






Yorkshire and Humber Learning Disabilities Self Assessment 2009 - Feedback Forms




Health Check – Top Target 1					
	Campus homes will be closed by 2010 and people who lived in long stay hospitals will have moved into their new homes	How we are doing overall on this standard Please tick where you think are with this?	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
					<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
1. Plans are in place and resources identified to meet White Paper/DH learning disability targets for resettlement and campus closure								
1.1 The resettlement of identified people from long stay hospitals, is complete	<ul style="list-style-type: none"> Number of people remaining to be resettled at March 2008 Number of people to be resettled at March 2009 	All remaining people are resettled		<ul style="list-style-type: none"> Partnership Board review NHS Board reporting 	√			
1.2 All NHS Residential Campuses are to be closed by 2010	<ul style="list-style-type: none"> Number of people in campus provision at March 2008 (with separate identification of 	All NHS Campuses are now closed		<ul style="list-style-type: none"> Quarterly DH reporting (ROCR returns), and 6-monthly reports 	√			

	identification of those in A&T) <ul style="list-style-type: none"> • Number of people in campus provision at March 2009 (with separate identification of those in A&T) 			<ul style="list-style-type: none"> • Partnership Board review • NHS Board reporting 				
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Health Check – Top Target 2					
	The PCT is working closely with the Partnership Board and other local partners. This means that people with a learning disability can use the same health services and get the same treatment as everybody else	How we are doing overall on this standard Please tick where you think are with this?			

(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
2. PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities								
2.1 Systems are in place to ensure the following are identified within GP Registers: <ul style="list-style-type: none"> ➤ Children and adults with a learning disability ➤ Older family carers ➤ Those from minority ethnic groups ➤ Carers of those from minority ethnic groups ➤ Parents or carers with a Learning Disability, and their children 	<ul style="list-style-type: none"> • Number of GP Practices in PCT area with active systems for identifying and recording (using Read Codes) patients with a learning disability expressed as a %age of all Practices in PCT area • Number of (a) children (Note 3) and (b) adults registered with GP 	<ul style="list-style-type: none"> • All GP practices have LD registers • All the registers have been verified by the LD nurses • GP Practices identify and register all their patients with a learning disability using an appropriate code which is consistent with the QOF definition of Learning 	Identification of -older carers -BME (BME rate low in N Lincs = 3.9% of pop.) -parents or carers with a Learning Disability	<ul style="list-style-type: none"> • LD Register checks • Partnership Board review 		√	√	Separate child from adults in registers People with LD are offered the option to record their access needs on GP patient records.

		<p>practices in the PCT area</p> <ul style="list-style-type: none"> • Number of adults with learning disabilities recorded by the local authority • Number of people with LD from minority ethnic groups, registered with GP practices in the PCT area • Number of older family carers identified in GP registers across the PCT area 	<p>Disability attached</p> <ul style="list-style-type: none"> • SystemOne records all demographic data 						
2.2	<p>Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice</p>	<ul style="list-style-type: none"> • Number of people in each PCT area with a Health Action Plan, expressed as a percentage of total number registered with practices • In line with September 08 DES guidance, number of people – expressed as a %age of those registered – who have been offered a comprehensive health check 	<ul style="list-style-type: none"> ▪ About 30% of LD clients have a Health Action Plan (HAP). A proportion of LD nursing hours has been ring fenced to enable initial HAP's to be completed benefit from one ▪ Plans have been initiated or checked by a LD professional. ▪ HAP's are regularly reviewed, particularly at 	<ul style="list-style-type: none"> ▪ All GP practices need to be aware of their patients who have HAPs ▪ HAPs need to demonstrably generate health check ups ▪ A system needs to be in place to ensure that learning disabled patients are invited to attend for a full health check if they have not visited surgery in last 3 years. ▪ GP non compliance with DES to be 	<ul style="list-style-type: none"> • Compliance with DES Guidance • Partnership Board review 		√	√	<p>100% of people with learning disabilities on the register will be offered a Annual Health Check by 2010</p>

