



To: Coventry Health and Wellbeing Board

Date: 19th October 2015

**From: Pete Fahy, Director of Adult Services
Sue Davies, Head of Partnerships**

Subject: Joint Health and Social Care Action Plan 2014 / 2015

1 Purpose

The purpose of this report is to outline the results of the Learning Disability Joint Health and Social Care Self Assessment (2013/14); to seek endorsement of the Action Plan for 2014/15.

2. Background

The Learning Disabilities Health Self-Assessment (SAF) was first introduced in 2007/8 alongside a separate self-assessment in relation to social care. Both of these assessments were combined in 2013 to form the Joint Learning Disabilities Self-assessment Framework as part of the Transforming Care programme, post Winterbourne View, for people with learning disabilities.

The joint assessment has become an important guide for the NHS and Local Authorities to recognise the overall needs, experiences and wishes of young people and adults with learning disabilities and their carers within their local partnership board areas. The questionnaire collates views and demographic data and is used to help determine local commissioning priorities and monitoring of services. The return requires significant data collection across a range of agencies.

As well as data collection the primary purpose of the assessment is to identify areas for improvement and then use this as a tool to measure this improvement on an annual basis. Since its introduction we have seen an improvement in services through raising awareness of health needs, driving health and local authority resources and improving interagency working. This has led to a wide range of improved outcomes ranging from people feeling empowered to travel and live more independently, accessing more community based activities, being involved in quality assurance and benchmarking reasonable adjustments across a range of provision within the City and a reduction in the number of out of city placements.

This self assessment provides an integrated response from Coventry and Rugby Clinical Commissioning Group (CRCCG) and Coventry City Council. The evidence to support the return has been collated from a number of key stakeholders including, but not limited to, the Clinical Commissioning Group, Arden and GEM Commissioning Support Unit (AGCS),

the Local Authority and a number of providers including Coventry & Warwickshire Partnership Trust (CWPT) and Grapevine.

3 Structure of the Self-Assessment

The self-assessment is divided into two sections, the first focuses on demographic data while the second focuses on the following three:

- Section A – Staying Healthy
- Section B – Being Safe
- Section C – Living Well

In completing the return supporting evidence and a self-assessed score are to be submitted along with an explanatory rationale.

4. Completion Methodology

The assessment was completed by a review panel with representatives from Coventry and Rugby Clinical Commissioning Group, Coventry and Warwickshire Partnership Trust, the Local Authority, voluntary organisations and service user representation. The review panel considered the evidence provided for each measure of the self-assessment framework and allocated a rating of either; green amber or red. To supplement data real life stories of experiences of people that use services, their carers and relatives, were used to provide a more rounded view of progress and areas for further improvement. A completed report was then presented and quality assured through the Learning Disability Partnership Board on 16th January 2015. As part of our internal governance arrangements this was further presented at Adult Joint Commissioning Board on 23rd July.

The overall ratings are as follows:

Attribute / Score	Red	Amber	Green	N/A
A – Staying Healthy	3	3	1	2
B – Being Safe	2	4	2	1
C – Living Well	0	4	4	1
Totals	5	11	7	4

It should be noted that a red rating can be attributed as a result of data collection issues as opposed to evidence of unsafe or poor practice locally. Where items are N/A this is due to measures not being applicable to Coventry, for example, where they related to areas with Foundation Trust provision. The completed Joint Health and Social Care Health Self-assessment were uploaded on the 31st January 2015 onto The Improving Health and Lives website which is part of Public Health England. A West Midlands Peer review was convened in Birmingham on the 27th February 2015. An action plan has subsequently been developed to address priorities for improvement; in addition to this a Joint Coventry and Warwickshire Joint Health Self-Assessment group has been initiated to take this agenda forward.

5. Key achievements

As the self-assessment is an annual exercise evidence of improvement between years is an important measure of progress. Key progress since the 2013/14 SAF include:

- Introduction of a risk based approach to contract monitoring which enables prioritisation of reviews and focuses both Social work and commissioning resource more effectively.
- The development and approval of Coventry's refreshed learning disability strategy and action plan to monitor progress against delivery which outlines priorities and gives direction for future improvements.
- Development of a business proposal for an enhanced community support team to prevent admission to assessment and treatment units and to facilitate discharges and support proposals for a reduction in the numbers of beds locally.
- Programme of Clinical Treatment Review's has been completed and is on track to reduce the numbers placed in assessment and treatment beds with active discharge plans in place.
- Commissioning of specialist supported living and residential units – new core and cluster development of 16 units in total comprising 12 residential and 4 supported living specifically for people with autism presenting with challenging behaviours. The scheme which has increased our capacity to support people in more personalised setting and avoid placements outside of city.

6. Areas for Improvement

Section A: Staying healthy. The three areas rated as "Red" are largely where we do not currently collect data in a format which is reportable in the SAF. This does not necessarily mean that we are not meeting the needs of our local learning disability population, but rather that we are unable to report our performance in this respect. To obtain the level of data requested would require custom searches in individual GP practices to this end we are proposing to write to the Local Medical Council to advise them of the information required in order to support 2014/2015 return.

More specifically improvement is required in the following areas:

- It has not proved possible to obtain the following statistical data for the learning disabilities population: (i) age bandings (ii) autism (iii) challenging behaviour (iv) screening (v) mortality (vi) health action plans
- Learning Disability Liaison nurse plays a fundamental role in supporting patients with a learning disability when they are admitted to hospital, and there is place the use of health passports, however there is currently no formal communication system for General Practitioners to alert other health care providers / professionals of learning disability status and reasonable adjustments required particularly prevalent in emergency situations / un-planned admissions.

Section B: Being safe. In respect of Contract compliance during 2013/14 100% of in city social care commissioned services for people with a learning disability have had a full scheduled contract/service review. This level of review gives a good level of assurance that we are robustly managing contracts within our City. With regard to out of city placements, all providers were sent out the self-assessment form for completion and we had a return rate of 56%.

In order to achieve a green rating an outturn of 100% is required. Amber requires an outturn of 90%. We have introduced a risk based monitoring approach across all service provision including out of city placements which triangulates information from a number of sources: Care Quality Commission (CQC) / host local authorities / placement stops / spend profile / last review date / social work feedback. These attributes are then weighted and potential areas of high risk identified. These individual placements are then flagged to

operational teams for review priority. Through the Long term Care programme a dedicated social work / NHS Continuing Healthcare (NHS CHC) team has been set up since April 2015 whose remit is to review Out of City (OOC) placements which will further contribute to the delivery of this target.

7. Progress reporting

Progress against actions in the plan will be reported 6 monthly to the Learning Disability Partnership Board and Adult Joint Commissioning Board.

8. Regional Activity

At the Learning Disability Peer Review event we all shared examples of good practice and the steps taken to achieve this for each of the three domains, and also examples of major challenges and the barriers to achieving change. Consistent themes across Authorities were evident, primarily around data sharing / collection and collation two key examples include access to GP data, and electronic flagging in systems between primary and secondary health care.

9 Recommendations

Health and Wellbeing Board are asked to:

1. Note and comment on performance
2. Endorse the action plan attached in appendix 1

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Appendices:

JHSCHSAF Action Plan: (Appendix 1)

A plan has been developed which highlights what actions have been undertaken to date in each section and specifically identifies those areas which will require further improvement. This will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people to assess how well people with a learning disability are being supported to STAY HEALTHY, BE SAFE and LIVE WELL.