

# Report of the Strategic Director, Adult and Community Services and the Director of Collaboration for the Clinical Commissioning Groups to the meeting of the Health and Wellbeing Board to be held on 26<sup>th</sup> November 2013.

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**Subject:** National Joint Learning Disability Health and Social Care Self-Assessment Framework 2013 submission

## Summary statement:

The joint health and social care self assessment framework (JHSCLDSAF) is intended to become the main source of intelligence and data for people with learning disabilities and services. The JHSCLDSAF will be a single delivery monitoring tool that supports Clinical Commissioning Groups and Local Authorities and provides assurance to NHS England, the Department of Health and Association of Directors of Adult Services. The report informs the Board on the intended submission from Bradford which will be made on the 30 November to the Public Health Observatory. The Board are expected to monitor the progress of action plans in response to the self assessment and this is included in the report.

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**Portfolio:**  
Portfolio: Councillor Amir Hussain  
Health and Wellbeing Board



Suzan Hemingway, City Solicitor

## 1. Summary

The joint health and social care self assessment framework (JHSCLDSAF) is intended to become the main source of intelligence and data for people with learning disabilities and services. The JHSCLDSAF will be a single delivery monitoring tool that supports Clinical Commissioning Groups and Local Authorities and provides assurance to NHS England, the Department of Health and Association of Directors of Adult Services. The report informs the Board on the intended submission from Bradford which will be made on the 30 November to the Public Health Observatory. The Board are expected to monitor the progress of action plans in response to the self assessment and this is included in the report.

## 2. BACKGROUND

The Board has received reports on commissioning and service provision for people with learning disabilities on 20 March 2012; Progress report on the implementation of the learning disability commissioning framework. `Changing lives through real partnership 2007-2012 . On the 23 July 2013 a report was received on the initial stock take of progress against Winterbourne View Concordat Commitment.

The National joint learning disability health and social care self assessment framework 2013 is derived from the learning disability health assessment framework and the annual learning disability partnership board report. The Strategic Health Authority established a learning disability health assessment framework in 2009, the purpose was to establish how well Primary Care Trusts and their partners were achieving four targets.

The four targets were:

- People still living in hospital settings
- Access to mainstream health services
- Safety
- Services for those needing more support

Bradford has completed four of these annual assessments and elements of previous assessments are measured within the JHSCLDSAF for 2013.

### 2.1 Key priorities in the assessment are :

- Winterbourne View Final Report Annex B (WBV)
- Adult Social Care Outcomes Framework 2013-14 (ASCOF)
- Public Health Outcomes Framework 2013-2016 (PHOF)
- National Health Service Outcomes Framework 2013-14 (NHSOF)
- Health Equalities Framework

### 2.2 Key levers for the improvement of health & social care services for people with learning disabilities;

- Equality Delivery System
- Safeguarding Adults at Risks requirements

- Health & Wellbeing Boards
- Consultation and co-production with people with learning disability and family carers

### 2.3 **Progress Report** on Six Lives and the provision of public services for people with learning disabilities.

The JHSCSAF and subsequent joint local improvement plans are designed to ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people assess how well people with a learning disability are supported to STAY HEALTHY, BE SAFE and LIVE WELL.

People with learning disabilities are socially and economically disadvantaged when compared to the general population and experience poorer health than the non-disabled population. **People with learning disabilities are 58 times more likely to die before the age of 50 than the general population (Hollins et al 1999).**

The Clinical Commissioning Groups and the local authority are working collectively to complete JHSCSAF. NHS England Local Area Teams and regional ADASS leads will receive the completed JHSCSAF. As part of the assurance process they will want to consider the approach to be taken locally to:

- seek views from people with learning disability, family carers and the 3rd sector
- identifying areas of best practice and areas of concern where a deep dive or sector led improvement may need to be undertaken
- provide joint feedback to local areas including people with learning disability and family carers.

## 3. **Report Issues:**

The submission is centred on 4 areas. It is more extensive than in previous years as it includes information that replaces some of the previous Learning Disability Partnership Board reporting requirements as well as the Health Self Assessment Framework for Learning Disability into a unified submission. This reflects the national evidence base and commissioning guidance that all Learning Disability commissioning should be undertaken jointly between CCGs and Local Authorities through the use of pooled financial and commissioning arrangements.

The Big Health & Wellbeing Check Up day held locally on 5<sup>th</sup> November 2013 where local users and their carers as well as third sector organisations were able to discuss the JHSCSAF, it provided an opportunity for them to share good news stories as well as areas of concern where they had experiences that provide evidence that improvements to local arrangements would be desirable. The feedback about local services was very positive and there were a number of examples of great services delivering valued services to people with Learning Disability as well as helping them to enjoy universal services in an equitable manner as a result of reasonable adjustments having been made. These stories will be used to populate the return as well as inform action plans locally.

### 3.1 **Data section:** This section collates local numerical data about people with Learning Disability, their access to services (both specialist Learning Disability services as well as universal services), the equity of that access, and the use of Registers,

Annual Health Checks and Health Action Plans. The data has been collected in a way that will allow GP practice by practice analysis of the results within each CCG to enable the CCGs to undertake detailed planning for future improvements. Currently the local data shows that:

- 57% of people with a Learning Disability eligible for an annual health check have received one and less have a Health Action Plan.
- As an example of issues arising, from the general population 52% of people eligible for bowel cancer screening have accessed this whilst only 22% of people with a Learning Disability have done so.
- CCG specific reporting will be presented in early 2014 to enable specific action planning to be undertaken.

