion of the voluntary transport service offered by the authority to take people to medical appointments.

5.6 There was one measure where the Borough worsened, falling from a green rating to an amber rating. This was the number of people receiving a service that had been reviewed by health and social care. The authority has maintained the same performance of 91% however IHAL have changed the rating criteria, and only scores of 100% will achieve a green rating.

## **6. LDSAF Action Plan**

6.1 The following table summarises the high-level actions that are proposed to be taken forward by stakeholders to ensure that the Borough maintains (where the indicator is rated as green) or improves the provision and experience of people with learning disabilities and their carers against the LDSAF indicators.

6.2 The Learning Disability Partnership Board will discuss the LDSAF Action Plan at their next meeting (19 May) and will look to expand and develop these headline actions to produce a detailed action plan to be taken forward by all partners. The LDPB will then regularly monitor the progress of the implementation of the Action Plan at their meetings.

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
A1	Learning Disabilities Quality Outcomes Framework (QOF) register in primary care			↑	<p>Although this is a 'green' indicator, it is proposed that further work should be carried out with GPs to ensure patient codes are recorded to meet national and local data sets for learning disabilities.</p> <p>Additionally, learning disability registers held by health and social care to be reviewed and validated to ensure that accuracy is maintained.</p>	<i>LD registers reflect prevalence data AND data is stratified in every required data set (e.g. age / complexity / autism diagnosis / black and minority ethnicities etc.).</i>	Joint Commissioning Manager, Learning Disabilities	<b>June 2015</b>
A2	Finding and managing long term health conditions, obesity, diabetes, cardiovascular disease and epilepsy			↔	<p>Joint Commissioning Manager and CCG to liaise with GP surgeries to ensure all PWLD have had all necessary health checks and have a treatment plan in place.</p> <p>Health check take-up and treatment plans to be monitored at the Clinical Quarterly review meetings.</p>	<i>Compare treatment and outcomes for all four conditions (obesity, diabetes, cardiovascular disease and epilepsy) between people with learning disabilities and others in the borough and at a local GP level.</i>	<p>Joint Commissioning Manager, Learning Disabilities</p> <p>Chief Operating Officer, CCG</p>	<b>Sept 2015 and quarterly then on</b>



