

## Appendix 4

### Learning Disability Self Assessment Framework 2015

#### **A1: Learning Disabilities Quality Outcomes Framework (QOF) register in Primary care**

**Amber:** LD registers reflect prevalence data but are not stratified by complexity. A recent data sharing protocol has allowed the central extraction of data for LD, this will feed into a specific LD JSNA briefing produced by public health (May 15). An LD CQUIN and link worker role has been rolled out across GP practices which will ensure better data being captured. Further work is required to ensure strategic links to CCG GP quality governance processes and development through the Staying Health sub group with NHS England and Primary Care Liaison to promote the LD Quality Outcome Framework register.

#### **A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy**

**Amber:** There is an LD CQUIN to capture health needs data and health improvement goals. The link worker role has been spread across all GP practices to ensure this work is taken forward. There is no formalised process in place with GP's, and further work is planned to embed strategic links with CCG's around practice, quality and data. LD specific JSNA briefing is planned for May 2015 to compare the general population and the LD population against these 4 long term conditions.

#### **A3: Annual health checks and annual health check registers**

##### **IHAL will provide local rating based on national data:**

Stakeholders wish to raise: that it should not just be a numbers measured, but there should a national quality standard set. Locally further work is planned to identify good practice and spread across the 3 CCG's. There was recognition that this would be built on the work that had already been done through Primary Care Liaison.

#### **A4: Specific health improvement targets at the time of the annual health checks in primary care (found in health action plan)**

**Red:** Stakeholders felt that NHS England may need to change this standard or change how GP's are paid, although there is guidance GP's are not required to code Health Action plans with a health improvement target for payment. It was felt therefore questioned whether NHS England is expecting GP practices to do work over and above the current QOF requirement. There is also an assumption that Health Action Plans have a health improvement target in them, this is not found to be the case locally. An LD CQUIN is currently supporting work with Primary Care liaison to improve and audit health improvement targets.

## **A5: National screening programme (bowel, breast, cervical)**

### **IHAL will score from national data set:**

Stakeholders wanted to raise to NHS England that people with a Learning Disability are at a higher risk of developing certain types of cancer (e.g. stomach cancer) and wanted to ask what is being done on a national level.

## **A6: Primary care communication of learning disability status to other health care providers**

**Red:** As there is not a system wide approach on this benchmark we are not able to score amber. This is an issue not just for Learning Disabilities and will be addressed as part of Worcestershire's Well Connected programme. Acute Sector LD flag is well established, although needs to be replicated in the community hospitals. Further work with the CCG's around EMIS template to include: reasonable adjustments, capacity and consent.

## **A7: Learning disability liaison function or equivalent process in acute settings**

**Amber:** We have a well-regarded Acute Liaison function that has developed a tool-kit of good practice for the acute sector. This standard was viewed as being a high amber purely because this service requires a commissioning review of HES data and outcomes to establish best use of resource in the future based on trends and evidenced need. The service currently stands alone during office hours only, with future scope to redesign liaison once review is completed.

## **A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry**

**Amber:** It was difficult to score this as we don't know that "all people with a learning disability were known and patient experience was captured", it was felt unlikely that happened in all cases. Users and carers were able to give purely anecdotal evidence and highlight areas of good practice. It was felt further work is required with appropriate commissioners to determine and implement contractual / quality leavers. This responsibility would predominantly rest with NHS England, and some with CCG's.

## **A9: Offender health and the criminal justice system**

**Amber:** Worcestershire has developed a multi-agency clinical pathway, this is supported by easy read documentation which explains the processes of the Criminal Justice System and is given to people who are identified as having a Learning Disability within the system.

Particular work has been undertaken by the psychologists and behavioural nurses in order to support the pathway.

A screening questionnaire for the prison service is being piloted to identify people with a learning disability, to ensure their health needs are met within the prison environment.

## **B1: Individual health and social care packages**

**Amber:** Reviews are monitored for all funded health and social care packages through KPI reporting, including Senior Management scrutiny. Worcestershire's target of 95% of all packages reviewed within a 12 month period was achieved. Reviews are not currently accessible in easy read. As part of New Models of Care being introduced in April 2015, people being assessed will have more control over their review process.

