CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING

Venue: **Town Hall, Moorgate Street, Rotherham S60 2RB**

Date: **Tuesday, 26th April, 2011**

Time: **10.00 a.m.**

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972

2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency

3. Apologies for Absence

4. Minutes of meeting held on 11th April, 2011 (Pages 1 - 6)

5. Quality Assurance Screening
   - presentation by Dr. John Radford

6. Annual Learning Disability Health Assessment 2011 Scores (Pages 7 - 37)

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
Monday, 11th April, 2011

Present:- Councillor Doyle (in the Chair); Councillors Gosling, Jack and P. A. Russell.

An apology for absence was received from Councillor Walker.

H70. MINUTES OF MEETING HELD ON 14TH MARCH, 2011

Consideration was given to the minutes of the previous meeting held on 14th March, 2011.

Resolved:- That the minutes of the previous meeting held on 14th March, 2011, be approved as a correct record.

H71. NHS HEALTH CHECK IN ROTHERHAM

Jo Abbott, Consultant in Public Health, and Sally Jenks, Public Health Specialist, jointly gave a presentation in respect of the NHS Health Check which aimed to identify an individual's risk of cardiovascular disease and for this risk to be communicated in a way that the individual understands, and for that risk to be managed by appropriate lifestyle advice, referral and clinical follow-up. It was explained that this preventative programme had been introduced by the former Prime Minister, Gordon Brown, for people aged 40-74 years, and that the programme had been continued by the present Government.

The presentation covered the following:-

- definition of the NHS Health Check
- what the health check included
- national policy
- who was eligible in Rotherham
- involvement of GP practices to deliver this
- monthly progress chart – number of CVD screens undertaken
- high performing practices – 9 Rotherham practices had exceeded the 45% threshold
- regional comparison – Rotherham having performed the highest number of Health Checks
- what the Health Check tells us:- 16% of screened patients have a CVD risk of > 20%; of patients with a >20% risk - 71% were overweight or obese/31% are current smokers and 47% of them had been prescribed statins
- implications for service planning and provision
- risk management through lifestyle change – (i) stop smoking advice and referral to smoking cessation adviser; (ii) referral to exercise in association with DC Leisure
- what the Patients say – feedback from use of fitness facilities
- issues for the future:- quality assurance; organisation as a screening programme with a 5 year call and recall; commissioning – local authorities, NHS Commissioning Board or Public Health England?

Members present raised and discussed the following:-

- effectiveness of the Quit Smoking programme – any follow up after 3/6 or 9 months?
- incorporating pier support into the Quit Smoking programme
- cost of leisure club membership and promotion of other forms of free exercise e.g. walking
- how to monitor participants, assess and evaluate
- constant changes to the commissioning of services
- development of links with "Make every contact count" initiative – training issues
- follow-up after age of 74
- recent scrutiny review into diabetes

The Cabinet Member thanked the NHS staff for their very informative and interesting presentation.

H72. ROTHERHAM'S INTEGRATED LOCAL AREA WORKFORCE STRATEGY (INLAWS) 2011/14

Consideration was given to a report, presented by the Strategic Commissioning Manager, setting out a proposal for the implementation of Rotherham's Integrated Local Area Workforce Strategy (InLAWs) 2011-2014.

It was explained that the strategy would deliver the requirement to meet the statutory responsibility of the Director of Adult Social Services (DASS) for the professional leadership of the workforce.

Also the development and implementation of the InLAWs strategy demonstrated significant progress for Rotherham ahead of other authorities who are yet to fully deliver a comprehensive Workforce approach.

Reference was made to the following six strategic objectives:-

- Leadership and management
- Recruitment and retention
- Workforce remodelling and commissioning
- Workforce development
- Joint and integrated working
- regulation

An explanation was given of how InLAWS responded to these with a framework for leaderhip skills, identifying and planning for current and future skills needs (e.g. around dementia) and occupational gaps, establishing effective workforce planning, and identifying and planning for the workforce development needs of the whole social care workforce.

Members present raised and discussed the following:-

- how and who would provide the training
- monitoring and evaluation
- compulsory elements e.g. moving and handling clients; 1st aid and

safeguarding
- ensuring that the trainers were qualified to deliver training
- joint approach to commissioning training to reduce costs
- Rotherham's preparedness to implement this strategy

Resolved:- (1) That the strategic approach for Rotherham's Integrated Local Area Workforce Strategy (InLAWS) to meet the statutory workforce responsibility of the DASS be agreed.

(2) That the progress made to achieve InLAWs in Rotherham be noted.

H73. RESOURCE ALLOCATION SYSTEM

Consideration was given to a report, presented by the Business Finance and Commissioning Manager, setting out a proposal to increase the Resource Allocation System (RAS) to reflect the impact of inflation by 2.32% with effect from April 2011.

Appendix 1 to the submitted report set out details of the Resource Allocation System Scorecard showing 2010 £ per point together with 2011 £ per point.

Reference was made to the current key cost drivers of:- (i) Direct Payments and (ii) cost of independent sector community based services. It was reported that following discussions with Financial Services it was therefore proposed that the RAS scorecard be increased by 2.32% and a further verbal explanation was given of the way in which this figure had been calculated.

Members present raised and discussed the following:-

- impact of Direct Payments
- total budget exposed to RAS
- situations where clients receive funding through RAS but then don't want to purchase services from the local authority
- the issue of duplicate funding
- accuracy of the proposed increase and its significance
- choice of the individual
- audit of client spend

Resolved:- That the Resource Allocation System (TAS) be increased by 2.32% from April 2011 at the new rates as detailed in Appendix 1 to the submitted report.