	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
A3	Annual health checks and annual health check registers		IHAL to collate	N/A	See actions for A2.  CLDT Team and Joint Commissioning Manager to work with providers of learning disability services to advocate and support users to have health checks. This will include relationship building between the local GP surgeries and provider organisations and ensuring that staff are aware of what the health checks are and when they need to be completed by.	<i>All PWLD have an annual health check and GPs have a check register</i>	CLDT Manager and Joint Commissioning Manager	<b>Jan 2016</b>
A4	Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care			↔	Although this is a 'green' indicator, Health Action Plan (HAP) take-up could be further improved by the CCG Practice Improvement lead liaising with GP surgeries to ensure all PWLD have HAPs in place. This will be monitored at the Clinical Quarterly review meetings.  CLDT will assist GPs on completing HAP for users with	<i>70% or more of Annual Health Checks generate specific health improvement targets</i>	Joint Commissioning Manager & CCG Practice Improvement Lead  CLDT Team Manager	<b>Sept 2015 and quarterly then on</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
					complex care needs.			
A5	National Cancer Screening Programmes (bowel, breast and cervical) for people with learning disabilities		IHAL to collate	N/A	CCG Practice Improvement Lead to liaise with GP surgeries to ensure PWLD have a cancer screening where required.  This will be monitored at the Clinical Quarterly review meetings	<i>Screening takes place for the same proportion (+ or – 5%) of eligible people with learning disabilities as the general population (23%).</i>	Joint Commissioning Manager % CCG Practice Improvement Lead	<b>Sept 2015 and quarterly then on</b>
A6	Primary care communication of learning disability status to other healthcare providers			↔	CCG Practice Improvement Lead and Joint Commissioning Manager to liaise with GP surgeries, NELFT and BHRUT to ensure that learning disability status is recorded and monitored via Clinical Quarterly review meetings.  The CLDT Nurse to co-ordinate between CLDT and hospital staff to ensure reasonable adjustments are made.	<i>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.</i>  <i>There is evidence that both an individual's capacity and consent are inherent to the system employed.</i>	CCG Practice Improvement Lead  Joint Commissioning Manager, LD  CLDT Nurse	<b>Sept 2015 and quarterly then on</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
A7	Learning disability liaison function or equivalent process in acute setting			↔	<p>Due to the 'green' rating, it is proposed that progress on this indicator is maintained. There is already a designated Learning Disability Liaison Nurse employed by BHRUT that co-ordinates the health needs of PWLD in acute, hospital and community settings.</p> <p>The Learning Disability Liaison Nurse reports back to an executive board on all matters of safeguarding, specific issues of concerns and the general status of services.</p>	<i>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.</i>	Learning Disability Liaison Nurse	<b>Ongoing, review progress in February 2016</b>
A8	NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry			↔	<p>The CLDT nurse to co-ordinate between CLDT and hospital staff, including the LD Liaison Nurse, to ensure reasonable adjustments are made.</p> <p>CCG Commissioning to liaise with dentistry, optometry, community pharmacy, podiatry to ensure reasonable adjustments are made and</p>	<i>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.</i>	<p>CLDT Manager</p> <p>Learning Disability Liaison Nurse, CLDT</p> <p>Joint Commissioning Manager, Learning</p>	<b>Sept 2015 and quarterly then on</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
					monitor via Clinical Quarterly review meetings		Disabilities	
A9	Offender health and the Criminal Justice System			↑	<p>The Learning Disability Partnership Board to facilitate the continued improvement in the working relationship between Health and Social Care and Offender and Probation services, including:</p> <ul style="list-style-type: none"> <li>• LD Week to include a theme on keeping safe, inviting along community safety partners to input and take part.</li> <li>• Invite the Group Manager, Community Safety and Offender Management, and Probation and Offender services to attend the LDPB as advisory members.</li> <li>• The LDPB to hold a themed meeting on the criminal justice system</li> </ul>	<p><i>Local Commissioners have and act on data about the numbers and prevalence of people with a learning disability in the criminal justice system.</i></p> <p><i>Local commissioners have a working relationship with regional, specialist prison health commissioners</i></p> <p><i>There is good information about the health needs of people with LD in local prisons and wider criminal justice system and a clear plan about how such needs are to be met</i></p> <p><i>Prisoners and young offenders with LD have had an annual health check which</i></p>	LDPB Chair Interim Group Manager - Community Safety and Offender Management	<b>November 2015</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
					and keeping safe in 2015/16.	<i>generates a health action plan, or are scheduled to have one in the coming 6 months.</i>		
B1	Individual health and social care package reviews			↓	CLDT will prioritise reviews over the next year to ensure all reviews are carried out for people with learning disabilities. This will be monitored through the LDPB performance framework on a quarterly basis.	<i>Evidence of 100% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment.</i>	Group Manager Intensive Support	<b>March 2016</b>
B2	Learning disability services contract compliance			↔	Due to the 'green' rating, it is proposed that progress on this indicator is maintained. The local authority and the CCG will continue to review contracts over a scheduled year.  The outcomes of service reviews are reported on the monthly "call over" report to Senior Managers. Progress on the supported living contracts are also regularly given at the LDPB.	<i>Evidence of 100% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits. Evidence that the number regularly reviewed is reported at executive board level in both health and social</i>	Joint Commissioning Manager, Learning Disabilities	<b>Ongoing, review progress in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
						<i>care.</i>		
B3	Monitor assurances			↔	Due to the 'green' rating, it is proposed that progress on this indicator is maintained. BHRUT has a Learning Disability Action plan, which is monitored internally at the BHRUT LD Committee, Quality and Safety Committee, Safeguarding Adults Committee and exceptions raised to Trust Board.	<i>Commissioners review and monitor returns and 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 compliance.</i>	Manager, Clinical Support Unit	<b>Ongoing, review in February 2016</b>
B4	Adult safeguarding			↔	Due to the 'green' rating, it is proposed that progress on this indicator is maintained. LA and CCG Commissioning to further improve the recording and auditing of Safeguarding governance across health and social care.	<i>Comprehensive evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board</i>  <i>Every learning disability provider service has assured their board and</i>	LA Safeguarding Lead	<b>Ongoing, review in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
						<i>others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. Also to ensure that there are action plans for and evidence of change.</i>		
B5	Self-advocates and carers in training and recruitment			↔	<p>The Joint Commissioning Manager to work with the local authority, CCG and Providers to increase the involvement of service users and carers in recruitment practices for relevant members of staff.</p> <p>Commissioner to ensure that all health and social care providers, as well as providers of learning disability services, access disability equality training.</p>	<i>Learning disability services evidence involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for learning disability awareness training (for example as part of Disability Equality training).</i>	Joint Commissioning Manager, Learning Disabilities	<b>Ongoing, review in February 2016</b>
B6	Compassion, dignity and respect. To be answered by self advocates			↔	LA and CCG and providers ensure questionnaires and surveys reflects this indicator.	<i>Family carers and people with a learning disability agree that all providers employ staff that demonstrate compassion</i>	Joint Commissioning Manager, Learning	<b>Ongoing, review in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
	and family carers -					<i>dignity and respect.</i>	Disabilities	
B7	Commissioning strategy impact assessments			↔	Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Commissioning intentions with impact assessments to continue to be presented to the Learning Disability Partnership Board.	<i>Impact assessments and strategies have been developed with and presented to people who use services and their families.</i>	Joint Commissioning Manager, Learning Disabilities	<b>Ongoing, review in February 2016</b>
B8	Complaints lead to changes			↔	Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Joint Commissioning Manager to work with providers to continue to ensure that all complaints are actioned and actions are fed back to the recipient.  Continue with regular Quality Assurance reviews to monitor complaints and incidents in commissioned services and put action plans in place where necessary.	<i>90% or more of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate.</i>	Joint Commissioning Manager, Learning Disabilities	<b>Ongoing, review in February 2016</b>



