



Joint Health and Social Care Self-Assessment Framework

Healthcare

Demographics

You should obtain this information from general practices. You can do this directly either by the Clinical Commissioning Group (CCG) or Commissioning Support Unit (CSU) using MiQuest queries, or by direct liaison with practices. Primary Care Trusts and GP practices may also know this information from routine liaison in relation to Health Checks. In some areas, primary care contracting requires information flows to support this.

You should aim to provide this data broken down by **age bands** and **ethnicity**. However, if you are unable to provide an age breakdown at this level then **either** report the data by the number of people of aged **0 to 17** years old and aged **18 and over**, **Or** the numbers for **all ages**. These are the last three options in questions 1 to 3.

Please note recorded as being from an ethnic minority means that a person's ethnic category (if declared) is different from the English ethnic majority. That is to say they are not 'British (White)'. This refers to the term as defined for the [NHS data dictionary](#).

1. How many people with any learning disability are there in your Partnership Board area?

1.1 Aged 0 to 13 years old

1.2 Aged 14 to 17 years old

1.3 Aged 18 to 34 years old

1.4 Aged 35 to 64 years old

1.5 Aged 65 years old and over

1.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

1.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 1.8 and 1.9, question OR 1.10.

1.8 Aged 0 to 17 years old

1.9 Aged 18 years old and over

1.10 All ages

2. How many people with complex or profound learning disability are there in your Partnership Board area?

Complex or profound learning disability here means learning disability complicated by severe problems of continence, mobility or behaviour, or severe repetitive behaviour with no effective speech (i.e. representing severe autism) (Institute of Public Care, (2009) Estimating the prevalence of severe learning disability in adults. [IPC working paper](#)).

2.1 Aged 0 to 13 years old

2.2 Aged 14 to 17 years old

2.3 Aged 18 to 34 years old

2.4 Aged 35 to 64 years old

2.5 Aged 65 years old and over

2.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

2.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 2.8 and 2.9, question OR 2.10.

2.8 Aged 0 to 17 years old

2.9 Aged 18 years old and over

2.10 All ages

3. How many people with both any learning disability and an Autistic Spectrum Disorder are there in your Partnership Board area?

3.1 Aged 0 to 13 years old

3.2 Aged 14 to 17 years old

3.3 Aged 18 to 34 years old

3.4 Aged 35 to 64 years old

3.5 Aged 65 years old and over

3.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

3.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 3.8 and 3.9, question OR 3.10.

3.8 Aged 0 to 17 years old

3.9 Aged 18 years old and over

3.10 All ages

Screening

This information should be obtained from GP practices. This may either be done directly by the CCG or CSU using MiQuest queries, or by direct liaison with practices. Directors of Public Health should be monitoring this routinely as an equalities issue.

The total eligible population includes people with and without learning disabilities unless otherwise stated.

4. How many women are there eligible for cervical cancer screening?

- The eligible population are women aged 25 to 64 years old inclusive and who have not had a hysterectomy.
- The population who had a cervical smear test in the last three years (1st April 2010 to 31st March 2013 inclusive) if aged 25 to 49 years old or else in the last five years (1st April 2008 to 31st March 2013 inclusive) if aged 50 to 64 years old

4.1 Number of total eligible population

4.2 Number of total eligible population who had a cervical smear test

4.3 Number of eligible population with learning disabilities

4.4 Number of eligible population with learning disabilities who had a cervical smear test

5. How many women are eligible for breast cancer screening?

- Eligible population are women aged 50 to 69 years old, inclusive.

5.1 Number of total eligible population

5.2 Number of total eligible population who had mammographic screening in the last three years (1st April 2010 to 31st March 2013)

5.3 Number of eligible population with learning disabilities

5.4 Number of eligible population with learning disabilities who had mammographic screening in the last three years (1st April 2010 to 31st March 2013)

6. How many people are eligible for bowel cancer screening?

- Eligible population are people aged 60 to 69 years old, inclusive.

6.1 Number of total eligible population

6.2 Number of total eligible population who satisfactorily completed bowel cancer screening in the last two years (1st April 2011 to 31st March 2013)

6.3 Number of eligible population with learning disabilities

6.4 Number of eligible population with learning disabilities who satisfactorily completed bowel cancer screening in the last two years (1st April 2011 to 31st March 2013)

Wider Health

This information should be obtained from GP practices. This may either be done directly by the CCG or CSU using MiQuest queries, or by direct liaison with practices. These are routinely available measures of major health issues that should be monitored by Directors of Public Health.