(The Cabinet Member authorised consideration of the following extra item in order to keep members informed of the current financial position.)

H74. REVENUE BUDGET MONITORING

Consideration was given to a report, presented by the Finance Manager (Adult Services), which provided a financial forecast for the Adult Services Department within the Neighbourhoods and Adult Services Directorate to the end of March 2011 based on actual income and expenditure to the end of February 2011.

It was reported that the forecast for the financial year 2010/11 was an overall underspend of £946,000, against the revised approved net revenue budget of £71.3m.

It was explained that a significant part of the forecast underspend was due to the following:-

- an overachievement in the savings associated with the merger of the wardens and care enablers service
- the higher than anticipated response to voluntary severance
- holding vacancies to facilitate redeployment of staff in support of the various structural reviews
- increasing numbers of residential care clients receiving full funding through continuing health care
- tight financial management within the service

It was also reported that in addition to the forecast underspend of £946,000, additional income from NHSR in respect of 2010/11 funding announced by the Government for the support of social care had been confirmed. Negotiations had now concluded with NHSR to transfer funding under a section 256 agreement of £1.1m towards the delivery of reablement services and the prevention of hospital admissions, including winter pressures.

Further details of a number of underlying budget pressures which had been offset by forecast underspends were also set out in the submitted report.

Reference was also made to total expenditure on Agency staff and consultancy during the year, and to actual expenditure on non-contractual overtime for Adult Services.

Those present congratulated the Service on its management of the budget and for the second year bringing in a balanced budget.

Resolved:- (1) That the latest financial projection against budget for the year based on actual income and expenditure to the end of February 2011 for Adult Services be noted.

(2) That the additional funding from NHSR towards the costs of reablement and the prevention of hospital admissions be noted.

(3) That it be noted that the underspend achieved on the Council's budget following confirmation of the additional health funding (£1.1m) had been earmarked to support the Council's 2011/12 budget.

H75. EXCLUSION OF THE PRESS AND PUBLIC

Resolved:- That, under Section 100A(4) of the Local Government Act 1972, the press and public be excluded from the meeting for the following items of business on the grounds that they involve the likely disclosure of exempt information as defined in Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (financial/business affairs).

5HCABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING - 11/04/11

H76. SETTING IN HOUSE RESIDENTIAL ACCOMMODATION CHARGES 2011/12

Further to Minute No. 67 of the meeting of the Cabinet Member held on 28th February, 2011, consideration was given to a report, presented by the Business Finance and Commissioning Manager, which provided the further information requested in respect of setting in-house residential accommodation charges 2011/12.

Reference was made to:-

- Previous proposed increase of 1%
- Details of when and to whom maximum charges applied
- Number of people required to pay maximum charge
- The freezing of in house residential care pay and non pay budgets for the coming financial year
- Implications of increasing the maximum charge in line with inflation
- maximum charge per week for independent sector residential care

Reference was also made to the impact of three options and these were detailed in the table at 8.1 in the submitted report.

Resolved:- That the report be received and contents noted.

H77. REVIEW OF NON RESIDENTIAL SERVICE CHARGES

Consideration was given to a report presented by the Business Finance and Commissioning Manager, relating to decisions taken by the Council, as part of the budget setting process, to increase charges for non-residential services.

It was pointed out that charges were reviewed in 2010 and increased in October following consultation.

Reference was made to Rotherham's comparatively lower charges when compared to other neighbouring local authorities.

The report set out charging options to contribute to achieving the Directorate's budget setting savings target over the next three year.

Details of the options and a break down of the estimated additional income from the proposed charges were set out in the submitted report.

Appendix 1 to the submitted report set out comparator analysis tables and estimated impact on customers.

Also submitted at the meeting were summaries of two case studies which illustrated (i) impact of change in Disposable income allowance and (ii) impact of change in hourly rate, together with comparisons with neighbouring authorities.

It was pointed out that the savings assumed a six month consultation exercise would be required and therefore be achieved over a two year period.

Members raised and discussed the following:-

- charge for transport day centre
- provision of meal at day centre – provider, cost and quality
- client choice
- complexity of the permutations
- the consultation timescale

Resolved:- (1) That the proposed charges set out in Paragraph 7.7 of the submitted report be noted.

(2) That commencement of consultation on these proposals be noted.

(3) That the other revised charges as set out in Paragraph 7.10 of this report be agreed and implemented with effect from April, 2011.

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1.	**Meeting:**	**Cabinet Member for Adult Independence, Health & Wellbeing**
2.	**Date:**	**26th April, 2011**
3.	**Title:**	**Annual Learning Disability Health Assessment; 2011 Scores**
4.	**Programme Area:**	**Learning Disability (Health)**

5. Summary

The fourth annual Learning Disability Health Assessment Framework (HAF) is due to be submitted to the Strategic Health Authority on Friday 15th April 2011. As in previous years, the assessment will be signed off by the LD Partnership Board (at their meeting on 15th April 2011) and also by Rotherham PCT, as they have formal accountability for the assessment.

Much of the framework relates to the commissioning of mainstream health services but clearly it also relates to LD services. As the LA is the lead commissioner and lead provider for Learning Disability Services in Rotherham, and staff from the Rotherham Joint LD Service have contributed information and evidence for the assessment, and will be key to undertaking any further actions coming out of the assessment, local authority managers are asked to note the proposed scores and priority actions and to provide any comments, prior to the submission date on Friday 15th April 2011.

