



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

54843

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

39294

4.3 Number of eligible population with learning disabilities

270

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

79

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

25091

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

15783

5.3 Number of eligible population with learning disabilities

95

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)

43

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?

1292

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?

555

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

18.1 Total number eligible

1292

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?

29

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?

29

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

280

21.2 Total number of spells

159856

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

0

28.1.3. Number of people placed primarily due to complex physical health needs**28.1.3.1 Age 0 to 17**

0

28.1.3.2 Age 18 or older

0

28.2. Located elsewhere**28.2.1. Number of people placed primarily due to Challenging Behaviour****28.2.1.1 Age 0 to 17**

0

28.2.2.2 Age 18 or older

0

28.2.2. Number of people placed primarily due to Mental Health Problems**28.2.2.1 Age 0 to 17**

1

28.2.2.2 Age 18 or older

4

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

28.2.3.1 Age 0 to 17

0

28.2.3.2 Age 18 or older

0

Reasons for mental health and learning disability in-patient placements

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

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

Count each individual once only.

29.1 Primarily for management of challenging behaviour

0

29.2 Primarily for other reasons

42

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

42

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

30.1 Primarily for management of challenging behaviour

0

30.2 Primarily for other reasons

17

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

0

31.2 Primarily for other reasons

12

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

0

32.2 Primarily for other reasons

11

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

10

33.2 Number NOT in hospital at index date

60

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

10

34.2 Number NOT in hospital at index date

83

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

11

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)

515

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

565

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

165

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

40

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)?

25

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?

25

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

0

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

5

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

Refer to Adult Social Care Combined Activity Returns data L2

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

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

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

85

42.15. Adult placement scheme

10

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

0

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

5

42.18. Mobile accommodation for Gypsy/Roma and Traveller community

0

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

738

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?

2

Safeguarding

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

148

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

148

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

10

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.

1

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.

44

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.

15

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

44

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

155

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

181

Transitions

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

46656

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

708

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

166

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.

86

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

364

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.

496

Self-Assessment Framework

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

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

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

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

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

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

Section A

A1. LD QOF register in primary care

-  Red
 Amber
 Green

Explanation for this rating

All GP Practices across Derby have been visited by a Learning Disability Strategic Health Facilitator. The Practice has been supported to identify patients with mild, moderate, severe and profound learning disability. In addition people with Down Syndrome and LD with additional Autism have been identified.

Web link to further evidence

<http://www.corecarestandards.co.uk/services/adult-and-older-adult-services/learning-disability/>

Real life story

The Learning Disability Strategic Health facilitation Team each have a list of GP practices that they provide liason for. They contact the practice and arrange to visit. They spend time with practice staff going through the electronic patient record and where information isn't available they also go through older patient records. Information from specialist learning disability services, social care and childrens/ education is used to help identify the correct codes.

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

The statistics we have provided throughout the Primary care data section are from 21 out of 29 GPs. Disease prevention is provided by a range of services across Derbyshire, including Derbyshire Community Health Services and Derby Royal Hospital. Flagging is not applied consistently and therefore data relating to access to some services is not available. DCHS have a working group 'Healthcare4All' to support access. Community Health Practitioners have been offered awareness training and all the 'Hospital Communication Book' disseminated by the SHFs. Evidence suggest this is not being used. H4A are working to improve referral information captures LD, slow progress due to the numbers of services.. We have a steering group for LD obesity. working on care pathway for epilepsy and maternity services for LD.

Web link to further evidence

<http://observatory.derbyshire.gov.uk/IAS/healthandwellbeing/healthprofiles/healthneedsassessments.aspx>

Real life story

E became very ill and was admitted to the Royal Derby Hospital due to unstable diabetes. The Acute liaison nurse supported her and her parents/ paid carers during her stay. The LD Community Nurse helped E to understand her condition and healthy eating. The Nurse advised and provided training for paid carers that supported E. The nurse used the 'Conversation map' to aid discussions and training. The LD CN supported E to the Diabetic Clinics and check ups at the Royal Derby. The specialist Diabetic nurse used adapted materials and gave longer appointment times to E.

A3. Annual Health Checks and Annual Health Check Registers

-  Red
 Amber
 Green

Explanation to rating

GP practices are supported by the LD Strategic Health facilitators and all the Health check registers have been checked and stratified. All the 29 GP practices have agreed to deliver the annual health check which has been commissioned as part of a bundle of primary care services. The numbers of health checks provided have risen greatly since their introduction, however less than half of those people eligible have had a health check.

