

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health
To: Health & Wellbeing Board
Date: 20th November 2013

Subject: **Joint Health & Social Care Learning Disability Self-Assessment Framework (JHSCSAF)**
Classification: Unrestricted

1. Summary

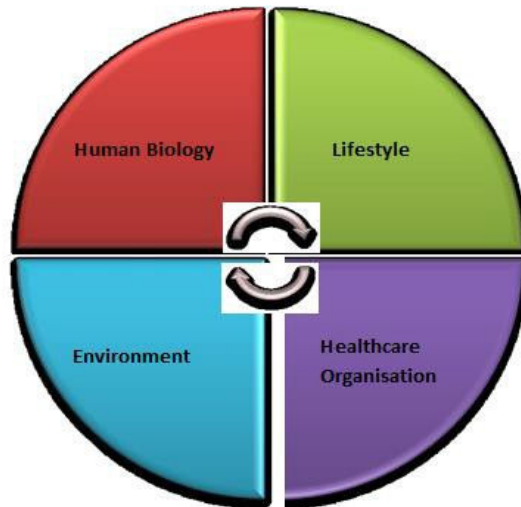
1. Kent Clinical Commissioning Groups and Local Authority have worked together on the Kent Joint Health & Social Care Learning Disability Self-Assessment Framework. The presentation for the Health & Wellbeing Board will give a position statement of the Kent JHSCSAF and asks the Health & Wellbeing Board firstly to hold Clinical Commissioning Groups, Local Authorities and the Kent Learning Disability Partnership Board accountable for completing and publishing the JHSCSAF, then to ensure the results are incorporated into Kent's Joint Strategic Needs Assessment and the Health & Wellbeing Strategy for Kent.

2. Introduction

1. The Joint Health and Social Care Learning Disability Self - Assessment Framework is a single delivery and monitoring tool that supports Clinical Commissioning Groups (CCGs), and Local Authorities (LAs), to assure NHS England, Department of Health and the Association of Directors of Adult Social Services on the following:
 - *Key priorities in the:*
 - Winterbourne View Final Report Annex B (WBV)
 - Adult Social Care Outcomes Framework 2013-14 (ASCOF)
 - Public Health Outcomes Framework 2013-2016 (PHOF)
 - National Health Service Outcomes Framework 2013-14 (NHSOF)
 - Health Equalities Framework
 - *Key levers for the improvement of health & social care services for people with learning disabilities;*
 - Equality Delivery System
 - Safeguarding Adults at Risk requirements
 - Health & Wellbeing Boards
 - Consultation and co-production with people with learning disability and family carers
 - Progress Report on Six Lives and the provision of public services for people with learning disabilities

A. Rationale

1. The Joint Health and Social Care Learning Disability Self - Assessment Framework (JHSCSAF) and subsequent improvement plans will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship, helping commissioners and local people assess how well people with a learning disability are supported to STAY HEALTHY, BE SAFE and LIVE WELL.



2. A simple public health model (Lalonde's health field 1994) highlights that people with learning disabilities are disadvantaged in all four domains and experiencing poorer health than the non-disabled population, because of:
 - Greater risk of exposure to social determinants of poorer health such as poverty, poor housing, unemployment and social disconnectedness.
 - Increased risk of health problems associated with specific genetic, biological and environmental causes of learning disabilities.
 - Communication difficulties and reduced health literacy.
 - Personal health risks and behaviours such as poor diet and lack of exercise.
 - Deficiencies relating to access to healthcare provision.

3. **People with learning disabilities are 58 times more likely to die before the age of 50 than the general population (Hollins et al 1999)**

There are numerous reports on the Improving Health and Lives (IHaL) website about the health and wellbeing of people with learning disabilities. IHaL: <http://www.improvinghealthandlives.org.uk/publications/year/2011>.

Kent's Needs Assessment 2013 – life expectancy is increasing for People with a learning disability however mortality rates remain the same and are three times higher than the general population for people with severe learning disabilities.

Life Expectancy (2002 figures):

74 years	people with a mild learning disability
67 years	people with a moderate learning disability
58 years	people with a severe learning disability

The median life expectancy for people across all learning disabilities in Kent is slightly below England's average.

