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

304

1.2 Aged 14 to 17 years old

260

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

564

1.9 Aged 18 years old and over

676

1.10 All ages

1240

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

23

2.2 Aged 14 to 17 years old

25

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

91

2.10 All ages

139

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

33

3.2 Aged 14 to 17 years old

22

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

55

3.9 Aged 18 years old and over

89

3.10 All ages

144

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

36362

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

28534

4.3 Number of eligible population with learning disabilities

203

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

50

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

17141

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

13665

5.3 Number of eligible population with learning disabilities

64

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)

17

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

22568

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)

14525

6.3 Number of eligible population with learning disabilities

51

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)

13

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)?

199

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

81

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)?

0

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.

5

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.

42

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

113

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

8

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

142

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?

541

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?

322

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?

19

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?

19

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)?

35

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

6

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

0

27.1.2 Age 18 or older

0

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

27.2.1 Age 0 to 17

0

27.2.2 Age 18 or older

0

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

27.3.1 Age 0 to 17

0

27.3.2 Age 18 or older

0

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

2

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

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

3

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

1

32.2 Primarily for other reasons

0

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

3

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

3

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

3

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)

258

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

343

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

65

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

1

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)?

41

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?

35

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

6

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

23

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

78

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

0

42.2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)

0

42.3. Refuge

0

42.4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement)

0

42.5. Acute/long stay healthcare residential facility or hospital

4

42.6. Registered Care Home

58

42.7. Registered Nursing Home

1

42.8. Prison/Young Offenders Institution/Detention Centre

0

42.9. Other temporary accommodation

0

42.10. Owner Occupier/Shared ownership scheme

12

42.11. Tenant - Local Authority/Arm's Length Management Organisation/Registered Social Landlord/Housing Association

45

42.12. Tenant - Private Landlord

10

42.13. Settled mainstream housing with family/friends (including flat-sharing)

156

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

81

42.15. Adult placement scheme

28

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

0

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

4

42.18. Mobile accommodation for Gypsy/Roma and Traveller community

0

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

467

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?

8

Safeguarding

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

117

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

13

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

0

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.

0

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.

1

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.

0

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

0

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

52.1 Percentage

85

52.2 Number

27

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

53.1 Percentage

85

53.2 Number

27

Transitions

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

18805

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

74

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

30

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.

10

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

105

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.

50

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

My key worker first realised something wasn't quite right when I started to behave in a grumpy way for no reason. Other staff had also noticed how my personality had changed and it always seemed to be around mid afternoon. At first I used to get grumpy then I started to get agitated and really spacey. Everyone thought that it was because of my epilepsy so my key worker spoke to my dad, he said that there had been no change at home and it wasn't until all the staff listed my moods on a piece of paper that my key worker realised that it was at the same time everyday. Another staff member suggested I get a blood test for diabetes. They found out I had diabetes and I was given extra help with how to manage it. I saw the diabetic nurse a lot to begin with and she even came into the day opportunity place to speak to some of the staff so they could help me more. Now I hardly see her at all, and everything is ok. I know that she is available whenever I need her.

A3. Annual Health Checks and Annual Health Check Registers

○ *Red*
⊗ *Amber*
○ *Green*

Explanation to rating

62% 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

Comments from Big Health & Social Care Event:
'People find the yellow health books hard to use'
'Health Action plans/yellow health books not used or not asked for at Healthcheck'
3 out of 8 people said they have a health action plan. 1 person said the health action plan helped them stay healthy and the goals were easy to understand.

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

The Director of nursing and patient services is the named lead for learning disability within the local acute trust hospital (Poole NHS Foundation Trust). The trust does not have a system in place for flagging and LD status is not currently recorded within provider system and therefore not included in the SUS submissions to HES.

Web link to further evidence

Real life story

Comments from Big Health & Social care day:
'nurses and doctors were friendly and food good'
'Poole A&E good'
'people said they were given good clear explanations about what was happening in hospital'
'didn't have any easy read, but a nurse stayed with me and explained things'

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 supported by real life stories from people with a learning disability.

