

## Appendix 2 - Derby City Joint Health and Social Care Self-Assessment Framework Action Plan

Standard descriptor	Submitted level	Action	By Whom	Date
<b>A1</b> LD QOF register in primary care	Amber  LD and Down Syndrome Registers reflect prevalence data AND data stratified in every required data set (eg age / complexity / Autism diagnosis / BME )	8 practices did not submit data for the LD query set. Need to ensure that working with accurate up to date data therefore agreed Strategic Health Facilitator to work with the 8 practices to collate data in year.	Strategic Health Facilitators (SHFs)	April 2014 onwards
		Data required on an annual basis relating to health standards. Requirement to submit data needs to be part of the Direct Enhanced Service (DES)	Judi Thorley to liaise with Hannah Belcher/ Are Team	April 2014 onwards
		Require stratified data across city. Template needs to capture all the data identified in SAF including children and young people.	Jackie Fleeman to lead with Thiengi Thant, liaising with Dr Parkin and GP members	September 2014
		Work with all practices to ensure that the value of stratified registers are optimised ie reasonable adjustments made to process	SHFs with Practice Managers	December 2014
<b>A2</b> Screening: People with LD are accessing disease	Amber  Comparative data in some of the health areas listed in the descriptor at LAT	Increase lifestyle interventions/health promotion activities offered to people with learning disability (obesity is a significant issue: over 80%)	Jackie Fleeman with Public Health Lead and LD Clinical Reference	April 2014 onwards

prevention, health Screening & health promotion in each of the following health areas:  Obesity, Diabetes, Cardiovascular disease, Epilepsy	CCG and GP Practice level		Group	
		Identify targets for the Live Well Programme	Jackie Fleeman with Live Well Programme team	July 2014 onwards
		Review B-You specification and new commissioning targets and new service start in April 2014	Jackie Fleeman with Live Well Programme team	April 2014 onwards
		Present obesity data alongside CHD and healthy heart interventions at a CCG level	Thiengi Thant and Health Promotion	Sept 2014 onwards
		Work together with Public Health, linking with 'Healthy Lifestyles' and Live Well programmes	Obesity Steering group (via SHFs) to agree leads	Ongoing
		Healthy Action Plans (HAP) to identify epilepsy monitoring is part of the annual review/health check-up	Jackie Fleeman with SHF's	July 2014 onwards
		Audit HAP of a third of adults with LD identified as obese.  Review quality of plan and interventions, profile of co-morbidity, offered and uptake of 'Healthy Lifestyles' and B-You health promotion interventions.  Agree a plan of action for each CCG.	Jim Connolly / Dr Tim Parkin – links with SHF's to support implementation with public health	April 2014 onwards

<b>A3</b> Annual Health Checks and Annual Health Check Registers	Amber Registers validated within past 12 months. 50% of people with a learning disability GP DES Register had an annual health check	Working with GP Practices and NHS England primary care commissioning to implement the Annual Health Check DES and maximise practice take up. Continue to year on year Increase the number of annual health checks.	Locality managers within CCG and promoted/supported by Jackie Fleeman and SHFs. SHFs aligned with all GP practices.	April 2014 onwards
		Share AHC data with each practice – agree an improvement target for each GP practice with each CCG	Locality managers of each CCG to identify improvement targets with practices	April 2014 onwards
		Agree and implement electronic templates for annual health checks	Locality managers within CCG and promoted/supported by Jackie Fleeman and City SHF.	April 2014 onwards
		Work with practices to ensure planned education/training for people with a LD, family and paid carers about the annual health check and HAP	SHFs with practice staff	April 2014 onwards
<b>A4</b> Health Action Plans	Red No evidence that the Annual Health Checks and Health Action Plans	HAPs completion need to be part of the contract requirement of the DES for annual health checks.	Judi Thorley to contact Jonathon Ryecroft – Primary Care Lead Area Team to progress	June 2014 onwards

