

## Brighton & Hove Big Health Check (Self Assessment Framework)

The Big Health Check asked about four things:



1. Campus homes will be closed by 2010 and people who lived in long stay hospitals will have moved into their new homes

We score 😊



2. 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

We score 😐



3. People with a learning disability are safe in National Health Service services

We score 😐



4. Valuing People' means we are making services better and creating more opportunities for people with a learning disability





We score 😐




You can read all about our scores on the next pages if you want.

Brighton & Hove Big Health Check (Self Assessment Framework)

Locality Brighton & Hove

South East Coastal Learning Disabilities Self Assessment 2009 - Feedback Forms

Health Check – Top Target 1					
	<b>Campus homes will be closed by 2010 and people who lived in long stay hospitals will have moved into their new homes</b>	How we are doing overall on this standard  Please tick where you think are with this?			

(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
<b>1. Plans are in place and resources identified to meet White Paper/DH learning disability targets for resettlement and campus closure</b>					2	0	0	
1.1 The resettlement of identified people from long stay hospitals, is complete	<ul style="list-style-type: none"> <li>Number of people remaining to be resettled at March 2008</li> <li>Number of people to be resettled at March 2009</li> </ul>			<ul style="list-style-type: none"> <li>Partnership Board review</li> <li>NHS Board reporting</li> </ul>	✓			

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(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
1.2 All NHS Residential Campuses are to be closed by 2010	<ul style="list-style-type: none"> <li>Number of people in campus provision at March 2008 (with separate identification of those in A&amp;T)</li> <li>Number of people in campus provision at March 2009 (with separate identification of those in A&amp;T)</li> </ul>			<ul style="list-style-type: none"> <li>Quarterly DH reporting (ROCR returns), and 6-monthly reports</li> <li>Partnership Board review</li> <li>NHS Board reporting</li> </ul>	✓			

**There are currently no people with a Learning Disability in NHS Campus Accommodation in the City.**




#### **Health Check – Top Target 2**

	<p><b>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</b></p>	<p>How we are doing overall on this standard</p> <p>Please tick where you think are with this?</p>		 ✓	
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(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
<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>					2	5	2	
2.1 Systems are in place to ensure the following are identified within GP Registers: <ul style="list-style-type: none"> <li>➤ Children and adults with a learning disability</li> <li>➤ Older family carers</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, and their children</li> </ul>			<ul style="list-style-type: none"> <li>• Develop links with carer link worker for GP practices</li> <li>• Explore ways to collect ethnicity data</li> <li>• Explore ways to collect parents with learning disability data</li> <li>• While practices are encouraged to record info about patients needs, there is currently no systematic process in place</li> <li>• A commitment needs to be made by the PCT and LA to fund a City wide learning disability register to allow improved and consistent data collection. The specification &amp; remit for this has yet to be decided.</li> </ul>	<ul style="list-style-type: none"> <li>• PCT audit of Local Enhanced Service</li> <li>• Contact with practices by Health Facilitator</li> <li>• healthy lives sub-group of partnership board</li> </ul>	✓			<ul style="list-style-type: none"> <li>• Develop links with carer link worker for GP practices to encourage greater awareness amongst carers.</li> </ul>




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(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice			<ul style="list-style-type: none"> <li>• Improve ways to gather service user feed back</li> <li>• Currently planning provision for patients of the remaining practices</li> <li>• 09-10 audit will give clearer picture of progress as practices started delivering LES at different times over last 2 years</li> </ul>	<ul style="list-style-type: none"> <li>• PCT audit of LES</li> <li>• Contact with practices by health facilitator</li> <li>• Meetings of PCT representatives and Health Facilitator</li> <li>• Healthy Lives Sub group</li> <li>• Feedback from service users &amp; carers</li> </ul>	✓			Get better data from the LES audit about who has been offered health check and HAP, received health check and HAP, declined or not responded to invite. Provision of health checks for people at the practices not providing the LES.
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"> <li>• Look at options for improving data collection in these areas-via City-Wide LD Register</li> <li>• JSNA section on learning disability needs updating</li> <li>• Part of Healthy Lives sub group work plan to work with mainstream health services on improving access for people with a learning disability</li> </ul>	<ul style="list-style-type: none"> <li>• Healthy Lives Sub Group work plan</li> <li>• Public Health Consultant sits on Healthy Lives sub group</li> <li>• Specific projects monitored by respective organisations</li> </ul>		✓		<ul style="list-style-type: none"> <li>• JSNA section on learning disability needs updating and PCT to focus on improved targeting of Learning Disabled people to be able to access Health Promotion information and services.</li> <li>• <u>SEE APPENDIX 2.</u></li> </ul>




