

The LD Self-Assessment Framework - Comparing 2103 and 2014

The LD Self-Assessment Framework - Comparing 2103 and 2014

Appendix 1

	2013	2014
Total number of questions to answer	27	23*
Green	5	6
Amber	14	11
Red	3	6
Not answered**	5	
IHAL to complete	0	4

*There were 27 questions in total however IHAL completed four of them (Shown as X in blue)

**No data was submitted for these questions in 2013 (Shown as X in yellow)

Direction of travel	↑	9	A1	A4	A6	A7	A8	A9	B3	C4	C6
	↔	9	A2	B4	B5	C3	B7	C1	C2	C7	C8
	↓	5	B1	B2	B6	B8	C5				
Cannot compare		4	A3	A5	B9	C9					

All questions read across from 2013 to 2104 with the exception of C9

2013		2014		DOT
A1. LD QOF register in primary care	A	A1: Learning disabilities Quality Outcomes Framework (QOF) register in primary care	G	↑
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 and Epilepsy	R	A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy	R	↔
A3. Annual Health Checks and Annual Health Check Registers	A	A3: Annual health checks and annual health check registers To be answered by IHAL	X	N/A
A4. Health Action Plans Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care	R	A4: Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care	A	↑
A5. Screening Comparative data of people with learning disability vs. similar age	A	A5: National Cancer Screening Programmes (bowel, breast and cervical) To be answered by IHAL	X	N/A
A6. Primary care communication of learning disability status to other healthcare providers	X	A6: Primary care communication of learning disability status to other healthcare providers	A	↑
A7. Learning disability liaison function or equivalent process in acute setting	X	A7: Learning disability liaison function or equivalent process in acute setting	A	↑
A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry	X	A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry	A	↑
A9. Offender Health & the Criminal Justice System	X	A9: Offender health and the Criminal Justice System	R	↑

The LD Self-Assessment Framework - Comparing 2103 and 2014

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.	A	B1: Individual health and social care package reviews Commissioners know that all funded individual health and social care packages for people with learning disability across all life stages are reviewed regularly.	R	↓
B2. Contract compliance assurance For services primarily commissioned for people with a learning disability and their family carers	A	B2: Learning disability services contract compliance Contract compliance assurance – for services primarily commissioned for people with a learning disability and their family carers.	R	↓
B3. Assurance of Monitor Compliance Framework for Foundation Trusts	A	B3: Monitor assurances Assurance of Monitor Risk Assessment Framework for Foundation Trusts	G	↑
B4. Assurance of safeguarding for people with learning disability in all provided services and support	A	B4: Adult safeguarding Assurance of safeguarding for people with a learning disability.	A	↔
B5. Training and Recruitment - Involvement	A	B5: Self-advocates and carers in training and recruitment	A	↔
B6. 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.	G	B6: Compassion, dignity and respect. To be answered by self-advocates and family – carers. Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect.	A	↓
B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	R	B7: Commissioning strategy impact assessments Commissioning strategies for support, care and housing is the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.	R	↔
B8. Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience	G	B8: Complaints lead to changes Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience	A	↓
B9. Mental Capacity Act & Deprivation of Liberty	A	Data in relation to Mental Capacity Act and Deprivation of Liberty will be sourced from nationally To be answered by IHAL	X	N/A
C1. Effective Joint Working	G	C1: Effective joint working Effective joint working across health and social care.	G	↔
C2. Local amenities and transport	A	C2: Local amenities and transport	A	↔
C3. Arts and culture	G	C3: Arts and culture	G	↔
C4. Sport & leisure	A	C4: Sports and leisure	G	↑
C5. Supporting people with learning disability into and in	A	C5: Employment	R	↓

The LD Self-Assessment Framework - Comparing 2103 and 2014

employment				
C6. Effective Transitions for young people	X	C6: Preparing for adulthood	G	↑
C7. Community inclusion and Citizenship	A	C7: Involvement in service planning and decision making	A	↔
C8. People with learning disability and family carer involvement in service planning and decision making including personal budgets	A	C8: Carer satisfaction rating.	A	↔
C9. Family Carers	G	C9: Overall rating for the assessment. To be answered by IHAL	X	N/A

Where have done worse than in 2013?

