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North East Strategic Health Authority
Waterfront 4
Goldcrest Way
Newcastle upon Tyne
NE15 8NY

www.northeast.nhs.uk

Direct dial: 0191 210 6539
Judith.thompson@northeast.nhs.uk

Dear Colleague

Learning Disability Annual Self Assessment 2011

I am writing on behalf of the Strategic Health Authority to thank you and all members of your board for the fourth annual 'Health Check' report which you sent to us in October 2011. You told us about the progress you are making on improving access to health services and keeping people with learning disabilities healthy.

I am enclosing with this letter a regional report that provides the key findings following the Self Assessment process in 2011 and comparative comment on progress achieved during the past four years. Given this is a self assessment process, the comparisons are intended to be made within each individual locality year on year, not comparison between each locality; the validation process continues to make it clear that this is not a useful comparison due to the variation in how the self assessment was carried out and quality of evidence submitted. In addition, there is also provided an easy read version of the overview report.

Thank you for meeting with the validation team at the Strategic Health Authority in Newcastle. It was very helpful that your team covered health and social care as well as self advocates and family carers. This enables us to hear how the health service works from their perspective.

Both the self advocate representatives provided very positive accounts of how they have experienced the health service. One gave a very clear example of how reasonable adjustments were made for her during a planned admission to the acute Foundation Trust that contributed to the treatment being successful. They both then recounted positive experiences of annual health checks at their GP and follow up health intervention as a result of their health check. This is a very good indicator that health checks are having a positive effect on the health of the person with learning disability. It was also very good to hear how one of the advocates participates in delivering training to hospital staff and medical students. This absolutely falls within the Healthcare for All recommendations as well as the Monitor Compliance Framework.



The family carer provided a very detailed account of a poor experience for him and his son when needed to have an emergency admission to the acute trust. Whilst the experience was clearly distressing for all involved we were very pleased to hear how the learning from it had been shared constructively with the trust and consequently the family are now part of the training delivery team with F1 junior doctors; we would hope that this will have a long lasting effect on how newly qualified doctors will interact with and support patients with learning disability and their family. North Tyneside are to be commended for using this example as part of their SAF submission.

Your team said the greatest achievement within the last 12 months has been the progress made in transition and the appointment of the learning disability nurse in the Trust. We agreed that given the acute trust is spread over numerous sites it is quite a challenge for the liaison resource to become widely known and utilised effectively. You described the Community Team for Learning Disability has become part of the Northumbria Care Trust and the opportunities to work collaboratively should be maximised. You are also to be congratulated on 100% sign up to the LD DES.

Whilst you have full coverage across GPs of the DES your greatest challenge was identified as increasing the Annual Health Check take up. You are confident that with the appointment of a Primary Care Facilitator early in 2012 it will help with this target. We will look forward to hearing about this further in the 2012 SAF.

Like your north of Tyne colleagues we now urge you to continue to seek assurance of commissioning, contracting and quality measuring processes to ensure the safety of people with learning disability when they're receiving services funded either solely by the NHS or jointly with the Local Authority. You are urged also to refine the data collection set completed on 31 Oct 2011 to assure yourselves that not only are you able to account for everyone receiving NHS funded care but can also account for the type of placement, out of area placements and number of people detained under the mental health act as well as costs.

The national SHA learning disability leads group is working with Improving Health and Lives (LD Public Health Observatory) to undertake a further data collection for 2012 with the aim to:

- To analyse the national data collection results on a; NHS in England, Strategic Health Authority cluster, Primary Care Trust cluster and Primary Care Trust area basis including;
 - National benchmarking for each area highlighting comparison to the national high and lower ranges;
 - Numbers of people with a learning disability within hospital, with a breakdown of type of hospital environment;
 - Total numbers of people funded by the NHS;
 - Numbers of people in hospital under a section of the Mental Health Act, plus breakdown of the type of section;

- To undertake any National comparison with other existing data such as the Count me in Census or other Public Health Observatory information.
- To identify the limitations of use of the existing data through information provided by Strategic Health Authority leads and other sources, including:
 - Variable ways in which information is held within Primary Care Trust's;
 - The fact that the pooled budgets joint commissioning and local authority led commissioning on behalf of the NHS is excluded from the data collection process;
 - The lack of consistent definitions for data collection;
 - Range of definitions used to describe out of area.
- To provide recommendations on improvements on future data collection processes.

Further information in relation to this will follow in due course.

Top target 1

2008 – 2 amber, 1 green

2009 – 1 amber, 2 green

2010 – 1 red, 2 green

2011 – 1 amber, 1 green – overall rating amber

North Tyneside has made progress in this target and has identified further actions to undertake. We agreed at validation that this is strong amber overall. The actions you've identified to address 1.2 are appropriate but will be strengthened more greatly if you have clearer, more detailed robust data as outlined above.

Target 2 – Health Inequalities

2008 – 8 red, 1 amber

2009 – 4 red, 5 amber

2010 – 3 red, 6 amber

2011 – 1 red, 6 amber, 2 green – overall rating amber

North Tyneside are in an extremely strong position with having a well established Learning Disability Clinical Lead in the CCG and also leading the Board. This provides you with excellent opportunities for innovation and progress. We were very interested to hear how 'reasonable adjustments' may be incentivised. Has any progress been achieved with this as yet?