Web link to further evidence

Real life story

a) I had a letter from my doctor about a blood test I had had. I did not understand what the letter said. It was not in easy read and used difficult words. My mum had to explain what it meant. It said I had to go and see the doctor again about taking some tablets

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

67.5% (258/382) of people receiving a service within the year had a formal assessment/reassessment. All reviews undertaken by the CLDT are completed face-to-face and are often complex pieces of work requiring multiple visits and involving clients and their circle of support. Reviews are undertaken by Health and Social Care professionals, or both. People are prioritised for review if their needs have changed, or any increased risks with either the client or provider, if any complaints or safeguarding issues arise. All people living outside of the county were reviewed in the year, as were all people in residential care and people with high level needs in their own homes. The team are in the process of recruiting new staff to focus on those not currently receiving a review.

DOH ASC Survey 2012/13

Do care and support services help you in feeling safe?
96.4% said Yes

Do care and support services help you to have a better quality of life?
96.4% said yes

Web link to further evidence

Real life story

Happy

Day Opportunity working in partnership with The Intensive Support Team

At the end of every day I used to become really anxious and start to throw things, I would sit in the coffee bar listening to my favourite music. The staff tried lots of things to help me like my keyworker spending lots of time reading my favourite books. Before long I started to throw any item available to me any time I felt like it. I couldn't say why and the staff couldn't say why. Then a Lady came to see me. She watched me, even though she tried to hide. She understood me. She helped me to become less anxious and gave the staff lots of good advice.
I still get anxious now and then but I am happy

I think if anyone had this problem I would tell them to see this lady

This lady worked and understood me, she was good and it helped. It can help you too

B2. Contract compliance assurance

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

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

Social Care

18/20 LD providers had at least one monitoring visit or contract review. A risk matrix identifies which providers are a priority, alongside a programme to cover all services. Providers are assessed against a QA framework. Action plans are agreed with the provider and monitored until completed. Performance is reported up to the LDPB, Chief Executive and Elected Members through a series of standardised meetings.

DOH ASC Survey 2012/13
Satisfaction with care and support services you receive?
77% Very happy, 21% Quite happy, 2% Treat me OK.

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

Real life story

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. This has been rated as amber as the local acute foundation trust is unable to evidence that is fully compliant with the framework. Specifically this relates to the absence of an appropriate flagging system for individuals with a learning disability. Work is progressing to ensure the hospital meets the standard within the coming months. 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. The CCG acknowledges that robust assurance processes are yet to be put 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

The LDPB receives a safeguarding update bi-monthly and the Keeping Safe Group carries out more in-depth analysis. Quarterly briefings are made to the Chief Executive, Elected Members and Strategic Director. The local Adult Safeguarding Board receives routine reports.

All providers are monitored to ensure staff have completed adult safeguarding training and service users and families have been given information in an accessible format on how to raise any concerns. Action plans are imposed and monitored until addressed where failing. All contracts instruct providers to comply with local safeguarding policy and procedures.

The Chair of the local Adult Safeguarding Board wrote to all local LD care and support providers following Winterbourne.

We do not currently have a provider forum in place, but one is being planned for early 2014.

DOH ASC Survey 2012/13

Which of the following statements best describes how safe you feel?
70% feel as safe as they want
27% feel adequately safe

Web link to further evidence

Real life story

B5. Training and Recruitment - Involvement

⊗ *Red*
◯ *Amber*
◯ *Green*

Explanation for rating

Recruitment - People with LD and their carers have been involved with interviews for the SUH for Commissioning and Improvement. Carers have been involved in recruitment of CLDT staff.

More work is required to involve people with LD. Service specifications require providers to involve people with LD with the recruitment of staff, but this is not routinely captured in monitoring. However, we are aware that a number of local providers do involve service users in the recruitment process.

Big Health and Social Care Day - some people had been involved in the recruitment of posts above and interviews at Poole Forum (self advocacy group).

Training - The involvement of people with a LD in training is limited. LD awareness training is not currently part of the corporate training programme. There has not been any specific training within the CLDT that has been delivered

3 people at the Big Health and Social Care Day reported to have been involved in training for the safe place schemes.

Web link to further evidence

Real life story

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

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

○ *Red*
⊗ *Amber*
○ *Green*

Explanation to rating

All providers are required to meet the national standards within the GSCC Code of Practice for Employers of Social Care Workers and ensure staff follow its code of Practice.

The Service Improvement Team check staff have completed the Skills for Care common induction programme and that there is evidence of regular staff supervision.

Providers are required to work with people in a person-centred manner. Evidence of this in practice is sought by both staff in the CLDT as part of individual reviews and through contract monitoring by the Service Improvement Team.

