

## **Joint Health and Social Care Self-Assessment Framework – Learning Disabilities**

### **The Context**

The Joint Health & Social Care Learning Disability Self-Assessment Framework (JHSCSAF) has been developed to align as consistently as possible with some key national policy and guidance in direct response to the consultation undertaken 2012-2013.

### **Drivers**

Winterbourne View Final Report Annex B (WBV)

Adult Social Care Outcomes Framework 2013-14 (ASCOF)

Public Health Outcomes Framework 2013-2016 (PHOF)

The Health Equalities Framework (HEF) An outcomes framework based on the determinants of health inequalities (HEF)

National Health Service Outcomes Framework 2013-14 (NHSOF)

### **THE MEASURES**

**Section A - Staying Healthy**

**Section B – Being Safe**

**Section C – Living Well**

**A multi-agency response was compiled by Warwickshire County Council (WCC). This was submitted in December 2014. This Action Plan details the multi-agency collaboration and actions required for RED & AMBER rag rated areas.**

## **Background**

The Joint Self-Assessment Framework outcomes for 2013-2014 were partly achieved. It is important to recognise that the outcome measures and thresholds for the RAG rating for 2013-14 SAF do not correlate with the previous year. Therefore, whilst some progress was made this unfortunately is not recognised in the recent self-assessment. Improving Health & Lives (IHAL) plan for the outcomes measures to remain the same for next year's SAF. This will allow for local progress to be monitored, measured and compared at a national and regional level.

## **Process**

A lead agency has been identified for each action area. The expectation being that the lead agency will identify a named lead that will devise a delivery plan, where required, to monitor and report on progress on a bi-monthly basis.

## **Monitoring**

A Small Working Group affiliated to the Learning Disability Partnership Board will be established and meet on a bi-monthly basis. Progress towards this action plan will be monitored by the Learning Disability Partnership Boards and the Health and Well-being Board. A quarterly progress report will be written highlighting progress made risks to achieving targets and contingency plans, where required, to ensure success.

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Area	Title	2013	2014
A1	LD QoF Register	AMBER	RED
A2	Screening – Obesity, CVD, Diabetes	RED	RED
A3	Annual Health Checks	AMBER	AMBER
A4	Health Action Plans	AMBER	AMBER
A5	Screening – Cervical, Breast & Bowel	RED	RED
A6	Electronic Alert	RED	RED
A7	Acute Liaison	GREEN	GREEN
A8	NHS Commissioned Care (Access)	AMBER	AMBER
A9	Offender Health & Criminal Justice System	AMBER	AMBER

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Area	Title	2013 Rating	2014 Rating
B1	Regular Care Reviews	AMBER	RED
B2	Contract Compliance Assurance	RED	RED
B3	Assurance of Monitor Compliance (FT)	GREEN	GREEN
B4	Assurance of Safeguarding	AMBER	GREEN
B5	Recruitment & Training Involvement	AMBER	AMBER
B6	Compassion, dignity and respect	AMBER	GREEN
B7	Equality Impact Assessments	GREEN	GREEN
B8	Complaints lead to changes	N/A	AMBER

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Area	Title	2013 Rating	2014 Rating
C1	Effective Joint Working	AMBER	AMBER
C2	Local Amenities	AMBER	AMBER
C3	Arts & Culture	AMBER	AMBER
C4	Sports & Leisure	AMBER	AMBER
C5	Employment	AMBER	AMBER
C6	Preparing for Adulthood	AMBER	AMBER
C7	Involvement & Co-production	AMBER	AMBER
C8	Carers Satisfaction	AMBER	GREEN

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**A1**

**Rationale**

There is concern that many people with learning disability are unknown to services and do not subsequently get access to the healthcare that they need. This indicator aims to encourage the building of accurate registers to ensure equity of access to healthcare for people with learning disability. Using available prevalence data will allow some indicative benchmarking around whether numbers of people on registers are likely to be accurate. All people with learning disability are not being identified via the QOF and therefore local data needs to be scrutinised and systems put in place within primary care to ensure that all people are put onto the QOF register irrespective of if they are known to social services, or not.

