

Learning Disabilities Big Health Service Check 2011 Summary

AREA	RAG	Summary 2011
1.1 All NHS Residential Campuses were to be closed by December 2010		The NHS campus homes have not closed and as a result we are reporting a RED
1.2 commissioners and partnership boards have an agreed record of everyone both in and out of district and in both NHS and independent sector hospital provision, and they are confident that people receive regular, person-centred reviews		<ul style="list-style-type: none"> • We recognise that we do not have any data on the numbers of people that have PCPs and HAPs in residential long stay settled accommodation. • There is currently a project in place to flag people with LD when they are admitted to hospital. Once this process is completed, this will enable us to identify any clients that fall within the LD delayed discharge category in acute trusts. • A joint questionnaire by NHS Surrey and Surrey CC will be sent to all residential care providers to identify how many people with learning disabilities have a person centred plan.
1.3	NA	REMOVED
2.1 Systems are in place to ensure the following are identified within GP Registers: <ul style="list-style-type: none"> - Children and adults with a LD - Older family carers - Those from minority ethnic groups - Carers from minority ethnic groups - Parents or carers with a LD 		<ul style="list-style-type: none"> • The number of GP Practices with flagging systems for adult carers, ethnicity of carers, parents or carers with LD needs to be increased. • There is a need for more work with Primary care providers has been highlighted throughout this self assessment. Discussions are in place. • We have a GP clinical champion who is also part of the CCG, representing learning disabilities.
2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their GP Practice		<ul style="list-style-type: none"> • The number of practices delivering Annual Health Checks needs to be increased. • NHS Surrey is in the process of discussing to look at how we can improve the number of AHCs delivered in Surrey. This is a priority area for NHS Surrey and we have flagged this as a risk.
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		<ul style="list-style-type: none"> • An Abdominal Aortic Aneurism Service for all Surrey populations is currently being developed. The proposed service specification has been shared with the SHA. • As CCGs develop, we need to ensure that reviews for equality of services are carried out and data is collected to inform the planning and development of services.
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 disability		<ol style="list-style-type: none"> 1. We have a LD awareness CQUIN, By monitoring this we can maintain a green 2. To maintain a green, reasonable adjustments should be monitored through the contract management process
2.5 Commissioned contracts and agreements ensure equal access to health for people with learning disability (T2.3)		To maintain a green, in the coming year service choice and awareness of choices needs to be part of service development plans. This should also be discussed at contract management meetings.

Learning Disabilities Big Health Service Check 2011 Summary

2.6 All commissioned work-streams and resulting implementation plans apply equally to people with disabilities (T2.3).		Information from Annual health checks and person centred plans are not routinely collected. As a result information from these is not used to inform commissioning plans.
2.7 Information Revolution is benefitting people with learning disabilities and their family carers		To maintain a green, in the coming year across Surrey all partners will awareness of the health action website is to be included in plans.
2.8 Commissioners have agreed with local partner agencies a long term 'across system' strategy to address services to meet the needs of people with learning disability from ethnic minority groups, and their carers		There is a need to identify if there are any unmet care needs amongst people from ethnic minority groups.
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 (T2.6)		To maintain a green, the needs of carers should be reviewed to check that services are meeting their needs. The needs of service users with complex/ profound care needs should also be reviewed to ensure that as commissioning arrangements change, their needs are included in service plans.
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' 2008, Six Lives' 2009, Six Lives Progress Report 2010 and Care and Compassion 2011		To maintain a green, this will be included in contract management meetings. We aim to continue to maintain and when necessary improve the experiences of using the acute trusts.
3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation		There is a need to look at IMCA referrals v accepted IMCAs, and common themes. NHS Surrey and Surrey County Council should look at how feedback can be collected from decision makers.
3.3 The review and analysis of complaints and adverse incidents affecting people with learning disability leads to altered or improved practice in all organisations		To maintain a green, this will be included in contract management meetings. We aim to continue to maintain good experiences of using the acutes-and when necessary improve any reported/ highlighted negative experiences.
3.4 There are effective multi agency partnerships in place with the agency partners of the Local Safeguarding Adults Board (LSAB) to ensure a coherent approach to safeguarding Adults at risk of abuse		To maintain a green there is a need to monitoring repeat admissions to A&E.As good practice; the Health Action Group to review of common themes of safeguarding referrals.
4.1 There is an agreed strategy and linked person-centred commissioning plans for everyone receiving short break/respite care		To maintain a green NHS Surrey and Surrey county council to work in partnership to support short term breaks.
4.2 There is a comprehensive range of specialist learning disability services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital, or out of area placements (OATS)		To maintain a green there is a need to look at the development of services for people returning to county.
4.3 Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support		Surrey county council has a good transition process.

Learning Disabilities Big Health Service Check 2011 Summary

young people approaching adulthood - and their families		
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		To maintain a green on-going service user consultations.
4.5 There are thorough, well-functioning partnership agreements between organisations – and associated governance, guiding day to day commissioning and service provision		NHS and Surrey CC to start looking at joint health and social care commissioning and service performance management.
4.6 The needs of people with learning disabilities who are ageing are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines		To maintain a green, monitor the delivery of the LD and dementia strategy.
4.7 Commissioners are assured that Fulfilling and Rewarding Lives is being implemented in the Statutory Guidance December 2010 and the NHS operating Framework 2010		request partnership board data on autism training in Surrey.
4.8 There are a range of local services available to individuals who are described as having challenging behaviour.		We have some out of area placements. There needs to be more joint health and social care commissioning.
4.9 The National mental health policy 'No Health without Mental Health' is equally and equitably applied to people with learning disability who require mental health services		IAPT services actively offer services to people with learning disabilities. Where necessary they make reasonable adjustments. SABPFT is reporting Green in all areas of the green Light toolkit apart from No 29 'Culturally Specific Services (Diversity of Provision), score as Amber. The Trust currently has a Management of people with a Dual Diagnosis of Mental Health and Learning Disability. A small working group has met to review this procedure and to expand it to cover all community and 24/7 Mental Health and Learning Disability Teams. Member of the CTPLD's attend the Health Action Group chaired by NHS Surrey and were actively involved in contributing to the Strategic Needs Assessment.
4.10 Commissioners have a learning disability 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 including Ambulance and offender health		To maintain a green; monitor CQUIN training
4.11 Commissioners are working in partnership with local and regional teams to ensure that people with learning disability in the criminal justice system have access to a full range of healthcare provision		We need to identify how we could collect data on the number of people with a learning disability in the Surrey criminal Justice System; key areas Probation, prison, criminal justice intervention teams.