Web link to further evidence

<http://www.improvinghealthandlives.org.uk/news/?nid=2454>

Real life story

A GP practice identified a number of patients that had not attended their Annual Health check. They contacted the LD Strategic Health facilitator and together they identified a number of actions. The practice now telephones to confirm the appointment in addition to sending their usual easy read letter. The SHF contacted some people and was able to explain the Health Check process further. For some people the SHF contacted their support providers. The DNA (did not attend rates) have been reduced.

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

113 Health action plans were supported by GP practices for 338 eligible people in 21 practices. Approximately a third of adults are being enabled by the practices to have a Health Action plan. The SHF Team provide training to paid and family carers about Health Action Planning. HAPs are included in the GP practice training. An easy read planner (My Health File) is given to help with HAPs. People are encouraged to take this along to their health appointments. The SHF team visited 24 care homes across City and County in 2012/13 to check standards of Health Action plans. everyone in a care home had some type of plan.

Web link to further evidence

<http://www.derby4all.net/default.aspx?page=26550>

Real life story

In training the practices are encouraged to use a Health Action plan easy read template to help the patient to understand the advice that they have been given. For D the practice knew that he would need a blood test at some point. The LD CN worked with phlebotomists and support providers to help desensitise D as he was frightened of the procedure.

A5. Screening

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

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

-  Red
 Amber
 Green

Explanation for rating

Data is taken from 21 of 29 practices a) Less than 1% of women without LD removed from the register (eg hysterectomy). 72% had. 6% suspended. LD just under 2% removed. 30% had. 44% suspended.

b) 63% without LD had. 16% declined. 45% LD had. 41% 'declined.'

c) Bowel screening: extended to 60-74. NB data problems Age range over 65. 28% without LD had. 48% LD

SHFs shared resources with carers e.g. 'how to keep people with learning disabilities healthy'. Awareness sessions about screening and cancer. Breast screening unit Derby Hospital, reasonable adjustments implemented. A LD CN supports to attendance. Sample takers awareness training. Focus groups developed pathways. SHFs worked with the Regional lead developing easy read resources which have been shared across Derby. E.g. Bowel screening DVD. SHF team are currently working with Public Health and Hardwick CCG on a pilot to improve uptake, the results will be shared and methodology rolled out to the Derby CCG. <http://www.corecarestandards.co.uk/core-care-standards/families-and-carers/>

Web link to further evidence

<http://observatory.derbyshire.gov.uk/IAS/healthandwellbeing/healthprofiles/healthneedsassessments.aspx>

Real life story

B is a family carer and also has a learning disability. B has been helping to deliver LD awareness training to nurses that conduct the screening. B has supported the development of the pathway for cervical screening by being part of the focus group.

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

 Red
 Amber
 Green

Explanation for rating

Derby GPs refer to other services using the service referral form or by letter. GP practices have been advised and requested to alert services to the LD and reasonable adjustments required in training, via use of GP on-line portal system and personal contact with SHF team. There is no one LAT or CCG system in place.

Web link to further evidence

no weblink but details can be provided at evaluation

Real life story

J was referred by his GP to the Royal Derby Urology department. The GP had identified that J had a learning disability and would need support throughout the diagnostic process. The Consultant radiologist was able to request advice and support from the ALN who was able to smooth the process for J.

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

A Learning disability Acute Liaison Nurse has been in post since 2010. The ALN is now well established within the Hospital. She has developed a range of resources, delivered training (formal and informal) and supported many patients and carers. The Hospital has a pathway for patients with a LD. The ALN has been nominated for Patient Inclusivity Category of the NHS Recognition awards. She was pipped at the post for a prestigious award within the Hospital, voted for by colleagues for improving the surgical pathway. Numerous compliments have been received regarding the work of the ALN e.g.

"I was completing a review of his health action plan with John last night. I asked him how he feels about his visits to the hospital, without prompting John replied that he likes the "smiley lady". I asked who he meant and he said "the lady who meets us when we get there". John then said "she makes me feel safe". I thought you would like to know how much he appreciates your support."

The ALN has introduced the flagging system to the Hospital and now has almost 1,000 people with learning disabilities with an alert added to their name indicating their need for reasonable adjustments. Though employed by the Derbyshire Healthcare NHS Foundation Trust the ALN is accommodated and supported within the Governance system of the Derby Royal Hospital NHS Foundation Trust.

Web link to further evidence

<http://www.derbyhospitals.nhs.uk/patients/support/learningdisabilities/?www.derbyhospitals.nhs.uk/patients/support/learningdisabilities/>

Real life story

This appeared in the staff magazine:

Making a difference: "Our patient, we will call him Bill, has autism. He also has a severe germ phobia, a fear of needles, a fear of lifts, will only eat his mother's food, will only drink carbonated water, is unable to wait for long periods of time without becoming extremely anxious, has difficulty sleeping and dislikes the word 'anaesthetic'. Bill does not like anyone to talk about him, even his parents, and wants to be spoken to so he can hear what is being said.

