





Learning Disabilities Health and Social Care Health Self Assessment Action Plan					
Section	Measures	Current Rating 2013/14	Comment / Agreed Actions / Progress	By whom	By When
A: ALTHY	A1: Learning disabilities Quality Outcomes Framework (QOF) register in primary care		<p>Comment: It is difficult to demonstrate that QOF registers are reflective of the prevalence in the general population, as the best estimates we have available indicate large discrepancies in these figures. The estimates made available through PANSI at the institute of public care indicate that there are expected to be 6,197 people in Coventry with a learning disability in 2014. Therefore we estimate that 23% of these people are on QOF registers and 13% on LA registers.</p> <p>Action: In order to move this forward each practice will need to ensure that Learning Disability and Down Syndrome Registers reflect prevalence data and this stratified in every required data set (e.g. age / complexity / Autism diagnosis / BME etc.) and is reported through to Commissioners to satisfy the requirements JHSCHSAF</p>	Local Area Team / Arden CSU	Dec-15
	A2: Finding and managing long term health conditions:		<p>Comment: We can use the QOF registers to compare where people appear on both a learning disability register and a register for a specific condition. For instance, in the latest extract 83% of those with a learning disability were also on an obesity register. However, the treatment and outcomes for these conditions, compared to the general population is not systematically recorded. Additionally, the desired treatment and outcomes would either need to be defined nationally, or local areas would need to decide on what this would be. Many of the conditions listed do not have only one correct treatment and there are a range of outcomes that could be used to measure success.</p> <p>Action: Agree a set of standardised set of outcomes / measures which can be reported (it has to be recognised that this is a much wider national issue which is not going to be solved locally).</p>	CCG / Local Area Team	TBC
	A3: Annual health checks and annual health check registers		To work alongside Public Health Observatory to improve the uptake of annual health checks at GP surgeries.	CCG / Local Area Team	Dec-15
	A4: Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care		Local Area Team / CCG's must ensure that GP HAP contain specific health improvement activities and are contained within a template for 80% of patients.	CCG / Local Area Team	Dec-15
	A5: National Cancer Screening Programmes (bowel, breast and cervical)		CCG to commission reliable reporting mechanism to regularly produce numbers of completed health screening for eligible people who have a learning disability in every screening group: Cervical / Breast / Bowel for comparison with the wider population	CCG / Local Area Team	TBC

SECTION 1
STAYING HEA

<p>A6: Primary care communication of learning disability status to other healthcare providers</p>		<p>Develop an electronic alert system with secondary care and other healthcare providers for identifying LD status on referrals based upon the L.D identification in primary care and acting on any reasonable adjustments suggested. Also ensuring that both an individual's capacity and consent are inherent to the system employed.</p> <p>Sub regional collaboration on developing an electronic flagging system to be further explored</p>	<p>CCG / Local Area Team</p>	<p>TBC</p>
<p>A7: Learning disability liaison function or equivalent process in acute setting</p>		<p>No further Action required</p>		
<p>A8:NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry</p>		<p>Action: Local Area Team /CCG / CWPT must ensure that all people with learning disability accessing / using services are known and patient experience is captured. In addition we must be able to evidence that reasonable adjustments are been implemented and are effective.</p>	<p>CCG / Local Area Team / CWPT</p>	<p>Dec-15</p>
<p>A9: Offender health and the Criminal Justice System</p>		<p>Action: Through NHS England we have commissioned CWPT to provide a LD practitioner role this excludes prison as there are none with CWPT boundaries but does include: Advice to police and probation in working with those with LD e.g. adapting communication, understanding nature of disability Provide screening and assessment for those with LD known to criminal justice system (excluding courts) Divert into health and social care system, where appropriate, and assertively engage with mainstream services Provide support to health and social care staff in liaising with criminal justice service staff Provide training to criminal justice and health and social care staff on LD and criminal justice system Advice to local MAPPAs arrangements</p> <p>We record how many individuals have been identified with LD within criminal justice liaison service, regardless of whether seen by LD practitioner, and also record whether they have engaged with LD services (health) if referral was made. The service is commissioned by NHS England until at least the end of March 2016</p>	<p>CCG / CWPT</p>	<p>On-going</p>