	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
C1	Effective joint working			↑	Section 75 agreements for commissioning and the learning disability integrated service are being finalised. Once finalised, the agreements will be monitored through the Learning Disability Partnership Board and an operational manager's meeting.	<i>There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of single point of health and social care leadership, joint commissioning strategies and or pooled budgets, integrated health and social care teams.</i>	Joint Commissioning Manager, Learning Disabilities	<b>June 2015</b>
C2	Local amenities and transport			↑	Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Group Manager, Learning Disabilities to ensure that there is continued engagement with transport and environmental services to improve facilities for PWLD, as part of the Fulfilling Lives programme.	<i>Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are</i>	Group Manager, Learning Disabilities	<b>Ongoing, review in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
						<i>communicated effectively.</i>		
C3	Arts and culture			↑	<p>Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Continued engagement with Arts &amp; Culture services to improve facilities for PWLD.</p> <p>The Learning Disability Partnership Board will review this progress in February 2016.</p>	<i>Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services that enable them to use amenities such as cinema, music venues, theatre, festivals and that the accessibility of such events and venues are communicated effectively.</i>	Group Manager Heritage, services	<b>Ongoing, review in February 2016</b>
C4	Sports and leisure			↔	<p>Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Continued engagement with Sports &amp; Leisure services to improve facilities for PWLD.</p> <p>The Learning Disability Partnership Board will review this progress in February 2016.</p>	<i>Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups.</i>	Group Manager Community Sport & Art	<b>Ongoing, review in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
						<i>Designated participation facilitators with learning disability expertise are available. There is evidence that such facilities and services are communicated effectively.</i>		
C5	Employment			↑	<p>Due to the 'green' rating, it is proposed that progress on this indicator is maintained. The Group Manager, Learning Disabilities to review the LD innovation grant which focussed on Employment opportunities for PWLD and ensure that data continues to be recorded for PWLD in employment.</p> <p>The Joint Commissioning Manager for learning disabilities to explore opportunities for embedding employment opportunities within future LD service specifications.</p>	<p><i>Clear published local strategy for supporting people with learning disabilities into paid employment.</i></p> <p><i>Relevant data is available and collected and shows the strategy is achieving its aims.</i></p>	<p>Group Manager - Learning Disabilities</p> <p>Joint Commissioning Manager, Learning Disabilities</p>	<b>Ongoing, review in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
C6	Preparing for adulthood			↑	<p>Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Partnerships to continue between Adults, Children, Health and Housing services to plan and meet the needs of young people with learning disabilities preparing for adulthood.</p> <p>Group Manager, Housing Strategy to develop the Vulnerable People's Housing Strategy, which includes people with learning disabilities. Regular updates to continue to be brought to the LDPB.</p>	<p><i>There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care. There is evidence of clear preparing for adulthood services or functions that have joint health and social care scrutiny and ownership across children and adult services.</i></p>	<p>Group Manager – Intensive Support</p> <p>Group Manager Housing</p>	<b>Ongoing, review in February 2016</b>
C7	Involvement in service planning and decision making			↑	<p>Due to the 'green' rating, it is proposed that progress on this indicator is maintained. Joint Commissioning Manager to continue to work with providers to ensure that service users are involved in decision-making and shaping services.</p> <p>Commissioner to involve</p>	<p><i>Clear evidence of co-production in universal services and learning disability services. The commissioners use this to inform commissioning practice.</i></p>	<p>Joint Commissioning Manager, Learning Disabilities</p>	<b>Ongoing, review in February 2016</b>