Bill has been seen by a consultant surgeon over a period of time with a problem which requires surgery. Due to Bill's fear of hospitals, he refuses to undergo the operation but his condition has started to cause him significant pain and discomfort. When Bill comes to the pre-op clinic with his parents he is taken straight into the clinic room as he dislikes waiting areas. The team use simplified language, explaining everything that is being done and why - blood pressure, temperature, MRSA screening etc. and staff use hand gel in front of Bill.

The consultant anaesthetist wears a face mask due to Bill's germ phobia and the learning disability nurse is present during the appointment to support Bill, his parents and the staff. The team speak to him about 'going to sleep' and explain in simple terms what will happen on the day of surgery which will allow time for Bill to process the information given to him.

On the day of his operation the family are met at the main entrance by the learning disability nurse and taken to a side room on the ward. A sign is put on the door reminding staff how important it is for Bill to see staff using hand gel.

Bill is sedated on the ward with the medication drawn up by the anaesthetist in front of Bill who then syringes the medication into a cup himself. No one used the word

'anaesthetic'. He is sedated with his parents present before leaving the ward as he has a fear of lifts. His parents will be in the recovery room ready for when Bill returns from theatre and wakes up."

This is just an example of how the multi-professional team, consultant surgeon, consultant anaesthetists, pre-op nurses, pharmacist, theatre team and ward nursing staff work

together to ensure that patients with a learning disability receive the best care.

His mother said "You could not have done more to support us as a family, and it is reassuring that there are a group of people who went out of their way to help."

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

Dentistry services are provided by Derbyshire Community Health Services and Derby Royal Hospital. They have adapted their provision to include longer appointments, photographic and symbol based resources. The Dental day Unit has a learning disability 'champion.' the service will support other procedures eg blood tests, when someone has a general anaesthetic. The Oral hygiene service offers training and support to carers of people with LD and has adapted their information into easy read. Most people in our getting ready days indicated that they saw a dentist. SHFs working with Local LOCSU, survey and LD SeeAbility event. Improved medication info from Derby Hospital and for psychiatrists. LD not a priority group for NHS podiatrists unless an additional long term condition. We therefore suspect that people are not regularly accessing the service. SHF leading a pathway across services for parents who have LD. SLT and a CN and SHF developing a symbol based resource to help parents.

Web link to further evidence

no weblink but details can be provided at evaluation

Real life story

A young gentleman attended for care. He has Cerebral palsy and communicates via his mother using a communication board. He required several fillings and an extraction. We tried to provide this in the surgery but were unable to do so due to his posture and limited cooperation. We offered to carry out care under GA. However, the patient indicated that he was very anxious about having a GA in view of the risks. On further discussion it was agreed he could attend the hospital and receive IV sedation in order to have his treatment. This was carried out successfully. This story demonstrates how as a service we discuss courses of action with the patient listen to their views and adapt our service provision to meet these thus providing a patient focussed service.

A9. Offender Health & the Criminal Justice System

-  Red
-  Amber
-  Green

Explanation for rating

There are pathway developments taking place across the East Midlands Health and Justice team, there are areas piloting initial assessment tool to be used across secure estate but limited evidence to date, health and justice ask providers to RAG against performance indicators which include LD issues. Our local prison inreach and LD nurse consultant are carrying out the LD awareness training and are commencing LD screening tools into Foston and Sudbury Prisons, which will then be carried out by the health team in the Prisons. Our Transforming care action plan includes a refresh of existing Forensic pathways and training provided to CJS and offender teams. NDTi working with Health and social care in developing new pathways.

Web link to further evidence

no weblink but details can be provided at evaluation

Real life story

Our LD Nurse Consultant has been working with Foston Prison, and the health inequality manager from Health and Justice - East Midlands, they have have developed an accessible Prison Handbook to provide easy words and pictures for the everyday slang terminology used

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

Individuals who are provided with services under council managed contracts are open to social work commissioners and therefore can expect at least an annual review of their service. All complex needs cases receiving specialist independent care are being reviewed at present. Such reviews will be face to face unless there is no evidence of significant change. Strategic commissioning will also conduct annual provider reviews to ensure contract compliance. CHC nurse assessor/care manager provides face to face reviews for all health funded packages, we also have a case manager employed to review people in independent hospitals, along with a social worker covering City and County LA's.

