
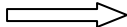






Learning Disabilities Self Assessment 2010 - Feedback Forms

Locality NHS Surrey

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>				
(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>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>1.1 The resettlement of identified people from long stay hospitals, is complete</p>	<p>People in campus housing have completed health and social care assessments.</p> <p>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.</p> <p>There is compliance with all relevant legislation including Disability Equality Duty.</p>	<p>Campus homes need to be closed as soon as possible and all residents resettled.</p>	<p>X</p>			<p>Campus Homes to be closed. Short term there must be evidence of person centred plans including individual reasons for delay, and the individual and carer/families agreement of the delayed process. key targets that show the milestones for closures of the homes and for relocation should</p>

	Service users attending Self Advocacy Groups within the Epsom Campus are being supported to develop a book of preferences to be added to their Person Centred Plans which can then be shared with new support staff as people move.				be readily available.
1.2 All NHS Residential Campuses are to be closed by 2010	<p>All residents have completed health and social care assessments including person centred planning; capital funding has been agreed from 15 July 2010 and transfer of revenue funding agreed between NHS Surrey and Surrey County Council.</p> <p>LinKs and NHS Surrey have been regularly visiting to ensure quality of service and that current provision is person centred.</p>	Ensure that service users have access to their relocation plans		X	<p>All integrated assessments and person centred plans are complete. Project plan appears to be in place however no clear evidence that project plan is on target.</p> <p>All campus homes should be closed by the end of 2011.</p>
1.3 (formerly 4.1) Discharge planning is in place for people (<i>not already included in the campus target</i>) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	<p>SABPFT CQC compliant with Admission and Discharge Protocol has been agreed with current providers and health and local authority commissioners. Containing the following key components:</p> <ul style="list-style-type: none"> - an agreed definition of 'ready for discharge' - person-centred approach 	The data is not available for the areas required from our main provider as at January 2010. A new clinical information system was being installed over the last year and commissioners have not been able to receive this data as detailed. Commissioners have had access to MHMDS but this is not specific to LD clients and not specific to the		X	<p>Providers to be expected to report on data requirements identified for this indicator.</p> <p>The discharge planning data from the acute liaison nurses posts to be monitored and used</p>

	<p>described</p> <ul style="list-style-type: none"> - commitment to central involvement of multidisciplinary team and families/carers <p>Joint work has started with PCT and L/A commissioners and current providers, to identify all such individuals and likely timescales for discharge.</p> <p>We have carried out reviews of all out of area placements that preceded any placements made through the Continuing Healthcare Assessment framework. This review not only considered value for money of placement but assessed the length of placements, the quality of placements and when possible sought the views of service users/relatives. We will be concluding this review in December and feel learning from this process will be valuable to others.</p> <p>The PCT has a system for reviewing NHS funded hospital care (in and out of the area) however the system is under pressure from volume of referrals from all sources, not just LD. There is a LD specialist nurse assessor employed.</p>	<p>indicator requirements.</p> <p>Some people with learning disabilities are reporting that when they access out of area hospitals for treatment, there is no communication with that secondary care provider and the community care team. As a result they are discharged without any access to community care.</p>				<p>to inform service development and monitor effectiveness of service from a service users point of view.</p> <p>Discharge data should be available,</p> <p>Service user feedback - Care managers should be part of the planning and discharge process, so that they can ensure that the right care teams are in place and where necessary training is addressed.</p>
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Acute liaison nurses have been in post for a few months and are making impressive changes in culture and becoming valuable resources to the Acute providers. As data is collated effective discharge planning will be monitored and reports, including questionnaires for carers and service users. This questionnaire questions the quality of discharge planning and preparation.

Health Check Feedback:

There was a mixed response to this objective. The majority agreed that 1.1 should be red. However, there was a mixed response about 1.3. The service user who was responsible for agreeing the final sign off felt that although worked had been conducted to review placements and a delayed discharge process agreed, as the indicator data was not available in the format requested, this should be scored red. This therefore made the overall score for Objective 1 to be **RED**.

People felt that person centred plans have improved but there is still much more work required to make them personal to the individual. For example, easy words and pictures. Also plans are still kept in the same file as other confidential information and needs to be separated. Individuals should have a copy of their own plan as currently kept in the office of each home
 Service users attending Self Advocacy Groups within the Epsom Campus are being supported to develop a book of preferences to be added to their Person Centred Plans which can then be shared with new support staff as people move.