6. Recommendations

- **Cabinet Members are asked to note the scores that NHS Rotherham and the LD Partnership Board plan to submit to the Strategic Health Authority for this year's annual Learning Disability Health Assessment Framework (HAF).**

- **Cabinet Members are asked to note the priority actions that the LD Joint Service (provided and commissioned by the LA) will be asked to contribute to in 2011/12.**

7. Proposals and Details

Annual Health Assessment Submission 2010/11

Cabinet Member and DLT received a report on the 2010 assessment scores and feedback from the Strategic Health Authority at meetings in November and December 2010.

Since then the Health Sub-Group to the LD Partnership Board has overseen the action plan to work on those areas that we identified as priorities for 2010/11.

These were:

1. Maintain current position – given capacity constraints in local health and social care services and changes to provision and commissioning in health services;
2. Embed strategies around Autism, Complex Needs and BME
3. Data Collection to inform commissioning and demonstrate progress on the targets.

We have made progress in each area (see below: table 1)

The Rotherham scores for the four overall targets are proposed as follows:

Target		2010	2011
T1	People still in hospital or campus settings	Green	Green
T2	Access to mainstream NHS services	Green	Green
T3	Safety (in NHS services)	Green	Green
T4	Services for those needing more support	Amber	Green

The detailed sub-scores and priority actions are in Appendix 1 and the full submission is attached as Appendix Two. Overall there are no red scores and the number of amber scores has reduced from 9 in 2010 to only 3 (one per target area) in 2011.

This demonstrates the progress that has been made since the 2010 assessment. The LD Partnership Board commented on this excellent progress at their meeting in March 2011.

Table 1: Regional Priorities and Local Actions in 2010/11

Regional Priority	**Progress in Rotherham**
Better meeting the needs of people with a learning disability from BME communities;	A BME scoping and consultation exercise was commissioned and the numbers of people from BME communities accessing LD services has increased by 13%.
Identifying and meeting the needs of people with	We have good data on the numbers of people, a new tool for person centred planning has

Regional Priority	Progress in Rotherham
profound and complex disabilities;	been developed and a number of people with complex needs now have a PCP. Once completed these plans need to inform commissioning for services for these people.
Consistent progress by all departments in all hospitals to meet the needs of people with a learning disability;	Training and engagement work are on-going. NHS Rotherham has completed two audits one of care, and the second of best interest decision making in the hospital; RFT are undertaking their own audit of people's experience. There is more work to do in these areas.
Ensuring all staff understand and operate within the relevant legal frameworks;	Best interest / MCA audit (above) has highlighted where further work is required. Outcomes in LD services were good, those in the hospital less so. Training of senior clinical staff is planned for May 2011; an action plan will be developed for implementation.
Strengthening planning for older people with a learning disability, and older carers;	A dementia pathway for people with LD has been developed and is being implemented. We have good data on the numbers of older carers.
Strengthening local planning and commissioning for people with autism, in line with the national strategy published earlier this year;	A joint health and social care action plan for implementation of the National Autism Strategy has come to DLT to agree. This will go to NHS Rotherham Directors and to the GP Commissioning Exec in April
Closely reviewing local progress on the work to support people with a learning disability who offend.	Local court diversion and police have a clear pathway to the learning disability service for undertaking screening and other assessments as required. We have no local prison and services are not aware of local people with a LD in prison. Links to probation and post-release services (eg housing) need to be improved to ensure these are available if required.

The framework and scores will be discussed at the Health Sub-group and signed off by the LDPB prior to submission so some small changes may be made to the narrative, but it is not anticipated that the scores will change.

The SHA has arranged a series of meetings in mid-June to validate the scores, following this they will provide feedback to NHS Rotherham and to the LDPB. The Director of Health and Wellbeing, or Head of Assessment and Care Management in the Joint LD Service have agreed to join this meeting, alongside PCT colleagues and a person with a learning disability and a family carer.

8. Finance

The Local Authority is the lead commissioner for LD services and the host authority for the LD pooled budget. Funding for specialist health services is provided from NHS Rotherham into the pooled budget. There are no finance implications from this paper.

9. Risks and Uncertainties

It is unclear, given significant changes to NHS structures in 2011/12 whether or not this process of assessment will take place next year. The SHA which currently oversees the HAF will be abolished by April 2012. Access to health services by people with a learning disability is still regarded as a high priority for the government but capacity to undertake the assessment both in the PCT and in the LD Service is significantly reduced. The service specifications with RDASH for provision of LD specialist health services include responsibility for overseeing the health assessment and undertaking actions to improve performance but this will need to remain a high priority for commissioners in health and social care if this progress is to continue.

10. Policy and Performance Agenda Implications

There are performance measures in the LD Partnership Agreement and in the LA contract for LD services with RDASH that contribute to this agenda.

The numbers of people with a learning disability receiving an annual health check with their GP is an NHS Vital Sign indicator.

11. Background Papers and Consultation

There has been an annual 'BIG Health Day' in each of the last three years to consult people with a learning disability and family carers about the scores for the health assessment. The action plan and assessment submission have been signed off by the Multi-agency Learning Disability Partnership Board and work is progressed through its Health Sub-Group, both of which have strong service user and carer representation.

In 2011 we decided to increase the range and number of people and family carers contributing to the assessment by conducting focus groups in day services, in residential care and with the carers' forum. This has replaced the 'BIG Health Day' for this assessment but has allowed more people to be briefed about the framework and to contribute to completing it.

