



Joint Health and Social Care Self-Assessment Framework

Healthcare

Demographics

You should obtain this information from general practices. You can do this directly either by the Clinical Commissioning Group (CCG) or Commissioning Support Unit (CSU) using MiQuest queries, or by direct liaison with practices. Primary Care Trusts and GP practices may also know this information from routine liaison in relation to Health Checks. In some areas, primary care contracting requires information flows to support this.

You should aim to provide this data broken down by **age bands** and **ethnicity**. However, if you are unable to provide an age breakdown at this level then **either** report the data by the number of people of aged **0 to 17** years old and aged **18 and over**, **Or** the numbers for **all ages**. These are the last three options in questions 1 to 3.

Please note recorded as being from an ethnic minority means that a person's ethnic category (if declared) is different from the English ethnic majority. That is to say they are not 'British (White)'. This refers to the term as defined for the [NHS data dictionary](#).

1. How many people with any learning disability are there in your Partnership Board area?

1.1 Aged 0 to 13 years old

1.2 Aged 14 to 17 years old

1.3 Aged 18 to 34 years old

1.4 Aged 35 to 64 years old

1.5 Aged 65 years old and over

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

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

If you are unable to provide an age breakdown at this level of detail then complete either questions 1.8 and 1.9, question OR 1.10.

1.8 Aged 0 to 17 years old

1.9 Aged 18 years old and over

1.10 All ages

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

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

2.1 Aged 0 to 13 years old

2.2 Aged 14 to 17 years old

2.3 Aged 18 to 34 years old

2.4 Aged 35 to 64 years old

2.5 Aged 65 years old and over

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

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

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

2.8 Aged 0 to 17 years old

2.9 Aged 18 years old and over

2.10 All ages

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

3.1 Aged 0 to 13 years old

3.2 Aged 14 to 17 years old

3.3 Aged 18 to 34 years old

3.4 Aged 35 to 64 years old

3.5 Aged 65 years old and over

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

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

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

3.8 Aged 0 to 17 years old

3.9 Aged 18 years old and over

3.10 All ages

Screening

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

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

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

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

4.1 Number of total eligible population

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

4.3 Number of eligible population with learning disabilities

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

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

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

5.1 Number of total eligible population

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

5.3 Number of eligible population with learning disabilities

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

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

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

6.1 Number of total eligible population

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

6.3 Number of eligible population with learning disabilities

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

Wider Health

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

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

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

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

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

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

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

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

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

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

As per the QOF Established Asthma Indicator Set

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

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

As per the QOF Established Epilepsy Indicator Set

Mortality

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

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

15.1 Aged 0 to 13 inclusive

15.2 Aged 14 to 17

15.3 Aged 18 to 34

15.4 Aged 35 to 64

15.5 Aged 65 and older

Annual Health Check & Health Action Plans

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

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

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

18.1 Total number eligible

18.2 Total number completed

Practices participating in Health Checks

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

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

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

Acute & Specialist Care

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

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

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

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

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

21.2 Total number of spells

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

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

22.1 Number of attendances identified as having a learning disability

22.2 Total number of attendances

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

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

23.1 Number of attendances involving people with learning disabilities

23.2 Total number of attendances

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

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

24.1 Number of people with a learning disability

24.2 Total number of attendances

Continuing Health Care and Aftercare

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

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

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

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

Location of mental health and learning disability in-patient care

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

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

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

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

27.1. Number of people placed primarily due to Challenging Behaviour

27.1.1 Age 0 to 17

27.1.2 Age 18 or older

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

27.2.1 Age 0 to 17

27.2.2 Age 18 or older

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

27.3.1 Age 0 to 17

27.3.2 Age 18 or older

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

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

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

28.1.1. Number of people placed primarily due to Challenging Behaviour

28.1.1.1 Age 0 to 17

0

28.1.1.2 Age 18 or older

0

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

28.1.2.1 Age 0 to 17

0

28.1.2.2 Age 18 or older

4

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

28.1.3.1 Age 0 to 17

0

28.1.3.2 Age 18 or older

0

28.2. Located elsewhere

28.2.1. Number of people placed primarily due to Challenging Behaviour

28.2.1.1 Age 0 to 17

0

28.2.2.2 Age 18 or older

0

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

28.2.2.1 Age 0 to 17

0

28.2.2.2 Age 18 or older

0

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

28.2.3.1 Age 0 to 17

28.2.3.2 Age 18 or older

Reasons for mental health and learning disability in-patient placements

CCG or CSU should have this information. In some cases where commissioning for this group has been partly subcontracted to providers, this may require their input too.

