



# 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

0

28.1.1.2 Age 18 or older

0

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

28.1.2.1 Age 0 to 17

0

28.1.2.2 Age 18 or older

0

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

28.1.3.1 Age 0 to 17

0

28.1.3.2 Age 18 or older

0

**28.2. Located elsewhere**

28.2.1. Number of people placed primarily due to Challenging Behaviour

28.2.1.1 Age 0 to 17

0

28.2.2.2 Age 18 or older

1

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

28.2.2.1 Age 0 to 17

0

28.2.2.2 Age 18 or older

0

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?

66

### 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

26000

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

84

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

68

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.

129

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.

150

## 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

*All GP practices maintain a QOF register which includes a register of people with Learning Disability and prevalence data. GP QOF registers were cross referenced with Local Authority registers by the PCT primary care facilitation team. The QOF register does not split data by every data set and therefore is rated as amber.*

#### 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

*QOF register contains details of all individuals who are accessing screening and health promotion in each of the defined health areas. The data can be compared with overall population screening data on a local CCG level. The CCG is unable to compare rates from a local area team level as it does not have access to other CCG data. The local area team will be in a position to provide comparative data.*

#### Web link to further evidence

#### Real life story

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

- Red
- Amber
- Green

#### Explanation to rating

*67% of individuals listed on the DES register had an annual health check completed within the assessment year (2012/13). The 2012/13 register was validated by primary care facilitators based within the old Primary Care Trust. At a Big Health & Social Care Day event 5 out of 6 people said their doctor asked them to come along for a health check. Those individuals reported a mixture of good and bad experiences when they went for the healthcheck. Some felt not enough time was given to complete the healthcheck.*

#### Web link to further evidence

**Real life story**

*Comments taken from Big Health & Social Care Day*  
 'GP was a good man - easy to talk to'  
 'gave me a plan to lose weight and told me about exercise'  
 'healthcheck not ok'  
 'GP didn't listen - he only asked half the questions'  
 'GPs shouldn't get paid for bad health checks - send results before they get paid'  
 'need more invites to health checks'

**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**

*Health Action Plans are included within locally developed Yellow Health books that provide key health information for each individual with a learning disability. There is evidence that health action plans have been completed as part of annual health checks. However, the CCG is unable to demonstrate that this is the case for 70% of the patients. It is acknowledged and recognised that further work is required locally to ensure that the purpose of yellow health books and health action plans is fully understood by service users, GPs and other support providers. This is being taken forward through a pan Dorset LD Health Action Group. Supporting and facilitating the completion of health action plans is a requirement of the health component of community LD teams.*  
*5 out of 6 people who attended a Big Health and Social Care Day reported they had a health action plan. However, it was also reported that on occasions health advice was not recorded in the plan - for example advice to stop smoking.*

**Web link to further evidence****Real life story**

*Comments taken from a big Health & Social Care Day*  
 'doctor wrote in Health Action Plan in Yellow Health book. Goals achievable - weight lost - GP will review. Home support - GP explains - no shouting'  
 'Stop smoking - not in action plan - GP spoke to me about stopping smoking'  
 'GP needs training in filling in yellow books'

**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**

*Data summarising numbers of completed health screenings within the local LD population for each of the screening areas is available. Comparative data for each of these groups is available via the Open Exeter System. However, the CCG is not able to scrutinise exception reports or evidence that where screening has been completed, reasonable adjustments were made to services.*

Web link to further evidence

Real life story

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

- Red  
 Amber  
 Green

Explanation for rating

*A 'care passport' has been developed to support communication of LD status to other healthcare providers. Yellow health books are also used for this purpose. Information is also included within GP referral letters; however, this is determined by individual GP practice and there is no CCG wide system in place. The local Service user representative forum expressed concern that reasonable adjustments are not made routinely in communication from primary care / secondary care and are keen for a national view and approach towards a solution.*

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

*Within the local acute hospital (Royal Bournemouth Hospital) there are identified leads throughout the management structure as follows:  
 Executive Lead - Director of Nursing and Midwifery  
 Corporate Lead - Deputy Director of nursing and Midwifery  
 Senior nurse Lead - operational lead for LD as part of their overall role. This role is also supported by the post of case facilitator for adult safeguarding and learning disabilities. This individual has been in post since 1st March and is a registered learning disability nurse. The trust is currently in the process of implementing a flagging system and as a result is not in position to demonstrate use of activity data to inform developments.*

Web link to further evidence

[http://www.rbch.nhs.uk/patients\\_visitors/coming\\_into\\_hospital/getting\\_it\\_right.php](http://www.rbch.nhs.uk/patients_visitors/coming_into_hospital/getting_it_right.php) p://www.