		<p>key stages in people's lives and generate follow up as required.</p> <ul style="list-style-type: none"> ▪ The community learning disabilities services have a member allocated /linked to each GP Practice ▪ There is an agreed process for Annual Health Checks ▪ DES Annual Health Check training for GPs , clinical staff and practice managers delivered by a CTLD nurse ▪ All GPs signing up to the DES have a validated register of adult clients and a LD Easy read information bank currently being collated and developed 	reported to the PCT Board via the Health Action Subgroup					
2.3	<p>People with learning disabilities access disease prevention, screening, and health promoting activities in their practice and locality, to the same extent as the rest of the population</p>	<ul style="list-style-type: none"> ▪ number of women (Note 8) invited to attend breast screening ▪ number of those invited who received breast 	<ul style="list-style-type: none"> ○ Provide individual information to clients and carers to enable the individual client to access 	<ul style="list-style-type: none"> ▪ Systems linked to GP Disease Registers which 'flag' people who also have a learning disability needed ▪ Systems to monitor 	<ul style="list-style-type: none"> • PCT to agree 'reasonable adjustments' with all providers with whom they have contracts 	√	√	<ul style="list-style-type: none"> ▪ Screening and health promotion literature and information – for at least all areas listed in

	<p>screening</p> <ul style="list-style-type: none"> ▪ number of women invited to attend cervical screening ▪ number of those invited who received cervical screening ▪ numbers of those showing obesity (BMI) offered dietary advice ▪ number of people with (a) heart disease and (b) diabetes ▪ number of those with (a) heart disease who have received a review in past 12 months; b) diabetes who have received a review in past 12 months ▪ number of people with diabetes who have received retinal screening ▪ number of people with asthma ▪ number of people at risk of dysphagia ▪ of those assessed as being at risk of dysphagia, number who have been screened and have care plans in place ▪ Number of people with LD and epilepsy 	<p>screening services.</p> <ul style="list-style-type: none"> ○ People with learning disabilities are registered with and known to their GP practice using a consistent Read code ▪ PCTs are working with Partnership Boards and wider partners, to identify barriers to services and gaps in information ▪ PCT ensures compliance in all health areas with all current legislation eg the Disability Discrimination Act , Human Rights Act, etc ▪ Existing Service Level Agreements, commissioning approaches and contracting approaches are being reviewed to ensure equitable service provision, including 'reasonable adjustments' where relevant ▪ Cervical screening pack devised for 	<p>invitations and take-up of cancer screening invitations required</p> <ul style="list-style-type: none"> ▪ Systems to monitor the number of people with learning disabilities involved in practice and community-based health promoting activities (e.g. smoking cessation initiatives) are required ▪ Retinal screening for early detection of diabetic retinopathy needs to be offered to people with LD as part of a structured diabetes programme 					<p>the measures column to be provided in accessible and user friendly formats</p>
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	<ul style="list-style-type: none"> Number of people with LD and MH problems 	<ul style="list-style-type: none"> social care providers Working in partnership with Public Health to inform the LD section of the JSNA Liaising with IAPT to enable improved access to the service for people with LD Learning from regional LD smoking cessation pilot funded via DH 'Choosing Health', to be implemented locally Speech and Language Therapist part of the CTLD 						
2.4	The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities	<ul style="list-style-type: none"> Number of GP surgeries – expressed as a %age of total local GP surgeries – who have a (a) LES or (b) DES for people with learning disabilities 	<ul style="list-style-type: none"> DES offered to all surgeries Health Action Subgroup has plans to champion 'culture change' Re provision of LD health team to a specialist LD Provider will enable the Commissioner to ensure service improvements 	<ul style="list-style-type: none"> Links required to be established between wider primary care professionals and Partnership Boards via HAS 		√	√	<ul style="list-style-type: none"> Greater progress in making wider primary care services better known and more accessible to people and their carers required

		<ul style="list-style-type: none"> ▪ Wider services are informed of their requirement to make reasonable adjustments for people with LD– eg appointment at end of surgery or at a quiet time. ▪ Request for hoisting equipment to be made available to clients accessing the Acute Trust ▪ Psychiatric clinic held within local community unit. ▪ Negotiating and liaising with other professionals – Mainstream schools, special schools, school nurses, Doctors, Consultants ▪ LD awareness training available to health and social care professionals ▪ Learning Disability specific training available to non LD professionals. ▪ Training provided to health and social care staff, private providers, families and clients. 						
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		<ul style="list-style-type: none"> ▪ LD nurses undertaken formal training for Epilepsy, Autism, Continence, PEG training, Colostomy training, Mental Capacity training, Buccal Midazolam and rectal diazepam training 							
2.5	<p>Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure a range of treatment choices and equity of access to treatment; a positive experience of care; and effective admission and discharge procedures for people with learning disabilities</p>	<ul style="list-style-type: none"> ▪ Numbers of staff who have undertaken learning disabilities awareness programmes ▪ Health provider (e.g. Acute Hospital) to audit key points relative to the experience of their services by learning disabled patients, with findings to come to annual self assessment exercise ▪ NHS Board reporting 	<ul style="list-style-type: none"> ▪ Patients with learning disabilities and their families are offered easy to understand information about their health ▪ People and their supporters/families are asked about their experience of secondary care ▪ People are explicitly offered a choice of treatment provider in line with national Choice policy. ▪ Concerns, compliments and Complaints linked to the care of patients with learning disabilities in all healthcare settings are noted, trends analysed 	<ul style="list-style-type: none"> ▪ Each general hospital should have a named skilled 'link person' in place (e.g. Acute Liaison nurse) and/or an effective escalation policy ▪ Learning disability awareness programmes need to be available to all staff (e.g. The Sheffield E-Tool 	<ul style="list-style-type: none"> • Annual patient satisfaction survey carried out by Partnership Board and or local LINKs/ reference groups relating to secondary care services, Results to be fed into annual self assessment • Health provider (e.g. Acute Hospital) to audit key points relative to the experience of their services by learning disabled patients, with findings to come to annual self assessment exercise • NHS Board 		√	√	<ul style="list-style-type: none"> ▪ Annual patient satisfaction survey to be carried out by Partnership Board and or local LINKs /reference groups relating to secondary care services, including local LD specialist services. Results to be fed into annual self assessment ▪ Collation by suitable professional i.e. PCT governance

