

Joint Health and Social Care Learning Disability Self-Assessment Framework

Operations, Delivery and Governance structure

1. Background

The Learning Disability Health Self-Assessment began being used in England in 2007/8. It has become an important guide for the NHS and Local Authorities. It has helped them to recognise the overall needs, experience and wishes of young people and adults with learning disabilities and their carers. This has made it easier to bring these perspectives into the tasks of determining local commissioning priorities and monitoring services.

The Framework has helped to improve services for young people with learning disability in many parts of the country by raising awareness of their health needs, driving increased health and local authority resources and improving interagency co-ordination. However, the events at Winterbourne View and subsequent investigations have demonstrated there is still much to be done. As a result of this, the signatories to [Transforming Care](#) and [The Concordat](#) agreed to implement a joint health and social care self-assessment framework ([Transforming Care](#) action reference number 38).

2. Introduction

The Joint Health and Social Care Learning Disability Self-Assessment (JHSCSAF) has been drafted collaboratively by learning disability specialists from the former Strategic Health Authority offices and the Association of Directors of Adult Social Services (ADASS), NHS England and members of the Winterbourne View Joint Improvement Programme Board. Intended to support all commissioners (Local Authorities, Clinical Commissioning Groups and NHS England) this jointly-created tool offers a robust and consistent framework to document a shared perspective of the services available across the full spectrum of health and social care in local areas in every part of the country. It is important to ensure that this framework is now implemented and that these gains are not lost in the current wide ranging re-organisation of health and healthcare services. The JHSCSAF will be an annual process and

whilst not mandated it is seen as best practice and will support the health and social care system deliver their statutory responsibilities.

The aim of this framework is to provide a single, consistent way of identifying the challenges in caring for the needs of people with learning disabilities, and documenting the extent to which the shared goals of providing care are met. Locally, this will help Learning Disability Partnership Boards, Health and Wellbeing Boards, Clinical Commissioning Groups (CCGs) and Local Authorities (LAs) identify the priorities, levers and opportunities to improve care and tackle health and social care inequalities in their areas. It should also provide a sound evidence base against which to monitor progress.

The governance structure will be reviewed 2014/15.

3. Uses of the framework

Findings from the JHSCSAF will be used both locally and nationally.

Nationally, it will be used to report publicly and to Ministers on the progress in providing services in every part of the country to meet the aspirations of *Healthcare for All* and of *Transforming care: A National Response to Winterbourne View*.