	are integrated	Include the need for practices to complete an HAP after each AHC in new DES for 2014/15.	Judi Thorley to link with SDCCG contact	June 2014 onwards
		Review HAPs for a a third of Adults on LD QOF.	Jackie Fleeman and SHFs	Dec 2014
		Discuss plan and prepare practices to offer AHC to children aged 14 to 17 – a new requirement in 14/15	Judi Thorley to discuss with AT lead and SHFs to work with practices on agreed process	June 2014 onwards
<b>A5</b> Screening – Comparative data of people with LD vs similar age cohort of non-LD population in each health screening area for:  a) Cervical screening b) Breast screening c) Bowel screening	Amber	Receive initial findings of the pilot approach to cancer screening, currently in place in Hardwick CCG. Roll out to all GP practices in each CCG	JM Jenkins and Tim Parkin with Clinical reference group  SHFs working with GP practices	December 2013 / April 2014
	AND	Publish findings of the Cancer Screening Audit	JM Jenkins and Tim Parkin with Clinical reference group	September 2014
	Some comparative data but not for every screening group requested	Review the cervical cancer and breast screening data to scrutinise decision making regarding ‘ceased’ and ‘suspended’ and who is making the decision	JM Jenkins / Tim Parkin  SHFs, screening services and public health	September 2014

		There is a higher uptake of bowel screening than the rest of the eligible population – share good practice relating to approach for people with a LD	SHF team with CCG locality managers and public health	August 2014
<b>A6</b> Primary care communication of LD status to other healthcare providers	Red There is no single local area team/CCG wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals	Agree and implement a LAT/CCG wide approach to flagging of LD status and suggested reasonable adjustments in referrals from GPs to other health services	Jackie Lawley Jackie Fleeman/ Informatics – working with Locality managers in CCG	August 2014 onwards
		Seek assurances that all practices are recording LD patients on LD QOF register and highlighting people may need reasonable adjustments, link to CQC registration	LAT, CCG, Jackie Fleeman and Informatics	July 2014 onwards
<b>A7</b> Learning disability liaison function or equivalent process in acute setting:  Eg lead for learning disabilities  Known learning disability refers to data collated within Trusts regarding admission – HES data	Green 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	Secure CCG governing body and Royal Derby provider support to undertake a piece of work regarding 'frequent flyers'. Include breakdown of data.	Jackie Lawley, Dr Tim Parkin, Debbie Edwards - Acute Liaison Nurse	Sept 2014 onwards
		Re-establish Acute Liaison Steering Group	Jackie Lawley with Contract lead for SD CCG, Directors of Nursing from RDH, Clinical Reference Group	Sept 2014 onwards
		Agree details of 'frequent flyers' review		Oct 2014
		Implement 'frequent flyers' programme of work		Dec 2014 onwards

	routes			
<b>A8</b> NHS commissioned wider primary and community care: <ul style="list-style-type: none"> <li>• Dentistry</li> <li>• Optometry</li> <li>• Community pharmacy</li> <li>• Podiatry</li> <li>• Community nursing and midwifery</li> </ul> This measure is about universal services NOT those services specifically commissioned for people	Amber	Agree context of 'reasonable adjustment' to ensure a shared and clear understanding across health and social care	Jackie Fleeman and SHFs with primary and community providers.	July 2014 onwards
	Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements.	Continue with a rolling programme of awareness raising within all providers, health and social care and with family carers	Jackie Fleeman and SHFs, Acute Liaison Nurses, Trevor Wright  David Muir and Healthcare For All group within DCHS.	April 2014 onwards
		Use My Next Patient toolkit – to demonstrate use of traffic light and identification of what each person requires for their Reasonable Adjustment's (RA)	Jackie Fleeman and SHFs, Acute Liaison Nurse.	April 2014 onwards
		Health sub-group to hold an event with contract leads to ensure understanding of how contract monitoring works	Jackie Lawley	May 2014

with a learning disability		Following above event, work with contracting teams in CCGs to ensure evidence of providers making reasonable adjustments is sought as part of contract quality schedule monitoring / and Dignity challenge 10 key objectives	Jackie Lawley to work with CCGs responsible for contracts to build into contract monitoring a requirement to seek evidence from providers of RAs, training and awareness raising	Aug 2014 onwards
<b>A9</b> Offender Health and the Criminal Justice System	Amber  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 information provided by the Criminal Justice System	Make explicit the links of A8 to the Transforming Care and Joint Improvement Programme work streams.	Jackie Lawley, Judi Thorley/ Kirsty Everson	June 2014
		Scrutinise data available on prevalence and agree with NHS England a programme of identification of Health needs and HAP.	Jackie Lawley with Paul Brewer and Anthony Nicholls	August 2014
		Progress work started in 2013 with NDTi regarding the forensic pathway and work with Criminal Justice System	Vicky Minion / Jackie Lawley and forensic leads from LD NHS services at DHcFt and DCHS	August 2014