		<p>and practice amended as needed</p> <ul style="list-style-type: none"> ▪ Information and feedback from people is acted upon and incorporated into service development ▪ Flexible working styles and systems are developing, and 'reasonable adjustments' to practice being made in these wider services, to accommodate individuals' needs and choices ▪ LD Consultant making reasonable adjustments to his clinics so local clinics are provided. ▪ Explicit admission and discharge protocol re Acute Trust in the process of being submitted to LD Partnership Board and be agreed by commissioners and providers. ▪ The Big Health Day took place locally on 19th June this was a 		reporting via Health Action Subgroup				
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		big success with both clients and carers attending from across the locality						
2.6	National Service Frameworks – and Clinical Networks and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such networks etc across the SHA area	<ul style="list-style-type: none"> ▪ People with learning disabilities are registered with and known to their GP practice 	<ul style="list-style-type: none"> ▪ People with learning disabilities are not represented on - key clinical networks (2006-07: MH, CHD and Cancer, etc) ▪ GPs need systems in place to ensure patients with learning disabilities have equal access to benefits in mainstream services, ▪ Disability / Equality Impact Assessments are not routinely completed for people with learning disabilities 	<ul style="list-style-type: none"> • Regional Network leads requested to report on these standards and progress – and feedback at annual self assessment exercise 			√	<ul style="list-style-type: none"> ▪ Partnership Board to audit views of people about their access to range of health care c/o NSF's and Clinical and feedback at Annual self assessment
2.7	The benefits for patients derived from the development of computer technology (in the context of the NHS plan to improve the way it holds and uses patient information) are of equal benefit and equally open to people with learning disabilities and those who provide services to them	<p>All clinical information recorded on System-one so accessible by all other NHS SystemOne users</p> <p>Liaison between PCT IT and LA IT departments to join the two differing electronic systems to enhance Information sharing between CTLD team</p>	<ul style="list-style-type: none"> ▪ Share community information systems need to be developed to underpin the data collection requirements 				√	Sharing /joining of current electronic information sharing systems to be scoped to enable PCT & LA CTLD staff to access the same software
2.8	PCTs have agreed with local partner agencies a long term	<ul style="list-style-type: none"> ▪ Baseline position/data 	<ul style="list-style-type: none"> ▪ Equality Impact Assessments of 				√	<ul style="list-style-type: none"> ▪ Equality Impact

<p>'across system' strategy to address services to people with learning disabilities from ethnic minority groups, and their carers (see also 2.1 above)</p>		<p>collected</p> <ul style="list-style-type: none"> ▪ Partnership Boards are action planning to meet the specific health needs of those from ethnic minority groups and their carers ▪ Communications are in the relevant form and language ▪ Interpreters are engaged to assist staff as needs arise via Global Accent interpreting service. This has been used for Translation in Bengali and Polish ▪ GP registers record those people with LD from ethnic minority groups and also their carers (See 2.1 above) ▪ Most of the LD nurses have undertaken a one day training session with a voluntary sector BME project and the PCT offers mandatory equality training 	<p>relevant policies and procedures to need to be implicit</p> <ul style="list-style-type: none"> ▪ Partnership Board needs a Champion who understands equality issues and leads on the work ▪ Membership of Partnership Board does not reflect the makeup of local area ▪ the needs of people with complex disabilities are not demonstrably addressed in plans to implement the NSF for Long Term Conditions, as well as of other relevant NSFs ▪ 					<p>Assessments of relevant policies and procedures to be implicit</p>
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		<ul style="list-style-type: none"> ▪ All nurses in their standard practice ensure that the client understands to the best of their ability information about their health or appointments. ▪ As part of the initial assessment carers are offered a carers assessment 						
2.9	<p>There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and their carers</p>	<ul style="list-style-type: none"> ▪ Number of young people with complex or profound disabilities in locality ▪ Number of adults with complex or profound disabilities in locality 	<ul style="list-style-type: none"> ▪ Each Partnership Board has representation from this group ▪ Baseline position/data collected ▪ Assessments of carers' needs are completed (SAS) ▪ Each Partnership Board is aware of the number of people who have profound and complex disabilities and of their needs ▪ Continuing Care - LD nurse plays a key assessment role and contributes to panel decision making. 	<ul style="list-style-type: none"> ▪ Information and communication systems need to be planned and be developed for people and their families 		√	√	PCT planning for Long Term Conditions will be linked to the needs of people with profound and complex disabilities

