

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Section A Being Healthy

A1. LD QOF Register in Primary Care

AMBER RAG rating

Explanation

GP registers continue to identify people with a learning disability (over 18s are part of QOF) and codes are available for reporting.

Information regarding patients ethnic group is usually recorded when the patient is registering. However, there is a need to Improve data capture, to include ethnicity, age (of carers) and parents or carers with LD, including systematic approach to identify patients using an appropriate READ code and facilitating health access to local authority systems in which age, locality, ethnicity and gender data is available for individuals with LD.

Evidence

No further evidence submitted

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A2. Screening

RED RAG rating

Explanation

People with LD continue to access and be supported by health facilitators around disease prevention and health promotion in areas such as obesity, epilepsy management, and cardio vascular diseases.

Evidence

User experience

We asked a small group of 7 SHIELDS councillors who are people with Learning Disabilities if they had been checked for health problems. A few said that they had been checked for weight; one that they had been checked for diabetes; none for heart disease; and none for epilepsy.

Service

The Southend SEPT Team has:

- Arranged for diabetic training for the local college who have students with diabetes.
- Arranged for a patient who was newly diagnosed with diabetes to attend the STEP (structured type two education programme) at his local GP surgery.
- Arranged a training session with the community diabetic nurse to teach a patient to self-administer insulin.
- Made links with the nutritionist at St Marks Hospital re a patient who had eating difficulties.
- Working with a local optician to encourage people to have their eyes tested focussing on the need to check for health issues other than sight difficulties.
- Is raising awareness of screening and health promotion by delivering teaching sessions for people with learning disabilities, stands at events to promote our service, health promotion and screening.
- Has presented to Avro Social Club on health screening and health promotion.
- Has worked closely with local day centre to organise a health and wellbeing exhibition with the local community for people with learning disabilities.
- Has excellent links with the epilepsy specialist nurse at Southend Hospital. Reasonable adjustments are regularly made. Any issues are discussed and solutions found.

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A3. Annual Health Checks and Annual Health Check Registers

AMBER RAG Rating

Explanation

Annual Health Checks are being completed.

As per the reports for the 2012/2013 LD DES uptake, 94% of practices did sign up in agreeing to deliver the Annual health checks.

338 health checks were thus delivered which is estimated as 64%. To ensure that registers were validated, the Southend community LD team made contact with all surgeries as part of their remit within health facilitation and also had active engagement with local schools so as to highlight the importance of health checks but to ensure that young people within transition are incorporated within the wider remit of health checks.

Evidence

From the Southend SEPT Team

- All surgeries have been contacted this year to offer our support. 34 posters have been given to GP surgeries advising people with a learning disability to contact their surgery if they have not had an annual health check. We have been given LD lists from 12 surgeries and have worked with these surgeries to contact difficult to reach patients. We have had contact and supported 17 surgeries this year.
- We have met with different professionals to promote annual health checks, for example Social workers, OT's, SALT, health visitors, GP's, practice nurses, practice managers, Transition workers, day centre workers. We met with the school nurse at Lancaster School who agreed to promote annual health checks and health action plans to pupils when they reach 18 years.
- Shared Lives which are a part of social services have a yearly support plan for their service users which ask whether the person has had an annual health check and if not they should contact their GP or health facilitation nurses. We have arranged for patients to have their annual health checks at their GP surgeries and supported some patients to attend who have been difficult to reach with follow up blood tests where needed.
- For example Southend Medical Centre only has a small LD register but over half on the register were people with LD and mental health issues. Jo worked very closely with the practice manager and practice nurse to ensure that all but one of their patients have now had their annual health, some for the very first time.
- We have had queries from surgeries about their lists including whether to add or to remove patients.
- We have delivered training sessions to people with LD on visiting the GP surgery and what to expect from an annual health check. We have had stands promoting annual health checks at numerous events including Southend Hospital, 2 transition events, health and wellbeing exhibition, regional events.
- We have links with Shields Parliament who are an organisation of people with LD who have been promoting annual health checks.

Data

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Across Southend CCG

2012/13

- 94% of practices signed up to deliver health checks
- Of the practices signed up 338 health checks were delivered
- An estimated 64% LD patients received health checks

2013/14

- DES distributed to all practices
- 89% of practices confirm that they wish to deliver to date and not practices have said no.

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A4. Health Action Plans

AMBER RAG Rating

Explanation

Health Action Plans are generated at the time of the Annual Health Check and these include a small number of health improving activities.

Active engagement and collaborative work by Health facilitators to ensure there is some level of integration between the checks and a health action plan. Health facilitators made contact with all practices and have distributed health action plans and details of community team to ensure that this is given to everyone who has had a check. 300 health action plan packs were distributed.

Evidence

User experience

We asked a small group of SHIELDS councillors who are people with Learning Disabilities about their experience of Health Action Plans. There was a wide knowledge in the group of HAPs. The groups said that SHIELDS has helped people complete HAPs if asked. One found the Traffic lights and 999 card helpful, and also has 'message in a bottle'. One of the Councillors told us he has health information on his phone. One said that he didn't want one. One said that his Doctor wouldn't let him have one.

Service

From the Southend SEPT Team

- All surgeries have been contacted this year to offer our support.
- We have given packs containing health action plan hospital passport and 999 card with a contact detail leaflet for our service to 21 surgeries in Southend who have agreed to hand them out to patients with a learning disability after their annual health check.
- We have handed out over 300 to individual people with LD and given packs to transition workers and school nurses to hand out and promote annual health checks and health action plans.
- We have asked all GP surgeries that we have spoken to, to refer patients who have health issues that may require the support from our specialist team to contact us after their annual health check. GP surgeries have contacted us with issues around cervical screening, support with administering medication correctly.

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A5. Screening (Cancer)

AMBER RAG Rating

Explanation

We have engaged in targeting people with Learning Disabilities in relation to the cohort categories for each of the health screening.

We do not at the moment have comparative data for screening cohorts.

Evidence

From the Southend SEPT team

- We have supported two people to have mammograms who had concerns and arranged a further two mammograms for people with LD who were either not called or didn't act on their letters.
- We have met with the Breast Screening service at Southend Hospital to discuss reasonable adjustments.
- We have given advice to 3 GP's on cervical screening – MCA's and best interest decisions. We have obtained easy read information on the 3 screenings to work more effectively with this client group.
- We work closely with the sexual health outreach nurse with regards to cervical screening and health promotion.
- We are in the process of devising and delivering a training pack on cervical, breast and bowel screening to roll out to the local LD community.
- We have been raising awareness of screening and health promotion by delivering teaching sessions for people with learning disabilities, having stands at events to promote the easy read screening leaflets and working with individual patients referred for other health issues.

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A6. Primary care communication of learning disability status to other healthcare providers

AMBER RAG Rating

Explanation

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

Evidence

User experience

We asked a group of 7 SHIELDS councillors who have Learning Disabilities whether health services knew that they had a learning disability. Six said that they did.

One spoke about the flag displayed on the corner of the notes. It was mentioned that Sarah Haynes was the LD nurses at the hospital.

A few said that their Dr's used words that are understood and repeat if it's not understood. One said that the some Dr's in A&E talk down to you.

SUHFT

Within the hospital patient IT system patients with LD can be identified as a Category C. This would inform the user that the person has learning, physical or sensory disabilities. The information we use to update our system is provided by the CCG. We receive this information on a Quarterly basis. Then in turn we can update our system. If a patient is not identified through the Category C system and the staff believe the person has a LD, they can refer to the LD nurse specialist who can investigate further and if appropriate add the person with a LD to our list. When staff access the system they are able to see the flag and act appropriately. The purpose of the PAS Alert Field is to highlight information within a set criteria of options which may be needed immediately the patient enters the hospital. Under the Data Protection Act, there is also a need to ensure that the information entered is accurate, timely, kept securely and up to date, and that the information is not retained any longer than necessary for the purpose. Due to the often sensitive nature of information that may be needed on the PAS Alert Field, and the risk of breaching both the Data Protection Act and Human Rights Act, alphabetical codes will be used for each category identified as needed for alerts. In A and E this would be the trigger for the receptionist to inform the Triage nurse and the nurse in charge that the patient has a LD and make reasonable adjustments for that individual. This information is available to Outpatient Clinic staff to enable them to make reasonable adjustments for people with LD who attend their department. The outpatient and surgical pre assessment pathways are within the LD policy. When admitted as an in-patient this would highlight to the ward staff that the person has LD and they can also make reasonable adjustments for that individual.

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Further evidence

- Southend University Hospital NHS Foundation Trust Learning Disability Strategy.
- Southend University Hospital NHS Foundation Trust Learning Disability Policy.
- Southend University Hospital NHS Foundation Trust PAS policy.

Real life story

A man with severe learning disabilities and some physical disabilities attended an outpatient appointment at our dental clinic for on-going oral health care. It was agreed that he would be admitted to hospital for this care as he would require a general anaesthetic. It was also agreed that due to this gentleman's previous history that the Learning Disability Nurse Specialist would be involved in planning his admission. It was discussed and agreed that it would be in this gentleman's best interests to complete three procedures at the same time given the complexities of managing this gentleman's healthcare. It was agreed that the dental care would be completed; he also had a protrusion on his head that was uncomfortable so it was agreed that this could be removed also. It was also agreed to do a full set of blood tests for general health and wellbeing. The Learning Disability Nurse specialist attended the pre assessment appointment with this gentleman and his carers to ensure that all the correct information was documented and that plan was in place. We booked a double appointment for this to ensure we had time to cover all the necessary discussions. During this appointment we also agreed the plan for admission. This would be, hospital passport, communication assessment, side room on ward, priority on theatre list, carers to support, support for carers, and support from Learning Disability Nurse Specialist. The patient attended recently and all procedures were carried out successfully and with minimal anxiety for the person involved.

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A7. Learning disability liaison function or equivalent process in acute setting

GREEN RAG Rating

Explanation

Southend University Hospital NHS Foundation Trust employs a full time Learning Disability Nurse Specialist. The nurse and appropriate service leads receive regular data in regards to people with Learning Disabilities activity within the hospital. This enables the planning of services and care to be implemented on a daily basis. The Specialist Learning Disability Nurse reports to the Associate Director with responsibility for the hospital Safeguarding team and also Associate Director for performance that is also the chair of the hospitals learning disability committee. This is monitored through regional self-assessment and the trusts on-going learning disability action plan. The chair through our clinical assurance committee feeds up progress from the LD committee / action plan to the Executive board. The also Learning Disability Nurse completes a quarterly policy compliance audit, which is fed back to the learning disability committee and feeds into the overall action plan.