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>				
(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 and adults with a learning disability ➤ Older family carers ➤ Those from minority ethnic groups ➤ Carers of those from minority ethnic groups ➤ Parents or carers with a Learning Disability 	<p>NHS Surrey has a clinical GP Learning Disability champion.</p> <p>There is a protocol in place for the collection of data and the registration of people with learning disabilities</p> <p>Manual system in place to identify learning disabled patients including those from minority ethnic groups</p> <p>Manual system in place to identify people with profound and multiple disabilities</p>	<p>To improve data sharing with GPs and local authority so that we can cross reference people.</p> <p>Manual system in place to identify older carers and carers from ethnic minority groups</p> <p>Manual system in place to identify parents/mutual carers with learning disabilities</p>		X		<p>Health Action group to include this as an area in the refresh Health Strategy to be developed during 2011.</p> <p>Key objectives to be defined and electronic mechanisms of how to deliver on this indicator to be agreed and action planned. It should be ensured that all objectives are</p>

					sustainable in the future commissioning landscape.
2.2	<p>Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice</p>	<p>PCT has agreed a process with all GPs around Annual Health Checks. GP practices are aware of those of their patients who have HAPs.</p> <p>GP practices included in the LES have a named link member/facilitator for people with learning disabilities</p>	<p>We need to maximise the benefit of the DES. The data for screening invitation and uptake from GP Practices needs to be more readily available.</p>	X	<p>Improve the implementation of the DES consider commissioning other approaches to improving this position.</p> <p>Service user feedback wants to see an increase in the number of GPs that have signed up to the DES.</p> <p>LD DES to be monitored on an annual basis with the support of a service user.</p>
2.3	<p>People with learning disabilities access disease prevention, screening, and health promoting activities in their practice and locality, to the same extent as the rest of the population</p>	<p>We are developing easy read documents that will be available on the partnership board website which promote and explain activities and screening programmes.</p> <p>Members of the health action group and service users and carers have contributed towards the development of these documents. A research paper (attached) on obesity and learning disabilities in Surrey has provided valuable information to inform health</p>	<p>There is no data readily available on the number of those screened who have Learning disabilities. This needs to be improved to inform commissioning and service planning.</p> <p>GP Practices need to have systems in place linked to their Disease Register which 'flag' people who also have a learning disability</p> <p>GP Practices need to have</p>	X	<p>Health Action group to include this as an area in the refresh Health Strategy to be developed during 2011.</p> <p>Key objectives to be defined and electronic mechanisms of how to deliver on this indicator to be agreed and action planned. It should be ensured that all objectives are</p>

	<p>promotion and commissioning. The Big Health Service Check 2010 found that people with learning disabilities are reporting receiving invitations to screenings such as Cervical, breast and bowel screening.</p>	<p>systems in place to monitor invitations and take-up of cancer and diabetic screening invitations to men and women with Learning Disabilities.</p>			<p>sustainable in the future commissioning landscape</p> <p>GPs to link up ethnicity data with people with learning disabilities’.</p> <p>Service users want to ensure that someone within the PCT needs to work with GP Practices to improve data collection from GP Practices should be monitored on a regular basis</p>
<p>2.4 The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities</p>	<p>Links are established between wider primary care professionals and Partnership Board.</p> <p>PCT demonstrably promote accessibility of these mainstream therapeutic and community nursing services to people with learning disabilities</p> <p>Partnership Boards (or their Health sub-groups) have plans to champion ‘culture change” through the Health Strategy.</p> <p>There is progress in making wider primary care services better known and more</p>	<p>Flexible working styles and systems to continue to be developed and ‘reasonable adjustments’ to practice being more widely made in these wider services, to accommodate individual’s needs and choices.</p> <p>Stronger acknowledgement and recognition of this from learning disability service users. Feedback GPs need to use less jargon, talk to person not carer, people felt they had to wait a long time for appointments, organising transport was hard, help to look after yourself when you come out of</p>		<p>X</p>	<p>Widely promote the Health Action Website, to aid clinicians communicate more effectively with clients and provide accessible information.</p>

	<p>accessible to people and their carers. Clear Communications developing web based easy read appointment letters, accessible by any professional and free to access health information. Chair of Health Action group leads on governance of site.</p> <p>Training being delivered for Support workers to improve knowledge of healthier foods and special diets, and improved cooking skills to enable them to adequately support people with learning disabilities to improve their physical health and wellbeing.</p> <p>A study has been conducted to determine the prevalence of obesity in clients with LD and map existing services provided by health professionals and community organisations. The findings of this study will inform the HNA.</p> <p>Healthy living groups continue to run addressing weight problems and improving physical activity levels. Participants presented their views of the service to Partnership Board.</p> <p>Local / Directed Enhanced Service Agreements in place for people with learning disabilities.</p>	<p>hospital was requested.</p>				
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	Big Health Service check 2010- Service users in North-West Surrey are reporting quick access to dentists.				
2.5	<p>Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities</p> <p>Equality and Human Rights Commission reported NHS Surrey to be compliant in addressing and embedding equality and human rights strategically.</p> <p>LD Health Action Group chair is a member of the NHS Surrey Equality and Diversity group and so is a member of Surrey Coalition for Disabled people.</p> <p>Concerns, compliments and complaints linked to the care of patients in all healthcare settings are noted, trends analysed (including from PALS/LINKs), and practice amended as needed and reported to NHS Surrey Board,</p> <p>About 75% of people that attended the Big Health Service Check felt that they could access a range of services.</p> <p>There is an 'Acute liaison nurse' steering group which is held on a monthly basis. (Membership PCT,</p>	<p>We need to be able to demonstrate that the effectiveness of reasonable adjustments forms part of contract review with commissioners</p> <p>Assurance specific to LD to be gained through Quality Account reports of provided by health providers.</p> <p>Service users report that is a lack of awareness of the choices of service providers available.</p> <p>Service users feedback - People with LD have a lack of information to inform choice and decision, as a result the "choices are removed".</p>		X	<p>Be able to demonstrate that the effectiveness of reasonable adjustments forms part of contract review with commissioners</p> <p>Increased awareness of the services available through NHS websites</p>

