

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:

<u>Target</u>	<u>2010</u>	<u>2011</u>
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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