B. National Enablers

1. There are a number of national enablers in place to improve the health & social care of people with learning disabilities and whenever possible the self-assessment framework is aligned with these:

- Safeguarding and Equality Delivery System
 - Monitor Compliance Framework: Foundation Trust Pipeline
 - Data from the Public Health Observatory
 - Direct Enhances Service for Annual Health Checks
 - Quality Outcomes Framework (QOF) register for Learning Disabilities
 - QOF register for Down Syndrome
 - Care Quality Commission (CQC) inspection of assessment and treatment units
 - CQC Essential Standards for Care
 - Winterbourne View Final Report Annex B (WBV)
 - Adult Social Care Outcomes Framework 2013-14 (ASCOF)
 - Public Health Outcomes Framework 2013-2016 (PHOF)
 - National Health Service Outcomes Framework 2013-14 (NHSOF)



- Statutory Adult Safeguarding Boards- Law Commission outlined legislative framework
- 'No Secrets' remains policy driver: Making Safeguarding everybody's business
- Quality Governance Framework including QIPP and CQUIN
- Six Lives – Progress report on Healthcare for People with learning disabilities
- Confidential Inquiry into Premature Deaths of People with Learning Disabilities (CIPOLD)

2. The benchmark also assesses the underlying Legislative Framework and tests how this works for people with learning disabilities:

- Mental Capacity Act including Deprivation of Liberty 2007
- Vulnerable People's Act 2006
- Equality Act 2010
- Human Rights Act 1998
- Autism Act 2009
- Health and Social Care Act 2012
- Carers Services and Recognitions Act 1995



C. The process in more detail



Nominated Leads Identified

1. *Nominated Leads*

A lead should be identified in both the Clinical Commissioning Group(s) and the Local Authority(s). Your leads will have a good knowledge of the mainstream health & social care agendas, and have sufficient seniority to influence their provider and commissioner partners. The nominated leads are not expected to have all the answers but they have a crucial role in coordinating the responses.

Kent nominated leads are:

Penny Southern, Director of Learning Disability and Mental Health, KCC
Sue Gratton, Associate Partner, KMCS (on behalf of the Kent CCGs)

2. *Getting Ready Meetings*

These are crucial so everybody has a clear understanding of their role and provide information and evidence for Big Health & Wellbeing Check Up Day. Ideally, you should use existing meetings and networks and link into these. They will enable people with learning disabilities and family carers to have time together to think through some of the targets and objectives. They should be coordinated by the nominated leads. It would be useful to get a good written record of what people have said. People should bring that with them to the Big Health & Well-Being Check Up Day, and it should also be handed in so that it can be used in the feedback report. The JHSCSAF this year wants to hear positive and negative real life stories of experience that explain why a locality thinks particular areas are strong or need improvement. The ultimate quality assurance is the experience people with learning disability and family carers have. The different targets often involve very different people, so it may be useful to hold 'target specific' meetings.

Kent's meetings & dates:

Kent Learning Disability Partnership Board – **2013**: 25th January, 24th April, 30th July, and 15th October – **2014**: 21st January
Good Health Group – **2013**: 15th January, 29th April, 21st May, 16th July, 17th September, and 19th November

3. *Big Health & Wellbeing Check Up Days*

The aim of this day is to discuss and vote on the targets in the JHSCSAF and identify actions to progress. This step is key in fulfilling the vision laid out in the White Paper '*Local Democratic Legitimacy in Health*'

Kent:

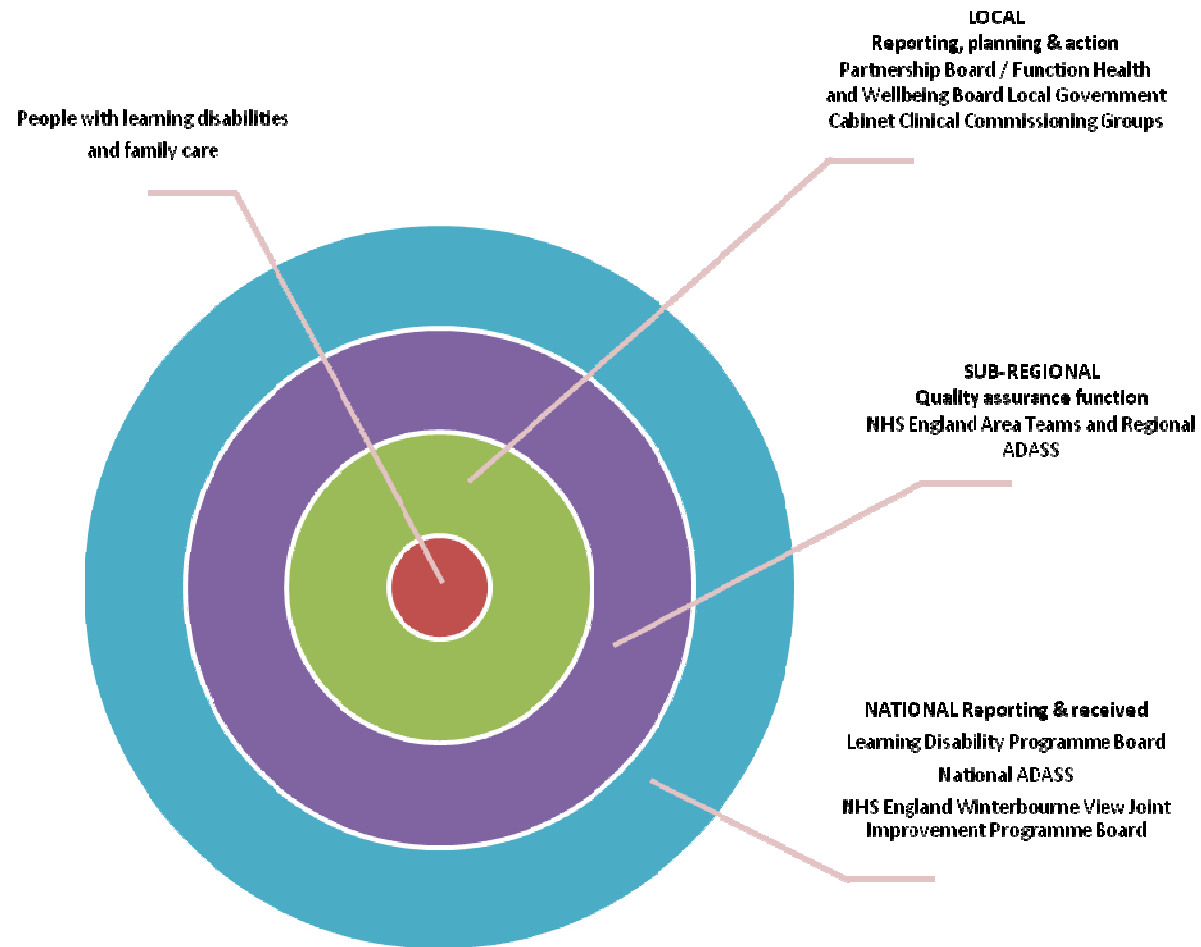
Kent Big Health Check Day – 19th November 2013



Big Health & Wellbeing Check Up Day

4. Governance

1. This year there is a huge change in the health and local authority structures nationally. Here is how quality assurance will be undertaken.



5. Collecting evidence and submission

1. The process followed should now enable the health & social care leads to complete the JHSCSAF with qualitative and quantitative information. The leads will benchmark their local progress against the national framework. This is then submitted online and received by the Area Team lead and the regional ADASS lead for learning disabilities.

6. Submission

1. **Quality Assurance** - Clinical Commissioning Group(s) and the local authority(s) will work together on the JHSCSAF. The results of their work will be published by IHaL.

NHS England Area Teams and regional ADASS leads will receive the completed JHSCSAF from each local area for whom they have responsibility. As part of the assurance process they will want to consider the approach to be taken locally to:

- Seek views from people with learning disability, family carers and the 3rd sector
- identifying areas of best practice and areas of concern where a deep dive or sector led improvement may need to be undertaken
- Provide joint feedback to local areas including people with learning disability and family carers

D. Timeframe

<u>Date</u>	<u>Action</u>
Early August 2013	National launch + SAF information on IHaL website and data entry tool available
August – 30 November 2013	Evidence gathering and submission of IHaL website until closure date
December 2013	Planning for agenda of the Health & Wellbeing Board before March 2014 Begin quality assurance process at the level of NHS England Area teams and Local Authorities
January – March 2014	Quality assurance process begins Area Teams and regional ADASS will receive local JHSC SAF reports Action plans to be submitted for publication on website by end of March Submission of processed information for use in commissioning intentions 2014 / 2015 Local reporting to Health & Wellbeing Boards (June 2014) Centralised analysis by IHaL of local JHSC SAF returns
March / April 2014	Presentation to Ministerial Learning Disability Programme Board

E. Conclusion

Over the past 3 months the CCGs, KMCS, Public Health, Kent District Partnership Board, Integrated Teams, District Partnership Group & User Carer Forums and KCC Performance Teams have been collecting data for Kent's Joint Health and Social Care Learning Disability Self-Assessment Framework.

The presentation sets out the key highlights for Kent and asks the Health & Wellbeing Board to support and agree submission to the IHaL website which will allow the Public Health Observatory (Improving Health and Lives) to analyse Kent against the nationally agreed benchmark and will enable Kent to assess their progress.

F. Recommendations

- For the Health & Wellbeing Board to note the content of the report
- To support and agree Kent's Joint Health and Social Care Learning Disability Self- Assessment Framework for submission and publication
- To agree that the outcomes will be part of the Joint Strategic Needs Assessment and Health & Wellbeing Strategy for Kent
- To return to the Health & Wellbeing Board in 2014 to share the results and monitor progress against the Kent Implementation Plan

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