Evidence

- Southend University Hospital NHS Foundation Trust Learning Disability Strategy.
- Southend University Hospital NHS Foundation Trust Learning Disability Policy.
- Southend University Hospital NHS Foundation Trust Learning Disability Committee meeting minutes.
- Southend University Hospital NHS Foundation Trust Learning Disability Nurse Specialist Job Description.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

A8. NHS commissioned primary and community care

AMBER RAG Rating

Explanation

Reasonable adjustments in place in other mainstream services e.g. dentistry, optometry, community pharmacy, podiatry, community nursing and midwifery.

Evidence

Service

- Organised an appointment at the heart and lung clinic and eye clinic on a specific date and time when the patient's regular support worker could be present.
- Arranged with the hearing clinic for a member of their staff to support a patient who cannot read and write while promoting their independence to attend their appointment without support.
- Part of a MDT meeting for a patient to attend his GP surgery with the 1st appointment of the day and an understanding that he may not attend if his behaviours become too challenging.
- Arranged appointments with the neurologist and epilepsy specialist nurse making reasonable adjustments.
- Arranged appointments with the community phlebotomists on a regular basis for various reasons.
- Met with GP to discuss devising a care plan re rescue medication for a patient who suffers from chest infections and has difficulties getting to the surgery.
- Pharmacy – arranged for a prescription to be collected and delivered to a patient.
- Worked with a local pharmacy to use a blister pack which was different to the ones they usually offer and was more expensive but was easier for the patient to use independently.
- Worked with the Well Woman clinic at Southend Hospital to facilitate an appointment for a patient with mental health issues.
- We have met with the Breast Screening service at Southend Hospital to discuss reasonable adjustments.
- Spec Savers Hearing Centre in Southend believe it is only time before they will be given a contract to work with NHS patients, which is happening in other parts of the country and they will make reasonable adjustments to work with adults with LD.
- We talk to adults with LD and their carers and listen to their opinions on services in Southend who they feel offer a good service and make reasonable adjustments. Spec Savers in Southend comes highly recommended as does a private chiropodist whose charges are reasonable. We have a dentist to recommend as some people with LD do not want to go to the community dentist. We pass this information onto others.
- We have made contact with Community nurses to discuss our service and the support we can offer.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

A9. Offender health and criminal justice system

RED RAG Rating

Explanation

No current system wide approach for collation of data for individuals with LD within the Criminal justice system. LD community nurses work with and support individuals diagnosed with a learning disability and known to services that are sometimes going through the criminal justice system.

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Section B Being Safe

B1. Regular Care Review

AMBER RAG Rating

Explanation

Social Care

91% of Learning Disability clients receive regular reviews, and at least annually. All are face to face.

NHS

It is likely that 100% of reviews are completed within a year.

Evidence

We estimate that 91% of Learning Disability clients receive regular reviews, and at least annually. These are all children and young people and adults from the age of 13.

There are 2 components to this:

- Adults (From age 18) where we see 83% within the year. Number: 488 out of 585
- Children and Young people (From age 13 to 17) where we see 100%. Number: 500 out of 500

In adults, performance here is closely monitored and any short falls against reasonable expectations are addressed. Occasionally back logs occur and these are addressed, through training for instance.

100% of our care reviews for people with learning disabilities are face to face.

There are effective links with Children's and Young People's service within the transition phase through the working of effective multidisciplinary teams within Southend-on-Sea. (See Section C6 for Transitions). This means that we have clear regard to the life cycle of people mentioned in the criteria. Given the size of Southend-on-Sea there will be a real and fitness for purpose knowledge of the children and young people coming through. As Education Health and Care (EHC) Plans develop we expect the process from a parent's point of view to improve.

NHS

As part of statutory responsibilities under the Care Programme Approach (CPA) and in accordance with KPI's as set out within the contract all patients are regularly reviewed on a six monthly basis by SEPT. The reviews are face to face with the care co-ordinators present and members of the multi-disciplinary and involvement of the family and other relevant professionals.

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B2. Contract Compliance Assurance

GREEN RAG Rating

Explanation

100% of our services are subject to annual contract review and regular monitoring. There is close work between the Local Authority and the NHS. We use a wide range of indicators and outcomes that support quality assurance.

Evidence

Social Care

Registered and non-registered providers

Within Social Care, 100% of Southend-on-Sea based registered providers and non-registered providers are subject to monitoring meetings at least once a year.

Our registered providers were listed below, with the date given of the last review, as evidence.

We do not review when there are no placements on the Approved Provider List (APL) for Challenging Behaviour.

Given the nature of Domiciliary and risks to quality, providers are reviewed for quality on a quarterly basis.

The main non-Registered provider is BATIAS which provides an advocacy service. Here the contract is reviews annually and monitored on a quarterly basis.

Supporting People

Within Supporting People there are 2 contracts that are both reviewed annually. These are:

- Spencer House (Council Run)
- Metropolitan.

Monitoring and review with the NHS

There is robust system wide approach in place for monitoring of contract compliance with mental health and LD specialist trust. This is done via the clinical quality review group (CQRG) meeting which are held monthly to monitor contracts compliance and seek assurance around quality of service delivery. There is also joint unannounced review between health and social care safeguarding lead of independent Learning Disability Hospital (Old Leigh House) in Southend-on-Sea. This is done once every 6 months. This was last done jointly with the CCG Safeguarding lead.

A demonstration of the range of indicators

Non-Registered

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All of these contracts have a range of indicators supporting strategic objectives and quality assurance.

Examples include the LD Advocacy Service Specification and the Challenging Behaviour Approved Provider List and the

In the Learning Disability Advocacy Contracts, the full list of indicators is given in the following document at Page 31, Section 7.3:

Evidence was initially provided but is not included here because of space

In the Approved Provider List, the full list of key requirements to enable outcomes is given at P.15 (3.1 Key Requirements):

Evidence was initially provided but is not listed here because of space.

These indicators and the contract itself was developed following local discussion with Professor Mansell. They are designed to reflect a value base of compassion and respect. For instance, in 3.1 e) we are asking that 'service users are enabled to participate in ordinary community life which may include help to access one or more of the following: Learning; Social and life skills; employment; leisure and social inclusion; a healthy lifestyle; keeping safe; advocacy and choices.

The Supporting People contract gives the following indicators and responses (Some of this indicator range relates to other questions in the SAF (for instance, recruitment and monitoring of services):

- How many clients have: Been supported to enter education, training or employment (including voluntary work and experience)
- Being supported to apply for a personal budget for assessed care needs.
- Number of individuals supported to move to fully independent living (2012/13 data showed that 22 individuals achieved this aim)
- Number of individuals who have developed skills around the use of transport (25 individuals with this need successfully completed the aim and can now travel independently)
- Number of individuals involved in the running of their service (68 individuals stated they had chosen to and were involved in the running and development of their own service whether it was accommodation based or through their outreach service in the community.

These indicators in the tendering process have also helped to deliver innovative services. In 2014 one provider, in order to achieve the outcomes sought, is seeking to develop a supported living and community based IT point, under the banner: Prosperous: Digital inclusion, social activities and local services. This further delivers on helping people move to appropriate accommodation with increasingly less support directly, while potentially bringing people into the supported living environment and developing communities and networks. This was an aspiration in a bid in response to specified outcomes which we deliver through effective contract monitoring.

Out of are placements

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At present we do not carry out contract monitoring visits for providers that are outside the Southend-on-Sea Borough Council Area. Placements are however reviewed by the LD Social Work Team, in line with finding the most appropriate placement for that person and returning them to the Southend-on-Sea Borough Council, if that is what they want and it is feasible to do so. The placement review is our assurance

Although we do not carry out a visit, we would rely on the host LA to flag up any concerns about a service, either due to a CQC inspection or their own commissioning activity. Similarly we flag issues to other local authorities so that there can a comprehensive awareness of service experience. There are numerous examples of this.

Driving improvement in communication between commissioners and responsiveness from providers

Within the Eastern Region we are looking at how we share information/concerns within contracts across Local Authorities. We are part of a group developing a timetable for this and implementing regional standard contracting.

Regional Standard Contracting Specification (Care homes):

Initially added but not included here because of space.

This standard approach will enable better communication between commissioners and therefore we would expect a greater responsiveness to these standards from providers.

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B3. Assurance of Monitor Compliance Framework for Foundation Trusts

GREEN RAG Rating

Explanation

Assurance of Monitor Compliance Framework for Foundation Trusts

Evidence

A copy of the action plan and examples of compliance are available from SEPT.



CQUIN 2 Action Plan
- SEE CHS LD Assess

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

B4. Assurance of safeguarding for people with Learning Disabilities in all provided services and support

GREEN RAG Rating

Explanation

There are effective safeguarding arrangements and networks which serve to ensure effective safeguarding practice. This is effective across health and social care.

Evidence

Safeguarding arrangements within regulated registered care homes and domiciliary services are regularly reviewed by Southend-on-Sea Borough Council's Contracts Team at least once a year through the contract monitoring process. There are approximately 103 care homes and a number of domiciliary CQC regulated providers in Southend-on-Sea.

Within the NHS, the Southend Clinical Commissioning Group monitors contracts for NHS commissioned services. Within both these processes there is assurance that existing safeguarding policies are adhered to and that there are plans to improve the implementation of safeguarding.

The Contracts Team works closely with the area social work teams, the Southend CCG and the Care Quality Commission to ensure that intelligence is acted upon to ensure that risks are proactively managed. Where there are concerns, be they contractual or CQC inspection non compliance issues, providers are required to provide action plans give assurances as to their plans to drive up performance. For instance, when CQC judges a service non complaint around the Essential Standards for Quality and Patient Safety, an action plan is required. The Contracts Team will tightly monitor the action plan with the provider until such time as there is sustained improvement.

We also have a complaints governance structure which allows us to monitor any trends around safeguarding and complaints and take action. This helps to ensure that actions that are agreed are carried out. The scope of meetings cover both internal and external provider complaints/concerns and compliments. This brings together commissioners, operational staff, contracts team, safeguarding and senior social work manager. This is good practice, which was part of our response to the Six Lives report and the Death by Indifference report of Mencap.