B1, B2, C5 (all downward DOT into Red from Amber) & B6, B8, (all downward DOT into Amber from Green)

	2013 What did we say?	2014 What did we say?	Notes
B1	<p>Between 1st April 2012 to 31st March 2013 - 296 LD Clients received a SAQ, Support Plan or Support Plan Review. All LD Services users with eligible needs for a service from the LD Team and who are open to the team are on a plan to be reviewed this year (2013-14). We have 3 joint funded service users and they were reviewed on 24.9.12, 19.10.12 and 25.06.13.</p> <p>For NHS funded patients a database of placements now in place. An OOC reviewing officer has been appointed to lead an MDT approach to reviews which will be carried out on a face to face basis. All clients have been reviewed in the last year.</p> <p>All local authority funded placement packages are administered via Frameworki. Commissioners therefore have access to all information concerning LA-funded packages of care, as well as details of assessments and reviews. The local authority has a clear process in place for the annual review of packages of care that they are responsible for.</p> <p>Joint-funded packages are agreed by commissioners from both funding bodies and the information on service users is shared.</p> <p>AMBER (Moving to green in 2014)</p>	<p>During 2013/14, Adults Social Care supported 585 clients (RAP P1). Of this total, 400 clients had an assessment, re-assessment, support plan or review completed during the year and a further 13 carers received an assessment/reassessment, care plan or review. This performance is below target, but in 2014/15 we will aim to improve upon this through projects such as the review of high cost placements where a number of Learning Disability clients will be reviewed.</p> <p>We recently have consulted with an LD User Group and they felt they had been included in their support planning to set goals and to promote self-advocacy. They also felt supported and safe in the community</p>	<p>This question asked us to achieve higher than 90% which we have not therefore we have to step down to RED</p> <p>(Note –last year we were confident of stepping up to a green)</p>
B2	<p>91% of cases received a quality assurance visit last year. We also conduct an annual quality self-assessment and obtain on going service activity data including monthly</p>	<p>84% of learning disability providers received a quality assurance visit throughout the year April 2013 to March 2014. These visits included gaining</p>	<p>This question asked us to achieve higher than 90% which we have not therefore</p>

The LD Self-Assessment Framework - Comparing 2103 and 2014

	<p>returns from providers</p>	<p>feedback from services users and staff through the use of a questionnaire, as well as talking to individuals during the visit. We also conduct an annual quality self-assessment. We work closely with providers who come into our Quality Concerns process, carrying out further supportive quality assurance visits. We also receive service activity data from our providers who are commissioned to provide a service in the community. This is provided on a regular agreed basis. We recently have consulted with an LD User Group who felt supported and included within their annual reviews but also felt that greater support could be provided to help the customers realise that they can ask for a review of their services at any time should they wish to change services.</p>	<p>we have to remain RED</p>
<p>C5</p>	<p>Following on from being part of work based projects at our Ryefield centre four Service Users were employed (part time) by a recycling firm. This particular employment has now ceased, with currently 1 Service User being in paid employment one day per week at a local factory. The majority of activity projects at our centres have an element of "work" and work ethic. For example the Ryefield Caf project currently has 5 trainees undergoing work based training / work experience. 2 Service Users at the St Owen Centre have paid employment in the form of paper rounds and 16 Service Users volunteer at work based projects. 2 Service Users have part-time paid employment. At the Widemarsh Centre 3 Service Users volunteer to external organisations (God's acre, Red Cross, cathedral gardens) and 6 Service Users are in work based projects We have a Skills for Daily Living framework contract with a range of providers that is designed to support people in the community and this can include into employment. We are keen to ensure that changes are made nationally so that people with a learning disability are able to access Apprenticeship funding</p>	<p>We are able to plot a, employment pathway for people with LD. A number of our supported living providers, together with Mencap and ECHO, support people into voluntary work or short term paid employment schemes. Where an individual has the capacity to move into full time work then the Shaw Trust support them to find and sustain work of more than over 16 hours per week. An example of a local social enterprise which is working with people with LD to find employment is the Community Interest Company; 'MiEnterprise', (see http://www.mienterprise.org.uk/) They currently support 6 people in supported self-employment with 2 more working towards self-employed status. We have recently consulted with an LD User Group. They were able to identify that there were organisations (such as those mentioned above) that were able to aid them to get employment. They also identified that in the past some had been engaged in temporary working schemes that had now finished.</p>	<p>We do not have a "clear published strategy for supporting people with learning disabilities into paid employment" – this is a minimum requirement for Green or Amber therefore a RED</p>