29. How many people with a learning disability have been admitted once or more often to both in-patient mental health and learning disability care (HES specialty function codes 700-715) at least once between 01 April 2012 and 31 March 2013?

Count each individual once only.

29.1 Primarily for management of challenging behaviour

29.2 Primarily for other reasons

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

30. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013?

30.1 Primarily for management of challenging behaviour

30.2 Primarily for other reasons

31. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 90 days.

31.1 Primarily for management of challenging behaviour

31.2 Primarily for other reasons

32. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 730 days (two years).

32.1 Primarily for management of challenging behaviour

32.2 Primarily for other reasons

Challenging Behaviour

CCG or CSU should have this information.

Report all NHS funded hospital care.

33. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the PCT register handed over to the CCG at 31st March 2013.

33.1 Number in hospital at index date

33.2 Number NOT in hospital at index date

34. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the CCG register at 30th June 2013.

34.1 Number in hospital at index date

34.2 Number NOT in hospital at index date

35. Number of people in learning disability or autism in-patient beds at 1st December 2012 (Publication of Transforming Care) and number of these whose care has been reviewed in line with the [Ian Dalton Letter](#) between the beginning of December and 1st June 2013.

35.1 Number in hospital at index date

35.2 Number NOT in hospital at index date

Assessment and provision of social care

You should refer to your Local Authority Referrals, Assessments and Packages of Care (RAP) Return data.

Report the numbers between 01 April 2012 and 31 March 2013.

36. How many people with learning disabilities received the following between 01 April 2012 and 31 March 2013?

36.1 Received a statutory assessment or reassessment of their social care need whose primary client type was learning disability. (A1 and assumedly knowable from sources capable of producing A6 and A7)

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

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

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

Inclusion & Where I Live

Social services statistics unit should have this information. Please note, these are data you should have reported to the Health & Social Care Information Centre (HSCIC) earlier in the year. They are included here so they can be seen in the context of the other data. They will not be published by HSCIC until March 2014.

Report the number of people with learning disability as primary client type.

Employment & Voluntary Work

Refer to Adult Social Care Combined Activity Returns data L1.

37. How many people with learning disabilities in paid employment (including self-employed known to Local Authorities)?

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

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

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

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

17

Accommodation

Refer to Adult Social Care Combined Activity Returns data L2

Please note, the National Adult Social Care Intelligence Service rounds these numbers to nearest five prior to publication. As such, we will take similar precautions when publishing these data.

42. How many people with a learning disability live in or are registered as:**42.1. Rough sleeper/Squatting****42.2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)****42.3. Refuge****42.4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement)****42.5. Acute/long stay healthcare residential facility or hospital****42.6. Registered Care Home****42.7. Registered Nursing Home****42.8. Prison/Young Offenders Institution/Detention Centre****42.9. Other temporary accommodation****42.10. Owner Occupier/Shared ownership scheme****42.11. Tenant - Local Authority/Arm's Length Management Organisation/Registered Social Landlord/Housing Association****42.12. Tenant - Private Landlord****42.13. Settled mainstream housing with family/friends (including flat-sharing)**

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

42.15. Adult placement scheme

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

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

42.18. Mobile accommodation for Gypsy/Roma and Traveller community

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

Quality

For Health Commissioning Deprivation of Liberty Safeguards refer to Omnibus data collection <http://www.hscic.gov.uk/dols>

Training

43. How many of Health & Social Care commissioned services implement mandatory learning disabilities awareness training? - We have withdrawn this question.

