



HEALTH AND WELLBEING BOARD

TO:	Health and Wellbeing Board
FROM:	Stuart Sheridan
DATE:	30 th June 2015

SUBJECT: Learning Disability Joint Health and Social Care Self-Assessment Framework 2014

1. PURPOSE

This report is to brief the Health and Wellbeing Board on the Learning Disability Joint Health and Social Care Self-Assessment Framework (LD SAF) 2014.

The aim of this framework is to provide a single, consistent way of identifying the challenges in caring for the needs of people with learning disabilities, and documenting the extent to which the shared goals of providing care are met. Locally, this will help our Learning Disability Partnership Board (LDPB), Health and Wellbeing Board, Clinical Commissioning Group and Council to identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities in the borough. It also provides a sound evidence base against which to monitor progress.

2. RECOMMENDATIONS FOR THE HEALTH & WELLBEING BOARD

- a) To note the contents of the report
- b) To support the production of a Local Improvement Plan and the joint work necessary to ensure that people with learning disabilities and complex needs have their health and social care needs met in Blackburn with Darwen in appropriate settings.

3. BACKGROUND

People with learning disabilities experience poorer health than the non-disabled population and are more likely to die before the age of 50 (CIPOLD – 2013). Over the next 20 years it is forecast that there will be twice as many people with a learning disability and an increasing number of people with more complex needs. Due to advances in medical technology and changing attitudes, young people with extremely complex needs are beginning to live well into adulthood. For this reason, it is important that locally and nationally, the needs of people with learning disabilities are understood and planned for.

Since 2008, Learning Disability Partnership Boards (LDPBs) have completed an annual learning disability health self-assessment. The assessment required LDPBs to report on the uptake of the whole range of primary and secondary health care services by adults with learning disabilities, and people's experience of using these services.

From 2010 LDPBs also had to complete an annual Partnership Board Report detailing a range of services and support which contribute to an individual's health and wellbeing such as housing, employment and leisure.

In 2013 the two returns were combined to form the Joint Health and Social Care Learning Disability Self-Assessment (LD SAF).

The process is currently overseen nationally by NHS England and National ADASS (Association of Directors of Adult Social Services), through IHaL (Improving Health and Lives Learning Disability Observatory - hosted by Public Health England). Locally the process is overseen by the LD Partnership Board and the Health and Wellbeing Board.

The development of the current version of the LD SAF was co-ordinated as part of the Winterbourne View Programme and is Action 38 in the Winterbourne View Concordat. The 2014 exercise – submitted in January 2015 – is the second year of the Joint LD SAF.

The assessment provides vital information that feeds into local planning and commissioning activity including:

- Integrated Strategic Needs Assessments
- Health and Wellbeing Strategies
- Commissioning intentions/Learning Disability Strategic plans
- Transforming Care (Winterbourne) improvement joint plans
- Learning Disability Partnership Board work programmes

4. RATIONALE

The LD SAF was submitted on time at the end of January 2015. Prior to submission, the final draft of the assessment was presented at the Learning Disability Partnership Board's January meeting and "signed off" by families and self –advocates. The SAF was signed off by the Executive Joint Commissioning Group on behalf of the Health and Wellbeing Board.

5. KEY ISSUES

The self-assessment has four sections. All questions in section 1-3 are set against Red, Amber or Green benchmarks. Local services or practices are compared against these benchmarks in order to self-rate the area. Evidence to support the self-assessed rating must be provided. Staying Healthy

1. Staying Healthy
2. Staying Safe
3. Living Well

Section 4 is underlying data, largely numerical, that demonstrates that commissioners have access to strategic, population level information on which to base commissioning activity.

Overall performance on the LD SAF 2014 was good and demonstrated improvement over the 2013 submission. The following areas for development have been identified as part of the action plan for this year;

Staying Healthy

- Finding and managing long term health conditions
- Delivering annual health checks and providing health action plans
- Identification and communication of LD status from primary care to other healthcare providers

Staying Safe

- Ensuring the needs of people with learning disabilities are included within local strategies such as Housing and Employment
- Ensuring our health and social care professionals are well trained and understand the needs of people with learning disabilities.

Living Well

- Development of pooled budget arrangements for people with LD
- Increasing the level of co-production and service user/family involvement in developing strategies making decisions.

An action plan has been agreed to address the issues identified which has been agreed and will be monitored by the Joint Commissioning and Recommendations Group on a monthly basis. Further updates will be provided to HWBB members on a quarterly basis as part of Joint Commissioning reports.

6. POLICY IMPLICATIONS

The LD SAF provides good data to enable commissioners to identify strategic priorities for service development and improvement. A Joint LD Commissioning Strategy will be published this year and will be, in parts, based upon the learning provided by this assessment.

7. FINANCIAL IMPLICATIONS

There are no financial implications related to this assessment. Improvements to services will be made, wherever possible, within the current financial envelopes for those services.

8. LEGAL IMPLICATIONS

There are no legal implications connected to the LD SAF – it is a non-statutory assessment however is highly recommended as best practice and completed by almost all Councils/CCGs in England.

9. RESOURCE IMPLICATIONS

The main resource implications are around how current existing resources, such as Community Learning Disability Nurse Teams, deploy their capacity to support process such as Health Action Planning. As identified strategic priorities, it is the commissioner's responsibility to ensure that commissioned providers are directing appropriate levels of activity at improving specified outcomes.

10. EQUALITY AND HEALTH IMPLICATIONS

This work promotes the health and wellbeing of people with learning disabilities and their families.

11. CONSULTATIONS

Involvement has been accomplished through numerous presentations and discussions at the Learning Disability Partnership Board prior to submission of the assessment.

VERSION:	1.1
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CONTACT OFFICER:	Stuart Sheridan
DATE:	18 th June 2015
BACKGROUND PAPER:	None.