Supported Living commissioned services not registered with the Care Quality Commission are contract monitored via the Supporting People Team. Supported Living say that both our contracts are highly rated against our Quality Assessment Framework. Spencer House is rated a 'B'. This QAF covers key elements such as service user consultation and involvement, which is good and Metropolitan are 'A' which is excellent. There is an outcomes and PI Framework which assesses progress on indicators. There is also quarterly data on complaints, staff changes, utilisation of the service and levels of positive move-on.

For statutory organisations which include the Essex Police, Probation, SEPT, SUFHT, Essex Fire & Rescue Service and the CCG we are starting to implement the Southend-on-Sea, Essex and Thurrock (SET) Joint Children & Adults Quality Assurance Framework. From 1 April 2014 the newly employed Safeguarding Board Manager will be overseeing the collation of statutory providers self-assessment for their safeguarding services and provide their own forward plans for improving safeguarding. These plans will then be reported to the Safeguarding Board annually by way of a report and a presentation. Recommendations will be made to organisations based on the information submitted.

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The Council also plays a key role in developing the governance structure for safeguarding, with clear lines of accountability being developed between the Adult Safeguarding Board and the LSCB and Health & Wellbeing Board. From October 2013, the councils Contracts Team, the Complaints Team, the Operational Managers and the Safeguarding Adults Manager meet monthly to review the quality of the services operating in Southend. We triangulate data on complaints, safeguarding alerts, feedback from the Dynamic Purchasing residential care pilot and from assessments and reviews to gauge the healthy and safe functioning of services in our community.

This data now influences the agenda of the Council and Southend CCG meetings, which are held monthly to assure the safety and quality of commissioned placements. The Council then shares moderate and high risk information with Essex County Council, Thurrock Council, the Health Protection Agency and the Care Quality Commission at the Pan-Essex Information Sharing Meeting, held quarterly. High risk information is also shared at the bi-monthly Essex Quality Surveillance Group, chaired by the Essex Area Team, reporting to the NHS Board.

We are also improving the structure of governance structure and clarity of roles with the Health and Wellbeing Board in order to strengthen Safeguarding approaches across the community.

We are working collaboratively with Healthwatch. Healthwatch also identify trends through complaints advocacy services as well as issues raised by members of the public. Healthwatch also link to our complaints, safeguarding and commissioning to ensure we can act swiftly as needs arise to address any issues.

Via the joint LSCB and SVAB Training Subgroup, we are separately collecting data on the quantity of trained staff in the 160 local providers or services to people with learning disabilities (Care Homes and Domiciliary providers) around safeguarding and MCA & DOLS. This process has just started.

We also would add that Southend-on-Sea's informal networks help to assure improved safeguarding. For instance, Southend-on-Sea has a co-located multidisciplinary team (across health and social care) and has enjoyed a continuity of staff many of whom live and work in the in the town. Professional networks are strong which we think gives an informal web of information about events and places.

The value of informal networks linked to the community that it serves cannot be overstated. Issues that arise are likely to become apparent which can then be acted on. These are buttressed with advocates working with people with Learning Disabilities. In such an environment where there is the real positive weight of place, business models and practices that give rise to poor practice are not likely to succeed and we will actively work to make sure that they do not. We believe that this influence relates positively to all sectors: Private and public and voluntary and helps to make sure that all sectors are increasingly delivering equal safety. We will also consider ways to enhance this further.

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B5. Training and Recruitment – Involvement

GREEN RAG Rating

Explanation

There are a number of instances of people with Learning Disabilities being involved in the recruitment, training and monitoring of staff.

We intend to audit the involvement of people with Learning Disabilities and their carer's involved in this, and where there are gaps, we will influence better practice.

There are also examples of reasonable adjustments being made in universal services which have their basis in awareness training and a broad awareness of the barriers faced by people with Learning Services. Our staff are consulting with people with learning disabilities and implementing change directly.

Evidence

Local Authority

People with Learning Disabilities and their carer's are involved in the training, recruitment and monitoring of staff.

- One of the main elements of the offer of a personal budget is control. This control includes the power for people with learning disabilities to select and manage their own personal assistant on their terms. The person with Learning Disability and their carer become the main agent of training, recruitment and monitoring of staff.
- When providers are engaging in the recruitment, training and monitoring of staff, they will often involve people with learning disabilities and their carers:
 - For instance, Supporting People providers engage people with Learning Disabilities in recruitment. People are involved in the running of their service (68 individuals stated they had chosen to and were involved in the running and development of their own service whether it was accommodation based or through their outreach service in the community)

Real Life story in recruitment

Metropolitan; Two clients at Norvick House in Southend were involved in recruitment at our Basildon scheme for a care and support worker.

The manager drew up a bank of 50 questions for candidates.

- *The clients choose 8 questions they would like to ask the candidates from this list of potential questions.*
- *They attended Equal ops training prior to the interviews. This included a look at legislation, how to mark candidates, what you are and are not allowed to ask etc.*

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- *They were supported by a member of staff at the interview – although the staff member said nothing during the interview.*

Once they had asked their questions they then discussed what they thought the candidate had answered well and what they thought they had answered poorly. They then scored each question on a scale on 0-3 for each candidate. The candidates were then interviewed by a staff panel who scored them on a 0-3 scale. The two scores for each candidate were combined and the highest scoring candidate offered the post. The client panel and the staff panel both chose exactly the same candidate.

- Our Approved Provider List includes the requirement of service users to be involved with the recruitment of staff and that staff would be matched to Service User requirements.

We intend to audit other providers to ascertain the level of compliance with this and consider what levers there are at our disposal.

In our discussions with people with Learning Disabilities about this some told us about their involvement in interviewing.

One person had interviewed support staff for Milestones Summercare; another had interviewed two people for shared lives; another had trained staff on Person Centred Planning; and another for My Home Champions

Examples of Reasonable Adjustments being made in Universal Services

There are a number of examples of reasonable adjustments being made in universal services.

- We know for example that the provision of sports activities is being shaped through direct consultation of services with people with learning disabilities. The willingness to consult is based on an awareness of the barriers that people with Learning Disabilities face. Real involvement and engagement is increasing and we will stimulate it further.
- We are also producing an easy read guide for people with Learning Disabilities to input their views to the Clinical Commissioning Group. We think that this will increasingly lead us to deliver reasonable adjustments in health.

There is a particularly good example in Library Services:

- **Adapting library processes.**

We reviewed borrowing and returns processes within libraries following the introduction of self-issue/return equipment (RFID) in late 2011. This review came about following discussions with groups and individuals visiting the library on a regular basis. The aim was as to enable people with learning disabilities to best use the new equipment, and with library staff support as required.

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Where we have not been able to adapt systems satisfactorily to meet the requirements of people with Learning Disabilities, because of product inflexibility, we fed back initial points to the manufacturer. Our intention was to raise greater awareness and develop industry understanding about the access needs of people with learning disabilities (and other groups such as visually impaired people) so that in future more accessible systems can be delivered.

NHS

At South Essex Partnership Trust (SEPT) Service users are invited to be part of the recruitment panel. The most recent example was to recruit clinical leads for LD inpatients in May 2013. Three candidates were facilitated by an Occupational Therapist met each candidate and asked questions.

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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.

GREEN RAG Rating

Explanation

There is clear evidence of commissioning practice that drives providers to demonstrate compassionate care and value base recruitment and management of the workforce. There is also evidence of this approach in universal services.

Evidence

Local Authority

There are some important examples that show that commissioning practice seeks to enable the recruitment and management of staff based on compassion and dignity and respect.

- The Approved Provider List Tender document for Challenging Behaviour

This list emphasises the requirement for staff to be recruited and managed on the basis of dignity and respect. Particularly see section 2 which is the Principles Section (P.15) and the Key Requirements section on P.19. These say that: 'The service is delivered in a way that respects and safeguards an individual at all times. Service Users are listened to and their feelings are accepted and not denied. People are treated equitably and as a result, their uniqueness respected.' Also, 'that attitudes are promoted which engender and expectation that people with a learning disability and challenging behaviour are entitled to participate fully in society and receive the same respect as any other citizen'.

This document was written following discussions with Professor Mansell and was designed to reflect the values of compassion and dignity in this case in relation to organisations that provide services for people whose behaviour challenges.

We think that this approach has been effective in developing more appropriate services for people with challenging behaviour.

Again we would add that the close informal network of professionals, working together, including in the case of the colocation of health and social care better enables a culture of compassion, which is stimulated across sectors. This is a key operational strength and again we will explore ways to strengthen this further.

- Following discussion with Professor Mansell we also developed effective approaches to Step Down. Getting this right enable people to move from residential care to becoming truly independent. A culture of compassion with effective communication around roles helps this to happen. An example is given by a shared lives carer, who is caring for a young man with learning disabilities, autism, and behaviour that challenges. The shared carer will be looking after the young man for 18 months and then he will move into supported living. When he moves the shared lives carer will be on hand to advise the team about the things that matter

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

to him and that enable him to be happy. Practice and recruitment at each stage demonstrates and reinforces compassion and through it, better outcomes, in this case for people with behaviour that challenges. (See Case Study below)

- Personalisation also starts from a basis which emphasises dignity and choice and puts the service user in control. In the case the person with Learning Disabilities recruits in relation to their own values. This is reinforced by the role and activity of 'Vibrance' - the organisation that locally provides support brokerage. Their values in action emphasise dignity and compassion. See their website at: http://www.vibrance.org.uk/downloads/vibrance_values_in_action.pdf
- The Advocacy Contract specifies 'Management Style' to be 'consistent with the councils own value base'. Section 4.4

Case Study

A real life example of compassion is demonstrated in the recruitment and activity of a Shared Lives Carer. The Shared Lives Carer looked after a young man with Learning Disabilities, autism, and behaviour that challenges.

Shared Lives Caring requires compassion and understanding with an ability to respond to the requirements of an individual with the objective of improving the outcomes for that individual. This involves accommodating to the requirements of that person and understanding the triggers of behaviour that challenges.

This can be a long and difficult process but outcomes were achieved and the young man looks likely to move on to supported living successfully. Travel training was a key part of the help as visiting places was he liked to do most.

In this case compassion is particularly important because the understanding of that young man and his requirements will be conveyed to support workers in the accommodation that he is moving to. Compassion in one part of the pathway spreads to others.