Complaints

44. How many complaints have directly led to service change or improvement in learning disabilities services?

Safeguarding

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

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

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

48. How many commissioned accommodation, residential or nursing placements "out of borough" have had unannounced visits in the past 12 months?

Note: this question has been changed. Please provide the total figure, not the percentage.

Mental Capacity Act, Deprivation of Liberty Safeguards and Best Interest referrals

49. How many Deprivation of Liberty Safeguards referrals were made by local authorities in 2012-13?

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

50. How many Deprivation of Liberty Safeguards referrals were made by CCGs (formerly PCTs) in 2012-13?

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

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

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

52.1 Percentage

52.2 Number

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

53.1 Percentage

53.2 Number

Transitions

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

24327

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

810

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

77

57. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of profound or multiple learning disability.

46

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

200

59. The number of people with a learning disability aged 14 to 17 years old who are in receipt of a co-produced transition plan.

Self-Assessment Framework

This section allows you to rate each measure of the self-assessment framework green, amber or red. You should continually refer to the guidance in order to decide the ratings. The guidance can be downloaded [here](#).

In addition, you can click on each measure which will take to the definition of the measure and the RAG ratings.

In order to rate yourself RED, you must meet the criteria described under this heading In order to rate yourself AMBER, you must meet the criteria described under BOTH the RED and AMBER headings In order to rate yourself GREEN, you must meet the criteria described under the RED, AMBER and GREEN headings

For each indicator, you should provide an explanation as to why you rated it green, amber or red and a link to a webpage containing further evidence to support this rating.

In addition, you can also provide a positive or negative real life stories of experience that explains why you think that indicator is strong or needs improvement.

Please note, we would like you to keep these explanations and stories concise. As such please limit these to 1,000 characters (including spaces). There is a counter underneath each comment box indicating how many characters out of the 1,000 you have used.

Section A

[A1. LD QOF register in primary care](#)

- Red
 Amber
 Green

Explanation for this rating

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.

Web link to further evidence

Evidence contained in the rationale

Real life story

[A2. Screening](#)

People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy

- Red
 Amber
 Green

Explanation for this rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A2.doc> (username: user1 password: South1)

Real life story

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

- Red
 Amber
 Green

Explanation to rating

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 register 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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A3.doc> (username: user1 password: South1)

Real life story

[A4. Health Action Plans](#)

Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care and these include a small number of health improving activities. Refer to RCG guidance around health action plans.

- Red
- Amber
- Green

Explanation to rating

Health Action Plans are 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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A4.doc> (username: user1 password: South1)

Real life story

[A5. Screening](#)

Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for:

- a) Cervical screening
- b) Breast screening
- c) Bowel Screening (as applicable)

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A5.doc> (username: user1 password: South1)

Real life story

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

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A6.doc> (username: user1 password: South1)

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.

[A7. Learning disability liaison function or equivalent process in acute setting](#)

For example, lead for Learning disabilities.

Known learning disability refers to data collated within Trusts regarding admission - HES data.

-  Red
-  Amber
-  Green

Explanation for rating

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 hospital's 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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A7.doc> (username: user1 password: South1)

Real life story

Based on our flagging system and the data collected we monitor re admissions to the hospital and try to resolve any on-going issues that may be impacting on the repeated admissions. An older gentleman with learning disabilities who lived in sheltered accommodation with minimal support was arriving at Accident and Emergency more frequently than in the past. The admissions were for relatively minor ailments that required short periods of treatment before discharge. Through the re admissions data we were able to identify this gentleman and organise an MDT meeting. This also triggered a referral to the Community Learning Disability Team to provide support on discharge in terms of health facilitation. It was agreed with the gentleman, his family and the relevant professionals that he would benefit from being in a more supportive environment such as a residential home. Once he and his family had found an environment that they were happy with we were able to facilitate discharge. This gentleman has had no further readmissions.

[A8. NHS commissioned primary and community care](#)

- * Dentistry
- * Optometry
- * Community Pharmacy
- * Podiatry
- * Community nursing and midwifery

This measure is about universal services NOT those services specifically commissioned for people with a learning disability.

