







**Learning Disabilities Self Assessment 2010 - Feedback Forms**  
**Locality: Brighton and Hove**

	<b>Making sure people not living in hospital type settings if they do not need to be there</b>								
(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better	(7) How do we score?			(8) One thing we want to be better in 12 months
									
<b>1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital</b>									
1.1 The resettlement of identified people from long stay hospitals, is complete	No campus provision	No campus provision	No campus provision		No campus provision			✓	No campus provision
1.2 All NHS Residential Campuses are to be closed by 2010	No campus provision	No campus provision	No campus provision		No campus provision			✓	No campus provision
1.3 <b>(formerly 4.1)</b> Discharge planning is in place for people ( <b><u>not already included in the campus target</u></b> ) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	How many people living in hospitals (campus accommodation) -0 How many people staying in assessment and treatment units -15 How many are likely to leave in the next 12 months -2 Is anyone having to stay longer than they need to – No	Not applicable	Care management by the Learning Disability team continues regardless of funding by NHS to ensure effective monitoring, discharge planning and community resettlement. Plans to commission local assessment and treatment services. Scoping progress implementing Mansell recommendations for report to Partnership Board.	We will include in reports to the partnership board	We want to expand local provision for people with challenging behaviour and want assessment and treatment services to be more local to Brighton and Hove.		✓		Local network to reduce challenging behaviours




## Health Check – Top Target 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**









(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better	(7) How do we score?			(8) 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>									
2.1 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</li> </ul>	GP practice data reported for the period 01/07/09 to 30/06/10, and 24 of 49 practices returned the data requested specifically for the SAF, covering 656 of the total 949 adult LD population, unless otherwise indicated) <b>1)</b> 47 out of 48 (98%) practices have a system for identifying patients with a learning disability <b>2)</b> 949 adults with a learning disability registered with one of the 48 GP practice in NHS Brighton & Hove area (QOF March 2010) <b>3)</b> 798 adults with learning disability recorded by the local authority (at March 2010) <b>4)</b> 49 people with a learning disability from minority ethnic groups (based on the 24 practices that returned SAF data) 0.01% of total PCT population (300,163) <b>5)</b> Total number of family carers = 127, family carers 65-74yrs = 11 (9% of 127), family carers 75+ yrs = 6 (5% of 127), carers all ages from minority ethnic groups = 23 (18% of 127) – based on 24 practices returning SAF data <b>6)</b> 81 children with a learning disability – based on 24 practices returning SAF data	Improve data in GP practices.	Local DES is available to all people with learning disabilities, not just those known to local services.  The PCT has been working with the main acute provider to identify how healthcare providers are meeting the need of minority groups. This work was incentivised through the 2009-10 CQUIN scheme with the acute trust	Through reports to the Healthy Lives sub group	Improving information on numbers of parents with learning disabilities			✓	Improving information on numbers of parents with learning disabilities




