

HEALTH AND WELLBEING BOARD			
<b>Report Title</b>	Joint Health and Social Care Self-Assessment Framework 2012/13 (Learning Disabilities)		
<b>Contributors</b>	Head of Joint Commissioning	Item No.	9
<b>Class</b>	Part 1	Date: 28 January 2014	

## 1. Purpose

- 1.1 This report summarises the findings of the Lewisham Joint Health and Social Care Self-Assessment for members of the Health and Wellbeing Board.

## 2. Recommendations

Members of the Health and Wellbeing Board are requested to:

- 2.1 Agree the action plan as set out in Appendix 2.

## 3. Policy Context

- 3.1 The Lewisham Joint Health and Social Care Learning Disability Self-Assessment (referenced in this report as 'the LD SAF') forms part of a national data collection exercise managed through the Learning Disabilities Health Observatory 'Improving Health and Lives'. Local Partnership Board Areas were required to report retrospectively on 2012/13 activity. The overall context of the LD SAF remains the need to improve the health and life chances of people with learning disabilities. Concerns around poor health care have been highlighted in a number of reports notably 'Death by Indifference' (2007), '6 Lives' (2009) and 'Transforming Care; a national response to Winterbourne View' (2012). Issues relating to citizenship and inclusion have also been highlighted in reports, notably 'Valuing People Now' (2009) and more recently are reflected in the draft Care Bill.
- 3.2 The LD SAF also intersects with other national frameworks including the Adult Social Care Outcomes Framework 2013-14, the Public Health Outcomes Framework 2013-2016, the Health Equalities Framework (HEF) and the National Health Service Outcomes Framework 2013-14.
- 3.3 The Lewisham LD SAF submission reflects and supports Lewisham's Sustainable Community Strategy particularly the strategic objective 'healthy, active and enjoyable'.

- 3.4 It also reflects the Health and Wellbeing Strategy priorities of 'improving mental health and wellbeing' and 'delaying and reducing the need for long term support'.

#### **4. Background**

- 4.1 The Joint Health and Social Care Learning Disability Self-Assessment Framework (LD SAF) replaced two previous documents, the LD Partnership Board Self-Assessment Framework and the Learning Disability Health Self-Assessment.
- 4.2 The 2012/13 LD SAF required the collection and collation of information from a number of information sources including specific data, evidence statements from both the Council and the Clinical Commissioning Group, and also the personal experiences of people with a learning disability and their families. Measures explored the success with which specialist services and universal services supported the needs and aspirations of people with a learning disability. A particular area of enquiry was the application of 'reasonable adjustments' to ensure access, for example through the use of accessible information.
- 4.3 Specific areas of data collection were Healthcare delivery, Inclusion and Where I Live / Accommodation, Quality/ Mental Capacity Act & Deprivation of Liberty, and Transition. The Learning Disabilities Health Observatory advised that they would themselves extract data pertaining to 'where I live/ accommodation' from the Adult Social Care Combined Activity Returns.
- 4.4 The self-assessment measures were presented as three specific sections: Section A - Staying Healthy; Section B – Being Safe; and Section C; Living Well. There were twenty seven measures in total (Appendix 1). Guidance was highly specific to support a consistent national grading process. A statement of up to 1000 characters was allowed to evidence each measure, along with the option to include an anonymised 'Real Life Story'.
- 4.5 Information was gathered from a large number of key partners both within the Public Sector and the Third Sector. The submission was co-ordinated by Adult Joint Commissioning and the process overseen by the Head of Joint Commissioning for NHS Lewisham CCG and the Council and the Chief Accountable Officer for the Lewisham Clinical Commissioning Group.
- 4.6 The LD SAF was submitted to the Learning Disabilities Health Observatory, hosted by Public Health England, on 6 December 2013. In previous years, there has been a process of interrogation and validation of the LD SAF. However, there is no formal validation planned for the 2012/13 LD SAF. The Learning Disabilities Observatory has advised that an abridged version of the data will be

given to local area teams for quality assurance purposes. The full data and final reports are expected to be published in March 2014.

