

## Learning Disabilities Performance and Self Assessment Framework Top Targets, Key objectives and Progress Criteria – 2010

Top Targets and Key Objectives	LEVEL 1	LEVEL 2	LEVEL 3	Measures and suggested evidence
<b>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 (Note 1)</b>				
1.1 The resettlement of identified people from long stay hospitals, is complete (Note 2)	<ul style="list-style-type: none"> <li>Some of the originally identified people have not yet moved from long stay hospitals</li> </ul>	-	<ul style="list-style-type: none"> <li>No remaining people to be resettled</li> </ul>	<p><b>Measure</b></p> <ul style="list-style-type: none"> <li>Number of people to be resettled (Note 2) at March 2010</li> </ul>
1.2 All NHS Residential Campuses are to be closed by March 2010 ( <i>DH campus definition attached at Appendix 2</i> )	<p><b>By March 2009</b></p> <ul style="list-style-type: none"> <li>All individuals meeting campus definition have been identified and agreed</li> <li>Integrated assessments are complete for less than 50% of the above</li> <li>Person Centred plans are underway for less than 50% of the above</li> <li>Named advocates/supporters or IMCAs as appropriate, are in place for less than 50% of the above</li> <li>Commissioners and Trust providers together identify and agree on an ongoing basis, individuals in Assessment and Treatment services who may shortly meet the campus definition</li> </ul>	<p><b>By March 2009 for people moving by March 2010</b></p> <ul style="list-style-type: none"> <li>All integrated assessments complete</li> <li>All Person Centred Plans complete or update</li> <li>Project Plan(s) with key milestones and timescales in place</li> <li>Linked revenue and capital funding per project is in place, and reflected in local Business Plans</li> <li>Partnership Boards have scheduled reporting and review of the quality and robustness of local campus projects</li> <li>Named advocates, supporters, or IMCAs as appropriate, in place for all individuals</li> </ul>	<p><b>By March 2009 for people moving by March 2010</b> <b>All Level 2 criteria and also: Partnership Board has assured itself that -</b></p> <ul style="list-style-type: none"> <li>Reprovision plans for all named people (e.g. Finances, contingency plans) to date are on target against agreed project plan</li> <li>Where service reprovision of all named people will not be achieved by March 2010, plans and trajectories to complete the work are in place and approved by the Partnership Board</li> <li>CSR revenue is being put to good use to enhance reprovision projects</li> <li>There is compliance with all relevant legislation including Disability Equality Duty</li> </ul>	<p><b>Measures (Note 3)</b></p> <ul style="list-style-type: none"> <li>Number of people in campus provision at March 2009 - with separate identification of those in Assessment &amp; Treatment (Note 4)</li> <li>Number of people (likely to be) in campus provision at March 2010 - with separate identification of those in Assessment &amp; Treatment (Note 4)</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Demonstration of how the Partnership Board is checking the quality of the campus reprovision process</li> </ul>

			<ul style="list-style-type: none"> <li>Evidence of development of local community services - both specialist, and in primary and acute care settings</li> </ul>	
<p>1.3 <b>(formerly 4.1)</b> Discharge planning is in place for people (<b><i>not already included in the campus target</i></b>) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion (<b>Note 7</b>)</p>	<ul style="list-style-type: none"> <li>Admission and Discharge protocol agreed with current providers and health and local authority commissioners. This should contain the following key components: <ul style="list-style-type: none"> <li>an agreed definition of 'ready for discharge'</li> <li>person-centred approach described</li> <li>commitment to central involvement of multi-disciplinary team and families/carers</li> </ul> </li> <li>Joint work started with PCT and L/A commissioners and current providers, to identify all such individuals and likely timescales for discharge.</li> <li>Person centred discharge plan underway for 25% of people</li> <li>Named advocates or supporters in place for the above</li> <li>Accessible information produced about the process</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>Individuals who fall within the definition of a 'delayed discharge' are identified and agreed by provider and commissioner responsible</li> <li>Integrated Assessments done for over 50% of people</li> <li>Person centred discharge plans underway for over 50% of people</li> <li>Person Centred approach being adopted for all</li> <li>The PCT has a system for reviewing NHS funded hospital care (in and out of the area)</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>Person centred discharge plans are in place for over 75% of people (<b>Note 8</b>)</li> <li>Plans for people with timescales, etc., are complete, approved by Partnership Board, and reflected in local business plans/LDPs</li> <li>Partnership Boards receive progress reports on plans from commissioners</li> <li>Allocated case management for all named individuals</li> <li>There are locally agreed targets and plans to reduce the number of people whose discharge is delayed</li> <li>There is clarity of interpretation, and consistent application across local health and social services commissioners of Ordinary Residence Guidance and Responsible Commissioner Guidance</li> </ul>	<p><b>Measures</b></p> <p>In respect of people in public / private hospitals EXCLUDING those in campus list/target, <b>the following data should be given as at January 2010:</b></p> <ul style="list-style-type: none"> <li>Location (<b>Note 5</b>)</li> <li>Length of stay (<b>Note 6</b>)</li> <li>Number of 'delayed discharges' (i.e. no longer need I/P treatment)</li> <li>Number of people likely to complete treatment in coming 12 months</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>If above data not yet available, the time-table and plan to collect it</li> <li>Evidence of Partnership Board briefing e.g. accessible information</li> </ul>
<p><b>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</b></p>	<p><b>LEVEL 1</b></p>	<p><b>LEVEL 2</b></p>	<p><b>LEVEL 3</b></p>	
<p>2.1 Systems are in place to ensure the following are identified within GP Registers:</p> <ul style="list-style-type: none"> <li>Children (<b>Note 9</b>) and adults with a learning disability (By Dec 2004)</li> </ul>	<ul style="list-style-type: none"> <li>No systematic approach yet to identify and register patients with learning disability, although information is available manually</li> <li>No system yet in place to flag up particular health needs of those</li> </ul>	<ul style="list-style-type: none"> <li>There is a protocol in place for the collection of data and the registration of people with learning disabilities</li> <li>GP Practices identify and register all their patients with</li> </ul>	<p><b>As level 2 and additionally</b></p> <ul style="list-style-type: none"> <li>All are registered as far as known.</li> <li>Electronic system in place to record older carers and carers from ethnic minority groups</li> </ul>	<p><b>Measures</b></p> <p><b>At January 2010:</b></p> <ul style="list-style-type: none"> <li>Number of GP Practices in PCT area with systems for identifying and recording patients with a learning</li> </ul>