	<p>Acute liaison nurses, Director of nursing from the acute providers). This group is monitoring the implementation of the posts and addressing any areas which are arising where practice needs to improve to ensure equal access and any safeguarding/best interest issues.</p> <p>People are offered a choice of treatment provider in line with national Choice policy</p> <p>Each general hospital has a named skilled 'link person' in place (e.g. Acute Liaison nurse) and a clear procedure for securing those skills when someone is admitted.</p>					
2.6	<p>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</p>	<p>The PCT commissioning work streams are informed by a Clinical Champion who is also part of the learning disability health action group</p> <p>A HNA for learning disabilities is currently in draft format. An interim report was produced but due to poor data sources at the time of the report, the HNA process was extended to capture the data that has become available this year. Equality and Human Rights Commission reported NHS Surrey to</p>	<p>People with learning disabilities are represented on all key clinical work-streams or network</p> <p>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)</p>		X	<p>A comprehensive health needs assessment will be completed and this will inform the commissioning strategy.</p> <p>NHS Surrey Health Improvement strategy will be refreshed during 2011, linked to Staying Health QIPP. The specific needs of</p>

	<p>be compliant in addressing and embedding equality and human rights strategically.</p> <p>LD Health Action Group chair is a member of the NHS Surrey Equality and Diversity group and so is a member of Surrey Coalition for Disabled people.</p> <p>Disability / Equality Impact Assessments have been demonstrably completed and address the needs of people with learning disabilities</p>					those with LD will be highlighted.
2.7	<p>The benefits for patients derived from the development of computer technology are of equal benefit and equally open to people with learning disabilities and those who provide services to them</p>	<p>Information technology is being developed and used innovatively to provide web based accessible health information for clients and health professionals</p> <p>The Learning Disability Partnership board has a well evaluated website; all information is available in easy read Surrey County Council have a comprehensive database that records carers.</p> <p>The council have a good carers database that include minimum dataset that the GP systems currently do not have.</p>	<p>Primary care information systems need to be developed to underpin data collection requirements of this framework.</p> <p>It is not known at the time of this return, if work has been completed to consider NHS IM&T developments in terms of their impact on - or accessibility to – individual patients including those with Learning Disabilities</p>	X		<p>NHS Surrey and Surrey County Council will overcome the barriers which are preventing LD clients from benefitting from sharing data held on the SCC databases. To clarify what work has been completed to consider NHS IM&T developments in terms of their impact on - or accessibility to – individual patients including those with Learning Disabilities</p>

<p>2.8 PCTs have agreed with local partner agencies a long term 'across system' strategy to address services to people with learning disabilities from ethnic minority groups, and their carers</p>	<p>Equality and Human Rights Commission reported NHS Surrey to be compliant in addressing and embedding equality and human rights strategically.</p> <p>LD Health Action Group chair is a member of the NHS Surrey Equality and Diversity group and so is a staff member of BME Network people.</p> <p>NHS Surrey is assured that Race Equality Screening of key policies completed in all health organisations</p> <p>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</p> <p>The Surrey Day service provision in Woking has a high proportion of individuals from BME groups and we have asked them for feedback on their needs to support them.</p> <p>Adult Social Care through Self Directed Support Process will also address need as it enables individual to plan their own support based on their indicative budget.</p>	<p>GP need to record data on carers ethnicity and this needs to be readily available.</p> <p>LDDF has been used to improve Advocacy work to engage people but have had limited success</p> <p>NSF Green Light Target still to be achieved by SABPFT: Culturally Specific Services. Action to address this was presented at the SABPFT September Trust Board Meeting</p>	<p>X</p>		<p>Support Partnership Board in making progress on their action plans to meet the specific health needs of those from ethnic minority groups and their carers</p> <p>Health Action group to include this as an area in the refresh Health Strategy to be developed during 2011.</p> <p>SABPFT to achieve NSF Green Light objective. Review processes in place. Meetings will be held in the next few months involving learning disability teams and working age adult teams that will focus on access for people from BME groups as part of the review process.</p>
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		LD HNA and JSNA identifies the health needs of those with learning disabilities from ethnic minority groups, and their carers.				
2.9	There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and their carers	<p>Health Strategy in place addressing Equality of healthcare and outcomes for people with profound disabilities.</p> <p>Equality and Human Rights Commission reported NHS Surrey to be compliant in addressing and embedding equality and human rights strategically.</p> <p>LD Health Action Group chair is a member of the NHS Surrey Equality and Diversity group and so is a member of Surrey Coalition for Disabled people.</p> <p>These groups are represented on the Partnership Board and a Carer is a governor of SABPFT.</p> <p>Partnership Board is developing a plan about people who have profound and complex disabilities and their carers</p>	The needs of people with complex disabilities need to demonstrably addressed in local plans about supporting people with Long Term Conditions, as well as in other relevant mainstream health strategies		X	Health Action group to include addressing needs for carers as a future objective in the refresh Health Strategy to be developed during 2011.