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2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice	<p>Data here reported from 09/10 audit of LES</p> <p>1) 45 practices signed up to provide LES = 96% of all practices</p> <p>2) 376 had a health assessment (40% of 949), 41 declined a health assessment, 17 did not attend a booked assessment, 108 did not respond to an invite</p> <p>3) Based on 08/09 &amp; 09/10 audits: 08/09 = 251 people had a health assessment (29% of 873, total population at March 09) 09/10 = 376 had a health assessment (40% of 949, total population at March 10)</p> <p><u>Theme 1: GP Practices</u></p> <p><b>86%</b> (96/111) of people felt they had enough time with the doctor or nurse when they went to the GP practice.</p> <p><b>94%</b> (34/36) of carers/support staff felt that the person they care for had enough time with the doctor or nurse.</p> <p><b>73%</b> (81/11) of people indicated they had received a health check/health action plan from their GP practice.</p> <p><b>72%</b> (28/39) of carers/support staff indicated that they person they care for had received a health check and health action plan.</p> <p><b>47%</b> (36/76) of people said they had been told about new health needs at their health check, and <b>43%</b> (33/76) of people said they had not found out about new health needs.</p> <p><b>36%</b> (10/28) of carers/support staff indicated the person they care for had found out about new health needs at their health check, and <b>54%</b> (15/28) said they person they care for did not find out about new health needs.</p> <p><b>38%</b> (36 out of 98) of people said they had been given a copy of their health action plan at the GP practice, and <b>33%</b> (32/98) of people said they had not.</p> <p><b>43%</b> (12/28) of carers/support staff said they person they care for had been given a copy of their health action plan, and <b>46%</b> (13/28) of carers/support staff said the person they care for had not.</p>	<p>Get better data from the LES audit about who has been offered health check and HAP, declined or not responded to invite.</p> <p>Provision of health checks for people at the practices not providing the LES.</p>	<p>96% of GPs offering HAPs and Health Checks.</p> <p>Information on actual attendance for health checks and assessments now available to feed into improvement plans.</p> <p>High proportion of people gave positive feedback about health services.</p>	<p>Reports to the partnership board</p> <p>PCT audit of GP enhanced services</p> <p>Contact with GPs by Health Facilitator</p> <p>Reports to the Healthy Lives sub group</p>	<p>Increase uptake of health checks via advice for GPs.</p> <p>Better information on our health checks and feeding into our action plans</p> <p>Further promotion of service to LD providers and People with learning disabilities.</p> <p>100% of GPs offering HAPs and health checks (expected to be achieved in November 2010).</p>			✓	Continue to increase take up of health checks and Health Action Plans

(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better				(8) One thing we want to be better in 12 months
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	<p>GP practice data reported for the period 01/07/09 to 30/06/10, and 24 of 49 practices returned the data requested specifically for the SAF, covering 656 of the total 949 adult LD population, unless otherwise indicated</p> <ol style="list-style-type: none"> <li>1) number of adults eligible for bowel screening = 44, number of those eligible who have received screening = 8 (18% of 44)</li> <li>2) number of women aged 53 to 64yrs eligible for breast screening = 43, number who received screening between 01/07/07 and 30/06/10 = 12 (28% of 43)</li> <li>3) number of women aged 25 – 64yrs eligible for cervical screening = 139, number who received screening = 40 (29% of 139), 3 identified as exempt (2% of 139), and 1 identified as having a disclaimer (1% of 139)</li> <li>4) number of adults with a BMI recorded = 433 (66% of 656), number showing obesity = 152 (35% of 433), number showing obesity offered dietary advice = 94 (62% of 152)</li> <li>5) number of adults with coronary heart disease = 12 (2% of 656), number with coronary heart disease who have received a review in last 12 months = 9 (75% of 12)</li> <li>6) number of adults with diabetes = 28 (4% of 656), number with diabetes who received a review in last 12 months = 23 (82% of 28), number with diabetes who received retinal screening in past 12 months = 16 (57% of 28)</li> <li>7) number of adults with asthma = 84 (13% of 656)</li> <li>8) number of adults with epilepsy = 120 (18% of 656)</li> <li>9) number of adults with learning disability and a mental health problem = 66 (10% of 656)</li> <li>10) Dysphagia figures for last year from CLDT SALT: 40 adults assessed, 34 with care plans, 11 with PEGs, and 7 cases currently open. A multi disciplinary dysphagia clinic has been in operation since spring 2009 There is no prostrate screening available to general population so not included</li> </ol>	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.	<p>Data indicates increase in those accessing screening.</p> <p>Data collection remit has been increased to provide improvements in available data</p> <p>JSNA draft developed. Draft JSNA to follow work to improve health promotion advice to people with Learning Disabilities</p>	Reports to Partnership Board and healthy lives sub group.	Further improvements to accessibility of mainstream health promotion			✓	Use feedback from people with learning disabilities about services to expand healthy eating choices and access to cookery skills