Real life story

*At a Big Health and Social Day, one person said they had been to hospital. They did not receive their hospital letter in easy read format. They said the hospital people treated them 'really well' and the treatment was 'very good' even though they were scared. Enough time was given for the appointment and the individual felt the staff were helpful after the individual explained they worried about needles.*

## [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

*There is evidence that some services are making reasonable adjustments to support the individuals with a learning disability. This is supported by real life stories and comments from people with a learning disability. Consideration will need to be given to changes within the NHS commissioning structure within future self-assessment requirements as a number of these services are now outside the remit of the local CCG.*

### Web link to further evidence

### Real life story

*Dentist:  
 'Dentist good. The dentist communicated well and had experience in supporting people with LD'  
 'Generally ok - could do better to communicate. Supported in a friendly way'  
 'we feel safe when we go to the dentist because they know us'  
 'dentists need more information/training in how to communicate effectively'  
 'GPs and dentists should have grab sheets (like in hospital) to give as much information as possible'  
 GP:  
 'when I have my ladies check, they ask me to do things I cannot do due to problems with my joints'  
 Opticians: 'easy to understand and explained clearly'*

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

-  Red
-  Amber
-  Green

### Explanation for rating

*The intensive support team provides in reach work to the prison services, probation custody suites and third sector providers in providing specialist learning disability input, carry out assessments, provide consultative support and direct treatments when required. The team also provide follow up and support when a service user is released back into the community within Dorset. The team also link in to the probation services and also provide learning disability awareness training to staff who work within the custody suites in the police stations.  
 A learning disability screening tool is used within local criminal justice settings and easy read information is available. There are clear links to a strategic Criminal Justice Steering Group for mental health and learning disability.*

### 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

*75%, all face-to-face. Prioritise if change in need, risk identified (by client or provider) or out borough. All resi care and people moving into community reviewed. Those not reviewed are low need who often receive in-house review (e.g. day center).*

#### Web link to further evidence

#### Real life story

*R, a gentleman who moved to his own home from hospital living was isolated with only care staff involved in his life and had become withdrawn from interaction with others. At a review with his circle of support he needed to move temporarily to allow for some renovation work to his property and we sourced a local residential care home for him. In this environment we soon saw a change in his demeanour and presentation and at a six week review it was identified that his needs were more effectively met there and a best interests decision was made for him to remain in that home.*

### B2. Contract compliance assurance

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

-  Red
-  Amber
-  Green

#### Explanation for rating

*Health commissioners are party LA Framework contracts and work progressing to ensure contracted providers have scheduled contract reviews. Q.A. is key to this. Information from monitoring meetings iavailable and shared at exec. level. Reviews required at three months after eligibility for CHC and then yearly or any time of sustained significant change in care needs in line with the NHS framework for CHC. Each LD team through the joint protocol have a systematic reviewing programme in place for CHC LD patients. Social care monitor resi services every 2 years, complimented by 'Citizen Checkers'. Contracts keep a Risk Register and services identified (through s'guarding/adverse feedback/management changes/ volume of placements) as High Risk monitored more frequently. Home care monitored yearly. Exceptions reported to ASC Leadership and subject to (internal) audit. Robust communication between practitioners /SU Reviews and contract management/monitoring. 86% respondents to User Survey said having help to do things makes them feel better about themselves. 93% said that the way they are helped/treated make them feel better about themselves.*

#### Web link to further evidence

<http://www.bournemouthpeoplefirst.co.uk/projectsandservices.html>

## Real life story

*Real Life story*

*The Citizen Checker Report for spring 2013 shows that service user experiences relating to the following matters have improved since spring 2012:*

- \* Better support with speaking-up*
- \* Greater awareness by residents about their support plans*
- \* Activities that are more structured and more activities are outside the residential home (they "go more places and learn more new things")*
- \* Improved communication skills, and more residents have communication passports*
- Improved physical access*