Health Check Feedback:

All feedback agreed that the overall rating should be **Amber**.

Qualitative Comments:

GP

- Some service users felt that GPs lacked awareness of LD. One incident described was letters written by the GP and the language used to describe LD was outdated and inappropriate.
- Communication whilst in the waiting room at GPs was viewed as poor as some service users had experienced instances of waiting too long
- Some reported GP providing excellent services and having a good relationship with their doctor.
- Some comments-“I need more time with the doctor and he will not automatically book double appointments for me”

Are you happy with GP: Red- 9 (9%), Amber- 14 (14%), Green- 77 (77%)

Dentist

- Service good and readily available

Community nurses

- Excellent support, also examples of good practice where nurses will link and liaise with others where necessary to ensure that there is a continuation of care.



Other professionals




- There was a report by a carer that pregnant mother being treated with respect and dignity by midwives.

Hospital

- Treatment/ surgical procedure in St Georges Hospital, lack of discharge planning when returning home in Surrey.
- Service user's reported that hospitals kept them waiting too long for appointments and during appointments.
- When admitted to hospital, nurses wake people up too early.
- “There are too many people in the hospital and this is difficult for me as I cope well with one to one (in hospital)”

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>			
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(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 recent Healthcare Commission investigations, 'Healthcare For All' and 'Six Lives'	<p>Action taken by NHS providers are expected to be formally reported this is included in contract. Progress is systematically followed in contract review meetings.</p> <p>Partnership Board reported to during September Health Agenda.</p> <p>Action plans have been developed and implemented in response to Healthcare Commission concerns. CQC report SABPFT to be compliant in systematically</p>	<p>NHS Surrey to be fully assured that commissioned services are fully compliant with Safeguarding policies.</p> <p>Continue to provide evidence</p>			X	<p>NHS Surrey is making Safeguarding compliance a CQUIN for all providers during 2011/2012</p> <p>NHS Surrey to be assured that commissioned services are fully compliant with Safeguarding policies.</p> <p>Continue to provide</p>

	<p>addressing any concerns.</p> <p>Evidence of NHS Surrey and LiNks assessment of services to ensure improvements are made.</p> <p>SUI's are systematically followed up and learning reported. Signed off by NHS Surrey Patient Safety Subcommittee.</p> <p>Quality Account reports of provider reporting progress and in house review of services. Followed up in contract meetings.</p> <p>NHS Surrey launched a Safeguarding Adults Network in September.</p>					evidence.
<p>3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including:</p> <ul style="list-style-type: none"> ➤ Mental Capacity Act (including Consent) ➤ Disability Discrimination Act (including Disability Equality Duty) ➤ Human Rights Act 	<p>NHS Surrey has assured their board that that these key pieces of legislation are being embedded in everyday practice.</p> <p>All health organisations have a policies and procedures guiding their practice in context of key legislation. Such policies are in line with all current specific DH guidance</p> <p>NHS Surrey receives assurance from providers and themselves that they can demonstrate that they are fully discharging their Duties under</p>	<p>We need to ensure there is easy to understand information widely 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</p>			X	<p>We need to investigate and ensure that information on key legislations easy to understand is available and in different formats</p>

