To: Kent Health and Wellbeing Board

By: Graham Gibbens, Cabinet Member for Adult Social Care and Public Health

Date: 19 November 2014

Subject: An Update on the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) for 2013/14 including a national comparison and progress to date. This includes the Kent Action Plan for the local implementation of Winterbourne View Joint Improvement Programme

Classification: Unrestricted

Summary:
At the meeting of the Kent Health and Wellbeing Board on 20th November 2013 the Board agreed to support the submission and publication of the 2013 Kent Joint Health and Social Care Self-Assessment Framework (JHSCSAF). This paper provides a position statement on progress made on delivering the outcomes in the Joint Health and Social Care Self-Assessment Framework for 2013/14; progress made to date; a comparison of national results and a process for sign off for the 2014/15 Joint Health and Social Care Self-Assessment Framework.

This includes an update on the Kent Action Plan for the local implementation of Winterbourne View Joint Improvement Programme.

1 Introduction

The Joint Health and Social Care Self-Assessment Framework is a single delivery and monitoring tool that supports Clinical Commissioning Groups (CCGs), and Local Authorities (LAs), to assure NHS England, the 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 2013-16 (PHOF)

    - National Health Service Outcomes Framework 2013-14(NHSOF)

- *Key levers for the improvement of health and 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.

The Joint Health and Social Care Self-Assessment Framework ensures a targeted approach to improving health equalities and achieving equal and fulfilling citizenship, helping commissioners and local people assess how well people with a learning disability are supported to STAY HEALTHY, KEEPING SAFE and LIVING WELL.

2. Uses of the framework

The findings from the JHSCSAF are used both locally and nationally.

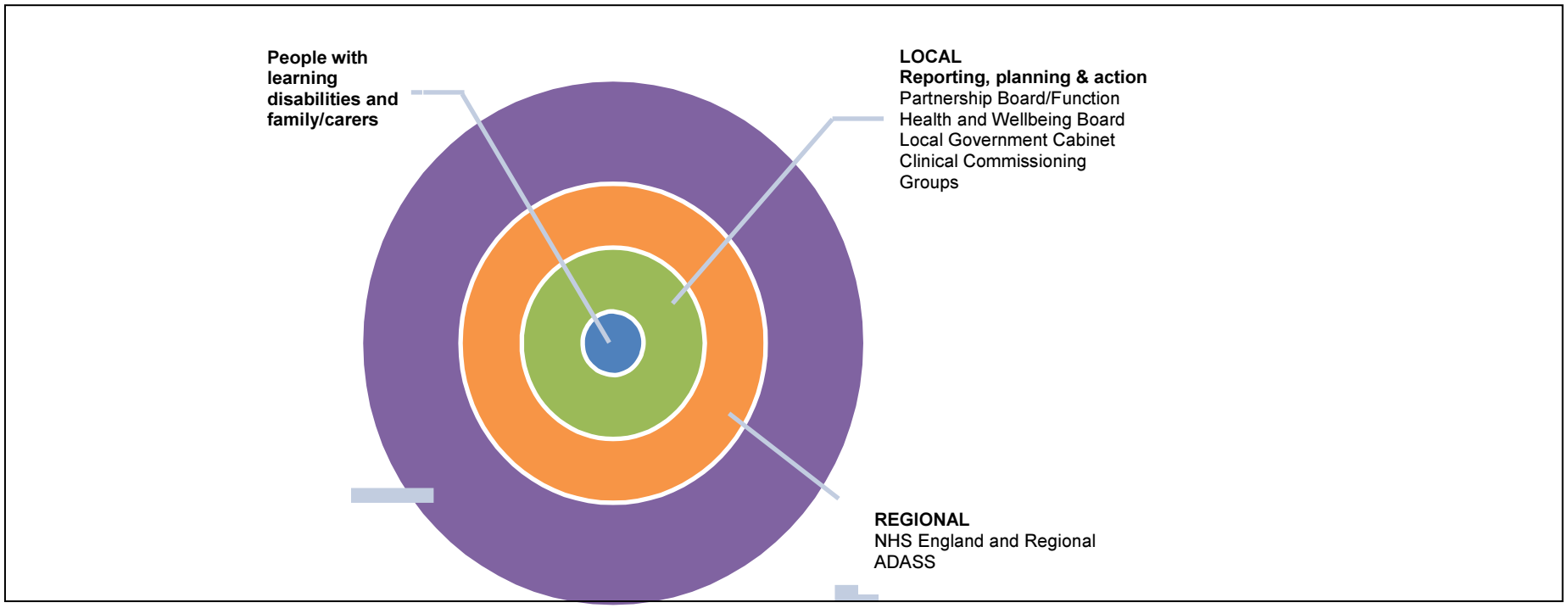
Nationally, it is issued to report publicly and to Ministers on the progress in providing services in every part of the country to meet the aspirations of *Healthcare for All* and of *Transforming care: A National Response to Winterbourne View*. Locally, it is used to inform:

- Joint Strategic Needs Assessments
- Health and Wellbeing Strategies
- Commissioning intentions/strategy
- Winterbourne View Kent Local Action Plan
- Learning Disability Partnership Board work programmes

The organisational arrangements of the JHSCSAF retain at their heart the principles of engaging with people with a learning disability, their families and carers, and of strengthening their voice. The governance arrangements set out below are designed to support this.

3. Governance structure

The governance structure is designed to facilitate local, regional and national arrangements for reporting, planning and action. The Local Authorities and Clinical Commissioning Groups, through their Health and Wellbeing Boards, provide the local leadership. The geographical arrangements for the JHSCSAF are based on Local Authority/ Health and Wellbeing Board Boundaries.



4. National Comparison

The Kent submission was sent to NHS England and ADASS in January 2014. Feedback was made available about how well we did in comparison to the 154 other submissions in June.

Majority Rating Highlighted Yellow

Measure	Total Responses	GREEN	%	AMBER	%	RED	%	KENT Rating	(For Printing purposes)	Below National Average?
A1	148	52	35.14%	78	52.70%	18	12.16%		AMBER	NO
A2	148	41	27.70%	72	48.65%	35	23.65%		RED	YES
A3	149	14	9.40%	100	67.11%	35	23.49%		AMBER	NO
A4	144	24	16.67%	54	37.50%	66	45.83%			
A5	148	36	24.32%	76	51.35%	36	24.32%		RED	YES
A6	146	32	21.92%	71	48.63%	43	29.45%		AMBER	NO
A7	148	86	58.11%	56	37.84%	6	4.05%		AMBER	YES
A8	147	16	10.88%	122	82.99%	9	6.12%		AMBER	NO
A9	146	20	13.70%	89	60.96%	37	25.34%		AMBER	NO
B1	150	30	20.00%	59	39.33%	61	40.67%		AMBER	NO
B2	150	45	30.00%	69	46.00%	36	24.00%		RED	YES
B3	140	56	40.00%	77	55.00%	7	5.00%		AMBER	NO
B4	150	73	48.67%	76	50.67%	1	0.67%		AMBER	NO
B5	151	23	15.23%	103	68.21%	25	16.56%		AMBER	NO
B6	150	52	34.67%	94	62.67%	4	2.67%		AMBER	NO
B7	150	64	42.67%	72	48.00%	14	9.33%		GREEN	NO
B8	150	65	43.33%	81	54.00%	4	2.67%		GREEN	NO
B9	149	61	40.94%	83	55.70%	5	3.36%		AMBER	NO
C1	149	89	59.73%	59	39.60%	1	0.67%		GREEN	NO
C2	147	51	34.69%	94	63.95%	2	1.36%		AMBER	NO
C3	148	81	54.73%	67	45.27%	0	0.00%		AMBER	YES
C4	147	89	60.54%	58	39.46%	0	0.00%		GREEN	NO
C5	150	54	36.00%	82	54.67%	14	9.33%		GREEN	NO
C6	149	39	26.17%	89	59.73%	21	14.09%		AMBER	NO
C7	148	39	26.35%	98	66.22%	11	7.43%		GREEN	NO
C8	148	51	34.46%	97	65.54%	0	0.00%		AMBER	NO
C9	147	60	40.82%	82	55.78%	5	3.40%		AMBER	NO
Total	3997	1343	33.60%	2158	53.99%	496	12.41%	Overall	AMBER	NO