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2.4 The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities	<p><u>Extract from Health Facilitator Report</u> <u>Theme 2: Dentists</u> 75% (86/115) of people indicated that they regularly go to the dentist. 74% (28/38) of carers/support staff indicated that the person they care for regularly attends the dentist.</p> <p>87% (84/97) of people indicated that the dentist or practice they attend was good at supporting people with a learning disability. 86% (30/35) of carers/support staff indicated that the dentist or practice the person they care for attends is good at supporting people with a learning disability.</p> <p><u>Theme 3: Opticians</u> 84% (97/115) of people indicated that they regularly go to the optician. 71% (27/38) of carers/support staff indicated that the person they care for regularly goes to the optician.</p> <p>90% (91/101) of people indicated that the optician or practice they attend was good at helping them. 74% (25/34) of carers/support staff indicated that the optician or practice the person they care for attends is good at helping them.</p>	PCT to develop links and business plan with Independent Dental practices across B & H to improve access to treatment.	<p>A workplan has been agreed for Dental services with the Commissioner at NHS.</p> <p>Joint work with Oral Health promotion/Special Care Dentistry and the Health Facilitator at CLDT to look at usage, barriers of dental services and training needs for staff in dentistry and social care services. Links have also been made with the NHS Brighton &amp; Hove Oral Health Promotion Champions work.</p> <p>Joint work between Health Facilitator, Head of Health Promotion at NHS Brighton &amp; Hove and local weight management &amp; physical activity health promotion services to look at referral and monitoring processes. Learning disability awareness training will be provided for staff working in the associated health promotion services.</p> <p>Ongoing joint work is taking place between the Health Facilitator and the Health Promotion Specialist for cancer screening to look at accessibility to cervical, breast and bowel screening.</p> <p>A plan is in place to provide training &amp; resources to practice nurses around cervical screening &amp; women with learning disabilities in winter 2010. Work is planned by Health Facilitator for winter 2010/spring 2011 to look at usage of optometry services, gaps in provision and training needs of staff in those services.</p> <p>All of the above work streams will also result in appropriate information being made available for local service users and carers, plus staff working in learning disability services.</p>	Healthy Lives group and Learning Disability Partnership Board	To improve access to eye services		✓		Work is planned for winter 2010/spring 2011 to look at use of eye services, gaps in services and training needs of staff

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2.5 Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities	<p>Theme 6: Making Complaints</p> <p><b>80%</b> (70/87) of people indicated they knew how to tell a health service if they were not happy.</p> <p><b>77%</b> (30/39) of carers/support staff indicated they knew how to tell a health service if they were not happy.</p> <p>Developing easy read PALS and complaints information with Brighton &amp; Hove PALS team.</p> <p>Provision of learning disability awareness training in other mainstream primary and community health services-I.e. South Downs Health NHS Trust.</p> <p>3 Learning Disabilities liaison nurses information on Partnership Board website <a href="http://www.brightpart.org">www.brightpart.org</a> and report on their work.</p>	Developing easy read PALS and complaints information by the PCT.	<p>Provision of learning disability awareness training in other mainstream primary and community health services-I.e. South Downs Health NHS Trust.</p> <p>Developed accessible PALS and complaints information so users can feedback about their experience of healthcare services.</p> <p>Developed care pathways and protocols with the Intermediate Care Services in Brighton and Hove from South Downs NHS Trust.</p> <p>A policy for the care of people with a learning disability in the acute setting has been developed and ratified as a result of joint working between Brighton and Sussex University NSH Hospital Trust, SPFT, B&amp;HCC.</p> <p>3 Learning disability liaison nurses in post to work across local acute trust, These posts are permanently funded by the PCT.</p> <p>Evaluation of hospital experience/liaison service recently started and for service users. Carer, one for the acute trust staff</p>	Reports to the Healthy Lives sub group and learning disability partnership board.	Embed improvements in future commissioning arrangements		✓		Explore options to embed improvements in future commissioning arrangements