Web link to further evidence

n/a but review schedules are set and reviewed by managers

Real life story

Derby have also instigated a recent round of reviews of every care and support package for people with complex needs in response to concerns raised about value for money with existing providers and a comprehensive review of those individuals thought to be within the remit of the 'Winterbourne' cohort has been conducted in partnership with health and Derbyshire social care colleagues.

B2. Contract compliance assurance

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

-  Red
 Amber
 Green

Explanation for rating

There is a nominated lead within the Brokerage and Quality Team for all contracted providers of care and support services and strategic commissioners will conduct annual reviews of contract compliance and mid term reviews where there is any evidence of service delivery deficiencies depending on intelligence recieved from CQC, Safeguarding, whistle blowers etc, with visits and interventions prioritised by presenting risk level. CCG Quality team is implementing a robust schedule of quality monitoring within Nursing care homes - this team has an experienced LD nurse in post.

Web link to further evidence

weblink n/a but schedules can be provided

Real life story

Intelligence from strategic commissioners indicated a quality issue with a core provider for people with complex needs and enquiries established that partner agencies had small scale but matching concerns. Reviews identified issues that were referred to Safeguarding and effective communication with social work teams and follow up investigations established that there was evidence of patterns of service deficiency and structural performance weakness within the provider organisation which could put customers at risk. Safe and well checks were carried out, the provider contract suspended and an improvement plan required following manager discussions with the provider owner. The provider will remain suspended until the improvements demanded are implemented.

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

Commissioners do request EDS returns as part of CQUIN with foundation trust providers and working with one non-foundation trusts in their progression to towards monitor level & EDS compliance. More work is required within contract monitoring with Acute Hospital Trusts in reviewing evidence of monitor returns in relation to LD compliance.

Web link to further evidence

weblinks are n/a but QA documents can be produced at validation

Real life story

Commissioners recently attended and contributed to a three day stocktake of trust services alongside trust managers and operational therapy, psychology and psychiatry staff, contributing to the SWOT analysis. Good Practice examples across sites. DHFT have developed with a local self advocacy group a series of short films for a DVD to guide people through a variety of procedures for tests and for admission to hospital.

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

All commissioned services comply with the multi-agency policies and procedures and safeguarding is a key question marked when independent providers bid for care and support contracts during procurement. Safe and Well checks will be instigated where there are concerns regarding independent sector service quality. NHS contracts include requirement to complete the Safeguarding Adult Assurance Framework and the CCG Safeguarding Adult lead meets with each provider to carry out a 'confirm and challenge' approach which the provider is monitored on throughout the year. There is a Derbyshire wide provider forum to facilitate learning and sharing of best practice etc. Contract meetings are used to monitor compliance with safeguarding indicators which are part of the contract. All main NHS providers are represented at a senior level on the local safeguarding adult and childrens boards. All pt facing staff in Specialist LD services undertook detailed, full days safeguarding training, in addition to essential training, led by named nurses. Adult Safeguarding Clinical Supervision policy has been written by NN and LD Clinical Services Manager and will sit in Adult Safeguarding policy. This has been implemented in Spec LD services. All Spec LD teams have had face to face meeting regarding assurance and escalation processes put into place in regard to safeguarding and legal issues. Dedicated NN time secured to support Spec LD staff with safeguarding issues and currently 42 people on NN caseload demonstrating active reporting/monitoring

Web link to further evidence

weblink n/a but internal reports can be produced at validation

Real life story

See B2 story re effective communications, investigations and reporting. Safeguarding has also been a workstream for the local Partnership Board. health and social care safeguarding leads have presneted at the LDPB, easy read material and a DVD, there are pans for a local safegurading film on DVD to be produced, and actively seeking people with a LD to take part in the safeguarding user participation group.

B5. Training and Recruitment - Involvement

 Red
 Amber
 Green

Explanation for rating

Commissioners require evidence that all providers ensure staff training re basic awareness of learning disability. LD specific services routinely have people with LD and family carers involved in recruitment and training with staff. Social care tenders include specific questions relating to involvement with providers encouraged to ensure that customers and families are involved in recruitment. Mental health and learning disability Trust requires each service line to include service users in recruitment. Universal Services In July 2013 DCHS held week of Health Care for All Awareness and Workshop Events 2013. Sessions held across the county, facilitated by PWLD and staff from specialist and facilitation LD services. Health Care for All Awareness sessions for individual teams have been provided throughout the year on request. Joint agency discussions are also in progress to enable people with learning disabilities to become Quality Checkers.

Web link to further evidence

weblink n/a but instances can be quoted at validation

Real life story

Several providers who bid and were successful in being awarded the contract for care and support to people with complex needs were able to provide good practice stories of the involvement of customers and families in recruitment and service accessibility. Those that scored below 3 (out of five) on related tender questions were not awarded the contract.