Report how many people there were on the **31st March 2013**.

7. How many people with learning disabilities are there aged 18 and over who have a record of their body mass index (BMI) recorded during the last two years (1st April 2011 to 31st March 2013)?

8. How many people with learning disabilities are there aged 18 and over who have a BMI in the obese range (30 or higher)?

9. How many people with learning disabilities are there aged 18 and over who have a BMI in the underweight range (where BMI is less than 15 as per Health Equalities Framework indicator 4C)?

10. How many people with learning disabilities aged 18 and over are known to their doctor to have coronary heart disease?

As per the Quality and Outcomes Framework (QOF) Established Cardiovascular Disease Primary Prevention Indicator Set.

11. How many people with learning disabilities of any age are known to their doctor to have diabetes?

As per the QOF Established Diabetes Indicator Set and include both type I and type II diabetes here.

12. How many people with learning disabilities of any age are known to their doctor to have asthma?

As per the QOF Established Asthma Indicator Set

13. How many people with learning disabilities of any age are known to their doctor to have dysphagia?

14. How many people with learning disabilities of any age are known to their doctor to have epilepsy?

As per the QOF Established Epilepsy Indicator Set

Mortality

Following the publication of the Confidential Inquiry, Directors of Public Health will want to set up mechanisms to monitor this. Relatively few are likely to be able to answer this question this year. In the longer term this will be produced as part of the NHS Outcomes Framework.

15. How many people with a learning disability resident in your Partnership Board area died between 1st April 2012 and 31 March 2013?

15.1 Aged 0 to 13 inclusive

15.2 Aged 14 to 17

15.3 Aged 18 to 34

15.4 Aged 35 to 64

15.5 Aged 65 and older

Annual Health Check & Health Action Plans

16. How many people with a learning disability aged 18 and over were agreed as eligible for an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?

17. How many people with a learning disability aged 18 and over had an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?

18. How many people aged 18 and over with a learning disability have a Health Action Plan?

18.1 Total number eligible

18.2 Total number completed

Practices participating in Health Checks

Report how many general practices there were on the 31st March 2013.

19. How many GP practices are there in your Partnership Board area?

20. How many GP practices in your Partnership Board area signed up to a Locally Enhanced Services or Directed Enhanced Service for the learning disability annual health check in the year 2012-2013?

Acute & Specialist Care

Providers should know this as a result of the Compliance Framework.

Report the numbers between 1st April 2012 and 31st March 2013.

21. How many spells of INPATIENT Secondary Care were received by people identified by the provider as having a learning disability under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715)?

Please note 21.2 has changed from "Number for people with learning disabilities as percentage of total spells". We are now asking for the denominator value as to ensure the accuracy of the information.

21.1 Number of spells for people identified as having a learning disability

21.2 Total number of spells

22. How many OUTPATIENT Secondary Care Attendances were received by people identified by the provider as having a learning disability under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715)?

Please note this changed from "Number for people with learning disabilities as percentage of total attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

22.1 Number of attendances identified as having a learning disability

22.2 Total number of attendances

23. How many attendances at Accident & Emergency involved a person with learning disabilities as the patient?

Please note this changed from "Number for people with learning disabilities as percentage of attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

23.1 Number of attendances involving people with learning disabilities

23.2 Total number of attendances

24. How many people with a learning disability have attended Accident & Emergency more than 3 times?

Please note this changed from "Number for people with learning disabilities as percentage of total attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

24.1 Number of people with a learning disability

24.2 Total number of attendances

Continuing Health Care and Aftercare

Your Local CCG or CSU/Function should have this information.

Report the numbers on the **31st March 2013**.

25. How many people with a learning disability are in receipt of Continuing Health Care (CHC)?

26. How many people with a learning disability are in receipt of care funded through the Section 117 arrangement of the Mental Health Act?

Location of mental health and learning disability in-patient care

In most cases, this should be known by CCG and possibly through CSU. Your Local CCG or CSU should have this information.

Report the numbers on the **31st March 2013**.