Note: A full description of all the indicators is provided in the appendix
All measures in **section A** (A1-A9) are **Staying Healthy**
Measures in **section B** (B1-B) are **Keeping Safe**
Measures in **section C** (C1-C9) are **Living Well**

5 What we are doing to improve outcomes

5.1 Staying Healthy (Section A of the JHSCSAF)

Public Health, South East Commissioning Support Unit, the local team of NHS England KCC and Public Health England are working together to identify issues relating to low uptake of Learning Disability health checks and of national screening programmes with the aim of increasing uptake. To date, the following actions have been identified and pursued: sharing information between organisations in order to ensure that people with a learning disability are identified; developing training for GPs to ensure that they understand the barriers for people with learning disabilities to use LD health checks and that the GP is provided with tools to overcome this; developing an audit of screening practice in GP surgeries for people with learning disabilities with colleagues from Public Health England.

The Needs Assessment has been refreshed this year and has identified where we need to address gaps in health improvement services. As a result a number of projects have been developed to undertake health improvement initiatives. The aim of this work is to develop population level systemic interventions to reduce health inequalities.

5.2 Keeping Safe (Section B of the JHSCSAF)

Commissioners are undertaking a schedule of introductory visits and full monitoring reviews for all commissioned services to ensure that all providers are complying with the terms of their contracts. Depending on the size and type of service, this will involve: in person introductory visits for new service providers at the service; in person full monitoring reviews at the service; a virtual review in terms of a self-assessment for the service. These will be carried out on an annual basis.

A Red, Amber Green (RAG) rating tool has been produced to include a quality assessment of learning disability residential services and if the service meets future requirements. The RAG rating of all learning disability residential services has been carried out with the outcome informing both the Accommodation Strategy and the reshaping of the residential market through the Transformation Programme.

KCC commissioned the Institute of Public Care (IPC) to lead on the development of a Quality in Care (QiC) framework. The framework will:

- Develop a shared vision of Quality in Care across its partner organisations.
- Develop an overarching QiC framework outlining the principles to which the partner organisations adhere; Roles and responsibilities of the partner organisations in contributing to the QiC framework. High level reporting mechanisms and a

series of overarching Key Performance Indicators by which partners can monitor services over time.

Community Learning Disability Teams and health partners will pilot the new framework and testing of the model, including defining roles and responsibilities within health and social care teams and providers of commissioned services.

5.2.1 The case for change

We are looking at how we commission Health & Social Care Services for people with a Learning Disability with an aim of an integrated approach to commissioning with all partners. This includes looking at different models to deliver integrated commissioning. A report is going to the Clinical Commissioning Groups in December 2014 to decide what model is best for the future.

The outcomes of this work will ensure that we jointly commission Health & Social Care services for people with learning disabilities that are a good quality and value for money. This will be monitored through a performance framework which will report regularly to the Learning Disability Management Team.

5.2.2 The Kent Action Plan for Winterbourne View

A total of 77 clients, placed in a range of secure and non-secure hospitals, have been assessed to see if they can move into the community. The results of the assessments were that:

- 41 clients were appropriately placed in hospital
- 36 clients need to move into the community

Of the 36 clients that need to move into the community

- 12 clients have moved into the community
- 12 clients have plans in place to move by the end of the year
- 8 clients are waiting for the right placement to be found
- 4 clients need forensic outreach support to move but this is not currently ava

In order to provide greater capacity to support clients who need to move into the community and to prevent people having to be admitted to hospital, Kent and Medway Partnership Trust (KMPT) and Kent Community Health Trust (KCHT) will have new staff to

work in a new enhanced community care pathway from January 2015. However, further support is needed for forensic clients in the community before they can be discharged. We have told NHS England that there is not enough forensic outreach support for people who urgently need it.

5.3 Living Well (Section C of the JHSCSAF)

The Kent Valuing People Partnership have developed an audit plan for arts and culture accessibility which they will start to work on in 2015. The anticipated outcomes of this work include: sharing findings of the audit with venues to provide them with information and best practice examples; promote the museums and galleries who make provision for people with a learning disability; promote the showing of autism friendly films in cinemas.