NHS

A copy of value based questions and person specification template and job description template have been made available.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of EIAs and are clear about how they will address the needs and support requirements of people with Learning Disabilities

GREEN RAG Rating

Explanation

We have a proportionate approach to Equalities which is in-keeping with our public sector equality duty. We are ready to apply fit for purpose Equalities Frameworks that effectively consider the impact on all protected characteristics.

A number of our strategies and their EIAs are clear about the requirements of people with disabilities.

Evidence

Core LD Strategies

The LD Strategy

Our approach to developing strategies is related to the Equality Act 2010 and most importantly the Public Sector Equality Duty where 'public authorities to have due regard to the need to tackle discrimination and promote equal opportunities'. This view and the values that underpin it has been the lynch pin of the development of our LD strategy.

This is seen in the success of our LD strategy since 2011.

The main thrust of that strategy has been step down, much of which is about reducing the number of people in residential care and who are now supported in less restrictive environments. This action which is being achieved along with other actions like achieving employment helps to further human rights for people with Learning Disabilities.

People with Learning Disabilities are the least powerful people in our community possibly based on the determinants of health inequalities. IHAL describes 5 determinants of health inequalities faced by people with Learning Disabilities. These are:

- Social determinants – including accommodation and 'social disconnectedness'
- Genetic and biological determinants
- Communication difficulties and reduced health literacy
- Personal health behaviour and lifestyle risks
- Deficiencies in access to and quality of health provision

In developing this strategy we have been careful to make sure that other groups who have protected characteristics are not disadvantaged as the strategy develops. We have mitigated the impact where necessary through commissioning Easy Read materials and advocacy, social work, shared cares, and supported living arrangement all of which are respectful of diversity. The success of this strategy has been partly due to developing these approaches which have met people's needs. The

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strategy is also progressive in that it is about progressively helping people to become more and more independent. The support envisaged is dynamic.

As we develop joint strategies, the variables and processes will become more complex. For our Joint Learning Disability Strategy we are likely then to more formally use HEF whilst considering the impact on strategy of other protected characteristics. Our response to equalities to date has therefore been proportionate and in keeping with the Public Sector duty.

The Autism Strategy. A draft of this strategy is going to Cabinet

Key equality/Protected Characteristic issue:

- Age. This is a factor because it is possible that older people will be overlooked in diagnostic practices and a lack of awareness.
- Gender. Males predominate in cases of Autism and it is not known if this relates to 'actual prevalence'. Some analysis required.
- The nature of the Autistic Spectrum Condition. As this a syndrome, with different disabilities under the spectrum, services will be required to be effectively differentiated/person centred. Much of this will be about being clear on the impact of the strategy on both high functioning and low functioning autism. This is particularly important to those with Low functioning autism who will have a Learning Disability. (We need to be sensitive to issues 'within' the protected characteristic)

The future orientation of our strategies

- There will likely be an increasing emphasis on Information, Advice and Guidance in strategies particularly given a reduction in resources and a need to prevent problems arising. Information therefore needs to be accessible to people with LD and carer's.
- Strategies should also focus on making reasonable adjustments for people with Learning Disabilities. This demands considerable flexibility. This means change adjustment in mainstream and universal services, including 'specialist services'. Including perhaps the Mental Health strategy.

Other strategies, with comments on their respective EIAs in relation to Learning Disabilities:

Many of the strategies have had EIAs and taken account of the protected characteristic of disability.

- PSI (Draft) 2014-19

LD Consideration: The main focus of the PSI strategy is people with disabilities which can include people with Learning Disabilities. Much of the strategy is about securing the adjustments to service that particularly those with Profound and Multiple Learning Disabilities.

- Carers Strategy (Draft) 2014-19

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LD Consideration in EIA: Consideration of people with disabilities on carers receiving resources and possibly diverting from the disabled person. Safeguarding processes to keep in check.

- Older People (2011-13)

LD Consideration: This is done in the context of people with disabilities. The rationale is that a greater proportion of older people with disabilities will mean that more people with LD will benefit from the strategy.

- Mental Health Strategy (South Essex) (2013-15)

LD Consideration: There is a specific consideration for people with learning disability in the EIA. People with disability are considered to have 'medium relevance' with mitigation being a personalised approach. Also, many people with Learning Disability will have mental health problems. There is no further analysis than this.

- Housing including Supporting People (2011-21)

Housing

The Housing Strategy under 'Strategic Aim 3' seeks to promote 'greater accessibility to different types of housing and independent living for vulnerable people and continuing work to prevent homelessness'. The strands are about: the ongoing monitoring of allocations policies that meet local needs; Continuing to improve homelessness; close working with commissioners to ensure a suitable range of housing options provided for vulnerable clients. All imply a flexibility of approach with monitoring. However the negative impact in the strategy, which cannot be mitigated financially, is the reluctance of developers to incorporate adaptations at extra cost.

Supporting People ('Vulnerable adults/specialist accommodation)

LD Consideration: The approach in Supporting People is to develop appropriate person centred support that meet the needs of a range of client groups, including specifically tailored support to people with Learning Disability. This support is tailored with close consultation with a group of people with Learning Disability and their carer's. It is closely tied into the Learning Disability and is future orientated with regard to the changing expectation of people with Learning Disabilities and their families.

Real life story: Equalities Impact in Practice

The recent Supporting People tender that was concluded in 2013 built into the specification a requirement on the new contract (Metropolitan) to improve accessibility of accommodation based services to better meet the diverse needs of the LD population. Over the first 24 months of the contract we will be developing a new fully accessible block of self-contained flats alongside the de-canting of the two remaining buildings which only provide bedsit-bedroom accommodation. The new service will have lifts and be fully DDA compliant with access to wet rooms and wheelchair adaptations.

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- Homeless prevention strategy (2011-21))

LD Consideration. This EIA links directly to the Supporting People approach.

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

GREEN RAG Rating

Explanation

There is evidence of providers having complaints systems and changing practice as a result of feedback.

This combination of systems in place and responsiveness to, gives us an assurance that there is widespread organisational learning in relation to feedback. Our evidence is that 50% of commissioned practice meets this criteria.

Evidence

Provider Complaints Systems

Complaints

Registered providers: Registered providers are already required to have a complaints system (monitored via CQC). All these services must have a Service User guide with the complaints process specified.

Non Registered Providers: Our main non-registered provider is Batias. This provides an advocacy service. It has a complaints system which is monitored through contract monitoring. This is specified in the contract at P.32, 7.3.4.

In response to the service specification, Batias, who won the contract, described their own complaints procedure system. They describe the procedure for making a complaint, and how the organisation will use feedback to improve performance. This monitored at quarterly review meetings.

Even given these requirements, some providers will have better systems than others. The stronger ones will have the capacity and competence to analyse trends and seek performance improvement. (This is in line with CQC outcome 16 for registered providers).

Supporting People

Both our LD providers have complaint systems and whistle blowing procedures which we monitor action every quarter. This is in-keeping with our Quality Assessment Framework.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Southend-on-Sea Borough Council Complaints System

Southend-on-Sea Borough Council has a complaints system enabling it to receive complaints in order to stimulate improvement in commissioned services. There is a Complaints Governance Panel which brings together a range of issues from different sources. We are linking in with Healthwatch as the 'people's voice'. Provider organisations are risk assessed, which includes the analysis of complaints. This then potentially directs the contracting discussion/quarterly review meetings with rectification sought where the complaint is justified. A number of complaints refer to domiciliary services, for instance, for things like turning up late or not turning up. These are discussed and then rectified.

Southend-on-Sea Borough Council also takes complaints and compliments for its own services. These often relate to complaints about the role of social workers, which is our major input. This complaints system is publicised through our website which contains a guide in plain English.

In addition Advocates or other representatives will visit a range of organisations and will flag up issues that might need resolving to us. Again, informal networks are important. Despite these approaches there are relatively few complaints particularly from people with within Learning Disabilities and their carer's.

Whistle Blowing

The SET Safeguarding Adults Guidance covers whistle-blowing concerns that meet the threshold for safeguarding investigations. The referral process both online and via our Access Team Contact Centre allows parties to raise safeguarding concerns via whistle-blowing on an anonymised basis. The concerns are investigated, regardless of whether the concern is raised anonymously or not. We have received safeguarding referrals from a variety of sources, raised using the whistle-blowing methodology, such as contacting the Care Quality Commission, who then in turn, who have then raised a safeguarding referral as appropriate.

Service user satisfaction with safeguarding

Service user satisfaction with safeguarding investigations is measured by the Outcome Questionnaire process. Service users who have the capacity to consent to a safeguarding investigation are asked preferred outcomes at the beginning of the safeguarding process. At the end of the investigation, the preferred outcomes and our success in meeting them are then revisited with the service user. The service user is offered the chance to complete a face to face easy read questionnaire at the end of the process to measure their feedback and satisfaction. The rates of satisfaction are then report every 6 months to the Safeguarding Adults Board. The data is used to influence policies and procedures and training commissioned for staff. If a service user does not have capacity to consent to the investigation, the questionnaire is offered to their supporter- be it a family member or formal advocate.

NHS

Examples from complaints and patient experience process from SEPT

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- Comment card for Byron
- Your Stay in Health
- Memory Services Leaflet

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B9. Mental Capacity Act and Deprivation of Liberty

GREEN RAG Rating

Explanation

We have procedures in place which mean that providers have well understood policies. We routinely check the implementation of MCA guidance relating to decision making, capacity and restrictions.

Evidence

All 125+ regulated Domiciliary and Residential care providers and supported living schemes are subject to the SET (Southend-on-Sea, Essex and Thurrock) Mental Capacity and Deprivation of Liberty Safeguards Policy and Procedure with regard to the Mental Capacity Act and Deprivation of Liberty Standards.

In addition, some of the large statutory providers like Southend and South Essex Partnership University NHS Foundation Trust and Southend University Hospital NHS Foundation Trust have their own policies in place with regard to MCA and DOLS which align to the SET Procedures.

Standard 2 (CQC Outcome 2) of the Eastern Region contract monitoring workbook reviews evidence that the provider is assessing Service Users capacity to give informed consent that has followed advanced decisions in line with the MCA 2005 and evidence that providers have taken into account any restrictions in line with DOLS.