B1: Individual health and social care package reviews		<p>Comment: Last years social care review target was 66% which was achieved. In order to improve the scoring for this attribute further would require our reviewing target to change to 90% to achieve amber and 100% to attain green and would have ramifications in terms of staff resource.</p> <p>Action: Through the Long term Care programme a dedicated social work / CHC team has been set up since April 2015 whose focus will be on reviewing OOC placements who will further contribute to the delivery of this target, at present no performance target has been agreed. The new target will have to take account of Care Act principles.</p>	CCG / CCC	Dec-15
B2: Learning disability services contract compliance		<p>Comment: 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. 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 an improvement in this score would require a score of 90% to achieve amber and green would be 100% compliance.</p> <p>Action: 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: 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.</p>	CCG / CCC	Dec-15
B3: Monitor assurances	N/A			Dec-15
B4: Adult safeguarding		<p>Action: We will continue to have representation from all Chief Officers on our Board. User/carer input will continue via the Partnership and the Practice Sub group which is now a consultation group will continue to meet in a task and finish capacity to support the work of the Board. The Safeguarding coordinator will continue to visit the Learning Disability Partnership Board once a year to give updates about safeguarding.</p>	CCG / CCC	Dec-15
B5: Self-advocates and carers in training and recruitment		<p>Comment: At present there are areas of excellence in this area, however we are unsure how widespread this best practice is, as this is not an area we routinely monitor. During transition planning the commissioning team will work closely with new providers to ensure that families and carers views are taken into account.</p> <p>Action: As part of the new approved list we have incorporated this requirement into the service specification and this is an area we intend to monitor. This requirement will also be considered in respect of future service specification development for both home support and residential care.</p>	CCC	Dec-15

B6: Compassion, dignity and respect. To be answered by self advocates and family carers		<p>Action:</p> <p>We will continue to ensure that we support this attribute through continuing to fund:</p> <ul style="list-style-type: none"> • Independent Quality Audit project which employs a worker with a LD. • The H Team train frontline health staff and GPs in helping them to work with people with LD • CCC funds an independent Advocacy service for support to people in case things go wrong or they need to make a complaint or challenge a service. • Help and Connect which helps support people with LD who may not be eligible for services and part of their role is to work with people who need support or signposting if things go wrong. • The LD Partnership Board in Coventry recently held a review of its existing LD Strategy and developed the new Strategy for 2014-2016. The strategy was co-produced with people with LD and places values at the centre of everything. • People with LD are also included in meetings and recruitment. 	CCG / CCC	On-going
B7: Commissioning strategy impact assessments		No further Action required		
B8: Complaints lead to changes		No further Action required		
B9: Mental Capacity Act and Deprivation of Liberty Safeguards. Appropriate use of the Mental Capacity Act (MCA) and Deprivation of Liberty Safeguards (DoLS)		<p>Action:</p> <p>We will continue to support this attribute through our quality assurance processes and ensure that both DOLs and MCA is properly addressed. Through our annual monitoring visits we will continue to check that appropriate policies and procedures are in place, and that training matrix's reflect this area and it is upto date. Health colleagues will continue to check that MCA's are on file and that DNR's are included within end of life planning and that the overall process is inclusive of an individuals dignity and respect.</p> <p>Coventry City Council provide an electronic manual that contains all the guidance providers need for MCA and DoLS and a policy and procedure document. Documents are on the city councils web pages the learning forum website. Training for providers is on-going and delivered by Social Care Development Centre regularly, and by Coventry Cares Network and by the MCA/DoLS/AMHP Development Lead on request.</p>	CCC	Dec-15
C1: Effective joint working		No further Action required		
C2: Local amenities and transport		No further Action required		
C3: Arts and culture		No further Action required		
C4: Sports and leisure		W are continuing to Support people with a learning disability to access local sport and leisure amenities and are currently working on updating our "Whats out their Guide for People with Learning Disabilities" to enable people to understand what is available in the local community and the reasonable adjustments that exist. Furthermore we are exploring an initiative with an organisation called CredAbility.	CCC	Dec-15