The Good Day Programme supports people in all parts of Kent to find local services and activities that suit their needs. During its life, the programme has increased the range of opportunities available in various locations but one particular example is Folkestone Sports Centre.

6. How we are monitoring what we are doing

All the work on the Joint Health and Social Care Self-Assessment Framework is being monitored by the Kent Learning Disability Partnership Board. Each of the three areas of the JHSCSAF are monitored separately: the Good Health Group monitors Section A (Staying Healthy), the Winterbourne Steering Group and the Safegaurding Divisional Management Team monitor Section B(Keeping Safe) and the District Partnership Groups monitor Section C (Living Well). The Kent Learning Disability Partnership Board looks at progress across the whole document.

7. Timeframe for submitting the 2014/15 JHSCSAF

Association of Directors of Adult Social Services (ADASS) and NHS England confirmed in September that the Joint Health and Social Care Self-Assessment Framework will continue for the coming year. The following timescale and activity have been published and highlight the activity for the year ahead for the 2014/15 JHSCSAF.

Date	Action
End January 2015	Local Authorities and CCG Leads to complete initial submission of 2014/15 JHSCSAF. This must be approved by the Learning Disability Partnership Board and signed off by the Health and Wellbeing Board
February 2015	Regional improvement work. NHS England and ADASS leads for regional work. Leading to regional action plans/sector led improvement
End March 2015	Presentation to Health and Wellbeing Boards – leading to a local action plan.
End March 2015	Review questions and launch 2014/15 JHSCSAF

7 Recommendations

1. To comment on the 2013/14 national comparison Action Plan including the progress made in the red indicators of the RAG rating.
2. To comment on the way in which Kent is approaching the 2014/15 JHSCSAF.
3. To comment on the Kent Action Plan for Winterbourne View.
4. To agree the process for sign-off of the Joint Health and Social Care Self-Assessment Framework 2014 so that Kent's Joint Health and Social Care Self-Assessment Framework is submitted in January 2015.

Penny Southern
Director of Learning Disability and Mental Health
Families and Social Care
Kent County Council
0300 333 6161 penny.southern@kent.gov.uk

Sue Gratton
Associate Partner – South East Commissioning Support Unit
07766 902 479
suegratton@nhs.net

Appendix

Joint Health & Social Care Self-Assessment Framework

Explanation of measures & red, amber, green (RAG) ratings

Staying Healthy: A1-A9

Measure	Guidance Notes
A1 **Current Rating:** **Amber**	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. **Red**: The numbers of people on Learning Disability (LD) and Downs Syndrome Registers reflect the requirements outlined in QOF **Amber**: Learning Disability and Down Syndrome Registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity) **Green**: Learning Disability and Down Syndrome Registers reflect prevalence data. Data stratified in every required data set (e.g. age / complexity / Autism diagnosis / BME etc.)
A2 **Current Rating:** **Red**	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 & 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. **Red:** 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 **Amber:** Comparative data in some of the health areas listed in the descriptor at LOCAL AREA TEAM/CLINICAL COMMISSIONING GROUP level **Green:** Comparative data in all of the health areas listed in the descriptor at each of the following levels; LOCAL AREA TEAM CLINICAL COMMISSIONING GROUP,INDIVIDUAL GP PRACTICE

A3 **Current Rating:** **Amber**	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. **Red:** Registers not validated since set up. 25% of people with learning disability on the GP DES Register had an annual health check. **Amber**: Registers Validated within past 12 months. 50% of people with learning disability GP DES Register had an annual health check. **Green**: Validated on a minimum of an annual basis and process in place for all people aged 18 or over to be put on register.80% of people with learning disability GP DES Register had an annual health check.
A4 **Current Rating:** **Nil return**	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 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. **Red:** No evidence that the Annual Health Check and Health Action Plans are integrated. **Amber:** GP Annual health check data indicates that a Health Action plan has been completed, directly as a result of an AHC, in the current year for 70% of patients. **Green:** GP Health Action Plan (HAP) contains specific health improvement targets identified during the AHC for 50% of patients (to be captured through AHC template
A5 **Current Rating:** **Red**	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 & 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. **Red:** Unable to produce data for people with a learning disabilities in each and every screening group a, b & c. **Amber:** Numbers of completed health screening for eligible people who have a learning disability; AND Some comparative data but