We have a contracted provider for IMCA/IMCA(DOLS) advocacy services which is monitored under our contract monitoring procedures. We also have an IMHA service.

NHS

All staff have received training within the local authority with regards to MCA and DOLS, there are also leads for each within the local authority which we liaise with on a regular basis and as needed.

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Section C Living Well

C1. Effective Joint Working

AMBER RAG Rating

Explanation

SBC and Southend CCG have the shared intention to develop integrated approaches to improve the health and lives of people with learning disabilities with Southend-on-Sea.

To achieve this there is joint governance under the developing vision of the Health and Wellbeing Board, which has membership from all specified local agencies. We are also working together under the Safeguarding Board and the Community Safety Partnership.

The work of all these bodies will increasingly come within view of the Learning Disabilities Partnership Board.

In addition to this strategic intent there have been discussions about planning in the context of the Winterbourne View transformation.

There is also significant multi-agency working within Southend-on-Sea on:

* The development of Education, Health and Social Care Plans, where early development is being made.

* The development of Pioneer services in Mental Health, where Southend-on-Sea is 1 of 14 in the country.

Evidence

Southend Borough Council and Southend CCG have the shared intention to develop integrated approaches to improve the health and lives of people with learning disabilities with Southend-on-Sea.

There are a number of building blocks to help achieve this:

- 1) The Terms and Strategy of the Southend-on-Sea Health and Wellbeing Board.

One of the terms of reference is as follows:

‘To promote and encourage integration and partnership working including: joint commissioning, pooled budgets and joint delivery across the NHS, social care, public health and other service providers’.

The full terms of reference and membership detail was inserted as evidence.

- 2) Responding locally to the horrendous events of Winterbourne View.

A number of actions have been taken in response to the Transformation agenda.

- Southend-on-Sea had only one resident who was out of area who has been returned to a more appropriate placement within the Borough. Partners

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have worked well in context of a South Essex Grouping facilitated by the CSU to achieve this.

In many ways the fact that only one resident in this case is testimony to the vision of local partners in developing services for people whose behaviour challenges in response to the Mansell Report. These services are local, and there has been effective work between the co-located arms of the Local Authority and the local arm of the provider Trust.

- We are now looking at further integration with the CCG in relation to Challenging Behaviour to enable the objectives of Winterbourne View Transformation to be achieved.

Both organisations will work towards pooled budgets and joint plans when it is right to and some discussions have started on this. Both organisations agree that the time has to be right to do this and there are a range of factors to consider. Both organisations recognise the value of our coterminous borders in delivering effective services and the value of enabling people with Learning Disabilities, including those with challenging behaviour, to remain within the areas to receive services. This is a key message from Winterbourne.

- For people with LD there are number of perspectives and pathways that can be integrated to achieve better lives for People with Learning Disabilities. The public health agenda supports this through the development of prevention and pathways. From this the opportunity to engage with GP and clinicians in this process is apparent. We also recognise that the development of better outcomes for people with learning disabilities (through developing greater citizenship) is an outcome where all local people will benefit.
- This tool, the HSCLD SAF, is helping us to better integrate our approach. There are other opportunities for commissioners like the development of the JSNA, in the context suggested by IHAL in the Health Equalities Framework (HEF) will also assist this process. Again, we think the adoption of these approaches helps to achieve better outcomes for people with Learning Disabilities and their carer's.

3) Joint working in Mental Health with Southend-on-Sea as a pioneer area.

In a recent press release, Norman Lamb, Care and Support Minister, said: "We have heard people talk about integration before, but it has never truly taken hold across the NHS. These pioneers are a starting gun for the NHS and social care to achieve a common goal – to get local health and care services working together, not separately, in the interests of the people that they all serve"

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Both partners are excited by this development which is the result of shared visionary work.

The text in relation to Southend on Sea is as follows:

'Southend's health and social care partners will be making practical, ground level changes that will have a real impact on the lives of local people.

They will improve the way that services are commissioned and contracted to achieve better value for money for local people with a specific focus on support for the frail elderly and those with long term conditions. They will also look to reduce the demand for urgent care at hospitals so that resources can be used much more effectively. Wherever possible they will reduce reliance on institutional care by helping people maintain their much-valued independence.

By 2016 they will have better integrated services which local people will find simpler to access and systems that share information and knowledge between partners far more effectively. There will be a renewed focus on preventing conditions before they become more acute and fostering a local atmosphere of individual responsibility, where people are able to take more control of their health and wellbeing.'

Joint working in the context of the development of Education, Health and Care plans. The Local Authority and the Clinical Commissioning Group are working closely with each other on the development of Education, Health and Care Plans (EHCs). This with the development of an 'offer' to parents in the context of personal health budgets will further foster joint working across the lifetime pathway.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C2. Local amenities and transport

GREEN RAG Rating

Explanation

There are geographically distributed examples of people with Learning Disability having access to reasonably adjusted facilities and services that enable them to participate fully and build maintain social network.

We have:

- * Sustainable transport options for people with learning disabilities.
- * A strategic approach to the transport network that enables people to travel to places that matter to them
- * The development of safe places for people with learning disabilities to go when they need to
- * Transport training and transport planning which gives people the freedom to travel.

We think that our approach people to develop social networks and which can become self-sustaining.

Evidence

User Views

At a meeting on 11th November people with Learning Disabilities told us that a range of transport is being used. Some people used buses, a few used taxis and one used a bike. A few had bus passes.

Services

Sustainable Transport Schemes

There are a range of sustainable transport schemes which people with Learning Disabilities use.

Bike Training

There are 3 locations across Southend-on-Sea where this is available.

The bikes available relate to different levels of physical disability and there are different levels of 'Bikeability' training levels from basic skills to confident cycling on roads.

Approximately 20 people with Learning Disability attend each session.

Whilst the sessions are greatly enjoyed, part of the intention for running them is to seek to develop a competence so that people with learning disabilities can perhaps travel by bike.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Bike availability

Bikes are also available for hire and fun at:

- The Comfy Saddle. Richard Toomey: sustainablemotioncic@gmail.com 078268 95 794
- Crazy Dazy –Brian Brahead brahead@me.com 07790 442453
- During the Pier opening times, from Southend Pier, for specialised cycle or go kart hire. The Drayson Bike at Southend Pier
- Other specialised bikes are available for free, for collection from the old Hinguar School, New Garrison Road, and Shoeburyness. The bikes are available between 10am and 4pm, Monday to Friday.

Public Transport

Southend-on-Sea's Bus Network/Public Transport

- Southend-on-Sea's Bus Network is a radial network, which means that many buses run to the centre and out, without going around the town. Generally, for instance, the activities that are listed in the SAF document under sports and leisure sections are well connected from the centre, whilst the centre has a number of cultural locations. The radial network further increases the importance of the centre of Southend-on-Sea and the coming together of communities in that location.
- Discussions go on with the bus companies to seek to influence transport providers to maintain routes that meet the needs of vulnerable people, but there is a present difficulty with transport to Garron's Sports Centre where one of the two main local bus companies have withdrawn a route. All those that use the centre including those with Learning Disabilities will be disadvantaged if they need to use a bus to do this. This is the subject of discussion/negotiation.

Other facts about the bus network

- There is a bus route for 90% of the people of Southend-on-Sea within 400 meters of people's homes.
- 90% of disability buses (where the bus can lower for wheel chair access), although it is not possible to guarantee these on routes. People and their cares can speak to the bus companies to request this.

Using Transport public transport

- Public Transport is expensive and does not go everywhere at all times. There are bus passes and concessions which offer a bit more value.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

- People with Learning Disabilities and their carer can also use taxis but these are expensive.
- There is also some anecdotal evidence of people with Learning Disabilities have bad experience of using transport in terms of the reception by bus drivers. A suggestion has been made that we consider assisting in the production of a locally made video designed for bus drivers, which would seek to inform how public transport is experienced by people with Learning Disabilities, including the potential barriers and problems within a journey. If this has the impact of increasing the further accessibility of transport then this should be considered.

Places that enable people to travel

Safe Places

- ‘Safe Places’ are currently being developed. 2 voluntary sector staff have been recruited to then recruit retail businesses to provide a safe place at their premises with the possibility of making a phone call for people with a learning disability should they need it. The first area to be targeted by recruits will be Southend High Street. Safe Places has already been developed and has been successful in Braintree in Essex and it this model, with advertising and signage that is being used in Southend-on-Sea. The intention, if successful is to role this out wider within central Southend-on-Sea and perhaps to other areas within the borough. This will widen the areas of Southend-on-Sea where people feel safe and know they have somewhere to go.

Toilets/Changing Places

- The provision of toilets for people with profound and multiple learning disabilities (PMLD) gives freedom and access to people, making journeys possible.

There is one Changing Place location close to (150 meters from the High Street) in the shopping centre at Southend-on-Sea and this is at The Hub. This is suitable and of a very high standard for people with profound and multiple learning disabilities. However, this is open only during the working week and occasionally on Saturday Mornings. This is reliably maintained and well publicised

Two ‘Changing Places’ within Southend-on-Sea are listed on the Mencap website. These are at:

- Chalkwell Shelter, Chalkwell Esplanade. SS0 8JH Tel: 01702 215006
- Shoeburyness Leisure Centre

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

There are other disabled toilets that do not meet the needs of people with profound and multiple learning disabilities.

Shared Spaces

- There are a number of shared spaces within the centre of Southend-on-Sea. These were designed to create open shared spaces in which communities come together. People with Learning Disabilities were consulted on their development in 2009. Again, these are increasingly adding to the vibrancy of the centre of Southend-on-Sea.

Hub/Services Strategy

Services for people with Learning Disabilities are out to consultation and there are a range of options. Part of the pilot strategy has been to test the value of situating services in the centre.

- The development of the Hub has enabled people to be where the main activities and communities of Southend-on-Sea come together. This gives the ability to work to a number of places. This aligned to Southend-on-Sea' radial transport network makes the centre itself more accessible. The centre of Southend-on-Sea becomes very important.

Walking

The co- location of (day) services around the centre has meant that walking is increasingly the mode of travel for people with Learning Disabilities. This has positive health implications for people with learning disabilities in that it goes some way to improving health and levels of obesity.

Walking also creates a greater confidence for people to independently access locations. It can also enhance a sense of place and community. Walking in shared spaces enhances both a sense of place and citizenship.