The LD Self-Assessment Framework - Comparing 2103 and 2014

B6	<p>There have been significant changes in commissioning practices during 2013 within the local authority. New commissioning principles have been established and agreed with the market with a focus on quality. All practitioners are expected to sign up to social care commitments and the Dignity in Care charter. Our contracts include a Quality Schedule which includes a clear strategy for gaining feedback from customers about the quality of services and their experiences of those services. We also have an annual plan of how customer feedback will be sought and how it will be fed back to commissioners.</p> <p>There is an action plan relating to changes introduced as a result of customer feedback with evidence of the implementation of service change and improvement. We also ask for evidence of monitoring and review of service change and improvement The organisation uses a range of mechanisms of gain feedback from a cross section of customers. We have a clearly identified lead within the organisation and all providers are required to maintain up to date person centred care plan in respect of individuals and providers systematically provide evidence of changes in demand, service shortfalls and customer unmet need to commissioners.</p> <p>Customer experience targets form part of appraisal for key staff. In addition, reviews of safeguarding protection plans evidence outcomes achieved and better risk management</p>	<p>This rating is based upon responses to questions asked of Herefordshire Carers Support, who were able to survey a sample of cases where both the service user and the carer had both received services. Despite this only being a small sample, there was a mixture of responses. Over half of respondents said that agreed that all or most providers treated people with compassion, dignity and respect. The respondents who suggested that they were not treated with compassion, dignity and respect did, in some cases, suggest that the lack of resources and funding was the cause for this.</p> <p>We also have recently consulted with an LD User Group. The group agreed that they had been supported to be self-advocates, had circle of supports and, if required, could access independent advocacy.</p>	<p>This year we were reliant on the opinions of carers and service users themselves. In order to remain a green family carers and people with a learning disability had to agree that <u>all</u> providers treat people with compassion, dignity and respect.</p> <p>As they did not agree we can only be an Amber</p>
B8	<p>We have specific examples where complaints and whistle blowing have changed service practice. Management has given assurances on effective use of whistle blowing policies.</p> <p>A whistle blowing clause is written into the terms and conditions of our contracts. Residential Agreements state that providers must comply with all statutory regulations and enactments which includes whistle blowing. The Quality and Review team also ask about Whistleblowing on their monitoring visits of these</p>	<p>There were 23 complaints received by Adults Social care in 2013/14. As a result of complaints, changes to delivered services were made. One specific example was a Supported Living facility where, following complaints from parents and social workers, a new specification was drawn in co-production with parents and services users. This was followed by a co-produced retendering process which saw a new contractor take over.</p> <p>We also have a rolling programme of quality</p>	<p>To be green “90% or more of commissioned services can demonstrate improvements based on the use of feedback from people who use services,”</p> <p>As we have only audited 84% we have to be Amber</p>

The LD Self-Assessment Framework - Comparing 2103 and 2014

	<p>providers. For the majority of the Domiciliary Care contracts, the Public Interest Disclosure Act 1998 which covers Whistleblowing is on the list of regulations, within the contract, which the providers have to adhere to. Having a Whistleblowing procedure is also part of the approval process for new providers and the Quality and Review team review this during their visits.</p>		<p>monitoring of providers. As part of this programme, 84% of LD service providers were audited in 2013/14</p> <p>As part of the contract terms and conditions for providers in Herefordshire, complaints, safeguarding and whistleblowing policies are required.</p>	

Where have we done the same as in 2013?