Health Check – Top Target 3								
	People with a learning disability are safe in National Health Service services	How we are doing overall on this standard Please tick where you think are with this?			☺ √	☹ √	☹	
(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
					☺	☹	☹	
3. People with learning disabilities who are in services that the NHS commissions or provides, are safe								
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, national audit outcomes, and “Healthcare For All”		<ul style="list-style-type: none"> The Ombudsmen report and recommendation are being responded to via a high level Commissioner and Provider led task group 	<ul style="list-style-type: none"> Robust Voluntary and Independent sector engagement 	<ul style="list-style-type: none"> Partnership Board review NHS Board reporting Update on progress at self assessment event and summary report on progress coming out of action plan(s) to be included in submitted returns. This should include reviews carried 	√	√		Progress towards meeting HCC learning points and Ombudsmen Report

				out in context of Healthcare for All and D Nicholson letter				
<p>3.2 Each health organisation has in place transparent and well understood policies and procedures relating to:</p> <ul style="list-style-type: none"> ➤ Consent to treatment by people with learning disabilities ➤ Mental Capacity Act ➤ Disability Equality Duty ➤ Bournemouth provisions 	<ul style="list-style-type: none"> ▪ Number of staff – per NHS organisation and per profession – who have received Mental Capacity Act training In each 	<ul style="list-style-type: none"> ▪ Have Multiagency DOLS policies and procedure ▪ there is easy read information available to people with LD and their families on the implications of Mental Capacity Act locally ▪ A multi-disciplinary process is in place to help staff and patients make decisions about treatment ▪ The above process is transparent, open to scrutiny, and subject to appeal ▪ Plans are in place with linked training and funding highlighted, to implement the Mental Capacity Act across health providing organisations. ▪ There is a consistent interpretation of key policies across the local 			√	√		All LD nursing staff will have undertaken MCA/DOLS awareness and /or BIA training

		<p>commissioning area</p> <ul style="list-style-type: none"> ▪ Capacity assessment, consent and best interest meetings are all included in NHS North Lincolnshire LD Policies/procedures. ▪ All nurses have knowledge of the Mental Capacity Act and its implications. ▪ One member of staff has undertaken the DOLS training. ▪ 3 members of the team have attended a training session with Debra Moore and Fiona Ritchie on '<i>A life like any other</i>' Human Rights for people with a learning disability. ▪ All staff are up to date with training with regard to safeguarding adults. ▪ Two nurses have completed the Investigator training and work alongside the coordinator for 						
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		<p>the team who is a local authority employee (senior social worker).</p> <ul style="list-style-type: none"> ▪ Protocol established for any team member to follow re requests for PCT funding for clients admitted to acute hospital. ▪ Admission/discharge protocol established for Scunthorpe General Hospital ▪ Hospital passport adopted 						
<p>3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations from which services are commissioned</p>	<ul style="list-style-type: none"> ▪ Most recent HCC Annual rating ▪ Most recent L/A Performance Rating <p>Measures at March 2009</p> <ul style="list-style-type: none"> ▪ Most recent HCC Annual rating ▪ Most recent L/A Performance Rating 	<ul style="list-style-type: none"> ▪ PCT has a governance system which allows it to identify complaints or incidents relating specifically to people with learning disabilities ▪ PCT has complaints policy and process available in accessible format 	<p>Evidence of specific service improvements or of audit programmes derived from such complaints and/or incidents and linked to learning needs to be more explicit</p> <ul style="list-style-type: none"> ▪ people with learning disabilities and/or their supporters need to be represented at the organisation's Governance Forum (or equivalent) 	<ul style="list-style-type: none"> • Detail of key specific service improvements or changes which have happened, to be included in Self assessment event and feedback submission • Partnership Board review • NHS Board reporting 	√	√		<p>Learning from complaints and adverse incidents will be implicit in commissioned services</p>