**Option – use a single standardised health check template & purchasing data collection system**

RAG Rating Outcome Descriptor	Current Situation / What are the Issues	Action to achieve Green	Responsibility
<p>Learning Disability and Down Syndrome Registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity)</p>	<p>28/76 GP Practices responded to this Mi-quest search query: people are registered as having a Learning Disability. Registers are currently validated via CWPT Community Nursing Teams however not all are validated on an annual basis. WCC, CWPT &amp; GP registers are triangulated A standardised health check template is available this template also capture syndrome specific diagnosis</p> <p>Lack of accurate data regarding people with Down Syndrome</p>	<p>Each practice will ensure that Learning Disability and Down Syndrome Registers reflect prevalence data AND Data is stratified in every required data set (e.g. age / complexity / Autism diagnosis / BME etc.)</p> <p>CCG's will be mandated to provide</p> <ul style="list-style-type: none"> <li>○ GP's with information and training.</li> <li>○ GP's with guidance regarding Read Coding DS, Autism, and BME as per requirements.</li> <li>○ To create reports for data extraction to capture this information</li> </ul>	<p><b>Lead:</b> LAT &amp; CCG's <b>Contributors:</b> CWPT &amp; ACSU  <b>Stakeholder's:</b> WCC</p>

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<b>A2</b>	<p><u>Rationale</u> Currently there is little specific comparative data between the health of people with learning disability and the non-learning disabled population, yet we know that people with learning disability have poorer access to healthcare and die younger than their non-learning disabled peers. This means that there is a lack of robust data from which the JSNA and Health &amp; Well-Being Strategy can be informed. This indicator looks at one specific clinical area where there may be an inequity of access to health screening and subsequent prevention of disease. Gathering this data enables us to respond more effectively to individual clinical needs and be in a very strong position for future strategic planning of reasonably adjusted health services for people with learning disability.</p> <p><b>Option – purchase or create standardised data collection system</b></p>																											
	RAG Rating Outcome Descriptor	Current Situation / What are the Issues		Action to achieve Green	Responsibility																							
	Evidence that 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 Epilepsy but NO COMPARATIVE DATA of the population that do not have a learning disability	<p>There is some comparative data which does highlight health inequalities in Warwickshire;</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;">Area / Screening</th> <th style="text-align: center;">LD %</th> <th style="text-align: center;">General Population %</th> </tr> </thead> <tbody> <tr> <td style="text-align: center;">Cervical</td> <td style="text-align: center;">25.6</td> <td style="text-align: center;">75.8</td> </tr> <tr> <td style="text-align: center;">Breast</td> <td style="text-align: center;">15.1</td> <td style="text-align: center;">77.7</td> </tr> <tr> <td style="text-align: center;">Bowel</td> <td style="text-align: center;">23</td> <td style="text-align: center;">62</td> </tr> <tr> <td style="text-align: center;">Obesity +</td> <td style="text-align: center;">40</td> <td style="text-align: center;">22</td> </tr> <tr> <td style="text-align: center;">Epilepsy</td> <td style="text-align: center;">26</td> <td style="text-align: center;">0.6</td> </tr> <tr> <td style="text-align: center;">Diabetes</td> <td style="text-align: center;">9.2</td> <td style="text-align: center;">6.0</td> </tr> <tr> <td style="text-align: center;">CHD</td> <td style="text-align: center;">1.2</td> <td style="text-align: center;">3.2</td> </tr> </tbody> </table>		Area / Screening	LD %	General Population %	Cervical	25.6	75.8	Breast	15.1	77.7	Bowel	23	62	Obesity +	40	22	Epilepsy	26	0.6	Diabetes	9.2	6.0	CHD	1.2	3.2	<ul style="list-style-type: none"> <li>○ CCG's must ensure comparative data in all of the health areas listed in the descriptor at each of the following levels;</li> <li>○ LOCAL AREA TEAM</li> <li>○ CLINICAL COMMISSIONING GROUP</li> <li>○ INDIVIDUAL GP PRACTICE</li> <li>○ Commissioning / creating a robust data collection system agreed and implemented by all agencies.</li> <li>○ WCC have produced a JSNA for pwld</li> </ul>
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Cervical	25.6	75.8																										
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		No standardised data collection systems		
<b>A3</b>	<p><u>Rationale</u> Whilst many practices sign up to the LD DES there is significant variability in the numbers of annual health checks that are actually completed. Underlying health conditions continue to be missed leading to poor health, sometimes death and long term costly interventions. Annual health checks have been shown to effectively reduce health inequality and improve health outcomes. Therefore a population wide 'roll out' at a local level is an essential action required to secure long term and consistent improvement in the health of this vulnerable group</p> <p><b>Available Option – use of standardised annual health check template with intergrated health action plan</b></p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	<p><b>Annual Health Checks</b> Registers Validated within past 12 months 80% of people with learning disability GP DES Register had an annual health check.</p>	<p>Registers have been validated however this is not on an annual basis. GP's are offered the support of HFN however this offer isn't always taken up. High number of GP's signed up to LD DES: South 36/36 North 27/28 Rugby 7/12 Warwickshire rates of annual health checks just below 50% in 2012-13. 775 people had a health check. 59 % health checks were completed in 2013-14 (n=1'018) The national average is 42%.</p>	<ul style="list-style-type: none"> <li>o CCG's will work with PH observatory/ Primary Care info to identify ways of collecting/accessing screening data / uptake for LD.</li> <li>o Registers will be validated on a minimum of an annual basis and process in place for all people aged 18 or over to be put on register.</li> <li>o 80% of people with learning disability registered with a GP signed up to the DES will have an annual health check</li> </ul>	<p><b>Lead:</b> LAT &amp; CCG</p> <p><b>Contributors:</b> ACSU &amp; CWPT</p> <p><b>Stakeholders:</b> WCC</p>