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

Care and support providers are requested to provide evidence of person centred approaches, that staff include the views and preferences of customers, respect that they are working in an individuals own home and the support structures made available to for 'frontline staff'. This is requested at the point of tender and only progress to approved lists if they score a minimum of three out of five for every question. They are also required to meet corporate equality and diversity standards. CQUIN in place, DCHS has proactively signed up to the Derbyshire Dignity Challenge and all services across all divisions are expected to pursue bronze and silver level accreditation. From 2011 - Q2 2013, 38 DCHS services achieved bronze award, (11 last quarter), 33 working towards bronze, 1 team has been awarded silver and 2 are in process of submission. DCHS is strengthening its support and scrutiny to quality assure these awards further. The 10 point Dignity Challenge and the Derbyshire Dignity Benchmark Standards clearly details what constitutes a service that respects dignity and focuses upon ten different areas for care settings to evidence best practice. This provides a clear statement of what people can expect from a service that respects dignity. The standards can be used by providers, commissioners and patients to see how their local services are performing. These standards provide clear guidance for staff, patients, and key stakeholders to identify "what good care looks like".

Web link to further evidence

weblink not avaiable but procurement questions and marking criteria that refer to the practicalities of ensuring that staff work with dignity and respect

Real life story

"Caring Never Grows Old" is the name of DCHS's recent recruitment campaigns partly undertaken to address "Safe Staffing" levels, (and also to provide flexible and responsive winter capacity). This campaign put value based behaviours, (compassionate leadership, patient focused care etc.), at the core of the selection criteria and process.

[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

EIA's have been undertaken and are considered to be an important element of the consultation and decision making processes when any service change or decommissioning is proposed. Equality assessments are also conducted as part of all new strategy developments using information derived from the JSNA and it is expected that the 2014 refresh of the Joint Commissioning Board learning disability commissioning strategy will take EIA's into account.

Web link to further evidence

weblinks n/a but several EIA's have been conducted during consultations on changes to services and can be referred to at validation.

Real life story

Derby has conducted EAI's as part of its programme of service restructuring in the past year including day and housing related support services.

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

 Red
 Amber
 Green

Explanation for rating

Complaints, alleged service deficiencies and whistle blowing are first investigated and evidenced with the investigation conclusions then shared amongst safeguarding, brokerage and commissioning teams. Lessons learned are then shared with similar providers or providers working under the same contract, usually in writing.
 The Council website has an easy read version of the Adult Social Care Suggestions, Complaints and Compliments leaflet.

Web link to further evidence

<http://www.derby.gov.uk/council-and-democracy/complaints/adult-social-care-complaints/>

Real life story

A whistle blower contacted the authority stating that a provider was not allocating the hours that it was being paid for under a care and support contract to the customers for whom that support had been commissioned. Following advice from Internal Audit, the provider was asked to account for all such instances and pay back any unspent income from the council. A letter was then circulated to all providers working to the same contract to reiterate the limits to such practices and the council financial reporting procedures. A recent example of 'whistle blowing', as per the Public Interest Disclosure Act (2013), within DCHS resulted in disciplinary action by the Trust following investigation and recommendation on the issue by and from the NHS Counter Fraud Unit.
 Evidence of the DCHS Whistle Blowing Policy, (ref HRP34), being applied effectively is that although staff may believe that issues regarding harassment and bullying come under 'whistle blowing', they are in fact, appropriately investigated and managed using the DCHS 'Dignity at Work Matters' policy, (ref HRP26).

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

 Red
 Amber
 Green

Explanation for rating

There is evidence via the SAAF visits via the CCG safeguarding Lead that progress has been made. Derby Royal Hospital have taken a proactive approach through eliminating practice and improving environments to preclude the necessity for a DoL authorisation. There are good links between the AS Team and the ALN - LD nurse.

MCA/DoLs remain a standard item for SAAF visits. We are in the middle of SAAF round 3 at present. Next year will see a peer review and again MCA will be a thematic element of the review process. An e information package was forwarded to all CCGs and healthcare providers

There has been increased resources across adult safeguarding teams and this has also helped raise focus upon MCA.

An ongoing case file audit of Derby City AS casework has indicated that a person's capacity is formally recorded in adult safeguarding files.

Over 15 staff workshops have been planned mainly aimed at GPs (6 done-9 to go) running through until March 14.

Social care procurement would expect a clear statement of provider compliance with DOL's and best interest decisions as well as details on staff training, methodologies regarding restraint and reporting procedures for example that would later be incorporated into quality checks.

