

Leeds Health & Wellbeing Board

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Report of: Director of Adult Social Care, Leeds City Council, and Chief Officer, Leeds North Clinical Commissioning Group

Report to: Health and Wellbeing Board

Date: 27 March 2014

Subject: Learning Disability Self-assessment and Winterbourne View Stocktake

Are there implications for equality and diversity and cohesion and integration?	<input checked="" type="checkbox"/> Yes	<input type="checkbox"/> No
Is the decision eligible for Call-In?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
Does the report contain confidential or exempt information? If relevant, Access to Information Procedure Rule number: Appendix number:	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Summary of main issues

1. Leeds entered a submission for the 2013 learning disability self-assessment. Public Health England has asked that Health and Wellbeing Boards be made aware of the submission.
2. Key areas from the Learning Disability self-assessment are highlighted
3. Leeds completed a stocktake of progress against the Winterbourne View concordat as part of the Winterbourne View Joint Improvement Programme. NHS England, the Local Government Association and the Department of Health asked that the stocktake be shared with health and Wellbeing Boards by March 2014.
4. Key areas from the stocktake are highlighted together with some local priorities for commissioners.

Recommendations

The Health and Wellbeing Board is asked to:

- Note the partnership work which is already happening to meet the requirements of the self-assessment and Winterbourne View stocktake.

- Support the joint work necessary to ensure that people with learning disabilities and complex needs have their health and social care needs met in Leeds in appropriate settings.
- Receive further reports on progress against the Winterbourne View stocktake and feedback from the Learning Disability self-assessment Framework.

1 Purpose of this report

- 1.1 In 2013 the Leeds Learning Disability Partnership Board (LDPB) completed a learning disability self-assessment which was submitted to Public Health England and Improving Health and Lives (IHAL). This will be an annual requirement and Partnership Boards are asked to make Health and Wellbeing Boards aware of the submission.
- 1.2 Following the exposure of abuse of patients at Winterbourne View, a learning disability in-patient service, all responsible local commissioning organisations (local authorities, clinical commissioning groups and NHS England) were required to complete a local stocktake as part of the Winterbourne View Joint Improvement Programme. Local authorities are the lead for the stocktake and responses were required to be shared with Health and Wellbeing Boards.
- 1.3 This report begins with some background information on the two submissions and informs the Health and Wellbeing Board of the key issues.

2 Background information

2.1 Joint Health and Social Care Learning Disability Self-Assessment Framework

- 2.1.1 Since 2008, LDPBs have completed an annual learning disability health self-assessment. The assessment required LDPBs to report on the uptake of the whole range of primary and secondary health care services by adults with learning disabilities, and people's experience of using these services. From 2010 LDPBs also had to complete an annual Partnership Board Self-Assessment reporting on a whole range of services and support which contribute to an individual's health and wellbeing such as housing, employment and leisure.
- 2.1.2 In 2013 the two self-assessments were amalgamated and LDPBs were asked to complete one assessment under the themes of staying healthy, being safe and living well.
- 2.1.3 The Leeds LDPB was established in 2001 following the publication of the Government's White Paper 'Valuing People' (2001). The Board comprises of representatives from health and social care commissioners and providers, private and voluntary sector providers, family carers and people with learning disabilities. It acts as a conduit for discussion and consultation and is jointly chaired by Cllr Ogilvie as the Lead Member for Adult Social Care (ASC) and Susan Hanley a woman with learning disabilities.

2.1.4 The demographic information for the submission was collected from GP registers (as instructed in the guidance). The Leeds submission reported that there are 2,686 people with a learning disability (from 0 to over 65) known to GP practices. Of this number 1,526 are recorded as having a complex or profound learning disability. This group is distinct from the population who have a learning difficulty which in a city the size of Leeds we would estimate to be approximately 15000 people.

2.2 Winterbourne View Joint Improvement Programme, Stocktake of Progress

2.2.1 In 2011, a Panorama investigation broadcast on television exposed the abuse of patients with a learning disability in Winterbourne View, a learning disability hospital. As a response to this the minister for care and support gave the Local Government Association (LGA) and NHS England resources to set up a programme called the Winterbourne View Joint Improvement Programme (WVJIP). The purpose of which was to help local commissioners transform care in line with a vision to end the inappropriate placements of people with learning disabilities in mental health hospitals by June 2014.