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<b>A4</b>	<p><u>Rationale</u> The LD DES guidance puts the onus on GPs to generate meaningful health action plans at the time of the annual health check to address health priorities. Integrated annual health checks and health action plans will ensure person centred care and improved individualised health outcomes. This indicator provides an opportunity to improve primary, secondary and specialist community team engagement which can support reduction in inappropriate secondary care referrals. It also provides the person with a learning disability (and their Carer, if appropriate) with a clear understanding of 'what needs to happen' over the next 12 months.</p> <p><b>Available Option – use of a standardised health assessment template that generates a Health Action Plan</b></p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	<p><b>Health Action Plans</b> <b>Health Action Plans</b> 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.</p>	<p>GP Annual health check data do not currently demonstrate that a Health Action plan has been completed following a health check</p>	<ul style="list-style-type: none"> <li>o CCG's must ensure that GP HAP contain specific health improvement activities and are contained within a template for 80% of patients.</li> <li>o Include attendance at annual health checks and completion of HAP in all LD Service Specifications.</li> </ul>	<p><b>Lead:</b> LAT &amp; CCG</p> <p><b>Contributors:</b> CWPT &amp; LD Providers</p> <p><b>Stakeholders:</b> <b>WCC</b></p>
<b>A5</b>	<p><u>Rationale</u> Currently there is little specific comparative data between the health of people with learning disability and the non-learning disabled population, yet we know that people with learning disability have poorer access to healthcare and die younger than their non-learning disabled peers. This means that there is a lack of robust data from which the JSNA and Health &amp; Well-Being Strategy can be informed. This indicator looks at one specific clinical area where there may be an inequity of access to health screening and subsequent prevention of disease. Gathering this data enables us to respond more effectively to individual clinical needs and be in a very strong position for future strategic planning of reasonably adjusted health services for people with learning disability.</p> <p><b>Available Option – to purchase (or create data) a collection and reporting system</b></p>			