Web link to further evidence

weblink n/a

Real life story

Evidence collected through the "getting ready and My Health Questionnaires asked particularity for decision making and consent - 2 particular examples one at the Eye Clinic at RDH where the person was fully involved in their decision making and also an example that someone said they had the procedure explained 3 times so that they could understand before making a decision.

Section C

C1. Effective Joint Working

- ☐ Red
☒ Amber
☐ Green

Explanation for rating

All learning disability planning is conducted via the Joint Commissioning Board. This is chaired by a senior CCG lead and includes senior strategic commissioners from city and county adult social care as well as from the CCG. Hardwick CCG leads for the other four CCG's in the wider locality. It meets bi monthly, working to a shared commissioning plan reviewed annually and agrees on service and financial commitments. Officers report on priority issues to both their Local Partnership Boards and Health and Wellbeing Boards. The LDPB is made up of people with LD, carers, providers, the Council and Health representatives. Issues from the LDPB and H&WB's are fed back into the JCB when appropriate. Options for integrated budgets and lead commissioning arrangements are currently being assessed.

Web link to further evidence

weblink n/a but some related JCB documents would be available

Real life story

We have in place a Joint Transforming Care action plan across two LA partners and the lead CCG for Derbyshire - shared resources/ shared investment and workstreams that run across the whole of the LD health and social care commissioning and provider services. This provided a usual structure and direction when funding allocations were prioritised for organisations supporting people with learning disabilities and / or autism were made in 2012.

C2. Local amenities and transport

- ☐ Red
☒ Amber
☐ Green

Explanation for rating

Safe Places in Derby scheme - page included on the Council website. The page includes information about the scheme, a list of official Safe Place premises, how to report hate crime and incidents. An easy read guidance booklet about Hate Crime and Mate Crime can be downloaded along with an easy read document about the Safe Places scheme.

Derbyshire Constabulary operate a Care Card service which is available for users and carers who register their needs and give contact details of people who could help them.

Changing Places exist in the Council House and Westfield Derby which are promoted on both websites. Feedback at a recent Partnership Board meeting indicates that further work is required with transport to improved facilities in the city.

Web link to further evidence

<http://www.derby.gov.uk/community-and-living/crime-prevention/safe-places-in-derby/>

Real life story

ZR came to Derby in 2011. Z has autism, severe LD & struggles with depression following a series of bad education experiences. Z found it difficult to integrate into the city. His mum sought opportunities for him to link up with a couple of local groups & contacted Connexions to possibly return to education. Z secured a placement at Transition2 (T2) to develop his self management & independent travel skills so he can secure employment.

In his first year, Z was supported to learn how to travel home from college on 2 buses. In his second year, he now travels from college to a longterm work placement. Through a well supported & gradual process of travel training, Z has gained self confidence, assurance & skills to complete these journeys independently. He has learnt to stay safe, look after his personal belongings & communicate using a mobile phone.

Investing in Z's travel skills at this stage will enable him to live a more independent life as an adult.

C3. Arts and culture

- ☐ Red
☐ Amber
☒ Green

Explanation for rating

People with LD have access to reasonably adjusted arts and cultural facilities in the city. QUAD have monthly screenings suitable for adults with specific needs and people from within the autistic spectrum. Deda hold a weekly Accessible Creative Movement dance class on Friday mornings for disabled people. There are also a number of voluntary and community sector arts groups in the city providing opportunities for people with LD including Enabled Art, Fingo Arts, First Movement, Kaleidoscope Community Music, Surtal Arts, Padley Centre and Inspirative Arts.

The Hubbub Inclusive Theatre Company provides weekly drama and movement classes for Young Adults with moderate LD.

The Council has a Provider Database but this is currently only available to staff internally. It is updated monthly. Discussions are continuing about making this database available publicly on the corporate website.

Web link to further evidence

<http://www.hubbubtheatre.org/>; <http://www.derbyquad.co.uk/whats-on-listing/supportive-environment/>; <http://www.deda.uk.com/classes-d-da-academy/adults>

Real life story

G is 30 years old, has Downs Syndrome and has a LD. G attends Inspirative Arts on Tuesdays where he attends a creative arts session and in the afternoon, takes part in music and drama, learning through role play. These courses help G to develop his self confidence, encourage personal development and communicate more effectively through creative therapies. He also takes part in pottery classes at the Padley Centre every Thursday. This helps him in teamwork and communication. His confidence has grown so much that he helps others less forthcoming than himself.

C4. Sport & leisure

- ☐ Red
☒ Amber
☐ Green

Explanation for rating

The Council's corporate website includes a range of activities for disabled people of all ages. These activities are delivered by both the Council and external providers.

