



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

1513

1.10 All ages

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

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

2.1 Aged 0 to 13 years old

2.2 Aged 14 to 17 years old

2.3 Aged 18 to 34 years old

2.4 Aged 35 to 64 years old

2.5 Aged 65 years old and over

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

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

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

2.8 Aged 0 to 17 years old

2.9 Aged 18 years old and over

2.10 All ages

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

3.1 Aged 0 to 13 years old

3.2 Aged 14 to 17 years old

3.3 Aged 18 to 34 years old

3.4 Aged 35 to 64 years old

3.5 Aged 65 years old and over

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

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

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

3.8 Aged 0 to 17 years old

3.9 Aged 18 years old and over

3.10 All ages

Screening

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

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

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

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

4.1 Number of total eligible population

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

4.3 Number of eligible population with learning disabilities

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

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

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

5.1 Number of total eligible population

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

5.3 Number of eligible population with learning disabilities

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

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

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

6.1 Number of total eligible population

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

6.3 Number of eligible population with learning disabilities

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

Wider Health

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

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

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

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

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

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

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

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

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

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

As per the QOF Established Asthma Indicator Set

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

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

As per the QOF Established Epilepsy Indicator Set

Mortality

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

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

15.1 Aged 0 to 13 inclusive

15.2 Aged 14 to 17

15.3 Aged 18 to 34

15.4 Aged 35 to 64

15.5 Aged 65 and older

Annual Health Check & Health Action Plans

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

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

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

18.1 Total number eligible

18.2 Total number completed

Practices participating in Health Checks

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

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

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

Acute & Specialist Care

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

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

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

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

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

21.2 Total number of spells

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

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

22.1 Number of attendances identified as having a learning disability

22.2 Total number of attendances

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

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

23.1 Number of attendances involving people with learning disabilities

23.2 Total number of attendances

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

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

24.1 Number of people with a learning disability

24.2 Total number of attendances

Continuing Health Care and Aftercare

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

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

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

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

Location of mental health and learning disability in-patient care

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

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

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

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

27.1. Number of people placed primarily due to Challenging Behaviour

27.1.1 Age 0 to 17

27.1.2 Age 18 or older

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

27.2.1 Age 0 to 17

27.2.2 Age 18 or older

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

27.3.1 Age 0 to 17

27.3.2 Age 18 or older

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

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

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

28.1.1. Number of people placed primarily due to Challenging Behaviour

28.1.1.1 Age 0 to 17

28.1.1.2 Age 18 or older

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

28.1.2.1 Age 0 to 17

28.1.2.2 Age 18 or older

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

28.1.3.1 Age 0 to 17

28.1.3.2 Age 18 or older

28.2. Located elsewhere

28.2.1. Number of people placed primarily due to Challenging Behaviour

28.2.1.1 Age 0 to 17

28.2.2.2 Age 18 or older

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

28.2.2.1 Age 0 to 17

28.2.2.2 Age 18 or older

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

28.2.3.1 Age 0 to 17

0

28.2.3.2 Age 18 or older

0

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

0

29.2 Primarily for other reasons

0

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

0

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

0

30.2 Primarily for other reasons

0

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

4

31.2 Primarily for other reasons

0

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?

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

53404

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

294

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

149

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.

53

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

379

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.

572

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

Nurses came to the Friendship Club. They checked my blood pressure and found it was high so I went to the doctors and now take pills for it.

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

- Red
- Amber
- Green

Explanation to rating

47% 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.

Web link to further evidence

Real life story

[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.

Web link to further evidence

Real life story

Going to see the nurse for a depo injection

We had to wait in the waiting room. There is a circle of chairs and lots of leaflets and a lot of people that I did not know. I don't like strangers. I felt nervous.

The nurse came out for me. We went in. She was smiling and chatty. She explained what she was going to do. She took my blood pressure. I jumped when the injection went in. I felt better when it was over with. She wrote it all in my Yellow Book. We walked home.

[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.

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 (Dorset County Hospital) the Safeguarding Adults Lead is the strategic lead and across the Trust there are 26 Learning Disability Patient Champions who take a lead in enhancing the care of people with a learning disability in their wards/departments. Bi monthly meetings are chaired by the Safeguarding Adults Lead and Dorset CCG Health Facilitator where new initiatives and best practice is discussed, enhanced training provided, and policies and protocols consulted on. Patient Champions then disseminate information to their colleagues.

A flagging system is in place. This includes midwifery patients.

Data on numbers and admissions to wards is available and is used to inform developments.