A2, B4, B5, B7, C1, C2, C3, C7, C8

		2014 What have we said?	Notes
A2		<p>We have up-to-date records of numbers of patients with Learning Disabilities in each practice who have relevant comorbidities. Disease-specific reviews are included within the QOF and Herefordshire practices score very high in the clinical section of the QOF.</p> <p>We do collect data for prevalence of all 4 conditions in all practices in the general population and in those with LD. We intend to collect specific outcome measures in the future</p> <p>However according to the guidance for this SAF we only comply with a Red rag rating as we have no comparative data with the population that do not have a learning disability.</p> <p>We recently have consulted with an LD User Group. They indicated that they are supported to access services and have good relationships with GP's clinics and pharmacies. They have had recent health checks and have health action plans. Most have hospital passports to support and inform medical staff should they be admitted to hospital</p>	<p>We need to have comparative data to be Amber or Green – we do not therefore Red</p>
B4		<p>Further improvements have been seen to the safeguarding arrangements for all clients during 2013/14. Herefordshire Safeguarding Adults Board (HSAB) continues to work towards the improvement of safeguarding within Herefordshire and a new independent chair for the group is in place.</p> <p>To improve the operational performance of safeguarding, there is currently a group looking to further improve these safeguarding arrangements, implementing and embedding 'Making Safeguarding Personal' and also ensuring Care Act compliance. There was a small increase in the number of alerts raised for LD clients during 2013/14 and the proportion of these progressing to referral has also increased. This would suggest that reporting of safeguarding for clients with learning disabilities is becoming more appropriate.</p> <p>We have consulted with LD Users who felt that there was good support around safeguarding, that they had access to safe places</p>	<p>We are asked to say that <i>"Comprehensive evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board..."</i> as this response was supplied by the Safeguarding Team this should remain an Amber</p>
B5		<p>There have been a number of training events that have had the direct involvement of service users, carer's and families in presenting and talking to staff from the Learning Disabilities Team as well as staff from other parts of Adult Wellbeing. There has also been a re-focusing of the Learning Disability Partnership Board which now has a far greater number of its members who are 'experts by experience'</p>	<p>To be green we are asked to show that all services are involving people with learning disabilities and</p>