A Bill of Rights Charter has been produced by local self advocacy groups and providers have been asked to sign up to this. This has been included in our strategy and service specifications as part of tendering in this period.

Health and Social Care Day Feedback - People said that they felt treated with respect by services and that carers/support workers were nice and treated people with respect.

Web link to further evidence

http://www.skillsforcare.org.uk/developing_skills/GSCCcodesofpractice/GSCC_codes_of_practice.aspx

Real life story

People I know sent me nasty texts. I told my support worker and they said I should go the Police. My support worker went with me. The Police told me to write the numbers down when I get a text and give the numbers to the Police. I have done that and now I feel safer.

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

The local strategy for people with a learning Disability - 'The Big Plan 2012-15' covers a wide range of areas including Health, Social Care, Housing, and Employment. A Comprehensive action plan has been produced to support the strategy. Progress is monitored by the LDPB, Pan Dorset LD Joint Commissioning Board and Bournemouth and Poole Health and Wellbeing Board.

An Equality Impact Assessment was completed as part of the development of this strategy and help inform areas for development. The assessment is public available, however people with a learning disability and carers chose to focus on the strategy itself as part of the co-production work undertaken in its development.

The Borough of Poole is finalising the Housing Strategy, but has made links to the strategy above. Housing is one of the three priority areas within the Big Plan2012-15 as identified by people with a learning disability and their carers.

Web link to further evidence

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

Real life story

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

- ◯ Red
- ⊗ Amber
- ◯ Green

Explanation for rating

Amber based on 90% of services monitored in 2012/13.

The Service Improvement Team review the complaints received by the provider and seek evidence how wider learning and changes in practice have been made. This is also evidenced through safeguarding. The SIT check that all providers have complaints and whistle blowing procedures in place, that staff are aware and information is in an accessible format for service users.

Service users and families are contacted for feedback and staff from the team will interview services users to ascertain their views regarding services wherever possible.

The CLDT received 7 formal complaints. The common theme was communication. This has been discussed with the whole team and prompted plans to hold an open day later in 2013 to help build relationships with service users and their families.

Poole Forum and carers advised that there are good links with the CLDT manager and LD commissioner which helps resolve issues effectively and informally.

Web link to further evidence

Real life story

B9. Mental Capacity Act & Deprivation of Liberty

- ⊗ Red
- ◯ Amber
- ◯ Green

Explanation for rating

The Service Improvement Team check staff records for evidence of MCA and DoLs training and identify in any improvement action plans where this is missing.

The Borough does offer training to the independent sector at a subsidised rate, but take up is not high.

The number of DoLs requests appears low and although the Service Improvement Team are now focussing more around this area when monitoring services, the lack of information in this year suggest more work is required.

Web link to further evidence

Real life story

Section C

C1. Effective Joint Working

- ◯ Red
- ⊗ Amber
- ◯ Green

Explanation for rating

There are clear integrated governance structures between Health and Social Care in place. A Pan Dorset LD Joint Commissioning Board is in place, with representatives at a Director level. The Board oversees progress against a work programme led by the learning disability commissioning leads and meets at least 3 times a year.

A Health and Social Care Strategy for people with learning disabilities, 'The Big Plan 2012-15' was published in 2012, following approval by the Health and Wellbeing Board.

There is effective membership at the LDPB and the transition from PCT to CCG was completed by the 1 April 2013 deadline. The Big Plan 2012-15 work plan now underpins much of the work the LDPB and action groups are involved in

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

Web link to further evidence

Real life story

C2. Local amenities and transport

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

Transport - People reported both positive and negative experiences of local buses. Routes in the main were seen as good, but mixed feedback regarding staff and when making a complaint. Timetables are difficult to use. Time restrictions were raised as limitations on what people can do and how far they can travel.

Travel training was raised as something that was needed, this has been identified within the Big Plan 2012-15 to be reviewed.

People felt safe during the day, but worried more about going out at night. Some people had experienced discrimination when out in public.

Most people experiences of the Police had been positive and most people knew where to go to get help or to report a problem. There was good awareness of the Keeping safe schemes, (now 16 in Poole). Nobody expressed concerns about the people that support them.

There was some awareness of changing place schemes, (Poole only has 1 at present). A further changing place is being developed in the main shopping centre.

Web link to further evidence

Real life story

C3. Arts and culture

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

There are over 20 local independent day opportunity providers offering a range of arts, sports and leisure opportunities, often supporting people to access universal services in the area. In addition, local clubs, as well as Poole Forum support people to organise and participate in activities.

