



















Learning Disabilities Self Assessment 2011 – General Feedback Form





Locality Rotherham: FINAL v 1.2 140411




Health Check – Top Target 1						
	<p>1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital</p>	<p>How we are doing overall on this standard</p> <p>Please tick where you think are overall on this target ➔</p>	 <input style="width: 40px; height: 20px;" type="checkbox"/>	 <input style="width: 40px; height: 20px;" type="checkbox"/>	 <input checked="" style="width: 40px; height: 20px;" type="checkbox"/>	
(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital						
1.1 All NHS Residential Campuses are to be closed by March 2010	There is no-one from Rotherham living in a campus home, either in a long-stay hospital or in assessment and treatment for more than 12 months.				√	
1.2 Local commissioners and partnership boards have an agreed record of everyone both in and out of district and in both NHS and private sector hospital provision, who are receiving long term care (Note 4), and they are confident that people receive regular, person-centred reviews	Only 6 people from Rotherham are in long-term hospital care, these figures were shared with Partnership Board at their meeting in March 2011. There are no delayed discharges from hospital care; all have regular person centred reviews and Health Action Plans as part of the CPA process.				√	





Health Check – Top Target 2					
	<p>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</p>	<p>How we are doing overall on this standard</p> <p>Please tick where you think you are overall on this target </p>			
			<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
<p>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</p>						
<p>2.1 Systems are in place to ensure the following are identified within GP Registers:</p> <ul style="list-style-type: none"> ➤ Children (Note 5) and adults with a learning disability ➤ Older family carers (Note 6) ➤ Those from minority ethnic groups ➤ Carers of those from minority ethnic groups ➤ Parents or carers with a Learning Disability 	<p>Electronic system in place via DES template and GP records flagged to identify reasonable adjustments where requested (eg choice of staff member, choice of appt time)</p>			<input checked="" type="checkbox"/>	<p>Swift system in local authority is being updated to include health needs identified at assessment, by end of June 2011.</p>	





(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice (Note 7)	<ul style="list-style-type: none"> • Letter offering an annual health check sent to every person on social services LA 'register' in July 2010. • Champions identified in each practice and link workers in LD health support team. • Local annual health checks incorporate feedback form to LDS on any health issues and referrals made. • Health Action Plans are offered to everyone as part of the invite for the annual health check (above). • There is on-going training for GPs and practices – more sessions are planned for the coming year. 				✓	HAP audit due to report early in 2011/12. HAP check being incorporated into GP feedback form for 2011/12 health checks.
2.3 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 (Note 9)	<p>Rotherham now has proxy data (from Systm One practices) on access to the range of screening programmes by people with a learning disability. People are routinely offered screening and there is close liaison between the health support team and the local breast screening unit to ensure reasonable adjustments can be made. Data suggests nearly twice the proportion of women with an LD access breast screening than in the general population, We need to check this. A dysphasia screening programme is in place in the LD service.</p>	We need to raise the proportion of women with LD taking up cervical / breast screening to closer to that in the general population.			✓	Repeat the data analysis next year. Data quality will improve as more people have an annual health check.




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
<p>2.4 The wider primary care community (e.g. dentists, pharmacists, physiotherapists, podiatrists, optometrists, community-based nurses - including maternity nurses) is demonstrably addressing and promoting the better health of people with learning disabilities</p>	<p>Excellent examples of adjustments made, for example in community dentistry service. Community Pharmacy Consultation included people with a learning disability and family carers at Sept 2010 'Big Health Follow-up Day' In recent Health Needs Assessment (see 2.6) and consultation for HAF people and family carers gave good examples of adjustments made by local dentists, opticians etc. Health support team provided LD awareness training to dental staff (60) in Dec 2010 and to staff in sexual health services. LD Health Support Team have regular contact with providers over reasonable adjustments required for particular individuals with more complex needs.</p>				<p>✓</p>	
<p>2.5 Service Agreements with providers of primary care, general, specialist, maternity and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities (Note 11)</p>	<p> Examples of reasonable adjustment</p> <ul style="list-style-type: none"> • Protocols in place with local Acute Trust. Liaison in place with surrounding trusts (Doncaster, Barnsley and Sheffield) • Health Equity Audit of local care for people with a learning disability provided info and some examples of 				<p>✓</p>	





