Appendix 1: Learning Disability Self Assessment Framework
RAG Rating for Thurrock
Health and Well Being Board March 2015

SECTION A Staying Healthy	Guidance note	Measure	THURROCK RAG RATING
A1: Learning disabilities Quality Outcomes Framework (QOF) register in primary care	There is concern that many people with learning disabilities (LD) are unknown to services and do not subsequently get access to the healthcare they need. This indicator aims to encourage the building of accurate registers to ensure equity of access to healthcare for people with learning disabilities. All people with learning disabilities need to be identified using the QOF. Local data needs to be scrutinised and systems put in place in primary care to ensure that all people with learning disabilities are put on the QOF register.	LD registers reflect prevalence data AND data stratified in every required data set (e.g. age / complexity / autism diagnosis / black and minority ethnicities etc.). LD registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity). The numbers of people on LD registers reflect the requirements outlined in the QOF.	**Data cleansing of the registers is ongoing to ensure all relevant information has been recorded for each individual**
A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy	Currently there is little specific comparative data between the health of people with learning disabilities and the non-learning disabled population, yet we know that people with learning disabilities have poorer access to healthcare and die younger than their non-learning disabled peers. There is a lack of robust data from which the Joint Strategic Needs Assessment (JSNA) and Health and Well-Being Strategy can	We compare treatment and outcomes for all four conditions between people with learning disabilities and others in: the area and at local GP level. We compare treatment and outcomes for some of the conditions	**People with LD continue to access preventative support services through Health Facilitators. Health Checks continue to be carried out and Thurrock has recently been successful at a NDTi (National Development Team for Inclusion)/NHS England Co-production programme where learning sets will be delivered to support improved quality and coverage of health checks for people with LD**

	be informed. This indicator looks at four major long term health conditions (obesity, diabetes, cardiovascular disease and epilepsy) to enable localities respond more effectively to clinical needs and be in a strong position for future planning of reasonably adjusted health services for people with learning disabilities.	between people with learning disabilities and the general population in the area. No comparative data available.	
A3: Annual health checks and annual health check registers	IHAL (Improving Health and Lives) will complete this measure for all localities from the national data source.	80% or more health checks complete 41% to 79% health checks complete Fewer than 40% health checks complete	**Not to be completed locally the LD Observatory will complete from national data**
A4: Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care	The LD DES (Directed Enhanced Services) (2013/14) guidance puts the onus on GPs to generate meaningful health improvement targets (health action plans) at the time of the annual health check to address health priorities. Integrated annual health checks and health improvement targets (health action plans) will ensure person centred care and improved individualised health outcomes. This indicator provides an opportunity to improve primary, secondary and specialist community team engagement which supports the reduction of inappropriate secondary care	70% or more than of Annual Health Checks generate specific health improvement targets (health action plan). 50% - 69% of Annual Health Checks generate specific health improvement targets (Health action plan). Fewer than 50% of Annual Health Checks generate specific health improvement targets (health action plan).	**Health Action Plans are generated at the time of the Annual Health Checks and there is active engagement and collaborative work by Health Facilitators to ensure people are supported to meet identified needs with a view to improving health outcomes. The support is through accessing various community services and partners in the voluntary sector work closely with the LA (Local Authority) and CCG (Clinical Commissioning Group)to promote access to programmes.**

	referrals. It also provides the person with a learning disability (and their carer, if appropriate) with a clear understanding of 'what needs to happen' over the next 12 months.		
A5: National Cancer Screening Programmes (bowel, breast and cervical)	IHAL will complete this measure for all localities from the national data source.	Screening takes place for the same proportion of learning disabled people as the general population Screening takes place for half the proportion Screening takes place for less than half the proportion	Not to be completed locally
A6: Primary care communication of learning disability status to other healthcare providers	Healthcare providers continue to state that having no prior warning of somebody's learning disability and specific needs resulting from their disability prevents them from being able to fully meet their needs through reasonable adjustments. This indicator encourages the development of standardised local systems to address this problem. The patient journey of people with learning disabilities needs to be track able as identified within primary and secondary care. By including the learning disability status in the referral will give notice to the secondary care provider enabling them to make reasonable adjustments if necessary. This will	Secondary care and other health care providers can evidence that they have a system for identifying LD status on referrals based upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed. There is evidence of a local area	**Progress is being made to ensure that a wider CCG/LA system standardises indication of LD status in the referral process. Reasonable adjustments is a key focus to facilitate access as well as having specialist LD nurses in place so that there is harmony between health action plans and other services such as hospital passport with a 999 card to be utilised in an emergency denoting a person's vulnerability due to their LD, ensuring reasonable adjustments are made..**