	<p>Disability, Equality and Diversity Duties.</p> <p>There is a better understanding through all NHS provider services about gaining consent to treatment from people with a learning disability.</p> <p>During the last six months, intelligence from the Acute hospitals has improved significantly. The Acute Liaison Nursing steering group regularly discusses the processes leading up to treatment and/or significant care decisions of clients within the Acute Hospital setting.</p> <p>Plans are in place with linked training and funding, to implement key aspects of the Mental Capacity Act across health providing organisations.</p> <p>An audit (service review) of >20 clients in out of area placements has been conducted, including visiting placements and has provided safety assurance.</p> <p>2 SUJ's have been raised (not in relation to safety) through this process, themes and action plans have been developed and will be reported in November 2010</p>					
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<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>SABPFT have demonstrated compliance to CQC and NHS Surrey that they have learnt from incidents / complaints</p> <p>Each organisation has a governance system which allows it to identify complaints or incidents relating specifically to people with learning disabilities.</p> <p>There is evidence of specific service improvements and of audit programmes in place linked to learning</p> <p>Health organisations have their complaints policy and process in accessible format People are aware of the PALS service – role and function and how to access</p> <p>People are aware of their local LINKs – role and function and how to be involved derived from such complaints and/or incidents Patients have access to expert advice, including self advocates.</p> <p>There is evidence that people are using the new NHS complaints procedure.</p>	<p>Information is available through all health providers PALS but this is not routinely analysed for areas relating to Learning Disability by the commissioner, unless reported through Quality Account Reports.</p>			<p>X</p>	<p>Healthcare provider PALS to report the incidences of complaints relating to service users with learning disabilities. We will then respond appropriately to any themes that arise from the findings of the report.</p>
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	<p>Equality and Human Rights Commission reported NHS Surrey to be compliant in addressing and embedding equality and human rights strategically.</p> <p>LD Health Action Group chair is a member of the NHS Surrey Equality and Diversity group and so is a member of Surrey Coalition for Disabled people.</p>				
<p>3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults</p>	<p>Safeguarding Adults policy and procedures are agreed across each locality</p> <p>There is a Safeguarding Board in place which has NHS (Trust and PCT), and L/A representatives at a senior level to enable the Board to implement safeguarding policies effectively</p> <p>Agreed training programme in place which addresses all aspects relating to safeguarding adults</p> <p>NHS Surrey launched a Safeguarding Adults Network in September.</p> <p>All organisation have an agreed, structured rolling training programme on all aspects of safeguarding adult</p> <p>There are joined up agreements in each local</p>	<p>At September Board 2010, NHS Surrey reported they lack assurance that commissioned services are fully compliant with Safeguarding policies. (amber) Plans have been put in place to gain assurance.</p> <p>Safeguarding Policies in Easy Read</p> <p>At the time of this report , it is unknown what proportions of staff are trained. Although it is expected to be mandatory for all staff in contact with vulnerable adults.</p> <p>At the time of the return it was not clear if both health and social care commissioners include explicit safeguarding training targets in all contracts</p>		<p>X</p>	<p>NHS Surrey is making Safeguarding compliance a CQUIN for all providers during 2011/2012</p> <p>NHS Surrey to be assured that commissioned services are fully compliant with Safeguarding policies.</p> <p>Service users should be included on safeguarding boards.</p> <p>Training- NHS Surrey should continue to link in with Surrey County council</p>

	<p>authority area relating to Child and Adult Protection; Complaints; Public Protection etc, with clarity of health organisation roles and cross checking between reporting systems.</p> <p>In Surrey there were 9 reported Hate crimes in relation to people with LD. There are 3 Hate crime co-ordinators and people with LD have been invited to sit on Local Neighbourhood partnership meetings.</p> <p>There is a Partnership Board representative who sits on the local Safeguarding Board and reports back to Partnership Board at each meeting</p> <p>NHS Surrey is making Safeguarding compliance a CQUIN for all providers during 2011/2012</p>					
<p>3.5 All NHS and SHA Boards continue to satisfy themselves that their services continue to make reasonable adjustments for people with learning disabilities and are checking</p> <ul style="list-style-type: none"> ➤ The effectiveness of the systems they have in place to enable them to understand and plan to meet a full range of needs 	<p>During March 2010 all Trusts were asked to report to NHS Surrey about the progress they are making and the action plans they have in place to address the findings of the report.</p> <p>Ashford and St Peters and Frimley NHS Trusts were able to provide a compressive action plan to this request.</p>	<p>At September Board 2010, NHS Surrey reported they lack assurance that commissioned services are fully compliant with Safeguarding policies. (amber) Plans have been put in place to gain assurance.</p> <p>All Trusts to provide NHS Surrey with comprehensive action plans</p>				<p>All Trusts to provide NHS Surrey with comprehensive action plans, monitored through contract meeting and steered by the Acute Liaison Nurse steering group</p>

<p>of people with learning disabilities in their areas</p> <ul style="list-style-type: none"> ➤ The capacity and capability of the services they provide and /or commission for their local population to meet the additional and often complex needs of people. ➤ All NHS commissioned services are contracted to ensure safety is achieved by 'reasonable adjustments' for people with learning disabilities. 	<p>NHS Surrey is making Safeguarding compliance a CQUIN for all providers during 2011/2012</p> <p>There is a Safeguarding Board in place which has NHS (Trust and PCT), and L/A representatives at a senior level to enable the Board to implement safeguarding policies effectively</p> <p>Agreed training programme in place which addresses all aspects relating to safeguarding adults</p> <p>Equality and Human Rights Commission reported NHS Surrey to be compliant in addressing and embedding equality and human rights strategically.</p>					
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**Health Check Feedback:
Qualitative:**

- Hospital good support. Advocates work closely to support service users, and where necessary will explain procedures/ situation. Often support is readily available for people with complex needs. However some people with LD that have greater independence and are more articulate can sometimes be disadvantaged and seen as not needing support.
- People with LD in NHS campuses do not feel safe as are often targeted by anti social behaviour
- The nurses could not communicate with me in sign language- they didn't even get anyone to come and translate.
- The hospital is sometimes dirty
- The staff explain everything to me and I have good support