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2.4	The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities		<ul style="list-style-type: none"> <li>Part of Healthy Lives work plan to address accessibility/health inequalities in other primary care services (dentists, opticians, pharmacy, podiatry)</li> <li>Some access to specialist dentistry services but very poor access to mainstream dentistry.</li> </ul>	<ul style="list-style-type: none"> <li>Healthy Lives Sub Group work plan 2010-11.</li> <li>Public Health Consultant sits on Healthy Lives sub group</li> <li>Healthy Lives Sub group</li> </ul>					PCT to develop links and business plan with Independent Dental practices across B & H to improve access to treatment.
2.5	Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure a range of treatment choices and equity of access to treatment; a positive experience of care; and effective admission and discharge procedures for people with learning disabilities		<ul style="list-style-type: none"> <li>Provision of learning disability awareness training in other mainstream primary and community health services-I.e South Downs Health NHS Trust.</li> <li>Developing accessible PALS and complaints information so users can feedback about their experience of healthcare services.</li> <li>Developing care pathways and protocols with the Intermediate Care Services in Brighton and Hove from</li> </ul>	<ul style="list-style-type: none"> <li>NHS BSUH Trust and PCT Board reporting</li> <li>Liaison team evaluation</li> <li>Healthy Lives work plan</li> </ul>					Developing easy read PALS and complaints information.








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			South Downs NHS Trust.					
2.6 National Service Frameworks – and Clinical Networks and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such networks etc across the SHA area			Key clinical networks and local clinical reference groups do not formally involve people with learning disabilities	<ul style="list-style-type: none"> <li>Regional Network leads requested to report on these standards and progress – and feedback at annual self assessment exercise</li> <li>Partnership Board to audit views of people about their access to range of health care under these Networks – and feedback at Annual self assessment</li> </ul>			✓	The Sussex Heart Network and Cancer Network will consider how they will involve people with learning disabilities in their work programmes via the PCT.
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>Need to consider access to personal health records for people with a Learning disability as part of future roll out</li> </ul>	<ul style="list-style-type: none"> <li>PCTs to use health Self assessment event and feedback form to provide update on progress</li> </ul>		✓		Do some targeted work with local learning disability population when electronic personal health records have been implemented locally
2.8 PCTs have agreed with local partner agencies a long term			<ul style="list-style-type: none"> <li>The Healthy Lives Sub Group will need to adopt outcomes</li> </ul>	<ul style="list-style-type: none"> <li>PCTs to use health Self assessment event</li> </ul>			✓	Healthy Lives Sub Group and PCT to look at

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<p>'across system' strategy to address services to people with learning disabilities from ethnic minority groups, and their carers (see also 2.1 above)</p>			<p>from the LDPB EIA in the Workplan for 2010-11</p>	<p>and feedback form to provide update on progress on key points in the criteria.</p> <ul style="list-style-type: none"> <li>• Healthy Lives Sub Group Workplan</li> <li>• Ld Joint Commissioning Strategy.</li> </ul>				<p>work plans once outcomes of the equality impact assessment are known.</p>
<p>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>			<ul style="list-style-type: none"> <li>• Development of City wide learning disability register.</li> <li>• Consolidation of CLDT specialist care pathways</li> </ul>	<ul style="list-style-type: none"> <li>• Feedback on progress at Annual Self Assessment and in submitted returns</li> <li>• Views of people with complex or profound disabilities and their carers to be included explicitly in Partnership Board audit referred to in 2.6 above</li> <li>• Healthy Lives Sub Group to monitor progress</li> </ul>		✓		<ul style="list-style-type: none"> <li>• Consolidation of CLDT specialist care pathways</li> </ul>

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<b>Health Check – Top Target 3</b>								
	<b>People with a learning disability are safe in National Health Service services</b>	How we are doing overall on this standard  Please tick where you think are with this?						
(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
<b>3. People with learning disabilities who are in services that the NHS commissions or provides, are safe</b>					1	3	0	
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, national audit outcomes, and “Healthcare For All”			-Need to be able to quantify numbers of staff trained and plan for ensuring all staff receive refresher/update training on Safeguarding Adults.  -Need to ensure Trusts develop a risk/SUI log to demonstrate learning and Compliance.	<ul style="list-style-type: none"> <li>• Partnership Board review</li> <li>• NHS Board reporting</li> <li>• Update on progress at self assessment event and summary report on progress coming out of action plan(s) to be included in submitted returns. This should</li> </ul>	✓			Provision of good quality, accurate data on numbers of safeguarding alerts raised re: LD in NHS Trusts in the city.  Numbers of LD people in receipt of CHC reviewed jointly by Health and Social services.








