

Appendix 4 - Derby City Joint Health and Social Care Self-Assessment Framework Action Plan

Standard descriptor	Submitted level	Action	By Whom	Date
A1 LD QOF register in primary care	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. Need to ensure that working with accurate up to date data therefore agreed Health Facilitators to work with 8 practices to collate data in year.	Senior Health Facilitators	April 2014 onwards
		Data required on an annual basis relating to health standards. Requirement to submit data needs to be part of the DES.	Jackie Lawley to liaise with Hannah Belcher	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	HF's with Practice Managers	December 2014
A2 Screening: People with LD are accessing disease prevention, health	Comparative data in some of the health areas listed in the descriptor at LAT CCG and GP Practice level	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 Group	April 2014 onwards

<p>Screening & health promotion in each of the following health areas:</p> <p>Obesity, Diabetes, Cardiovascular disease, Epilepsy</p>		Identify targets for the Live Programme	Jackie Fleeman with Live Well Programme team	April 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	April 2014 onwards
		Work together with Public Health, linking with 'Healthy Lifestyles' and Live Well programmes	Obesity Steering group to agree leads	April 2014 onwards
		Healthy Action Plan (HAP) to identify epilepsy monitoring is part of the annual review/health check-up	Jackie Fleeman with HF's	April 2014 onwards
		<p>Audit HAP of a third of adults with LD identified as obese.</p> <p>Review quality of plan and interventions, profile of co-morbidity, offered and uptake of 'Healthy Lifestyles' and B-You health promotion interventions.</p> <p>Agree a plan of action for each CCG.</p>	Jim Connolly / Dr Tim Parkin – links with SHF's to support implementation with public health	April 2014 onwards
A3	Registers validated within past 12 months. 50% of	Increase the number of annual health checks by xx% as a target for further	Locality managers within CCG and	April 2014 onwards

Annual Health Checks and Annual Health Check Registers	people with a learning disability GP DES Register had an annual health check	uptake	promoted/supported by Jackie Fleeman and SHFs for Adults. SHFs aligned with all GP practices.	
		Share 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 SHFs for Adults. SHFs aligned with all GP practices.	April 2014 onwards
		Work with practices to ensure planned education/training for PWLD, family and paid carers about the annual health check and HAP	HFs with practice staff	April 2014 onwards
A4 Health Action Plans	No evidence that the Annual Health Checks and Health Action Plans	HAPs completion need to be part of the contract requirement of the ES for annual health checks.	Judi Thorley to contact Jonathon Ryecroft – Primary Care Lead Area	April 2014 onwards

	are integrated		Team	
		Include the need to complete an HAP after each AHC in new ES for 2014/15.	Jackie Lawley to link with SDCCG contact	April 2014 onwards
		Review a third of Adults on QOF HAP	Jackie Fleeman and SHFs	April 2014 onwards
		Discuss plan and prepare practice to offer AHC to children aged 14 - 17	Jackie Lawley to discuss with AT lead then HFs to work with practices on agreed process	April 2014 onwards
A5 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	Numbers of completed health screening for eligible people who have a LD AND Some comparative data but not for every screening group requested	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
		Publish findings?	JM Jenkins and Tim Parkin with Clinical reference group	September 2014
		Review the cervical cancer and breast screening data to scrutinise decision making regarding 'ceased' and	JM Jenkins / Tim Parkin SHFs, screening	September 2014

		'suspended' and who is making the decision	services and public health	
		There is a higher uptake of bowel screening than the rest of the eligible population – share good practice relating to approach for PWLD	SHF team with CCG locality managers and public health	August 2014
A6 Primary care communication of LD status to other healthcare providers	There is no 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 LD and suggested reasonable adjustments in referrals from GPs to other health services	LAT, CCG, Jackie Fleeman and Informatics	April 2014 onwards
		Ensure that all practices are highlighting that patients on LD register and may need reasonable adjustments, link to CQC registration	LAT, CCG, Jackie Fleeman and Informatics	April 2014 onwards
A7 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	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	Secure board level support from CCGs and providers to undertake a piece of work regarding 'frequent flyers'. Include breakdown of data.	Jackie Lawley, Dr Tim Parkin	April 2014 onwards
		Re-establish Acute Liaison Steering Group	Jackie Lawley with Directors of Nursing from Acute Hospitals Clinical Reference Group with agreed representatives from Acute Hospitals Steering	April 2014 onwards
		Agree details of 'frequent flyers' review		April 2014 onwards
		Implement 'frequent flyers' programme of work		April 2014 onwards