**3.2 Staying Healthy:** As with the general population, people with learning disabilities should have their primary healthcare met through Primary Care services whenever possible. Healthcare for All (2008) highlighted the need for systems to be developed in primary and secondary care services so that the journey of people with learning disabilities is traceable.

The standard assesses how the Primary Care Enablers (Direct Enhanced Scheme, Quality and Outcome Framework registers for people with learning disabilities and Down Syndrome) are implemented in primary care. Valuing People Now reiterated that all people with learning disabilities should have a Health Action Plan that is integrated with their annual health check. The aim of integrated primary and community services providing person centred care is to avoid unnecessary hospital admissions. In total there are 9 indicators in this section, 3 red, 3 amber and 3 green. Detail is outlined in Appendix 8.1

**3.3 Being Safe:** Making sure that we design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice. This is something the Winterbourne stock take review highlighted. This section looks at safeguarding and quality. In total there are 9 indicators in this section, 1 red, 6 amber and 2 green. Detail is outlined in Appendix 8.1

**3.4 Living Well:** This section is based on the values that 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 community safe from crime and intolerance. This section is about inclusion, being a respected and valued part of society and leading fulfilling and rewarding lives. In total there are 9 indicators in this section, 1 red, 6 amber and 2 green. Detail is outlined in Appendix 8.1

## 4. OPTIONS

### Focus for Health and Care Commissioners:

As part of the process of gathering evidence for the JHSCSAF the team have started to use the information to develop an outline set of recommendations that can be considered as key priorities in developing the local action plan in response to the self assessment process. This will build on existing work to deliver actions locally following the Winterbourne Stocktake undertaken jointly between the local authority and Clinical Commissioning groups earlier in 2013.

- There is clear evidence of the benefits of ensuring a joint system for commissioning learning disability services between Health and Social Care and

the current arrangements do not support this. Support should be given to moving towards establishing a joint commissioning function.

- As a key element of improved Joint Commissioning, CCGs and LA need to update the local learning disability strategy.
- Continue to work on the development of improved, jointly managed Winterbourne registers
- Continue to develop and promote personal budgets with clear links to personal health budgets for people with a Learning Disability.
- Develop improved standards for the care review processes for people with a Learning Disability and implement integrated health and social care teams in line with the Integrated Adults Programme. As part of this the LA also need to embed the reviewing process that is part of the customer journey.
- Use detailed data collected as part of the JHSCSAF to inform CCGs of their performance in relation to the delivery of regular annual health checks and ensuring these result in a Health Action Plan.
- Further work needs to be undertaken to look at ways of improving the update of preventative health care screening by people with a Learning Disability
- LA and CCGs to work to revalidate the current learning disability registers with GP practices and specialist learning disability services.
- CCGs need to review and further develop systems for flagging learning disability status and reasonable adjustments that may be required when making referral to secondary or other universal health services.
- Deliver the planned training in April 2014 on raising awareness of learning disabled patients to dentistry staff.
- Provide training on raising learning disability awareness with local criminal justice workers and police.
- Provide awareness training on safeguarding and hate crime to universal health services
- Stronger links between safeguarding and commissioning around responses to safeguarding referrals.

Once the JHSCSAF is formally submitted a review process will take place with the NHS England Local Area Teams and regional ADASS leads. Further to this they will provide formal feedback which will lead to the development of a formal local action plan for delivery of identified improvements.

## **5. FINANCIAL & RESOURCE APPRAISAL**

The total spend on learning disability services is over £14.3m in Health and in the Local Authority £56m and this covers 1710 of people in receipt of services

## **6 OTHER IMPLICATIONS**

### **6.1. Equal Rights**

The Equality Act affects the commissioning of services and all service providers in that provision has to be made in respect of 'reasonable adjustments' for people when using services. This has already proved beneficial in raising the profile of the quality of service. Provision for people with learning disabilities.

## **7. RECOMMENDATIONS**

### **7.1 The Health and Wellbeing Board are asked to comment on the National Joint**

Learning Disability Health and Social Care Self-Assessment Framework 2013 submission the comments will be used to formulate the action plan.

## **8. APPENDICES**

**8.1** National Health and Social Care Self Assessment Framework 2013

## **9. BACKGROUND DOCUMENTS**

**9.1** Winterbourne View Final Report Annex B (WBV)

**9.2** Adult Social Care Outcomes Framework 2013-14 (ASCOF)

**9.3** Public Health Outcomes Framework 2013-2016 (PHOF)

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

**9.5** Health Equalities Framework

**9.6** Six Lives and the provision of public services for people with learning disabilities.

# **Joint Health and Social Care Self-Assessment Framework 2013 - Learning Disabilities**

## **Appendix 8.1**

### **THE MEASURES**

#### **Section A - Staying Healthy**

#### **Section B - Being Safe**

#### **Section C - Living Well**

Winterbourne View Final Report Annex B (WBV)

Adult Social Care Outcomes Framework 2013-14 (ASCOF)

Public Health Outcomes Framework 2013-2016 (PHOF)

The Health Equalities Framework (HEF) An outcomes framework based on the determinants of health inequalities (HEF) National Health Service Outcomes Framework 2013-14 (NHSOF)

## The Context

The Joint Health & Social Care Learning Disability Self-Assessment Framework has been developed to align as consistently as possible with some key national policy and guidance in direct response to the consultation undertaken 2012-2013.