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				include reviews carried out in context of Healthcare for All and D Nicholson letter				
<p>3.2 Each health organisation has in place transparent and well understood policies and procedures relating to:</p> <ul style="list-style-type: none"> <li>➤ Consent to treatment by people with learning disabilities</li> <li>➤ Mental Capacity Act</li> <li>➤ Disability Equality Duty</li> <li>➤ Bournemouth provisions</li> </ul>			<p>Disability Equity Duty Plans need to be more transparent and inclusive of the needs of people with Learning Disabilities</p> <p>B &amp; H PCT needs to provide MCA training to primary care services it commissions</p> <p>CLDT to train BSUH staff in MCA training as part of the mandatory annual training requirements in the acute Trust</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>• Review of above information – or progress on collecting it – at Self Assessment Event</li> <li>• Review of Consent to treatment</li> </ul>		✓		<p>There is a programme in place during 210-11 to train all appropriate clinical staff within primary care services in MCA</p>
<p>3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations from which services are commissioned</p>			<p>Need data for these incidents from across the trusts- BSUH, SDH and SPFT- from PALS and Adult Social Care Complaints Teams.</p>	<ul style="list-style-type: none"> <li>• Detail of key specific service improvements or changes which have happened, to be included in Self assessment event and feedback submission</li> <li>• Partnership Board review</li> <li>• NHS Board reporting</li> </ul>		✓		<p>2010-11 Healthy Lives sub Group to arrange a cross-Trust PALS meeting with BSUH, SDH, SPFT and PCT-to look at how organisational learning from complaints and SUI's can be collated across the city.</p>
<p>3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to the</p>			<p>Need to improve data reconciliation &amp; collection from Safeguarding alerts and investigations from</p>	<ul style="list-style-type: none"> <li>• In preparation for annual self assessment, reference should be made to the</li> </ul>		✓		<p>Need to improve data collection from Safeguarding alerts and</p>

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<p>protection of vulnerable adults from abuse</p>			<p>inpatient healthcare settings rather than just community settings</p>	<p>most recent Safeguarding Inspection report (carried out by CSCI)</p> <ul style="list-style-type: none"> <li>• Again, in preparing for annual self assessment, L/A to be asked for LD specific data from their POVA records</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>			<p>investigations from inpatient healthcare settings rather than just community settings-this to inform future training planning and subsequent safeguarding reports to the PCT JCB.</p> <p>Sources: -Millview Hospital -RSCH</p>
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<b>Health Check – Top Target 4</b>								
	<p><b>Valuing People’ means we are making services better and creating more opportunities for people with a learning disability</b></p>	<p>How we are doing overall on this standard</p> <p>Please tick where you think are with this?</p>						
(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
<b>4. Progress is being made in implementing the service reforms and developments described in ‘Valuing People’</b>					1	9	0	
4.1 Discharge planning is in place for adults and young people ( <i><b>not already included in the campus target</b></i> ) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion			- LD Commissioners & mainstream mental health commissioners engage with Sussex Partnership Foundation Trust in increasing access to more localised accommodation provision for people with a LD and challenging needs and/or mental health needs.	<ul style="list-style-type: none"> <li>If above data not yet available, there is a time limited plan to get the information together. To include info on this in self assessment process</li> <li>Timetabled Partnership Board reporting in</li> </ul>		✓		- LD Commissioners & mainstream Mental Health commissioners engage with Sussex Partnership Foundation Trust in increasing access to more localised specialist

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				<p>context of baseline data and progress being made</p> <ul style="list-style-type: none"> <li>• Performance Management by Health and Social care commissioners (ongoing)</li> </ul>				assessment and treatment accommodation provision for people with a LD and challenging needs and/or mental health needs.
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				<ul style="list-style-type: none"> <li>• Patient satisfaction survey carried out by Partnership Board and or local LINks/reference groups relating to people receiving intensive specialist support including assessment and treatment. This to be fed into annual self assessment.</li> </ul>		✓		See 4.1 above
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			Current project looking at improving health transitions for young people with LD between CYPT and CLDT. To be lead via Healthy Lives Subgroup of Partnership Board by Health Facilitator.	<ul style="list-style-type: none"> <li>• Partnership Board review</li> <li>• NHS Board reporting</li> <li>• Update on position at self assessment event and feedback also in final submissions</li> </ul>		✓		Current project looking at improving health transitions for young people with LD between CYPT and CLDT. To be lead via Healthy Lives Subgroup of Partnership Board by Health Facilitator-on Healthy Lives Work plan for 2010-11.
4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to and participate in			-Long Term Condition Consultations via PCT will include representation from people with a LD	<ul style="list-style-type: none"> <li>• Partnership Board audit of key criteria</li> <li>• Audit results to be included in annual</li> </ul>		✓		-The PCT needs to improve the consultation and involvement of the general