(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
	<p>good practice - next steps being followed up by PCT Dir Public Health.</p> <ul style="list-style-type: none"> • Have link / liaison nurse in post for acute hospital and hospital passports (health action plans). 'Anticipatory Needs Tool' in place and staff being trained to use this. • Audit of people's experience in the hospital currently underway due to report in April 2011. 					
2.6 PCT commissioning work-streams - and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such work-streams across the SHA area (Note 11)	<ul style="list-style-type: none"> • Presentation on LD healthy ambitions workstream and local action plan to meeting of Commissioning Programme Leads in NHS Rotherham in summer 2010. • Work plan available from Commissioning Programme Leads attendance at local LD Health Sub-Group. • New GP Commissioning Exec has a representative responsible for LD (lead on the DES) and he is a member of Health Sub-group. • Local self advocates are on the regional Healthy Ambitions Board. • A 'health needs assessment' carried out in LD Day Services was shared with PB in March 2011. There is an action plan in place which involves a range of PCT commissioning programmes eg for obesity and heart 			✓		




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
	disease.					
2.7 The benefits for patients derived from the development of computer systems and information technology (Note 12) are of equal benefit to people with learning disability and family carers	<ul style="list-style-type: none"> There is electronic recording of data from the DES, some of this can be accessed on PCT systems, providing valuable information for  LD IT 2.7.doc commissioning. The NHS Rotherham web-site has been updated and is in clear English. There are links from the site to accessible information on health and health needs eg 'Easi-health'. Electronic records in hospital and in primary care services in Rotherham are flagged to identify people with a learning disability and any reasonable adjustments required. Data relating to the health needs of people with LD is analysed jointly between the PCT and LA in the Joint Strategic Needs Assessment and strategic intelligence reviews. 			✓		
2.8 PCTs have agreed with local partner agencies a long term 'across system' strategy to address services to meet the needs of people with learning disabilities from ethnic minority groups, and their	<p>Report from BME scoping project - commissioned during 2010 is now available</p> <p>Numbers of people from BME communities accessing the LD services has increased by 13%</p> <p>Increased number of HAP'S and</p>			✓	To agree representation at LDPB as part of current review of membership Key recommendations from Scoping Project being taken forward.	






(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
carers (see also 2.1 above)	health checks. JSNA information updated.					
2.9 There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with complex or profound disabilities and their carers. (Definition at Appendix 4)	Speak-up were commissioned to deliver a DVD and toolkit around best practice when planning for people with complex needs. 28 people with the most complex needs have had a PCP using the tool-kit. Regular feedback has been provided to LDPB. There is good local information about the numbers of people with complex needs.			√		To agree representation at LDPB as part of current review of membership Collate info from PCPs to inform commissioning plans. Ensure info on people's needs is included in the JSNA.





Health Check – Top Target 3					
	<p>People with a learning disability are safe in National Health Service services</p>	<p>How we are doing overall on this standard</p> <p>Please tick where you think you are overall on this target ➔</p>	<p></p> <p><input type="checkbox"/></p>	<p></p> <p><input type="checkbox"/></p>	<p></p> <p>✓</p> <p><input type="checkbox"/></p>




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) 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 previous audits or investigations by statutory regulatory bodies - including 'Healthcare for All' and Six Lives	All Rotherham health providers took reports on 'Six-Lives' to their boards during 2010; an update was given to LDPB in November 2010. Health Equity Audit of care provided to people with a LD in local hospitals completed (see 2.5 above) Audit of people's experience in the hospital currently underway due to report in April 2011 (see 2.5).				✓	
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including:	Training and policies are in place across Rotherham providers. An audit of the implementation of the MCA took place in LD services and in the hospital in 2010/11, the Results of	All staff in the hospital following the law and local guidance on consent.		✓		Strategic Facilitator / Liaison Nurse and LD Consultant to meet with hospital doctors to discuss consent in May 2011. Hospital (RFT) action plan will be implemented to address issues identified in