The LD Self-Assessment Framework - Comparing 2103 and 2014

	<p>In future we need to ensure that we maximise the involvement of service users their carer's and family in recruiting staff to the Community Learning Disability Team.</p> <p>We recently have consulted with an LD User Group. They were able to demonstrate that they had been included in staff recruitment and training. An LD drama group is currently looking into make a training DVD to enable wider organisations such as transport companies or shops to be more aware of the needs of people with learning disabilities..</p>	<p>families in recruitment and training. Our response does not indicate this so it remains an Amber</p>
B7	<p>We are currently developing our overarching LD strategy which will include our strategies for LD employment, LD safeguarding, Autism and LD housing. We are also working to ensure that all of our Impact Assessments are up to date and are in place. The timeline for completion recognises the importance of co-production and listening to and involving people with learning disabilities and their parent/carers. Equally the importance of scheduling and reporting to the Learning Disability Partnership Board. The Plan will be across health and social care and is a building block to the Herefordshire Better Care Fund.</p> <p>Changes made during the past 12 months, such as transferring of the Day Opportunities to a new provider, have had EIA's. As part of the significant changes planned in 2013/14 for transfer of LD day opportunity services in April and September 2014, significant consultation was undertaken.</p>	<p>To be green or amber all commissioning strategies and Impact Assessments are in place and up to date We cannot say that our plans and strategies are up to date and in place – remain a Red</p>
C1	<p>A Section 75 agreement is in place between the Local Authority and the Clinical Commissioning Group. The Health and Wellbeing Board meets regularly and it oversees production of the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).</p> <p>Our Learning Disability Partnership Boards has been reinvigorated. It meets regularly and its membership consists of service users, carers, experts by experience, the CCG, service providers, Councilors and Council Staff. We have an active Autism Partnership Board which also has a wide ranging co-productive membership. Our Joint Commissioning Board is in place and is developing a partnership approach to the co-commissioning of Learning Disability Services. The intention is that this approach will be co-produced to assure stakeholder ownership and will distil the key objectives contained within 'Valuing People' and 'Valuing People Now' to ensure outcomes based approaches to commissioning.</p>	<p>Already a green - No need to uprate</p>
C2	<p>There are Safe Places around the county where people with a learning disability can go to for help if they feel threatened. Safe places are located in Hereford City, all the market towns as well as the Newton Farm and Yarpole Community Centres.</p> <p>We have a Changing Places facility at the newly built 'Old Market' shopping complex and there are also plans to include a Changing Places facility at the recently upgraded Hereford Leisure Centre. On public transport we issue concessionary bus passes to people with LD allowing free travel on bus services throughout England and services into Wales. Additionally for pass holders we can, on confirmation of need from their GP's or other recognised representative, issue Companion Passes which enables another person to accompany the pass holder should they be unsuitable to travel alone.</p>	<p>To be Green we need to show <i>"Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are communicated effectively."</i></p>

The LD Self-Assessment Framework - Comparing 2103 and 2014

		We can only show local (not widespread) examples so remains an Amber
C3	<p>Facilities of the Council and its providers are provided in line with Herefordshire’s Equality & Human Rights Charter. One of our providers, ECHO, runs an active theatre group – the ‘About Face Theatre Company’ - for LD Service Users. In June of 2014 the company, in conjunction with the Bulmers Foundation held a celebration of orchards at Lyde Court Herefordshire. This consisted of a series of presentations and performances to an audience of 100 plus.</p> <p>The new Odeon Cinema in the recently opened Old Market shopping complex holds Autism Friendly showings of films on Sunday Mornings.</p> <p>We recently have consulted with an LD User Group who felt that access in the local theatre – the Courtyard - and the new cinema, was good and felt they were well supported to attend these venues</p>	<p>To be green we need to show “Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services etc “</p> <p>Green last year – green again this year</p>
C7	<p>We involve people with learning disabilities and family carers in the work of our Learning Disability Partnership Board and our Autism Partnership Board. We also ensure that people with learning disabilities and family carers are fully involved in the work of our ‘Making It Real’ Board which ensures that changes to services are discussed and understood. An example of how we have worked using a co-production approach can be seen at a local Supported Living facility where we worked with people with learning disabilities and family carers to design the specification, interview contractors, award the contract and assist in the mobilisation process</p> <p>We have recently consulted with an LD User Group. The Group were all able to identify that customers and their circle of support had been included in making and reviewing their care and support plans. People did not always know what the name of the document was e.g. health action plan but were able to express what they did and how they did it.</p>	<p>To be Green we need to show “<i>Clear evidence of co-production in universal services and learning disability services</i>”</p> <p>We are able to show some co-production but not universal co-production – remains Amber</p>
C8	<p>This rating is based upon responses to questions asked of Herefordshire Carers, who were able to survey a sample of cases where both the service user and carer had both received services. Despite there only being a very small response rate (five respondents in total), there was a mixture of responses. Two of the respondents were happy that their needs were being met and one was neither satisfied nor dissatisfied. The remaining two were not satisfied that their needs were being met. For these respondents, again resources were one of the main issues; both that there are few services available where carers have been identified and continuity of staffing.</p>	<p>To be Green “Most carers are satisfied that their needs were being met” – our HCS survey only showed “Most Carers were satisfied “</p> <p>{Note – the HCS survey only generated 5 responses so this is not statistically sound – remains an Amber</p>