A range of walks are organised by colleagues in public health

Social Media and Web relationships with transport issues

- Activities like walking are also the subject of face book pages designed for and by people with Learning Disabilities. A simple 'App' on walking routes is also in use and is being used by people with Learning Disabilities. This plots the route, when it has been done, and helps count calorie loss. This is generating an interest in walking and place. A social media theme linked to the web around these issues could be developed.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

- People' with learning disabilities and their carers help each other in the use of these applications, and 'Project 49' workers help them do this.
- There is also for the potential to develop further aspects of community by linking in with Southend-on-Sea's 'Ideas' in motion' which seeks to bring communities together as an ideas hub around transport issues. This is particularly well marketed and an attractive proposition.
<http://www.ideasinmotionsouthend.co.uk/>. From this, people with Learning Disabilities can make links for instance to 'Turning Tides' travel training.
- The confident use of electronic communication becomes increasingly important as a lot of information internet based. . It assists in the broad development of Digital inclusion for people with Learning Disabilities of which there is a general thrust. (See also the development of an IT point by Metropolitan)

Personalised Travel Planning

Personal Travel Planning is available through the Community Learning Disabilities Team and is also increasingly available on a universal basis through Turning Tides. Turning Tides is providing a service to people in deprived area of Southend. The emphasis on Personalised Travel Training is to reduce dependency on provided transport

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C3. Arts and culture

GREEN RAG Rating

Explanation

There are numerous examples of people with learning disabilities having access to reasonably adjusted facilities and enabling them to become engaged in meaningful activities.

* In libraries

* In arts broadly

o Music

o Art

o Cinema

We also think there is an equitable geographic spread to such services.

People with Learning Disabilities have told us that they use these services.

Evidence

User Views

At a meeting on 11th November people with Learning Disabilities told us they enjoy a range of arts and culture activities. Two people go to the Music Man (See below). A few people go to galleries and the theatre. One person said that he goes to the library most days.

Services

Library Services

In our library service we have:

- **Developed communications materials with people with learning disabilities.**
Easy-read library guides were produced in partnership with members of SHIELDS Parliament and The Vibe. The purpose of this communication piece was to inform people with Learning Disabilities about the many library services on offer and encourage greater use of the many free resources on offer. This was publicised through a press release, media photo-call and official launch event
- **Offer Free Discovery Tours and Talks** by library staff
- **Making use of Social media**
Southend Libraries regularly uses social media such as Facebook, Twitter and YouTube accounts to further promote libraries. The intention is to include people with Learning Disability on You tube showing their positive experiences of using our libraries. We are meeting with Council colleagues in late 2013 to explore

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

ways we might achieve this and how best to involve service users in the filming and promotion etc..

- **Delivering community outreach projects.**

In 2013, a reading group was set up in partnership with a member of staff at The Vibe. The group is called “Book Brains” and a range of stock is selected and exchanged quarterly. The stock chosen is based on the personal interests and formats of the individual group members. We estimate that 10 people currently belong to the group.

Additionally we have a fully accessible mobile library which visits over 100 centres and homes across the Borough. This includes a number of centres supporting people with learning disabilities. The Mobile Library Manager visits every three weeks and the service provides free access to a wide range of materials to best meet the individual needs of all client groups including people with learning disabilities and the staff at centres that support them. Requests for any items are also free of charge- including audio book material DVD’s and resources such as “Pictures to Share” and Quick Reads books etc.

- **The Six Book Challenge** (www.readingagency.org.uk/sixbookchallenge)

The Six Book Challenge is intended to promote reading amongst less confident readers or to those looking for ways back into reading. The Challenge is a national scheme co-ordinated by the charity The Reading Agency and delivered by libraries, colleges and prisons and in work places.

In Southend we have worked with adult learning partners such as Southend Adult Community College (SACC) to encourage participation by many different groups, including people with Learning Disabilities and the tutors that support them. To develop this offer, we consulted with people with Learning Disabilities and made stock choices based on their requests and requirements. Stock choices included titles for the library’s Get On and Quick Reads collections as well as audio books, graphic novels, and Manga titles.

Southend Libraries also produced access-friendly Challenge publicity and application forms to encourage take up. A report on the project is attached along with examples of application forms.

We also shared this good practice with The Reading Agency and also via the national information forum website for libraries, museum and galleries called The Network (www.seapn.org.uk) see “Best practice” section.

- **Adapting library processes.**

We reviewed borrowing and returns processes within libraries following the introduction of self-issue/return equipment (RFID) in late 2011. This review came about following discussions with groups and individuals visiting the library on a

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

regular basis. The aim was as to enable people with learning disabilities to best use the new equipment, and with library staff support as required.

Where we have not been able to adapt systems satisfactorily to meet the requirements of people with Learning Disabilities, because of product inflexibility, we fed back initial points to the manufacturer. Our intention was to raise greater awareness and develop industry understanding about the access needs of people with learning disabilities (and other groups such as visually impaired people) so that in future more accessible systems can be delivered.

- **Service User involvement in training and staff development.**

Within the library services Rethink Mental Health Service users have been involved in the training of staff. Many people with Learning Disabilities have mental health issues so this experience will be useful for developing knowledge of the needs of people with Learning Disabilities.

Work with paid staff and volunteers with a range of disabilities. We think that this increases the range of competences in our teams and enables all staff to be better aware of a range of requirements. We also think that this approach helps to develop compassion, dignity and respect for all people within universal services.

Southend Libraries and the Universal Offer

The activities listed above are driven by our plans to focus on specific, often socially excluded customer groups who do not use or cannot easily access library services. Our aim is to focus on priority customer groups and to engage with those individuals and partners and so increase library usage and improve the access to books, reading and information.

Currently our priority groups include adults with learning disabilities and we are also working with local Polish and Roma communities, Adult Learners, “Emergent readers”, people with mental health problems, people with dementia and Carers. The objective for working with these priority groups is to bring down barriers to access and to make visiting our library buildings a positive and welcoming experience.

We also recognise that this work involves cross-cutting themes and that individual needs will vary and can be both complex and vary over time etc.

A national approach to public library services

In January 2013 the Society of Chief Librarians (SCL) announced the Universal offers these are - health, reading, information, and digital - are the four service areas that modern users regard as integral to public libraries. This new, national approach will, for the first time, clarify what the public should be able to expect from their library.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

The offers also identify where libraries can provide real value to local people and where they will be working collectively to deliver impact in difficult times. For example, by working collectively, libraries are prioritising some big shared reading programmes such as the Reading Agency's summer reading challenge, which is used by at least 60 per cent of local authorities.

Southend Libraries are currently devising a local strategy to implement the Universal Offers this area.

For more details visit <http://www.goscl.com/libraries-of-the-21st-century-scl-launches-four-national-offers-for-public-libraries/>

Music and festival performance

Music

Southend-on-Sea MENCAP manages the 'Music Man'.

The Music Man provides training to people with Learning Disability at a number of venues across the Borough.

This training develops confidence in trainees. Part of the training is an evaluation tool. Another aspect of the Music Man's activity is the development of public performances for people with learning disabilities both within Southend-on-Sea and in also in the Essex County Council areas.

The main production to date, done with the local 'Mushroom Theatre Company' was a hard hitting performance about the impact of Hate-Crime and the ability of people with learning disabilities to deal with these issues. The performance included people with severe to mild learning disabilities and people without learning disabilities.

The Music Man is being developed by MENCAP Southend as a sustainable business, with revenue being created by the development of voluntary 'Music People' in other parts of the UK.

Festivals (Participation and watching)

The shared space at the City Beach was the Venue for the Olympic Torch Relay in 2012. At this event young people with a learning disability from the Kingsdown School were included as performers. This was a great community event where many people came together.

Art

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

The development of the arts in Southend-on-Sea is a key part of the development of the inclusiveness of the community. Accessibility to people with disabilities, including those with learning disabilities, is an important part of local arts projects, particularly those funded by the Arts Council.

Arts Council projects are planned, bid for and managed by the () partnership. Current funded projects include:

The Temporary Arts Project (TAP)

This is run by volunteer artists who both create and exhibit arts. It is open to people with a Learning Disability to participate, both creating and exhibiting. The project has good links with the Southend Community College. This college has tutors who lead learners through to exhibiting their art.

The Focus Gallery

This is based at the Forum in central Southend. (Postcode).

- Exhibitions are curated in a way that improves accessibility to a range of needs and senses. A range of senses are stimulated in the exhibitions include, sight, sound and touch. This approach enables people with Learning Disability to participate in a number of ways.
- The Forum itself is in an accessible space with a clear out-door screen

Cinemas and film showings

There is one major private cinema in Southend-on-Sea. Again this is based in Central Southend-on Sea. This is the Odeon.

It has accessibility for wheel chairs and it is possible for carers to go free with a CEA Card. This is dependent on receiving Disability Living Allowance and there is a charge for the service.

Its facilities are advertised on the Odeon website, and disabled facilities are highlighted on the following web page:

<http://www.odeon.co.uk/cinemas/southend/128/#fullguide>

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C4. Sport and Leisure

GREEN RAG Rating

Explanation

There are a range of facilities across Southend-on-Sea which can be accessed by people with a learning disability. These services are reasonably adjusted and with participation facilitators. They are communicated effectively.

In addition, as commissioners, and with our partners, we also meet the needs of people with learning disability in the development of sports schemes under the leadership of 'Active Southend'. Consultation via Active Southend with people with Learning Disability is specifically leading to the development of provision that is reasonably adjusted to enable people to participate. This reasonable adjustment is made following careful listening. (Universal Services)

Evidence

User views

At a meeting on 11th November people we asked people with Learning Disabilities what they do for fun. One mentioned Wii Fi. One mentioned bowling and swimming and a few mentioned walking.

Services

There are a range of activities that can be undertaken by people with Learning Disabilities, for those not eligible for social care and those who are. When people chose personal budgets they have the freedom to spend as they want and sport can be a key part of their activity.

Leisure Centres

There are 4 main leisure centres in Southend-on-Sea which are run by Legacy Leisure.

<http://www.legacyleisure.org.uk/>

Easy read versions have been presented which describes how to access Leisure Centres, who to contact, when some activities are, and what the facilities are.

These centres have a full range of facilities including swimming and hoists.

Most of organised activities at the centre are for children and young people. A few are for adults.