- 4.7 Officers have nevertheless set out as Appendix 2 an action plan to begin to address what are the key areas for improvement as a result of the SAF analysis. This will be amended following further discussion with key stakeholders and review of the Observatory's March report.
- 4.8 The widespread nature of the LD SAF, and what it is required to report on, cuts across all statutory and third sector provider services. Therefore 'ownership' of the return is often considered as an LD issue, though most of what is being examined is not within the LD 'portfolio'. It is a complex return for a client group that is low in number. Experience of co-ordinating data and evidence for the report itself, and implementing any actions arising from it is often low on the agenda of partners' competing priorities. The identification of a high profile LD 'Champion' would assist in managing a higher priority for this work in the future.

## **5. Key Findings**

- 5.1 This section sets out some of the key findings of the LD SAF which officers consider may be of specific interest to the Board. The return format itself is lengthy and is contained within a web based electronic submission thus making it inaccessible and not reader friendly enough to attach to this report.

On a general note, data integrity for the LD SAF return remains an issue as it has in previous years. The SAF requests both health and social care data in a way that is not generally collected for this client group. Also, while there are some specific registers which do note people's LD 'diagnostic', those registers are not 'cross referable'. Whilst some data could be extracted from the health Quality Outcome Framework (QOF), several indicator sets for health conditions could not. A manual count of known cases was undertaken wherever possible to provide a valid submission figure. This is not a Lewisham specific issue. However, data aside, there is much positive activity relating to supporting people with a learning disability in the borough.

### **Data**

#### **5.2 Demographics**

5.2.1 534 children aged 0-17 have a learning disability in Lewisham.

5.2.2 859 adults aged 18 and over are known to have a learning disability in Lewisham.

#### **5.3 Healthcare Data**

- 5.3.1 Many people with learning disabilities also have other health needs. For example, 28.5% of people in Lewisham known to the CCG have a BMI (body mass index) recorded in the obese range. Over 10% of people with LD have asthma, and over 10% are known to have diabetes.
- 5.3.2 General health screening has been improved through the use of Health Action Plans: almost 50% of people with LD have a plan. However only 31% received a GP Annual Health Checks (validated by the DES) in 2012/13 [this percentage is higher than that reported in the LD SAF following updated NHSE data January 2014].
- 5.3.3 With regard to specialist cancer screening, a figure could only be obtained for cervical screening. This figure demonstrates that less than 27% of 'eligible' women with a learning disability attended cervical screening. A 'special needs' mammography service is available at Kings College Hospital and many Lewisham women with a learning disability benefit. However, the actual breast screening numbers for this client group could not be identified. Bowel cancer screening figures for LD could not be captured. Some of this under recording of activity is reflected by an inconsistent 'flagging' of learning disabled people on GP and hospital systems. This should improve in 2014.
- 5.3.4 Acute and Specialist Care figures were reported from Lewisham and Greenwich NHS Trust and from Kings College Hospital NHS Foundation Trust. Taking into consideration the inconsistent 'flagging' of patients who have a learning disability, it is difficult to ensure robust figures for total numbers of attendances. However, a manual count of attendances by the Safeguarding Leads using the hospital database has indicated that 5 people with learning disabilities attended A&E more than three times between April 2012 and March 2013.
- 5.3.5 With regard to Winterbourne View in-patient related data seven people were admitted once or more to both mental health and learning disability care between in 2012/13. Of those in both mental health and learning disability in patient beds on 31<sup>st</sup> March 2013, four people had been continuously in a placement for more than two years. The care of each person continues to be reviewed in line with the Winterbourne protocol.
- 5.4 Inclusion/ where I live and accommodation Data
- 5.4.1 The data for this section is equivalent to that recorded by the NHS Information Centre NASCIS Online analytic processor service based on Adult Social Care Combined Activity Returns.
- 5.4.2 Lewisham has strong indicators demonstrating progress towards independent living for people with learning disabilities. Over 10% of adults in receipt of social care services are in paid employment, which is higher than the England and comparator borough average, and 80%

of people live in settled accommodation, a definition which excludes registered residential or nursing care.

## 5.5 Service Quality Data

The LD SAF reports that there is consistent recording relating to the management of safeguarding concerns 'internally' and across all partners and provider services. Of all adult safeguarding concerns raised and investigated in 2012/13, 36% were escalated for further investigation. Over 75% of front-line support and clinical staff have accessed training in Deprivation of Liberty Safeguards and Mental Capacity Act.