2.2.2 The WVJIP asked local areas to complete a stocktake of progress, against national commitments to support the discharge of individuals from hospital to appropriate community settings. The purpose of the stocktake is to enable local areas to assess their progress and for that to be shared nationally. An expected outcome is the sharing of good practice. The stocktake will provide a local assurance tool for the Health and Wellbeing Board.

3 Main issues

3.1 Leeds' Submission of the Self-Assessment form (SAF)

3.1.1 The Joint Health and Social Care Learning Disability Self-Assessment Framework (JHSCSAF) is a single delivery and monitoring tool that supports Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) to work with local people to assure themselves, the Health and Wellbeing Board, NHS England, Department of Health and the Association of Directors of Adult Social Services (ADASS) that the key levers for the improvement of health and social care services for people with learning disabilities are used effectively.

3.1.2 The SAF is divided into two distinct sections. The first section is data collection with 149 questions under 59 domains. The data was collected from a range of sources including Public Health, CCGs Children's Services, Adult Social Care etc.

3.1.3 The second section of the SAF is divided into three headings; staying healthy, being safe and living well. LDPBs are asked to rate their progress against a set of measures and are invited to submit real life stories to explain why they think they are strong on a particular indicator or improvement is needed. At the September LDPB members shared their stories and worked on the submission.

3.1.4 This is the first year for the new SAF and there have been a number of issues. Many questions have been changed during the process in response to questions from those with responsibility to complete the documentation. Definitions are not always clear and information has been requested on areas on which data is not routinely collected.

3.2 Overall Level of achievement

3.2.1 The second part of the SAF includes 27 questions under the headings staying healthy, being safe and living well. These 27 questions require a RAG rating.

3.2.2 In most areas the LDPB felt that amber was an appropriate rating relative to the guidance given. Most of the topic areas are complex and involve multiple inputs to bring about the desired overall change so this would appear to be reasonable.

3.2.3 Five questions were scored at green or between amber and green (according to the guidance). These were specifically related to safeguarding, effective joint working, sport and leisure, the assurance of monitor compliance framework for Foundation Trusts and a designated liaison function in place within an acute setting. This scoring was validated at review when four of the areas were moved to an overall green.

3.2.4 An explanation for rating has been provided for each of the 27 questions and a real life story or experience also provided for 10 of these

3.2.5 Overall the Leeds SAF provides a positive picture of the delivery of services and support to adults with learning disabilities. It reflects the long standing partnership arrangements and involvement. It highlights the areas for further improvement being:

- improve identification of LD patients on QOF registers
- increase uptake of health checks and provision of health action plans an uptake of health screening e.g. breast, cervical and bowel screening
- develop a systematic or consistent approach to the communication of LD status between health care providers e.g. GP practice to acute hospitals.

3.2.6 ADASS and the NHS England Area Teams have collaborated to develop a peer review approach to quality assurance. The feedback provided supports Leeds own self assessment and a meeting has been arranged with the NHS England Area Team to take forward action plans for areas identified for further improvement.

3.3 Leeds stocktake of progress for Winterbourne View Joint Improvement Programme (WVJIP)

- 3.3.1 The stocktake of progress was completed by officers from ASC and the CCGs within a short timeframe.
- 3.3.2 In Leeds the programme for moving people out of hospital had begun in 2009 prior to the Winterbourne View programme. A pooled budget for learning disabilities has been in place since 1997 with joint commissioning arrangements formalised in a Section 75 agreement. These partnership arrangements and a strategic commitment to ensuring, where possible, that people are supported to live in Leeds in community settings meant that Leeds was in a strong position in completing the stocktake.
- 3.3.3 Feedback from the Joint Improvement Team has highlighted key strengths particularly around partnerships and not highlighted any areas for development.
- 3.3.4 In Leeds however the CCGs are leading on a review of the care pathway for people with learning disabilities and complex needs. The whole systems strategic review is designed to improve local service provision to provide more effective and efficient provision for people with the most complex needs and minimise the use of out of area placements. The Strategic Review report identifies key recommendations; and a high level action plan has been developed to address these.
- 3.3.5 The process of the stocktake itself raised significant issues both nationally and locally. No definitional guidance was provided to local areas and this resulted in differences in interpretation of those included. There have also been significant issues in the sharing of information.

