

<b>Item No.</b> 11.	<b>Classification:</b> Open	<b>Date:</b> 24 March 2014	<b>Meeting Name:</b> Health and Wellbeing Board
<b>Report title:</b>		Update on Services for People with a Learning Disability and / or Autism, including Winterbourne View, Joint Health & Social Care Self Assessment and Autism Self Assessment	
<b>Ward(s) or groups affected:</b>		All	
<b>From:</b>		Alex Laidler, Acting Director of Adult Social Care	

## RECOMMENDATION

1. The board is requested to note the contents of this report and the associated plans for improving services for people with a learning disability and / or autism (including those whose behaviour challenges services) as set out in appendices 1 and 2 of this report

## EXECUTIVE SUMMARY

2. The purpose of this paper is to update the board on:
  - The work being carried out on the development of more integrated health and social care services to provide more appropriate community based provision for people with learning disabilities and / or Autism, (including those people whose behaviour challenges services);
  - The work being carried out to ensure that people with learning disabilities and challenging behaviour are not inappropriately placed in a hospital setting;
  - The joint health and social care self assessment completed in December 2013; and
  - The Autism Self Assessment completed in October 2013.

## BACKGROUND INFORMATION

3. At the July 2013 meeting of the Health and Wellbeing Board, Sarah McClinton, Director of Adult Social Care presented a report outlining how the Winterbourne View Concordat set out a series of actions that local systems are expected to take in order to ensure there is a joint strategic plan to commission a range of housing, health and social care services to better meet the needs of children and adults with a learning disability whose behaviour challenges services.
4. The Director presented Southwark's Winterbourne View Concordat stocktake and the associated action plan for improving services for this group.
5. The Health and Wellbeing Board asked that a progress report be received in six months time on the development of more integrated health and social care services to provide appropriate community based provision for this client group.

6. This report provides an update on the work that is being carried out in Children's and Adults' Services across health and social care and with other partners.
7. It also updates the Board on the outcomes of two annual, national self assessment exercises undertaken in Autumn 2013 on the wider learning disability and autism service user group:
  - The Joint Health and Social Care Self Assessment Framework (JHSCSAF)
  - The Autism Self Assessment.

## **KEY ISSUES FOR CONSIDERATION**

### **The Development of Integrated Health and Social Care Services**

8. The document at appendix 1 sets out the work that is being carried out as part of the Transforming Care Programme for Learning Disabilities and Autism services for children, young people and adults.
9. The projects that form the programme show robust evidence of integrated working across health and social care, both formally in the structure of the programme and informally in the effective working relationships that have developed across these organisations.
10. In addition to the horizontal integration across different organisations, the programme shows good evidence of vertical integration through the development of the care pathway for 0 – 25yrs which has been highlighted as good practice in the Local Government Association's evaluation of the Winterbourne View Stocktake.
11. The programme also highlights the partnership working in place with other departments in the Council (e.g. Housing) as well as with independent sector providers, family carers and service users who are involved in many of the working groups and through the development and implementation of a co-production approach.

### **The Right Care in the Right Place**

12. The expectations of Transforming Care (DH, 2012), is for a rapid reduction in the number of people with challenging behaviour in hospitals or in large scale residential care - particularly those away from their home area. By June 2014, no-one should be inappropriately living in a hospital setting. The DH identified a three stage process which involves:
  - Commissioners making sure they know who is in hospital and who is responsible for them;
  - Health and care commissioners working together and with partners to review the care people are receiving;
  - Commissioners working with individuals to agree personal care plans and bringing home or to appropriate community settings all those in hospital.
13. Southwark's multi-agency Winterbourne Steering Group (which includes representatives from the Clinical Commissioning Group, Social Care, South London and Maudsley NHS Foundation Trust as well as a family carer

representative) meets monthly to discuss and challenge the placements of those people in hospital or specialist placements. Practitioners are working actively with patients to support them to move on where this is possible.

14. As at February 2014, 15 out of the 22 people identified in the Winterbourne View cohort were in secure, health funded settings. 7 people were in residential specialist placements (i.e. not hospital or assessment and treatment units).
15. One person has now had a successful planned move to a community based setting and is receiving support from the MHLTD Team.
16. Issues such as Ministry of Justice restrictions and / or the need to engage in a Sexual Offender Treatment Programme apply to 6 people and impact on the ability to move them to alternative placements.
17. The Steering Group has commissioned a feasibility study for the development of a specialist residential care service in Southwark and this work involving both health and social care practitioners and commissioners is underway, with options for premises in a suitable location being pursued. 9 people in the Winterbourne View cohort have been identified as possibly being ready to move into this type of service within the next 2 years.

#### **Joint Health and Social Care Self Assessment (JHSCSAF)**

18. The governance arrangements for the JHSCSAF published by Improving Health and Lives (IHAL) state that Health and Wellbeing Boards should:
  - Receive local JHSCSAF outcome to inform H&WB Strategy and JSNA.
  - Hold the locality to account for completing, publishing, outcomes and quality of the JHSCSAF
19. The 2013 self assessment was expanded to include information about both health and social care services for people with learning disabilities and replaced the previous Learning Disabilities Health SAF and the Learning Disabilities Partnership Board Annual Report. It covered the period April 2012 – March 2013 and was completed jointly by the Local Authority and the Clinical Commissioning Group.
20. The framework was developed by IHAL to align as consistently as possible with key national policy and guidance, including:
  - Winterbourne View Final Report
  - Adult Social Care Outcomes Framework 2013 - 14
  - Public Health Outcomes Framework 2013 – 16
  - Health Equalities Framework (HEF)
  - National Health Service Outcomes Framework 2013 – 14
  - 6 Lives Report
21. The SAF consists of 2 main sections.
  - a) Demographic data on health and social care;
  - b) Self assessment of 3 key Target Areas
    - Staying Healthy

- Being Safe
- Living Well

22. Each Target Area was self assessed as red, amber or green. Evidence was required to support ratings and there were opportunities to provide real life stories as part of the submission including through the Big Health and Wellbeing Check Up Day held for self advocates, family carers and other stakeholders.
23. As the Target Areas and measures for the 2013 SAF have changed and it is not possible to directly compare this year's performance with that of previous years.