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

*All local foundation trusts are required to certify their status in relation to their criteria outlined within the Monitor Compliance Framework on a quarterly basis. This is monitored through the CCG contract and performance management framework. This has been rated as amber as the local acute foundation trust is unable to evidence that is fully compliant with the framework. It is actively working to introduce a flagging system for learning disability patients. Local community health services provided by Dorset Healthcare have systems in place to flag cases of learning disability and support mechanisms in place via the Community LD team and Intensive Support Team. It also acknowledged that robust assurance processes are not currently in place.*

## 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

*In RBH the Case Facilitator for s'garding & learning dis. supports Trust staff. Facilitator is a trained best interest assessor and links closely with the wards/wider MDT on MCA/DOLS. If safeguarding process implemented, facilitator is involved and will act to support clinical area to reduce the risk of re-occurrences. Close links with community teams enable a smooth care pathway and a wider MDT approach.*

*Social care monitor resi services 2 yearly, complimented by 'Citizen Checkers'. There is a Risk Register and services identified as High Risk (through s'guarding/adverse feedback/management changes/ volume of placements) seen more often. Home care monitored yearly. Overseen by ASC Leadership and subject to internal audit. Robust communication between practitioners /SU Reviews and contract management. 86% responses to User Survey said having help to do things makes them feel better about themselves. 93% said that the way they are helped/treated make them feel better about themselves*

## Web link to further evidence

*A further story is reported in the Local Account available here:  
<http://www.bournemouth.gov.uk/SocialCareHealth/AdultSocialCare/AdultSocialCare.aspx>*

## Real life story

*Bournemouth People First have supported 700 people with regard to safety since 2005 including training, Easy Read Crime Reporting Forms, Increased community awareness and supporting people if they are in court or have witnessed a crime.*

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

- Red  
 Amber  
 Green

## Explanation for rating

*We have not been able to verify that 90% of all LD services involve people with LD in recruitment and training, although we have many examples of good practice in terms of in-house services. Nor have we been able to verify that wider universal services have done similar in the last year, so the rating remains Red.*

## Web link to further evidence

## Real life story

*I live in Wallfield Care Home. I helped pick staff to work both in the day and night. Six people came into see me as part of the interviews. I asked them if they knew about helping people to get dressed or have a shower. I asked them what they knew about seizures and how much wages they got before and what other work they had done. I enjoyed asking the questions. I'm not sure if I would tell a friend about doing this, but I think it is important that people in the home can help with choosing staff.*

[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

*Quotes from a Citizen Checker report:*  
*"We saw that staff were respectful when talking to residents. We also saw that they were helpful and supportive."*  
*"We visited the home at a difficult time, after 1 of the residents had sadly passed away. However, we saw how the home supported the other residents to celebrate the life of this resident."*  
*"Residents told us that they can speak up at meetings in the home and that they also go to Bournemouth People First meetings. "*  
*"Residents told us that they know who to talk to if they have a problem, feel sad or angry, or if they cannot speak up."*  
*The Citizen Checker report for spring 2013 shows that residents feel safe and where there were previous concerns about the behaviour of other residents has now been addressed*

## Web link to further evidence

## Real life story

*Quotes from a Citizen Checker report:*  
*"We saw that staff were respectful when talking to residents. We also saw that they were helpful and supportive."*  
*"We visited the home at a difficult time, after 1 of the residents had sadly passed away. However, we saw how the home supported the other residents to celebrate the life of this resident."*  
*"Residents told us that they can speak up at meetings in the home and that they also go to Bournemouth People First meetings. "*  
*"Residents told us that they know who to talk to if they have a problem, feel sad or angry, or if they cannot speak up."*  
  
*The Citizen Checker report for spring 2013 shows that residents feel safe and where there were previous concerns about the behaviour of other residents has now been addressed*

[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 Commissioning Strategy for people with a Learning Disability - 'The Big Plan' covers a wide range of areas including Health, Social Care, Housing, and Employment, supported by an Action Plan. Progress is monitored through the LD Partnership Board, Pan Dorset Joint Commissioning Board and the Health and Wellbeing Board.*

*An Equality Impact Assessment completed as part of the strategy and helps inform areas for development. This is publically available; however people with a learning disability and carers chose to focus on the strategy itself as part of our co-production work.*

*Housing is one of the three priority areas within the Big Plan as identified by people and a Housing Sub group of the Partnership Board is in place and its first goal is to better understand the current and future housing needs for people known with a learning disability.*

*93% respondents said that to the annual user survey said that their home meets their needs very well.*