## 5.6 Transition

Of the total school age population of 42,164 pupils, 269 children with a learning disability receive additional assistance in school because of Special Educational Needs, combined with a further descriptor of moderate, severe, or profound learning disability. Many of these children, particularly those with higher needs, will continue to require additional care into their adult lives. Therefore effective 'transition' planning through good quality integrated Education, Health and Care Plans, is key to supporting this group as adults.

## **Self-assessment Measures**

5.7 Appendix 1 of this report sets out the RAG (Red Amber Green) ratings at a glance for the full set of self-assessment measures. Detail is outlined in the paragraphs below.

### **5.8 Section A - Staying Healthy**

5.8.1 Section A examined how well primary care, community care, acute clinical settings and also criminal justice settings are meeting the needs of people with learning disabilities. In order to score highly, universal services needed to demonstrate consistent examples of reasonable adjustments and active analysis of information contributing to service planning.

5.8.2 Five of the nine measures relating to health were self-assessed as red due to either a lack of available information, issues with multiple recording systems that could not produce the required data or a range of aspects within a single measure that could not all be demonstrated according to the strict assessment criteria.

5.8.3 Without full availability of screening data for people with learning disabilities it is not possible to tell whether they are proportionally underrepresented compared with the full eligible population. However the lack of complete data obscures the whole story and there are many instances of good practice to be evidenced, for example the

establishment of an LD hospital liaison nurse at Lewisham Hospital, health promotion and disease prevention through Health Action Plans and service user involvement through the Good Health Group.

#### 5.8.4 One illustrative story highlighting good collaborative working:

'Ms T' is on a palliative care pathway and has an LD specific syndrome that causes swallowing difficulties. She is prescribed a wide range of medications on a daily basis, therefore it is essential that swallow safety is effectively balanced with the need for these medications. Close collaboration between the Community Pharmacy Team, LD Speech and Language Therapy (SaLT) and Ms T's GP has been central to ensuring that her medication has been taken in the safest possible way for her. SaLT have further collaborated with the Lewisham Community pharmacy team to ensure that, for people with identified swallow risks, medications generally are given in the safest available form, and in a medium that does not affect the medication's efficacy. This has led to an adjustment in pharmacy procedure and contributed to overall service improvement.

### 5.9 Section B – Being Safe

5.9.1 Section B considered how effectively all health and social care commissioners oversee care review, contract compliance, equalities, safeguarding and complaints. In order to score highly, comprehensive coverage and continuous improvement needed to be evidenced.

5.9.2 Six of the nine measures in this section were self-assessed as green. Three were rated as amber where the information available could not evidence the exact outcomes as set out in the guidance. A consistent area of good practice is the ways in which service providers involve individuals with learning disabilities and their families in the recruitment of staff, improving service planning and the quality of delivery. Of particular note is the extent to which contract compliance is regularly monitored, and evidence of safeguarding as a priority across all agencies.

5.9.3 One illustrative story highlighting the involvement of people with a learning disability:

The 'All Star Trainers' is a group of 13 trainers all of whom have a learning disability. They deliver training to social care staff in Lewisham (e.g. courses on Epilepsy, Diabetes Awareness, Mental Capacity, Person Centred Awareness and Supporting Independence). They also deliver sessions to students on the Nursing and Social Work degree courses at Southbank University, again on a wide range of topic areas relating to good working practices across health and social care.

### 5.10 Section C – Living Well

5.10.1 Section C focussed on community engagement across a number of different areas, the majority of which relate to universal service provision. It also covered specialist areas of transitions for young people, involvement in service planning and carers support. In order to score highly, evidence was required of the ways in which people with learning disabilities engage locally in the public sphere and how they and their carers are consulted around improvements.

5.10.2 Seven of the nine measures were self-assessed as green. Three were assessed as amber where not all details of the measure could be met. Arts, sports, transport and amenities were included, demonstrating how they enable access for people with learning disabilities as full citizens of the borough. Community inclusion, citizenship and access to employment all demonstrate how Lewisham is working to reduce social isolation and how people engage with their community through both learning disability specific groups and also universal services.