The Self-Assessment Framework is a tool best employed and applied alongside the following vital policies and guidance documents;

- Winterbourne View Final Report
- Adult Social Care Outcomes Framework 2013-14
- Public Health Outcomes Framework 2013-2016
- The Health Equalities Framework (HEF) An outcomes framework based on the determinants of health inequalities
- National Health Service Outcomes Framework 2013-14
- 6 Lives Report



## Completing the Framework



**1. Guidance pack:** This explains the rationale and the processes. It tells localities what needs to be done, by whom and the local timeframes for completing the self assessment framework.

A screenshot of a table titled 'Learning Disabilities Performance and Self Assessment Framework'. The table has columns for 'The Framework', 'Level 1', 'Level 2', and 'Level 3'. The table contains detailed text and data related to the framework's components and levels.

**2. The Benchmark - Measures & Data:** This revised tool provides each local area with a nationally agreed benchmark to help assess their progress. The advantage of a national tool is that this makes regions and localities comparable and allows the Public Health Observatory to analyse national data. The tool has been developed in partnership and consultation with all regions, commissioners and people with learning



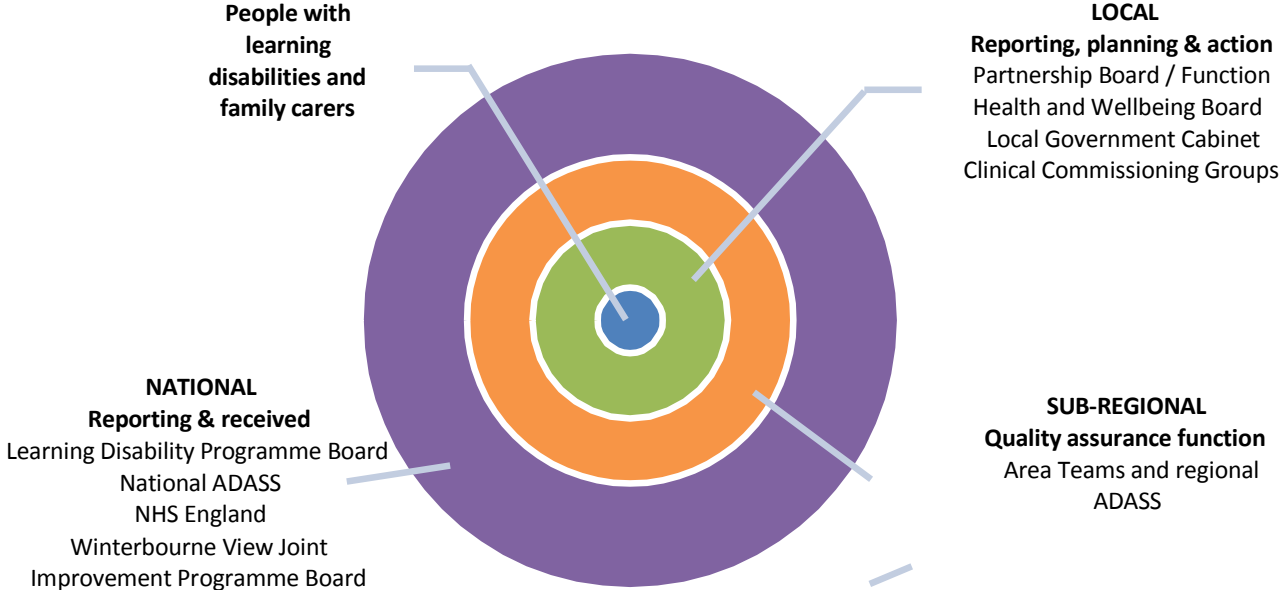
**3. The evidence tool:** Following consultation in 2012 - 2013, we have requested that the Improved Health and Lives observatory create an online feedback form which will allow easier and coordinated submission of responses and evidence.

# Traffic Light Rating System

<b>RED</b>	In order to rate yourself RED, you must meet the criteria described under this heading
<b>AMBER</b>	In order to rate yourself AMBER, you must meet the criteria described under BOTH the RED and AMBER headings
<b>GREEN</b>	In order to rate yourself GREEN, you must meet the criteria described under the RED, AMBER and GREEN headings

# The Proposed Governance

This year there is a huge change in the health and local authority structures nationally. The governance structure is outlined here:



## THE FRAMEWORK MEASURES

2011-12 SAF	2013 -11- 14 REF	MEASURE	RED	AMBER	GREEN	BRADFORD RATING – EXPLANATION OF RATING
		LD QOF register in primary care	The numbers of people on Learning Disability (LD) and Downs Syndrome Registers reflect the requirements outlined in QOF	Learning Disability and Down Syndrome Registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity)	Learning Disability and Down Syndrome Registers reflect prevalence data  AND Data stratified in every required data set (e.g. age / complexity / Autism diagnosis / BME etc.)	<b>GREEN</b> Learning disability and Down Syndrome registers reflect prevalence data and all data is stratified in required data sets. Data is now being interrogated to CCG and GP level to identify areas where we are not performing well for people with learning disabilities.
A3	A2	Screening 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	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	Comparative data in some of the health areas listed in the descriptor at LOCAL AREA TEAM/CLINICAL COMMISSIONING GROUP level	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	<b>GREEN</b> Comparative data is available to individual GP level and we intend to use this with the Clinical Commissioning Groups to inform action planning as a result of the Joint Health and Social Care Self-Assessment Framework.

			a learning disability			
A4 A5	A3	Annual Health Checks and Annual Health Check Registers	Registers not validated since set up.  25% of people with learning disability on the GP DES Register had an annual health check.	Registers Validated within past 12 months  50% of people with learning disability GP DES Register had an annual health check.	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.	<b>RED</b> Fifty-seven percent of people with learning disabilities had annual health checks last year, but registers have not been validated.  The vast majority of people with learning disabilities who were consulted with as part of the self assessment had been offered their annual health check.
	A4	Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care and these include a small number of health improving activities. Refer to RCG guidance around health action plans.	No evidence that the Annual Health Check and Health Action Plans are integrated.	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.	GP Health Action Plan (HAP) contains specific health improvement targets identified during the AHC for 50% of patients (to be captured through AHC template	<b>RED</b> There is evidence that Annual Health Checks and Health Action Plans are integrated, but currently only 45% have been completed as a result of Annual Health Checks in 2012/13
A7	A5	Screening Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area	Unable to produce data for pwld in each and every screening group a, b & c.	Numbers of completed health screening for eligible people who have a learning disability; AND Some comparative data but not for every screening group requested.	Numbers of completed health screening for eligible people who have a learning disability in every screening group; AND	<b>AMBER</b> Able to produce Data for people with learning disabilities in each screening group and we have the comparative data.

		<p>for :</p> <p>a) Cervical screening</p> <p>b) Breast screening</p> <p>c) Bowel Screening (as applicable)</p>			<p>Comparative data of screening rates in the non LD population for every screening group;</p> <p>AND</p> <p>Scrutinised exception reporting and evidence of reasonably adjusted services</p>	<p>However we have not used the GP level data to work with CCGs to improve uptake of screening for people with learning disabilities, scrutinised exception reporting or evidenced reasonably adjusted services.</p> <p>Accessible information on screening has recently been produced in consultation with people with learning disabilities</p>
A2	A6	<p>Primary care communication of LD status to other healthcare providers</p>	<p>There is no LOCAL AREA TEAM/CLINICAL COMMISSIONING GROUP wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals</p>	<p>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</p>	<p>Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based upon the Id 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</p>	<p><b>AMBER</b></p> <p>There is a system in place for enabling learning disability status and suggested reasonable adjustments if required to be included in referrals and there is evidence of this working. However, we are unsure if this is used consistently across all areas. We plan to review and revisit the flagging system in partnership with secondary care providers to make the system more robust and consistent</p>

				inherent to the system employed	system employed	
A10	A7	<p>Learning disability liaison function or equivalent process in acute setting:</p> <p>e.g. lead for Learning disabilities</p> <p>Known learning disability refers to data collated within Trusts regarding admission - HES data.</p>	No designated learning disability liaison function or equivalent process in place in one or more acute provider trusts per site	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.	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	<p><b>GREEN</b></p> <p>Matron meetings take place between the acute hospital matrons and community matrons about what is working and what is not working for people with learning disabilities.</p> <p>A link between acute hospitals and the Learning Disability Partnership Board is maintained by regular representation by acute hospital staff on the Healthier Lives Group, part of the Learning Disability Partnership Board.</p> <p>Additional Needs Meetings are held by People First, feedback is then provided to the hospitals on people with learning disabilities experiences of accessing hospitals in the district.</p> <p>Hospitals have an assessment system for gathering information when someone is admitted.</p> <p>Lots of training has been undertaken within hospitals relating to the needs of people with learning disabilities, this work requires ongoing resource.</p>
A8	A8	<p>NHS commissioned primary and community care:</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Dentistry</li> <li><input type="checkbox"/> Optometry</li> <li><input type="checkbox"/> Community Pharmacy</li> </ul>	<p>People with learning disability accessing/using these services are not flagged or identified.</p> <p>There are no examples of</p>	Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements.	All people with learning disability accessing/using service are known and patient	<p><b>AMBER</b></p> <p>Training packages are in place for community nursing teams. People First have carried out learning disability awareness training within pharmacy, optometry and with GP surgeries.</p>