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RAG Rating Outcome Descriptor	Current Situation / What are the Issues			Action to achieve Green	Responsibility												
<p><b>Screening</b> Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for :</p> <p>a) Cervical screening b) Breast screening c) Bowel Screening (as applicable)</p>	<table border="1"> <thead> <tr> <th data-bbox="853 499 1005 587">Area / Screening</th> <th data-bbox="1005 499 1128 587">LD %</th> <th data-bbox="1128 499 1288 587">General Population %</th> </tr> </thead> <tbody> <tr> <td data-bbox="853 587 1005 651">Cervical</td> <td data-bbox="1005 587 1128 651">25.6</td> <td data-bbox="1128 587 1288 651">75.8</td> </tr> <tr> <td data-bbox="853 651 1005 715">Breast</td> <td data-bbox="1005 651 1128 715">15.1</td> <td data-bbox="1128 651 1288 715">77.7</td> </tr> <tr> <td data-bbox="853 715 1005 778">Bowel</td> <td data-bbox="1005 715 1128 778">23</td> <td data-bbox="1128 715 1288 778">62</td> </tr> </tbody> </table>			Area / Screening	LD %	General Population %	Cervical	25.6	75.8	Breast	15.1	77.7	Bowel	23	62	<ul style="list-style-type: none"> <li>o CCG to commission reliable reporting mechanism to regularly produce numbers of completed health screening for eligible people who have a learning disability in every screening group; <b>Now available via Mi-quest search</b></li> </ul> <p>AND</p> <ul style="list-style-type: none"> <li>o Comparative data of screening rates in the non LD population for every screening group; <b>Now available via Mi-quest search</b></li> </ul> <p>AND <b>Action needed</b></p> <ul style="list-style-type: none"> <li>o Scrutinised exception reporting and evidence of reasonably adjusted services</li> </ul>	<p><b>Lead: LAT &amp; CCG</b></p> <p><b>Contributors:</b> WCC</p> <p><b>Stakeholders:</b> CWPT</p>
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<p><b>A6</b></p>	<p><u>Rationale</u> Healthcare providers frequently state that having no prior warning of somebody's learning disability and specific needs resulting from their disability, prevents them from being able to fully meet their needs through reasonable adjustments. This indicator encourages the development of standardised local systems to address this problem. The patient journey of people with learning disabilities needs to be made trackable as identified within primary and secondary care. By including LD status in your referral you will give notice to the secondary care provider enabling them to make reasonable adjustments if necessary. This will lead to a potential reduction in DNA's, length of stay</p>																

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and inappropriate repeat attendances.

**Note – Nationally this issue has not been resolved & solutions are being explored sub-regionally**

RAG Rating Outcome Descriptor	Current Situation / What are the Issues	Action to achieve Green	Responsibility
Primary care communication of LD status to other healthcare providers	There are no LOCAL AREA TEAM/CLINICAL COMMISSIONING GROUP wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals However, Acute Liaison Nurses are in post & there are non-electronic systems for identifying and ‘flagging’ people with a learning disability who have been admitted.	<ul style="list-style-type: none"> <li>○ Develop an electronic alert system with secondary care and other healthcare providers for identifying LD status on referrals based upon the L.D identification in primary care and acting on any reasonable adjustments suggested. Also ensuring that both an individual’s capacity and consent are inherent to the system employed</li> <li>○ Sub-regional collaboration on developing an electronic flagging system are being explored</li> </ul>	<p><b>Lead:</b> LAT &amp; CCG</p> <p><b>Contributors:</b> WCC, CWPT &amp; Secondary Care</p> <p><b>Stakeholders:</b> ALL</p>

**A8** Rationale

Any health service accessed by a person with learning disability may need to reasonably adjust what it does in order to meet their additional needs. This indicator will capture examples of where this is happening well in the wider primary care community. In order for reasonable adjustments to occur routinely services need a way to both record patients’ learning disability status and describe the required reasonable adjustments. This measure is about universal services NOT those services specifically commissioned for people with a learning disability.