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
<ul style="list-style-type: none"> • Mental Capacity Act (including Consent and Deprivation of Liberty) • Disability Discrimination Act (including Disability Equality Duty) • Human Rights Act 	<p>the audit have been discussed at</p>  <p>Mental Capacity Act Audit easy-read.doc</p> <p>Partnership Board.</p> <p>A safeguarding and MCA action plan has been agreed and some more training has been provided for staff in the hospital as a result of the audit. Some good examples of seeking consent in hospital services, and some less good practice identified though consultation with carers as part of HAF. All commissioning service specifications have equality impact assessments and annual EIAs are required of providers by contracts.</p>					<p>the recent audit, and this will be overseen by HSG.</p> <p>The audit will be repeated by the end of 2011. (Strategic Health Facilitator and RFT)</p>
<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</p>	<p>There are very few complaints received from people with a learning disability or family carers.</p> <p>NHS Rotherham governance meetings look at analysis and trends of complaints from all the services we commission.</p> <p>LD Liaison Nurse meets with senior nurses from RFT to discuss and resolve any incidents which are identified there. She also attends patient experience meetings within the hospital to contribute to service improvement.</p> <p>RFT (acute trust) and RDaSH (MH trust) are encouraging people with a learning disability and family carers to join them</p>			✓		




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
	as members.					
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults at risk of abuse	<p>The LA Champion for safeguarding adults is a co-chair of the LD Partnership Board; also LD safeguarding lead attends Partnership Board and the Safeguarding Board for Rotherham. Regular Safeguarding updates are provided to Partnership Board.</p> <p>Rotherham scored “performing well” in a CQC safeguarding inspection in 2009. Rotherham LA is launching the local ‘SIR scheme’ (Safe in Rotherham) in May. This scheme will encourage local businesses and services to provide a safe place and support to vulnerable adults who fear bullying or hate crime, or who need support whilst out in the town. Health staff – including GPs will be invited to participate in the scheme.</p>			√		The NHS evaluation and assurance framework (launched in March 2011) has been requested from the MH/ LD trust as part of their contract work plan in 2011.




Health Check – Top Target 4					
	<p>Progress is being made in the health service reforms and developments described in Valuing People Now</p>	<p>How we are doing overall on this standard</p> <p>Please tick where you think are overall on this target →</p>	 <input type="checkbox"/>	 <input type="checkbox"/>	  <input type="checkbox"/>




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
4. Progress is being made in developing local services for those needing more help to be healthy (Note 14)						
4.1 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, or out of district placements	<ul style="list-style-type: none"> • New community based teams to support people with health needs and those who challenge services have been in place since April 2010. • Rotherham has very few out-of-area placements. • Service spec for Assessment & Treatment Services and for the new community teams in place. • Detailed performance framework in place for the specialist health services and now incorporated into the LD Partnership Agreement and the contract with the provider. • There are no delayed discharges of 					




(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
	Rotherham patients.					
4.2 (Note 15) There is an agreed strategy and linked person-centred commissioning plans for everyone receiving short break/respite care which is provided by NHS or private hospitals – or which is 100% funded by NHS	Respite services are jointly funded from the pooled budget for LD services and respite is provided in line with a person's assessed needs and individual care plan; only people in receipt of fully funded continuing health care (CHC) have 100% health funded respite as part of their package of care.				√	
4.3 Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families (Note 16)	<ul style="list-style-type: none"> We have robust transition planning and a protocol in place. Person centred reviews embedded in both special schools in Rotherham. Good data, included in JSNA. Health colleagues including from CAMHs, physical disabilities and continuing health care attend the multi-agency transitions panel. 				√	
4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to the planning, prioritisation and delivery of health services generally	<ul style="list-style-type: none"> Specific events for people with a learning disability (eg June 2010 Let's Talk Event; and Sept 2010 Big Health Follow-up Day) have included consultations on health issues eg: community pharmacy consultation, discussion about sexual health. Partnership Board responded to the NHS White Paper consultation. People with a LD and carers have been specifically involved in the 'Future Wards' project at RFT and in discussions about accessible 				√	Making sure that plans for the new Health Watch include people with a learning disability from the outset. (LDPB discussed this at a recent meeting)