	Indicator	RAG 2012/13	RAG 2013/14	DoT	How we will maintain or improve performance	LD SAF 'Green' Target	Lead	Timescale
					service users and carers in tender exercises where appropriate.			
C8	Carer satisfaction rating. To be answered by family carers			↔	<p>Implementation of the Carers' Strategy 2015 and changes to commissioned carers' services.</p> <p>LA and CCG and providers to ensure questionnaires, surveys reflects a satisfaction rating.</p>	<i>Most carers are satisfied that their needs were being met.</i>	<p>Integrated Commissioning Manager responsible for carers' services.</p> <p>Joint Commissioning Manager, Learning Disabilities</p>	<b>March 2016</b>

## **7. Autism Self Assessment Framework**

### **Background – Autism Self Assessment Framework (ASAF)**

7.1 The Governments' first ever Adults Autism Strategy was launched in 2010. It detailed the duties of developments that the local authority and CCG should implement for Adults with Autism. These were:

- improved training of frontline professionals in autism;
- the recommendation to develop local autism teams;
- actions for better planning and commissioning of services, including involving people with autism and their parents/carers;
- actions for improving access to diagnosis and post-diagnostic support;
- leadership structures at national, regional and local levels for delivery;
- proposals for reviewing the strategy to make sure that it is working.

7.2 In 2014 the strategy was updated and reaffirms the importance of the previous duties of improving the lives of people with Autism. The duties have not changed greatly but they offer greater clarity based on service user and previous ASAF feedback on the local priorities of need. These are:

- increasing awareness and understanding of autism;
- developing clear, consistent pathways for the diagnosis of autism;
- improving access for adults with autism to services and support;
- helping adults with autism into work; and
- enabling local partners to develop relevant services.

7.3 This year's Autism Self Assessment was conducted in a questionnaire style and our submission was greatly facilitated by the work that has been undertaken to update the Adult Autism Strategy and the forthcoming Children's Autism Strategy. As Board Members will remember, the Adult Autism Strategy was presented at the Health and Wellbeing Board in December 2014 and the Children's Autism Strategy is due to be presented in summer 2015.

7.4 The Autism Self Assessment looked at the following areas:

- Planning
- Training
- Diagnosis
- Care and support
- Housing & accommodation
- Employment,
- The Criminal Justice system
- Advocacy
- Local good practice.

7.5 The collation of evidence for this autism assessment was jointly led by the Integrated Commissioning Manager and the Group Manager, Learning Disabilities. Both officers worked with stakeholders from across health and social care and the voluntary sector. The ASAF was agreed by Senior Officers and the Cabinet Member for Adult Social Care and Health in February 2015 and submitted on 9 March 2015.