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	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	<p>NHS commissioned primary and community care:</p> <ul style="list-style-type: none"> <li>○ Dentistry</li> <li>○ Optometry</li> <li>○ Community Pharmacy</li> <li>○ Podiatry</li> <li>○ Community nursing and midwifery</li> </ul> <p>This measure is about universal services <b>NOT</b> those services specifically commissioned for people with a learning disability.</p>	<p>Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements</p>	<ul style="list-style-type: none"> <li>○ CCG &amp; CWPT must ensure that all people with learning disability accessing/using service are known and patient experience is captured</li> <li>○ All of these services must provide evidence of reasonable adjustments and plans for service improvement</li> </ul>	<p><b>Lead:</b> CCG &amp; LAT</p> <p><b>Contributors:</b> CWPT</p> <p><b>Stakeholders:</b> WCC</p>
<b>A9</b>	<p><u>Rationale</u> Evidence suggests 7% of the prison population - and greater number in the criminal justice system, have learning disabilities. It is important that these individuals have access to a range of health services. Information gathered from local criminal justice systems on prevalence will inform Provision, regarding:</p> <ul style="list-style-type: none"> <li>•what is available including prevention,</li> <li>•development required and</li> <li>•ensuring health services are accessible.</li> </ul>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	<p>Offender Health &amp; the Criminal Justice System</p>	<p>An assessment process has been agreed to identify people with LD in all offender health services</p>	<ul style="list-style-type: none"> <li>○ Local Commissioners will have good data about the numbers /prevalence of people with a</li> </ul>	<p><b>Lead:</b> CCG</p> <p><b>Contributors:</b></p>

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		<p>e.g. learning disability screening questionnaire. Offender health teams receive LD awareness training to know how best to support individuals to meet their health needs</p> <p>AND</p> <p>There is easy read accessible information provided by the criminal justice system.</p>	<p>learning disability in the CJS. Local commissioners have are working with regional, specialist prison health commissioners</p> <ul style="list-style-type: none"> <li>o CWPT must ensure there is 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.</li> </ul>	<p>CWPT</p> <p><b>Stakeholders:</b> WCC</p>
<b>B1</b>	<p><u>Rationale</u> <b>Regular Care Review – This measure is about ensuring that in all cases where a person with a learning disability is receiving care and support from commissioned services, the needs behind this support are reviewed in a co-productive and inclusive way.</b></p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	<p><b>Regular Care Review</b> - Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in</p>	<p>Evidence of less than 90% of all care packages including personal budgets reviewed at least annually</p>	<ul style="list-style-type: none"> <li>o All commissioning bodies must evidence that systems are in place to deliver 100% reviews of all care packages including</li> </ul>	<p><b>Lead:</b> CCG &amp; WCC</p> <p><b>Contributors:</b></p>

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	<p>place for on-going placement monitoring and individual reviews. Type of contact is described (face to face or telephone etc.)</p>		<p>personal budgets reviewed at least annually.</p> <ul style="list-style-type: none"> <li>o This is a priority / focus area for Social Care.</li> </ul>	<p>CCG, WCC, ACSU, &amp; CWPT</p> <p><b>Stakeholders:</b></p>
<b>B2</b>	<p><u>Rationale</u></p> <p>This measure asks local authorities to demonstrate how thorough their contracting processes are. This is important as contract monitoring is one of the first methods of scrutiny and assurance. <i>(NOTE: the rationale guidance only refers to LA's however, the indicators also refer to health &amp; social care commissioned services)</i></p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	<p><b>Contract compliance assurance</b> – For services primarily commissioned for people with a learning disability and their family carers</p>	<p>Less than 90% of health and social care commissioned services for people with learning disability have;</p> <ul style="list-style-type: none"> <li>- had full scheduled annual contract and service reviews.</li> <li>- Demonstrate a diverse range of indicators and outcomes supporting quality assurance</li> </ul>	<p>WCC &amp; CCG's will develop systems and processes are to ensure 100% of health and social care commissioned services for people with learning disability have;</p> <ul style="list-style-type: none"> <li>- had full scheduled annual contract and service reviews.</li> <li>- Demonstrate a diverse range of indicators and outcomes supporting quality assurance</li> <li>- Evidence that the number regularly reviewed is reported at executive board level in both Health &amp; Social care.</li> </ul>	<p><b>Lead:</b> WCC &amp; CCG's</p> <p><b>Contributors:</b> CCG, WCC</p> <p><b>Stakeholders:</b> <b>Commissioner (Quality) WCC &amp; Lead Nurse Quality CCG's</b></p>