Web link to further evidence

<http://www-local/departments/general/communications/ceo-briefs/CEO%20BRIEF%2025%20OCT%202013.pdf>

Real life story

a) I had to have 5 teeth taken out at the dentist (in hospital). My mum and dad took me in the car. We did not have to wait which I was pleased about because I was already very nervous. I was worried and kept asking what they would do. I had an easy read booklet. My mum kept telling me about it. There were a few nurses and they were lovely. They kept checking that I was ok. They gave me some tablets to take.

b) My mum noticed that my tummy was bloated. It was very sore. I woke up in pain. She phone 999. The paramedic was joking with me. An ambulance came. He explained that I would need to go for a ride to hospital. I was nervous but excited about that! Quite a few doctors had a look at me. The nurses were friendly. They asked if I was ok. They all told my mum stuff and she told me. I could not sleep downstairs because it was noisy and busy. I did not need an operation but I had to stay for 3 or 4 nights until I was better. I moved upstairs then and could sleep better.

[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 from people with a learning disability.

Web link to further evidence

Real life story

a) Mum told the receptionist we had arrived. We were called in straight away. She explained that my results were clear. A machine took my blood pressure. I don't mind. I was nervous about the blood test. It really hurt but I tried to stay still. There was no bruise. The nurse made me laugh and I felt better.

b) I was having a problem with my ear. It did not feel right. I had already been to the doctor but the drops he gave me did not help. I went back to see a different doctor. She was very nice and I did not feel rushed. She listened to what I had to say. She said she understood what I meant. She looked in my ears and asked questions. My dad was with me for support not to talk. She gave me different ear drops and it went away after that. I was really happy that it cleared up because I was worried about it. I always tell people to see Dr X because she is very good and listens.

[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

RAP return for 2012/13 gives 73%. Although more reviews than that will have been completed in the year concerned, this figure will still be under 90%, therefore rating is Red.

Web link to further evidence

Easy read self assessment form
[http://dorsetldpb.org.uk/website%20images/pdfs/pcp/Supported%20Assessment%20CM10_\(Easy_Read_Version\).pdf](http://dorsetldpb.org.uk/website%20images/pdfs/pcp/Supported%20Assessment%20CM10_(Easy_Read_Version).pdf)

Real life story

B2. Contract compliance assurance

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

-  Red
-  Amber
-  Green

Explanation for rating

Dorset County Council has contracts with all providers. These are reviewed at least annually. Locally Quality Checkers managed through People First Dorset look at local services (day centres, residential homes and supported living) and talk to people about their experiences. They report back to commissioners, and feed back to the service providers. Health commissioners are party to Local Authority Framework contracts and work has been progressing to ensure all contracted providers have scheduled contract reviews. Quality assurance is a key aspect of this. Information from monitoring meetings is available and shared at executive level. Reviews are required at three months following eligibility for CHC and thereafter annually or at 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.

Web link to further evidence

<http://dorsetldpb.org.uk/board/our-work/quality-checkers.html>

Real life story

See B6 below

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 the criteria outlined within the Monitor Compliance Framework on a quarterly basis. This is monitored through the CCG contract and performance management framework. However, it is acknowledged that robust assurance processes are yet to be put in place. Both Dorset County Hospital and Dorset Healthcare have provided information that supports their reported compliance with the Monitor framework.

Web link to further evidence

<http://sharepointapps/clinguide/CG%20docs1/1251-learning-disability-strategy.pdf>

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

Regular reports on Keeping Safe to Dorset LDPB. LDPB now has Safeguarding sub group. LDPB self advocate rep. sits on Dorset Safeguarding Adults Board. Safeguarding policies and protocols are in place and used within the local acute health providers. Not possible to evidence equal delivery for ALL sectors/providers, so rating Amber not Green.

Web link to further evidence

<http://dorsetldpb.org.uk/website%20images/pdfs/keeping%20safe/Safeguarding%20adults%20powerpoint%20for%20LDPB%20board%2011072013.pdf>

Real life story

- 1). From a day service group: we have made close links with our local community police team. They visit us regularly, encouraging familiarity /confidence in our service users to talk to them openly. They also provide road safety training here. They have helped individuals with specific concerns, and advise on any major issues locally in our community which may affect the safety of our members.
- 2). Safe at home: I was having family problems. There was a lot of shouting and people were angry. I was frightened. Meetings were arranged and everyone got to talk together. I was happy to stay living at home. I said if it happens again I will move out. My family know how much it upset me. Everything is better at home now.