<p>3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to the protection of vulnerable adults from abuse</p>		<ul style="list-style-type: none"> ▪ Safeguarding Adults policy and procedures are agreed across each locality ▪ There is a Safeguarding Board in place which has NHS (Trust and PCT), and L/A representatives at a senior enough level to enable the Board to implement safeguarding policies effectively ▪ Agreed training programme in place which addresses all aspects relating to safeguarding adults ▪ Agreed training programme in place which addresses all aspects relating to safeguarding adults ▪ At least 50% of staff have received training ▪ Structured rolling programme of multi-agency staff training is in place ▪ There is a Partnership Board representative who sits on the 	<ul style="list-style-type: none"> ▪ Joined up agreements in each local authority area relating to Child and Adult Protection; Complaints; Public Protection etc, with clarity of health organisation roles needs to be more explicit ▪ Both health and social care commissioners need to include explicit POVA training targets in all contracts 	<ul style="list-style-type: none"> • In preparation for annual self assessment, reference should be made to the most recent Safeguarding Inspection report (carried out by CSCI) • Again, in preparing for annual self assessment, L/A to be asked for LD specific data from their POVA records • Statutory bodies on Partnership Board and/or Partnership Board lead on Safeguarding to tell people about progress on these criteria at self assessment event. Feedback also in final submissions 	<p>√</p>	<p>√</p>		<p>Explicit links between children and adult safeguarding</p>
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		<p>local Safeguarding Board and reports back to Partnership Board at each meeting</p> <ul style="list-style-type: none">▪ LD nurse and Psychiatrist working on LD pathway for dementia and this will link into the dementia strategy for North Lincolnshire and will require joint working with Mental Health and older people's services.						
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Health Check – Top Target 4



Valuing People’ means we are making services better and creating more opportunities for people with a learning disability

How we are doing overall on this standard
Please tick where you think are with this?

😊
√

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😞

(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
					😊	😐	😞	
4. Progress is being made in implementing the service reforms and developments described in ‘Valuing People’								
4.1 Discharge planning is in place for adults and young people (<u>not already included in the campus target</u>) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	<ul style="list-style-type: none"> Full baseline info has been collected of all those in public/private hospitals NOT included in campus list/target – to include following data: <ul style="list-style-type: none"> - Location (in or outside locality) - Current length of stay - Amount being spent 	<ul style="list-style-type: none"> Admission and Discharge protocol to be agreed with current providers and health and local authority commissioners. This contains the following key components: an agreed definition of ‘ready for discharge’ 	<ul style="list-style-type: none"> Plans for people with timescales, etc., are not approved by Partnership Board, and reflected in local business plans/LDPs 	<ul style="list-style-type: none"> If above data not yet available, there is a time limited plan to get the information together. To include info on this in self assessment process Timetabled Partnership Board reporting in context of baseline data and progress 	√	√		Discharge planning in and out of district is explicit.

	<ul style="list-style-type: none"> - Number of 'delayed discharges' (i.e. no longer need I/P treatment) - Number of people likely to complete treatment in coming 12 months 	<p>person-centred approach described</p> <ul style="list-style-type: none"> - commitment to central involvement of multi-disciplinary team and families/carers • Joint work started with PCT and L/A commissioners and current providers, to identify all such individuals and likely timescales for discharge. • Individuals who fall within the definition of a 'delayed discharge' are identified and agreed by provider and commissioner responsible • Named advocates or supporters in place for the above • Integrated Assessments done for over 50% of people • Person centred discharge plans underway for over 50% of people 		<ul style="list-style-type: none"> • being made • Performance Management by Health and Social care commissioners (ongoing) 				
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		<ul style="list-style-type: none"> • Person Centred approach being adopted for those who want it • Allocated case management for all named individuals • There are locally agreed targets and plans to reduce the number of people whose discharge is delayed • There is clarity of interpretation, and consistent application across local health and social services commissioners of Ordinary Residence Guidance and Responsible Commissioner Guidance • Health funded placements that are crossing county boundaries –the admission and discharges are supported by the CTLD nurses. This includes those clients that are detained under the Mental 						
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		<p>Health Act.</p> <ul style="list-style-type: none"> • There are specific examples of where the nurses have had a positive impact on the admission, stay and discharge of people into the acute service 						
<p>4.2 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital</p>	<ul style="list-style-type: none"> • Number of inpatient assessment and treatment beds which PCT contracts for in the locality • Number of inpatient A&T beds which PCT contracts for outside the locality and linked expenditure • Number of people out of locality/borough in health funded specialist health or social care provision • Number of readmissions to hospital in 08-09 of people who have moved from long stay hospital or campus homes 	<p>Mapping has been undertaken to identify gaps in current service provision/local infrastructure</p> <ul style="list-style-type: none"> • There is robust and effective partnership working between health and social care partners to ensure an effective pathway of care, including admission and discharge protocols • <i>Unnecessary</i> admissions or re-admissions to are avoided • Comprehensive local services enable the reduction of the number of people 	<p><i>Current tendering processes also includes</i></p> <ul style="list-style-type: none"> • A specification to agree the delivery of LD Assessment and Treatment services which promote effective and timely intervention • Future plans to develop the community infrastructure, for those people who challenge services, who may still be in hospital and/or whose treatment is nearing, or at, an end. Such future plans include young people in transition to adulthood (<i>See also 1.3 and 1.5</i>) • People with behaviour linked to 	<ul style="list-style-type: none"> • Patient satisfaction survey carried out by Partnership Board and or local LINKs/reference groups relating to people receiving intensive specialist support including assessment and treatment. This to be fed into annual self assessment. 	√	√		<p>Adult LD health services will be recommissioned 09/10 via a specialist LD Provider</p>

