



1 April 2015

Agenda Item: 5

**REPORT OF CORPORATE DIRECTOR, ADULT SOCIAL CARE, HEALTH
AND PUBLIC PROTECTION**

LEARNING DISABILITY SELF ASSESSMENT FRAMEWORK

Purpose of the Report

1. To inform the Health and Wellbeing Board of the outcome of Nottinghamshire's Learning Disability Self-assessment as reported to the Public Health Observatory in January 2015 and to seek support from the Board regarding the future progress of work in order to improve our work in this area.

Information and Advice

2. The Joint Health and Social Care Self-Assessment Framework (SAF) replaced the *Valuing People Now* Self-Assessment which was primarily undertaken by Social Care and the Learning Disability Health Self-Assessment, primarily undertaken by Health. This is the second year that the self-assessment has been a joint health and social care assessment.
3. The Learning Disabilities Observatory, Improving Health and Lives, (IHAL) part of Public Health England administers the SAF which is signed off by NHS England and ADASS.
4. This year's SAF for the Nottinghamshire Learning Disability Partnership Board area (Nottinghamshire County) was completed by commissioners from Adult Social Care and Newark and Sherwood CCGs (the latter on behalf of the 6 county CCGs) with input from Bassetlaw CCG who also had to do their own self-assessment to feed into the South Yorkshire region.
5. Information was gathered about and directly from carers, service users, the criminal justice system, providers and district councils.
6. The SAF was consulted on before submission with the learning disability partnership board.
7. As part of this submission, there is a requirement to present the findings to the Health and Wellbeing Board before the end of March 2015.
8. The SAF requires us to rate red, amber or green, for each question with some narrative to support this. The criteria for scoring red, amber or green (RAG) was set for each question (please see link at the end of this report for detail of the RAG criteria).

9. According to the published SAF timetable there was supposed to be a Peer support Workshop organised by regional ADASS and NHS England Regional leads, in order to share, challenge and moderate submissions prior to the January deadline, however this did not happen in the East Midlands and indications suggest that it did not happen in any English region.

10. The self assessment is in a very similar format to last year making it easier to compare our assessment this year with last year. However, three questions will be completed by the IHAL based on national data sets

- Number of health Checks undertaken. We do not know what RAG rating will be applied by IHAL to Nottinghamshire as different CCGs have varying results.
- People with learning disabilities accessing routine screening – we do not know what RAG rating will be applied by IHAL as the criteria for RAG have not been published.
- Mental capacity Act and deprivation of Liberty - we do not know what RAG rating will be applied by IHAL as the criteria for RAG have not been published

11. There was also one question which was asked last yr which was not asked this year about community inclusion and citizenship.

12. There were also 2 questions which carers and service users needed to rate as it was about their opinion. The questions previously had been RAG rated according to prescribed data.

13.

| | 2013 return | 2014 return | Questions being scored by NHS England – rating for last yr. | Missing question in 2014 return (score from last yr) |
|-------|-------------|-------------|---|--|
| Red | 4 | 2 | | |
| Amber | 8 | 9 | 3 | 1 |
| Green | 11 | 12 | | |

14. Areas where our RAG rating has improved.

- Offender Health – moved from red to amber. Last year NHS England had only just taken responsibility for people in custody suites and had little data regarding people in prisons. Since then they have rolled out a screening tool over the 16 prisons in Nottinghamshire so that people with a learning disability can be identified and referred to appropriate support. The use of the liaison and diversion programme means that offenders with a learning disability are more likely to be diverted to non-custodial provision, including secure hospital.
- Regular care reviews – moved from red to amber. While the number of full community care reviews of people accessing services has dropped from 77% to 73.3% this year we have included information about all the day to day activity where minor amendments are made to care packages and services are checked to ensure people's needs are being appropriately met to bring us more in line with the way other authorities rated

themselves last year. All service users in hospital have had at least one review in the last twelve months.

- Supporting people into employment – moved from amber to green. 7.2% of service users with a LD in Notts LD are in paid employment compared to East Midland Average of 4.9% and England average of 6.8%. The Council's Iworks employment support service is supporting 138 people directly in maintaining or finding work but also a further 369 people who are in work but need support on an irregular basis to ensure they maintain their employment. Nottinghamshire has facilitated innovative work placements within one of our special schools where people are given work experience placements within different departments of the NHS for 12 months.
- Transitions for people with a learning disability moving from children's to adults services. As a pilot authority for the Education Health and Care plans, resulting in the creation of a children's commissioning hub where health and social care services can be commissioned from a joint budget, together with the forming of a transitions team in adult social care (previously transitions workers sat within each CLDT but now there is a specific team and dedicated team manager), people with learning disabilities have a more joined up approach to transition. There is still work to improve in this area to ensure consistent messages around future expectations are co-ordinated across children's and adult services and therefore lead to a better experience for the young person and their carers undergoing the transition.