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			- This is a focus area for social care and a 6 month quality pilot will assist in informing future quality assurance methods	
<b>B4</b>	<p><u>Rationale</u> Governance, safety, quality and monitoring. Learning from Winterbourne View Review and good commissioning practice has identified failures and risks within the quality and safety of people's placements, both individually and across organisations. This must cease. This measure asks localities to robustly evidence the safety and safeguarding for people with learning disability in all provided services and support.</p>			
	RAG Rating Outcome Descriptor	Current Situation / What are the Issues	Action to achieve Green	Responsibility
	Assurance of safeguarding for people with learning disability in <b>all</b> 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.	Regular Board Reporting and key points and lessons learned are included in action plans Evidence that Learning Disability Partnership Board(s) and/or health sub group(s) involved in reviewing progress 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	<ul style="list-style-type: none"> <li>○ WCC &amp; CCG's must ensure there are robust, transparent and sustainable governance arrangements in place in all statutory organisations including Local Safeguarding Adults Board(s), Health &amp; Well-Being Boards and Clinical Commissioning Executive Boards</li> <li>○ Ensure the 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)</li> </ul>	<p><b>Lead:</b> WCC &amp; CCG's</p> <p><b>Contributors:</b> Secondary Care &amp; CWPT</p> <p><b>Stakeholders:</b> All providers</p>

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		service have assured their board that quality, safety and safeguarding for people with learning disabilities is a Clinical and strategic priority within all services.	<p>framework or equivalent.</p> <ul style="list-style-type: none"> <li>○ Every learning disability provider service must 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.</li> <li>○ Provide evidence of active provider forum work addressing the learning disability agenda</li> </ul>	
<b>B5</b>	<p><u>Rationale</u> This measure is about the nature and benefit of involving 'Experts by Experiences'. A number of best practice reports suggested that there are improved outcomes when families and people with learning disabilities are involved in services. Localities should provide evidence from providers of routinely involving people with learning disabilities and family carers in recruitment and training.</p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Training and Recruitment – Involvement	LD specific services: evidence of 90% of services involving people with learning disability and families in recruitment/ training and monitoring of staff. Some evidence of universal services embedding LD	<ul style="list-style-type: none"> <li>○ WCC &amp; CCG's must ensure that LD specific services: can evidence of 100% of services involving people with learning disability and families in recruitment/ training and monitoring of staff including advocates.</li> </ul>	<p><b>Lead:</b> WCC &amp; CCG</p> <p><b>Contributors:</b> ACSU &amp; CWPT</p> <p><b>Stakeholders:</b></p>



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		awareness training and making reasonable adjustments for people with a learning disability and family carers to access and use the services.	<ul style="list-style-type: none"> <li>○ Commissioners must specifically ensure that 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.</li> <li>○ Universal services must embed 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.</li> </ul>	All providers
<b>B6</b>	<p><u>Rationale</u> Commissioners can show that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture. It is clear from the Winterbourne View report and wider evidence from Six Lives and the Confidential Inquiry that compassion is core to the best care for people. This measure asks commissioners to think about how this can be assured in all care for people with a learning disability. This is a challenging measure but it is felt to be vital that all areas consider this.</p> <p>In this year's self-assessment commissioners are requested to ensure that this question is answered by people who use services and their family members. The reason for this is that they are best placed to answer the question on the basis of their experience. This question will be best answered by the local Learning Disability Partnership Board (or equivalent) representatives of family carers and self-advocates.</p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Commissioners can demonstrate that providers are required to demonstrate that	LD Specific Provision: Some evidence of commissioning	<ul style="list-style-type: none"> <li>○ WCC &amp; CCG's must provide evidence of commissioning</li> </ul>	<b>Lead: CCG's &amp; WCC</b>