		<input type="checkbox"/> Podiatry <input type="checkbox"/> Community nursing and midwifery  This measure is about universal services NOT those services specifically commissioned for people with a learning disability.	reasonable adjusted care		experience is captured  All of these services are able to provide evidence of reasonable adjustments and plans for service improvement	Mainstream dentists have now been targeted with awareness raising and reasonable adjustments training, which is planned for April 2014.  Audits of district nurses plans have been carried out and actions for service improvements have been put in place.  A midwifery pathway for pregnant ladies with learning disabilities is operational. Easy read information around optometry is available at Bradford Royal Infirmary
B4	A9	Offender Health & the Criminal Justice System	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	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	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	<b>RED</b> A partnership project between Choice Advocacy (an independent advocacy service for people with learning disabilities in Bradford) and the Probation Service to raise awareness of people with learning disabilities within the judicial system and provide advocacy support is operational in Bradford.  Plans are in place to offer learning disability awareness training to Police, Probation and Offending Teams.  Although there are no prisons in the Bradford District, we acknowledge that our role in supporting people with learning disabilities within the Criminal Justice System needs to be developed further.



			with learning disability	information provided by the 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.	
C9 B3	B1	Regular Care Review - Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in place for on-going placement monitoring and individual reviews.  Evidence should describe the type (face to face or telephone etc.)	Less than 90% of all care packages including personal budgets reviewed at least annually	Evidence of at least 90% of all care packages including personal budgets reviewed at least annually	Evidence of 100% of all care packages including personal budgets reviewed at least annually	<b>RED</b> All NHS funded care packages are reviewed on a face-to-face basis at least annually, more frequently if required by the circumstances of the client or other concerns about the placement itself. Within the new customer journey reviewing process for Adult Social Care, an annual review is built into this process. However, currently there are waiting lists for social care assessments and reviews, and a prioritisation process is in place. The local authority has commissioned Skylakes (a social work agency) to help to address the waiting list for social care assessments,

						this includes out of area placements.
C12	B2	Contract compliance assurance - For services primarily commissioned for people with a learning disability and their family carers	<p>Less than 90% of health and social care commissioned services for people with learning disability have;</p> <ul style="list-style-type: none"> <li>- had full scheduled annual contract and service reviews.</li> <li>- Demonstrate a diverse range of indicators and outcomes supporting quality assurance</li> </ul>	<p>Evidence of at least 90% of health and social care commissioned services for people with learning disability have;</p> <ul style="list-style-type: none"> <li>- had full scheduled annual contract and service reviews.</li> <li>- Demonstrate a diverse range of indicators and outcomes supporting quality assurance</li> </ul> <p>Evidence that the number regularly reviewed is reported at executive board level in both health &amp; social care.</p>	<p>Evidence of 100% of health and social care commissioned services for people with learning disability have;</p> <ul style="list-style-type: none"> <li>- had full scheduled annual contract and service reviews.</li> <li>- Demonstrate a diverse range of indicators and outcomes supporting quality assurance</li> </ul> <p>Evidence that the number regularly reviewed is reported at executive board level in both health &amp; social care</p>	<p><b>AMBER</b></p> <p>All NHS commissioned care for people with a learning disability have contract and regular reviews. However, the service specifications have no specific outcome measures and there are no learning disability ones in the overall contract quality indicators.</p> <p>The local authority has recently launched the Bradford Quality Assessment Framework (BQAF). The BQAF combines the customer care standards of the Quality Assessment Framework with the Care Quality Commission (CQC) Essential Standards for all regulated services. This provides the basis of the single quality model which is been used for Adult Social Care services. Learning disability services are part of the first tranche of rolling this out.</p> <p>Contracts and compliance hold monthly contract and commissioning meetings with providers across residential, nursing, short breaks and supported living services. Outcomes from these meetings are reported to the Learning Disability</p>

						Partnership Board, and Health and Well Being Boards.
C2 A9	B3	<p>Assurance of Monitor Compliance Framework for Foundation Trusts</p> <p>Supporting organisations aspiring towards Foundation Trust Status</p> <p>Governance Indicators (learning disability) per trust within the locality</p>	<p>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 &amp; EDS standards and foundation trust status</p>	<p>Commissioners review monitor &amp; EDS returns of foundation trust providers</p> <p>Evidence that commissioners are aware of and working with non-foundation trusts in their progress towards monitor level &amp; EDS compliance.</p>	<p>Commissioners review monitor returns and &amp; EDS review actual evidence used by Foundation Trusts in agreeing ratings</p> <p>Evidence that commissioners are aware of and working with non-foundation trusts in their progress towards monitor level &amp; EDS compliance.</p>	<p><b>GREEN</b></p> <p>Commissioners review monitor returns and EDS and review actual evidence used by Foundation Trusts in agreeing ratings. Bradford District Care Trust is working towards Foundation Trust status and commissioners are aware of and working with the Trust in monitoring their progress.</p> <p>EDS easy read information is available in Waddiloves about whether people feel they have been treated fairly and equally. Service user feedback is captured on an Elephant touch screen kiosk from patients with learning disabilities who access clinics.</p>
C3 C5 C11 C12	B4	<p>Assurance of safeguarding for people with learning disability in all provided services and support</p> <p>This measure must be read in the context of an expectation that ALL sectors, Private, Public and Voluntary / Community are delivering equal safety and assurance.</p>	<p>No Board Assurance and Learning points not identified</p> <p>Action plan(s) either not in place, or not yet discussed with partners</p>	<p>Regular Board Reporting and key points and lessons learned are included in action plans</p> <p>Evidence that Learning Disability Partnership Board(s) and/or health sub group(s) involved in reviewing progress</p> <p>The provider can demonstrate delivery of Safeguarding adults within the current Statutory</p>	<p>Evidence of robust, transparent and sustainable governance arrangements in place in all statutory organisations including Local Safeguarding Adults Board(s), Health &amp; Well-Being Boards and Clinical Commissioning Executive Boards</p> <p>The provider can demonstrate delivery of Safeguarding adults within the</p>	<p><b>AMBER</b></p> <p>We are actively involved with Bradford Safeguarding Adults Board (SAB) in a number of ways which provide assurances of safeguarding for people with learning disabilities. A task and finish group has been established by SAB in order to address specifically the issues raised by the Winterbourne case.</p> <p>The specific needs of people with learning disabilities are reflected in the SAB business plan.</p> <p>The NHS safeguarding commissioning policy sets out specific standards expected of all providers. The policy is embedded into</p>