We agree with you that correct stratification or 'classification' of learning disability is critical to improving the quality of the DES register, QOF (Quality Outcomes Framework used by GPs) register and coding & flagging within the HIS (Health Information System) used by the acute trust. The Learning Disability Clinical Network has developed a pragmatic 'classification' tool for use by non learning disability specialist that is currently undergoing final consultation. It should assist you greatly in improving registers.

We note that you identified improved data regarding the health status of patients with learning disability as a key area for improvement and assessed it as level 1. We agree with you that a co-ordinated north of Tyne approach to interrogate the QOF system in particular should be seen as a priority.

North Tyneside, like many other areas needs to make significant progress to address the lack of information in relation to uptake of national screening programmes by people with learning disability. This needs to be addressed as a priority and I would encourage you to make contact with the screening lead within the PCT to identify improvement actions to address this.

You identified that its likely Annual Health Check invites are being sent but you're not able to verify what happens when they're not taken up. This needs to be addressed in order to make significant improvement in uptake from 53.9% when you have 100% DES sign up.

Your views regarding there being no central point of co-ordination or responsibility for Health Action Plans is interesting. There appears to be no join up between the outcome of an Annual Health Check and health improvement actions identified within a Health Action Plan. The electronic AHC template (now piloted and ready for implementation across the north east) developed regionally by the Clinical Network will go some way to addressing this 'process' issue.

Target 3 – Safety in the NHS

2008 – 1 red, 3 amber

2009 – 1 amber, 3 green

2010 – 2 amber, 2 green

2011 – 4 green – overall rating green

North Tyneside is to be congratulated on making learning disability awareness training mandatory for all staff within the Foundation Trust. This is a gold standard and an example we've been sharing with all other Trusts that have not yet achieved this.

Whilst you assessed yourselves as level 3 in relation to Mental Capacity Act and Safeguarding training you agreed to assure yourselves that this is the case, i.e. 90% of staff are trained.

Although you assessed yourselves as Level 3 in relation to Healthcare for All monitoring we must ensure the Learning Disability Partnership Board/Commissioning Board continues to scrutinise and monitor Healthcare for All action plans in both acute and community setting as well as within social care. The Department of Health intends to update the Ombudsman late summer 2012 regarding the progress report. I urge your Board to ensure it has robust evidence of Healthcare for All action plans and seek best practice examples.

Target 4 – Valuing People

2008 – 7 red, 2 amber

2009 – 2 red, 7 amber

2010 – 1 red, 8 amber, 1 green

2011 – 1 red, 4 amber, 5 green – overall rating amber

You continue to make good progress to support those with more complex needs to be healthy.

As we move forward in the changing NHS and social care landscape the Joint Strategic Needs Assessment will have an increasingly critical role in ensuring the commissioning needs for people with learning disability across health and social care are robustly identified. We note that North Tyneside has commissioning strategies for people who are ageing, have dementia and approaching end of life but you now also need to ensure the broader health and social care needs of people with learning disability are detailed within the JSNA to ensure Health and Wellbeing Boards and Strategies fully address the needs of people with learning disability.

Similarly to other localities you identified challenges in ensuring the health needs of those in touch with the criminal justice system are being met as there is little data and information. There needs to be a much closer collaboration with offender health teams so you can be assured that Annual Health Checks are equally available to people with learning disability from North Tyneside who are in prison.

Overall we were impressed with North Tyneside's submission; it was a significant improvement on the previous year. You are doing some very innovative work. We are very impressed that you were the first locality nationally to appoint a Learning Disability Clinical Lead in the CCG. We were very pleased to hear that the Council is now employing people with learning disability and hope that NHS organisation follow suit. Mandatory training in the acute trust is a very positive development and the way the self advocates complaint was dealt with, listened to and acted upon was done so in a very constructive way.

You need to carry out further work to address the culture of staff in relation to values and attitudes in the acute trust and do much more to refine your data in relation to the state of health of people with learning disability in comparison to others.

As you are aware the Learning Disability Health Self Assessment has been fully revised for 2012/13 and is being implemented across England in unison; The 'National Commissioning for Quality Learning Disability Self Assessment Framework 2012/13' was launched in the north east in April and the submission date to return it to the SHA is 31 August 2012. Validation will take place during September and October. This is to ensure the outcome of the self assessment can be shared with Clinical Commissioning Groups when they operate in shadow form.

The Self Assessment Framework and subsequent improvement plans will ensure a targeted approach to improving health inequalities for people with learning disability. There are a number of national enablers in place to improve the health of people with learning disability and whenever possible the revised self assessment is aligned with these. The guidance pack, bench mark and evidence tool are all fully revised and along with the easy read materials can be found at:

http://www.improvinghealthandlives.org.uk/projects/self_assessment/materials2012

I would like to thank North Tyneside once again for its submission and we look forward to hearing how progress is being achieved in the coming year.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Judith Thompson', with a long horizontal flourish extending to the right.

Judith Thompson
NE Programme Manager, Learning Disabilities

Copy to
Dr Dominic Slowie, Chair LD Clinical Innovation Team
Wendy Balmain, Deputy regional Director Social Care