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Learning Disabilities Health Self Assessment –Proposed 2011 Scores
April 2011

Top Targets and Key Objectives (2011 revised)	Score 2010	Proposed 2011 Score	Priority Action
1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital (Note 1)	Green	Green	
(1.2) 1.1 All NHS Residential Campuses are to be closed by March 2010			
1.2 (1.3) Local commissioners and partnership boards have an agreed record of everyone both in and out of district and in both NHS and private sector hospital provision, who are receiving long term care **(note 4)** and they are confident that people receive regular, person centred reviews.	Green	Green	
2. PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities	Green	Green	
2.1 Systems are in place to ensure the following are identified within GP Registers: ➢ Children **(Note 5)** and adults with a learning disability ➢ Older family carers **(Note 6)** ➢ Those from minority ethnic groups ➢ Carers of those from minority ethnic groups ➢ Parents or carers with a Learning Disability	Amber	Green	Swift system in local authority is being updated to include health needs identified at assessment, by end of June 2011.
2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice (note 7)	Green	Green	HAP audit due to report early in 2011/12. HAP check being incorporated into GP feedback form for 2011/12 health checks.
2.3 People with learning disabilities access disease prevention, screening, and health promoting activities in their practice and locality, to the same extent as the rest of the population	Amber	Green	Repeat the data analysis next year.

Top Targets and Key Objectives (2011 revised)	Score 2010	Proposed 2011 Score	Priority Action
2.4 The wider primary care community (dentists, pharmacists, physiotherapists, podiatrists, optometrists, community-based nurses, etc) is demonstrably addressing and promoting the better health of people with learning disabilities	**Green**	**Green**	
2.5 Service Agreements with providers of primary care, general, specialist, maternity and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities **(Note 11)**	**Green**	**Green**	
2.6 PCT commissioning work-streams - and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such work-streams across the SHA area	**Green**	**Green**	
2.7 The benefits for patients derived from the development of computer technology (in the context of the NHS plan to improve the way it holds and uses patient information) are of equal benefit and equally open to people with learning disabilities and those who provide services to them	**Green**	**Green**	
2.8 PCTs have agreed with local partner agencies a long term 'across system' strategy to address services to people with learning disabilities from ethnic minority groups, and their carers (see also 2.1 above)	**Green**	**Green**	To agree representation at LDPB as part of current review of membership Key recommendations from Scoping Project being taken forward.
2.9 There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with complex or profound disabilities and their carers	**Amber**	**Amber**	To agree representation at LDPB as part of current review of membership Collate info from PCPs to inform commissioning plans. To agree representation at LDPB as part of current review of membership Collate info from PCPs to inform commissioning plans. Ensure info on peoples' needs is included in the JSNA.
3. People with learning disabilities who are in services that the NHS commissions or provides, are safe	**Green**	**Green**	
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, national audit outcomes, and "Healthcare for All" and Six	**Green**	**Green**	

Top Targets and Key Objectives (2011 revised)	Score 2010	Proposed 2011 Score	Priority Action
Lives.			
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including: • Mental Capacity Act (including Consent) • Disability Discrimination Act (including Disability Equality Duty) • Human Rights Act	**Green**	**Amber**	Strategic Facilitator / Liaison Nurse and LD Consultant to meet with hospital doctors to discuss consent in May 2011 An action plan will be agreed to address issues identified in the recent audit and implementation overseen by HSG.
3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations	**Green**	**Green**	
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults	**Green**	**Green**	The NHS evaluation and assurance framework (launched in March 2011) has been requested from the MH/ LD trust as part of their contract work plan in 2011.
4. Progress is being made in implementing the service reforms and developments described in 'Valuing People'	**Amber**	**Green**	
4.1 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding: - unnecessary admissions or re-admissions to hospital - out of district placements	**Green**	**Green**	
4.2 (Note 15) There is an agreed strategy and linked person-centred commissioning plans for everyone receiving short break/respite care which is provided by NHS or private hospitals – or which is 100% funded by NHS	**NEW INDICATOR**	**Green**	
4.3 Plans are in place to ensure more locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood – and their families	**Green**	**Green**	
4.4 People with learning disabilities and their families/supporters are supported and empowered	**Amber**	**Green**	Making sure that plans for the new Health Watch include people with a learning disability from the outset. (LDPB discussed this at a recent meeting)

Top Targets and Key Objectives (2011 revised)	Score 2010	Proposed 2011 Score	Priority Action
to fully contribute to and participate in discussion, as well as in the planning, prioritisation and delivery of health services generally			
4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision	**Green**	**Green**	
4.6 The needs of people with learning disabilities who are ageing **(Note 19)** are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines (including the national Dementia Strategy and New Ambitions in Old Age).	**Amber**	**Green**	
4.7 PCTs have agreed with local partner agencies a long term 'whole system' strategy to address the needs of people with autism spectrum, which includes reference to adults with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood	**Amber / Green**	**Green**	• Commissioning and professional leads identified for autism. • Training plan in place. • Action plan being implemented.
4.8 There are a range of local services available to individuals who are described as having challenging behaviour. Such services take account of key standards from policy and best practice.	**Green**	**Green**	
4.9 New Horizons for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services	**Amber / Green**	**Amber**	• Protocol implemented • Staff trained • Implementation audited.
4.10 Each Partnership Board has a learning disabilities workforce development Plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and mainstream health care areas	**Amber**	**Green**	Workforce Board in place and considering the LD workforce.
4.11 PCTs and their partners are working with local and regional Offender health teams to ensure that people with learning disabilities in prison have access to a full range of healthcare – in line with legislation, policy and best practice	**Amber**	**Green**	Better connections with housing, probation and other key services in place when required.