				<p>Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent.</p> <p>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.</p>	<p>current Statutory Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance (SAAF) framework or equivalent.</p> <p>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.</p> <p>There is evidence of active provider forum work addressing the learning disability agenda</p>	<p>all standard NHS contracts and providers (including nursing homes) submit an annual declaration against each standard. Providers also submit an annual report and mid-year update, confirmed through the relevant Quality Performance Group. NHS Safeguarding leads see all serious incidents and review SI reports where there are safeguarding issues. Commissioning attends safeguarding conferences where there are concerns about providers.</p>
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C13	B5	Training and Recruitment - Involvement	<p>No evidence of commissioning and provider practice that demonstrates involvement of people with learning disability and families in the recruitment and training of staff</p>	<p>LD specific services: evidence of 90% of services involving people with learning disability and families in recruitment/ training and monitoring of staff.</p> <p>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.</p>	<p>LD specific services: evidence of 100% of services involving people with learning disability and families in recruitment/ training and monitoring of staff including advocates.</p> <p>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</p>	<p><b>AMBER</b></p> <p>The provider framework hosts 26 organisations. The framework is set up to enable people with learning disabilities and their families to tender for a provider of their choice to deliver their support.</p> <p>The local authority now ensures that people with learning disabilities and their families are involved in the tendering and procurement of newly commissioned services.</p>
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					good practice and experience.	
	B6	<p>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.</p> <p>This is a challenging measure but it is felt to be vital that all areas consider this.</p>	<p>No evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment &amp; management of the workforce</p>	<p>LD Specific Provision: Some evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment &amp; management of the workforce</p> <p>No clear evidence of this approach in relevant universal services</p>	<p>Clear evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment &amp; management of the workforce</p> <p>Evidence of this approach in relevant universal services</p>	<p><b>GREEN</b></p> <p>People with learning disabilities living at a residential home in the district which was re-commissioned in April 2012 with a transformational contract, are now using public transport to access local facilities and services. They note that the bus drivers are being helpful in facilitating this for these individuals.</p> <p>Within consultations with people with learning disabilities, they told us that some people feel safe but some people don't. They felt that feeling safe is largely to do with the staff that supports you, the level of support you receive, where you live and contact with family and friends.</p> <p>People were concerned that people living on their own may not know where to go for support and may be lonely and isolated, making them more vulnerable.</p>
NEW	B7	<p>Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments</p>	<p>Not all strategies are up to date and there are not Equality Impact Assessments in place for every strategy.</p>	<p>Up to date Commissioning Strategies and Equality Impact Assessments are in place.</p>	<p>Evidence of Commissioning Strategies and associated Equality Impact Assessments being presented to people who use services and their</p>	<p><b>AMBER</b></p> <p>The local authority has completed Equality Impact Assessments for services where there is a potential change to service delivery. The learning disability</p>

		and are clear about how they will address the needs and support requirements of people with learning disabilities.			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.	strategy now needs to be updated
C14	B8	Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience	No evidence of commissioning practice that demonstrates changed practice as a result of complaints and whistleblowing	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.	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.	<p><b>AMBER</b></p> <p>The local authority and Health work closely with providers to ensure that change required as a result of complaints is managed effectively. We have been working through detailed action plans relating to complaints, performance and safeguarding with three local providers over the past 12 months. This is a very detailed piece of work that has resulted in the providers reviewing their organisational policy and procedures as well as local delivery of services.</p> <p>All main contracts for Health request complaints reports to be provided and to identify themes and trends. Whistle blowing policies are in place and systems for monitoring this are in development.</p>
C4 C8	B9	Mental Capacity Act & Deprivation of Liberty	There is no evidence that organisations	There is limited evidence that the implementation	All appropriate providers have well	<p><b>AMBER</b></p> <p>Through the social care assessment process Mental</p>