	<ul style="list-style-type: none"> • Annual amount spent in contracts with advocacy services (excluding IMCA specific expenditure) • Amount spent in contracts on LD hospital based services (including forensic and low secure) • Amount spent in contracts on community based LD specific health services 	<p>sent 'out of area' for care /treatment</p> <ul style="list-style-type: none"> • People with behaviour linked to mental health problems have good access to skilled mental health interventions • Assessment and treatment services are provided according to the agreed specification <p>There is good access to skilled advocacy services for people who challenge services</p> <p>There are no avoidable delays in discharging people from bed based assessment and treatment services</p>	<p>mental health problems will have improved access to skilled mental health interventions</p> <ul style="list-style-type: none"> • A demonstrable 'shift' in investment <i>and in skilled staff</i> from 'hospital' based services to 'community based' services 					
<p>4.3 Plans are in place to ensure more locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families</p>		<p>Year 9 transition review takes place for all young people with full interagency involvement</p> <p>There is a record in each locality of young people likely to need</p>	<ul style="list-style-type: none"> • Youth Advocacy in needs to be in place where required • Additional health services needed each year, for coming 5 year period, for people at age 18/19 years • Business plans approved by 	<ul style="list-style-type: none"> • Partnership Board review • NHS Board reporting • Update on position at self assessment event and feedback also in final submissions 	√	√		<p>Provision of children's LD health services needs to be secured and or enhanced via School Nurses /Paediatric Nurse provision/CAM HS.</p>

		<p>additional mainstream and specialist health supports or services in the coming five years</p> <ul style="list-style-type: none"> • Every child has a named LD nurse • Potential range of current and required health services, being identified • Training has been carried out by one of the nurses with Social Services adult physical disability team with regard to clients with autistic spectrum disorders that fall outside of Learning Disability. • 	<p>Partnership Board, in place</p> <ul style="list-style-type: none"> • Person centred planning needs to be more explicit at aged 14 years • Coherent interagency process to ensure consistent and effective communication with family carers of young people in transition • 					
<p>4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to and participate in discussion, as well as in the planning, prioritisation and delivery of health services generally</p>	<p>Measures at March 2009 - Key Processes for 2009</p> <ul style="list-style-type: none"> ▪ Partnership Board audit of key criteria ▪ Audit results to be included in annual self assessment exercise 	<ul style="list-style-type: none"> ▪ Protocols are in place requiring the involvement and engagement of people with learning disabilities and their families/carers ▪ Involvement in some projects can be demonstrated 	<p>Further consultation is required to facilitate people with LD/ families / supporters to participate in health service delivery</p>	<ul style="list-style-type: none"> • Partnership Board audit of key criteria • Audit results to be included in annual self assessment exercise 		√		<p>Evidence of further consultation to be evident</p>

		<ul style="list-style-type: none"> ▪ Promote and facilitate training and development opportunities for people and their carers ▪ Publish important information for their learning disabled patients in easier to read format ▪ Individual appointments are available to people in a way and at a time which recognises the special needs they may have <p>Wider planning meetings promote the involvement of learning and physically disabled people and their supporters</p>						
4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision	<ul style="list-style-type: none"> • New posts or investment planned from April 2009 in response to needs highlighted in local JSNA 	<p>Partnership Boards have agreed a number of key policies and agreements in this respect</p> <ul style="list-style-type: none"> ▪ Programme of work locally underway to review key partnership policies and determine effectiveness of these 	Specific / meaningful date re LD currently not part of the JSNA – but is planned in year	<ul style="list-style-type: none"> • Ongoing work to ensure that the local JSNA contains comprehensive information about health needs of people with learning disabilities and any inequalities they experience 		√		JSNA will support the commissioning of LD services