Learning Disabilities Self Assessment 2011 – General Feedback Form

Locality Rotherham: FINAL v 1.2 140411

Health Check – Top Target 1					
	**1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital**	How we are doing overall on this standard Please tick where you think are overall on this target ⇒	☹	😐	☺ √

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital						
1.1 All NHS Residential Campuses are to be closed by March 2010	There is no-one from Rotherham living in a campus home, either in a long-stay hospital or in assessment and treatment for more than 12 months.				√	
1.2 Local commissioners and partnership boards have an agreed record of everyone both in and out of district and in both NHS and private sector hospital provision, who are receiving long term care **(Note 4),** and they are confident that people receive regular, person-centred reviews	Only 6 people from Rotherham are in long-term hospital care, these figures were shared with Partnership Board at their meeting in March 2011. There are no delayed discharges from hospital care; all have regular person centred reviews and Health Action Plans as part of the CPA process.				√	

Health Check – Top Target 2					
	**The PCT is working closely with the Partnership Board and other local partners. This means that people with a learning disability can use the same health services and get the same treatment as everybody else**	How we are doing overall on this standard Please tick where you think you are overall on this target ⇨	☹	😐	☺ √

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
2. PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities						
2.1 Systems are in place to ensure the following are identified within GP Registers: ➢ Children **(Note 5)** and adults with a learning disability ➢ Older family carers **(Note 6)** ➢ Those from minority ethnic groups ➢ Carers of those from minority ethnic groups ➢ Parents or carers with a Learning Disability	Electronic system in place via DES template and GP records flagged to identify reasonable adjustments where requested (eg choice of staff member, choice of appt time)				√	Swift system in local authority is being updated to include health needs identified at assessment, by end of June 2011.

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice **(Note 7)**	• Letter offering an annual health check sent to every person on social services LA 'register' in July 2010. • Champions identified in each practice and link workers in LD health support team. • Local annual health checks incorporate feedback form to LDS on any health issues and referrals made. • Health Action Plans are offered to everyone as part of the invite for the annual health check (above). • There is on-going training for GPs and practices – more sessions are planned for the coming year.				√	HAP audit due to report early in 2011/12. HAP check being incorporated into GP feedback form for 2011/12 health checks.
2.3 People with learning disabilities access disease prevention, screening, and health promoting activities in their practice and locality, to the same extent as the rest of the population **(Note 9)**	Rotherham now has proxy data (from Systm One practices) on access to the range of screening programmes by people with a learning disability. People are routinely offered screening and there is close liaison between the health support team and the local breast screening unit to ensure reasonable adjustments can be made. Data suggests nearly twice the proportion of women with an LD access breast screening than in the general population, We need to check this. A dysphasia screening programme is in place in the LD service.	We need to raise the proportion of women with LD taking up cervical / breast screening to closer to that in the general population.			√	Repeat the data analysis next year. Data quality will improve as more people have an annual health check.

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
2.4 The wider primary care community (e.g. dentists, pharmacists, physiotherapists, podiatrists, optometrists, community-based nurses - including maternity nurses) is demonstrably addressing and promoting the better health of people with learning disabilities	Excellent examples of adjustments made, for example in community dentistry service. Community Pharmacy Consultation included people with a learning disability and family carers at Sept 2010 'Big Health Follow-up Day' In recent Health Needs Assessment (see 2.6) and consultation for HAF people and family carers gave good examples of adjustments made by local dentists, opticians etc. Health support team provided LD awareness training to dental staff (60) in Dec 2010 and to staff in sexual health services. LD Health Support Team have regular contact with providers over reasonable adjustments required for particular individuals with more complex needs.  Examples of reasonable adjustmer				√	
2.5 Service Agreements with providers of primary care, general, specialist, maternity and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities **(Note 11)**	• Protocols in place with local Acute Trust. Liaison in place with surrounding trusts (Doncaster, Barnsley and Sheffield) • Health Equity Audit of local care for people with a learning disability provided info and some examples of				√	

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	good practice - next steps being followed up by PCT Dir Public Health. • Have link / liaison nurse in post for acute hospital and hospital passports (health action plans). 'Anticipatory Needs Tool' in place and staff being trained to use this. • Audit of people's experience in the hospital currently underway due to report in April 2011.					
2.6 PCT commissioning work-streams - and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such work-streams across the SHA area **(Note 11)**	• Presentation on LD healthy ambitions workstream and local action plan to meeting of Commissioning Programme Leads in NHS Rotherham in summer 2010. • Work plan available from Commissioning Programme Leads attendance at local LD Health Sub-Group. • New GP Commissioning Exec has a representative responsible for LD (lead on the DES) and he is a member of Health Sub-group. • Local self advocates are on the regional Healthy Ambitions Board. • A 'health needs assessment' carried out in LD Day Services was shared with PB in March 2011. There is an action plan in place which involves a range of PCT commissioning programmes eg for obesity and heart				√	

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	disease.					
2.7 The benefits for patients derived from the development of computer systems and information technology **(Note 12)** are of equal benefit to people with learning disability and family carers	• There is electronic recording of data from the DES, some of this can be accessed on PCT systems, providing valuable information for  LD IT 2.7.doc commissioning. • The NHS Rotherham web-site has been updated and is in clear English. There are links from the site to accessible information on health and health needs eg 'Easi-health'. • Electronic records in hospital and in primary care services in Rotherham are flagged to identify people with a learning disability and any reasonable adjustments required. • Data relating to the health needs of people with LD is analysed jointly between the PCT and LA in the Joint Strategic Needs Assessment and strategic intelligence reviews.				√	
2.8 PCTs have agreed with local partner agencies a long term 'across system' strategy to address services to meet the needs of people with learning disabilities from ethnic minority groups, and their	Report from BME scoping project - commissioned during 2010 is now available Numbers of people from BME communities accessing the LD services has increased by 13% Increased number of HAP'S and				√	To agree representation at LDPB as part of current review of membership Key recommendations from Scoping Project being taken forward.