			<p>routinely check implementation of MCA guidance relating to decision making, capacity, and restrictions</p>	<p>of MCA guidance relating to decision making, capacity, and restrictions is checked within contract monitoring and commissioning.</p>	<p>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.</p>	<p>Capacity Act is reviewed where required. This has identified that more work needs to be done with some providers to ensure records and outcomes for people are updated.</p> <p>Within Health, the safeguarding standards include MCA and DoLS specific requirements. All our Trust providers are declaring compliance with MCA and DoLS policies. Acute Hospital Trust providers are declaring amber on restraint policies.</p>
C15	C1	Effective Joint Working	<p>There is no evidence of integrated governance structures such as Section 75 or 37 agreements. There are no joint commissioning functions in place.</p>	<p>Commissioners can provide evidence of integrated governance structures. Monitoring is undertaken jointly and key partners are involved at Partnership Board level.</p> <p>Joint commissioning functions are in place.</p>	<p>There are well functioning formal partnership agreements and arrangements between health and social care organisations.</p> <p>There is clear evidence of pooled budgets or pooled budget arrangements, joint commissioning structures, intentions, monitoring and reporting arrangements.</p>	<p><b>RED</b></p> <p>There is no evidence of integrated governance structures such as Section 75 or 37 agreements. There are no joint commissioning functions in place.</p> <p>Key partners are involved at Learning Disability Partnership Board level.</p>



NEW	C2	Local amenities and transport	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.	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.	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.	<p><b>AMBER</b></p> <p>There is a lot of work underway to review current transport arrangements within adult services. The local authority have issued guidelines for care managers as part of the assessment process which considers more person centred travel plans including public transport.</p> <p>A new project called Project Search which involves partnership working between a local school, a local day service provider and a local hospital is supporting 11 students into employment. This has been set up using person centred travel arrangements. Other plans are in place to review and develop other person centred travel arrangements throughout the district.</p> <p>Bradford has a number of changing places within the city and there is scope for more arrangements for this.</p> <p>Bradford Travel Training Unit is funded to provide travel training over a specified route for people with learning disabilities on a one-to-one basis.</p>
NEW	C3	Arts and Culture	No examples of people with learning disability	Few examples of people with learning disability having access to reasonably	Numerous examples of people with learning disability having	<p><b>GREEN</b></p> <p>There are many examples of people with learning disabilities having access to</p>

			<p>having access to reasonably adjusted facilities and services that enable them to participate fully e.g. cinema, music venues, theatre, festivals.</p>	<p>adjusted facilities and services that enable them to participate fully e.g. cinema, music venues, theatre, festivals.</p>	<p>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.</p>	<p>reasonably adjusted facilities and services, these include: monthly Autism screening at a local cinema, shows at the Alhambra and St Georges Hall are accessed by people with learning disabilities and carers go free into theatres. Mind the Gap theatre company is for learning disabled and non-disabled artists to work together to produce theatre shows and performances. Sing from the Heart group is for adults with learning and physical disabilities and performs songs from musicals and rock and pop. Disability Rocks music and arts festival takes place in Bradford annually and is a hugely popular event. Other arts and culture activities include: Big Soup, Big Voices, New Community Arts, Good Vibe Night, Big Band Night and Beat It. People First have also undertaken some checking of local services to see how accessible they are.</p> <p>'Coming Soon' events mailing is an email that lets people know about local events.</p>
NEW	C4	Sport and Leisure	<p>No examples of people with learning disability</p>	<p>Local examples of people with learning disability having access to reasonably</p>	<p>Extensive and equitably geographically distributed examples of</p>	<p><b>GREEN</b> Physiotherapists and Health Trainers run walking groups for people with learning</p>

			<p>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.</p>	<p>adjusted facilities and services that enable them to participate fully e.g. local parks, leisure centres, swimming pools, walking groups etc.</p>	<p>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.</p>	<p>disabilities and groups that are accessible for everyone.</p> <p>People with learning disabilities, family carers and support workers confirm there are numerous accessible swimming pools which are warm with hoists and lifts, buses with low floors which make travelling by public transport easier, local parks which are accessible and well utilised, plus sauna, jacuzzi and spa areas in one leisure centre. There is Jewels cheerleading squad for people with learning disabilities, disabled cricket team, Bumbles Rugby Team - England's first mixed ability inclusive team. Disability Sports help people to access sport and leisure opportunities in the district.</p> <p>There is a wide range of learning disability provision, joint and mainstream activities which people can access depending on their needs and interests, these services allow people to develop their independence and gain the confidence to access other services.</p>
NEW	C5	Supporting people with learning disability into and in employment	No data and commissioning intentions in place	Relevant data available and collected. The targets nationally and locally determined	Relevant data available and collected. The targets nationally and locally	<p><b>AMBER</b></p> <p>We have commissioned various initiatives to support people with learning disabilities into paid and</p>

				<p>(See ASCOF) have been met for people with learning disability supported into employment in the past 12 months</p> <p>AND</p> <p>Employment activity of people with learning disability is linked to data</p>	<p>determined (See ASCOF) have been met for people with learning disability supported into employment in the past 12 months</p> <p>Employment activity of people with learning disability is linked to commissioning intent for future services</p> <p>Commissioning is clearly linked to proportionate local need.</p>	<p>voluntary work; however this continues to be a priority for the Learning Disability Partnership Board. Ways to improve the monitoring of employment activity for people with learning disabilities are being considered by Commissioners and Performance within the local authority.</p> <p>Within Bradford a new project has just started called 'Project Search' which supports people with complex needs from schools into employment through an apprenticeship route. This project is supporting 11 people and involves partnership work between a local school, local support provider and the local hospital.</p> <p>Hft are building links with the Job Centre to access funding through Access to Work which will enable people to have support within their work environment.</p> <p>Bradford People First has been successful in securing Big Lottery Funding which will fund additional paid jobs for people with learning disabilities.</p>
B3 C10	C6	Effective Transitions	No evidence of a Single Education,	Evidence of at	Evidence of 85% of people with	AMBER