27. How many people with learning disability were in-patients in mental health or learning disability in-patient units (HES speciality function codes 700 to 715) run by providers that provide the normal psychiatric in-patient and community services for the CCGs in your Partnership Board area.

Note: the impact of this question is likely to be the 'missing figures' that relate to those placed out of area and this will be compared with the Winterbourne View data collection/registers.

27.1. Number of people placed primarily due to Challenging Behaviour

27.1.1 Age 0 to 17

27.1.2 Age 18 or older

27.2. Number of people placed primarily due to Mental Health Problems

27.2.1 Age 0 to 17

27.2.2 Age 18 or older

27.3. Number of people placed primarily due to complex physical health needs

27.3.1 Age 0 to 17

27.3.2 Age 18 or older

28. How many people with learning disability were in-patients in mental health or learning disability in-patient units commissioned by NHS England (specialised commissioning)?

Note: this question has been changed to clarify what is requested.

28.1. Located in your Partnership area or a CCG area bordering it

28.1.1. Number of people placed primarily due to Challenging Behaviour

28.1.1.1 Age 0 to 17

28.1.1.2 Age 18 or older

28.1.2. Number of people placed primarily due to Mental Health Problems

28.1.2.1 Age 0 to 17

28.1.2.2 Age 18 or older

28.1.3. Number of people placed primarily due to complex physical health needs

28.1.3.1 Age 0 to 17

28.1.3.2 Age 18 or older

28.2. Located elsewhere

28.2.1. Number of people placed primarily due to Challenging Behaviour

28.2.1.1 Age 0 to 17

28.2.2.2 Age 18 or older

28.2.2. Number of people placed primarily due to Mental Health Problems

28.2.2.1 Age 0 to 17

28.2.2.2 Age 18 or older

28.2.3. The Number of people placed primarily due to complex physical health needs

28.2.3.1 Age 0 to 17

28.2.3.2 Age 18 or older

Reasons for mental health and learning disability in-patient placements

CCG or CSU should have this information. In some cases where commissioning for this group has been partly subcontracted to providers, this may require their input too.

29. How many people with a learning disability have been admitted once or more often to both in-patient mental health and learning disability care (HES specialty function codes 700-715) at least once between 01 April 2012 and 31 March 2013?

Count each individual once only.

29.1 Primarily for management of challenging behaviour

29.2 Primarily for other reasons

29.3 Total number of individuals (One individual may in the year have had admissions for both reasons)

30. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013?

30.1 Primarily for management of challenging behaviour

30.2 Primarily for other reasons

31. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 90 days.

31.1 Primarily for management of challenging behaviour

31.2 Primarily for other reasons

32. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 730 days (two years).

32.1 Primarily for management of challenging behaviour

32.2 Primarily for other reasons

Challenging Behaviour

CCG or CSU should have this information.

Report all NHS funded hospital care.

33. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the PCT register handed over to the CCG at 31st March 2013.

33.1 Number in hospital at index date

33.2 Number NOT in hospital at index date

34. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the CCG register at 30th June 2013.

34.1 Number in hospital at index date

34.2 Number NOT in hospital at index date

35. Number of people in learning disability or autism in-patient beds at 1st December 2012 (Publication of Transforming Care) and number of these whose care has been reviewed in line with the [Ian Dalton Letter](#) between the beginning of December and 1st June 2013.

35.1 Number in hospital at index date

35.2 Number NOT in hospital at index date

Assessment and provision of social care

You should refer to your Local Authority Referrals, Assessments and Packages of Care (RAP) Return data.

Report the numbers between 01 April 2012 and 31 March 2013.

36. How many people with learning disabilities received the following between 01 April 2012 and 31 March 2013?

36.1 Received a statutory assessment or reassessment of their social care need whose primary client type was learning disability. (A1 and assumedly knowable from sources capable of producing A6 and A7)

36.2 Received community-based services whose primary client type was learning disabilities (P1)

36.3 Received residential care whose primary client type was learning disabilities (P1)

36.4 Received nursing care whose primary client type was learning disabilities (P1)

Inclusion & Where I Live

Social services statistics unit should have this information. Please note, these are data you should have reported to the Health & Social Care Information Centre (HSCIC) earlier in the year. They are included here so they can be seen in the context of the other data. They will not be published by HSCIC until March 2014.