C5: Employment		<p>Comment: Coventry's LD Strategy 2014-17 identifies key actions to increase employment through greater collaboration and engagement with employers. Our progress and performance in respect of these measures will be reported through to the Learning Disability Partnership Board. The specialist Employment Support Service has dedicated resources to support people with LD to gain and retain employment. Support for vulnerable people including people with LD is also included in the Council's Jobs and Growth Strategy. People with learning disabilities can also access support through the Council's City Centre Job Shop.</p> <p>Action: The Employment Support Service will continue to support individuals to receive appropriate support from both mainstream and specialist services, including DWP's Work Choice Programme. Raising Expectations – Coventry's Employment Pathway explains this and a Transitions Pathway for disabled young people as part of Preparing for Adulthood.</p>	CCC	Dec-15
C6: Preparing for adulthood		<p>Comment: Through the following key actions, the LA has prepared strong foundations to ensure that we are committed to whole life planning and to this end an All age disability service has been established and implemented. Staff are working across the age range 15-25 to ensure a smooth transition between children and adults services. Coventry's Local Offer has been produced which covers transitions support. The LO website is being monitored and reviewed on an on-going basis. The Local Authority's SEN team now covers the age range 0-25 to support these processes and the new requirements of the Children and Families Act 2014.</p> <p>Action: The SEND programme Board will continue to monitor performance of the SEND work plan.</p>	CCC	On-going
C7: Involvement in service planning and decision making		No further Action required		
C8: Carer satisfaction rating. To be answered by family carers		<p>Action: The Local Authority will continue to support carer representatives on the Learning Disability Partnership Board to hold a carers group so that other LD carers can have their voice and contribute to the shaping of services and policy. The group meets in the central library every quarter although the intention this year is to increase the frequency of meetings as carers have found it very beneficial. The local Carers' Centre is now also supporting more carers to attend and there are a number of carers from black, ethnic minority backgrounds attending on a regular basis which ensures the group is more representative of the local community.</p>	CCC	Dec-15
C9: Overall rating for the assessment. To be answered by IHAL				

Health Self Assessment Action Plan

Health Self Assessment Standard	Objective	Agreed Action	Progress	By whom
Health Self Assessment Action Plan: Standard A - Access to Health Action Status: RED	Objective A5: Annual Health Checks: Less than 25% of people with learning disability on the GP DES register had an annual health check	1. To reintroduce the GP learning disability register. 2. To audit the methodology and quality of data collection. 3. To look at GP practice training across Coventry / Warwickshire / Solihull to improve and standardise the training package. 4. To support practises to make reasonable adjustment for people with a learning disability. 5. To set up a steering group across Coventry / Warwickshire / Solihull to address and share good practice resources. 6. To re-launch the health sub-group to include these objectives.		CWPT - P Humphries
	Objective A6: Annual Health Check Action Plans: No evidence that annual health check and health action plans are integrated	1. To agree a standardised approach for annual health check and Health Action Plans across Coventry, Warwickshire and Solihull to ensure that everybody is clear about what an annual health check looks like and subsequently agree a process for a standardised health action plan		CWPT - P Humphries
	Objective A7: Screening of comparative data of people with a learning disability against non-learning disabled population.	1. Review QOF register data recording and reporting.		Primary care - Kerry Wood