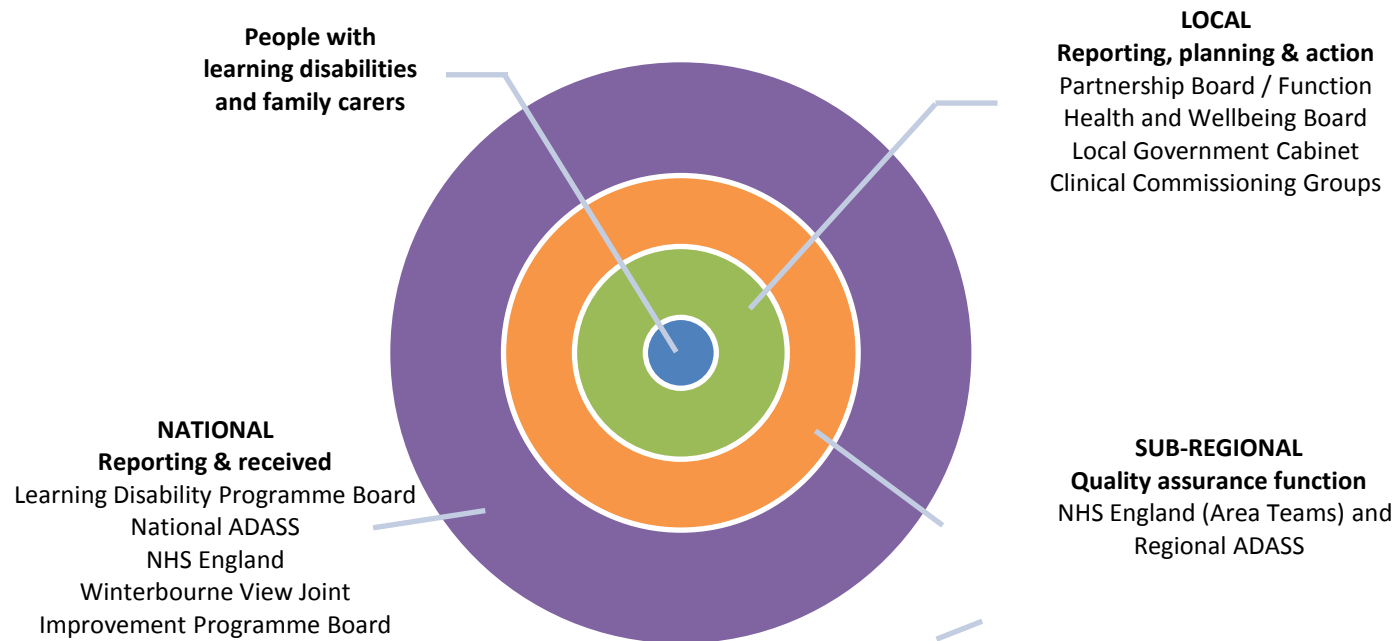
Locally, it will be used to inform:

- Joint Strategic Needs Assessment (JSNA)
- Health and Wellbeing Strategies
- Commissioning intentions/strategy
- Winterbourne improvement joint plans
- Learning Disability Partnership Board work programmes

The organisational arrangements of the new JHSCSAF will retain at its heart the principles of engaging with people with learning disability, their families and carers and of strengthening their voice. The governance arrangements set out below are designed to support this.

4. Governance structure

The governance structure is designed to facilitate local arrangements for reporting, planning and action. It is assumed that local authorities, through their Health and Wellbeing Boards, will provide the central leadership. The geographic arrangements for the JHSCSAF will reflect this, with the exercise being undertaken in most cases for each upper tier local authority¹.



It is good practice for NHS England Area Teams and Regional ADASS sector-led improvement networks to support the process of quality assurance in consultation with local area staff. The national ADASS LD Lead and the NHS England LD National Clinical

¹ A number of very small local authorities may opt to undertake the exercise jointly with a neighbour.

Director will receive a report prepared by Improving Health and Lives (IHaL) – Public Health England (PHE) showing by region how areas compare locally, regionally and nationally. Conclusions will be fed back to the Ministerial Learning Disability Programme Board.

5. Timetable

Date	Action
Early August 2013	National launch
Early August 2013	SAF information on IHaL website and data entry tool available
August 2013–30 November 2013	Evidence gathering and submission on IHaL website until closure date
December 2013	Planning for agenda of the Health and Wellbeing Board before March 2014 Begin quality assurance process at the level of NHS England Area teams and Local Authorities
January 2014-March 2014	Quality assurance process begins Area Teams and regional ADASS will receive local JHSC SAF reports Action plans to be submitted for publication on website by end of March. Submission of processed information for use in commissioning intentions 2014/15 Local reporting to Health and Well-Being Boards Centralised analysis by IHaL of local JHSCSAF returns
March/April 2014	Presentation to Ministerial Learning Disability Programme Board

6. Roles and Responsibilities

Organisation/body	Role and responsibilities	Time-scale	Lead
People with learning disabilities	<ul style="list-style-type: none"> Contribute to local completion of the JHSCSAF & quality assurance process 	Aug 2013 – March 2014	To be locally determined
Family carers	<ul style="list-style-type: none"> Contribute to local completion of the JHSCSAF & quality assurance process 	Aug 2013 – March 2014	To be locally determined