	potentially lead to a reduction in DNA's (Did Not Attends) , length of stay and inappropriate repeat attendances.	team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual's capacity and consent are inherent to the system employed. There is no local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals.	
A7: Learning disability liaison function or equivalent process in acute setting	In *Healthcare for All (recommendation 10)* the value of advocacy, including learning disability liaison is clearly described, as well as a clear call for Trust Boards to publicly report they have effective systems to deliver reasonably adjusted health services. Many Trusts have appointed learning disability liaison nurses though there is more than one way in which the learning disability liaison function can be delivered.	Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in the provider sites and there is broader assurance through executive board leadership and formal reporting/ monitoring routes Designated learning disability liaison function or equivalent process in place and details of the provider sites covered has been submitted. Providers are not yet using known activity data to effectively employ LD liaison function against demand	**Basildon and Thurrock University Hospital NHS Foundation Trust employs a full time Learning Disability Nurse Specialist. The nurse and appropriate service leads receive regular data in regards to people with Learning Disabilities activity within the hospital. This enables the planning of services and care to be implemented on a daily basis. This is monitored through regional self-assessment and the trusts on-going learning disability action plan. The chair through our clinical assurance committee feeds up progress from the LD committee / action plan to the Executive**

	This indicator seeks to explore the full extent of the learning disability liaison function in England. Of particular importance is whether providers and commissioners are gathering and using HES (Hospital Episode Statistics) data to inform decisions on where the greatest need for a learning disability function may be given trends and evidenced need.	No designated learning disability liaison function or equivalent process in place in one or more acute provider trusts per site.	**board. The also Learning Disability Nurse completes a quarterly policy compliance audit, which is fed back to the learning disability committee and feeds into the overall action plan.**
A8:NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry	Any health service accessed by a person with learning disability may need to reasonably adjust what it does in order to meet their additional needs. This indicator captures examples of where this is happening well in wider primary care services including dentistry, optometry, community pharmacy and podiatry. In order for reasonable adjustments to occur routinely, services need a way to both record the patients learning disability status and describe the reasonable adjustment required. This measure is specifically about the 4 listed, NOT those services specifically commissioned for people with a learning disability.	All people with learning disability accessing/using service are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement. Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements. People with learning disability accessing/using these services are not flagged or identified. There are no examples of reasonable adjusted care	**Reasonable adjustments in place in other mainstream services e.g. dentistry, optometry, community pharmacy, podiatry, community nursing and midwifery.**
A9: Offender health and the Criminal	Evidence suggests 7% of the prison	Local Commissioners have and	**No current system wide approach**

Justice System	population, and a greater number in the criminal justice system have learning disabilities. It is important that these individuals have access to a range of health services. Information gathered from local criminal justice systems on prevalence will inform provision regarding: • What is available including prevention • Development required • Ensuring accessible health services. This indicator captures local information and data about people with learning disabilities in prison and the criminal justice system and how their health needs are being met.	act on data about the numbers and prevalence of people with a learning disability in the criminal justice system. Local commissioners have a working relationship with regional, specialist prison health commissioners AND There is good information about the health needs of people with LD in local prisons and wider criminal justice system and a clear plan about how such needs are to be met AND Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months AND Evidence of 100% of all care packages including personal budgets reviewed at least annually. In the absence of the above (or elements of the above) an assessment process has been agreed to identify people with LD in all offender health services e.g. learning	for collation of data for individuals with LD within the Criminal justice system. LD community nurses work with and support individuals diagnosed with a learning disability and known to services that are sometimes going through the criminal justice system.

		disability screening questionnaire. Offender health teams receive LD awareness training to know how best to support individuals to meet their health needs AND There is easy read accessible information provided by the criminal justice system There is no systematic collection of data about the numbers of people with LD in the criminal justice system. There is no systematic learning disability awareness training for staff within the criminal justice system. The local offender health team does not yet have informed representation of the views and needs of people with learning disability.	
Section B Staying Safe	**Guidance note**	**Measure**	**THURROCK RAG RATING**
B1: Individual health and social care package reviews	Regular Care Review – This measure is about ensuring that in all cases where a person with a learning disability is receiving care and support from commissioned services, the needs behind this support are reviewed in a co-productive and inclusive way	Commissioners know that all funded individual health and social care packages for people with learning disability across all life stages are reviewed regularly. Evidence of 100% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment	**Social Care** **Over 90% of Learning Disability clients receive regular reviews, and at least annually. All are face to face.** **NHS** **Over 95% reviews are completed within a year.**