<ul style="list-style-type: none"> <li>➤ Older family carers (<b>Note 10</b>)</li> <li>➤ Those from minority ethnic groups</li> <li>➤ Carers of those from minority ethnic groups</li> <li>➤ Parents or carers with a Learning Disability</li> </ul>	<ul style="list-style-type: none"> <li>• registered with learning disability</li> <li>• No system yet in place to identify older carers, those from minority ethnic groups, those parents or carers with a Learning Disability</li> </ul>	<p>a learning disability using a Read code (918E) consistent with the QOF definition of Learning Disability (<b>Appendix 3</b>)</p> <ul style="list-style-type: none"> <li>• GP Practices have identified and registered more than 50% of the people with learning disabilities known to Community Learning Disabilities Team/Local Authority</li> <li>• Work is ongoing with local authority to ensure optimum registration</li> <li>• Manual system in place to identify learning disabled patients including those from minority ethnic groups</li> <li>• Manual system in place to identify people with profound and multiple disabilities</li> <li>• Manual system in place to identify older carers and carers from ethnic minority groups</li> <li>• Manual system in place to identify parents with learning disabilities</li> <li>• Work ongoing and resource identified to further develop systems</li> </ul>	<ul style="list-style-type: none"> <li>• People are offered the option to record their access needs to appear on patient records. This may include choice about length of appointments, waiting arrangements, etc.</li> </ul>	<p>disability - expressed as a %age of all Practices in PCT area</p> <ul style="list-style-type: none"> <li>• Number of adults with learning disabilities registered with GP practices in the PCT area</li> <li>• Number of adults with learning disabilities recorded by the local authority</li> <li>• Number of people with learning disabilities from minority ethnic groups, registered with GP practices – expressed as a %age of total registered practice population (including non-disabled) in the PCT area</li> <li>• Number of older family carers identified in GP registers across the PCT area (<b>Note 10</b>)</li> </ul>
<p>2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice (<b>Note 11</b>)</p>	<ul style="list-style-type: none"> <li>▪ GP Practices have identified and registered less than 50% of the people with learning disabilities known to Community Learning Disabilities team/Local Authority</li> </ul>	<p><b>As level 1 and additionally</b></p> <ul style="list-style-type: none"> <li>▪ PCT has agreed a process with all GPs around Annual Health Checks</li> <li>▪ GP practices are aware of those of their patients who have HAPs</li> <li>▪ The practice has a named link member/facilitator for people with learning disabilities (<b>Note 12</b>)</li> <li>▪ HAPs demonstrably generate annual health</li> </ul>	<p><b>As level 2 and additionally</b></p> <ul style="list-style-type: none"> <li>▪ By 2010, 100% of people with learning disabilities on the register have been offered a Health Check</li> <li>▪ Such health checks are carried out to at least the standard of thoroughness shown in the exemplar sent out with DES Guidelines (<b>Appendix 6</b>)</li> <li>▪ Health Action Plans (HAPs) are in place for everyone who</li> </ul>	<p><b>Measures</b> <b>At January 2010:</b></p> <ul style="list-style-type: none"> <li>• Number of GP surgeries – expressed as a %age of total local GP surgeries – who have a (a) LES / (b) DES for people with learning disabilities</li> <li>• Number of people - expressed as a %age of those registered – <i>who have been offered a comprehensive health check</i></li> </ul>