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

- Red
 Amber
 Green

Explanation for rating

While there is involvement, it is not possible to evidence this in 90% cases or more, so rating is Red. People First Dorset (PFD) members help with staff induction training, including in the district general hospital. The Primary Care Project worked with adults with a learning disability and staff in GP practices to look at how going to the doctor could be made easier (see weblink, e.g. page 6).

Web link to further evidence

<http://www.dorsetldpb.org.uk/website%20images/pdfs/health/health%20reports/END%20OF%20GP%20PROJECT%20REPORTBY%20PFD.pdf>

Real life story

1) *Recruitment: I am the self advocate co-chair of the Dorset LDPB. I have been involved in interview panels for posts such as County Arts Officer and I am on the panel that approves people to be Shared Lives hosts.*

2) *Training Support Workers*
I was very nervous about training, especially when support staff that I knew were on the course. It was ok though as all 3 of us trainers worked as part of a team.
I like doing training with DPF because everyone accepts that I have lived the life and know what I am talking about!! It is good to share your experience.

[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

DCC service specification standards 22-25 apply; evidence of monitoring reports can be provided (contact is j.chant@dorsetcc.gov.uk). Not possible to evidence this approach in universal services so Amber rather than Green. PFD Quality Checkers help us know whether service users are getting appropriate care and support.

Web link to further evidence

<http://dorsetldpb.org.uk/board/our-work/quality-checkers.html>

Real life story

I work as a Quality Checker. We visit different services/homes in different parts of the county. We look to see if people like the service they are getting. We watch the staff at work and see how they do their jobs. We write an Easy Read report about what we have found out.

[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

Self advocates and family carers were involved in EqlAs for changes to the county's residential LD services. EqlAs can be provided (contact is allyson.evans@dorsetcc.gov.uk). Joint meetings around work on the LD Strategy (PFD input via the "Big Ask") and user involvement in the LD Housing Plan (through LDPB Housing sub group).

Web link to further evidence

<http://dorsetldpb.org.uk/website%20images/pdfs/happening/Publication2.pdf>

Real life story

A carer's story about helping plan services: we got together to think about what it would mean if residents had to move. I know what this is like because my son moved in the campus reprovision project. It is most important that people's individual needs are met. We looked at making sure everyone would be treated fairly and equally.

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

- Red
 Amber
 Green

Explanation for rating

This is clearly set out in the County's service specification (standard 17) and is closely scrutinised during monitoring visits and followed up as appropriate (for more information contact is j.chant@dorsetcc.gov.uk). Not possible to evidence for 90% of all DCC and NHS commissioned contracts, so Amber.

Web link to further evidence

[http://www.dorsetldpb.org.uk/website%20images/pdfs/pcp/Easy%20Read%20complaints%20leaflet%20DCC%20Adult%20services\(1\).pdf](http://www.dorsetldpb.org.uk/website%20images/pdfs/pcp/Easy%20Read%20complaints%20leaflet%20DCC%20Adult%20services(1).pdf)

Real life story

When support is not right: I had a new support worker but it was not going well. He did not help me to make choices about what to do. I told my mum and one of the other staff. They helped me complain. He does not support me any more. I know what to do if it happens again.

B9. Mental Capacity Act & Deprivation of Liberty

- Red
- Amber
- Green

Explanation for rating

Providers have appropriate policies in place and have training. DCC closely monitors providers' understanding of MCA and DOLS. Standards 10, 13, 17 and 18 of DCC service specification refer. Not possible to evidence for all providers so rated Amber.

Web link to further evidence**Real life story****Section C****C1. Effective Joint Working**

- Red
- Amber
- Green

Explanation for rating

We have some pooled budgets. There is a LD Joint Commissioning Board in Dorset and a separate Pan Dorset one (covering all 3 local authorities). NHS officers sit on both of these. Dorset LDPB is a multi agency Board, and partners work together - for example to put on the annual all day event (see link below). Rating Amber as there is more to do to achieve closer joint working; the "Better Together" project will address this across Dorset, starting with commissioning.

Web link to further evidence

<http://dorsetldpb.org.uk/board/reports.html>

Real life story**C2. Local amenities and transport**

- Red
- Amber
- Green

Explanation for rating

Facilities are improving in Dorset: new Changing Places opened in 2012/13 in Weymouth and Dorchester (at the leisure centre). In Case of Emergency(ICE) cards (see second link below and scroll down) link users to "Help Places" around towns. The Friendship Club helps adults with LD access local mainstream venues and develop social networks. Transport is more of a challenge, with reductions to services and lack of wheelchair accessible buses. Some rural areas lack facilities and people remain dependent on private transport, especially out of daytime hours (but bus travel can work, see story below!). Due to geographical variations in access to amenities and transport, overall rating is Amber.