		Evidence of at least 90% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment. Less than 90% of all care packages including personal budgets reviewed within the 12 months is covered by this self-assessment	
B2: Learning disability services contract compliance	This measure asks localities to demonstrate how thorough their contracting processes are. This is important to ensure individual reviews are complimented by robust contract management	Evidence of 100% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits. Evidence that the number regularly reviewed is reported at executive board level in both health and social care. Evidence of at least 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract	**Monitoring visits will be completed on 100% of Working Age Adult Homes by the year end for both Health and Social Care commissioned placements. All monitoring visits are unannounced these include full Compliance & follow up and out of hours visits. The team use the ADASS Regional Workbook; this is monitoring tool monitors standards in line with CQC standards for care homes in borough. The benefit of the ADASS Regional Workbook is that this gives a robust and thorough indication of the service being delivered. If an out of borough visit is required, this will be unannounced and a report completed with any findings and feedback given to the Provider. Part of the monitoring is to have interviews with staff, service users and family members to ensure that**

		reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance. Evidence that the number regularly reviewed is reported at executive board level in both health and social care. Less than 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance.	**staff receive mandatory training and an additional training required. Any safeguarding alerts are dealt with as matter of urgency; the team will liaise with other agencies and carry out joint meeting if required**
B3: Monitor assurances	Following the publication of Healthcare for All in 2008 the Care Quality Commission (CQC) developed a number of essential standards for healthcare providers to meet in order to assure a minimum standard of care, to be offered to people with learning disability. Subsequently MONITOR (the independent regulator of Foundation Trusts (FT) adopted the same standards into their compliance framework. As these are minimal quality standards it would be expected that all FT's should be	Commissioners review monitor returns and review actual evidence used by FT's in agreeing ratings. Evidence that commissioners are aware of and working with non-FT's in their progress towards monitor compliance Commissioners review monitor returns of FT providers. Evidence that commissioners are aware of and working with non-FT's in their progress towards monitor compliance Commissioners do not assure	**Assurance of Monitor Compliance Framework for Foundation Trusts (SEPT)**

	meeting these. This indicator not only seeks confirmation that this is the case but expects commissioners to demonstrate the evidence gathered from providers to confirm this and the evidence that where trusts strive to achieve foundation status, commissioners support the attainment of monitor standards.	themselves of the on-going compliance via monitor returns for each FT OR for non-FT. Commissioners are not aware of the Trust's position in working towards monitor standards and FT status	
B4: Adult safeguarding	Governance, safety, quality and monitoring. Learning from Winterbourne View review and good commissioning practice identifies failures and risks within the quality and safety of people's placements, both individually and across organisations. This must cease. This measure asks localities to robustly evidence the safeguarding governance for people with learning disability in all provided services and support.	Comprehensive evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board which has representation from chief officers and representatives of people who use services and their families. Every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. There are contractual clauses requiring providers to work in line with the local multi-agency policy for safeguarding. There is evidence of active provider forum work addressing the learning disability agenda in relation to safeguarding which has produced action plans for and evidence of change in response to learning from Serious Case	**Thurrock Safeguarding Adults Partnership Board includes among its members representatives from service providers for people with learning disabilities as well as representatives from a Service User Led Organisation, and advocacy providers. A representative from the Board also attends the regular provider meetings which discusses contractual aspects as well as learning from any relevant serious case reviews. Local providers are all offered training from the Local Authority in basic safeguarding awareness. Via the Board and the Community Safety Partnership there are Stay Safe events for people with learning disabilities to attend and learn about personal safety. Multi-disciplinary/agency teams meet regularly to discuss issues about**