			Group	
<p>A8</p> <p>NHS commissioned wider primary and community care:</p> <ul style="list-style-type: none"> • Dentistry • Optometry • Community pharmacy • Podiatry • Community nursing and midwifery <p>This measure is about universal services NOT those services specifically commissioned for people with a learning disability</p>	<p>Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements.</p>	<p>Agree context of 'reasonable adjustment' to ensure a shared and clear understanding across health and social care</p>	<p>Jackie Fleeman and SHFs with providers, Clinical Reference Group</p>	<p>April 2014 onwards</p>
		<p>Continue with a rolling programme of awareness raising within all providers, health and social care and with family carers</p>	<p>Jackie Fleeman and SHFs, Acute Liaison Nurses, Leads in Social Care</p> <p>David Muir and HCFA group within DCHS should play a big part in this.</p>	<p>April 2014 onwards</p>
		<p>Use My Next Patient toolkit – to demonstrate use of traffic light and identification of what each person requires for their RA's</p>	<p>Jackie Fleeman and SHFs, Acute Liaison Nurses, Leads in Social Care</p>	<p>April 2014 onwards</p>
		<p>Health sub-group to hold an event with contract leads to ensure understanding of how contract monitoring works</p>	<p>Jackie Lawley</p>	<p>May 2014</p>

		Following above event, work with contracting to ensure evidence of providers making reasonable adjustments is sought / 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	April 2014 onwards
		Work with each primary and community responsible contract lead in CCGs to ensure evidence of RAs required as part of the contract monitoring		April 2014 onwards
A9 Offender Health and the Criminal Justice System	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 to the Transforming Care work streams. Summary of pathway work and transforming care to be prepared.	Jackie Lawley, Judi Thorley	April 2014
		Scrutinise data available on prevalence and agree with NHS England a programme of identification of Health needs and HAP.	Jackie Lawley with Paul Bowyer and Anthony Nicholls	May 2014
		Progress work with NDTi regarding the forensic pathway and work with Criminal Justice System	Vicky Minion and forensic leads from CRG	April 2014 onwards

Notes

- A1** New QOF has removed Down Syndrome registers. Requires latest ES guidance which isn't released yet. The DES for 2014/15 is an ES. New ES/QOF includes children aged 14 – 17 years (no details yet). Will need some joint work with Primary Care Paediatricians to ensure correct identification of LD. Children's Commissioner needs to be involved.
- A3** Health checks in new ES also include children aged 14 – 17 years. Implications need to be explored.
- A4** Need ES specifications in order to add target here. Not released yet. For 14 – 17 year olds, HAP needs to be part of new Education and Health plan required for September 2014.

<p>B1</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>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>	Jackie Lawley	April 2014 onwards
		<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>	Jackie Lawley	April 2014 onwards
		<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>	Trevor Wright / Vickie Minion	October 2014
<p>B2</p> <p>Contract compliance assurance – for services primarily commissioned for people with a learning disability and their family carers</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"> • had full scheduled annual contract and service reviews. • Demonstrate a diverse range of 	<p>Seek assurance across health and social care that contract monitoring is programmed annually and is effective in seeking evidence of service outcomes</p>	Tracy Elgie / Trevor Wright / Jill Badger	October 2014
		<p>Develop a mechanism for LD commissioners to share intelligence / information across County and City</p>	Kirsty Everson / Jackie Lawley	October 2014
		<p>LD commissioners to access existing quarterly intelligence / monitoring sharing meetings in both city and county</p>	Kirsty Everson / Jackie Lawley / Julie Voller	October 2014

	<p>indicators and outcomes supporting quality assurance.</p> <p>Evidence that the number regularly reviewed is reported at executive board level in both health and social care.</p>	<p>Find out who takes a lead on the area Quality Surveillance Groups and agree a mechanism of sharing information with this group</p>	Jackie Lawley	April 2014 onwards
		<p>Implement Quality Checkers within Derbyshire/city with Healthwatch and agree a programme of quality checks using Quality of Health principles</p>	Jackie Lawley / Jackie Fleeman	September 2014
		<p>Consider how outcomes from Quality Checkers can be part of the monitoring process and how QCs are commissioned in the future</p>	Trevor Wright / Jackie Lawley / James Gough	October 2014
<p>B3</p> <p>Assurance of Monitor Compliance Framework for Foundation Trusts</p>	<p>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.</p>	<p>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</p>	Jackie Lawley	April 2014 onwards
		<p>EDS annual returns for health and social care contracts</p>	Jackie Lawley	April 2014 onwards
<p>B4</p> <p>Assurance of safeguarding for people with LD in all provided services and</p>	<p>Regular Board reporting and key points and lessons learned are included in action plans. Evidence that Learning</p>	<p>Map Safeguarding process, identify any gaps, intelligence and information sharing</p>	Bill Nichol	April 2014 onwards
		<p>Agree how the outcomes from SASAF</p>	Bill Nichol	April 2014 onwards