	not for every screening group requested. **Green:** Numbers of completed health screening for eligible people who have a learning disability in every screening group; AND comparative data of screening rates in the non LD population for every screening group; AND Scrutinised exception reporting and evidence of reasonably adjusted services
A6 **Current Rating:** **Amber**	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 and inappropriate repeat attendances. **Red:** There is no LOCAL AREA TEAM/CLINICAL COMMISSIONING GROUP wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals **Amber:** There is evidence of a LOCAL AREA TEAM/CLINICAL COMMISSIONING GROUP wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual's capacity and consent are inherent to the system employed **Green**: Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based upon the ld identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed
A7 **Current Rating:** **Amber**	In Healthcare for All (recommendation 10) the value of advocacy, including learning disability liaison is clearly described, as well as a clear call for Trust Boards to publicly report that they have effective systems to deliver reasonably adjusted health services. Many Trusts have appointed learning disability liaison nurses though there is more than one way in which the learning disability liaison function can be delivered. This indicator seeks to explore the full extent of the learning disability liaison function in acute settings within the localities in England. Of particular importance is whether providers and commissioners are gathering and using HES data to inform decisions on where the greatest need for an LD function may be given trends and evidenced need. **Red:** No designated learning disability liaison function or equivalent process in place in one or more acute provider trusts per site **Amber**: Designated learning disability liaison function or equivalent process in place and details of the provider sites covered has been submitted. Providers are not yet using known activity data to effectively employ LD liaison function against demand. **Green:** Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in the provider sites and there is broader assurance through executive board leadership and formal reporting / monitoring routes

A8 **Current Rating:** **Amber**	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. **Red:** People with learning disability accessing/using these services are not flagged or identified. There are no examples of reasonable adjusted care **Amber:** Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements. **Green:** All people with learning disability accessing/using service are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement
A9 **Current Rating:** **Amber**	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: what is available including prevention, development required and ensuring health services are accessible. **Red:** There is no systematic collection of data about the numbers of people with LD in the criminal justice system. There is no systematic learning disability awareness training for staff within the criminal justice system. The local offender health team does not yet have informed representation of the views and needs of people with learning disability **Amber**: An assessment process has been agreed to identify people with LD in all offender health services 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 AND There is easy read accessible information provided by the criminal justice system. **Green**: Local Commissioners have good data about the numbers /prevalence of people with a learning disability in the CJS. Local commissioners have are working with regional, specialist prison health commissioners. 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.

Section B: Keeping Safe

Measure	Guidance Notes
B1 **Current Rating:** **Amber**	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. **Red**: Less than 90% of all care packages including personal budgets reviewed at least annually **Amber**: Evidence of at least 90% of all care packages including personal budgets reviewed at least annually **Green:** Evidence of 100% of all care packages including personal budgets reviewed at least annually
B2 **Current Rating:** **Red**	This measure asks localities to demonstrate how thorough their contracting processes are. This is important as contract monitoring is one of the first methods of scrutiny and assurance. **Red:** Less than 90% of health and social care commissioned services for people with learning disability have: had full scheduled annual contract and service reviews; demonstrate a diverse range of indicators and outcomes supporting quality assurance **Amber:** Evidence of at least 90% of health and social care commissioned services for people with learning disability have: had full scheduled annual contract and service reviews; demonstrate a diverse range of indicators and outcomes supporting quality assurance. Evidence that the number regularly reviewed is reported at executive board level in both health & social care. **Green:** Evidence of 100% of health and social care commissioned services for people with learning disability have: had full scheduled annual contract and service reviews; demonstrate a diverse range of indicators and outcomes supporting quality assurance. Evidence that the number regularly reviewed is reported at executive board level in both health & social care
B3 **Current Rating:** **Amber**	Following the publication of Healthcare for All in 2008 (Sir Jonathan Michael) the CQC developed a number of essential standards for healthcare providers to meet in order to assure a minimum standard of care, to be offered to people with learning disability. Subsequently MONITOR (the independent regulator of Foundation Trusts) adopted the same standards into their compliance framework. As these are minimal quality standards it would be expected that all FTs should be meeting these. This indicator not only seeks confirmation that this is the case but expects commissioners to demonstrate the evidence gathered from providers to confirm this and the evidence that where trusts strive to achieve foundation status, commissioners support the attainment of monitor standards. **Red:** Commissioners do not assure themselves of the ongoing compliance, via monitor returns and EDS, for each foundation trust