		Reviews and Local Learning From Experience Exercises. Assurance is received by the local Safeguarding Adults Board which includes using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent AND reported measures of whether people's desired outcomes of the beginning of the process were met at the end. Some Evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board which has representation from chief officers and representatives of people who use services and their families. Some evidence that every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. There are contractual clauses requiring providers to work in line with the local multi-agency policy for safeguarding. There is some evidence of active provider forum work addressing the learning disability	**anti-social behaviour, neighbourhood crime etc. relating to all vulnerable people in the authority - from which action planning takes place.**

		agenda in relation to safeguarding. Limited assurance is received by the local Safeguarding Adults Board which includes using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent AND reported measures of whether people's desired outcomes of the beginning of the process were met at the end There is little or no evidence of clear local governance and action in relation to safeguarding people with learning disabilities	
B5: Self-advocates and carers in training and recruitment	This measure is about the nature and benefit of involving 'Experts by Experiences'. A number of best practice reports suggested that there are improved outcomes when families and people with learning disabilities are involved in services. Localities should provide evidence from providers of routinely involving people with learning disabilities and family carers in recruitment and training.	In learning disability specific services there is evidence of all of services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for learning disability awareness training (for example as part of Disability Equality training). In learning disability specific services there is evidence of involving some people with learning disabilities and families in recruitment and training Commissioners of universal services	**Some carers known to Cariads have been asked to be involved in the recent recruitment for the LAC (Local Area Co-ordinator) posts. These were the parents of a young lady with learning difficulties. Cariads have also had carers on their interview panels for their support worker staff. Thurrock Lifestyle Solutions have also had carers and service users sit on their interview panels too. Cariads have delivered training on various subjects in which carers and the cared for are invited – such as Occupational Therapy Equipment, financial advice etc. We**

		can provide evidence of contracting for Learning disability awareness training (for example as part of Disability Equality training). There is no evidence of involvement in recruitment and training and appropriate levels of disability equality training	**have not been made aware of any other providers or local authority doing this, although there could be, but the carers asked didn't know.**
B6: Compassion, dignity and respect. To be answered by self advocates and family - carers	Commissioners can show 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. It is clear from the Winterbourne View report and wider evidence from Six Lives and the Confidential Inquiry that compassion is core to the best care for people. This measure asks commissioners to think about how this can be assured in all care for people with a learning disability. This is a challenging measure but it is felt to be vital that all areas consider this. In this year's self-assessment	Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect: Family carers and people with a learning disability agree that all providers do Family carers and people with a learning disability agree that some providers do. Family carers and people with a learning disability agree that few or no providers do	**There was a mix of answers; some people felt that all providers show compassion and dignity. However, some had felt that there was no respect by anyone. Given the mixed views and the amount of people asked, there was much more positive than negative, especially by the providers of the practical support (PA's). Providers of the personal care side had more negativity. Given this feedback the scoring couldn't be anything other than Amber. As there were some green and some red.**

	commissioners are requested to ensure that this question is answered by people who use services and their family members. The reason for this is that they are best placed to answer the question on the basis of their experience. This question will be best answered by the local Learning Disability Partnership Board (or equivalent) representatives of family carers and self-advocates.		
B7: Commissioning strategy impact assessments	This measure is about how effectively your locality assesses and addresses the needs and support requirements of people with learning disabilities through local and health authority strategies with clear reference to current and future demand. In particular impact assessments will ensure that Equality Act 2010 duties are met.	Commissioning strategies for support, care and housing is the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities. Impact Assessments and strategies have been developed with and presented to people who use services and their families Not all commissioning strategies and Impact Assessments are in place	Although not all strategies are in place we have developed a Market Position Statement from which will come a Category Plan, giving considerable detail around the direction of services for Learning Disability. We have a number of ongoing projects which will feed into a revision of our strategic approach for Learning Disability for Thurrock. Impact Assessments are an integral part of our strategic approach.
B8: Complaints lead to changes	This standard requires evidence of a learning organisation that integrates learning from complaints, incidents, patient,	90% or more of commissioned services can demonstrate improvements based on the	**We had no provider complaints during this period but we do use Learning from Complaints form, which is analysed and the findings**

	carer and staff feedback with wider learning from national reports and incidents to improve the quality safety, safeguarding and provision to people with learning disabilities. Failings by Services to respond to concerns raised about the quality of services are at the centre of the Winterbourne View Review. Evidence need to be provided of robust partnership working to assure the safety, quality and safeguarding of people's commissioned placements	use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate. 50-89% of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate. Less than 50% of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate	**presented to DMT (Departmental Management Team) quarterly.**