In addition to these events a Sports for Confidence session is held at Garrons Sports Centre on Thursday nights. These sessions are for everyone but particularly for people with mild learning disabilities and high functioning autism. These sessions are run by an Occupational Therapist from South Essex Partnership Trust (SEPT).

At these leisure centres the participating organisations, such as MENCAP organise and facilitate the activity listed. These activities are advertised by the organisation providing the activity. People are charged by the organisers.

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Specific facilities at leisure centres to improve accessibility

Two of the facilities, Garron's Leisure Centre and Shoebury Leisure Centre, have 'Changing Place' facilities. One of these changing place facilities is listed on the MENCAP national list of changing places.

General activity

As well as this activity which is specifically geared to people with a learning disability, any general activity is open to people with a learning disability. This requires contact with the general manager or sports development officer at the centre. Sports Centres give free carer access, which includes supporting the person they care for in the gym.

Concessions and prices

Advantage Card

The Southend-on-Sea advantage card enables half price payment and is free to carers. http://www.southend.gov.uk/site/scripts/documents_info.php?categoryID=451&documentID=714

There are a range of Fees and charges for leisure centre including sporting and swimming activities.

Project 49 Activities

A range of sports and leisure activities are undertaken right in the centre of Southend. The group that decides which activities will be undertaken is a group of people with Learning Disabilities.

Walking Groups

Lee Watson (Public Health SBC) has delivered 'walk' leader training to a number of centres. To date 10 Learning Disability Staff have taken the training and walks have been undertaken. This is specifically about meeting the health requirements of people with Learning Disabilities and is targeting groups appropriately.

In addition public health has developed a health trainer service, People with Learning Disability are signposted to services to seek to achieve lifestyle change e.g. weight loss and reduced alcohol. (Again there have been presentations at Project 49).

Partnership activity to secure funding to develop services

There is a lot of partnership activity that seeks to secure funding for sports development in Southend. This comes under the umbrella of 'Active Southend', which is the delivery arm of Sport England

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Amongst its objectives that are relevant to the people of Southend-of-Southend on Sea, including those with Learning Disabilities is:

- Develop new and innovative ideas to encourage healthy weight, regular physical activity, sport and healthy eating across the life course.
- Agree and promote consistent public health messages on healthy weight, regular physical activity, sport and healthy eating through a planned programme of communications

Active Southend is currently looking developing sports and leisure provision for people with Learning Disabilities. It is seeking to put forward a bid for this purpose and is in discussion to do so, predominantly at present with representatives from Project 49. On November 15th 2013 representatives from Active Southend (Kevin Read) and Public Health (Lee Watson) consulted with people with Learning Disabilities about what sports opportunities they would take part in Southend-on-Sea. They also discussed with people with learning disabilities the barriers that they face. A number of barriers were mentioned including cost but also importantly, the potential for injury:

Following consultation we are now considering how to develop approaches that overcome the barrier of potential injury. This has led to the involvement of a provider who will assess the potential for injury, and advise people with learning disabilities appropriately.

Active Southend's website is at: Website:

http://www.southend.gov.uk/info/644/sports_facilities/315/activesouthend/1

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C5. Supporting people with learning disability into and in employment

GREEN RAG Rating

Explanation

Relevant data is collected and targets have been met. We perform significantly above the national and regional and comparator averages.

Behind the performance is a clear strategic intent in supporting people with learning disabilities. This intent is also reflected in our approach to Transitions where employment is a major focus.

Evidence

Performance

The Adult Social Care Outcomes Framework data is given at:

<http://ascof.hscic.gov.uk/Outcome/621/1E>

This shows a degree of comparative success during 2012/13. We perform significantly better than: England; the Eastern Region and our comparator group.

Southend-on-Sea: 9.8% compared to:

- England: 7%
- East of England: 6.5%
- Comparator Group: 7.5%

The employment activity of people with a learning disability is linked primarily to the commissioning intent for future services. In providing a personalised services which help people to maintain independence we are reducing the requirement for other more costly services. It increases social contacts, which is an objective of the Health Equality Framework. Our Community Learning Disabilities Team works hard in making this happen. Our Commissioning intent is firmly to work with partners to achieve these objectives.

Our commissioning intent here is also linked to our approach in Transitions, where we emphasise employment opportunities.

Success is also related to our Employment Co-ordinators making the right connections with both voluntary and private sector organisations. It is also related to our Supporting People contracts. Supporting people providers are contracted to support individuals into education, training and employment (part time, full time and voluntary). This is one of the key performance indicators set within our contracts and previous data has shown that out of approximately 100 individuals that are supported per year via the contract that in 2012/13, 52 individuals successfully accessed education, training and/or employment. This data contributes to the high level of employment for the client group.

Case study

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

One young man with Learning Disabilities has been supported by the employment team since 2009. We found him a placement at Ambleside Community College kitchen and job supported him initially until he became independent. The job lasted for just over a year until he was then put forward for paid work by the Employment Coordinator at that time, Linda Walsh. He was once again job coached by us and his job involves maintaining the kitchen areas on four floors in the tower block of the Civic Centre. He is paid for nine hours weekly and started in January 2012. He works independently and is a thorough, conscientious worker. He can approach us should he need any help or advice.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C6. Effective transitions for young people

GREEN RAG Rating

Explanation

By the end of December 2014 we estimate that 100% of young people with learning disabilities and eligible for adult services will have an EHC plan. Others also will have an EHC plan that effectively signposts them to universal services including preparing for and finding employment, finding somewhere to live and participating in the community.

We have a robust process for achieving this. This success is built on established multi agency structures across education, health and social care.

We plan for future services provision for young people with Learning Disabilities. We presently do this with a transitions protocol.

The approach here will be developed as we move toward Education, Health and Care Plans. The result will be a smoother process with better outcomes.

Evidence

Planning context

- From the 1st September 2014 the provisions in the Children and Families Bill, and its associated regulations and Code of Practice will come into force. From 1 September 2014, transitional arrangements will be in place to support the changeover from the current system (including Statements of Special Educational Need) to the new system (inc Education Health and Care plans) in an orderly way.
- We will aim to support effective transitions by developing a relevant 'Local Offer' for parents and families which will help them to become less dependent on 'higher tier services'. (This includes social care 'Substantial and Critical'). We will include clear, comprehensive and accessible information about the provision available within the Local Offer to support parents, carers and young people transitioning into adulthood.
- Responses to this context

We are now planning for implementation of these changes and have already established a number of themed working groups.

These themed working groups are:

- EHC plans and new ways of working
- Joint commissioning including personal budgets
- ICT and Information Governance
- Engagement of stakeholders including personal budgets
- Local Offer
- Preparing for Adulthood

These relate to the SEN Strategy theme:

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Proposal 1: Early Intervention 1.3, 1.4

Proposal 2: "Do nothing about us without us" 2.1, 2.2.

Proposal 3: High quality provision 3.3

Proposal 4: Raising attainment and expectations 4.5, 4.7

Proposal 5: Ensuring resources are used effectively 5.6,5.7

Working with individuals to achieve EHCs

There are 14 young people in year 13 next year (Aged 18), who we consider will be transitioning to Adult Services in 2014. There are others in this age range (17) who will have a learning disability and are being signposted to universal services.

Of the 14 transitioning to adult services, we estimate that by the end December 2014, 100% will have an EHC plan. Of the other figure, we estimate that (100) % will have an EHC plan.

Children and young people outside this age range, including those aged 0-25 years will have EHC plans by Sept 2018

The change to an EHC plan for each individual will take place on the review of a Statement of Special Education Needs.

Multi-agency working

We are able to take these actions because of a history of successful multi agency work which crosses over from children's through to adult services. We have an established multi agency transition protocol which has been signed off at directorate level. The multi agency protocol supports the planning process and wherever possible young people known to the Adult Community Team for People with Learning Disabilities are supported into paid/voluntary employment. For young people

The established groupings to take these forward toward the development of EHC plans are the following.

- Transition Planning Group
- Operational Group and Frontline
- Frontline Group

There are a number of agencies represented at these meetings.

These groupings together will make sure that individuals transition successfully with EHC Plans.

Developing future provision

These arrangements will also effectively inform future provision and service responsiveness.

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A multi agency matrix is kept of all young people from school year 9 who are likely to need the support of adult services. This information ensures continuity of planning and the early introduction of a representative from adult services to the young person. It is also a useful tool in providing information for budgeting purposes and in identifying trends for planning purposes.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C7. Community inclusion and citizenship

GREEN RAG Rating

Explanation

There is a clear programme of activity and real intentions with regard to social inclusion and citizenship, and these are increasingly linked to data on measures such as hate crime. The ways in which data is being considered is innovative. MENCAP have developed a local Learning Disability based Hate Crime Incident Reporting Centre (HIRC) given the problem of valid and reliable data with regard to this crime.

There are approaches to developing and monitoring levels of citizenship and isolation.

Evidence

User views

At a meeting on 11th November people we asked people with Learning Disabilities how they are involved in place that they live. Three mentioned volunteering. All mentioned their involvement as SHIELDS counsellors and its connection with the Learning Disabilities Partnership Board.

Services

Influencing Community Inclusion and Citizenship

Community inclusion and citizenship is enabled through a community that is accepting. We think that inclusion and citizenship is largely achieved by people within Southend-on-Sea but challenges will always remain.

There are many positive examples in parts of this submission, such as the development of inclusive activities and shared spaces and specific facilities that enable this.

In addition there other positive influences on community inclusion and citizenship:

- SHIELDS –provides representation directly for people with Learning Disability in Southend and links into the Learning Disability Partnership.
<http://www.southend.gov.uk/info/200141/shields/1097/shields/1>
- Community Development initiatives. A number of citizenship/community events/programmes have been run in (mainly deprived) parts of Southend-on-Sea. The objective of these is to enhance community cohesion and citizenship. We will seek to influence the development of this agenda in relation to LDs
- Our approach to developing approaches to behaviour that challenges has previously been informed by the views of Professor Mansell. A key part of this is 'step down' which seeks to place and individual in the location of minimum intervention, giving freedom and choice. This is based on a view that it is environments that are disabling. This approach and philosophy is compatible with an approach that emphasise citizenship. We think that there are strong links between achieving appropriate accommodation for someone and achieving citizenship. This has been

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the most important aspect of our strategy and it is complemented by effective supported planning.

