

REPORT TO THE HEALTH AND WELLBEING BOARD

Date 9th June, 2015

Joint Health and Social Care Learning Disability Self Assessment 2014

Report Sponsor: Rachel Dickinson
Report Author: Jane Wood
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1. Purpose of Report

1.1 To present the Barnsley Joint Health and Social Care Learning Disability Self Assessment to the Health and Wellbeing Board as part of the expected governance arrangements.

2. Recommendations

2.1 Health and Wellbeing Board members are asked to:-

- Note the findings of the self assessment, note the areas of good practice and support improvement actions where required.
- Agree the governance and reporting arrangements proposed.

3. Introduction/ Background

3.1 ADASS and NHS England are committed through the Transforming Care Programme to an annual Self-Assessment process for people with learning disabilities. The full national analysis of last year's assessment has been widely used to inform sector led improvement, to identify successes and to highlight areas where further work is needed.

3.2 The governance structure is designed to facilitate local, regional and national arrangements for reporting, planning and action. It is assumed that the Local Authorities and CCGs, through their Health and Wellbeing Boards (H&WBB), will provide the local leadership. The geographical arrangements for the LDSAF are based on Local Authority/ Health and Wellbeing Board boundaries.

4. Barnsley Submission

4.1 **Timeline** The self assessment was launched in September 2014 and involved gathering data and evidence from a number of sources including GP practice

systems and through engagement with people with Learning Disabilities and their families and support providers. The draft assessment was submitted for initial analysis prior to the Yorkshire and Humber Peer Validation event on 16.1.15, which was attended by a small team from Barnsley. The final draft was submitted to Public Health England, Improving Health and Lives (IHAL), LD public health observatory at the end of January.

4.2 Barnsley self assessment – a summary of the peer validated self assessment is being presented to the H&WBB with particular areas of good practice and areas of concern highlighted. An action plan has been developed in response to the assessment. There will be both local and sub regional elements to the action plan. See appendices 1,2 & 3 for details of the submission.

4.3 Table 1 shows the comparative scores for Barnsley for 2013 and 2014

	2013	2014
Red	3	1
Amber	15	10
Green	7	12
TBC		2
Total	25	25

The summary of the changes in scored are that 6 indicators have improved, 15 have been maintained and 2 have gone down. Indicator A4: Health Action Plans are generated at the time of the annual health check in primary care has moved from amber to red because the definition of the indicator has changed, however we know through talking to people with Learning Disability that Health Action Plans are commonly in use and understood. Indicator C1: effective joint working has moved from green to amber because the definition has changed to include a requirement for pooled budget arrangements.

5. Next Steps

5.1 The local action plan will be developed to include timescales and prioritisation to support effective oversight by the Joint Commissioning Group. The action plan will be implemented by the Learning Disability Health sub group.

5.2 IHAL will publish the results of the self assessment and the National themed analysis on their website and the findings will be presented to the ADASS National Executive and the Ministerial Programme Board by the end of May 2015.

5.3 It has been indicated that NHS England intend to set up a regional programme board to oversee the Adult Learning Disabilities agenda (Transforming Care and the Joint Health and Social Care Self Assessment) and there will be a requirement to submit a quarterly update on progress against the local and regional action plan.

6. Financial Implications

6.1 There are no specific financial implications.

7. Consultation with stakeholders

7.1 Engagement with people with Learning Disability, family carers and support providers has taken place throughout the process. The LD Health sub group has previously reported to the Valuing People Expert Partnership.

8. Governance and Reporting arrangements

8.1 The LD Health sub group will oversee the implementation of the LD HSC SAF Action Plan.

8.2 The Commissioner recommends that responsibility for the assurance of delivery against the action plan be delegated to the Adult Joint Commissioning Group on behalf of the H&WBB.

8.3 The Health sub group will submit exception reports bi-annually to the JCG detailing progress against actions and detailing any specific areas of achievement or concern.

8.4 A further report will be submitted annually as a minimum to the H&WBB.

9. Appendices

9.1 Appendix 1 – Detailed measures and indicators description

Appendix 2 – Barnsley Submission

Appendix 3 – Barnsley summary comparison and Working Action Plan – 2013 – 2014

Appendix 4 – Barnsley Comparison with Y&H submissions


LD_SAF 2014
indicators.pdf


Barnsley
submission.pdf


LD H&SCSAF 2014
action plan.docx


HSCSAF SYB
comparison.docx

10. Background Papers

10.1 Full submission and governance documents

Officer: Jane Wood

Contact: 772285

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