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
carers (see also 2.1 above)	health checks. JSNA information updated.					
2.9 There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with complex or profound disabilities and their carers. (***Definition at Appendix 4***)	Speak-up were commissioned to deliver a DVD and toolkit around best practice when planning for people with complex needs. 28 people with the most complex needs have had a PCP using the tool-kit. Regular feedback has been provided to LDPB. There is good local information about the numbers of people with complex needs.			√		To agree representation at LDPB as part of current review of membership Collate info from PCPs to inform commissioning plans. Ensure info on people's needs is included in the JSNA.

Health Check – Top Target 3					
	**People with a learning disability are safe in National Health Service services**	How we are doing overall on this standard Please tick where you think you are overall on this target ⇨	☹	😐	☺ √

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
3. People with learning disabilities who are in services that the NHS commissions or provides, are safe						
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from previous audits or investigations by statutory regulatory bodies - including 'Healthcare for All' and Six Lives	All Rotherham health providers took reports on 'Six-Lives' to their boards during 2010; an update was given to LDPB in November 2010. Health Equity Audit of care provided to people with a LD in local hospitals completed (see 2.5 above) Audit of people's experience in the hospital currently underway due to report in April 2011 (see 2.5).				√	
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including:	Training and policies are in place across Rotherham providers. An audit of the implementation of the MCA took place in LD services and in the hospital in 2010/11, the Results of	All staff in the hospital following the law and local guidance on consent.		√		Strategic Facilitator / Liaison Nurse and LD Consultant to meet with hospital doctors to discuss consent in May 2011. Hospital (RFT) action plan will be implemented to address issues identified in

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
• Mental Capacity Act (including Consent and Deprivation of Liberty) • Disability Discrimination Act (including Disability Equality Duty) • Human Rights Act	the audit have been discussed at  Mental Capacity Act Audit easy-read.doc Partnership Board. A safeguarding and MCA action plan has been agreed and some more training has been provided for staff in the hospital as a result of the audit. Some good examples of seeking consent in hospital services, and some less good practice identified though consultation with carers as part of HAF. All commissioning service specifications have equality impact assessments and annual EIAs are required of providers by contracts.					the recent audit, and this will be overseen by HSG. The audit will be repeated by the end of 2011. (Strategic Health Facilitator and RFT)
3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations	There are very few complaints received from people with a learning disability or family carers. NHS Rotherham governance meetings look at analysis and trends of complaints from all the services we commission. LD Liaison Nurse meets with senior nurses from RFT to discuss and resolve any incidents which are identified there. She also attends patient experience meetings within the hospital to contribute to service improvement. RFT (acute trust) and RDaSH (MH trust) are encouraging people with a learning disability and family carers to join them				√	

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	as members.					
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults at risk of abuse	The LA Champion for safeguarding adults is a co-chair of the LD Partnership Board; also LD safeguarding lead attends Partnership Board and the Safeguarding Board for Rotherham. Regular Safeguarding updates are provided to Partnership Board. Rotherham scored "performing well" in a CQC safeguarding inspection in 2009. Rotherham LA is launching the local 'SIR scheme' (Safe in Rotherham) in May. This scheme will encourage local businesses and services to provide a safe place and support to vulnerable adults who fear bullying or hate crime, or who need support whilst out in the town. Health staff – including GPs will be invited to participate in the scheme.				√	The NHS evaluation and assurance framework (launched in March 2011) has been requested from the MH/ LD trust as part of their contract work plan in 2011.

Health Check – Top Target 4					
	**Progress is being made in the health service reforms and developments described in Valuing People Now**	How we are doing overall on this standard Please tick where you think are overall on this target ⇨	☹	😐	☺ √

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
4. Progress is being made in developing local services for those needing more help to be healthy (Note 14)						
4.1 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital, or out of district placements	• New community based teams to support people with health needs and those who challenge services have been in place since April 2010. • Rotherham has very few out-of-area placements. • Service spec for Assessment & Treatment Services and for the new community teams in place. • Detailed performance framework in place for the specialist health services and now incorporated into the LD Partnership Agreement and the contract with the provider. • There are no delayed discharges of				√	

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	Rotherham patients.					
4.2 (Note 15) There is an agreed strategy and linked person-centred commissioning plans for everyone receiving short break/respite care which is provided by NHS or private hospitals – or which is 100% funded by NHS	Respite services are jointly funded from the pooled budget for LD services and respite is provided in line with a person's assessed needs and individual care plan; only people in receipt of fully funded continuing health care (CHC) have 100% health funded respite as part of their package of care.				√	
4.3 Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families (Note 16)	• We have robust transition planning and a protocol in place. • Person centred reviews embedded in both special schools in Rotherham. Good data, included in JSNA. • Health colleagues including from CAMHs, physical disabilities and continuing health care attend the multi-agency transitions panel.				√	
4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to the planning, prioritisation and delivery of health services generally	• Specific events for people with a learning disability (eg June 2010 Let's Talk Event; and Sept 2010 Big Health Follow-up Day) have included consultations on health issues eg: community pharmacy consultation, discussion about sexual health. Partnership Board responded to the NHS White Paper consultation. • People with a LD and carers have been specifically involved in the 'Future Wards' project at RFT and in discussions about accessible				√	Making sure that plans for the new Health Watch include people with a learning disability from the outset. (LDPB discussed this at a recent meeting)