## **B2: Learning disability services contract compliant**

**Amber:** Contracting and Monitoring functions sit with a central team in local authority, monitoring annual contract reviews, ensuring contractual processes are followed proportionate to their value. Unannounced visits are used by all parties, including nurses and social workers, where possible, as part of the auditing process. The development of the E-Market Place and Direct Payments has meant that quality reviews are carried out on the provider before they can take referrals, to maintain quality and safeguarding.

All health funded placements have standard NHS contracts in place with clear outcomes and key performance indicators which are monitored on a quarterly basis. In addition, reviews of the placement take place, alongside CPA meetings on a 6 monthly basis to inspect quality against KPIs and outcomes.

## **B3: Monitor Assurances**

**Amber:** We are working with Worcestershire Health and Care Trust and Worcestershire Acute Hospitals NHS Care Trust as they move towards Foundation Trust status.

## **B4: Adult Safeguarding**

**Green:** There are good links between the CQC compliance inspectors and County Council staff. Multi-agency information sharing forum is in place. The Directorate Leadership Team is informed of concerns via monthly exception reporting. The Winterbourne View Action Plan is a standing item on the Worcestershire Safeguarding Adults Board. The WSAB Audit and Good Practice Sub-Group run a programme of multi-agency case file audits for all ages. Stakeholders requested that a representative with a learning disability should sit on the Safeguarding board.

## **B5: Self-advocates and carers in training and recruitment**

**Green:** All contractual arrangements through Worcestershire's Integrated Commissioning Unit include reference to involvement in recruitment and training. CQC standards include monitoring of involving service users and families in service development and recruitment. As Worcestershire pushes towards a greater number of people with a direct payment far greater control over recruitment and training will be available to people buying and managing the services they buy.

## **B6: Compassion, dignity and respect**

**Green:** Contractual arrangements refer to recruitment processes to provide regulated services must meet CQC's Essential standards of quality and safety, March 2010. Monitoring processes aim to ensure that appropriate recruitment checks are undertaken. Service user feedback and observational techniques contribute towards monitoring.

For health funded placements including locked hospital environments and high end step down placements we use a quality assurance checklist and reviewing process that includes recruitment and focusses on the behaviour of staff in the environment. The checklist utilises a flagging system and the behaviour of staff and the culture of the environment is paramount. If the placement scores a red flag in this area we would not use the placement and inform commissioners from other areas of our findings.

## **B7: Commissioning strategy impact assessments**

**Amber:** Commissioning Strategy has been developed with users, carers and other stakeholders through the Learning Disability Partnership Board. The strategy includes preparing for adulthood as a cross cutting theme. Plans to deliver the 6 Aims of the strategy are developed through the sub groups of the LD Partnership Board including: Staying Healthy, Living Well, Having a place to live, Having a job, and the right support for carers. Future Lives have seen a number of Impact Assessments carried out and equality impact assessments are developed and shared with relevant subgroups as commissioning intentions are taken forward.

## **B8: Complaints lead to changes**

**Amber:** The Care Services Quality Team assess the quality of providers through a range of systems; including data from the patients, family and staff, documentation such as Care plans, risk assessment and key monitoring forms.

A multi-agency action plan has been produced as a result of reviewing the Homes policy including whistleblowing. The evidence of outcomes is recorded on the county council's patient case record system under the overall provider, ensuring information is shared with social work teams and repeat patterns identified and resolved. NHS Providers have robust governance systems including incident reporting, complaints process and patient experience.

Feedback is actively sought from patients and carers. Action plans are developed from the identified themes and shared with the complainant. Lessons learnt are shared to improve practice and patient experience. Staff are aware and actively supported to use the whistleblowing policy.

## **B9: Mental Capacity Act & Deprivation of Liberty**

**AMBER:** Multi-agency policy and procedures provide guidance on the use of the Mental Capacity Act in relation to safeguarding. The Worcestershire Safeguarding Adults Board Mental Capacity Act Policy, incorporating Deprivation of Liberty Standards, was reviewed and updated in December 2014. All relevant providers were informed and given guidance on the change in the DOLS threshold following new case law in April 2014. The Care Services Quality Team and DOLS team have increased their consultation and support to providers on issues of mental capacity, best interest decision making and Deprivation of Liberty Standards.

## **C1: Effective joint working**

**GREEN:** The Integrated Commissioning Unit hosted by Worcestershire County Council has responsibility for the commissioning of health and social care learning disability services. The Unit commissions a range of services on behalf of the local authority and the 3 CCG's: Redditch and Bromsgrove, Wyre Forest and South Worcestershire this is under a Section 75 agreement. Integrated commissioning is monitored by the Integrated Commissioning Executive Officers Group. The Learning Disability Partnership Board has membership from a range of stakeholders, chaired by the Head of the Integrated Commissioning Unit. Worcestershire's (2015-18) Learning Disability Strategy is being implemented with new governance arrangements in place.

