

**Manchester Health and Wellbeing Board
Report for Resolution**

Report to: Manchester Health and Wellbeing Board – 25 March 2015

Subject: Joint Health and Social Care Self Assessment Framework submission for people with a learning disability

Report of: Strategic Director Families, Health and Wellbeing

Summary

The Joint Health and Social Care Self-Assessment Framework (JHSCSAF) replaces and combines the local authority Valuing People Now Self-Assessment and the NHS Learning Disability Health Self-Assessment and becomes a comprehensive needs assessment.

This report sets out the content of the JHSCSAF and provides the board with information and an overview of the areas for improvement that have been identified as part of this process.

Recommendations

The Board is asked to:

1. Note the initial findings from the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) 2014
2. Note the areas that have been self-assessed as red and amber at this stage, and agree the action plan in Appendix 1 to tackle the areas requiring improvement
3. Note the further issues arising in relation to the cohort of Manchester citizens with a learning disability in the coming months

Board Priority(s) Addressed:

Health and Wellbeing Strategy priority	Summary of contribution to the strategy
Getting the youngest people in our communities off to the best start	Measures contained in the JHSCSAF directly contribute to ensuring that people with learning disabilities have access to universal healthcare
Educating, informing and involving the community in improving their own health and wellbeing	Measures contained in the JHSCSAF directly contribute to ensuring that people with learning disabilities have access to planned national screening programmes

Moving more health provision into the community	
Providing the best treatment we can to people in the right place at the right time	
Turning round the lives of troubled families	
Improving people's mental health and wellbeing	
Bringing people into employment and leading productive lives	
Enabling older people to keep well and live independently in their community	

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Background documents (available for public inspection):

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

1.0 Introduction

- 1.1 This report provides members of the Health and Wellbeing Board with information about the work currently being undertaken within the Joint Health and Social Care Self Assessment Framework for Learning Disability (JHSCSAF).
- 1.2 The aim of this framework is to provide a single, consistent way of identifying the challenges in meeting the needs of people with learning disabilities, and documenting the extent to which our shared goals of providing good quality care are being met.
- 1.3 This is intended to assist Learning Disability Partnership Boards, Health and Wellbeing Boards, Clinical Commissioning Groups and Local Authorities identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities in their areas. It should also provide a sound evidence base against which to monitor progress.
- 1.4 As part of the governance arrangements for the Joint Health and Social Care Self-Assessment Framework (JHSCSAF) there is a requirement to bring Manchester's submission through the Health and Wellbeing Board for validation.

2.0 Background

- 2.1 The Learning Disability Health Self-Assessment was introduced in 2009/10 and was led by Strategic Health Authorities. It has become an important guide for both the NHS and Local Authorities as one of the key sources of data intelligence. The aim was to identify the overall needs, experience and wishes of both young people and adults with learning disabilities and their carers; and bring these perspectives into the tasks of determining local commissioning priorities and monitoring services.
- 2.2 In January 2009, the Department for Health published 'Valuing People Now: a new three-year strategy for learning disabilities'. This set out the Government's strategy for people with learning disabilities and included a recommendation that local Learning Disability Partnership Boards should write an annual report on their progress towards the strategy's goals.
- 2.3 The March 2009 report from the Local Authority and Parliamentary Health Service Ombudsmen entitled 'Six Lives: the provision of public services to people with learning disabilities' recommended that all NHS and social care organisations should:
 - Review the effectiveness of the systems they have in place to enable them to understand and plan for the needs of people with learning disabilities;
 - Review the capacity and capability of the services they provide and/or commission to meet the additional and often complex needs of people with learning disabilities; and

- Report accordingly to those responsible for the governance of those organisations.

2.4 Action 38 of the Winterbourne View Concordat committed the NHS Commissioning Board (now NHS England) and Association of Directors of Adult Social Services (ADASS) to 'implement a joint health and social care self-health assessment framework to monitor progress of key health and social care inequalities from April 2013.'

2.5 A key successful feature of the current self assessment process is the inclusive approach which listens to and incorporates the lived experience of service users and carers. The Winterbourne View report has identified the need to engage and empower people and their families, and the SAF will provide a robust mechanism to identify areas to make improvements to services.