		<ul style="list-style-type: none"> ▪ Integrated performance management arrangements are in place ▪ There is integrated data collection within and across different care sectors ▪ Partnership Board has adopted the Performance and Self Assessment Framework ▪ Commissioning Strategy in place 						
4.6 Plans are in place to meet the particular needs of people with learning disabilities who are ageing. These are taken account of in local older people's planning, and derive equal benefit from policy improvements and initiatives linked to the Older People's NSF; the Dementia Strategy, New Ambitions in Old Age, etc	<ul style="list-style-type: none"> ▪ Number of people over 60 years of age with a learning disability 	<ul style="list-style-type: none"> ▪ Each locality has a database of older people who have a learning disability, and this is systematically updated ▪ Local Older People's commissioning strategy and linked performance assessment framework includes specific reference to, and review of, people with learning disabilities ▪ The needs of older people with LD are integral to 	<ul style="list-style-type: none"> ▪ There are no formal agreements (protocols) between organisations guiding best practice in the care of people with learning disabilities who are ageing. ▪ Formal agreements (protocols) between organisations guiding best practice in the care of younger people who develop early dementia need to be more evident ▪ Local commissioning strategy needs to be more robust in providing 	<ul style="list-style-type: none"> • Partnership Board timetabled review 		√		The needs of people with LD will be inherent within the local implementation of national policy

		<p>the implementation of the Dementia strategy, New Horizons and Healthy Ambitions</p> <ul style="list-style-type: none"> ▪ Protocols in place for early onset dementia, ensuring people have equal access to mainstream dementia care expertise. 	<p>mainstream and specialist services and supports to people who are ageing, those who may develop dementia at a young age, and those nearing the end of their lives</p>					
<p>4.7 PCTs have agreed with local partner agencies a long term 'whole system' strategy to address the needs of people with autism spectrum, which includes reference to adults with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood (See also 4.1 and 4.3 above)</p>	<ul style="list-style-type: none"> ▪ Young people with autism expressed as a percentage of the total number of young people in data collected under 4.3 above ▪ Adults with autism expressed as a percentage of the total number of adults in data collected in the measures part of 4.1 above 	<p>The needs of young people with an Autism currently being address by a joint LA and PCT strategy</p> <ul style="list-style-type: none"> ▪ Flexible and innovative commissioning models being developed e.g. 'In Control' project ▪ Plans agreed for people with autism spectrum whose treatment is nearing, or at an end. ▪ MH Provider - is liaising with Learning Disability Team members to explore service 	<ul style="list-style-type: none"> ▪ Comprehensive information needs to be about the local support and help available to people and their families locally, and about how they can become involved in developing services ▪ ASC Strategy required 	<ul style="list-style-type: none"> • Update on position at self assessment event and feedback also in final submissions • Explicit commissioning strategy in place • Partnership Board timetabled review 		√		<p>Whole systems strategy to be developed</p>

		access.						
4.8 There are a range of local services available to individuals who challenge services (see also 4.2 above). Such services take account of key standards from policy and best practice.	<ul style="list-style-type: none"> Number of people who are excluded from local, community-based services because of their behaviour 	<ul style="list-style-type: none"> Process mapping has been undertaken to identify gaps in current service provision Continues to be high rate of referrals out of area Gaps identified and strategy developed PCT commissioners have agreed with current providers, future plans for those people who challenge services, who may still be in hospital and/or whose treatment is nearing, or at, an end.: A range of local mainstream and specialist services are available in community rather than institutional settings Services are local Local workforce development plans contain explicit reference to workforce training and development 		<ul style="list-style-type: none"> Explicit commissioning strategy in place Update on position at self assessment event and feedback also in final submissions Partnership Board timetabled review 	√	√		Aim to provide personalised services near to home and prevent exclusion caused by their behaviour