7.6 Summary table of rating

Service Area	Indicator	RAG 2012/13	Proposed RAG 2014/15	DoT
Planning	Autism included in the local JSNA?			↑
Planning	Have you now started to collect data on those people referred to and/or accessing social care and/or health care and does your information system report data on people with a diagnosis of autism, including as a secondary condition.			↑
Planning	What data collection sources do you use?			↔
Planning	Is your local Clinical Commissioning Group or Clinical Commissioning Groups (including the support service) engaged in the planning and implementation of the strategy in your local area?			↔
Planning	How have you and your partners engaged people with autism and their carers in planning?			↔
Planning	Have reasonable adjustments been made to general council services to improve access and support for people with autism			↑
Planning	In your area have reasonable adjustments been promoted to enable people with autism to access public services?	New question no comparator		N/A
Planning	How do your transition processes from Children's services to Adult services take into account the particular needs of young people with autism?			↔

Service Area	Indicator	RAG 2012/13	Proposed RAG 2014/15	DoT
Planning	How does your planning take into account the particular needs of older people with autism?			↑
Training	Is autism awareness training being/been made available to all staff working in health and social care?			↑
Training	Is specific training being/been provided to staff that carry out statutory assessments on how to make adjustments?			↑
Diagnosis	Have you got an established local autism diagnostic pathway			↔
Diagnosis	Can people diagnosed with autism access post diagnostic specific or reasonably adjusted psychology assessments?	New question no comparator		N/A
Diagnosis	Can people diagnosed with autism access post diagnostic specific or reasonably adjusted speech and language therapy assessments?	New question no comparator		N/A
Care and Support	Do you have a programme in place to ensure that all advocates working with people with autism have training in their specific requirements?			↔
Care and Support	Do adults with autism who could not otherwise meaningfully participate in needs assessments, care and support planning, appeals, reviews, or safeguarding processes have access to an appropriately trained advocate?			↔



Service Area	Indicator	RAG 2012/13	Proposed RAG 2014/15	DoT
Care and Support	How would you assess the level of information about local support across the area being accessible to people with autism?			↔
Care and Support	Where appropriate are carers of people assessed as having autism and eligible for social care support offered assessments?	New question no comparator		N/A
Housing and accommodation	Does the local housing strategy specifically identify Autism?			↓ (see 7.7)
Employment	How have you promoted in your area the employment of people on the Autistic Spectrum?			↔
Employment	Do autism transition processes to adult services have an employment focus?			↔
Criminal Justice System	Are the Criminal Justice Services (police, probation and, if relevant, court services) engaged with you as key partners in planning for adults with autism?			↔

7.7 This year's Autism SAF asked "*Does the local housing strategy specifically identify Autism?*". The current Housing strategy does identify Learning Disabilities but does not mention Autism specifically. A new Vulnerable People's Housing Strategy is being developed that will identify the needs of people with Autism in line with the Autism Strategy. This is being monitored through the Learning Disability Partnership Board.

7.8 Due to the fact that the Adult Autism Strategy and the upcoming Children's Autism Strategy reviews all of the areas which were detailed in the ASAF, it is felt that both Strategies will enable the Council and its' partners to provide improvements in the areas identified in the ASAF.

7.9 The Learning Disability Partnership Board will continue to monitor the implementation of the Adult Autism Strategy and receive feedback on the Children's Autism Strategy once it is presented to the Health and Wellbeing Board. A progress update on the implementation of the Strategy will be brought to the Health and Wellbeing Board in Autumn 2015.

## **8. Mandatory Implications**

### **8.1 Joint Strategic Needs Assessment**

This report is grounded on the most recent findings and recommendations of the JSNA.

### **8.2 Health and Wellbeing Strategy**

The refreshed strategy and delivery plan cover the recommendations and points made in the review.

### **8.3 Integration**

The LDSAF Action Plan, as well as the Adult and Children's Autism Strategies, have been developed in conjunction with partners. The actions within the LDSAF Action Plan and the Strategies will be delivered by the organisations identified within the Plan and monitored by the multi-agency Learning Disability Partnership Board.

### **8.4 Financial Implications**

There are no additional financial implications directly arising from this report. A further report is to be presented in the Autumn on an action plan to develop Autism services. If additional resources are needed, this later report will need clearly to identify whether development of health or of local authority services is needed, and where offsetting services can be achieved.

Implications completed by: Roger Hampson - Group Manager (Finance - Adults & Community Services)

### **8.5 Legal Implications**

There are no legal implications.

Implications completed by: Dawn Pelle, Adult Care Lawyer, Legal and Democratic Services

## **9. Public Background Papers Used in the Preparation of the Report:**

Adult Autism Strategy (presented to the Health and Wellbeing Board, December 2014)

## **10. List of Appendices:**

None