There is free admission to leisure centres for carers if supporting a disabled person.

PACE Derby is an organisation which supports disabled people through the Life Coaching process. The organisation has a fully equipped and inclusive gymnasium. It holds sessions during the week specifically for people with LD.

There are also other external providers delivering sport and leisure opportunities including Funability, Disability Direct, and the Moving On project.

The Council supports and works with Derbyshire Sport as the county sports partnership, in particular with the Disability Officer to enhance provision in the city for people with Learning Disability and other disabilities.

Web link to further evidence

<http://www.derby.gov.uk/health-and-social-care/disabilities/activities-for-disabled-people/>; www.pacederby.co.uk

Real life story

G is a young adult with Downs Syndrome and LD. He takes thyroid medication which affects his weight. He likes to go to the PACE gym on Friday mornings for his personalised exercise programme which he then continues at home each evening.

C5. Supporting people with learning disability into and in employment

-  Red
 Amber
 Green

Explanation for rating

Data is collected monthly about people with LD supported into and in employment. For 2012/13, 5.8% of adults with LD were in employment. This was an increase on the previous year. This is reported quarterly to the Council Cabinet as a priority measure for 2013/14.

The Iwant2work project is a free service which helps people to be more independent by supporting them into employment. The support packages fit around the person and each person has a Job Coach who will support them throughout all stages of looking for work and preparing for work, as well as in work. A free weekly job club is held at the Central Library in the city centre with support available from a specialist Job Coach for people with LD. An employment pathway has been created.

Information materials exist that are given to customers but the team are working on making it public with colleagues in Corporate Communications.

Web link to further evidence

weblink n/a but internal policies can be referred to at validation

Real life story

BE worked as a cleaner for Derby Crown Court for 2 hours a day per week with little chance of increased hours. He had a sympathetic supervisor and fellow colleagues. He then found a new job within an industrial company on more pay and more hours. Unfortunately, he was perceived as 'different' due to his LD. Soon, unproven allegations were made against him and the company ended his contract.

BE was devastated & had to claim benefits & explain to DWP why he had lost his job.

BE was supported by the Job Coach to apply for work again. He obtained a job at McDonalds, cleaning tables & outside bins. His new managers proved highly supportive and BE showed himself to be really good at Customer Relations. BE was supported to talk to his manager about increasing his hours from 8 per week to 12 which was recently granted.

BE has become very confident & now needs very little external support. He has shown that with support he can overcome major obstacles to ensure he has a fulfilling work life.

C6. Effective Transitions for young people

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

-  Red
 Amber
 Green

Explanation for rating

There are strong links with LDD personal advisors, schools, education, health and adult social care. A Transitions Forum meets every two months for partners to raise concerns and issues and develop solutions.

A transition protocol has been signed by all partners and is in use to agree how agencies work together, the sharing of information and detailed procedures that all agencies should follow.

A transition planning leaflet is available for young people and their parents/carers.

Over 50% of people with LD have a current and up to date Single Education, Health and Care Plan.

Web link to further evidence

weblink n/a but commissioner and provider pathways and policies can be available at validation

Real life story

I am 20. I finished at St Andrew's School in July 2012. I go to Derby College to do Pathway to Independent Living. I like going because I have met new people who are now my friends. I also like going to Shipley Park where we help run the cafe. On Mondays we prepare the food to take to Shipley Park. I catch the bus to & from college. I have had a few issues at College, but I have lots of support from staff, my Shared Lives Carers and family.

In June 2012, I moved into Shared Lives with Nathan, James & Debs. I started going there for respite in Feb 2012. I enjoy going to their house where I met Debs & after a few times I asked if I could move in. Nathan & James supported me to talk to my family about wanting to move in. My social worker helped to talk to my mum and nana. I like living at Nathan & James as I have more independence. I wash my clothes, do my own ironing, go out to different places. They help me to budget my money and also to learn new bus routes.

My life is different now.

C7. Community inclusion and Citizenship

-  Red
-  Amber
-  Green

Explanation for rating

Local Area Coordination began in August 2012 as a pilot project in the Arboretum and Alvaston wards. It was introduced as a method to engage with vulnerable people by working with them to recognise and make best use of the individual and community resources around them, reducing their need for ASC services. The project worked with 9 people with LD in its first year to achieve their long term outcomes. The project also provide information and advice to a number of people with LD and their carers.

Making it Real evaluation framework asked people with LD as part of the consultees if they fel included within their local community. This is to check our progress on how we are delivering personalisation in adult social care. The majority of responses felt they were included in their local community. Some indicated they did not feel safe and secure. An action plan has been agreed to increase support and engagement in local communities.