		<p>linked to the needs of those who challenge</p> <ul style="list-style-type: none"> ▪ There is evidence of highly individualised service planning, commissioning and delivery ▪ There is good access to skilled advocacy ▪ People with behaviour linked mental health problems have good access to skilled mental health 						
4.9 The NSF for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services	<p>-</p> <ul style="list-style-type: none"> ▪ Explicit commissioning strategy in place ▪ PCT/Partnership Board Audit of key objectives from Green Light for MH ▪ Quarterly review of data from CAMHS monitoring of access to services by children and young people with learning disabilities ▪ Update on position at self assessment event and feedback also in final submissions 	<ul style="list-style-type: none"> ▪ MH/LD service protocols are in place ▪ Primary Care Mental Health workers provide service also to people with learning disabilities registered with the practice ▪ Work started to implement "Green Light for Mental Health" (VP & NIMHE 2004) ▪ Green Light for MH being progressed ▪ There is explicit monitoring of progress in 	<ul style="list-style-type: none"> ▪ All LITs need to include membership from people with LD and their families ▪ Planning and commissioning for people with LD whose overriding need is a MH one, needs to be carried out by MH LITs, calling on support and expertise of specialist LD professionals as needed 	<ul style="list-style-type: none"> • Explicit commissioning strategy in place • PCT/Partnership Board Audit of key objectives from Green Light for MH • Quarterly review of data from CAMHS monitoring of access to services by children and young people with learning disabilities • Update on position at self assessment event and feedback also in 	√	√		Evidence that NSF MH is equitably applied to people with LD

		<p>annual MH Autumn Assessment</p> <ul style="list-style-type: none"> ▪ All children and young people with both learning disability and a mental health disorder have access to appropriate child and adolescent mental health facilities 		final				
<p>4.10 There is a coherent workforce Plan in each Local area guiding the future training and development of people working in learning disability services, in both specialist and mainstream health care areas. The Plan is set within the context of the objectives and timescales of the reforms required by national policy, and of the strategies and business plans of local Partnership Boards</p>	<p>Measures at March 2009</p> <p>-</p> <p>Key Processes for 2009</p> <ul style="list-style-type: none"> • Update on position at self assessment event and feedback also in final submission • Partnership Board timetabled review 	<ul style="list-style-type: none"> ▪ Baseline workforce position established ▪ Workforce planning commenced in context of local strategies ▪ Each LD Partnership Board contributes to the Regional LD workforce strategy ▪ Benchmarking exercise carried out to look at where the CTLD is in relation to National Policy – Valuing People/ Best Practices in LD. Integrated governance framework produced as a result of this and 		<ul style="list-style-type: none"> • Update on position at self assessment event and feedback also in final submission • Partnership Board timetabled review 		√		<p>Mapping of skill mix and training requirements of current LD nurses will be undertaken</p>

		action plans are in place to fill the gaps. All stakeholders (NHS North Lincolnshire and Local Authority Managers) have taken a keen interest						
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Some more questions about how you went about getting ready for your Big Health Check Up this year - and about how to improve how we do things every year

Name of your local area :North Lincolnshire

1. Can you please describe the different meetings and activities that took place to bring together all the information in this feedback form? (Can you include reference to Getting Ready Meetings and to the Big Health Check Up Day itself.) Please also include some information about who came and how many people were involved.

Meetings with CTLD , Commissioners and Operational Managers

LD nurses discussed with service users and client

Big Health Check Day June 19th facilitated by InclusionNorth was attended by 50 people – good mixture of people with LD, carers / supporters, voluntary agencies, PCT commissioner, LA Commissioner , LD nurses, L Social Workers, LD Cabinet member, advocacy services, people with complex needs, carers groups

Workshop based that began with an overview of Valuing People and the local perspectives, as Top Target 1 already achieved, then split into three workshops to discuss the other 3 domains.

Workshop groups were a mixture of all attendees who were facilitated by a CTLD member. Each group discussed a domain and fed back on the day InclusionNorth collated the feedback, which has been added to V2 of the self assessment and contribute to the HAS action framework

2. This question is about making sure everyone in the Partnership Board and in other local groups (e.g. carers groups) are aware of this annual process and know how they can get involved. For example, did you have an initial presentation at the Partnership Board giving the background to the Health Check Up? Were presentations made to other groups? Did you have a presentation to the Partnership Board at the end of the process to brief them about the information reported back to the SHA – and to talk about the things you are planning to do in the coming year?

The Health Check Up background, purpose etc was discussed at the Partnership Board and all the Board was invited to June 19th event

The self assessment will be presented at the next Partnership Board meeting and plans will be discussed

3. This is a question for carers and self advocates – did you feel enough people had a chance to join in the work and the Big Health Check this year? If you think it could get better, what kind of things need to happen to make sure more people get involved next year?

Everyone who attended felt it was good

Although 50 people attended which was very good, we hope to engage and involve people who don't usually attend such events to give them a chance to have their voice heard

4. After this year's Big Health Check, we are going to check with people again to see if we can make the way we go about things even better. Please can you make a note here of any changes to the papers we need to make - or things we need to do better next time?