Are you happy with the service provided in hospitals: (Number responded: 169) Red – 28 (17%), Amber- 10 (6%), Green- 131 (77%)

All responders and Service User and Carer representatives who agreed sign off agreed final rating should be **GREEN**

Health Check – Top Target 4



Progress is being made in the health service reforms and developments described in Valuing People Now

How we are doing overall on this standard

Please tick where you think are overall on this target ⇒



(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 implementing the service reforms and developments described in 'Valuing People'						
4.2 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital	<p>A specification has been agreed for the delivery of LD Assessment and Treatment services which promote effective and timely intervention</p> <p>Care Pathways are being developed to make sure people are able to benefit from both mainstream and more specialist healthcare when they need to</p> <p>There is good access to skilled advocacy services for people who challenge</p>	A more comprehensive HNA is being completed with additional information made available this year, which will map services and needs to give a clear picture of gaps in local services,		X		<p>The HNA is to be completed and signed off. The HNA will inform the future commissioning strategy.</p> <p>Through CQUIN we will be able to demonstrate evidence of ongoing improvement.</p>

	<p>services</p> <p>A CQUIN has been developed by NHS Surrey for SABPFT to ensure development of effective care pathways which avoid admission and delayed discharges.</p> <p>Comprehensive local services enable the reduction of the number of people sent 'out of area' for care/treatment</p> <p>There is effective partnership working between health and social care partners to ensure an effective pathway of care, including admission and discharge protocols. An agreed discharge process has been jointly developed.</p> <p>Assessment and treatment services are provided according to the agreed specification</p>					
<p>4.3 Plans are in place to ensure more locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families</p>	<p>Person centred planning underway at aged 14 years</p> <p>Potential range of required health services, identified</p> <p>Coherent interagency process to ensure consistent</p>	<p>Youth Advocacy in place when required</p>			<p>X</p>	<p>Partnership Board to assess the feasibility of commissioning a youth focused advocacy service.</p>

	<p>and effective communication with family carers of young people in transition</p> <p>Business plans approved by Partnership Board, in place</p> <p>Additional health services identified, needed each year, for coming 5 year period, for people at age 18/19 years. (number = 595)</p>					
<p>4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to and participate in discussion, as well as in the planning, prioritisation and delivery of health services generally</p>	<p>The partnership board includes carer, service users and advocates. Through regular consultation and feedback from families/carers/supporters are encouraged to contribute and participate in discussion.</p> <p>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</p> <p>Involvement and influence in health related projects can be demonstrated</p> <p>Reasonable adjustments are made to empower people in discussion.</p>	<p>Whole health community meetings could promote the involvement of learning and physically disabled people and their supporters more.</p> <p>Need to ensure that all health care providers publish important information for their learning disabled patients in an accessible format</p> <p>The partnership board should recruit an advocate- if there is already an advocate on the board, they should be well promoted to service users.</p>			X	<p>Improve representation on other health programmes and networks. Make these more accessible</p>

<p>4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision</p>	<p>Partnership Board has agreed a number of key policies and agreements in this respect _ Partnership Board has adopted the Performance and Self Assessment Framework Work ongoing across localities to ensure consistent application and outcomes across localities</p>	<p>Integrated performance management arrangements are not in place</p> <p>There is integrated data collection within and across different care sectors</p> <p>There needs to be more partnership working that continues to inform the processes whilst sharing information and learning.</p>		<p>X</p>	<p>Improve the data collection across the different care sectors Integrate working and performance monitoring arrangements</p>
<p>4.6 The needs of people with learning disabilities who are ageing (Note 19) 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)</p>	<p>Joint Dementia strategy being developed between NHS and SCC. The needs of those with LD are to be clearly highlighted and accounted for in the strategy.</p>	<p>Each health locality does not have a database of older people who have a learning disability,</p> <p>Formal agreements (protocols) between organisations guiding best practice in the care of people with learning disabilities who are ageing need to be improved</p>	<p>X</p>		<p>Publication of the dementia strategy.</p> <p>NHS Surrey should support the collection on data on the number of people over 65yrs of age with a learning disability.</p>
<p>4.7 PCTs have agreed with local partner agencies a long term 'whole system' strategy to address the needs of people with autism spectrum, which includes reference to adults with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood</p>	<p>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 is available through SCC.</p> <p>Partnership Board October 2010 agenda focused on Autism and sought the views of members.</p> <p>Development of a commissioned care</p>	<p>Flexible and innovative commissioning models are to be developed.</p>		<p>X</p>	<p>Commissioning models to be developed.</p>