		<p>checks</p> <ul style="list-style-type: none"> <li>There is a system in place to ensure that learning disabled patients are invited to attend for a full health check if they have not visited surgery in last 3 years.</li> </ul>	<p>wants one</p> <ul style="list-style-type: none"> <li>HAPs have been initiated or checked by a primary care professional.</li> <li>HAPs are reviewed at least annually and at key stages in people's lives and generate follow up as required.</li> <li>Practice registers record 'reasonable adjustments' made to meet individual needs</li> <li>The community learning disabilities services have a member allocated/linked to each GP Practice.</li> </ul>	<p>in last two years</p> <ul style="list-style-type: none"> <li>Number of people - expressed as a %age of those registered – <i>who have received</i> a comprehensive health check in last 2 years</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Partnership Board review of Health Check quality and linked HAP process</li> </ul>
<p>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 13)</p>	<ul style="list-style-type: none"> <li>People with learning disabilities are registered with and known to their GP practice using a consistent Read code (918E)</li> <li>PCTs are working with Partnership Boards and wider partners, to identify barriers to services and gaps in information</li> <li>PCTs ensure compliance in all health areas with all current legislation eg the Disability Discrimination Act , Human Rights Act, etc</li> <li>Screening and health promotion literature and information – for at least all areas listed in the measures column - is provided in accessible and user friendly formats</li> </ul>	<p><b>As level 1 and additionally</b></p> <ul style="list-style-type: none"> <li>GP Practices have systems in place linked to their Disease Register which 'flag' people who also have a learning disability</li> <li>GP Practices have systems in place to monitor invitations and take-up of cancer screening invitations to men and women with learning disabilities</li> <li>GP practices have systems in place to monitor the number of people with learning disabilities involved in practice and community-based health promoting activities (e.g. smoking cessation initiatives)</li> <li>Existing Service Level Agreements, commissioning approaches and contracting approaches are being reviewed to ensure equitable service provision, including 'reasonable adjustments' where relevant</li> <li>PCTs gather data to</li> </ul>	<p><b>As level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>Each Practice in PCT area carries out annual reviews of their learning disabled patients who have heart disease or diabetes</li> <li>Retinal screening for early detection of diabetic retinopathy is offered to people as part of a structured diabetes programme</li> <li>A system is in place to ensure that patients at risk of dysphagia are screened and assessed to determine vulnerability, with a care plan in place and reviewed regularly</li> <li>Systematic training is undertaken in a range of screening activities, both for people who may need screening, and those who will carry it out</li> <li>Resources are demonstrably targeted at known inequalities</li> </ul>	<p><b>Measures</b></p> <p><b>As at January 2010:</b></p> <ul style="list-style-type: none"> <li>Number of adults with learning disabilities who have received cancer screening within main programmes: cervical, breast, bowel, prostate (Note 14)</li> <li>Numbers of those showing obesity (BMI) offered dietary advice</li> <li>Number of people with (a) heart disease and (b) diabetes</li> <li>Number of those with (a) heart disease who have received a review in past 12 months; (b) diabetes who have received a review in past 12 months</li> <li>Number of people with diabetes who have received retinal screening</li> <li>Number of people with asthma</li> <li>Number of people at risk of dysphagia</li> <li>Of those assessed as being</li> </ul>

		determine equity of access		<p>at risk of dysphagia, number who have been screened and have care plans in place</p> <ul style="list-style-type: none"> <li>Number of people with LD and epilepsy</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>If there are difficulties in collecting this information, how they are being addressed</li> <li>What – if any – are known inequalities and how resources are being targeted to address these</li> </ul>
<p>2.4 The wider primary care community (e.g. dentists, pharmacists, physiotherapists, podiatrists, optometrists, community-based nurses) is demonstrably addressing and promoting the better health of people with learning disabilities</p>	<ul style="list-style-type: none"> <li>Links established between wider primary care professionals and Partnership Boards</li> <li>PCTs demonstrably promote accessibility of these mainstream therapeutic and community nursing services to people with learning disabilities</li> <li>Partnership Boards (or their Health sub-groups) have plans to champion ‘culture change’.</li> </ul>	<p><b>As level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>There is progress in making wider primary care services better known and more accessible to people and their carers</li> </ul>	<p><b>As level 2, and additionally</b></p> <ul style="list-style-type: none"> <li>Flexible working styles and systems are developing, and ‘reasonable adjustments’ to practice being made in these wider services, to accommodate individuals’ needs and choices</li> <li>Local / Directed Enhanced Service Agreements in place for people with learning disabilities</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Reported good practice in 2010 feedback</li> </ul>
<p>2.5 Service Agreements with providers of primary care, general, specialist and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities. (Note 15)</p>	<ul style="list-style-type: none"> <li>Service protocols in place and functioning between commissioners and primary care, acute and specialist providers (in-patient and community).</li> <li>Contracts/SLAs refer to the provision of ‘reasonable adjustments’ in services for people coming in for treatment</li> <li>Explicit admission and discharge policies and their implementation are agreed by commissioners and all healthcare providers</li> <li>Patients with learning disabilities and their families are offered easy to understand information about their health</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>Concerns, compliments and complaints linked to the care of patients with learning disabilities in all healthcare settings are noted, trends analysed (including from PALS/LINKs), and practice amended as needed</li> <li>Information and feedback from people is acted upon and incorporated into service development</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>People are offered a choice of treatment provider in line with national Choice policy, and this is done in a way they understand</li> <li>The effectiveness of reasonable adjustments forms part of contract review with commissioners</li> <li>Each general hospital has a named skilled ‘link person’ in place (e.g. Acute Liaison nurse) and/or a clear procedure for securing those skills when someone is admitted</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Provider Trust and PCT responses to CQC 09-10 periodic review indicator for ‘access to healthcare’</li> </ul>