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	<p>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. Compassion, dignity and respect. To be answered by self-advocates and family - carers</p>	<p>practice that drives providers to demonstrate compassionate care and value base recruitment &amp; management of the workforce</p> <p>No clear evidence of this approach in relevant universal services</p> <p>An on-line survey was conducted and feedback sought via Guideposts &amp; LDPB.</p>	<p>practice that drives providers to demonstrate compassionate care and value base recruitment &amp; management of the workforce</p> <ul style="list-style-type: none"> <li>○ Evidence this approach in relevant universal services</li> <li>○ Develop systems to capture on-going feedback from family carers</li> </ul>	
<b>B8</b>	<p><u>Rationale</u></p> <p>This standard requires evidence of a learning organisation that integrates, learning from complaints, incidents, patient, carer and staff feedback with wider learning from national reports and incidents to improve the quality safety, safeguarding and provision to people with learning disabilities. Failings by Services to respond to concerns raised about the quality of services are at the centre of the Winterbourne View Review. Evidence need to be provided of robust partnership working to assure the safety, quality and safeguarding of people's commissioned placements</p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing	Evidence that 50 % of commissioned practice and contracts require evidence of	<ul style="list-style-type: none"> <li>○ WCC &amp; CCG's must demonstrate that 90 % of commissioned practice and contracts require</li> </ul>	<b>Lead: WCC &amp; CCG's</b>

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	experience	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.	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.	<b>Contributors:</b> CWPT & ACSU
<b>B9</b>	<p><u>Rationale</u> Mental Capacity Act (MCA). MENCAP's report Death by Indifference: 74 Deaths and Counting highlighted the inconsistent application of the MCA 2005. This standard requires evidence that the five principles of the MCA are understood and consistently embedded within and across organisations to ensure safe, equal and high quality healthcare people with learning disability. Organisations are asked to demonstrate that there is evidence of routine monitoring across the whole organisation of implementation of MCA principles</p> <p><b>Action – All providers must develop systems which routinely check the implementation of the MCA.</b></p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Mental Capacity Act & Deprivation of Liberty	There is limited evidence that organisations routinely check implementation of MCA guidance relating to decision making, capacity, and restrictions	All providers will have well understood policies in place and <u>routinely monitor implementation</u> of these in relation to, the Mental Capacity Act (including restraint, consent and deprivation of liberty). The provider can evidence action taken to improve and embed practice where necessary	<b>Lead:</b> WCC & CCG's <b>Contributors:</b> ACSU & CWPT
<b>C1</b>	<p><u>Rationale</u> This measure looks for the evidence that formal arrangements are in pace that foster the best joint working between commissioners. Informal arrangements and evidence of good practice are also welcomed, as are future plans, particularly where these have been signed up to formally if not yet implemented.</p>			

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	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Effective Joint Working	Commissioners can provide evidence of integrated governance structures. Monitoring is undertaken jointly and key partners are involved at Partnership Board level. Joint commissioning functions are in place – Joint Commissioning Board.	<ul style="list-style-type: none"> <li>○ WCC &amp; CCG's will develop well-functioning formal partnership agreements and arrangements between health and social care organisations.</li> <li>○ Ensure there are agreements in place and evidence of working towards pooled budgets or pooled budget arrangements, joint commissioning structures, intentions, monitoring and reporting arrangements.</li> </ul>	<p><b>Lead:</b> CCG's &amp; WCC</p> <p><b>Contributors:</b> ACSU</p>
<b>C2</b>	<p><u>Rationale</u> This measure asks for evidence of reasonable adjustment within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability.</p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Local amenities and transport	Local examples of people with learning disability having access to reasonably adjusted facilities and services that enable them to participate fully and build / maintain social networks e.g.	<ul style="list-style-type: none"> <li>○ WCC will ensure there are extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted facilities and</li> </ul>	<b>Lead:</b> WCC

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		support to use local transport services, Changing Places in shopping centres, Safe Places.	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.	
<b>C3</b>	<u>Rationale</u> This measure asks for evidence of reasonable adjustment within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Arts and culture	There are few 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.	<ul style="list-style-type: none"> <li>○ WCC will ensure providers of commissioned services are able to demonstrate 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</li> </ul>	<b>Lead: WCC</b>