	OR For non-foundation trusts, commissioners are not aware of the trusts position in working towards monitor & EDS standards and foundation trust status **Amber:** Commissioners review monitor & EDS returns of foundation trust providers. Evidence that commissioners are aware of and working with non- foundation trusts in their progress towards monitor level & EDS compliance. **Green**: Commissioners review monitor returns and & EDS review actual evidence used by Foundation Trusts in agreeing ratings. Evidence that commissioners are aware of and working with non- foundation trusts in their progress towards monitor level & EDS compliance.
B4 **Current Rating:** **Amber**	Governance, safety, quality and monitoring. Learning from Winterbourne View Review and good commissioning practice have 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. **Red:** No Board Assurance and Learning points not identified. Action plan(s) either not in place, or not yet discussed with partners **Amber:** 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 service have assured their board that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. **Green:** Evidence of robust, transparent and sustainable governance arrangements in place in all statutory organisations including Local Safeguarding Adults Board(s), Health & Well- Being Boards and Clinical Commissioning Executive Boards. 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 service 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. There is evidence of active provider forum work addressing the learning disability agenda
B5 **Current Rating:**	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. **Red:** No evidence of commissioning and provider practice that demonstrates involvement of people with learning disability and families in the recruitment and training of staff

Amber	**Amber:** 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 awareness training and making reasonable adjustments for people with a learning disability and family carers to access and use the services. **Green**: LD specific services: evidence of 100% of services involving people with learning disability and families in recruitment/ training and monitoring of staff including advocates. Strong evidence of commissioners specifically 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. Strong evidence of universal services embedding 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.
B6 **Current Rating:** **Amber**	Commissioners can demonstrate 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 enquiry 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. **Red:** No evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment & management of the workforce **Amber:** LD Specific Provision: Some evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment & management of the workforce. No clear evidence of this approach in relevant universal services **Green**: Clear evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment & management of the workforce. Evidence of this approach in relevant universal services
B7 **Current Rating:** **Green**	This measure is about how effectively your locality assesses and addresses the needs and support requirements of people with learning disabilities through local authority strategies with clear reference to current and future demand. **Red:** Not all strategies are up to date and there are not Equality Impact Assessments in place for every strategy. **Amber:** Up to date Commissioning Strategies and Equality Impact Assessments are in place. **Green:** Evidence of Commissioning Strategies and associated Equality Impact Assessments being presented to people who use services and their families and clear plans in place for the development of Care, Support and Housing for people with learning disabilities based on evidence of current and future demand.
B8	This standard requires evidence of a learning organisation that integrates, learning from complaints, incidents, patient, carer and staff

Current Rating: **Green**	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. **Red:** No evidence of commissioning practice that demonstrates changed practice as a result of complaints and whistleblowing **Amber:** Evidence that 50 % of commissioned practice and contracts require 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. **Green:** Evidence that 90 % of commissioned practice and contracts require 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.
B9 **Current Rating:** **Amber**	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. **Red:** There is no evidence that organisations routinely check implementation of MCA guidance relating to decision making, capacity, and restrictions **Amber:** There is limited evidence that the implementation of MCA guidance relating to decision making, capacity, and restrictions is checked within contract monitoring and commissioning. **Green**: All appropriate providers have well understood policies in place and routinely monitor implementation 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.

Section C: Living Well

Measure	Guidance
C1 **Current Rating:** **Green**	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. **Red:** There is no evidence of integrated governance structures such as Section 75 or 37 agreements. There are no joint commissioning functions in place. **Amber:** 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. **Green:** There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of pooled budgets or pooled budget arrangements, joint commissioning structures, intentions, monitoring and reporting arrangements.
C2 **Current Rating:** **Amber**	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. **Red:** No 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. support to use local transport services, Changing Places in shopping centres, Safe Places. **Amber:** 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. support to use local transport services, Changing Places in shopping centres, Safe Places. **Green:** 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 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.
C3	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.