	<p>pathway for autism between NHS Surrey and SCC is being developed and will be formulate part of NHS Surrey's commissioning intention for 2011/2012</p>				
<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>	<p>SABPFT have restructured their provision to ensure there is a range of services available for all needs, including challenging behaviour (April Cottage and Bramdean). During 2010/2011 a CQUIN programme focusing on developing the care pathway for LD clients has been set for SABPFT. Local and national independent sector placements are also utilised but rare.</p> <p>New 6 bed unit for Complex and profound needs has opened recently.</p> <p>All placements before the National Continuing health care framework guidance was published have recently been reviewed by NHS Surrey.</p>	<p>We need to ensure that services and commissioning organisation are joining up.</p> <p>NHs Surrey should continue to work with Surrey county Council and ensure that they are part of the process of service improvements and changes to commissioning.</p>			<p>X</p> <p>Successful achievement of CQUIN target by SABPFT</p>
<p>4.9 New Horizons for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services</p>	<p>SABPFT report to have met 3 out of 4 targets.</p> <p>Part of current Health Strategy and formally monitored thorough Health Action Group and contract review</p> <p>There are culturally specific services available in the area that meet local assessed needs and they can</p>	<p>Target still to be achieved: Culturally Specific Services</p> <p>Action presented at the SABPFT September Trust Board Meeting</p> <p>Review processes in place. Meetings will be held in the next few months involving learning disability teams and working age adult teams</p>			<p>X</p> <p>MH LIT to include membership from people with LD and their families or a separate LD LIT.</p>

	<p>appropriately support people with mental health problems who have a learning disability.</p>	<p>that will focus on access for people from BME groups as part of the review process.</p> <p>MH LIT does not include membership from people with LD and their families</p>				
<p>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</p>	<p>There is no up-to-date Partnership Board workforce plan</p> <p>CQC reported SABPFT compliant</p> <p>Learning Disabilities awareness is run through joint training and is mandatory for all Surrey County Council staff working with people with learning disabilities. This course is held 3 times a year.</p> <p>People with a learning disability and carers are involved in training staff. T3 running participate in Induction to Surrey County Council Courses, Learning Disability Awareness, Equalities and Diversity. Carers are involved in Carers training.</p> <p>Part of induction for all staff in Adult Social care covers care values, Disability Equality and Human Rights</p>			X	<p>There needs to be a Partnership Board workforce development plan across Surrey that includes service providers and links into the training provided by Surrey County Council</p> <p>Partnership boards members should share skills and resources where necessary to support the development of other board members.</p>	

	<p>The County Council has offered Surrey Care Association (SCA) a number of opportunities over the year to brief providers on the rollout and implications of personalisation in Surrey.</p> <p>There is a generally good level of awareness held by providers and their staff. Surrey Care Association (SCA) as part of its partnership role, has worked towards raising this awareness. This has been done through provider briefings at its LD provider network meetings, and posting information on the SCA website (that is used widely by providers as a source of helpful information).</p> <ul style="list-style-type: none"> •The Surrey County Council/SCA partnership provides the SCA to oversee delivery of an agreed programme of training funded by the Adult Social Care Grant(ASCG). The content of the ASCG Programme has been designed to underpin national policies and priorities, and with regard to LD services, the programme for 2009/10 has included: Person centred working and care planning with an emphasis on outcomes. <p>Behaviour that challenges us.</p>					
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	<p>Safeguarding. Business skills development (relevant to the development of a wider range of services including Supported living).</p> <p>Independent and voluntary care providers can claim grant funding to support training provided, thereby encouraging a better trained workforce.</p>				
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	<p>NHS Surrey Public health team is working closely with the prisons to reduce inequalities in health. Health needs assessments have been completed in all 5 public Surrey prisons.</p> <p>The prison health delivery plan has been produced in partnership and includes raising awareness of and addressing the health needs of those prisoners with learning disabilities and improving the collection of data.</p> <p>As a result of this NHS Surrey has redistributed finance to support the recruitment of a learning Disability developmental nurse post for two years and funding to improve the information available to prisoners is easy read and accessible</p> <p>Historically, there has been no systematic collection of health data about the numbers of people with a</p>	<p>Learning disability awareness training for local prison staff needs to improve.</p> <p>At the time of this return it is unclear if the local offender health team does not yet have informed representation of the views and needs of people with Learning Disabilities.</p>		X	<p>New Prison Liaison and Practice Development Nurse in post, project milestones met.</p> <p>NHS Surrey will be contracting future health care providers in prisons to screen prisoners at reception, develop learning disabilities primary care registers, ensure health service provision is accessible, provide each prisoner with learning disabilities/difficulties a health action plan and make "easy read" information available</p>

	<p>learning disability in the local prison but the new IT system and performance monitoring requirements of health contracts will address this.</p> <p>Health Action Group Chair is a member of the all Public Prison Health Partnership Boards and monitors the prison health providers contract.</p> <p>A review of Community Forensic services has been undertaken to identify if NHS Surrey health provision is Bradley compliant. Ti report in November 2010.</p>					<p>Service User feedback very positive about this developmeent</p>
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Health Check Feedback:

The majority of people agreed with an overall rating of green, but final review with the service user and carer representative of the individual components of this objective resulted in an **AMBER** rating. It is important to note that out of the 104 services users asked: 99 (95%) felt valued, which is a pleasing result.