## **Notes**

- A1** New QOF has removed Down Syndrome registers. Refer to latest DES guidance. New DES/QOF includes annual health checks for children aged 14 – 17 years Will need some joint work with Primary Care Paediatricians to ensure correct identification of LD. Children's Commissioner to be involved.
- A4** For 14 – 17 year olds, HAP needs to be part of new Education and Health plan required for September 2014.



<p><b>B1</b></p> <p>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 ongoing placement monitoring and individual reviews.</p> <p>Evidence should describe the type (face to face or telephone)</p>	<p>Amber</p> <p>Evidence of at least 90% of all care packages including personal budgets reviewed at least annually</p>	<p>Ensure that the contract with GEMCSU requires maintenance of the LD register of all CHC and NHS joint funded care packages</p>	<p>David Gardener</p>	<p>April 2014</p>
		<p>Contract with GEMCSU to include bi-annual reporting of reviews undertaken providing evidence using DH audit tool (such as face to face or telephone)</p>	<p>David Gardener</p>	<p>From April 2014</p>
		<p>DCC to provide a focused audit of people who live out of area to check the % level of annual reviews and whether these are face to face or telephone.</p> <p>Make recommendations on the quality review process required.</p>	<p>Trevor Wright / Vickie Minion</p>	<p>October 2014</p>
<p><b>B2</b></p> <p>Contract compliance assurance – for services primarily commissioned for people with a learning disability and their family carers</p>	<p>Amber</p> <p>Evidence of at least 90% of health and social care commissioned services for people with LD have:</p> <ul style="list-style-type: none"> <li>had full scheduled annual contract and service reviews.</li> </ul>	<p>Seek assurance across health and social care that contract monitoring is programmed annually and is effective in seeking evidence of service outcomes</p>	<p>Tracy Elgie / Trevor Wright / Jill Badger/ Sharon Cooper</p>	<p>October 2014</p>
		<p>Develop a mechanism for LD commissioners to share intelligence / information across County and City</p>	<p>Kirsty Everson / Jackie Lawley</p>	<p>October 2014</p>
		<p>LD commissioners to access existing quarterly intelligence / monitoring sharing meetings in both city and county</p>	<p>Kirsty Everson / Jackie Lawley / Julie Voller</p>	<p>October 2014</p>

	<ul style="list-style-type: none"> <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 and social care.</p>	Find out who takes a lead on the area Quality Surveillance Groups and agree a mechanism of sharing information with this group	Jackie Lawley	April 2014 onwards
		Implement Quality Checkers within Derbyshire/City with links to Healthwatch and agree a programme of quality checks using Quality of Health principles	Jackie Lawley / Trevor Wright/Louise Barber	September 2014
		Consider how outcomes from Quality Checkers can be part of the monitoring process and how Quality Checkers are commissioned in the future	Trevor Wright / Jackie Lawley	October 2014
<b>B3</b>	Amber	CCG commissioners ensure Contract Monitoring of Foundation Trusts to include annual evidence of compliance with Monitor Standards and with Foundation Trusts and Non Foundation Trusts in particular implementation of reasonable adjustments	Jackie Lawley	April 2014 onwards
Assurance of Monitor Compliance Framework for Foundation Trusts	Commissioners review monitor and EDS returns of Foundation Trust providers. Evidence that commissioners are aware of and working with non-Foundation Trusts in their progress towards monitor level and EDS compliance.	EDS annual returns for health and social care contracts	Jackie Lawley	April 2014 onwards
<b>B4</b>	Amber	Map Safeguarding process, identify any gaps, intelligence and information sharing	Bill Nichol	Sept 2014
Assurance of safeguarding for people with LD in all	Regular Board reporting and key points and			