3.0 Self assessment against nationally agreed measures

3.1 As part of the SAF Manchester City Council and Manchester CCGs are required to self assess against 27 measures using a RAG 'traffic light' system. These are aligned to the outcome frameworks including the Adult Social Care Outcomes Framework (ASCOF), Public Health Outcomes Framework (PHOF), National Health Service Outcomes Framework (NHSOF), Winterbourne View Concordat and Health Equalities Framework (HEF). These nationally agreed outcome frameworks and policies are used as the evidence base for the three broad areas in the SAF, which are:

4.0 Section A - Staying Healthy

4.1 This asks questions designed to assess whether or not people with learning disabilities can be as healthy as everyone else. The measures relate to health services. It includes questions ensuring that we have the right information about people, health action plans and annual health checks are in place, and assesses the extent to which people are being supported to manage their own health. It also questions whether universal or mainstream health services are making reasonable adjustments.

5.0 Section B – Being Safe

5.1 This section looks at safeguarding and quality, ensuring that we design, commission and provide services which give people the support they need in community services close to home and which are in line with well-established best practice. This was highlighted in the Winterbourne Review Concordat.

6.0 Section C – Living Well

6.1 This section is about inclusion and access to universal services, seeing people as a respected and valued part of society and leading fulfilling and rewarding lives. People with learning disabilities and their family carers deserve an equal opportunity with the rest of the population to fulfil their lives as equal citizens of our nation safe from crime and intolerance.

6.2 Findings from the JHSCSAF will be used both locally and nationally. Nationally, it will be used 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.

6.3 Locally, the outcomes from the SAF will be used to inform:

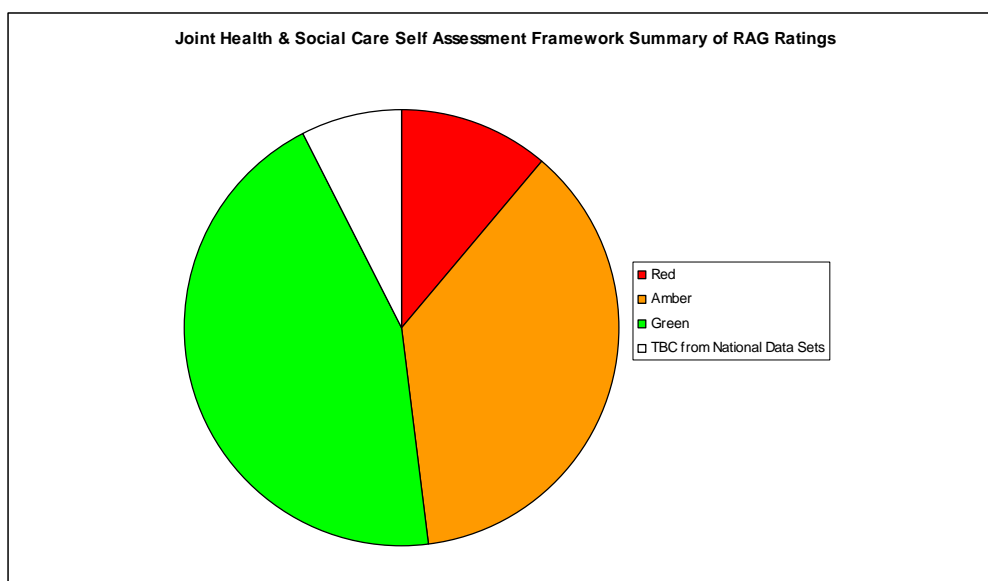
- Joint Strategic Needs Assessment (JSNA);
- Health and Wellbeing Strategies;
- Commissioning intentions/strategy;
- Winterbourne improvement joint plans; and
- Learning Disability Partnership Board work programmes.

7.0 Submission and Validation processes

7.1 The work required to complete it is extensive and inclusive, requiring input from across the Council and the CCGs, as well as local provider services, people with a learning disability and carers as well as the Learning Disability Partnership Board. The summary of the initial results are described below.

7.2 Following submission in November, the self assessment framework was validated jointly by the NHS England Area Team and regional ADASS lead. Their role is to critically appraise the scoring and evidence and provide feedback. As part of the assurance process they considered the approach taken locally to seek views from people with a learning disability and family carers.