Report the number of people with learning disability as primary client type.

Employment & Voluntary Work

Refer to Adult Social Care Combined Activity Returns data L1.

37. How many people with learning disabilities in paid employment (including self-employed known to Local Authorities)?

38. How many people with learning disabilities as a paid employee or self-employed (less than 16 hours per week) and not in unpaid voluntary work?

39. How many people with learning disabilities as a paid employee or self-employed (16 hours + per week) and not in unpaid voluntary work?

40. How many people with learning disabilities as a paid employee or self-employed and in unpaid voluntary work?

41. How many people with learning disabilities in unpaid voluntary work only?

21

Accommodation

Refer to Adult Social Care Combined Activity Returns data L2

Please note, the National Adult Social Care Intelligence Service rounds these numbers to nearest five prior to publication. As such, we will take similar precautions when publishing these data.

42. How many people with a learning disability live in or are registered as:**42.1. Rough sleeper/Squatting****42.2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)****42.3. Refuge****42.4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement)****42.5. Acute/long stay healthcare residential facility or hospital****42.6. Registered Care Home****42.7. Registered Nursing Home****42.8. Prison/Young Offenders Institution/Detention Centre****42.9. Other temporary accommodation****42.10. Owner Occupier/Shared ownership scheme****42.11. Tenant - Local Authority/Arm's Length Management Organisation/Registered Social Landlord/Housing Association****42.12. Tenant - Private Landlord****42.13. Settled mainstream housing with family/friends (including flat-sharing)**

42.14. Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker)

42.15. Adult placement scheme

42.16. Approved premises for offenders released from prison or under probation supervision (e.g., Probation Hostel)

42.17. Sheltered Housing/Extra care sheltered housing/Other sheltered housing

42.18. Mobile accommodation for Gypsy/Roma and Traveller community

42.19. What is the total number of people with a learning disability known to the Local Authority?

Quality

For Health Commissioning Deprivation of Liberty Safeguards refer to Omnibus data collection <http://www.hscic.gov.uk/dols>

Training

43. How many of Health & Social Care commissioned services implement mandatory learning disabilities awareness training? - We have withdrawn this question.

Complaints

44. How many complaints have directly led to service change or improvement in learning disabilities services?

Safeguarding

45. How many adult safeguarding concerns have there been in the year to 31st March 2013 concerning adults with learning disabilities?

46. How many adult safeguarding concerns have been raised in relation to people with learning disabilities that required escalation?

47. What percentage of commissioned accommodation, residential or nursing placements "in borough" have had unannounced visits in the past 12 months?

48. How many commissioned accommodation, residential or nursing placements "out of borough" have had unannounced visits in the past 12 months?

Note: this question has been changed. Please provide the total figure, not the percentage.

Mental Capacity Act, Deprivation of Liberty Safeguards and Best Interest referrals

49. How many Deprivation of Liberty Safeguards referrals were made by local authorities in 2012-13?

Note: this question has been changed to clarify what is requested.

50. How many Deprivation of Liberty Safeguards referrals were made by CCGs (formerly PCTs) in 2012-13?

Note: this question has been changed to clarify what is requested.

51. How many Best Interest Decisions referrals have been made in 2012-13?

52. What percentage and number of staff in commissioned services have undertaken DOLS training in the last 3 years?

52.1 Percentage

52.2 Number

53. What percentage and number of staff in commissioned services have undertaken Mental Capacity Act training in the last 3 years?

53.1 Percentage

53.2 Number

Transitions

54. The total school age population in your Partnership Board area

24300

55. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of moderate learning disability.

761

56. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of severe learning disability.

37

57. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of profound or multiple learning disability.

27

58. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of autistic spectrum disorder.

216

59. The number of people with a learning disability aged 14 to 17 years old who are in receipt of a co-produced transition plan.

Self-Assessment Framework

This section allows you to rate each measure of the self-assessment framework green, amber or red. You should continually refer to the guidance in order to decide the ratings. The guidance can be downloaded [here](#).

In addition, you can click on each measure which will take to the definition of the measure and the RAG ratings.