Current Rating: **Amber**	**Red:** No 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. **Amber:** 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. **Green:** 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.
C4 **Current Rating:** **Green**	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. **Red:** No 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. **Amber:** 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. **Green:** 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.
C5 **Current Rating:** **Green**	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 are important. **Red:** No data and commissioning intentions in place **Amber:** 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 **Green:** 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. Employment activity of people with learning disability is linked to commissioning intent for future services. Commissioning is clearly linked to proportionate local need.
C6	Delivering effective transitions for young people is recognized as a way of addressing the difficulties confronted by young people with learning difficulties and their families at transition. Previous research has demonstrated that information is a key need at this

Current Rating: **Amber**	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 need to inform commissioning strategies. 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. **Red:** No evidence of a Single Education, Health and Care Plan for people with learning disability. Little or no evidence of transition planning or structures to support effective transitions in health & social care **Amber:** 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. There is evidence of effective plans, strategy, service pathways and multi- agency involvement across Health and Social Care **Green:** Evidence of 85% of people with learning disability has a current and up to date Single Education, Health and Care Plan by 2014. There is evidence of well- established and monitored strategy, service pathways and multi-agency involvement across Health and Social Care. There is evidence of very clear transition services or functions that have joint health & social care scrutiny and ownership.
C7 **Current Rating:** **Green**	Community inclusion and Citizenship are core to the need for people with a learning disability to be equal members of our community. This measure asks you to evidence that you have asked what inclusion and citizenship means to your local population, evidence that you are responding to such consultation and evidence that people actually feel part of the local community. **Red:** No reference to indicators of social exclusion, hate& mate crime, natural support or isolation of people with learning disability in Joint Strategic Needs Assessments or Public Health data. No clear commissioning intentions or action plans that address the social inclusion and citizenship needs of people with a learning disability **Amber:** Some evidence of data and findings of social exclusion, hate & mate crime, natural support or isolation of people with learning disability in Joint Strategic Needs Assessment. Clear commissioning intentions or action plans that address the social inclusion and citizenship needs of people with a learning disability, including the support of friendship development and maintenance **Green:** Clear commissioning intentions or action plans that address the social inclusion and citizenship needs of people with a learning disability, linked to data and Joint Strategic Needs Assessments. Commissioning intentions and processes are aligned across both health & social care, supported by joint commissioning arrangements. Clear evidence of strong consultation with local communities in developing what it means to be a citizen
C8	People with learning disability and family carer involvement in service planning and decision making including personal budgets This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding

Current Rating: **Amber**	this in practice. **Red:** There is no evidence that people with learning disability and families have been involved in co- production of service planning and decision making. **Amber:** Clear evidence of co-production in all learning disability services that the commissioner uses to inform commissioning practice. Inconsistent or no evidence of co-production in universal services **Green:** Clear evidence of co-production in universal services that the commissioners use this to inform commissioning practice
C9 **Current Rating:** **Amber**	Family Carers – Consultation on the JHSCSAF raised a strong call for family carers to be given a place to specifically contribute about their needs in the measures. This measure asks for evidence that family carers are involved not only in service design and commissioning, but in wider strategies as not all people with learning disabilities and family carers are known to or use services but need a voice in the shaping of the community. **Red:** Commissioners do not have clear information on the numbers of registered carers in the locality. There is little evidence of formal arrangements to allow carer voice to shape commissioning intentions and provider delivery **Amber:** Commissioners have clear information on the numbers of registered carers in the locality including the number of carers offered and in receipt of a carers assessment. There is clear evidence of a carers strategy and that this has been consulted upon. There is clear evidence that providers of LD services involve family carers in service development. **Green**: Commissioners are using needs assessment information relating to carers to shape services and provide a range of support. There is clear evidence of a carers strategy that has been co-produced with family carers and that this has been consulted upon. There is clear evidence that providers of LD services involve family carers in service development. There is clear evidence that such involvement has led to service improvement.