Hate Crime and hate crime statistics

Against this positive backdrop of involvement and engagement, prejudice and hate crime exists and is likely to be big and unacceptable influence on the lives of people with Learning Disabilities and their carer's and which everyone has a responsibility to do something about.

Southend-on-Sea hate crime police officer Jurgen Reid has told us that, the numbers of hate crime reported incidents to the police are lower in the Basildon, Castle Point, Rochford, and Southend-on-Sea area (35-40 per month) than they are in North Essex (50-60 per month). These are of course for all types of reported hate crimes which can include: Race; homophobia; disability, and transsexual.

Hate Crime incidents collected by police are only a small proportion of the estimated incidents that people said that they were subject of, when asked as part of the 2011 census. In England and Wales the Census in 2011 revealed that in that year: 290,000 people said that they were the subject of hate crime. However, only 44,000 incidents were reported to the police that year. (This is all hate crime, not just Learning Disabilities, but it reveals the problem of using statistics).

It is thought that many hate crimes are not reported partly because people may not feel at ease in going to the police. It is also possible that police processes may not result in accuracy. It is possible that through the activity of the Health Incident Reporting Centre, a more realistic view of hate crime will develop, although it is very early days and this needs to be tested.

Hate Crime is not measured in the Southend CDRP Safer in Southend Strategic Assessment. However, it is clear that there is substantial activity to develop community engagement and the perceptions of crime, through monthly ward neighbourhood meetings and community circles which are organised by the Southend Multi-Agency Anti Social Behaviour Response Team (SMAART). 'These allow the partnership to gain a better understanding of any specific area crime and anti social behaviour concerns, to ensure the appropriate resources can be targeted effectively. It also allows 'Neighbourhood Priorities' to be set on a monthly basis.' The 2013/14 Strategic Priorities are 1) Anti social behaviour; 2) Burglary; 3) Domestic abuse; 4) Night-time economy related crime and disorder.

Development of the HIRC

- Southend Mencap has developed the first Hate Incident Reporting Centre (HIRC) in the Country. The Southend HIRC which is funded as part of a pilot by Essex Police provides a service for people with Learning Disabilities to report Hate Crime incidents to voluntary Hate Crime ambassadors. These ambassadors are trained to listen to people reporting hate crimes then potentially directing people to the police.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

- At a recent event on Hate Crime that launched the HIRC in Southend, people with Learning Disabilities demonstrated their knowledge of hate crime and assertiveness in dealing with possible incidents. We consider that this knowledge and assertiveness is a result of the level of awareness amongst people with Learning Disability in the local community.

This awareness may have been improved through specific interventions, such as:

- The Hate Crime Conference organised by Southend Borough Council: 'Southend Against Hate Crime (28th January 2012)
- The publication of various easy to read and well publicised leaflets on Being Safe during 2012/13
- Tailored courses at Southend Community College for people with Learning Disabilities including 'Keeping Safe'

We also think this approach may result in greater assertiveness, so that people with learning disability are less likely to be victims of hate crime.

- The HIRC in Southend-on-Sea adds an important addition to the development of local knowledge about hate crime and potentially mate crime. (It also potentially adds further knowledge of the geographical location of hate crime if 'hot-spot' patterns emerge.) A greater knowledge of 'hot-spots' can help to direct community development interventions and approaches to citizenship. Such analysis may link back to the development of citizenship in areas and interventions that improve the lives of people with Learning Disabilities.

The following real life story shows local innovation in Hate Crime reporting

Client A visited Southend Mencap's Hate Incident Reporting Centre for support on what they understood to be a hate related incident. They were welcomed into the centre. Using a series of soft but probing questions, as per Essex Police training, the client felt confident to explain the whole issue. As Hate Crime Ambassadors, we know to make each client feel confident that 'the system' won't fail them. It was felt that the way the client opened up so quickly to us confirmed that our support was exactly what they needed and wanted as well as it being completely in accordance with Essex Police regulations. Once disclosed, it was clear the matter was not a hate related incident and so no report was made to Essex Police. This matter, like some others, was not driven by the client's disability. The perpetrator was making unkind comments to our client on something they felt had not been carried out. In line with our duty of care, client A was supported through to the end of the matter. We instructed other organisations to monitor exchanges between our client and the perpetrator ensuring non escalation.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C8. People with learning disability and family carer involvement in service planning and decision making including personal budgets

GREEN RAG Rating

Explanation

People with a Learning Disability and family carers are involved in service planning and decision making including personal budgets.

This includes those at the Transition Stage but all other people with Learning Disabilities have a Person Centred Plan.

There is clear evidence of co-production in universal services that the commissioners use to inform commissioning practice.

A specific example in relation to indicators is the Health Equality Framework: 1C (Financial Support).

Evidence

User views

At a meeting with people with Learning Disabilities on 11th November, a few people said that their social worker always ask them. One said that this did not happen at first but now that has changed. A few said that social worker talks to their carers to find out what they think. One said that her last review was 3 years ago. Another said that their social worker always turns up unannounced.

Services

People with a learning disability and family carers are involved in service planning and decision making and we produce several documents in relation to processes to do this. Co-production is embedded in all the things that we do.

- We have comprehensive advocacy services and SHIELDS (Councillors, who have Learning Disabilities), facilitate people to be involved in planning and decision making such as STEP DOWN.
- We consult with people with Learning Disabilities and their carers for instance in the day services review.

Involvement at transitions

The transition process from children's services to adult's services centred from Lancaster School), involves a meeting involving the person, their family and anyone else who was significant to the person.

The purpose of the meeting is to produce a person centred plan. The information gathered is then used to suggest places the person may like to visit or services that they might want to use that would support them on leaving school. Versions of the person centred plan would be distributed to the future support agencies to help support the person the way they wish to be supported.

From these meeting decision making agreements were made showing people's plans.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Helping people to plan better

We are also running a 'Reach for my Dreams' course. This is an eight-week course that helps people to plan for the future, and covers things like how we make decisions and what personal budgets are. The course book is designed to be able to be used as a basis for a personal budget support plan

We have also produced a support plan template that people can use to make their own support plans.

Developing Co-production

We have also developed co-production in other ways, For instance we have started a project that partners people with learning disability, who are considering options living options, with people with learning disability who have experience of those options. This project is called My Home Champions.

Under 'My Home Champions' , anyone wishing to look at a new type of accommodation could meet with someone with learning disabilities already living in such an environment and find out what it's really like.

Universal Services

With regards to Universal Services we have produced easy-read booklets with people with learning disabilities about the following subjects:

- The Clinical Commissioning Group
- Health and Wellbeing Board
- Healthwatch
- Fire Safety
- DASH Domestic Abuse Risk Assessment Tool for Essex Police
- Guide to using the library and library consultation form. (See Section () for a description of aspects of co-production with libraries – where people with Learning Disabilities select relevant stock.

These are designed to help people with Learning Disability use services in a way that best meets their needs.

Universal Services Commissioning/Co-production in potentially shaping services

There are a number of examples:

- We are currently working on a CCG information booklet and application form for people with Learning Disabilities to put them-selves forward to give their views. It offers different levels of involvement: from receiving information to attending meetings.
- People with Learning Disabilities have been consulted with on the barriers to partaking in sports and leisure activities. Based on these views, services are being reshaped. This activity is between partners in universal services who are co-producing activities with people with Learning Disabilities.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

- People with Learning Disabilities have commented on self-issue systems at Southend Library. This led to the adjustment of systems and communicating back to manufacturers to improve industry responsiveness to people with Learning Disabilities.

Specific example of engagement from Supporting People

- We have a number of core members of both our Supporting People Service User Panel and Core Strategic Group (decision making boards) which are attended by individuals from our LD services. They've been involved in setting questions for tenders, attendance at the interview stage of tender processes as well as setting the specification for the full tender documentation. The views of service users was also captured through visits to services, house meetings and coffee mornings to gauge what is required to meet future needs and where improvements can be made through the tender process.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

C9. Family Carers

GREEN RAG Rating

Explanation

We are using needs assessment information relating to carers to shape services and provide a range of support.

There is clear evidence through the development of our strategy that this has been co-produced with family carers and that this has been consulted on.

There is clear evidence that providers of LD services involve family carers in service development and that such involvement has led to service improvement.

We have clear information on the numbers of registered carers in the Southend-on-Sea Borough Council area, and there is evidence that there are formal arrangements to allow carer voices to shape commissioning intentions and provider delivery.

Evidence

We consult with carers and advocacy on range of subjects. We have had a number of project groups. For instance in the day services reviews.

We are currently producing a Carer's strategy 2014-19. This document is about to go to formal consultation.

- The draft strategy 2014 -2019 contains consultation which has assisted the co-production of the strategy. Locally this has included carers for people with learning disabilities via the Carers Forum. A further consultation was held with regards to the action plan – this also involved at least one adult who cares for someone with learning disabilities. The strategy is due to go out for public consultation from December 2013 and will be published from March 2014.

The action plan from the Carers Strategy is mainly based on that from the 2009 in-depth scrutiny project 'Carers Need Care Too' by the Community Services Scrutiny Committee. Evidence was collected from carers via a survey and a number of representatives from statutory and voluntary organisations (including an LD carer's representative from adult social services). Further actions have been added from consultations held in 2010/2011. These identified needs that have been added to the action plan.

Needs data

We used figures from the 2011 census when producing statistics for the Carers Strategy. We also use the Government's Caring for Others survey and our own tracker survey (these occur bi-annually on alternate years to produce a continuous picture).

Carers using statutory services

The number of carers being assessed is collected in the RAP returns. In 2012/2013 1,009 carers were assessed (78 on their own and 931 jointly with the cared for). One carer refused an assessment.

Learning Disability Self-Assessment Framework. Questions; Rag ratings; Explanations for rating; and evidence.

Carer representatives have always been part of the Learning Disability Partnership Board;

Providers and service change in relation to carers

In house provision

An independent company, Alder, carried out consultation for the Project 49 (Day Services) review and included carers within this.

Family Carers were specifically engaged in the consultation. Their suggestions have led to the recommendation that in the new structure, family carers will have key roles in the governance structure. This will therefore create further service change where carers have been involved.

External provision

During the contracting process with providers that provide carer services we request that providers give case studies as part of their quarterly reporting process. We have also started asking them to record the ethnicity and sexual orientation of carers using their services. This will be compared with local prevalence figures so that we can see whether we are accessible to everyone in Southend. This stimulates discussion on service change.