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	<p>signage at the Rotherham Community Health Centre.</p> <ul style="list-style-type: none"> • PCT PPE team attended a community wide event aimed at people with disabilities (Magna Fair's Fayre) in October 2010, this was attended by many people with learning disabilities. We asked people to show us how 'on target' their health services were, using a 5 foot high red, amber green gold target. The results were shared with services, and where possible it was noted when the results that had come from people with learning disabilities. • NHSR has drafted some standards for accessible information about services in general. 					
4.5 There are thorough, well-functioning partnership agreements between organisations – and associated governance, guiding day to day commissioning and service provision	A new LD partnership agreement is in place from April 2011 with an integrated performance management framework. The Agreement is much clearer about the responsibilities for provision and commissioning of services and about the governance and performance arrangements. A new LD Commissioning Group, which will report back to the Partnership Board, is being set up to manage these arrangements. Contracts and Service specifications, with linked quality and performance management are in place for all LD				√	

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	specialist health services, for the first time (see 4.1 above).					
4.6 The needs of people with learning disabilities who are ageing (Note 18) are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines (including the national Dementia Strategy and New Ambitions in Old Age)	A protocol and pathway are now in place to ensure that support is available for people with a learning disability who develop dementia. This is being rolled out across the service. A Community Nurse with a special interest has been identified to lead on dementia and in addition there is a work programme in main-stream older people's MH services to provide appropriate support to people with LD who may present to those services. 130 older carers (65+) have been identified. Speak-up have developed training and resources around 'mutual caring' and shared-care for older carers. They have identified 12 local people with a learning disability who are in caring roles.				√	
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 and young people with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood	<ul style="list-style-type: none"> A local action plan to implement the national autism strategy (March 2010) and Guidance (Dec 2010) have been agreed with a number of milestones in place for 2011. Regular updates are provided to LDPB. There is information in the JSNA on the number of people in services who have autism and a learning disability. 	Pathways to diagnosis and assessment will be reviewed and clarified where necessary, so that people with autism don't 'fall through the gaps' between services.			√	<ul style="list-style-type: none"> Commissioning and professional leads identified for autism. Training plan in place. Action plan being implemented.

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	<ul style="list-style-type: none"> Autism awareness training has been commissioned from NAS and will be rolled out in 2011. Early links have been made with the local branch of the NAS to involve them in future planning; local children's services have an outline plan for autism and work on transitions is a key priority. A number of services are already in place for people with LD and autism, including personalised supports. 					
4.8 There is a range of local services available to individuals who are described as having challenging behaviour. Such services take account of key standards from policy and best practice e.g. Mansell Report	<ul style="list-style-type: none"> Two new community teams established in April 2010, one specifically supports this group (see 4.1). Very few people are placed out of area, all are reviewed at least annually - or more frequently if also on CPA. All the LD service specifications contain training targets to address skills around caring for this group. 			√		
4.9 National mental health policy is equally and equitably applied to people with learning disabilities who require psychiatric services	<p>A draft 'green light' pathway / protocol is out for consultation during April and will be implemented across LD and MH services, with a linked training plan from May 2011.</p> <p>Joint working between managers in the two services, and between consultants in LD and MH has already seen barriers to access to MH services reduced. People are given a choice (where</p>	<p>Top level leadership from MH services to embed the protocol in everyday practice for all staff. To improve practice and reporting on CPA and on the Mental Health Act in LD services.</p>		√		<ul style="list-style-type: none"> Protocol implemented Staff trained Implementation audited.