Web link to further evidence

<http://dorsetldpb.org.uk/search-results.html?search=Changing+Places&id=25&x=22&y=17>; <http://dorsetldpb.org.uk/board/our-work/keeping-safe.html>

Real life story

- 1). *Travel by bus: I told the staff I was going out and would be back just after lunch. I went to town, I used my bus pass. The driver said "Good morning" and waited until I sat down before he drove off. I rang the bell and waited until the bus stopped before I got off. When I finished I got the bus home. It was a different driver. He saw I had lots of bags and asked me if I had been Christmas shopping! When we got to my home I rang the bell and waited for the bus to stop. I said "thank you" and got off. I told the staff I was back safely.*
- 2). *Being left out: people with a learning disability are so often forgotten in our society. Day Centres are ok but in the evenings and at weekends there is a void. The Friendship Club is vital and means a lot to us*
- 3). *My brother died and I was really sad. Someone told me about CRUSE. The counsellor is patient and always waits to hear what I want to say (it can take me a while because I have Cerebral Palsy). I have recommended counselling to a friend.*

C3. Arts and culture

- Red
 Amber
 Green

Explanation for rating

Adults with LD participated in the Olympics as Ambassadors and performers (in the Cultural Olympiad). A group has been based at a local museum and has worked on art and drama productions/exhibitions. Local cinemas participate in Autism Friendly film screenings. Changing Places allow people to stay out and attend events in local towns.

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

- 1) *Using the library: I always book a slot to use the computer on a Wednesday. I go with a group from my day service. I have my own password and sign in by myself. I like to print things out. I had a problem last time. I asked the staff for help. They got the printer working. I like the library because it is easier to concentrate. I have a hearing aid and sometimes other computer areas are too noisy. I have a library card. I sometimes take DVDs out.*
- 2) *Games Maker, London*
I volunteered at the Olympics. I had support with me. Every day was exciting. I am in the Special Olympics and was pleased to meet and see some of my heroes up close!
I felt proud that I had achieved something I never thought that I could do. It was amazing!
It feels great to be involved!
- 3) *Breathe: there were auditions for the dance troop. I applied but was poorly on the day. They said it was ok so I auditioned later. I got in! Not everyone in the troop had a learning disability. I loved performing on the beach.*

C4. Sport & leisure

- Red
 Amber
 Green

Explanation for rating

Adults with LD took part in specially adapted beach and water sports activities as part of the 2012 Olympics (Weymouth venue). There are opportunities to take part in activities at local leisure centres; two of these have Changing Places on site. The Friendship Club supports adults with LD across the County Council's area to follow leisure activities like bowling, night clubs, pub visits and members are now arranging their own activities as they are more confident about using local facilities. Some people have joined local walking groups. Rating Amber as facilities not equitably spread over all areas (towns different from rural parts).

Web link to further evidence

<http://dorsetldpb.org.uk/local-stuff/friendship-club.html>

Real life story

1). Going to the gym: I go to the gym with support. I have a membership card. I always do a warm up exercise. There are 3 machines that I like. I know what muscles they work and which ones are good for my heart. The staff know me as I go every week. They are helpful and friendly. Sometimes it is hard to concentrate because there are lots of people and sometimes dishy blokes! I don't really understand about why I have to cool down and how you cool down a heart. I would like to know more about that. Everyone should have the chance to be healthy.

2). Going swimming: a group of us go to the leisure centre. It is good exercise. I like to swim. I have a membership card so I pay a little bit for my ticket. The lady on the desk is lovely. Sometimes the water is cold so I don't stay in long. I know it is not safe to go swimming on my own. I always take someone with me. It is fun; I like to go with my friends. Sometimes we splash each other. Swimming is important to me.

C5. Supporting people with learning disability into and in employment

- Red
- Amber
- Green

Explanation for rating

Rating is Red as the county does not meet the ASCOF targets for adults with LD supported into employment. In house employment services have been restructured and are going to focus in future on LD clients and on getting people into paid employment. See web link for current "success stories".

Web link to further evidence

<http://www.dorsetforyou.com/405854>

Real life story

1) Voluntary work: Town Farm workshops - we had a lot of visitors on Open Day. I was pleased to show them my weaving and pottery. I got a few orders for my work. I was very proud.

2). Work experience: some members of our group hold positions in local charity shops, providing a valued service.