3.4 Numbers and recording

- 3.4.1 A number of problems were experienced locally and nationally in identifying the cohort and sharing information for the purposes of the Stocktake.
- 3.4.2 Firstly at the time of the Stocktake there was no clear definition for the cohort to be identified for CCG registers.
- 3.4.3 Secondly the Stocktake identified that those in specialist hospital provision and case managed by specialist commissioning groups were to be included. This created a significant problem in identifying these patients as they were outside of the original scope of Winterbourne View Final Report (Transforming Care 2012) recommendations.
- 3.4.4 The sharing of information between the Commissioning Support Unit (CSU) and CCG to identify the special hospital cohort was particularly problematic as it compromised information governance guidance in respect of patient identifiable information being held by CCG's. The information supplied included patients whose primary diagnosis was not learning disability, and who were not known to statutory learning disability services, and therefore the data had to be cleansed to ensure that only those with a learning disability diagnosis were included.

- 3.4.5 The Leeds return confirms that we are confident that we will meet the June 2014 deadline for ensuring that all people who should not be in hospital are appropriately supported outside of a hospital setting. A group of Leeds officers from health and social care met with the new Director of the WVJIP in January 2014 and he was very positive about the partnership working that is taking place in Leeds.

4 Health and Wellbeing Board Governance

4.1 Consultation and Engagement

- 4.1.1 The members of the Learning Disability Partnership Board contributed to the SAF. A workshop was also facilitated by Inclusion North, a learning disability infrastructure organisation for the North of England.
- 4.1.2 Updates on Winterbourne View and progress have been regular items at the LDPB and at the Learning Disability reference group
- 4.1.3 Engagement with people with learning disabilities from across the city plays an on-going and vital role in the development of services in Leeds. The Asking You reference group is a group of approximately 40 people with a learning disability who take part in regular consultations about specific issues, as well as holding a shadow meeting prior to the LDPB to ensure that service user views are represented for each agenda item.

4.2 Equality and Diversity / Cohesion and Integration

- 4.2.1 Both returns referred to in this report are based on a human rights approach to ensuring people with learning disabilities are supported to have a lifestyle which offers the same opportunities as any other adult in the local community and feel safe and free from abuse.
- 4.2.2 The strategic commitment to ensuring, where possible, that people are supported to live in Leeds in community settings will promote both community cohesion and integration. It will also play a vital role in ensuring those within minority groups, such as people with profound and multiple learning disabilities are not disadvantaged and are able to be supported within Leeds.

4.3 Resources and value for money

- 4.3.1 The Leeds review of progress against the Winterbourne View stocktake and feedback from the Learning Disability self-assessment Framework will feed into the overarching commissioning framework for learning disability services in Leeds.
- 4.3.2 Commissioners will use the information gathered to inform the prioritisation of spend and to ensure continued integration of commissioning plans with health partners. This will ensure we continue to make the best use of the collective resources available in Leeds, sometimes referred to as the 'Leeds Pound'.

4.4 Legal Implications, Access to Information and Call In

- 4.4.1 This report meets the requirement that Public Health England has placed upon Leeds City Council to make Health and Wellbeing Boards aware of the submission that has been entered for the 2013 learning disability self-assessment.
- 4.4.2 The report also meets the requirement from NHS England, the Local Government Association and the Department of Health to share the stocktake of progress against the Winterbourne View concordat as part of the Winterbourne View Joint Improvement Programme with Health and Wellbeing Boards by March 2014.
- 4.4.3 This report is an update on progress and is therefore not eligible for call in.

4.5 Risk Management

- 4.5.1 On-going updates on both returns will be provided to the Learning Disability Joint Strategic Commissioning Executive which provides robust governance and to the Learning Disability Partnership Board.

5 Conclusions

- 5.1 Leeds have completed the submission for the 2013 learning disability self-assessment and the local stocktake as part of the Winterbourne View Joint Improvement Programme.
- 5.2 Both returns have had positive feedback and there are mechanisms in place to address areas for development and continue to improve the support available to people with learning disabilities in Leeds.

6 Recommendations

- 6.1 The Health and Wellbeing Board is asked to:
- Note the partnership work which is already happening to meet the requirements of the self-assessment and Winterbourne View stocktake.
 - Support the joint work necessary to ensure that people with learning disabilities and complex needs have their health and social care needs met in Leeds in appropriate settings.
 - Receive further reports on progress against the Winterbourne View stocktake and feedback from the Learning Disability self-assessment Framework.