Web link to further evidence

<http://www.boroughofpoole.com/health-and-social-care/help-for-adults/poole-learning-disability-partnership-board/>

Real life story

*When assessing the findings from the annual survey of people using Community Support Team it has been identified as a priority to collect and monitor information about diversity.*

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

- Red  
 Amber  
 Green

Explanation for rating

*We received only one complaint relating to services provided at Transitioning and is there an action plan arising however this was primarily in relation to payments of provider as opposed to items related to potential whistle blowing? It is recognised that there are positive arrangements in place for responding and resolving concerns at a local level.*

*Evidence from the Big Day was mixed when we asked people if they knew how to complain.*

*All providers are required to have both complaints and whistleblowing procedures in place and this is checked during monitoring. Evidence from Providers is sought to verify what lessons they have learnt from complaints and what changes in practice have been made.*

*We have ensured that Compliments and complaints leaflets are provided to people on the first visit undertaken by Community Support team.*

Web link to further evidence

<http://www.boroughofpoole.com/health-and-social-care/help-for-adults/poole-learning-disability-partnership-board/>

Real life story

## B9. Mental Capacity Act & Deprivation of Liberty

- Red
- Amber
- Green

### Explanation for rating

*The processes described above (traingulating evidence from reviews, contract monitoring and the Risk Register) suggests we should be amber, however we will establish more detailed system so that we can have more stringent evidence for future assessments.*

### Web link to further evidence

### Real life story

*Justice for Liz."*

*Following a Keeping Safe Workshop Liz realised that she should have reported an incident (that occurred several months before) to the Police as it was something she had not consented to. The Police worked alongside the Safeguarding team to investigate. It was decided that Liz's case would go to court. Liz gave evidence in the trial alongside other witnesses with learning disabilities. Liz received support from Independent Learning Disability Adviser, who also gave Counsel advice about how to communicate with Liz effectively and ensure she had necessary special measures. Liz came across as a credible, reliable witness in court and the jury found the defendant guilty. This had a very positive effect on Liz and made her feel she had 'had her say' in court, that her voice was heard.. Everybody should have equal rights to justice and the right to feel safe in their community*

## Section C

### C1. Effective Joint Working

- Red
- Amber
- Green

### Explanation for rating

*There are clear integrated governance structures between Health and Social Care. A Pan Dorset Joint Commissioning Board is in place, with representatives at a Director/Assistant Director level. The ToR of the Board are clear and it meets at least 3 times a year.*

*'The Big Plan 2012-15' commissioning strategy was approved by the Health and Wellbeing Board.*

*There is effective membership at the Learning Disability Partnership Board and the transition from Primary Care to Clinical Commissioning Group completed within timeframes. The Big Plan' action plan now underpins much of the work the Board and action groups are involved.*

*Section 75 arrangements in place for some of services and others are in the process of being finalised. Pooled Budget arrangements are currently being explored focussing initially on a small number of complex clients. More work is needed in respect to this and this is why Bournemouth remains Amber.*

### Web link to further evidence

<http://www.boroughofpoole.com/health-and-social-care/help-for-adults/poole-learning-disability-partnership-board/>

### Real life story

### C2. Local amenities and transport

- Red
- Amber
- Green

**Explanation for rating**

*This has been a focus over recent years. The Keeping Safe Sub Group has:*

- \* Feedback forms regarding public transport*
- \* Good links with local bus companies*

*Travel Training provided by both the Community Team for People with Learning Disabilities (CTPLD) and the Community Support Team. Staff work closely with providers to promote independent travel.*

*The Keeping Safe Scheme in Bournemouth is well established now with 33 places at the end of the financial year and plans for more in the next year.*

*In addition Bournemouth also has 3 Changing place toilets, following some great campaigning by Bournemouth People First, LiNKs, the LDPB and Elected Members.*

*It was recognised that for a significant proportion of people, support is needed for them to successfully access the community. Further work is needed to make people aware of where safe place schemes are. For these reason Bournemouth remains Amber.*

**Web link to further evidence**

<http://www.bournemouthpeoplefirst.co.uk/whatwedointhecommunity.html>

**Real life story**

*Some people found the 24 hour Bus timetable difficult to understand. Colour coded bus timetables and extension to free bus passes before 09:30 and after 11pm.*

*A comment received about the need for a bus service to Hengisbury Head.*

*When asked at the consultation event there were areas that people felt unsafe:*

- Poole Bus Station*
- Boscombe*
- Some people said they were wary of busses and some people said they were worried about getting lost*