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SECTION C Living Well	Guidance note	Measure	THURROCK RAG RATING
C1: Effective joint working	This measure looks for the evidence that formal arrangements are in pace which foster the best joint working between commissioners. Informal arrangements and evidence of good practice are also welcomed, as are future plans, particularly where these have been signed up to formally if not yet implemented.	There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of single point of health and social care leadership, joint commissioning strategies and or pooled budgets, integrated health and social care teams. There are some examples of functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of at least one of the following: Single point of health and social care leadership Joint commissioning strategy and/ or pooled budget Integrated health and social care teams	**Thurrock has a joint Commissioning approach within Health and Social Care, working closely with our CCG colleagues on such areas as LD health checks, the Winterbourne Agenda and we are working towards creating a virtual Health and Social Care Commissioning response to LD.**

		Joint working has not met either of the above measures.	
C2: Local amenities and transport	This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities.	Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are communicated effectively Local but not widespread examples of all of these types of schemes Reasonably adjusted levels of support in these schemes do not reach any of the standards above	• **Buses are low floor for easy access** • **Leaflets sent on line to library's** • **Comms Team – can do translations / Braille etc.** • **Reasonable Adjustments made for service users i.e., translation of policy** • **Carers buss pass free when used in conjunction with the person they are accompanying who has a concessionary pass. Cannot be used on national transport such as National Express.** • **Sign post service users to train companies for saver cards / deals** • **The Tilbury Ferry contract is operated by Kent Council with an agreement that Thurrock service users who have a concessionary pass can use it free of charge.**
C3: Arts and culture	This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are	Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services that enable them to use amenities such as cinema, music venues, theatre, festivals and that the accessibility of such events and venues are communicated	**The Thameside Theatre runs 'Liam's Disco' for people with a Learning Disability to socialise; stage has ramp access as one of the DJ's is wheelchair bound. Each evening is themed to add to the sense of fun i.e; Halloween, Birthday parties. Thurrock Council fund a drama club who are local and run a special**

	ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning	effectively Local but not widespread examples of people with learning disabilities having access to reasonably adjusted facilities in these amenities. The accessibility of such events and venues are communicated effectively Reasonable adjustments of these amenities do not reach any of the standards above.	**needs drama group every Friday morning at the theatre. Razed Roof Theatre company from Harlow put on shows for people with an LD. Southend Toy Library (high dependency client group) visit for shows and parties .Work experience; currently two LD service users are accessing opportunities ; one is helping with Front of House , the other undertakes Ushering and plays a professional role. We are employing a young man as an usher who is diagnosed on the Aspergic spectrum. Change of seating arrangements to enable more wheelchair access to the theatre as a result of requests traditionally had 4 wheelchair spaces – can now accommodate 10 wheelchairs**
C4: Sports and leisure	This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for	Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that	**Impulse Leisure frontline staff and management undertake general diversity training and use a self read book and online assessment by Grass Roots 'Respect for People'. All the instructors have at least level 2 qualifications in their specialist areas. Many have level 3 and the supervisor of the majority of the sessions has higher level qualifications level 4 in supporting with 'special populations' including**

	people with learning disabilities.	such facilities and services are communicated effectively. Local but not widespread examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such facilities and services are communicated effectively Reasonable adjustments of these amenities do not reach any of the standards above	**children. The swimming instructors are mostly ASA level 2 qualified which includes an element of learning disability and some have level 3 qualifications in teaching swimming to those with a disability; only level 3 teachers are used for disability sessions. Registered carers are generally admitted to the sessions at no charge. There is a discounted disabled membership scheme and concession scheme with discounted prices for swimming.**
C5: Employment	This measure is about the importance of employment and the support that needs to be provided to people with learning disabilities to ensure they have the best chance of getting a job. Evidence of initiatives that find the appropriate mix of support by mainstream and specialist agencies, and data of the local picture are important. There is an important link to the standard relating to support for preparing for adulthood (C6)	Clear published local strategy for supporting people with learning disabilities into paid employment. Relevant data is available and collected and shows the strategy is achieving its aims Clear published strategy for supporting people with learning disabilities into paid employment but limited evidence of aims being met or outcomes achieved	**Thurrock work with Thurrock Centre for Independent Living for the 'World of Work' programme as part of an end-to-end strategy to provide Thurrock citizens of working age (including those aged 16 in transition) with a Learning Disability, the opportunity to explore and improve their work readiness and work related skills; giving them a personalised plan, CV, and actual work experience, appropriate to their individual**