<p>provided services and support. 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>lessons learned are included in action plans. Evidence that Learning Disability Partnership Board and/or health sub group involved in reviewing progress. The provider can demonstrate delivery of Safeguarding adults with the current Statutory Accountability and Assurance Framework includes people with learning disabilities. This assurance is gained using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent. 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>Agree how the outcomes from SASAF are shared with LD commissioners</p>	<p>Bill Nichol</p>	<p>Sept 2014</p>
		<p>Implement LD provider forum to re-enforce assurance of safeguarding processes.</p>	<p>Trevor Wright</p>	<p>July 2014</p>
<p><b>B5</b> Training and recruitment -</p>	<p>Amber LD specific services –</p>	<p>Link to action in A8 and B2 regarding evidence of reasonable adjustments</p>	<p>Jackie Lawley</p>	<p>April 2014 onwards</p>

involvement	evidence of 90% of services involving people with learning disability and families in recruitment/training and monitoring of staff. 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	Social care link to annual contract monitoring – request for evidence on annual basis of involvement of people with a learning disability and family carers in recruitment, training and monitoring of staff employed	Tracy Elgie / Jackie Lawley / Trevor Wright	October 2014
		Health link to GEMSCU and to Quality review team	David Gardener	April 2014 onwards
		Mechanism to put in place to utilise evidence from quality checkers review	Trevor Wright/ Jackie Lawley	October 2014
<b>B6</b>  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. This is a challenging measure but it is felt to be vital that all areas consider this.	Amber  LD specific provision: some evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment and management of the workforce. NO clear evidence of this approach in relevant universal services	Link to B2	Jackie Lawley	April 2014 onwards
		Contract monitoring: check the implementation of process for recruitment based on dignity, values and compassion	Trevor Wright	October 2014
		Quality checkers feedback to evidence staff delivering compassionate care in practice will be fed back to provider at contract meetings.  Responses to this from provider will form part of the contract monitoring	Trevor Wright / Tracy Elgie	October 2014

<p><b>B7</b></p> <p>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</p>	<p>Amber</p> <p>Up to date Commissioning Strategies and Equality Impact Assessments are in place</p>	<p>Revise Commissioning Strategies and commissioning intentions through Department Business Planning process and CCG commissioning process.</p>	<p>Kirsty Everson / David Gardener</p>	<p>April 2015</p>
<p><b>B8</b></p> <p>Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience</p>	<p>Amber</p> <p>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</p>	<p>Share lessons from whistleblowing, Dignity campaign, Patient experience groups, complaints, safeguarding, quality checks, provider feedback</p>	<p>Trevor Wright / Tracy Elgie / Jackie Lawley</p>	<p>October 2015</p>
		<p>JCB to share complaints across Health and Social Care, triangulate with Healthwatch, NHS Advocacy</p>	<p>Trevor Wright/Jackie Lawley</p>	<p>October 2014</p>
<p><b>B9</b></p> <p>Mental Capacity Act and</p>	<p>Amber</p> <p>There is limited evidence</p>	<p>Request completion/sharing of MCA audit as part of contract compliance</p>	<p>Jackie Lawley / Vickie Minion</p>	<p>October 2014</p>

Deprivation of Liberty	that the implementation of MCA guidance relating to decision making capacity, and restrictions is checked within contract monitoring and commissioning	Review audit and implementation of guidance in social care	Vickie Minion	October 2014
		Request that providers demonstrate evidence of training on MCA and DOLs during contract monitoring	Trevor Wright / Jackie Lawley	October 2014
		Seek further evidence by links to Safeguarding Adult team and outcomes from the SAAF	Trevor Wright / Jackie Lawley/Bill Nicol	October 2014