Local Authority CCGs	<ul style="list-style-type: none"> • Contribute to the completion locally and attend quality assurance meeting • Local Authority and CCG sign off completed JHSCSAF 	Aug 2013 – March 2014	Local Authority and CCG commissioners with responsibility for Learning Disability
Health and Wellbeing Boards	<ul style="list-style-type: none"> • Receive local JHSCSAF outcome to inform H&WB Strategy and JSNA. • Hold locality to account for completing, publishing, outcomes and quality of the JHSCSAF 	March 2014	Chair of the Health and Wellbeing Board
Learning Disability Partnership Boards	<ul style="list-style-type: none"> • Co-ordinate completion of JHSCSAF locally and sign off final version • If a Learning Disability Partnership Board is not in place a senior officer of the Local Authority and CCG should co-ordinate JHSCSAF locally and arrange sign off of final version 	November 2013	Partnership Board Chair, co-chair and family carer.
NHS England and the Association of Directors of Adults Social Services	<p>National:</p> <ul style="list-style-type: none"> • Joint presentation to the Ministerial Learning Disability Programme Board highlighting key national & regional messages including variability • Receive presentation to the Winterbourne View Joint Improvement Programme Board <p>Sub-regional:</p> <ul style="list-style-type: none"> • Nominate a lead director for quality assurance and link quality assurance process to the on-going sector led improvement programme • Nominate a lead to co-ordinate and manage the process across an Area Team/Regional ADASS area • Receive from IHaL completed JHSCSAFs documentation for relevant localities and undertake 	<p>April/May 2014</p> <p>April/May 2014</p> <p>September/October 2013</p> <p>Aug 2013</p> <p>Early Dec</p>	<p>ADASS learning disability lead NHS England National Clinical Director for Learning Disability</p> <p>NHS England National Clinical Director for Learning Disability ADASS learning disability lead</p> <p>Regional ADASS leads NHS England Area Team</p> <p>Regional ADASS lead Area Team Director</p> <p>Regional ADASS lead</p>

	quality assurance	2013	Area Team Director
IHaL	<ul style="list-style-type: none"> • Produce a data entry tool on the IHaL website • Make JHSCSAF documentation available on the IHaL website • Collate responses nationally and send all completed JHSCSAFs to nominated Area Team/LA lead in readiness for quality assurance • Receive key messages from sub-regional quality assurance process. • Provide information by region on how areas compare locally, regionally & nationally to NHS England LD NCD and national ADASS LD lead 	<p>Aug 13 Aug 13 Early Dec 13</p> <p>March 2014</p>	IHaL (PHE)
Winterbourne View and Learning Disability Data and Information Working Group	<ul style="list-style-type: none"> • Maintain oversight of the JHSCSAF implementation across England and undertake a review of the process to inform future arrangements • Establish a JHSCSAF sub-group • Produce quality assurance tools to support sub-regional and local quality assurance processes. 	Aug 2013 onwards	DH

7. Quality Assurance

This JHSCSAF has been created to provide a joint response from Clinical Commissioning Groups and Local Authorities. The results of this work will be published by IHaL.

NHS England Area Teams and Regional ADASS leads will receive the completed JHSCSAF from each local area for whom they have responsibility. As part of the assurance process they will want to consider the approach to be taken locally to:

- seek views from people with learning disability, family carers and the 3rd sector
- identifying areas of best practice and areas of concern where a deep dive or sector led improvement may need to be undertaken
- provide joint feedback to local areas including people with learning disability and family carers.

Health and Wellbeing boards should hold localities to account firstly for completing/publishing it then for the quality of their results. A script to support Health and Wellbeing Boards that wish to validate the returns in their localities will be developed and published on the IHAL website.

The national ADASS LD Lead and the NHS England National Clinical Director will receive a report prepared by IHAL showing by region on how areas compare locally, regionally and nationally. The report will include local variability and if there are regional or national themes. ADASS and NHS England may then decide if action is necessary.