## **C2: Local amenities and transport**

**Amber:** Worcestershire continues to offer independent travel training so that people with a learning disability can use local transport services independently. The Safe Places Scheme is operational in parts of the county but work is still to be done to roll out the scheme across the whole of the county and ensure they are widely publicised. The new model for day opportunities is being implemented in 2015 and this will include exploring the possibility of accessing personal care suites in public places.

## **C3: Arts and Culture**

**Amber:** There are several examples of local projects e.g. Cultural Heritage in Partnership with Personalisation (CHIPP) in Kidderminster and Evesham, but these are not widespread. The Learning Disability Partnership Board Living Well sub group will be looking at how this can be improved in 2015. There is an Arts, Health, Wellbeing, Culture and Dementia sub group which sits under the Worcestershire Arts Partnership whose aim is to improve the health and wellbeing of Worcestershire residents, including those with a learning disability.

#### **C4: Sports and Leisure**

**Amber:** A new model of day opportunities is to be implemented in 2015 which will provide more opportunities for adults with a learning disability to access universal services and wider community activities. The Learning Disability Partnership Board Living Well sub group will be looking at how this can be improved in 2015. Examples of reasonable adjustments within demonstrated in evidence

#### **C5: Employment**

**Amber:** A joint plan "Having a job" has been designed by the Learning Disability Partnership Board Having a Job sub group and is now being implemented with partners, including Economic Development and Department for Work and Pensions. A jobs tracker has been produced so that we can monitor success, and the group have set step targets to measure outcomes of the plan. A new service for Supported Employment will be in place by October 2015 alongside an Employment Development Officer hosted by the Young Adults team to progress this work. People's Parliament will be debating Employment in March 2015.

#### **C6: Preparing for adulthood**

**Green:** We have a Young Adults team, with a plan and clear governance arrangements in place that demonstrates co-production and multi-agency representation. The work of the Young Adults team has strong links to commissioning, demonstrated with the work currently involving the teams Housing Officer and practitioners forward planning demand and identified needs for the Housing with support commissioning plan. As part of future developments for the team there will be an Employment Development Officer in post by July 2015 and a Business Case for a Health Facilitator will be brought to the Integrated Commissioning Executive Officer's Group by May 2015.

#### **C7: Involvement in service planning and decision making**

**RED:** Carers raised an issue with this question that a definition of "Co-production" should have been provided as different areas will interpret this question differently and the results will not be comparable. It was felt by expert members with a learning disability and family carers that not all services are involving individuals and carers in service planning and decision making. Involvement in planning universal services was considered by stakeholders to be inconsistent. Future Lives consultation and proposed changes to preventative services was used as an example by stakeholders where co-production earlier on in the process would have been beneficial.

**C8: Carer satisfaction rating. To be answered by family carers**

**Amber:** Carers have had the opportunity to work closely with commissioners in developing the LD Strategy and are satisfied that this has been a good example of co-production. The creation of the Young Adults Team and carers continued involvement in its operational and strategic focus is proving effective.

Co-production has, however, been missing in other work and carers feel they have not been seen as partners by experience in other important activities. Transformation of day services, the Carers Strategy and the web based services are three important areas, where carer engagement has so far, been less co-productive and required additional challenge to ensure the carer voice has been heard.

Carers are involved in looking at generic Health and Wellbeing issues including developing Worcestershire's Carers Strategy, implications of the Care Act, SEN reforms, albeit with differing levels of co-production and participation.