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score? ☹	😐	☺	(5) One thing we want to be better in 12 months (Key priority)
	signage at the Rotherham Community Health Centre. • PCT PPE team attended a community wide event aimed at people with disabilities (Magna Fair's Fayre) in October 2010, this was attended by many people with learning disabilities. We asked people to show us how 'on target' their health services were, using a 5 foot high red, amber green gold target. The results were shared with services, and where possible it was noted when the results that had come from people with learning disabilities. • NHSR has drafted some standards for accessible information about services in general.					
4.5 There are thorough, well-functioning partnership agreements between organisations – and associated governance, guiding day to day commissioning and service provision	A new LD partnership agreement is in place from April 2011 with an integrated performance management framework. The Agreement is much clearer about the responsibilities for provision and commissioning of services and about the governance and performance arrangements. A new LD Commissioning Group, which will report back to the Partnership Board, is being set up to manage these arrangements. Contracts and Service specifications, with linked quality and performance management are in place for all LD				√	

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	specialist health services, for the first time (see 4.1 above).					
4.6 The needs of people with learning disabilities who are ageing **(Note 18)** are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines (including the national Dementia Strategy and New Ambitions in Old Age)	A protocol and pathway are now in place to ensure that support is available for people with a learning disability who develop dementia. This is being rolled out across the service. A Community Nurse with a special interest has been identified to lead on dementia and in addition there is a work programme in main-stream older people's MH services to provide appropriate support to people with LD who may present to those services. 130 older carers (65+) have been identified. Speak-up have developed training and resources around 'mutual caring' and shared-care for older carers. They have identified 12 local people with a learning disability who are in caring roles.				√	
4.7 PCTs have agreed with local partner agencies a long term 'whole system' strategy to address the needs of people with autism spectrum, which includes reference to adults and young people with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood	• A local action plan to implement the national autism strategy (March 2010) and Guidance (Dec 2010) have been agreed with a number of milestones in place for 2011. Regular updates are provided to LDPB. • There is information in the JSNA on the number of people in services who have autism and a learning disability.	Pathways to diagnosis and assessment will be reviewed and clarified where necessary, so that people with autism don't 'fall through the gaps' between services.			√	• Commissioning and professional leads identified for autism. • Training plan in place. • Action plan being implemented.

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	• Autism awareness training has been commissioned from NAS and will be rolled out in 2011. • Early links have been made with the local branch of the NAS to involve them in future planning; local children's services have an outline plan for autism and work on transitions is a key priority. • A number of services are already in place for people with LD and autism, including personalised supports.					
4.8 There is a range of local services available to individuals who are described as having challenging behaviour. Such services take account of key standards from policy and best practice e.g. Mansell Report	• Two new community teams established in April 2010, one specifically supports this group (see 4.1). • Very few people are placed out of area, all are reviewed at least annually - or more frequently if also on CPA. • All the LD service specifications contain training targets to address skills around caring for this group.				√	
4.9 National mental health policy is equally and equitably applied to people with learning disabilities who require psychiatric services	A draft 'green light' pathway / protocol is out for consultation during April and will be implemented across LD and MH services, with a linked training plan from May 2011. Joint working between managers in the two services, and between consultants in LD and MH has already seen barriers to access to MH services reduced. People are given a choice (where	Top level leadership from MH services to embed the protocol in everyday practice for all staff. To improve practice and reporting on CPA and on the Mental Health Act in LD services.		√		• Protocol implemented • Staff trained • Implementation audited.

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
	appropriate) about which service should lead on their care. LD health services are provided from the MH trust from April 2011 and this should help to reduce barriers further. A small base-line audit was completed in 2010, this will be repeated.					
4.10 Each Partnership Board has a learning disabilities workforce development Plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and mainstream health care areas	Rotherham's Integrated Local Area Workforce Strategy (InLAWS) was finalised in March 2011 and its implementation plan commences in April 2011 with the formation of a Workforce Strategy Board (WSB) that will make workforce commissioning decisions including Learning Disability Services. InLAWS integrates service commissioning with workforce commissioning and financial strategy. Workforce development and joint and integrated working between social and health care are two of the Strategy's key workforce intentions. The Board will include members from health, social care and the independent sector agencies. The workforce includes learning disability services. NHS R has considered the workforce requirements for all the services it commissions as part of the single integrated plan. This will include the LD workforce.	Discussion of these issues at the LDPB.			√	Workforce Board in place and considering the LD workforce.
4.11 PCTs and their partners are working with local and regional Offender health teams to	We have no local prison and no record of any local people with a Learning				√	Better connections with housing, probation and other key services in

(1) **Top Targets and Key Objectives**	**(2) Good things happening**	**(3) Where things need to get better**	**(4) How do we score?** ☹	😐	☺	**(5) One thing we want to be better in 12 months (Key priority)**
ensure that people with learning disabilities in prison have access to a full range of healthcare – in line with legislation, policy and best practice	Disability being in prison. The local prisons do have a screening tool for LD which is also used in local services. The LD service has agreed arrangements to provide support and a 'Responsible Adult' for people with suspected LD in the local police or court systems. This is working well.					place when required.

Some more questions about how this self assessment process is reported back to the different organisations who contribute to it – and about the extent to which people are really involved and included in all the work

Name of your local area *: Rotherham*

1. Can you please describe the different meetings and activities that took place to bring together all the information in this feedback form? (Can you include reference to Getting Ready Meetings and to the Big Health Check Up Day itself.) Please also include some information about who came and how many people were involved.

This year we had a 'Big Health Follow-up Day' in September where we spoke to people about the progress we had made. 34 people attended the event, 18 of these were people with learning disabilities or family carers.