In order to rate yourself RED, you must meet the criteria described under this heading In order to rate yourself AMBER, you must meet the criteria described under BOTH the RED and AMBER headings In order to rate yourself GREEN, you must meet the criteria described under the RED, AMBER and GREEN headings

For each indicator, you should provide an explanation as to why you rated it green, amber or red and a link to a webpage containing further evidence to support this rating.

In addition, you can also provide a positive or negative real life stories of experience that explains why you think that indicator is strong or needs improvement.

Please note, we would like you to keep these explanations and stories concise. As such please limit these to 1,000 characters (including spaces). There is a counter underneath each comment box indicating how many characters out of the 1,000 you have used.

Section A

[A1. LD QOF register in primary care](#)

- Red
 Amber
 Green

Explanation for this rating

GP registers continue to identify people with a learning disability (over 18s are part of QOF) and codes are available for reporting. Information regarding patients ethnic group is usually recorded when the patient are registering. However, need to Improve data capture, to include ethnicity, age (of carers) and parents or carers with LD, including systematic approach to identify patients using an appropriate READ code and facilitating health access to local authority systems in which age, locality, ethnicity and gender data is available for individuals with LD.

Web link to further evidence

Real life story

[A2. Screening](#)

People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy

- Red
 Amber
 Green

Explanation for this rating

Links have been developed by HF nurses with the local diabetic clinics and dieticians to educate them regarding the needs of PWLD and support to make reasonable adjustments in their clinics and care pathways. HF nurses work jointly with the epilepsy specialist nurse to develop protocols and provide training to those supporting PWLD. People with LD continues to access and be supported by health facilitators around disease prevention and health promotion in areas such as obesity, epilepsy management, and cardio vascular diseases.

Web link to further evidence

Real life story

[A3. Annual Health Checks and Annual Health Check Registers](#)

- Red
 Amber
 Green

Explanation to rating

HF nurses continue to work with GPs, their practices and service providers to educate them regarding the importance of AHC. They provide support to GPs to encourage the uptake of these and also work with Health Access Champions to support other service users. All surgeries have been contacted this year to offer our support. 34 posters have been given to GP surgeries advising people with a learning disability to contact their surgery if they have not had an annual check. We have been given LD lists from 12 surgeries and have worked with these surgeries to contact difficult to reach patients. We have had contact and supported 17 surgeries this year. We have met with different professionals to promote annual health checks, for example, social workers, OTs, SALT, health visitors, GPs, practice nurses, practice managers, transition workers, day centre workers. We met with the school nurse at Lancaster school who agreed to promote annual health checks and health action plans to pupils when they reach 18 years. Shared lives which are part of social services have a yearly support plan for their service users which ask whether the person has had an annual health check and if not they should contact their local GP or health facilitation nurses. We have arranged for patients to have their annual health checks at their GP surgeries and supported some patients to attend who have been difficult to reach with follow up blood tests where needed.

As per the reports for the 2012/2013 LD DES uptake, 65% of practices did sign up in agreeing to deliver the Annual health checks. 167 health checks were thus delivered which is estimated as 36%. To ensure that register were validated, the Thurrock community LD team made contact with all surgeries as part of their remit within health facilitation and also had active engagement with local schools so as to highlight the importance of health checks but to ensure that young people within transition are inco-operated within the wider remit of health checks.

We are working with third sector providers to promote awareness of Health checks and support people to ask their GP for a health check.

More work needs to be done to ensure that people with a learning disability are known to their GP and contacted appropriately and invited for a health check and during the appointment they are listened to and things are explained in a way that the individual can understand.

Web link to further evidence

Real life story

We held a workshop for people with learning disabilities to give their views on Health issues :
Two people had a health check and were pleased with their GP. Several people had not been invited for a health check.
" doctors dont tell you what they are doing, appointments are too rushed, it is difficult to get a longer appointment."

[A4. Health Action Plans](#)

Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care and these include a small number of health improving activities. Refer to RCG guidance around health action plans.