	<b>Measure (2013)</b>	<b>RAG Rating 11/12</b>	<b>RAG Rating 12/13</b>
<b>A</b>	<b>Staying Healthy</b>		
<b>B</b>	<b>Being Safe</b>		
<b>C</b>	<b>Living Well</b>	New Target	

24. The completed self assessment was discussed and validated at SMT and the November meeting of the Learning Disability Partnership Board before being submitted on time to the IHAL website. The completed report has resulted in the development of a joint improvement action plan. (Appendix 2). These outcomes are also influencing the work of the department and feeding into the work of the JSNA.

### **Autism Self Assessment**

25. Autism is a lifelong developmental disability that affects how a person communicates with, and relates to, other people. It also affects how they make sense of the world around them. In 2009, the Autism Act was passed by the UK Parliament. This commits the Department of Health in England to producing, and periodically revising, an Autism Strategy for England and Guidance for local health and social care services about its implementation. "Fulfilling and rewarding lives: the strategy for adults with autism in England" was published in 2010. It focuses on five areas:
1. Increasing awareness and understanding of autism
  2. Developing clear, consistent pathways for diagnosis of autism
  3. Improving access for adults with autism to services and support
  4. Helping adults with autism into work
  5. Enabling local partners to develop relevant services.
26. The Strategy is not just about providing special services for people with autism, but also about enabling equal access to mainstream services, support and opportunities through reasonable adjustments, training and awareness raising.
27. The Autism Act requires the government to review the Strategy and the associated Statutory Guidance from time to time. In doing this the government is required to work with a wide range of other government departments and agencies, local health and social service providers, self-advocates and family carers. In revising the associated Guidance it is also required to take into account progress made towards implementing the strategy.

28. This progress is currently measured via an Autism Self Assessment Framework (SAF) which was required to be completed by every local authority between August and October 2013. Questions covered nine key areas:
1. Local authority area
  2. Planning
  3. Training
  4. Diagnosis led by the NHS Commissioner
  5. Care and support
  6. Housing and accommodation
  7. Employment
  8. Criminal Justice System
  9. Optional Self-advocate stories
29. Initial benchmarking shows that Southwark is generally comparable to other local authorities in most areas of the SAF, however, we are performing at a higher level in the areas of training (including training for advocates) and housing and accommodation.
30. Key outcomes of the SAF are:
- Data collection processes are being reviewed to ensure that people with autism but not learning disabilities are clearly recorded on our systems. We currently only record if a person has both diagnoses. This is in line with most other local authorities (76%).
  - Training developed for staff and partner organisations will continue to be provided and a wider range of staff (e.g. police; probation service) will access training in 2014.
  - A new multi-disciplinary autism community support team for adults in Southwark will be established in partnership with the CCG. This will provide diagnosis for adults (who currently have no specialist diagnosis route) and ongoing support to maintain an independent life
  - A new autism strategy is being jointly produced with the CCG in 2014 with wide ranging consultation on the priority areas and issues in the summer.
  - The education, training and employment needs of younger people with autism will be reviewed and any necessary services developed in line with work to address the requirements of the Children and Family Bill.

### **Policy implications**

31. As outlined above the continued progress in implementing the Winterbourne View Concordat and associated stocktake and the outcomes from the Joint Health and Social Care Self Assessment and Autism Self Assessment have implications for the development of the health and wellbeing strategy, joint strategic needs assessment and board work programme.

### **Community impact statement**

32. Any actions will undergo an impact assessment to ensure that decisions do not adversely affect and statutory groups with protected characteristics or sections of the community. The conclusions on any such assessments will be used to challenge and finalise any agreed development and delivery.

## Legal Implications

33. There are no legal implications contained within this report. Any actions or decisions flowing from it may have legal implications, and these would be presented to the board for consideration at the appropriate point.

## Financial Implications

34. There are no specific financial implications contained within this report. Any actions or decisions flowing from it may have financial implications, and these would be presented to the board for consideration at the appropriate point.

## BACKGROUND DOCUMENTS

Background Papers	Held At	Contact
None		

## APPENDICES

No.	Title
Appendix 1	Transforming Care for People with Learning Disabilities and Autism – Integrated Working in Southwark
Appendix 2	Joint Health and Social Care Learning Disabilities Self Assessment 2013 Improvement Plans for 2013/14

## AUDIT TRAIL

<b>Lead Officer</b>	Alex Laidler, Acting Director of Adult Social Care	
<b>Report Author</b>	Alex Laidler, Acting Director of Adult Social Care	
<b>Version</b>	Final	
<b>Dated</b>	13 March 2014	
<b>Key Decision?</b>	No	
<b>CONSULTATION WITH OTHER OFFICERS / DIRECTORATES / CABINET MEMBER</b>		
<b>Officer Title</b>	<b>Comments Sought</b>	<b>Comments Included</b>
Director of Legal Services	No	No
Strategic Director of Finance and Corporate Services	Yes	No
<b>Cabinet Member</b>	Yes	No
<b>Date final report sent to Constitutional Team</b>	13 March 2014	