<p>Health Self Assessment Action Plan: Standard B - People with Complex Needs Action Status: RED</p>	<p>Objective B4: Commissioners are working in partnership with local and regional teams to ensure that people with learning disabilities in the criminal justice system have access to a full range of health care provision – in line with legislation, policy and best practice: There is no systematic collection of data about the numbers of people with a learning disability 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 disabilities.</p>	<ol style="list-style-type: none"> 1. To identify numbers of people currently in the criminal justice system. 2. To identify the key health providers. 3. To adapt GP & Hospital training pack to meet their training needs 		<p>CWPT - P Humphries</p>
<p>Health Self Assessment Action Plan: Standard C - Safeguarding, Governance, Assurance and Quality. Action Status: RED</p>	<p>Objective C2: Commissioners have assurance that the four outcomes of the Equality Act 2010 include people with learning disabilities. SHA found that there was insufficient evidence that people with learning disabilities are included throughout the Equality Delivery System.</p>			<p>Jacqueline Barnes /Helen Bunters</p>
	<p>Objective C6: The provider has assurance that the four outcomes of the Equality Act include people with learning disabilities, the SHA found no evidence that EDS is published in an accessible format</p>			<p>Jacqueline Barnes /Helen Bunters</p>

Health Self Assessment Action Plan: Standard A - Access to Health Action Status: Amber	Objective A1: LD QOF Register – insufficient evidence of people on the registers who have profound and multiple LD and / or are from BME Communities and / or have autism.	1. QOF registers to include coding for people with a learning disability / BME / Autism.		Kerry Woods
	Objective A3: Access to disease prevention, health screening and health promotion. Limited comparative data available.	1. QOF registers to include coding to ensure comparison with access by the general population.		Public health - John Ford
Health Self Assessment Action Plan: Standard B - People with Complex Needs Action Status: Amber	Objective B2: The local JSNA includes needs assessment and corresponding plans are in place which reflect policy and best practice guidelines for people with: <ul style="list-style-type: none"> • with learning disability and Profound and Multiple Learning Disability (PMLD), • Autism, • challenging behaviour, • Mental Health needs, • Older adults, • Dementia 	1. Public Health to review JSNA and incorporate the health needs of people with learning disabilities at the next review.		Public health - John Ford
	Objective B3: Plans in place to ensure local availability of the future mainstream and specialist health services needed to support young people approaching adulthood. Additional work required for 14 – 25 planning.	1. Develop and implement a robust integrated plan to ensure improved availability of services to meet agreed outcomes.		CCG and Public Health
Health Self Assessment Action Plan: Standard C - Safeguarding, Governance, Assurance and Quality Action Status: Amber	Objective C1: All Commissioners can assure that quality safety and safeguarding is being addressed. SHA unable to ascertain the position for all commissioners.	C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.		Jacqueline Barnes

<p>Objective C4: Commissioners are assured that each provider routinely monitors implementation of the Mental Capacity Act and can evidence improvement in practice. SHA found limited evidence through contract monitoring.</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Jacqueline Barnes</p>
<p>Objective C5: Each provider has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical strategic priority within all health services. The SHA were not presented with any evidence from the Trusts.</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Jacqueline Barnes</p>
<p>Objective C9: The Commissioners know of all NHS funded individual care packages and have mechanisms in place for on-going monitoring and review. The SHA found that information is currently stored in several different locations</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Jacqueline Barnes / Andy Bennett</p>
<p>Objective C11: The Commissioner can demonstrate that the local safeguarding adult board is assured of all providers safeguarding practice. The SHA found that the information exists but is not always received by the Board from NHS organisations.</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Jacqueline Barnes</p>

<p>Objective C12: The Commissioner can demonstrate that the PCT / CCG / Health and Wellbeing Board and Learning Disability partnership Board have been informed of the services commissioned and assured that safe services of acceptable quality are delivered. The SHA found insufficient evidence of service user / carer involvement</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Public health - John Ford/ Jacqueline Barnes</p>
<p>Objective C13: The Commissioner can demonstrate that people with learning disabilities and their families are involved in recruitment and training and monitoring of services. The SHA evidence of involvement in monitoring is limited.</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Ester Peppel</p>
<p>Objective C16: Health and Wellbeing Board, Clinical Commissioning Groups and Commissioning Support Units can demonstrate that any plans include people with learning disabilities. The SHA are looking to see evidence of the involvement of CCG / CSU in the development of the Joint Commissioning Plan</p>	<p>C1 – C16 response: Review how safeguarding, governance arrangements maintain and assure quality and equity.</p>		<p>Paul Mconnell /Sue Davis</p>