*Whilst 57% respondents to annual user survey said they can get to all the places that they want to in the local area, 32% (9 people) said they couldn't always get to where they wanted.*

**C3. Arts and culture**

-  Red
-  Amber
-  Green

**Explanation for rating**

*Info. about resources is shared as part of assessment and support planning. People use their direct payments (DP) for universal services. There is a DP Support Service.*

*The 'Choices' Service has a range of activities for people with eligible needs, linking with art groups and other opps in the community. The 'Out Right' Project has courses for those who like different things, including, music, arts and craft, sci fi, films, theatre. It helps people find what is around locally and also provides training on keeping safe, building friendships and the unwritten rules of society. Key-ring (supported living scheme) helps people through themed groups and has easy read information, advice about activities and encourage equal participation.*

*Although there are some good examples, much of these rely on additional services to help people to take part in activities in the community as opposed to universal services making these adjustments themselves.*

**Web link to further evidence**

<http://www.campbestival.net/info/charities-supported-by-camp-bestival-in-2013/>

## Real life story

*Mix it Up DJs (Supported by Bournemouth People First) performing at Camp Bestival, Lulworth Castle. The year before the DJs had camped overnight, but no accessible toilet had been made available even though the festival organisers had been told of the reasonable adjustments needed. They did eventually agree and a toilet was brought in. Nor had they made a reasonable adjustment of a ramp to the stage, the DJ using a wheelchair had to be lifted up. In 2012, the accessible toilet and ramp were already in place on our arrival. We feel that they were prejudiced to the learning and physically disabled DJs, not seeing them as equal artists. However, the attitudes of the festival staffing have been welcoming, supportive, equal and respectful. We would recommend Camp Bestival to all our members and wider. Mainstream event organisers are welcoming of people with disabilities, but you have to be firm, determined and assertive when getting reasonable adjustments around physical needs.*

*We have evidence that our Community Support Team enable people to attend church.*

## C4. Sport &amp; leisure

- Red
- Amber
- Green

## Explanation for rating

*People known to services who have accessed the Special Olympics, access mainstream gyms through the Healthy Life Styles Group. Local public Sports and Leisure Centres provide quieter times for people with disabilities. The Physiotherapists have provided training to providers to enable them to support people to go swimming. The Bournemouth 'Choices' Service links with sports and leisure activities in the community. The Out Right Project has courses for people who like different things, including walking and fitness. The main leisure centres are fully accessible, but do not tend to operate quieter times for people with disabilities to use the pool. There are a range of providers and courses focusing keeping fit and accessing the local countryside and beaches. The cost of some of the private day opportunity have been raised as an issue for people who do not qualify for support from the council, but require a level of support to engage in activities.*

## Web link to further evidence

## Real life story

*Swimming at The Littledown Centre:*

*We go in the red bus from where we live. We go every week. I am pleased with myself. The staff did not know that I could swim. I always swim 12 or 14 lengths now. I have got swimming goggles. I can do a new thing. I swam the front crawl with my head in the water. Everyone cheered me.*

*The staff are friendly and we chat to them. The life guards are happy for me to swim in the deep end - they can see that I am a good swimmer. They know that I have epilepsy and that I might need help but they said that is ok.*

*There are changing beds at the pool if people need them and there is a hoist.*

*The staff at the pool make sure that the floor is not too wet where we get changed.*

*\*I am a good swimmer. My disabilities are not in the way in the pool*

*\* The staff are friendly*

*It is a good place to go.*

## C5. Supporting people with learning disability into and in employment

- Red
- Amber
- Green

## Explanation for rating

A Work and Education group established. Engaging key providers has stalled progress. We have mapped all the employment support services which will aid commissioning. Positive support to work with Poole, linking this with best practice recs by the National Development Team for Inclusion (NDTI).

The Community Employment Service links with Work Choice, but information regarding the performance unclear. People not eligible for Social Care have problems accessing support into paid employment. Some assessed as suitable for Job Seekers Allowance, as opposed to Employment Support Allowance and so are unable to access the help they need.

8/11 of the people that attended our consultation event were in some form of work, mostly voluntary. Most had aspirations around obtaining paid work, although not all wanted to find a job.

Bournemouth is performing above average in terms of supporting people into employment. 10.2% compared to England average of 7.2% and SW average 7.3%.)