- Red
- Amber
- Green

Explanation for rating

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

Web link to further evidence

<http://www.southend.gov.uk/strategy/A8.doc> (username: user1 password: South1)

Real life story

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

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/A9.doc> (username: user1 password: South1)

Real life story

Section B

[B1. Regular Care Review](#)

Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in place for on-going placement monitoring and individual reviews.

Evidence should describe the type (face to face or telephone etc.)

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/B1.doc> (username: user1 password: South1)

Real life story

[B2. Contract compliance assurance](#)

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

- Red
- Amber
- Green

Explanation for rating

*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.*

Web link to further evidence

<http://www.southend.gov.uk/strategy/B2.doc> (username: user1 password: South1)

Real life story

[B3. Assurance of Monitor Compliance Framework for Foundation Trusts](#)

Supporting organisations aspiring towards Foundation Trust Status

Governance Indicators (learning disability) per trust within the locality

- Red
- Amber
- Green

Explanation for rating

Assurance of Monitor Compliance Framework for Foundation Trusts

Web link to further evidence

<http://www.southend.gov.uk/strategy/B3.doc> (username: user1 password: South1)

Real life story

B4. Assurance of safeguarding for people with learning disability in all provided services and support

This measure must be read in the context of an expectation that ALL sectors, Private, Public and Voluntary / Community are delivering equal safety and assurance.

- Red
- Amber
- Green

Explanation for rating

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

Web link to further evidence

<http://www.southend.gov.uk/strategy/B4.doc> (username: user1 password: South1)

Real life story

B5. Training and Recruitment - Involvement

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/B5.doc> (username: user1 password: South1)

Real life story

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.

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.

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

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

- Red
- Amber
- Green

Explanation to rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/B6.doc> (username: user1 password: South1)

Real life story

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.

[B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.](#)

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/B7.doc> (username: user1 password: South1)

Real life story

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.

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

- Red
- Amber
- Green

Explanation for rating

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. Are evidence is that 50% of commissioned practice meets this criteria.

Web link to further evidence

<http://www.southend.gov.uk/strategy/B8.doc> (username: user1 password: South1)

Real life story

[B9. Mental Capacity Act & Deprivation of Liberty](#)

- Red
 Amber
 Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/B9.doc> (username: user1 password: South1)

Real life story

Section C

[C1. Effective Joint Working](#)

- Red
 Amber
 Green

Explanation for rating

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.*

Web link to further evidence

<http://www.southend.gov.uk/strategy/C1.doc> (username: user1 password: South1)

Real life story

[C2. Local amenities and transport](#)

- Red
 Amber
 Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/C2.doc> (username: user1 password: South1)

Real life story

C3. Arts and culture

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/C3.doc> (username: user1 password: South1)

Real life story

C4. Sport & leisure

- Red
- Amber
- Green

Explanation for rating

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)

Web link to further evidence

<http://www.southend.gov.uk/strategy/C4.doc> (username: user1 password: South1)

Real life story

[C5. Supporting people with learning disability into and in employment](#)

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/C5.doc> (username: user1 password: South1)

Real life story

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.

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

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

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/C6.doc> (username: user1 password: South1)

Real life story

C7. Community inclusion and Citizenship

- Red
 Amber
 Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/C7.doc> (username: user1 password: South1)

Real life story

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.

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

This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.

- Red
 Amber
 Green

Explanation for rating

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).

Web link to further evidence

<http://www.southend.gov.uk/strategy/C8.doc> (username: user1 password: South1)

Real life story

C9. Family Carers

- Red
- Amber
- Green

Explanation for rating

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.

Web link to further evidence

<http://www.southend.gov.uk/strategy/C9.doc> (username: user1 password: South1)

Real life story

Have you looked at the PDF output and agree that all the answers as they appear on it are correct?

To do this, click [Return to front page](#) then click on 'View' under **Start Questionnaire**.

This marks the end of principal data collection and at the closing date (currently set as 30th November) we will lock the questions in the principal entry against further change.

Yes