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2.6 PCT commissioning work-streams - and projects developed to implement them – apply equally to people with disabilities . The needs of people with learning disabilities are explicit in all such work-streams across the SHA area	Draft JSNA Equality Impact Assessment of Health services by PCT	The Sussex Heart Network and Cancer Network will consider how they will involve people with learning disabilities in their work programmes via the PCT.  The PCT discusses adult safeguarding alerts as part of its regular quality review board meeting with providers	The needs of people with Learning disabilities has been included within the quality schedule of the contract with providers	Healthy Lives sub group	Carry forward actions from the JSNA.	✓			Information on health (the JSNA) will be used need to further develop our plans
2.7 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	Needs of people with learning disabilities identified within plans.	Do some targeted work with local learning disability population when electronic personal health records have been implemented locally			National IT programme has halted therefore no progress has been made  Liaison nurses continue to pursue implementation of flagging system by the acute trust		✓		Liaison nursing team continue to pursue acute trust implementation of flagging system

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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>Embedded process for EIA screening and full EIAs of key policies. Over 50 full EIAs are published on the Trust website, alongside 40 policies that have been screened. <a href="http://www.brightonandhovepct.nhs.uk/">http://www.brightonandhovepct.nhs.uk/</a> (Also see attached list of actions to improve equality taken by PCT.)</p> <p>Discussions have taken place at partnership board on how to include people. September 2010 LDPB Minutes <a href="http://www.brightpart.org">www.brightpart.org</a></p>	Healthy Lives Sub Group and PCT to look at work plans once outcomes of the equality impact assessment are known.	Partnership Board chose 'Including Everyone' as major theme for 2010 & will have an action plan for this	Reports to the Partnership Board	JSNA has identified need to improve data collection		✓		Routinely collecting and acting on patient data to ensure health inequalities are addressed through commissioning.
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>Number of young people with complex needs 20 Number of adults with complex needs 75-80</p> <p>Summary of Partnership Board Strategy and action plan and Make It Happen Plan is on <a href="http://www.brightpart.org">www.brightpart.org</a></p> <p>Relevant extracts from mainstream strategies, e.g. Long Term Conditions Transition Protocol (Transitions Forum <a href="http://www.brightpart.org">www.brightpart.org</a>)</p>	<p>EIA of Partnership Board being carried out autumn 2010</p> <p>Multi Disciplinary Clinics happening for people with Complex Healthcare needs.</p> <p>Carers Information session and Big Health Service Check publicising good health services available (i.e. liaison nurses) and being done in partnership with Partnership Board &amp; CLDT</p> <p>LHE wide commissioning plan for Long term conditions with supporting working groups EIA completed</p> <p>LD representation within information and self care working group</p> <p>JSNA contains appropriate data on profound disability</p>	<p>LDPB to have clear process for demonstrating and ensuring people with most complex needs are included in planning and decisions making.</p> <p>Protocols / actions to improve transition from children's health services to adulthood</p> <p>CLDT care pathways have been consolidated</p>		<p>LD representation required on other work streams supporting wider programme</p> <p>More people to know about liaison nurses</p> <p>Improve health transition for young people reaching adulthood</p>		✓		LD representation on other work streams supporting wider commissioning programme


**Health Check – Top Target 3**




										<p align="center"><b>People with a learning disability are safe in National Health Service services</b></p>																																							
(1) Top Targets and Key Objectives			(2) Measures and Evidence			(3) What we said we would do			(4) Good things happening			(5) How we check progress			(6) Where things need to get better			(7) How do we score?			(8) One thing we want to be better in 12 months (Key priority)																												
															  																																		