7.3 A validation panel was held in January 2015 where a final agreement on the scoring was made and outcome of the SAF has been confirmed. Broadly the validation exercise confirmed Manchester's self assessment, although two health ratings moved from amber to red. A summary chart of the ratings is attached below. More detailed explanation of the ratings and a brief note of actions designed to improve ratings during the next year is appended to this report. Two measures are yet to be confirmed as the data will be taken from national figures.



8.0 Governance and next steps

- 8.1 Following the consideration of this report by the Health and Well-being Board, the final version of the JHSCF must be submitted to Public Health England in March and the final validation exercise will be completed by NHSE/ADASS/Department of Health leads by the end of March 2015.
- 8.2 In May 2015 the Improving Health and Lives (IHAL) Learning Disabilities Observatory will publish a national themed analysis along with Public Health England, with a foreword from NHS England and ADASS.
- 8.3 The national themed analysis will be presented to ADASS National Exec and the Ministerial Programme Board by ADASS and NHSE leads with family carer (National Valuing Families Forum) and self-advocate (National Forum) representatives. The findings from the themed analysis are expected to inform the development of the JHSCSAF for 2015-16.

Further context for Learning Disability Services

9.0 All Age Disability Strategy

- 9.1 In March this year a paper entitled "*Strategic approach for disabled people in Manchester*" set out the Council's intention to develop a new approach to disability, to encompass all disabled adults and children living in Manchester and not just those in receipt of social care support. The Council's aims were that disabled people should have the same life opportunities and achieve the same outcomes, across key areas such as; choice and control, health; employment, housing and cohesive communities, as those which are available for the wider population.
- 9.2 The engagement model used to inform the "*All-Age Disability Strategy*" was adapted from a model called "Working Together for Change", originally developed and designed by Helen Sanderson Associates. This model is endorsed by the Department of Health and Putting People First Implementation Programme.
- 9.3 This model encompasses several unique steps, which can be used either at a service specific level to improve services, or adapted and used more broadly at a whole system, whole city level. The process is very simple and asks residents and groups, in a series of public and targeted workshops, 2 straightforward questions: what works well, and what doesn't work well, based on real life experiences of disability, across eight key themes:
1. Health and Wellbeing
 2. Staying safe
 3. Getting off to a good start
 4. Choice and control
 5. Independence in your home
 6. Community opportunities

7. Involvement
8. Advocacy

9.4 Due to the breadth and range of engagement required, a programme of workshops has been rolled out in phases which took place between April 2014 and September 2014, with a further 3rd phase planned to take place between January and March 2015.

10.0 Transforming Community services post Winterbourne

10.1 The abuse uncovered by the BBC at Winterbourne View occurred at a private hospital in South Gloucestershire, England. The hospital was exposed in a Panorama investigation into physical and psychological abuse suffered by people with learning disabilities and challenging behaviour, and was broadcast in 2011. Since then there has been a focus on reducing hospital admissions at ministerial level and from the NHS England leadership team.

10.2 Following the ensuing investigation and criminal conviction the government produced a paper "Transforming care: A national response to Winterbourne View Hospital: Department of Health Review Final Report". One of the directives was "Review all current placements by June 2013, and support everyone that is inappropriately placed in hospital to move to community-based services.

10.3 A series of Care and Treatment Reviews (CTRs) have been undertaken of all people detained in secure hospital settings to assess readiness or otherwise for discharge into community based services.. Work is underway by commissioners to develop the local market in anticipation of the discharge programme. There is an aspiration to discharge around twenty-one individuals from hospital settings into community services between now and March 2015; it is estimated that this will cost in the region of £2 – £2.5 million in a full year depending on the complexity of individual needs.

10.4 It is clear for Manchester, given the population size and service issues, that the transformation of services requires a clear commitment for partnership working. In order that this work is completed and resources are coordinated and committed, discussions are currently underway between MCC and the City wide commissioners for Manchester CCGs.

11.0 Transition and other factors influencing demand

11.1 Transition from childhood is a major driver of demand. However the data also show that adults aged between 40 and 54 account for around a quarter of new people entering the system. This may reflect older carers who are starting to need additional support from the council.

11.2 With support from PPRI and the Reform and Innovation team, work is underway to understand how demand might change in Manchester over the next five years. This work is continuing to develop as new data is collected and should therefore be viewed as work in progress.