5.10.3 One illustrative story highlighting citizenship and inclusion:

'Ms S' loves dancing. She used to attend classes in one of the day centres, but then support staff helped her to choose line dancing classes which were part of a programme of activities delivered by Leisure Services at local leisure centres. She loved them before, but she loves them even more now they are held at Glass Mill and everyone knows it. 'Ms S' will tell everyone, 'It's Wednesday, I go dancing!' Her support staff said that 'what is really nice is that the tutor helps her to get the moves right, and understands when she needs to sit down or remove herself from the group. The other participants also help her and it is nice to see this sense of community from the group.

## **6. Financial implications**

6.1 There are no specific financial implications arising from this report

## **7. Legal implications**

7.1 There are no specific legal implications arising from this report. However, the LD SAF offers a snapshot of the extent of integrated working between health and social care services to support people with a learning disability who are the responsibility of Lewisham which Health and Wellbeing Boards have a duty to encourage under Section 195 of the Health and Social care Act 2012.

## **8. Crime and Disorder Implications**

8.1 There are no specific crime and disorder implications arising from this report. However, the Health and Wellbeing Board's attention is drawn to the section 5.6.1 where it is reported that Section A – Staying Healthy also considers support for people with a learning disability in the criminal justice system. The LD SAF full report referenced the

renewed focus on offender health and the integrated working between multi-agency specialists, as part of the Liaison and Diversion service.

## **9. Equalities Implications**

- 9.1 The reality that people with a learning disability have inequitable access to health services has been well evidenced in many reports. In particular, the Government Ombudsman in '6 Lives' highlighted the extent to which health providers "failed to (also) live up to human rights principles, especially those of dignity and equality" (p8) and also highlighted a number of avoidable deaths relating to the poor quality of care received. 'Valuing People Now' (2009) highlighted the extent to which people with a learning disability still remained excluded from many of the rights of citizens in terms of their own home, choosing who they lived with, employment, accessing generic services and other areas that many citizens take for granted.
- 9.2 People with a learning disability are also at risk of double discrimination because of their learning disability specifically, but also language barriers related to ethnicity, challenging behaviour, poor communication and a general lack of expectation of achievement by those who care for them in any setting.
- 9.3 In addition to general disability measures, some specific measures need to be adopted to support access and integration such as double appointment times, accessible and easy read information. The LD SAF seeks to evaluate the extent to which such measures are generally adopted by local services to promote and support equality of inclusion. The LD SAF (measure B7) considered whether an EIA or EAA have been conducted for housing, care, and support strategies relating to the population as a whole and for people with learning disabilities. An EAA is not required specifically for this Self-Assessment.
- 9.4 All people with a learning disability have the protected characteristic of a disability defined as 'a person who has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities'. Lewisham has been able to evidence in the LD SAF the extent to which it has considered reasonable adjustments for its citizens with a learning disability in a wide range of generic mainstream services such as sports and leisure, arts and culture, transport and general amenities and also primary and secondary health services.

## **10. Environmental Implications**

- 10.1 There are no specific environmental implications arising from this report.

## **11. Conclusion**

- 11.1 Despite some of the issues that have arisen with data collection across multiple sites, the Joint Health and Social Care Self-Assessment Learning Disabilities Framework (LD SAF) serves as a reference point for the extent to which people with learning disabilities are able to benefit from services across health, social care and in the community as a whole.
- 11.2 In Lewisham it has highlighted good practice, both in specialist and universal services. These include safeguarding, employment and community inclusion across a number of areas. It has also highlighted aspects that require improvement. These include the consistent recording of Learning Disability status by healthcare professionals, an extension of Health Action Plans and Annual Health Checks to all and an improvement in the management of data relating the diagnosis and health conditions of people with learning disabilities for both adults and children.
- 11.3 The anticipated outcome is that data management will improve for subsequent annual LD SAF exercises and that Lewisham will continue to be able to evidence the ways in which the health and life chances of people with learning disabilities continue to improve. These outcomes would be strengthened by the identification of a Learning Disability Champion who would promote the work required to strengthen these key areas.