<p><b>3. People with learning disabilities who are in services that the NHS commissions or provides, are safe</b></p>																																																	
<p>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>			<p>Number of safeguarding alerts raised by Health Trusts in the city - 216 Learning points taken forward from safeguarding alerts - Learning through quality review meetings and safeguarding Number and percentage of people in receipt of health funding (continuing health care) - 19 cases 3% of total budget</p>			<p>Quality review meetings with commissioned providers to include safeguarding actions to respond to learning points highlighted through national, and local safeguarding concerns.</p>			<p>The PCT discusses adult safeguarding alerts as part of its regular quality review board meeting with providers  The needs of people with Learning disabilities has been included within the quality schedule of the contract with providers  Provision of good quality, accurate data on numbers of safeguarding alerts raised re: LD in NHS Trusts in the city.</p>			<p>Safeguarding reports to Partnership Board</p>			<p>PCT to continue to improve mechanisms within commissioned services to demonstrate learning from areas of concern/ safeguarding investigations</p>						<p align="center">✓</p>			<p>PCT to continue to improve mechanisms within commissioned services to demonstrate learning from areas of concern/ safeguarding investigations</p>																									
<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"> <li>➤ Mental Capacity Act (including Consent)</li> <li>➤ Disability Discrimination Act (including Disability Equality Duty)</li> <li>➤ Human Rights Act</li> </ul>			<p><u>Theme 4: Hospitals</u> <b>44%</b> (48/109) of people indicated they had been to hospital in the previous year. <b>55%</b> (22/40) of carers/support workers indicated that the person they care for had been to hospital in the previous year.  <b>67%</b> (32/48) of people felt that the hospital was good at helping people with a learning disability. <b>77%</b> (17/22) of carers/support staff felt that the hospital was good at helping people with a learning disability.  <u>Theme 5: Learning Disability Liaison Nurses</u> <b>60%</b> (29/48) of people who had been to the hospital in the last year have also received support from the</p>			<p>Put a programme in place during 210-11 to train all appropriate clinical staff within primary care services in MCA</p>			<p>The PCT provides mandatory Equality and Diversity training to all staff, which includes awareness of duties in the DED and other equalities legislation  The PCT has a Single Equality and Human Rights Scheme that explains its duties under legislation, referencing the Disability Equality Duty.  The Trust publishes the relevant information annually as required, and has actions in the scheme to ensure it meets its legal duties (including reference to positive action and reasonable adjustments where relevant).  The Trust has contracts with external organisations to provide support for disabled people to fully participate in local services, engagement activities to ensure they are involved in local decision making, advocacy and communication services to break down barriers to local services.  The training team within the PCT has</p>			<p>Reports to Healthy Lives sub group</p>			<p>The PCT needs to more systematically assess whether provider Trusts and contracted organisations are meeting their duties within the DED</p>						<p align="center">✓</p>			<p>For BSUH to continue to improve implementation of MCA for people with learning disabilities</p>																									