In 2011 we decided not to have another BIG meeting but to have lots of small meetings with people with a learning disability and with family carers so that more people could learn about the framework and tell us about health issues and about health services they have used.
We had 7 meetings, involving 49 people with a learning disability and 21 family carers, also staff from services. These took place at the local Carers' forum, in day services and in residential settings.

- We asked Partnership Board about this before we did it and gave them feedback from the meetings.
- We have also discussed the framework and our progress thought-out the year at the LD Health Sub-Group meetings.
- This is a report summarising all of the engagement meetings that we had:


Rotherham HAF Facilitators Questions

2. This question is about making sure everyone in the Partnership Board and in other local groups (e.g. carers groups) are aware of this annual process and know how they can get involved. For example, did you have an initial

presentation at the Partnership Board giving the background to the Health Check Up? Were presentations made to other groups? Did you have a presentation to the Partnership Board at the end of the process to brief them about the information reported back to the SHA – and to talk about the things you are planning to do in the coming year.

The Health Sub-group has a quarterly agenda item at the Partnership Board, we used these to provide the feedback from the SHA and to talk about the NHS White Paper and about Healthy Ambitions.

In 2011 we have spoken about the framework at every meeting! We asked PB about how we planned to consult people in January; in March we looked at all the draft scores and at the feedback from our consultation meetings (question 1); the LD health sub-group and LDPB will sign off the scores before we submit them on 15th April.

- We have also discussed the framework and our progress through-out the year at the LD Health Sub-Group meetings
- The carers forum has discussed the framework and given their views (Question 1).

3. This is a question about how statutory and other organisations in your local area contribute to and follow progress on your Health Agenda. Please give information here about the range of Boards, Groups and organisations who are 'briefed' about progress on the self assessment and its contents: who are they and how often do they request or receive reports?

<u>2010 Process</u>:
NHS Rotherham Board, May 2010 looked at the 2010 scores
Feedback from the 2010 process to:

- Professional Executive Sept 1st 2010, NHS Rotherham Board, 20th Sept 2010;
- LA Neighbourhoods and Adult Services Directorate Leadership Team (DLT) and Adult Health and Social Care Cabinet: November and Dec 2010

<u>2011 Process sign-off</u>:
PCT Management Executive and LA Neighbourhoods and Adult Services Directorate Leadership Team (DLT) – 12th

April
LDPB 15th April
GP Commissioning Executive briefed and a paper will go to the Local Authority Cabinet at the end of April.

4. This is a question for carers and self advocates – did you feel enough people had a chance to join in the work and the Big Health Check this year? If you think it could get better, what kind of things need to happen to make sure more people get involved next year?

(SPEAKUP) The work was raised in the partnership board over the past year where self advocates chair and attend, also the health subgroup and the regional health subgroups have self advocate representation and one local self advocate sits on the CQC board. As an organisation Speak up feel people with learning disabilities in Rotherham have had lots of opportunities to comment

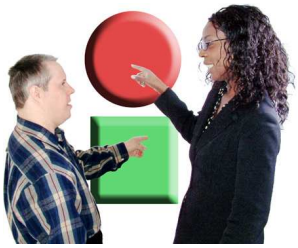
(LD Service) The small meetings have been well received by the people who have attended and we plan to do more of this next year.

Partnership Co-Chair: “you should be proud of yourselves”

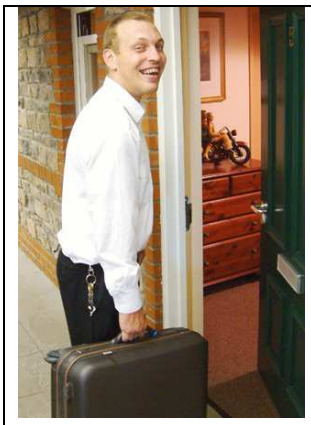
Things that need to get better:

- We need to get more young people involved, including people in schools and people in transition.
- We need to be better at involving the parents and carers of people with complex needs. They can’t always come to meetings.

The 2011 Health Self Assessment Framework



We have to send our assessment to the NHS Bosses on Friday 15th. We would like the health sub-group to look at the scores and tell us if they agree with them.



Target 1

Plans are in place for people who have finished their treatment. Part of this treatment would mean they had to stay away from home. This might have been in a hospital or a residential service.

2010: Last year we said we were good ☺

2011: We think we still do well, so we plan to say good ☺ this year.

There are a few people in Learning Disability hospitals outside of Rotherham, but it is never more than about 6 people and all are there for a reason.

Target 2

Everybody is working together so that people with learning disabilities can use the same health services as other people.

2010: Last year we scored **good** ☺ on this Target.

Since last year we have done more work to make sure that GPs know about their patients who have a learning disability or are a family carer, and to make sure that everyone knows they can have a health check with their GP.

2011: We think we are even better this year, so we plan to say **good** ☺ again.

Target 3

People who use services that the NHS buys or runs should be safe

2010: Last year we scored **good** ☺ on this Target.

This year we have asked some services questions about checking if it is ok to help people who can't decide for themselves – this is called 'Consent'. We've also looked at the care that people get in hospital.

Some things in the hospital need to get better, but overall we think things are still **good** ☺.

Target 4

Making things better for people who need extra help to be healthy.

This is about the things 'Valuing People Now' says we must do.

2010: Last year we scored **OK** 😐 on this Target.

Since last year we have done some work with mental health services and RAP have asked people from Black and Minority groups (BME) how they would like services to get better. We've also written a plan about the autism strategy.

2011: We think we're now **good** ☺ on this Target.

Any other comments about the framework?