	where strategies and pathways should include access to support to get jobs	Not meeting either of the above measures.	**needs and capabilities. Some of the outcomes achieved have been • A recognised qualification • A work experience placement • A mentor for support and decision making • A detailed Individual Working Lifestyle Plan • An updated CV • An opportunity to contribute • An opportunity to be included in the Community • An experience of working in a Social Firm • An assessment of work readiness • An understanding of the impact of working on individual benefits • A maximising of income • A move towards independent living**
C6: Preparing for adulthood	Delivering effective transitions for young people is recognised as a way of addressing the difficulties confronted by young people with learning disabilities and their families at transition. Previous research has demonstrated that information is a key need at this time, the delivery of a 'local offer' within the scope of the Children and Families Act will support this.	There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care. There is evidence of clear preparing for adulthood services or functions that have joint health and social care scrutiny and ownership across children and adult services There is some evidence of clear preparing for adulthood services or	**There is a detailed transitions Strategy signed up to by all partners, the strategy is produced in easy read. The delivery of the strategy is monitored through a multi-agency Transition Strategy Implementation Group; Carers are part of this group and young people participate in a sub group to ensure their voice is heard. Currently the group is contributing to the SEND (Special Educational Needs and**

	A foundation for good support during the transition from childhood to adult life is co-production of local plans and having a sound knowledge base of future need to inform commissioning strategies. This descriptor ascertains if localities have good plans in place to ensure locally available provision of the future mainstream and specialist health and social care services needed to support young people approaching adulthood.	functions that have joint education, health and social care scrutiny and ownership across children and adult services There is no evidence of clear preparing for adulthood services or functions that include joint education, health and social care scrutiny and ownership across children and adult services	**Disabilities) reforms and has been instrumental in supporting the design of the ONE PLAN. We are working hard to engage Health and have a firm commitment from them, it is anticipated that this question will be rated green next year due to the ongoing work.**
C7: Involvement in service planning and decision making	This is about people with learning disabilities and family carers involvement in service planning and decision making, including personal budgets. This measure seeks to stimulate areas to continually review and improve the involvement of people who use and rely on services in strategic development and planning.	Clear evidence of co-production in universal services and learning disability services. The commissioners use this to inform commissioning practice Clear evidence of co-production in all learning disability services that the commissioner uses to inform commissioning practice. Inconsistent or no evidence of co-production in universal services. There is no evidence that people with learning disability and families	**There is evidence from providers of services that there is co-production in the development of the service plan to users of the service. However, there was quite a lot of negative feedback that people felt the initial assessment from local authority were not co-production it was a case of being told what is available and what they could get commissioned. This was not in all cases and it did seem to depend on knowledge and experience of workers. Felt that there was too much commissioned services as opposed to persona budgets and alternative solutions.**

		have been involved in co-production of service planning and decision making.	
C8: Carer satisfaction rating. To be answered by family carers	Consultation on the SAF (Self Assessment Framework) raised a strong call for family carers to be given a place to specifically contribute about their needs in the measures. This measure asks for evidence that family carers are involved not only in service design and commissioning, but in wider strategies as not all people with learning disabilities and family carers are known to or use services but need a voice in the shaping of the community. This measure should be rated by family carers. Examples of the forums that could do this are Carers' Partnership Boards, Carers Centres or local carer networks. It is important to include as wide a range of family carers as possible. This measure uses a question informed by the National Valuing Families Forum: How satisfied are you that your needs as a family carer are met?	Most carers are satisfied that their needs were being met Most carers were neither satisfied nor dissatisfied that their needs were being met Most carers thought that their needs were not being met.	**Carers were quite positive that their needs were being met. A lot felt that they were getting a break because their loved ones were going out to day care or to school etc., but this came about due to the needs of the cared for rather than being identified as a need for the carer. Most carers didn't look at their own needs i.e. own health, work, education and no-one else had looked at this either, apart from Cariads. So they felt that they were getting support but not necessarily in the right way as those that did have a carers assessment from local authority was not holistic as only looked at what they are doing for who they care for. However, there were many that didn't have assessments in their own rights and only a paragraph on the cared for assessment. Every carer with Cariads is offered an assessment in their own right and is holistic and this has been very welcomed and support provided to meet these identified needs.**

	Consider carers' health checks from GP's, carers' assessments from the Local Authority and relevant information advice and guidance/ training from mainstream and carers' services. We will want to know how this question was answered and how many carers were involved in the process.		