More work is planned.

## Web link to further evidence

## Real life story

C was successful in achieving a paid employment offer with Dorset County Council as a patrol crossing officer. She received support from the team at CES, who provided job coaching, liaised closely with her employer and her, to ensure that communication was clear, and that she had some routines agreed for her.

Support was given during training, to ensure that she understood everything.

Advice and guidance was given to the employer around how to give her instruction and support her in the most effective ways for her. Upon commencement of the post, job coaching was done on the site, to ensure a clear routine for crossing the road/ensuring children were safe was completed in the form of a visual step by step guide. Additionally, the employer provided an experienced patrol crossing officer to provide some additional shadowing opportunities (as a reasonable adjustment) for the first 3 days of the role.

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

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

-  Red
-  Amber
-  Green

## Explanation for rating

A Transitions Op. Group comprises staff from Health, Education and Social Care and focuses on Yr 9 review stage who are initially assessed by the Transitions Team to identify need. If the young person is not likely to need services as an adult they are given general info & advice. If they are likely to need support they are followed and a community care assessment / needs identified by age 17.5.

Transitions sub group reporting to the LDPB is still in the early stages of development in terms of identifying outcomes.

Transitions Protocol remains in draft and requires review in light of the forthcoming changes and the introduction of Health, Education and Care Plans. We will be working with Dorset and Poole as part of a wider project in respect to this. Transitions is on the corporate Transformation programme as an area for further development over the next year

There are some areas for improving and the 1 formal complaint received this year related to a person coming through transition.

## Web link to further evidence

## Real life story

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[C7. Community inclusion and Citizenship](#)

- Red
- Amber
- Green

## Explanation for rating

*We fund local self advocacy group (Bournemouth People First - BPF).*

*Citizen Checkers: check residents in resi care homes and assess what people do during the day. Found that not all residents did things locally. This was highlighted and later visits showed that more residents taking a more active part in their local community. BPF also involved in campaigns (Speaking Out' Disability Hate Campaign / Witness profiling service) and support victims of crime through the criminal justice process - lead to a number of successful convictions.*

*Relationships group established to identify the needs of people for building and maintaining friendships.*

*On the consultation day people gave examples of using local shops etc, or knowing people in their community to say hello to.*

*88% people in the annual PSS User survey said they had as much contact or adequate as they like. 1 person said they had little social contact and felt isolated. In the same survey 93% people said they spent their time doing things they enjoy.*

## Web link to further evidence

## Real life story

*Community Connecting project funded from the Big Lottery and supported by the BLD Partnership Sub Group, aims to help people become active members in their own community.*

*During a course, 2 different groups or organisations are invited to come in and meet the group and talk about their passion together. This helps to break barriers between people and gives people in the group a friendly face if they wanted to go out to the group in the community.*

*The Out Right Project has helped 2 people to go to a music concert in the local area, helping them to find out what is on, get tickets, plan their route and go with them for moral support.*

*At the end of the course each person receives a booklet that Bournemouth People First have made, about places they can go, that are relevant to their interest. These booklets tell people how accessible places are and what facilities they have available.*

[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

*The LD PB well supported with representatives from key stakeholders, including people with a learning disability, carers and organisations that help people to speak up.*

*BPF commissioned to provide a self advocacy service, including organising the Partnership Board and sub groups and support for co-chairs.*

*The Big Plan was co-produced with the 2 local self advocacy groups (Bournemouth and Poole. The Bill of Rights Charter has been produced by people a LD and the LD PB signed up. Aim to incorporate it LD service specifications. Event planned for 2014 to launch the Charter and involve wider services and organisations to sign up.*

*Bournemouth People First are working with neighbouring groups to ask organisations to sign up the new Bill of Rights Charter, e.g. Dorset Police, Dorset Health care and wider Council services.*

## Web link to further evidence

## Real life story

*Bournemouth People First - 'The Citizen Checkers service has helped people to speak up and has led to improvements in their lives. It is an effective way to quality assure services and highlight improvements in services that enable people to lead fuller, safer lives and be more active citizens'*

**C9. Family Carers**

- Red
- Amber
- Green

## Explanation for rating

*Whilst family carers are actively involved in the Partnership Board we need to further develop social care system to ensure all carers are identified as cares. However the Carres database is comprehensive and we do provide wide amount information. Further work required on co-production.*

## 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