Other examples include, people joining a local open access community choir ad tea dances in the Lighthouse Theatre. The local cinema advertises 'autism friendly' screenings.

People described a wide range of activities that they enjoy in the community. Some staff were found to be very helpful, but at others less patient. LD awareness training for businesses was suggested by one group.

The cost of some day opportunity groups and wider social activities were raised as an issue for some, especially those who were no longer eligible for support.

Accessing the community independently continues to be challenging. For many some support, (volunteer or paid) is needed to make this a positive experience.

Web link to further evidence

http://www.sourcedirectory.org.uk/kb5/dorset/asch/home.page

Real life story

Mix it Up DJs (Supported by Bournemouth People First) performing at Camp Bestival 2012, 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.

C4. Sport & leisure

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

Local day opportunity providers support people with a range of sports and leisure opportunities. Swimming pools are accessible for people with complex physical needs. Concessions are available for people on specific benefits.

People attending the event were able to describe a wide range of activities that they enjoy in the community. On the whole people said staff were helpful and people felt comfortable using these services. People said information about what is on needs to be in printed format and more was needed in the evening.

See also C3 comments re cost of support.

Poole is a small authority and so people are able to access a range of sports and leisure opportunities within a 5 mile radius. Although universal services do not have 'designated participation facilitators' in place, people can access support (either by way of a Personal Budget or self funding and for some through clubs which are free).

Web link to further evidence

http://www.sourcedirectory.org.uk/kb5/dorset/asch/home.page

Real life story

> I used to just look at my four walls in my flat, doing my housework and getting bored. I had an appointment at the Job Centre and they asked me if I have heard of COAST.
>
> They arranged for me to have a trial at Harbour Challenge, which enables children from disadvantaged backgrounds to have accessible opportunities, I was also invited to come along for a fun day, I went kayaking, sailing and windsurfing. I have never had the opportunity to do this before. I thought to myself that
> this was brilliant. Thanks to Harbour Challenge, I get out more now. I.ve never met such nice people. At first I was a bit nervous, but I feel comfortable with them now. I talked to them and felt a lot more relaxed. I now feel that I have a lot of confidence in myself. I can't wait to go again and meet the lads.
>
> Jon's Mother said: Jon's involvement with COAST and Harbour Challenge has done him a lot of good; it gets him out of his flat and meeting new people. Jon is a lot happier in himself and not so grumpy!"

C5. Supporting people with learning disability into and in employment

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

> Poole is performing above average (8.8% compared to England 7.2%) However recognises that more work is required.
>
> The Community Outreach and Support Team (COAST) have continued to focus on developing their supported employment model, providing person-centred support to support people on the pathway to work and into paid employment as the ultimate goal wherever possible.
>
> A Work and Education group has been established across Bournemouth and Poole with an aim to increase opportunities across the conurbation and has completed a mapping exercise of all employment services locally.
>
> Feedback around peoples experience with the local WorkChoice Provider and Job Centre has been on the whole negative. It remains a challenge to engage the DWP and Job Centre locally regarding issues.
>
> Most people saw having a job as important. Those that were in work either paid or unpaid (including volunteering) enjoyed their work and were positive about the support they had received, (mainly COAST).

Web link to further evidence

> http://www.boroughofpoole.com/health-and-social-care/help-for-adults/coast-supporting-work-related-activity-for-adults-with-disabilities/

Real life story

> Meet S - Sainsburys
>
> S came to work with COAST and with support he was offered a work experience in his local Sainsbury's supermarket. He undertook work trials and S proved himself to be a reliable, hard working and conscientious member of staff and now works on the shop floor in the checkout area. After a number of months and some negotiations S was offered a permanent 12 hour contract and now enjoys all the benefits of being a paid employee.
>
> Meet N- Seaview Day Centre
>
> As soon as I started with coast they identified a voluntary position for me. This was at Seaview Day Centre. They provided me with two mentors to help me. Later a position for assistant support worker became available I was offered it. I was still supported really well. On a Friday I still do some voluntary work this helps me gain more experience, and Monday's and Wednesday's I get paid.

C6. Effective Transitions for young people

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

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

The Transitions Operational Group is now well established, consisting of Health, Education and Social Care professionals from both Adults and Children's services. The group identifies young people at the Year 9 review stage, who are likely to need services as an adult.