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	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	are shared with LD commissioners		
		Implement LD provider forum to re-enforce assurance of safeguarding processes.	Trevor Wright	July 2014
B5 Training and recruitment - involvement	LD specific services – evidence of 90% of services involving people with learning disability and families in	Link to action in A8 and B2 regarding evidence of reasonable adjustments	Jackie Lawley	April 2014 onwards
		Social care link to annual contract monitoring – request for evidence on annual basis of involvement of people	Tracy Elgie / Jackie Lawley / Trevor Wright /	October 2014

	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	with a learning disability and family carers in recruitment, training and monitoring of staff employed	James Gough	
		Health link to GEMSCU and to Quality review team	Jackie Lawley	April 2014 onwards
		Mechanism to put in place to utilise evidence from quality checkers review	Jackie Fleeman / Jackie Lawley	October 2014
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. This is a challenging measure but it is felt to be vital that all areas consider this.	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>B7</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>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</p>	<p>Kirsty Everson / Julie Voller</p>	<p>April 2015</p>
<p>B8</p> <p>Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience</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>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>Jackie Lawley</p>	<p>October 2014</p>
<p>B9</p> <p>Mental Capacity Act and Deprivation of Liberty</p>	<p>There is limited evidence that the implementation of MCA guidance relating to decision making capacity,</p>	<p>Request completion/sharing of MCA audit as part of contract compliance</p>	<p>Jackie Lawley / Vickie Minion</p>	<p>October 2014</p>
		<p>Review audit and implementation of</p>	<p>Vickie Minion</p>	<p>October 2014</p>

	and restrictions is checked within contract monitoring and commissioning	guidance in social care		
		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.	Trevor Wright / Jackie Lawley	October 2014

C1 Effective joint working	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 across both LAs	Kirsty Everson / Julie Voller	March 2015
		Establish lead commissioning intentions during department business planning process	Kirsty Everson	May 2014
C2 Local amenities and transport	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
C3	Numerous examples of people with learning	Share approaches across city and county	Louise Barber	October 2014

Arts and Culture	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
C4 Sport and Leisure	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 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
		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
C5 Supporting people with learning disability into and in employment	Relevant data available and collected. The targets nationally and locally determined (see ASCOF) have been met for people with learning disability supported into employment in the past 12 months AND employment	Identify how many young people with a learning disability access work experience	Roger Hambly	October 2014
		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	Roger Hambly / Vickie Minion	From April 2014

	activity of people with learning disability is linked to data	future employment		
C6 Effective transitions for young people. A Single Education, Health and Care Plan for people with a learning disability	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
C7 Community inclusion and citizenship	Some evidence of data and findings of social exclusion, hate and mate crime, natural support or 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,	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 electronically and social networking – develop work plan to reflect views and needs of people with LD	LD Partnership Board	January 2015
		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

	including the support of friendship development and maintenance			
C8 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.	Lessons learned and complaints compliance to include whistle blowing and safeguarding, customer and carer feedback.	Trevor Wright	October 2014
		Increase involvement of people with learning disabilities and autism and carers in planning groups.	Trevor Wright	January 2014
C9 Family Carers	Commissioners have clear information on the numbers of registered carers in the locality	Needs to be explicit part of contract compliance – B2	Trevor Wright / Tracy Elgie	October 2014
		Refresh of Carers Strategy with Carers	Jackie Straw	January 2014

	<p>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.</p>	<p>Review of proposals involving carers budget for 2015/16 – proposal to Cabinet</p>	<p>Jackie Straw</p>	<p>January 2014</p>
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Note C9 For DHCFT LD service – potential for a quality initiative to ensure LD carers are recorded and subsequently this means they receive copy of DCHFT carers newsletter. New electronic record starts in April so may not be possible, could be worth exploring.