	<ul style="list-style-type: none"> <li>People and their supporters/families are asked about their experience of care</li> <li>Comprehensive learning disability awareness training programmes are available to all staff at induction and through continuing professional development</li> </ul>			
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 15)	<ul style="list-style-type: none"> <li>People with learning disabilities are registered with and known to their GP practice</li> <li>All PCT work-streams are demonstrably informed by the Partnership Board</li> </ul>	<p><b>As Level 1 and additionally</b></p> <ul style="list-style-type: none"> <li>GPs have systems in place to ensure patients with learning disabilities have equal access to mainstream services</li> <li>Disability / Equality Impact Assessments have been demonstrably completed and address the needs of people with learning disabilities</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>The needs of people with learning disabilities are included explicitly in the business plans and performance frameworks of each programme/network</li> <li>The standards included in all NHS mainstream health work-streams are explicitly reviewed.</li> <li>People with learning disabilities are represented on all key clinical work-streams or networks</li> <li>PCTs can demonstrate that any differential needs of the LD population linked to the key health promotion targets are addressed (eg obesity, premature death etc)</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>PCT/Public health information about how health differentials or assessed inequalities are being addressed</li> <li>As 2.5 above, responses to CQC Indicator around access to healthcare</li> </ul>
2.7 The benefits for patients derived from the development of computer technology (in the context of the NHS plan to improve the way it holds and uses patient information) are of equal benefit and equally open to people with learning disabilities and those who provide services to them	<ul style="list-style-type: none"> <li>No work yet completed to consider NHS IM&amp;T developments in terms of their impact on - or accessibility to – individual patients including those with Learning Disabilities</li> </ul>	<ul style="list-style-type: none"> <li>Primary care information systems are being developed to underpin the data collection requirements of this Framework</li> <li>PCTs are aware of wider health service IM&amp;T systems being developed nationally and regionally and are ensuring people with learning disabilities derive equal benefit from them</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>Information systems are accessible in language and application terms to people and carers</li> <li>Flagging systems are available in all care streams and across organisations to allow data collection and comparative analysis about people's health</li> <li>People and their carers can access and contribute to electronically held information relevant to their health</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Relevant extract(s) from local PCT IM&amp;T strategy with evidence of work to ensure that information and new technology is equally accessible by people with learning disabilities</li> </ul>

<p>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 carers (see also 2.1 above)</p>	<ul style="list-style-type: none"> <li>▪ No Baseline data collected</li> <li>▪ Race Equality Screening of key policies not completed in all NHS organisations</li> <li>▪ Membership of Partnership Board does not reflect the cultural makeup of local area</li> </ul>	<ul style="list-style-type: none"> <li>▪ Race Equality Screening of key policies completed in all health organisations</li> <li>▪ GP registers record those people with LD from ethnic minority groups and also their carers (See 2.1 above)</li> <li>▪ Good data about the health needs of people with LD from ethnic minority groups is being collected in all PCT commissioning work-streams</li> <li>▪ Partnership Board has someone who understands these issues and leads on this work</li> <li>▪ Key communications are available in the relevant form and language</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ The Race Equality Schemes in all health organisations fully address the needs of people with learning disabilities from ethnic minority groups.</li> <li>▪ Partnership Boards are making progress on their action plans to meet the specific health needs of those from ethnic minority groups and their carers</li> <li>▪ Local workforce planning takes account of need to recruit and retain staff from ethnic minority groups, as well as of general training needs with regard to providing services to people of different ethnic groups</li> </ul>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>▪ As at 2.1 above</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Relevant extract from local health needs assessment/JSNA</li> <li>▪ Summary of Partnership Board Action Plan</li> </ul>
<p>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. (<i>See Definition at Appendix 4</i>)</p>	<ul style="list-style-type: none"> <li>▪ This group and their carers not yet represented on the Partnership Board</li> <li>▪ Baseline position/data not yet collected</li> <li>▪ Assessments of carers' needs not yet all completed (SAS)</li> </ul>	<ul style="list-style-type: none"> <li>▪ This group is represented both on the Partnership Board and in the relevant mainstream planning fora</li> <li>▪ Each Partnership Board is developing a plan about people who have profound and complex disabilities and their carers</li> <li>▪ Local PCT planning linked to Long Term Conditions is aware of the number and needs of people who have profound and complex disabilities</li> <li>▪ Information and communication systems are being developed for people and their families</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ The Partnership Board has a strategy in this regard and it is being implemented</li> <li>▪ the needs of people with complex disabilities are demonstrably addressed in local plans about supporting people with Long Term Conditions, as well as in other relevant mainstream health strategies</li> <li>▪ There is good information available for people and their carers</li> </ul>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>▪ Number of young people with complex or profound disabilities in locality</li> <li>▪ Number of adults with complex or profound disabilities in locality</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Summary of Partnership Board Strategy and action plan</li> <li>▪ Relevant extracts from mainstream strategies, e.g. Long Term Conditions</li> </ul>