15. Areas where our RAG rating has gone down

- Local amenities and transport – moved from green to amber. This had originally be rated as green as there are numerous examples county wide of accessible leisure activities and transport. However, in the Partnership Board's view, some people experience difficulty in accessing the full range of services and therefore the rating should be changed to amber.

16. Key areas for action going forward

- Regular care reviews – in order to reach a green on the standard 100% of all service users receiving service would need to have had a review of their care in any 12 month period. It is unlikely that we will be able to reach green next year but we should ensure that we prioritise those who have not had a formal review for 18 months or more and those living out of county. While the majority of people will have several contacts during the year from either health or social care staff, we need to ensure that those most at risk are not missed out.
- Transitions – while we have rated ourselves green in this area against the criteria posed we feel there is still work to improve in this area to ensure consistent messages around future expectations are co-ordinated across children's and adult services and therefore lead to a better experience for the young person and their carers undergoing the transition.
- Health Action Plans – this is an area we have rated red this year and last year. While anecdotal evidence from the health facilitators suggests that a large number of patients do have health action plans, this is currently not recorded and data collated. A new

template is being developed which will be completed as part of the annual health check and feed into the HAP in future.

- Contract compliance assurance – to rate amber in this area we need to evidence that 90% or more of health and social care commissioned services for people with learning disabilities have had a full scheduled annual contract review and a quality assurance check including an unannounced visit. To reach green this needs to be 100%. Due to the large number of care homes, as well as day services, supported living services and health services we have not been able to fulfil this. It is unlikely we will be in a position to reach 100% next year as often we need to visit poor services more than once (often multiple times) during a year and therefore cannot ensure we quality audit (especially unannounced as this often requires follow up visits to gain information not instantly available) and do a contract review on all services. However, we have developed a system to risk assess contracts to ensure we monitor those we are concerned about more regularly. This may mean that some of the better services have both a formal contract review and quality visit every 2-3 years. This risk register will be further refined over the coming year in line with new CQC inspection regimes to ensure the most appropriate use of contracting and monitoring resources.
- Carer and service user feedback – rated Amber for both questions. This was very mixed for the carer perspective with some feeling that providers of services did not treat them with dignity and respect and others feeling they did. Generally the service users we asked felt they were treated with dignity and respect. Carers were also asked if they felt their needs were being appropriately met and again feedback was mixed. As these questions were new this year, the response to them was gathered as part of this SAF return with a limited number of people and therefore does not give us a true picture of what the issues may be for some carers or whether on a wide basis there would be more people satisfied than not of visa versa. Therefore we would like to develop processes aimed at gathering feedback on these two questions over the year to get a wider feedback for next year's SAF.

Statutory and Policy Implications

17. This report has been compiled after consideration of implications in respect of crime and disorder, finance, human resources, human rights, the NHS Constitution (Public Health only), the public sector equality duty, safeguarding of children and vulnerable adults, service users, sustainability and the environment and ways of working and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

RECOMMENDATION/S

1. The Board accepts the report.
2. The Board agrees the priorities for action as identified in paragraph 16 and supports the approach suggested.

Jon Wilson – Assistant Director, Adult Social Care, Health and Public Protection

**For any enquiries about this report please contact:
Cath Cameron-Jones Commissioning Manager ASCH&PP
01159773135
cath.cameron-jones@nottsc.gov.uk**

Constitutional Comments (LMcC 24/02/15)

18. The recommendations in the report fall within the terms of reference of the Health and Wellbeing Board.

Financial Comments (KAS 12/02/15)

19. There are no financial implications contained within the report.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

20. Nottinghamshire Learning Disability Self-Assessment and easy read version – available from Nottinghamshire learning Disability partnership Board website

<http://www.nottscounty.pb.org/default.aspx?page=27944>

21. Learning Disability self-assessment guidance and RAG rating – available from the Public health observatory website:

<http://www.nottscounty.pb.org/>

Electoral Division(s) and Member(s) Affected

22. All