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<b>C4</b>	<u>Rationale</u> This measure asks for evidence of reasonable adjustment within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability			
	RAG Rating Outcome Descriptor	Current Situation / What are the Issues	Action to achieve Green	Responsibility
	Sport & leisure	Some local 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 etc.	<ul style="list-style-type: none"> <li>○ WCC will ensure there are 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 effectively.</li> <li>○ Ensure providers of commissioned services are able to demonstrate Reasonable Adjustments are made to ensure fair and equitable access to universal services. This will be reflected in customer Support Plans.</li> </ul>	<b>Lead: WCC</b>

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<b>C5</b>	<u>Rationale</u> This measure is about the importance of occupation and the equity that needs to be shown for people with a learning disability. Evidence of initiatives, data of the actual local picture is important.			
	RAG Rating Outcome Descriptor	Current Situation / What are the Issues	Action to achieve Green	Responsibility
	Supporting people with learning disability into and in employment	Relevant data available and collected. The targets nationally and locally determined (See ASCOF) have been met for people with learning disability supported into employment in the past 12 months AND Employment activity of people with learning disability is linked to data	<ul style="list-style-type: none"> <li>○ WCC will create system for relevant data available and collected. Ensure the targets nationally and locally determined (See ASCOF) have been met for people with learning disability supported into employment in the past 12 months</li> <li>○ Employment activity of people with learning disability will be linked to commissioning intent for future services this will be incorporated into the 'Statement of Intent'</li> <li>○ Commissioning is clearly linked to proportionate local need which is evidenced in the Joint Strategic Needs Assessment.</li> </ul>	<b>Lead: WCC</b>
<b>C6</b>	<u>Rationale</u>			

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	<p>Delivering effective transitions for young people is recognized as a way of addressing the difficulties confronted by young people with learning disabilities and their families at transition. Previous research has demonstrated that information is a key need at this time. Information relates to co-production of local services driven by parent and user involvement as well as having a sound knowledge base of future needs to inform commissioning strategies.</p> <p>This descriptor ascertains if localities have good plans in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families. This measure touches upon the national Single Education, Health and Care Plan for people with learning disability. This policy is one of your key ways of evidencing success in this area.</p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>
	Effective Transitions for young people A Single Education, Health and Care Plan for people with learning disability	<p>Evidence of at least 50% 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 effective plans, strategy, service pathways and multi-agency involvement across Health and Social Care</p>	<ul style="list-style-type: none"> <li>○ Ensure that 85% of people with learning disability have a current and up to date Single Education, Health and Care Plan by 2014.</li> <li>○ Create a monitored strategy, service pathways and multi-agency involvement across Health and Social Care.</li> <li>○ Ensure there is a very clear transition service or functions that have joint health &amp; social care scrutiny and ownership.</li> </ul>	<p><b>Lead:</b> WCC &amp; CCG's</p> <p><b>Contributors:</b> Education &amp; Health Services</p>
<b>C7</b>	<p><u>Rationale</u></p> <p>This is about people with learning disabilities and family carer's involvement in service planning and decision making, including personal budgets. This measure seeks to stimulate areas to continually review and improve the involvement of people who use and rely on services in strategic development and planning.</p>			
	<b>RAG Rating Outcome Descriptor</b>	<b>Current Situation / What are the Issues</b>	<b>Action to achieve Green</b>	<b>Responsibility</b>



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	<p>Involvement in service planning and decision making</p>	<p>Clear evidence of co-production in all learning disability services that the commissioner uses to inform commissioning practice. The commissioners use this to inform commissioning practice. Inconsistent or no evidence of co-production in universal services</p>	<p>To ensure there is clear evidence of co-production in universal services and learning disability services active engagement and consultation will take place with people with learning disabilities and their carer's in the development of strategies and commissioning intentions. The commissioners use this to inform commissioning practice.</p>	<p><b>Lead:</b> WCC &amp; CCG's <b>Contributors:</b> Advocacy &amp; Empowerment  <b>Stakeholders:</b> Providers &amp; CWPT</p>
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