3. People with learning disabilities who are in services that the NHS commissions or provides, are safe	LEVEL 1	LEVEL 2	LEVEL 3	
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, 'Healthcare for All' and Six Lives	<ul style="list-style-type: none"> <li>▪ Learning points not identified</li> <li>▪ Action plan(s) either not in place, or not yet discussed with partners</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key points from NHS provider action plans are included in contracts</li> <li>▪ Progress is systematically followed in contract review meetings</li> <li>▪ Partnership Board centrally involved in reviewing progress</li> <li>▪ Statutory and P&amp;V Sector involved</li> </ul>	<ul style="list-style-type: none"> <li>▪ Key points from action plans are included in local LD Health Business Plan along with - or aligning with – priorities emerging from the overall self assessment</li> <li>▪ Where highlighted as needed, there is evidence of the required practice adjustments having been made</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Partnership Board evaluation of progress</li> <li>▪ Examples of learning points included as actions in Local LD Health Business Plan or Strategy</li> </ul>
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including: <ul style="list-style-type: none"> <li>• Mental Capacity Act (including Consent)</li> <li>• Disability Discrimination Act (including Disability Equality Duty)</li> <li>• Human Rights Act</li> </ul>	<ul style="list-style-type: none"> <li>▪ All health organisations have a policies and procedures guiding their practice in context of key legislation</li> <li>▪ Such policies are in line with all current specific DH guidance</li> <li>▪ There is easy to understand information available to people and their families on the Mental Capacity Act, the Human Rights Act and Disability Discrimination Act and their application in the context of the health services people receive</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ Given the particular health inequalities that exist for people with a learning disability, each health service provider and commissioning body can demonstrate that they are fully discharging their Duties under Disability Equality Duty</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ There is a clear understanding through all NHS provider services about gaining consent to treatment from people with a learning disability</li> <li>▪ Plans are in place with linked training and funding, to implement key aspects of the Mental Capacity Act across health providing organisations.</li> <li>▪ There is a consistent interpretation of key policies across the local commissioning area</li> <li>▪ Practice demonstrates an improved understanding of the dangers of 'diagnostic overshadowing'</li> </ul>	<p><b>Measures</b></p> <p><b>At January 2010</b></p> <ul style="list-style-type: none"> <li>▪ Number of referrals for IMCA in past 12 months</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ PCT audit of process leading up to treatment and/or significant care decisions for at least 10 individuals with learning disabilities over the preceding 12 months in a range of care settings</li> <li>▪ PCT report/evaluation of DED compliance in all local health organisations</li> <li>▪ Examples of easy to understand information about people's rights under key legislation</li> </ul>
3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all	<ul style="list-style-type: none"> <li>▪ Each organisation has a governance system which allows it to identify complaints or incidents relating specifically to people with learning disabilities</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ There is evidence of specific service improvements and of audit programmes in place linked to learning</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ People with learning disabilities and/or their supporters are members of each organisation's Governance</li> </ul>	<p><b>Measures</b></p> <p><b>At January 2010</b></p> <ul style="list-style-type: none"> <li>▪ Most recent CQC Annual rating</li> <li>▪ Most recent L/A</li> </ul>