-  Red
-  Amber
-  Green

Explanation to rating

Not all GPs require our support with AHC so this is not possible to monitor.
All new referrals to HF service are checked to ensure that they have a HAP and this is then checked to ensure that it remains 'live'.
All other services are encouraged by HF nurses to check that service users they are supporting have a HAP and to contact HF services for support to develop one if needed.
All surgeries have been contacted this year to offer our support.
We have given packs including health action plan hospital passport and 999 cards with a contact detail leaflet for our service to 21 surgeries in Southend who have agreed to hand them out to patients with a learning disability after their annual health check.
We have handed out over 300 to individual people with LD and give packs to transition workers and school nurses to hand out and promote annual health checks and health action plans.
Excellent links with the epilepsy specialist nurse at Southend hospital. Reasonable adjustments are regularly made. Any issues are discussed and solutions found
Active engagement and collaborative work by Health facilitators to ensure there is some level of integration between the checks and a health action plan. Health facilitators made contact with all practices and have distributed health action plans and details of community team to ensure that this is given to everyone who has had a check.

Web link to further evidence

Real life story

[A5. Screening](#)

Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for:

a) Cervical screening

b) Breast screening

c) Bowel Screening (as applicable)

- Red
 Amber
 Green

Explanation for rating

We have supported two people to have mammograms who had concerns and arranged a further two mammograms for people with LD who were either not called or didn't act on their letters. We have met with the Breast Screening service at Southend hospital to discuss reasonable adjustments.

We have given advice to 3 GP's on cervical screening - MCA's and Best Interests decisions.

We have obtained easy read information on the 3 screenings to work more effectively with this client group.

We work closely with the sexual health outreach nurse with regards to cervical screening and health promotion.

We are in the process of devising and delivering a training pack on cervical, breast and bowel screening to roll out to the local LD community.

We have been raising awareness of screening and health promotion by delivering teaching sessions for people with learning disabilities, having stands at events to promote the easy read screening leaflets and working with individual patients referred for other health issues.

Jo worked very closely with the practice manager and practice nurse to ensure that all but one of their patients have now had their annual health check some for the very first time.

We have had queries from surgeries about their lists including whether to add or to remove patients.

We have delivered training sessions to people with LD on visiting the GP surgery and what to expect from annual health checks. We have had stands promoting annual health checks at numerous events including Southend hospital, 2 transition events. Health and wellbeing exhibition and regional events.

We have links with Shields Parliament who are an organisation of people with LD who have been promoting annual health checks. had their annual health check some for the very first time.

We have had queries from surgeries about their lists including whether to add or to remove patients.

We have delivered training sessions to people with LD on visiting the GP surgery and what to expect from annual health checks. We have had stands promoting annual health checks at numerous events including Southend hospital, 2 transition events. Health and wellbeing exhibition and regional events.

We have links with Shields Parliament who are an organisation of people with LD who have been promoting annual health checks.

Web link to further evidence

Real life story

We held a workshop for people with a Learning Disability covering various topics and one lady gave the example that she was 70 and had not had or been called for breast screening since the eligible age of 50. language in the letters inviting people for appointments is very difficult to understand.

[A6. Primary care communication of learning disability status to other healthcare providers](#)

- Red
 Amber
 Green

Explanation for rating

There is no wider LAT/CCG system in place to ensure standardised LD status are indicated within referral process. However, the basis of ensuring reasonable adjustments are key focus within acute trust and inpatient LD trust. There is a LD nurse specialist within Basildon hospital who work with patients identified as having a LD that comes to the hospital. There is also a harmonised health action plan and hospital passport with a 999 card to be utilised in an emergency denoting a person's vulnerability due to their LD and as thus ensuring reasonable adjustments are made.

Web link to further evidence

Real life story

[A7. Learning disability liaison function or equivalent process in acute setting](#)

For example, lead for Learning disabilities.

Known learning disability refers to data collated within Trusts regarding admission - HES data.

- Red
 Amber
 Green

Explanation for rating

Web link to further evidence

Real life story

People with learning disabilities were part of the interview process for the Learning Disability Liaison Nurse.

[A8. NHS commissioned primary and community care](#)

- * Dentistry
- * Optometry
- * Community Pharmacy
- * Podiatry
- * Community nursing and midwifery

This measure is about universal services NOT those services specifically commissioned for people with a learning disability.

- Red
 Amber
 Green

Explanation for rating

Organised an appointment at the heart and lung clinic and eye clinic on a specific date and time when the patient's regular support worker could be present.

Arranged with the hearing clinic for a member of their staff to support a patient who cannot read and write while promoting their independence to attend their appointment without support.