- 11.3 We know the number of people with a learning disability (LD) nationally is steadily increasing. Child mortality is falling and people are living longer in adulthood. In 2007 Manchester City Council commissioned the Institute of Health Research at Lancaster University to estimate the impact these LD population changes would have on future demand for adult social care in the city. The study estimated an annual growth rate in the population receiving support of between 2.6% (lower estimate) and 5.4% (upper estimate), with a middle estimate of 4.5%.
- 11.4 The study took place before the introduction of the redefined social care offer and actual growth nationally has since been around 2% per year. Future growth projections range from 1.2% to 5.1% (average 3.2%).
- 11.5 The analysis will inform commissioning intentions for future years including the need to delay or defer entry into the most expensive models of care by designing and developing new delivery models which promote independence and inclusion.

Appendix – Action Plan

Measure	Measure Description	RAG rating	Comments	Action
A	Staying Healthy			
A1	LD QOF register in primary care			
A2	Finding and managing long term health conditions. Obesity, diabetes, cardiovascular disease, epilepsy			
A3	Annual health checks and registers		Completed from national data source. Figures are some of the worst in the region	A lead GP working with MLDP nurses has been appointed to link with practices and promote uptake of health checks
A4	Health Action Plans		Good progress as many areas rating red on this measure	
A5	National Cancer Screening Programmes (cervical, Breast, Bowel)	TBC	National data sources to be used	
A6	Primary care communication of LD status to other healthcare providers			
A7	LD Liaison function or equivalent process in acute settings		Manchester's risk assessment and care plan tool will be included in a good practice guide	
A8	Universal services flag, identify and make reasonable adjustments. Primary care, dentistry, optometry, community pharmacy, podiatry.		Self assessed as amber; moved to red after validation. A challenging measure because of the range of commissioning organisations involved and lack of contractual levers for independent providers.	To confirm the progress that Community Dental Services have made. Community Pharmacy are developing a vulnerable adults strategy
A9	Offender Health and the Criminal Justice system.		MODEL to be included in a good practice guide.	
B	Staying Safe			
B1	Individual health and social care package reviews		Most areas are still rating red for this measure. Although red, Manchester's figures have improved from 53% in 2013 to 74% in 2014.	Care management to continue to focus on increasing the number of customers receiving an annual assessment
B2	LD services contract compliance			
B3	Assurance of Monitor compliance			

B4	Assurance of safeguarding in all provided services and support			
B5	Self-advocates and carers involvement in training and recruitment			To include a requirement in future contracts to ensure that citizens participate in the recruitment, training and monitoring of staff and to monitor and report on this.
B6	Compassion, dignity and respect. This measure to be answered by self advocates and family carers.		The Think Quality meeting (a sub-group of the LDPB) felt that although things were changing there remains much to do. Consultees wanted regular members of staff and joined up services so that they don't have to keep repeating their stories, people keeping the promises they make to return calls or attend appointments, providing decent information to inform choice.	Work is underway to streamline assessments and the customer journey in preparation for the requirements of the Care Act 2014. This should address concerns about telling stories on multiple occasions to different agencies.
B7	Commissioning Strategies and EIAs		Self assessed as amber, moved to green after validation	
B8	Complaints lead to changes			
B9	Mental Capacity Acts and Deprivation of Liberty Safeguards			
C	Living Well			
C1	Effective joint working			Formal partnership agreements and arrangements will need to be in place, governed by a Section 75 agreement
C2	Local amenities and transport			
C3	Arts and Culture			
C4	Sport and Leisure			
C5	Supporting people with LD into employment			
C6	Preparing for adulthood			

C7	Involvement in service planning and decision making		Although Manchester's approach was cited as good practice we need to evidence co-production in universal services	Co-production used to inform new contract specifications, and evidence of co-production in the planning and design of universal services
C8	Carers satisfaction rating - to be answered by family carers		This amber rating reflects dissatisfaction with the carer's assessment, which is not seen as person-centred. Things are changing but there is still room for improvement.	The carer's assessment document is being redesigned to comply with the 8 outcomes of the Care Act 2014; this will result in more person-centred and holistic assessments.
C9	Overall rating to be confirmed by IHAL	TBC		