**C9: Overall rating for the assessment**

**To be answered by IHAL upon submission.**

**Joint Health and Social Care Learning Disability Self-Assessment  
Framework 2013/14 Guidance**

**Section D – The context in numbers**

**A: Demographics**

How many people are there in your locality:	Number of people known to GP's as having a Learning Disability	Number of People known to GP's as having a learning disability, who have complex or profound learning disabilities.	Number known to GP's as having a learning disability who also have an Autism Spectrum Disorder.
Aged 0 to 13 inclusive?			
Aged 14 to 17 inclusive?			
Aged 18 to 34 inclusive?			
Aged 35 to 64 inclusive?			
Aged 65+?			
If you are unable to provide an age breakdown at this level, then complete either <b>A</b> or <b>B</b> below:			
<b>A: Aged 0 to 17 inclusive?</b>			
<b>A: Aged 18 and older?</b>			
<b>B: All ages?</b>	2025		



## B: Cancer Screening

Cervical Cancer Screening	Whole Eligible Population (this includes women with and without learning disabilities)	NUMBER of the Whole Eligible Population who had a cervical smear test*	NUMBER of women with learning disabilities who are eligible	NUMBER of women with learning disabilities who had a cervical smear test*
How many women are there in the age range 25 to 64 inclusive and who have not had a hysterectomy (ie are eligible for cervical cancer screening)?	140670	110533		
Breast Cancer Screening	Whole Population. (Non-LD and LD population).	NUMBER of the Whole Eligible Population who had mammographic screening in the last three years?	NUMBER of women with learning disabilities who are eligible	NUMBER of women with learning disabilities who had mammographic screening in the last three years?
How many women are there in the age range 50 to 69 inclusive (ie are eligible for breast cancer screening)?	67889	54808		
Bowel Cancer Screening	Whole Population. (Non-LD and LD population).	NUMBER of the Whole Eligible Population who satisfactorily completed bowel cancer screening in the last two years	NUMBER of people with learning disabilities who are eligible	NUMBER of people with learning disabilities who satisfactorily completed bowel cancer screening in the last two years.
How many people are there in the age range 60 to 69 inclusive (ie are eligible for bowel cancer screening)?	39083	48370		

### C: Wider Health

All questions relate to 31 <sup>st</sup> March 2014	Number of people with a learning disability.
On the 31st March 2014 - How many people are there aged 18 and over who have a record of their body mass index?	1116
On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the obese range (30 or higher)?	396
On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the underweight range (where BMI is less than 18.5 Note threshold changed from SAF 2014 to align with national obesity observatory work and international standards)?	72
On the 31st March 2014 - How many people aged 18 and over are known to their doctor to have coronary heart disease? As per the QOF Established Cardiovascular Disease Primary Prevention Indicator Set.	15
On the 31st March 2014 - How many people of any age are known to their doctor to have diabetes (includes both type I and type II diabetes here)? As per the QOF Established Diabetes Indicator Set.	117
On the 31st March 2014 - How many people of any age are known to their doctor to have asthma? As per the QOF Established Asthma Indicator Set	123
On the 31st March 2014 - How many people of any age are known to their doctor to have dysphagia?	58
On the 31st March 2014 - How many people of any age are known to their doctor to have epilepsy? As per the QOF Established Epilepsy Indicator Set	289

#### D: Mortality Rates

How many people with a learning disability, resident in your locality died between 1 <sup>st</sup> April 2013 and 31 <sup>st</sup> March 2014?	Number of people with a learning disability
Aged 0 to 13 inclusive	
Aged 14 to 17 inclusive	
Aged 18 to 34 inclusive	2
Aged 35 to 64 inclusive	24
Aged 65 and older.	9

Data sets for Section E gathered by IHAL.

F: Use of General Hospital Services

Please provide the sum total number from all general hospitals providing care to the area	Number of spells/attendances/ to people where the person was identified by the provider as having a learning disability	Number of spells/attendances/people – all people (to provide context – there will be used to calculate percentages).
How many HOSPITAL PROVIDER SPELLS of inpatient Secondary Care were received under any consultant speciality EXCEPT the psychiatric specialities (Speciality codes 700 -715) between 1 <sup>st</sup> April and 31 <sup>st</sup> March 2014	412	117869
How many secondary care outpatients attendances were received by people under any consultant speciality EXCEPT the psychiatric specialities (Speciality codes 700 – 715) between 1 <sup>st</sup> April and 31 <sup>st</sup> March 2014	Time sample by deduction over 6 weeks during alerts switch on. (April to May 14).  1480	
How many attendances at A&E between 1 <sup>st</sup> April and 31 <sup>st</sup> march	396	
How many people have attended A&E between 1 <sup>st</sup> April and 31 <sup>st</sup> March more than 3 times?	14	

G: Continuing Care and After Care

On the 31 <sup>st</sup> March 2014:	Number of people with a learning disability
How many people are in receipt of Continuing Health Care (CHC)?	56
How many people are in receipt of care funded through an arrangement under section 117 of the Mental Health Act?	39