<b>C1</b> Effective joint working	Amber Commissioners can provide evidence of integrated governance structures. Monitoring is undertaken jointly and key partners are involved at Partnership Board level. Joint commissioning functions are in place	Refresh joint commissioning strategies	Kirsty Everson / David Gardener	March 2015
		Establish lead commissioning intentions during department business planning process	Kirsty Everson /David Gardener	May 2014
<b>C2</b> Local amenities and transport	Amber 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, eg support to use local transport services, Changing Places in shopping centres, Safe Places	Review effectiveness and access of safer places across the City	Louise Barber	January 2014
		Transport and reasonable adjustments to be a focus at local LD Partnership Board and Public Transport lead to be invited	Louise Barber	January 2015
		Ensure DCC website includes link to national website for Changing Places	Louise Barber	January 2015
		Promote transport and amenities responsibility for reasonable adjustments through LDPB and adult care boards	Louise Barber	January 2015

<b>C3</b> Arts and Culture	Green	Share approaches across city and county	Louise Barber	October 2014
	Numerous examples of people with learning disability having 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	Highlight to LDPB new monthly autism friendly screenings at cinemas in the city	Louise Barber	June 2014
		Invite Arts and Culture representative from DCC to attend LDPB as required	Louise Barber	October 2014
<b>C4</b> Sport and Leisure	Amber	LDPB to invite disability lead for the Live Well programme onto Board and work with members to improve access to reasonably adjusted facilities and services.	Louise Barber	October 2014
	Local examples of people with learning disability having access to reasonably adjusted facilities and services that enable them to participate fully, eg local parks, leisure centres, swimming pools, walking groups etc.	LDPB to consider sport and leisure as part of Living Well theme at its meeting and receive presentation about the Live Well programme	Louise Barber	October 2014
<b>C5</b> Supporting people with learning disability into and	Amber	Identify how many young people with a learning disability access work experience	Roger Hambly	October 2014
	Relevant data available and collected. The targets			



in employment	nationally and locally determined (see ASCOF) have been met for people with learning disability supported into employment in the past 12 months AND employment activity of people with learning disability is linked to data	Restructure of team from 1 April 2014 will enable more development and awareness work to take place with employers in the city. Equal Peoples course delivered with Adult Learning providing work placement and link to future employment	Roger Hambly / Vickie Minion	From April 2014
<b>C6</b> Effective transitions for young people.  A Single Education, Health and Care Plan for people with a learning disability	Amber  Evidence of at least 50% of people with learning disability has a current and up to date Single Education, Health and Care Plan by 2014. There is evidence of effective plans, strategy, service pathways and multi-agency involvement across Health and Social Care	See A4 regarding AHC for 14 – 17 year olds. Actions resulting from AHC to be part of HAP.  Restructure and strengthen Transition team from 1 April 2014	Vicky Minion	April 2014
<b>C7</b>  Community inclusion and citizenship	Amber  Some evidence of data and findings of social exclusion, hate and mate crime, natural support or	Look at widening representation by people with learning disabilities and autism and carers at LDPB	Louise Barber	October 2014
		Information sharing utilising council website and assessing options for	LD Partnership	January 2015

	isolation of people with learning disability in Joint Strategic Needs Assessment. Clear commissioning intentions or action plans that address the social inclusion and citizenship needs of people with a learning disability, including the support of friendship development and maintenance	electronically and social networking – develop work plan to reflect views and needs of people with LD	Board	
		LAC approach to transforming locality working – to develop presence in 4 further localities and maintain presence in the 2 existing wards	Neil Woodhead	September 2014
<b>C8</b>	Amber	Lessons learned and complaints compliance to include whistle blowing and safeguarding, customer and carer feedback.	Trevor Wright	October 2014
People with learning disability and family carer involvement in service planning and decision making including personal budgets. This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice	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.	Increase involvement of people with learning disabilities and autism and carers in planning groups.	Trevor Wright	January 2014
<b>C9</b>	Amber	Needs to be explicit part of contract compliance – B2	Trevor Wright / Tracy Elgie	October 2014
	Commissioners have clear			

Family Carers	information on the numbers of registered carers in the locality including the number of carers offered and in receipt of a carers assessment. There is clear evidence of a carers strategy and that this has been consulted upon. There is clear evidence that providers of LD services involve family carers in service development.	Refresh of Carers Strategy with Carers	Jackie Straw	January 2014
		Review of proposals involving carers budget for 2015/16 – proposal to Cabinet	Jackie Straw	January 2014