(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
	appropriate) about which service should lead on their care. LD health services are provided from the MH trust from April 2011 and this should help to reduce barriers further. A small base-line audit was completed in 2010, this will be repeated.					
4.10 Each Partnership Board has a learning disabilities workforce development Plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and mainstream health care areas	Rotherham's Integrated Local Area Workforce Strategy (InLAWS) was finalised in March 2011 and its implementation plan commences in April 2011 with the formation of a Workforce Strategy Board (WSB) that will make workforce commissioning decisions including Learning Disability Services. InLAWS integrates service commissioning with workforce commissioning and financial strategy. Workforce development and joint and integrated working between social and health care are two of the Strategy's key workforce intentions. The Board will include members from health, social care and the independent sector agencies. The workforce includes learning disability services. NHS R has considered the workforce requirements for all the services it commissions as part of the single integrated plan. This will include the LD workforce.	Discussion of these issues at the LDPB.			√	Workforce Board in place and considering the LD workforce.
4.11 PCTs and their partners are working with local and regional Offender health teams to	We have no local prison and no record of any local people with a Learning				√	Better connections with housing, probation and other key services in

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ensure that people with learning disabilities in prison have access to a full range of healthcare – in line with legislation, policy and best practice	Disability being in prison. The local prisons do have a screening tool for LD which is also used in local services. The LD service has agreed arrangements to provide support and a 'Responsible Adult' for people with suspected LD in the local police or court systems. This is working well.					place when required.

Some more questions about how this self assessment process is reported back to the different organisations who contribute to it – and about the extent to which people are really involved and included in all the work

Name of your local area : *Rotherham*

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.

This year we had a 'Big Health Follow-up Day' in September where we spoke to people about the progress we had made. 34 people attended the event, 18 of these were people with learning disabilities or family carers.

In 2011 we decided not to have another BIG meeting but to have lots of small meetings with people with a learning disability and with family carers so that more people could learn about the framework and tell us about health issues and about health services they have used.

We had 7 meetings, involving 49 people with a learning disability and 21 family carers, also staff from services. These took place at the local Carers' forum, in day services and in residential settings.

- We asked Partnership Board about this before we did it and gave them feedback from the meetings.
- We have also discussed the framework and our progress thought-out the year at the LD Health Sub-Group meetings.



Rotherham HAF
Facilitators Questions

- This is a report summarising all of the engagement meetings that we had:

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 Sub-group has a quarterly agenda item at the Partnership Board, we used these to provide the feedback from the SHA and to talk about the NHS White Paper and about Healthy Ambitions.

In 2011 we have spoken about the framework at every meeting! We asked PB about how we planned to consult people in January; in March we looked at all the draft scores and at the feedback from our consultation meetings (question 1); the LD health sub-group and LDPB will sign off the scores before we submit them on 15th April.

- We have also discussed the framework and our progress through-out the year at the LD Health Sub-Group meetings
- The carers forum has discussed the framework and given their views (Question 1).

3. This is a question about how statutory and other organisations in your local area contribute to and follow progress on your Health Agenda. Please give information here about the range of Boards, Groups and organisations who are 'briefed' about progress on the self assessment and its contents: who are they and how often do they request or receive reports?

2010 Process:

NHS Rotherham Board, May 2010 looked at the 2010 scores

Feedback from the 2010 process to:

- Professional Executive Sept 1st 2010, NHS Rotherham Board, 20th Sept 2010;
- LA Neighbourhoods and Adult Services Directorate Leadership Team (DLT) and Adult Health and Social Care Cabinet: November and Dec 2010

2011 Process sign-off:

PCT Management Executive and LA Neighbourhoods and Adult Services Directorate Leadership Team (DLT) – 12th

April

LDPB 15th April

GP Commissioning Executive briefed and a paper will go to the Local Authority Cabinet at the end of April.

4. 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?

(SPEAKUP) The work was raised in the partnership board over the past year where self advocates chair and attend, also the health subgroup and the regional health subgroups have self advocate representation and one local self advocate sits on the CQC board. As an organisation Speak up feel people with learning disabilities in Rotherham have had lots of opportunities to comment

(LD Service) The small meetings have been well received by the people who have attended and we plan to do more of this next year.

Partnership Co-Chair: “you should be proud of yourselves”

Things that need to get better:

- We need to get more young people involved, including people in schools and people in transition.
- We need to be better at involving the parents and carers of people with complex needs. They can't always come to meetings.