organisations	<ul style="list-style-type: none"> <li>▪ All health organisations have their complaints policy and process in accessible format</li> <li>▪ People are aware of the PALs service – role and function and how to access</li> <li>▪ People are aware of their local LINKs – role and function and how to be involved</li> </ul>	<p>derived from such complaints and/or incidents</p> <ul style="list-style-type: none"> <li>▪ Patients have access to expert advice, including self advocates</li> <li>▪ There is evidence that people are using the new NHS complaints procedure</li> </ul>	Forum (or equivalent)	<p>Performance Rating</p> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Detail of key specific service improvements or changes which have happened, to be included in Feedback form</li> <li>▪ Partnership Board review</li> <li>▪ NHS Board reporting</li> </ul>
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults	<ul style="list-style-type: none"> <li>▪ Safeguarding Adults policy and procedures are agreed across each locality</li> <li>▪ Such policy has had Race Equality and Disability Equality screening and assessments</li> <li>▪ There is a Safeguarding Board in place which has NHS (Trust and PCT), and L/A representatives at a senior enough level to enable the Board to implement safeguarding policies effectively</li> <li>▪ Agreed training programme in place which addresses all aspects relating to safeguarding adults</li> <li>▪ Less than 25% of staff have received training (<b>Note 16</b>)</li> </ul>	<ul style="list-style-type: none"> <li>▪ 50% of identified policies reviewed</li> <li>▪ All organisation have an agreed, structured rolling training programme on all aspects of safeguarding adults</li> <li>▪ At least 50% of staff have received training</li> <li>▪ Partnership Boards are overseeing the implementation of Hate Crime guidance</li> <li>▪ Safeguarding Policies in Easy Read</li> </ul>	<ul style="list-style-type: none"> <li>▪ There are joined up agreements in each local authority area relating to Child and Adult Protection; Complaints; Public Protection etc, with clarity of health organisation roles and cross checking between reporting systems</li> <li>▪ At least 90% of staff have received training and are up dated regularly</li> <li>▪ Both health and social care commissioners include explicit safeguarding training targets in all contracts</li> <li>▪ There is a Partnership Board representative who sits on the local Safeguarding Board and reports back to Partnership Board at each meeting</li> </ul>	<p><b>Measures</b> <b>At January 2010</b></p> <ul style="list-style-type: none"> <li>▪ Number of adults in the <b><i>locality whose care is purchased by an out of area commissioner</i></b> (both in health or social care settings)</li> <li>▪ Number of staff (expressed as a percentage of total staff in each local NHS organisation <u>including the PCT commissioning arm</u>) who have attended safeguarding training in past 12 months</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Summary of outcomes and recommendations from the most recent local Safeguarding Inspection report – where applicable</li> <li>▪ Copy of local policy on reporting serious incidents</li> <li>▪ Statutory bodies on Partnership Board and/or Partnership Board lead on Safeguarding to tell people about progress on these criteria at self assessment event. Feedback also in final submissions</li> </ul>

4. Progress is being made in implementing the service reforms and developments described in 'Valuing People Now'	LEVEL 1	LEVEL 2	LEVEL 3	
<p>4.2 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding:</p> <ul style="list-style-type: none"> <li>- unnecessary admissions or re-admissions to hospital</li> <li>- out of district placements</li> </ul> <p><b>NOTE: Previous 4.1 is now 1.3 under Top Target 1 (see above). Numbering here starts at 4.2 to avoid confusion in year on year comparative analysis</b></p>	<ul style="list-style-type: none"> <li>• Mapping has been undertaken to give a clear picture of gaps in local services, which may lead to out of area placements or unnecessary hospital admission</li> </ul>	<ul style="list-style-type: none"> <li>• Commissioners have drawn up future plans to develop services locally for people who have more complex needs</li> <li>• Such plans take account additionally of young people in transition to adulthood</li> <li>• A specification has been agreed for the delivery of LD Assessment and Treatment services which promote effective and timely intervention</li> <li>• Care Pathways are being developed to make sure people are able to benefit from both mainstream and more specialist healthcare when they need to</li> <li>• There is good access to skilled advocacy services for people who challenge services</li> </ul>	<ul style="list-style-type: none"> <li>• There is a demonstrable 'shift' in investment <i>and in skilled staff</i> from 'hospital' based services to 'community based' services</li> <li>• <i>Unnecessary</i> admissions or re-admissions to hospital (e.g. after campus closure) are avoided</li> <li>• Comprehensive local services enable the reduction of the number of people sent 'out of area' for care/treatment</li> <li>• There is effective partnership working between health and social care partners to ensure an effective pathway of care, including admission and discharge protocols</li> <li>• Assessment and treatment services are provided according to the agreed specification</li> <li>• There are no avoidable delays in discharging people from bed based assessment and treatment services</li> </ul>	<p><b>Measures</b> <b>At January 2010</b> <b>(See also data linked to 1.3)</b></p> <ul style="list-style-type: none"> <li>• Number of I/P Assessment and Treatment beds which PCT contracts for in the locality</li> <li>• Number of I/P assessment and treatment beds which PCT contracts for outside the locality</li> <li>• Number of people out of locality/borough in healthcare provision (<b>excluding</b> those in Assessment and treatment places)</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Copy of the appropriate section of the JSNA highlighting unmet need and key service gaps</li> </ul>
<p>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 (<b>Note 17</b>)</p>	<ul style="list-style-type: none"> <li>• Year 9 transition review takes place for all young people with full interagency involvement (<i>DFES</i>)</li> <li>• Every child has a named personal adviser</li> <li>• There is a record in each locality of young people likely to need additional mainstream and specialist health supports or services in the coming five years</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>• Person centred planning underway at aged 14 years</li> <li>• Potential range of required health services, identified</li> <li>• Coherent interagency process to ensure consistent and effective communication with family carers of young people in transition</li> <li>• Business plans approved by</li> </ul>	<p><b>As Level 2, and additionally</b></p> <ul style="list-style-type: none"> <li>• Youth Advocacy in place where required</li> <li>• Additional health services identified, needed each year, for coming 5 year period, for people at age 18/19 years</li> <li>• The above are included in plans referred to in 1.3 (<i>formerly 4.1</i>)</li> </ul>	<p><b>Measures</b> <b>at January 2010</b></p> <ul style="list-style-type: none"> <li>• Number of young people aged 14 upwards in the L/A area</li> <li>• Number of young people aged 14 upwards currently placed outside L/A area</li> <li>• Projected number of young people to become 18 over coming three years, starting</li> </ul>