	<p>learning disability liaison nurse.  <b>32%</b> (7/22) of carers/support staff indicated that support had been given by the hospital liaison nurses.</p> <p><b>93%</b> (27/29) of people who had received support from the learning disability liaison nurses said the liaison nurses were good at helping people.  <b>86%</b> (6/7) of carers/support staff who had received support from the learning disability liaison nurses said the liaison nurses were good at helping people.</p> <p><u>Theme 7: General Questions</u></p> <p><b>86%</b> ((36/43) of carers/support staff indicated they had been involved in making decisions about the health care of the person they care for.  <b>30%</b> (13/43) of carers/support staff indicated they have been asked to give consent on behalf of the person they care for.  <b>65%</b> (28/43) of carers/support staff indicated they had not been asked to give consent on behalf of the person they care for.  According to the Mental Capacity Act, no-one should be asked to give consent on behalf of another adult.</p>		<p>provided events to GP practice staff on MCA and Mental Health. The most recent MH event was offered within the Protected Learning Scheme for Primary Care, Mental Health Conference held on 24<sup>th</sup> June 2010 which had very good evaluation. The HR department would be able to evidence the policies and procedures.</p> <p>The PCT resources a number of local organisations to provide opportunities for local disabled people, including those with LD, to access decision making processes, and to use their experiences to influence decision making and commissioning</p> <p>The PCT receives regular data from providers on Safeguarding alerts. These are discussed at the regular quality review board meeting the PCT holds with its commissioned providers. This includes MCA.</p> <p>3 IMCA referrals from April to end September 2010 regarding health services</p>						
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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	CQC Inspection report assessed Brighton and Hove as performing well Link CQC report <a href="http://www.brightpart.org">www.brightpart.org</a> Link safeguarding adults report <a href="http://www.brighton-hove.gov.uk">www.brighton-hove.gov.uk</a>	To explore options for having 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.	Work has been undertaken with healthcare providers to gain more detailed data about complaints they receive.	Reports to the partnership board and Joint Commissioning Board on safeguarding	Organisation learning from complaints safeguarding and SUIs across the city		✓		To explore options to collate organisational learning across the city
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults	Quality review meetings with commissioned providers include safeguarding actions to respond to learning points highlighted through national, and local safeguarding concerns. Providers requested to review and evaluate their internal systems and processes inline with DH guidance 'Clinical Governance and Adult Safeguarding' to ensure that NHS safeguarding integrates with other organisations within the local health economy. Hate Crime action plan <a href="http://www.brightpart.org">www.brightpart.org</a>	Need to improve data collection from Safeguarding alerts and investigations from inpatient healthcare settings rather than just community settings.	The PCT is an active member of the local partnership arrangements for safeguarding vulnerable adults and is represented on these groups.  The PCT has recently established a 'safeguarding committee' to ensure the safeguarding of children, vulnerable adults, MCA and domestic violence actions and issues are discussed within a single forum to report to the PCT board.	Reports to the Partnership Board	Further improve data collection from safeguarding alerts.		✓		BSUH to recruit a new lead in safeguarding adults and to increase the number of staff trained.
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 the effectiveness of the systems they have in place to enable them to understand and plan to meet a full range of needs of people with learning disabilities in their areas. 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. <b>All NHS commissioned services are contracted to ensure safety is achieved by 'reasonable adjustments' for people with learning disabilities.</b>	JCB report on Six Lives <a href="http://www.brighton-hove.gov.uk">www.brighton-hove.gov.uk</a>	Progress on Six Lives has been reported locally	The is an on-going process which is included within the quality improvement discussion held with providers on a regular basis as part of its quality review board meetings  The contract with providers includes reference to the requirements upon these organisations for the delivery of safeguarding vulnerable adults and people with learning disabilities.  The quality review board meetings discuss with providers their registration compliance with the CQC and the results of any reports or investigations held within the organisations or their response to learning from other investigations or reports of similar service providers.	Reports to the Joint Commissioning Board	Continue to review local response to ombudsman's recommendations in Six Lives report.			✓	Further report on progress of implementing Six Lives February 2011




## Health Check – Top Target 4




	<b>Progress is being made in the health service reforms and developments described in Valuing People Now</b>		 ✓	
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4. Progress is being made in implementing the service reforms and developments described in 'Valuing People'									
4.2 (No 4.1) There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital	Number of people in assessment and treatment units and number placed outside Brighton and Hove – 15  Number of people who are delayed moving out of hospital care - 0	LD Commissioners & mainstream Mental Health commissioners engage with Sussex Partnership Foundation Trust in increasing access to more localised specialist assessment and treatment accommodation provision for people with a LD and challenging needs and/or mental health needs.	We are developing assessment and treatment services that are more local  We are updating the information we have on what is needed locally  We have reviewed everyone's needs and are developing plans for them to be discharged	Reports to the partnership board	Develop more local services for people needing assessment and treatment		✓		Continue to engage with local SPFT and providers to develop local assessment and treatment facilities
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	Work plan of the transition forum and transition protocol <a href="http://www.brightpart.org">www.brightpart.org</a>	Improve 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	Scoping report completed for Health Facilitator to look at areas of improvement between Adult and children services	Reports of the Healthy Lives sub group and Transitions Forum.	Implement actions from scoping exercise to improve transitions.		✓		Develop and implement action plan to improve transition of young people into adult health services.