Qualitative:

Community: Service users had mixed views about safety in their community. Some reported feeling vulnerable in their homes and neighbourhood, other reported having good social networks

Dementia: Carers reported that this was a huge gap and that it is difficult to get support for people with LD that have dementia as often the care is inappropriate as the dementia isn't recognised.

Epilepsy: support readily available

People over 60: feel that receive help and vaccinations, 1 person felt that the services needed to be improved

Prisoners: Advocates reported a lack of support in prison for LD. Prison staff lacked awareness of LD. Instances where there was difficulty getting an LD assessment for someone whilst in prison.

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: **NHS Surrey**

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.

In total we visited five service user, carer and advocacy groups and over 220 people were given the opportunity to participate in the big health check. Where possible, we have collected quantitative data, however with some service users we have collected qualitative data.

The number of people responding to questions varies as people were given the opportunity to answer questions as they felt relevant to them.

The following groups were consulted with:

Valuing People Groups, Regional Deaf Association, Just Advocacy, Gateway About Us.

Health Action Group (Partnership sub group) – main agenda item of October 2010 meeting. Members present SCC, SABPFT, Carer, Service user, Primary Care, Acute Hospital representatives, NHS Surrey.

Partnership Board – Big Health Service Check Presentation conducted in April and September 2010. All members were invited to comment on proposed rating during October 2010.

Four responded. SCC representative, Surrey Service user PB co-chair, Surrey Coalition of Disabled people representative.

Carer and Service user representative agreed final sign off.

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? Please describe below what you did.*

Presentation made to Partnership Board on September 2nd 2010 - advised of progress on health agenda and forthcoming Big Service Health Check

Health Action Group discussed assessment in full at October 2010 meeting (including Service user and Carer who agreed final sign off)

Presentations made during September and October 2010 to: Valuing People Groups, Regional Deaf Association, Just Advocacy, About us.

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?*

Learning Disability Partnership Board – April and September 2010

Health Action sub group – On-going agenda item

NHS Surrey Mental Health and Learning Disability Programme – September, October 2010

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?*

This part of the process can always be improved. Service users are more likely to give qualitative comment rather than vote/agree a rating.

During this year's Health Check we have identified a service user champion who we will use more next year. The future PCT/commissioning landscape will need to be considered next year, as the capacity to deliver this aspect of the Health Check will be greatly reduced; so innovative ways of receiving this feedback will need to be considered and providers used much more in collating the views.

5. *We would like to have a Regional overview about what all statutory organisations have done in response to the Ombudsman's Report '6 Lives'. Please summarise below the main things your local organisations have done (e.g. Hull developed an easy read booklet about '6 Lives'), and in particular, how your organisations are reporting this activity to their Boards/Cabinets and to local partnership boards.*

During March 2010 all Trusts were asked to report to NHS Surrey about the progress they are making and the action plans they have in place to address the findings of the report. Ashford and St Peters and Frimley NHS Trusts were able to provide a compressive action plan to this request.

The trusts reported the following initiatives:

- **Trusts have undertaken a review of how accessible services are for patients that have a learning disability. Some have worked in partnership with Surrey and Borders Partnership NHS Foundation Trust Learning Disability Team, to develop service for patients with a learning disability to access acute care in line with recommendations from the inquiry.**
- **The establishment of a cross partnership Learning Disability Steering group with Surrey and Borders Partnership Trust's Learning Disability Team and stakeholders across ASPH.**
- **Some are introducing an IT Flag on our PAS system which will alert the Trust staff to patients with a learning disability who use our services.**
- **Consideration of reasonable adjustments such as the first appointment in outpatients or prearranged visits for elective patients.**
- **Involve training specific to patients with Learning Disabilities for all clinical staff including Doctors.**
- **Deputy Chief Nurse to represent the Trust in liaising with patient representatives and learning disability users of the service.**
- **Themes from complaints or incidents are being flagged and if any identified to be investigated by the Deputy Chief Nurse.**
- **Learning Disabilities has been agreed as a standing agenda item for the Trust wide Nursing and Midwifery Committee.**

The main initiative which is having a major impact on the experience of LD clients in Acute Hospitals is the recruitment of Acute Liaison Nurses across all Five Acute hospitals. This service is overseen by a steering group

with membership including all acute Directors of Nursing, NHS Surrey commissioner and PH, SABPFT managers and the acute liaison nurses.

This service strongly supports the development of protocols for managing patients who have a learning disability this includes Consent to treatment by people with learning disabilities and also incorporates Mental Capacity, Admission and Discharge arrangements. Anecdotally the use of Patient Passports and communication tools has increased significantly in the first few months of the service being in operation and service users reflected that during the consultation. This service will also influence the Trusts training and development plans.

The information gathered has been checked by the following people who have been involved in the process (insert signature)

Person with learning disabilities: James Chilton.

Family Carer: Marion Price

Lead Director: Helen Atkinson, Director of Public Health (Acting)

Health Lead: Jo-anne Bradford Consultant Public Health