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discussion, as well as in the planning, prioritisation and delivery of health services generally			-The PCT needs to improve the consultation and involvement of the general population in discussing the planning and delivery of health services in B & H-where there are work streams to link in- via Community Participation Dept in PCT-for 2010-11.	self assessment exercise			population in discussing the planning and delivery of health services in B & H-where there are work streams to link in- via Community Participation Dept in PCT-for 2010-11.
4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision			- A local needs analysis was conducted in 2004 but is now out of date.	<ul style="list-style-type: none"> <li>Ongoing work to ensure that the local JSNA contains comprehensive information about health needs of people with learning disabilities and any inequalities they experience</li> </ul>		✓	Improve the local analysis of the needs of people with learning disability and include this in the Joint Strategic Needs Assessment
4.6 Plans are in place to meet the particular needs of people with learning disabilities who are ageing. These are taken account of in local older people's planning, and derive equal benefit from policy improvements and initiatives linked to the Older People's NSF; the Dementia Strategy, New Ambitions in Old Age, etc			A memory clinic service will be established  - PCT Needs assessment in early onset dementia to include people with LD	<ul style="list-style-type: none"> <li>If strategy not yet in place, timescales for its completion to be discussed at self assessment event</li> <li>Feedback at self assessment event and also in final submissions</li> <li>Partnership Board timetabled review</li> </ul>		✓	Needs of people with LD will be considered in commissioning of memory clinics
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			-PCT needs to liaise with SPFT and CLDT to implement the Local Autism Plan following the release of National Guidance- to go through Scrutiny in 2010	<ul style="list-style-type: none"> <li>Update on position at self assessment event and feedback also in final submissions</li> <li>Explicit</li> </ul>		✓	-PCT needs to liaise with SPFT and CLDT to implement the Local Autism Plan following the release of National

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learning disabilities approaching transition to adulthood (See also 4.1 and 4.3 above)				commissioning strategy in place <ul style="list-style-type: none"> <li>Partnership Board timetabled review</li> </ul>				Guidance- to go through Scrutiny in 2010.
4.8 There are a range of local services available to individuals who challenge services (see also 4.2 above). Such services take account of key standards from policy and best practice.			-Shift in Commissioning from residential care to supported Living via targets in Commissioning Strategy.  - Action Plan developed in Commissioning Strategy to address issues highlighted in Mansell 2 Report-reports to LDPB annually.	<ul style="list-style-type: none"> <li>Explicit commissioning strategy in place</li> <li>Update on position at self assessment event and feedback also in final submissions</li> <li>Partnership Board timetabled review</li> </ul>		✓		- Action Plan developed in Commissioning Strategy to address issues highlighted in Mansell 2 Report-reports to LDPB annually.
4.9 The NSF for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services			-Currently a 0.6 post-may need to review level of resource after first 6 months-began Dec 09  The needs of people with a LD and M. Health needs to be addressed as one of the top 10 Commissioning Priorities for M. Health by M. Health Commissioners in service planning and delivery in 2010-11.  Trust-Wide Green Light Steering Group to adopt service model across Sussex if Brighton and Hove initiative is successful.	<ul style="list-style-type: none"> <li>Explicit commissioning strategy in place</li> <li>PCT/Partnership Board Audit of key objectives from Green Light for MH</li> <li>Quarterly review of data from CAMHS monitoring of access to services by children and young people with learning disabilities</li> <li>Update on position at self assessment event and feedback also in final</li> </ul>	✓			The needs of people with a LD and M. Health needs to be addressed as one of the top 10 Commissioning Priorities for M. Health by M. Health Commissioners in service planning and delivery in 2010-11.
4.10 There is a coherent workforce Plan in each Local area guiding the future training and development of people working in learning disability			-Improved integration of LD awareness training across other Trusts within the city i.e South Downs Health-due 2010-	<ul style="list-style-type: none"> <li>Update on position at self assessment event and feedback also in final</li> </ul>		✓		-Improved integration of LD awareness training across other Trusts

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<p>services, in both specialist and mainstream health care areas. The Plan is set within the context of the objectives and timescales of the reforms required by national policy, and of the strategies and business plans of local Partnership Boards</p>			<p>11.</p>	<p>submission</p> <ul style="list-style-type: none"> <li>• Partnership Board timetabled review</li> </ul>				<p>within the city i.e South Downs Health-due 2010-11.</p>
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