	<ul style="list-style-type: none"> <li>This information is reflected in the JSNA</li> </ul>	Partnership Board, in place		<p>with figures from January 2010 onwards</p> <ul style="list-style-type: none"> <li>Current amount spent annually on Youth Advocacy services</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Relevant extract from Needs Assessment/JSNA</li> </ul>
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"> <li>There is no coherent, structured approach to involving people with learning disabilities and their family/carers in service planning, development and delivery</li> </ul>	<ul style="list-style-type: none"> <li>Inclusive ways of working in different organisations are being developed, which welcome and attract the involvement and engagement of people with learning disabilities and their families/carers</li> <li>Involvement and influence in health related projects can be demonstrated</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>People are supported to derive equal benefit from IM&amp;T developments (see 2.7 above)</li> <li>Health organisations promote and facilitate training and development opportunities for people and their carers</li> <li>All health care providers publish important information for their learning disabled patients in an accessible format</li> <li>Reasonable adjustments are made to empower people in discussion</li> <li>Whole health community meetings promote the involvement of learning and physically disabled people and their supporters (<b>Note 18</b>)</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Feedback from 2010 self assessment exercise</li> <li>Feedback from Partnership Board members at Validation sessions</li> </ul>
4.5 There are thorough, well-functioning partnership agreements between organisations – and associated governance, guiding day to day commissioning and service provision	<ul style="list-style-type: none"> <li>Partnership Board has agreed a number of key policies and agreements in this respect</li> <li>Partnership Board has adopted the Performance and Self Assessment Framework</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>Programme of work locally underway to monitor the effectiveness of partnership policies</li> <li>Work ongoing across localities to ensure consistent application and outcomes across localities in SHA area</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>Integrated performance management arrangements are in place</li> <li>There is integrated data collection within and across different care sectors</li> </ul>	<p><b>Evidence</b></p> <p>The local JSNA contains comprehensive information about health needs of people with learning disabilities and any inequalities they experience</p>
4.6 The needs of people with learning disabilities who are ageing ( <b>Note 19</b> ) are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice	<ul style="list-style-type: none"> <li>Each locality has a database of older people who have a learning disability, and this is systematically updated</li> <li>Local Older People's</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>Local commissioning strategy is in place to provide mainstream and specialist health services</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>There are formal agreements (protocols) between organisations guiding best practice in the care of people</li> </ul>	<p><b>Measure</b></p> <p><b>At January 2010:</b></p> <ul style="list-style-type: none"> <li>Number of people over 65 years of age with a learning disability</li> </ul>

<p>guidelines (including the national Dementia Strategy and New Ambitions in Old Age)</p>	<p>commissioning strategy and linked performance assessment framework includes specific reference to, and review of, people with learning disabilities</p>	<p>and supports to people who are ageing, those who may develop dementia at a young age, and those nearing the end of their lives</p>	<p>with learning disabilities who are ageing.</p> <ul style="list-style-type: none"> <li>▪ There are formal agreements (protocols) between organisations guiding best practice in the care of younger people who develop early dementia.</li> <li>▪ Protocols in place for early onset dementia, ensuring people have equal access to mainstream dementia care expertise.</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Examples of key agreements or pathways as per Level 3</li> </ul>
<p>4.7 PCTs have agreed with local partner agencies a long term ‘whole system’ strategy to address the needs of people with autism spectrum, which includes reference to adults and young people with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood</p>	<ul style="list-style-type: none"> <li>▪ Comprehensive information available about the local support and help available to people and their families locally, and about how they can become involved in developing services</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ Planning progressing for people who are still in hospital (<i>See also 1.3 above</i>)</li> <li>▪ Local implementation plans are being developed to deliver the ‘Altogether Better’ Strategy’</li> <li>▪ People and families are demonstrably involved in the work around ‘Altogether Better’</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ Flexible and innovative commissioning models are being developed e.g. ‘In Control’ project</li> </ul>	<p><b>Measures at January 2010</b></p> <ul style="list-style-type: none"> <li>▪ Young people with autism expressed as a percentage of the total number of young people in data collected under 4.3 above</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Relevant extracts from Strategy</li> </ul>
<p>4.8 There are 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.</p>	<ul style="list-style-type: none"> <li>▪ Mapping has been undertaken to identify gaps in current service provision</li> <li>▪ Continues to be high rate of referrals to services outside the locality</li> </ul>	<ul style="list-style-type: none"> <li>▪ Gaps identified and strategy developed</li> <li>▪ PCT commissioners have agreed with Partnership Board, future plans for people described as having challenging behaviour. <i>Such future plans include young people in transition to adulthood</i></li> <li>▪ Every person in an out of area place, has (at least) an annual person centred review that allows them to decide on their future</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>▪ Services are local and are available in community rather than institutional settings</li> <li>▪ Local workforce development plans contain explicit reference to workforce training and development linked to the needs of those who are described as having challenging behaviour</li> </ul>	<p><b>Measures</b></p> <ul style="list-style-type: none"> <li>• See 1.3 above</li> </ul> <p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>• Relevant extract from local Strategy in this regard</li> <li>• Relevant extract from workforce plan</li> </ul>