Web link to further evidence

<http://www.derby.gov.uk/health-and-social-care/help-for-adults/local-area-coordination/>; <http://www.derby.gov.uk/health-and-social-care/help-for-adults/improving-adult-social-care/>

Real life story

K is 30 years old with LD who moved into her own private tenancy following the death of her parents. The Local Area Coordinator met K at a neighbourhood event. K had been served notice on her rented accommodation for keeping pets in the flat. K also disclosed she had mounting debt issues and that she had knee replacement surgery booked so was worried that this would fail as she lived on the second floor. The LAC met K over a number of sessions and talked about her life now and how she wanted it to be. It became clear K had a lot of people in her life who could potentially help her solve some of her issues but she didn't know how to do this. The LAC invited her circle of support to help think about how they could help K. Her support helped her to find a ground floor flat and address her debt management issues.

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

Personal Outcomes Evaluation Tool 2012 survey, conducted by In Control, evaluated people's choice and control, their experience of having a personal budget to monitor outcomes. It was aimed at people with a personal budget and carers. 12% of responses were from people with LD.

The Making it Real evaluation included carers and people with LD. They were invited to attend two workshop and action planning events. People with LD were sent an easy read version of the survey for them to complete with their circle of support.

The Personalisation Programme Board includes family carers of people with LD. This board meets quarterly and involves senior Council officers alongside carers and providers.

An Equality Impact Assessment for the Short Breaks and Day Service for people with LD included people with LD and their carers.

Web link to further evidence

<http://www.derby.gov.uk/health-and-social-care/help-for-adults/improving-adult-social-care/>

Real life story

Information from workshops, from discussions with local groups such as the NAS Derby Support Group and from autism and learning disability and SAF related consultations with the Derby Partnership Board will be incorporated into the 2014 refresh of both commissioning strategies that the city shares with the lead CCG and Derbyshire County social care. Andy is a man with a Learning Disability who lived with his mum and her partner. He had attended council run day services for a large part of his adult life. When these services were earmarked for closure Andy and his family were extremely worried about what would happen and what support was available to best suit Andy. Andy's sister Emily jokingly remarked one day "How about employing me to be your Personal Assistant"? Andy thought about this over time and realised it was good idea and was what he wanted as they were very close. She also fully understood his health issues. Emily had always wanted to be a support worker but never realised she could do this for her brother. Andy also wanted to do things that enabled him to still see his friends. He decided after a taster session that he wanted to go to an Art activity along with his friend Debbie one day per week. Andy has said that he is very happy with what his personal budget gives him and the flexibility around it. It is enabling him to do things to meet his outcomes and he is not bored any more. He and his PA look at the things he wants to do and plan a weekly timetable. He has been to museums, using public transport to visit other towns such as Belper, Nottingham, Ashbourne to name but a few. He also goes to see friends at various clubs. He takes photos of all the places he goes to and puts them into books. He engages in art activities at the art club. When asked on a scale of 1 to 10 how happy he is with his new support he said it was a 10. Emily, his PA, also said it was the best job she has ever done and gets a great deal of reward from it.

C9. Family Carers

- ☐ Red
☒ Amber
☐ Green

Explanation for rating

From April 2012, Derbyshire Carers Association (DCA) became the front door for carers in the city. The Council's website includes a page how DCA can support carers. In 2012/13, 106 carers who care for a person with LD received an assessment out of a total of 1244 overall.

A group of carers, supported by DCA, have become Carers Ambassadors. They meet regularly with the Council, local NHS organisations and charities as the Derby Carers Partnership Board. A carer chairs the Board. The board has developed then consulted with all carers to produce the Derby - A Commitment to Carers, April 2012 to March 2015 strategy. This strategy details the commitments of the Board and will be refreshed in November 2013.

Web link to further evidence

<http://www.derby.gov.uk/health-and-social-care/carers/carers-support/>

Real life story

K cares for her 30 year old son who has LD. The family moved from Birmingham to Derby in 2010 and her son, G, was registered with ASC. The initial assessment took 7 months and K was told a support plan would be created and G would be given a budget to 'buy in' services required to obtain the positive outcomes in this plan. This was new to K as Birmingham still had "one size fits all" policy. The online register of providers was out of date. K decided to search the internet herself, start making phone calls and learning to network contacts. K found service providers who were offering activities that G needed but was waiting for the budget to be approved. K made use of Adult Education which were free and gave G some social interaction with his peers. She enrolled G at Inspirative Arts at her own cost as G became isolated. G was referred to Shared Lives for respite. K felt this was required so G could experience reduced dependence on parents & because her health is not good.

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