### **Background Documents**

**Full information about the background to Joint Health and Social Care Self Assessment (Public Health England) and guidance for all measures can be found at:**

<http://www.improvinghealthandlives.org.uk/projects/hscldsaf>

If there are any queries on this report please contact:

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**Appendix 1**

**Joint Health and Social Care Self Assessment Framework (LD SAF)**  
**Lewisham 2012/13 RAG rating summary**

<b>JHSCSAF SELF ASSESSMENT 2012/13</b>	<b>RATING</b>
<b>Section A – Staying Healthy</b>	
A1. LD QOF register in primary care	RED
A2. Screening (general health)	AMBER
A3. Annual Health Checks & Registers	RED
A4. Health Action Plans	RED
A5. Screening (cervical, breast, bowel)	RED
A6. Primary Care Communication of LD status to other healthcare providers	RED
A7. LD liaison function in acute setting	AMBER
A8. NHS commissioned primary and community care	AMBER
A9. Offender Health & Criminal Justice	AMBER
<b>Section B – Being Safe</b>	
B1. Regular Care Review	AMBER
B2. Contract Compliance Assurance	GREEN
B3. Monitor Compliance Framework for Foundation Trusts	AMBER
B4. Safeguarding of people with LD in all provided services & support	GREEN
B5. Training and Recruitment - Involvement	GREEN
B6. Staff recruitment (providers) based on compassion, dignity and respect	GREEN
B7. Local Authority Strategies (support, housing, care) have EIA addressing needs of people with LD	AMBER
B8. Providers change practice as a result of feedback from complaints	GREEN
B9. Mental Capacity Act & Deprivation of Liberty	GREEN
<b>Section C – Living Well</b>	
C1. Effective Joint Working	GREEN
C2. Local Amenities and Transport	GREEN
C3. Arts and Culture	GREEN
C4. Sports and Leisure	GREEN
C5. Supporting People with LD into and in employment	GREEN
C6. Effective Transitions for young people	AMBER
C7. Community Inclusion and Citizenship	GREEN
C8. LD & family carer involvement in service planning and decision making	AMBER
C9. Family carers	GREEN

**Appendix 2**

**Learning Disability Self Assessment 2012/13 Preliminary Action Plan**

Theme	Detail	Timescale	Lead	ref.
	<ul style="list-style-type: none"> <li>Identify LD Champion</li> </ul>	Sep 2014		
Transition	<ul style="list-style-type: none"> <li>Numbers with complex/profound learning disability 0-13/14-17</li> <li>Numbers with autism &amp; learning disability 0-13/14-17</li> <li>Numbers receiving additional assistance in school because of LD and Autistic Spectrum Disorder</li> </ul>	March 2014	CYP	2.1/2.2 3.1/3.2 58
Screening	<ul style="list-style-type: none"> <li>Number of eligible population with LD who had mammographic screening</li> <li>Number of eligible population with LD who had bowel screening</li> </ul>	June 2014  - for 2013/14 LD SAF	KCH - breast  GSTT -bowel	5.3/5.4 & A5  6.3/6.4 & A5
Wider Health	<ul style="list-style-type: none"> <li>Number of people with LD &amp; epilepsy</li> </ul>	March 2014	LGHT	14
Health Action Plans	<ul style="list-style-type: none"> <li>Increase number of people with Health Action Plan who live with family</li> </ul>	March 2014	LD Nursing	18.2
Acute	<ul style="list-style-type: none"> <li>Frequent A&amp;E attendees (Ensure people are identified and support plan put in place/ actions to address health needs)</li> </ul>	June 2014	LGHT/ Communi ty LD Team	24.1/24 .2
Health Registers	<ul style="list-style-type: none"> <li>LD/downs QOF register validation</li> <li>AHC register validation</li> </ul>	March 2014 (to identify lead)	CCG	A1/A3
	<ul style="list-style-type: none"> <li>Improve communication between LD Community Team and GP practices</li> </ul>		LD Nursing	A4
LD Status	<ul style="list-style-type: none"> <li>Primary care to flag LD status in referrals</li> <li>LD patients alerted to Safeguarding Lead in Lewisham Hospital</li> </ul>	--  Jan 2014 (in place)	CCG	A6
Care review	<ul style="list-style-type: none"> <li>Continue to ensure 90% of social care and health clients reviewed annually</li> </ul>	ongoing	ASC	B1
Carers	<ul style="list-style-type: none"> <li>Review number of registered LD carers</li> </ul>	Jan 2014	ASC & CYP	C9