		<ul style="list-style-type: none"> <li>There is evidence of highly individualised service planning, commissioning and delivery</li> <li>There is good access to skilled advocacy</li> </ul>		
4.9 New Horizons for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services	<ul style="list-style-type: none"> <li>MH/LD service protocols are in place and are demonstrably working</li> <li>Baseline audit done using Green Light for Mental Health</li> </ul>	<p><b>As Level 1 and additionally:</b></p> <ul style="list-style-type: none"> <li>Green Light for MH being progressed</li> <li>People with behaviour linked mental health problems have good access to skilled mental health interventions</li> <li>Primary Care Mental Health workers provide service also to people with learning disabilities registered with the practice</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>All LITs include membership from people with LD and their families</li> <li>In each locality, planning and commissioning for people whose overriding need is a mental health one, is carried out by MH LITs, calling on support and expertise of specialist LD professionals as needed</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Last CQC rating</li> <li>Relevant extract from local M/H Plan demonstrating inclusive pathway 'milestones' and 'reasonable adjustments'</li> </ul>
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	<ul style="list-style-type: none"> <li>No explicit workforce plans in place relating to learning disabilities service reforms</li> </ul>	<ul style="list-style-type: none"> <li>Baseline workforce position established across all organisations providing care to people with learning disabilities</li> <li>Each LD Partnership Board contributes to the Regional LD workforce strategy led by the SHA</li> <li>People and families are involved in developing and delivering workforce initiatives</li> </ul>	<p><b>As Level 2, and additionally:</b></p> <ul style="list-style-type: none"> <li>PCTs and partner agencies have a 'cross locality' plan to help manage health workforce across areas</li> <li>The plans allow flexible and progressive commissioning of training and development, with individualised contracts being developed with a range of providers</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>Extract of relevant information from Workforce Development Plan</li> <li>Extract from 'VP – Making It Happen for Everyone' annual report section on workforce development</li> </ul>
4.11 PCTs and their partners are working with local and regional Offender health teams to ensure that people with learning disabilities in prison have access to a full range of healthcare – in line with legislation, policy and best practice	<ul style="list-style-type: none"> <li>There is no systematic collection of data about the numbers of people with a learning disability in the local prison</li> <li>There is no systematic learning disability awareness training for local prison staff</li> <li>The local offender health team does not yet have informed representation of the views and needs of people with learning disabilities</li> </ul>	<ul style="list-style-type: none"> <li>A local offender health team is in place and has good representative membership from a range of people ensuring an informed perspective on learning disability</li> <li>The local team has an agreed definition of learning disability to guide work to assess the health needs of the specified population</li> </ul>	<p><b>As Level 2 and additionally:</b></p> <ul style="list-style-type: none"> <li>The PCT has good data about the numbers and provenance of people with a learning disability in the local prison</li> <li>There is good information about the health needs of people with learning disabilities in the local prison and a clear plan about how such needs are to be met</li> <li>Prisoners with a learning</li> </ul>	<p><b>Measures for 2009-10</b></p> <ul style="list-style-type: none"> <li>Number of prisoners with LD in the local prison at January 2010</li> <li>Of those, the number who have had an Annual Health Check at January 2010</li> <li>Of those who have had an Annual Health Check, the number who have a Health Action Plan</li> </ul>

		<ul style="list-style-type: none"> <li>▪ Resources and an appropriate assessment process have been agreed to identify people with learning disabilities in the local prison – along with a programme to assess their health needs</li> <li>▪ There is available to people in prison easy to understand information about what to do if they feel unwell, about Annual Health Checks and Health Action Plans</li> <li>▪ Prison staff are receiving accredited training about how best to work with people who have learning disabilities to ensure they access the healthcare they may need</li> </ul>	<p>disability have had an annual health check, or are scheduled to have one in the coming 6 months</p> <ul style="list-style-type: none"> <li>▪ Prisoners who want one have a Health Action Plan</li> </ul>	<p><b>Evidence</b></p> <ul style="list-style-type: none"> <li>▪ Examples of easy read info about health used in the prison</li> <li>▪ Local offender health team work-plan</li> </ul>
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