Part of a MDT meeting for a patient with challenging behaviour to devise a protocol for if and when he needs to access A&E at Southend hospital.

Arranged an appointment for a patient to attend his GP surgery with the first appointment of the day and an understanding that he may not attend if his behaviours become too challenging.

Arranged appointments with the neurologist and epilepsy specialist nurse making reasonable adjustments.

Arranged appointments with the community phlebotomists on a regular basis for various reasons.

Met with GP to discuss devising a care plan re rescue medication for a patient who suffers from chest infections and has difficulties getting to the surgery.

Pharmacy - arranged for a prescription to be collected and delivered to a patient.

Worked with a local pharmacy to use a blister pack which was different to the ones they usually offer and was more expensive but was easier for the patient to use independently.

Refer patients who have health issues that may require the support from our specialist team to contact us after their annual health check. GP surgeries have contacted us with issues around cervical screening, support with administering medication correctly.

Web link to further evidence

Real life story

[A9. Offender Health & the Criminal Justice System](#)

Red

Amber

Green

Explanation for rating

Web link to further evidence

Real life story

Section B

[B1. Regular Care Review](#)

Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in place for on-going placement monitoring and individual reviews.

Evidence should describe the type (face to face or telephone etc.)

Red

Amber

Green

Explanation for rating

We have systems in place to identify when a review is due and these are carried out at least annually.

Web link to further evidence

Real life story

*We held a workshop for people with learning disabilities to give their views on social care reviews :
" i would like to have someone with me such as an advocate at my review" "i dont always feel listened to " " i am happy with my review " six people felt that the assessment and review process has helped them.*

[B2. Contract compliance assurance](#)

For services primarily commissioned for people with a learning disability and their family carers

- Red
 Amber
 Green

Explanation for rating

A full Contract, Compliance Visit is carried out annually for all commissioned services. Part of that visit includes speaking to service users and the staff to ascertain if the service is appropriate to the needs of the individual. We ensure any feedback is put into action to improve the service following quality assurance.

Web link to further evidence

Real life story

A project being delivered by one of our providers was consulted and devised with the input of the service users to enable them to have full and independent integration within the community and level of support where needed.

[B3. Assurance of Monitor Compliance Framework for Foundation Trusts](#)

Supporting organisations aspiring towards Foundation Trust Status

Governance Indicators (learning disability) per trust within the locality

- Red
 Amber
 Green

Explanation for rating

Web link to further evidence

Real life story

[B4. Assurance of safeguarding for people with learning disability in all provided services and support](#)

This measure must be read in the context of an expectation that ALL sectors, Private, Public and Voluntary / Community are delivering equal safety and assurance.

- Red
 Amber
 Green

Explanation for rating

Web link to further evidence

Real life story

[B5. Training and Recruitment - Involvement](#)

- Red
 Amber
 Green

Explanation for rating

Learning Disabled service users have had an integral part of the recruitment of our Local Area Coordinators and more recently in the appointment of 16 new social workers in Thurrock.

Web link to further evidence

Real life story

[B6. Commissioners can demonstrate that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture.](#)

This is a challenging measure but it is felt to be vital that all areas consider this.

- Red
 Amber
 Green

Explanation to rating

All staff and Managers are expected to have a minimum qualification of training standards. This would cover Dignity Training, diversity and an induction in line with Skills for care training. Observations are made on visits regarding dignity, knocking on a service user's door, closing the door when delivering personal care, listening to the opinions of the service user. We could improve on this by ensuring that there is a balance between qualifications and attitudes at the point of interview and recruitment

Web link to further evidence

Real life story

[B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.](#)

- Red
 Amber
 Green

Explanation for rating

Our strategic documents in adults social care address the needs of service users with learning disabilities. Wider strategies although subject to EIA still require further work.

Web link to further evidence

Real life story

[B8. Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience](#)

- Red
 Amber
 Green

Explanation for rating

All providers when presented with complaints that are upheld or partially upheld, review and modify working practices as appropriate.

Web link to further evidence

Real life story

Dear Mr XXXXXXXX

Regarding: Complaint raised due to call times and Missed Call

My investigation into the concerns you raised on 16th April 2012 is now complete. I would like to say how very sorry we are for any concerns and distress we have caused you and your family and endeavor to do all we can to ensure that you are satisfied with the service we are providing. We have address issues raised and have dealt with accordingly to prevent further concerns.