A new Transitions Team has been established at the end of 2012/13. Staff within this team will support these young people and their families through transition and develop links with local special schools.

A Transitions Strategy Group oversees the changes required at a senior level and has focused on improving the information available. This group has also been exploring the changes required in light of the forthcoming introduction of Health, Education and Care Plans. Poole will be working with Dorset and Bournemouth as part of a wider piece of work in respect to this.

The new People themed Commissioning and Improvement Unit is better placed to work closely across Children's and Adult's commissioning.

Web link to further evidence

http://search3.openobjects.com/kb5/poole/fis/guidancenote.page?record=mXE_LI7eL-c&category=5

Real life story

C7. Community inclusion and Citizenship

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

Poole continues to fund Poole Forum to support people to have their say and there is evidence where they have campaigned on issues around social inclusion, (see C8)

The Wellbeing Collaboration - Poole has funded a project in Poole, working with key organisations to support people in the community who have becomes isolated, or need help but do not meet the threshold for services.

Service specifications for LD specific services commissioned in this period have included key outcomes around supporting people to be involved in their community.

The COAST service helps people with LD to engage in a wide range of voluntary groups within the local community.

50% of people felt they were part of their community. Some used local facilities shops etc. some felt uncomfortable. A number of stories shared were where people have been verbally abused and taunted when out in public.

All identified that having friends was really important and some felt that helping others was important as well.

Web link to further evidence

Real life story

> *Voluntary Gardening Service: support to isolated older people and carers in Poole*
>
> *Comments from customers:*
>
> *"I just wanted to say a big thank you for the help the two groups you send to help in the garden. They make an amazing difference to the garden. Usually it is just Barry and his group that come but last time it was Terry and his group and I am really thrilled with their help. I could not manage without this help it has been such a blessing to me. I would also like to say that the group they bring with them, are very good and polite...."*
>
> *Real Life story*
>
> *Some People followed me from the Bus station saying nasty things (sexist) things. I went to the Burger Van asking for help, but he didn't help me. A lady that was buying a burger got her phone out and supported me to go and see someone at the train station. The train guard listened and told me to wait in the ticket office. He went outside and sent the people away. He said I could stay there until my Granddad came and picked me up.*

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 LDPB continues to be well supported by people with LD and carers and advocacy groups. Poole Forum is commissioned to provide a self advocacy service, including support for co-chairs at the board and actions groups.*
>
> *The Big Plan 2012-15 strategy was co-produced with the two local self advocacy groups across Bournemouth and Poole. The Bill of Rights Charter produced by people with a LD has been incorporated into key service specifications and Poole Forum are asking wider organisations to sign up.*
>
> *Poole Forum has been involved in wider campaigns such as the 'Speaking Up' against disability hate crime initiative and with the Police Crime Commissioner elections. Members of Poole Forum have lobbied and met with local bus companies to share their difficulties with local transport.*
>
> *Work is underway around support planning and Personal budgets, as the processes remain overly complex.*
>
> *DOH ASC Survey 2012/13*
> *40% said they have as much control as they want and 53% said they have adequate control.*

Web link to further evidence

> *Bill of Rights - http://www.pooleforum.co.uk/#*

Real life story

> *It has helped me to help others to speak up for themselves. It has helped me to speak up for myself as well.*
>
> *Since I started in 2002, there wasn't much for me to get my teeth into, now I have. I do most of the organising for Go Forum in the office. I am on the Management Committee and Trustees. I am now a Deputy - Co-Chair for the Learning Disability Partnership Board which I am looking forward to. I love working in the office 2 days a week.*

C9. Family Carers

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Explanation for rating

The numbers of carers of people with a learning disability are well known to the Community Learning Disability Team (CLDT), and through the Carers Information Service.

We broadly know the numbers of people with a learning disability living with their families who may need respite, and so commission beds accordingly. We have a current Carers Strategy. The Strategy and Action Plan were consulted on through the Carers Reference Group. In addition Carers are included in the Big Plan 2012-15.

Carers have been involved with the shaping of services through the LDPB. A carer was involved in the presentation and evaluation stage of the recently tendered short break and residential care scheme in Poole.

A Carer Support Worker is commissioned through a local Advocacy service to provide independent support for carers of people with learning disabilities.

Carer Survey 2012
93% or LD carers were able to do most of the things they value and enjoy with their time.

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*