C6. Effective Transitions for young people

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

- Red
- Amber
- Green

Explanation for rating

Have to rate Red as the single Education Health and Care plan is not yet in use; in practice Person Centred Multi Agency Planning is done with young people in special schools from year 9 in preparation for their transition. Special events are held in schools by the Transitions support teams (Transitions Roadshows). A wide range of organisations (around 60), including the LDPB, are represented at Dorset Parent Carers Council's annual all day Transitions event "Teenager to Adult". The "Just Say" project (through People First Dorset) and speaking up groups in special schools have helped young people with a learning disability to become effective self advocates.

Web link to further evidence

<http://dorsetldpb.org.uk/board/our-work/transitions.html>

Real life story

Moving on: Supported Living choice - two young men who had been friends in residential college for three years decided they wanted to share a place to live when they finished their education. They and their families searched for a property with a housing association using the Great Tenant scheme. The location, size, cost and management were all discussed and monthly meetings with the manager of the scheme still happen. The young men and their families were consulted throughout the recruitment process so they had input on staff to support them in the new house. They would recommend this system to a friend.

C7. Community inclusion and Citizenship

- Red
 Amber
 Green

Explanation for rating

Dorset CC has commissioned People First Dorset to work on citizenship matters, including the ICE card scheme (see C2 above). DCC supports the work of the Friendship Club (Lottery funded until Dec 2013). The Bill of Rights (put together by people with a learning disability in Dorset) has been adopted by the Dorset Health and Wellbeing Board.

Web link to further evidence

<http://dorsetldpb.org.uk/local-stuff/friendship-club.html>;
[http://www.dorsetldpb.org.uk/website%20images/pdfs/pcp/PFD%20November%202012%20LDPB%20\(1\).pdf](http://www.dorsetldpb.org.uk/website%20images/pdfs/pcp/PFD%20November%202012%20LDPB%20(1).pdf)

Real life story

I have cerebral palsy and learning disability; until three years ago I was afraid and couldn't talk to people so I didn't go out without my parents. They took me to skittles and I met Laura who runs the Friendship Club. I felt very welcome and safe and happy to be with people like me. I now go to Friendship Club every week, I love bowling and going to the pub and have met lots of people I went to school and college with and new friends too. I am on the Steering Group and we plan future events. Mum says my confidence is much better. We had a Ball in September and we felt like the other people in the world and very special. Some of us went away for the weekend with Laura and I had a wonderful time - the first time I have been away without my parents since college. I do things with Friendship Club that I can talk to them about and I feel I've a life of my own.

Lots of people like me would do nothing and would be very lonely without Friendship Club. They help us and we feel safe.

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

Co-production with adults with a learning disability, through People First Dorset, including joint working on LD commissioning and LD housing strategies. Close links with PFD Forum Committee and family carers through representatives on the Dorset LDPB and all its sub groups. LDPB feeds into LD Joint Commissioning Board. Joint working in progress on producing a "Positive about Risk" policy.

Web link to further evidence

<http://www.dorsetldpb.org.uk/website%20images/pdfs/happening/Publication2.pdf>

Real life story

We wrote "My Support Plans" which use person centred thinking tools to make sure we tailored support to each individual. One of the tools is staff matching, used to recruit people with the right skills, personality and interests for the person they will be supporting. We did not want to create "one team" so we organised specific recruitment days to ensure each individual tenant was able to select who supported them. We invited families to come and asked candidates questions specific to their son/ daughter. We observed candidates interacting with the tenants, then we recruited one team for each individual. This has created teams committed to giving the best support because they are supporting people they share interests with and who make best use of the skills of each team member.

Involving people we support and families in selecting who supports them helps create strong connections and shows our commitment to getting things right for people with learning disabilities.

C9. Family Carers

- Red
- Amber
- Green

Explanation for rating

We cannot assure ourselves that Family Carers who take part are representative of those who are not able to participate, and it is not clear how this involvement could be assured, or if any extra resources would be needed to make it happen. We have very good carer representation on the Dorset LDPB including a family carer co- chair, a number of individual family carers as members, representatives from Dorset Parent Carer Council, and a consultant employed as the LD Family Carer Coordinator for the county.

Web link to further evidence

<http://www.dorsetldpb.org.uk/board/our-work/family-carers.html>; <http://www.dorsetforyou.com/carers>

Real life story

A Carers story: a family carer has helped her son take a direct payment as an alternative to a five day service. 2 Personal Assistants support him to participate in his community. The PAs use a website (www.dorsetpeople.co.uk) to find activities and other local people with a learning disability to share activities/support. The direct payment works like respite for the family carer but means that the individual can have support that is tailored to his needs, rather than being day centre based. They can book PA time when it is most needed and in response to changing circumstances rather than having to book respite a long time in advance.

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