		<p>for young people</p> <p>A Single Education, Health and Care Plan for people with learning disability</p>	<p>Health and Care Plan for people with learning disability Little or no evidence of transition planning or structures to support effective transitions in health &amp; social care</p>	<p>least 50% of people with learning disability has a current and up to date Single Education, Health and Care Plan by 2014.</p> <p>There is evidence of effective plans, strategy, service pathways and multi-agency involvement across Health and Social Care</p>	<p>learning disabilities has a current and up to date Single Education and Care Plan by 2014.</p> <p>There is evidence of well established and monitored strategy, service pathways and multi-agency across Health and Social Care. There is evidence of very clear transition services or functions that have joint health &amp; social care scrutiny and ownership.</p>	<p>SEND review is around integrating teams and that integration developing a single education, health and care plan by 2014. There is a strategy and pathway around multi-agency involvement across Health and Social Care.</p>
	C7	<p>Community inclusion and Citizenship</p>	<p>No reference to indicators of social exclusion, hate &amp; mate crime, natural support or isolation of people with learning disability in Joint Strategic Needs Assessments or Public Health data.</p> <p>No clear commissioning intentions or action plans that address the social inclusion and citizenship</p>	<p>Some evidence of data and findings of social exclusion, hate &amp; mate crime, natural support or isolation of people with learning disability in Joint Strategic Needs Assessment.</p> <p>Clear commissioning intentions or action plans that address the social inclusion and</p>	<p>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.</p> <p>Commissioning intentions and processes are aligned across both health &amp; social</p>	<p><b>AMBER</b></p> <p>Bradford has hate crime reporting centres across the district.</p> <p>Bradford People First have a hate crime group and undertake work to train professionals about what hate crime is and how it can affect people with a learning disability. They have also trained people with learning disability and been to schools to tell people what a hate crime is and how to report it. To date they have trained over 400 front line Police Officers on how to recognise a hate crime and a disability hate crime.</p> <p>People are represented at high level meetings and there are always plenty of</p>

			needs of people with a learning disability	citizenship needs of people with a learning disability, including the support of friendship development and maintenance	care, supported by joint commissioning arrangements.  Clear evidence of strong consultation with local communities developing what it means to be a citizen	consultation and engagement opportunities about relevant policy changes and decisions.  Luv2meetU a friendship and dating agency for people with learning disabilities in Bradford is enabling people to make new friends, develop relationship and access mainstream community activities, such as swimming, bowling, meals out and clubbing. Individuals are encouraged to travel to activities independently using public transport.
C10	C8	<p>People with learning disability and family carer involvement in service planning and decision making including personal budgets</p> <p>This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.</p>	There is no evidence that people with learning disability and families have been involved in co-production of service planning and decision making.	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	Clear evidence of co-production in universal services that the commissioners use this to inform commissioning practice	<p><b>AMBER</b></p> <p>Universal services hold district wide consultation for all policy changes and people with learning disabilities are actively involved in this process through a variety of well established forums and groups.</p> <p>A number of people with learning disabilities use personal budgets. It is noted that people with personal budgets are able to choose Personal Assistants who are matched to the age or interests, are more likely to access community facilities and develop real friendships with the people who are supporting them.</p> <p>People with learning disabilities and family carers are involved in the tendering</p>

						<p>and procurement of new services. People with learning disabilities are also trained as Quality Checkers for the local authority and work closely with commissioning and contracting to undertake consultations with users of services across the district and make recommendations on how services can be improved.</p> <p>There is some influence over universal services, but not co-production.</p>
NEW	C9	Family Carers	<p>Commissioners do not have clear information on the numbers of registered carers in the locality.</p> <p>There is little evidence of formal arrangements to allow carer voice to shape commissioning intentions and provider delivery</p>	<p>Commissioners have clear information on the numbers of registered carers in the locality including the number of carers offered and in receipt of a carer's assessment.</p> <p>There is clear evidence of a carer's strategy and that this has been consulted upon.</p> <p>There is clear evidence that providers of LD services involve family carers in service</p>	<p>Commissioners are using needs assessment information relating to carers to shape services and provide a range of support.</p> <p>There is clear evidence of a carer's strategy that has been co-produced with family carers and that this has been consulted upon.</p> <p>There is clear evidence that providers of LD services</p>	<p><b>AMBER</b></p> <p>We use needs assessment information to shape services, examples are use of section 256 monies to support new 'training for carers' and 'carer breaks' services, also the proposed development of generic services for carers.</p> <p>A carer's strategy is in place and this was consulted upon widely. We are due to refresh the strategy shortly and co-production is intended.</p> <p>We have clear evidence that providers of learning disability services involve family carers in service development across the wide range of services commissioned across the</p>

				development.	involve family carers in service development. There is clear evidence that such involvement has led to service improvement.	district.
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