Regarding concerns raised with the times of calls, as you are aware we have altered to your proffered times and we will continue to monitor to ensure that these are being adhered to. The missed call on the 16th April 12, was investigated and I have concluded this was due to administrative error and has been addressed to prevent future issues and have ensured that the team are fully aware of the implications of late and missed calls.

As a result of your complaint we have taken the following action

- 1. Altered Call Times as discussed*
- 2. Addressed Missed Call and ensured that all staff are competent and aware of Procedures.*

Again I would like to apologise for any concerns caused and I would like to thank you for bringing these matters to our attention. We welcome comments from people who use our services and aim to use these to improve our services.

[B9. Mental Capacity Act & Deprivation of Liberty](#)

- Red
 Amber
 Green

Explanation for rating

Web link to further evidence

Real life story

Section C

C1. Effective Joint Working

- Red
- Amber
- Green

Explanation for rating

Web link to further evidence

Real life story

C2. Local amenities and transport

- Red
- Amber
- Green

Explanation for rating

Web link to further evidence

Real life story

C3. Arts and culture

- Red
- Amber
- Green

Explanation for rating

Web link to further evidence

Real life story

C4. Sport & leisure

- Red
- Amber
- Green

Explanation for rating

Web link to further evidence

Real life story

[C5. Supporting people with learning disability into and in employment](#)

- Red
 Amber
 Green

Explanation for rating

We contract with a third sector organisation to deliver a World of Work project to prepare people for work, providing life and work skills. They have made partnerships with the DEA's (Disability Employment Advisers) at the Jobcentre and people are referred as a result. The ASD client group often have the strengths and skills that are desirable in the workplace ie, good with numbers, organised, liking routine and depth of knowledge regarding their niche interests, but the working environment has to be right and their support needs must be understood and met if they are to succeed. Other agencies such as the Jobcentre refer people to the Wow project because they offer a person centred approach. They have built positive working relationships with employers and other organisations resulting in appreciation of the benefits of the scheme for both the clients and their business, and feel sufficiently confident in the approach to forward details of placements and jobs that become available for distribution to the client group.

Thurrock also support and deliver Staying Safer training through different channels such as the third sector and Thurrock Councils Community Safety Team; the aim is to highlight to people how they can stay safe at home and in the community which builds confidence and enables people to feel comfortable to be in a training or work environment.

We are working towards helping more people to have the opportunity for training and work but more work to raise understanding needs to be done with other organisations and businesses

Web link to further evidence

Real life story

We held a workshop and people gave their views and experiences of training and employment :
"We would like more training in work skills & volunteering" "We did training in the fire station, policemen told me about staying safe . .
we want more of this training" "It is hard to change from volunteering to paid work"
"I was put on JSA & have to apply for 5 jobs a week, this is hard" "going round with a CV is difficult because people spot the name of the special school" "Job centre needs more training about people with a learning disability"

[C6. Effective Transitions for young people](#)

A Single Education, Health and Care Plan for people with learning disability

- Red
 Amber
 Green

Explanation for rating

We have a comprehensive Transition Strategy and implementation group with engagement from all partners and young people, whilst we dont have a single plan this is a working progress.

Web link to further evidence

Real life story

[C7. Community inclusion and Citizenship](#)

- Red
 Amber
 Green

Explanation for rating

Web link to further evidence

Real life story

[C8. People with learning disability and family carer involvement in service planning and decision making including personal budgets](#)

This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.

- Red
 Amber
 Green

Explanation for rating

We currently have a Disability Partnership Board and sub groups which are jointly chaired by service users, achieving real outcomes. For individuals to be able to be in control of their own care planning we ensure independant Advocacy support

Web link to further evidence

Real life story

[C9. Family Carers](#)

- Red
 Amber
 Green

Explanation for rating

We have the Cariads service supporting carers together with the recently formed Carers Partnership Group who will infuence service development.

Web link to further evidence

Real life story

Have you looked at the PDF output and agree that all the answers as they appear on it are correct?

To do this, click [Return to front page](#) then click on 'View' under **Start Questionnaire**.

This marks the end of principal data collection and at the closing date (currently set as 30th November) we will lock the questions in the principal entry against further change.

Yes