(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better				(8) One thing we want to be better in 12 months
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>The PCT has contractual arrangements with Speakout and Interact to provide advocacy services for people with LD, and with the Federation of Disabled People to provide engagement mechanisms with local disabled people. These contracts ensure that people with LD have opportunities to influence NHS commissioners and decision makers to ensure the needs of people with LD are taken into account in service planning and commissioning</p> <p>The Big Health Service Check took place on Wednesday 6<sup>th</sup> October <b>9</b> paid carers, <b>2</b> family carers, and <b>23</b> service users attended.</p> <p><b>8</b> Getting Ready meetings were held, with <b>42</b> people with a learning disability and <b>12</b> family carers in attendance in total. The meetings took place in day centres, and at advocacy and support groups.</p> <p>Overall, <b>39</b> carers/support staff gave feedback and <b>128</b> service users gave their feedback – either via questionnaire, at Getting Ready meetings, or in person at the Big Health Service Check event.</p> <p>Based on these figures, approximately <b>13%</b> of the known adult learning disability population gave feedback (128 of 949 registered at a local GP practice</p>	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.	<p>Mechanisms are ensuring a wide range of users views and experiences are reflected and available to commissioners</p> <p>Updating our JSNA for people with learning disabilities</p> <p>Big Health check event and feedback from questionnaires</p> <p>Healthy lives group in place, membership of LDPB and subgroups include members of PWLD and their representations Posts funded to support provision of appropriate services in primary and acute care.</p> <p>PCT disability equality scheme steering group.</p> <p>Carer involved in development of hospital liaison service</p> <p>Development of some east to read secondary care resources Views sought as part of self assessment</p>	Reports of the Healthy lives sub group and learning disability partnership board	PCT further improve involvement of people with learning disabilities in health planning.	✓			PCT to review arrangements to involve people with learning disabilities in health planning

(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better				(8) One thing we want to be better in 12 months
4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision	JSNA to be updated to include details of local need.  Report 'A council the city deserves' Setting out Intelligent commissioning Model <a href="http://www.brighton-hove.gov.uk">www.brighton-hove.gov.uk</a>	Improve the local analysis of the needs of people with learning disability and include this in the Joint Strategic Needs Assessment	Joint Commissioner LD post Integration of council, SPT, council and NHS specialist teams S75 agreements established Hospital liaison nurse posts established and cited as national good practice by DH Primary Care facilitator post funded by PCT Learning Disability Nurse within Mental Health services	Joint Commissioning Board reports	Continue to review and improve the joint working arrangements			✓	Implement intelligent commissioning at a local level
4.6 The needs of people with learning disabilities who are ageing ( <b>Note 19</b> ) are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines (including the national Dementia Strategy and New Ambitions in Old Age)	GP practice data reported for the period 01/07/09 to 30/06/10, and 24 of 49 practices returned the data requested specifically for the SAF, covering 656 of the total 949 adult LD population, unless otherwise indicated  Number of people aged 65 yrs and over with a learning disability = 62 (9% of 656)	Needs of people with LD will be considered in commissioning of memory clinics	Registers established at GP level and can report on no of people over 60. Development of dementia strategy underway and needs of people with LD will be considered Specific end of life policy has been developed for PLD by the LD Trained worker in palliative care in LD liaison team Every onset dementia day service established Wellington Road.  Reviews of dementia care pathway  Mental Health commissioning strategy includes review of access to services for people with learning disabilities and development of an ageless service	Healthy Lives sub group	Implement Dementia Strategy		✓		The priority for next year will be to have a memory assessment service up and running which is also available to people with learning disabilities.
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	Scrutiny panel established to look at needs of people with Autism Minutes and Agendas available <a href="http://www.brighton-hove.gov.uk">www.brighton-hove.gov.uk</a>	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.	Scrutiny panel established to look at needs of people with Autism	Scrutiny panel seeking feedback from family carers people with autism and stakeholders  Local resource centre for people with autism established	Develop local autism plan		✓		Autism local plan to be developed

(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better				(8) One thing we want to be better in 12 months
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.	Relevant information from local strategy and the workforce plan	Action Plan developed in Commissioning Strategy to address issues highlighted in Mansell 2 Report	Positive behaviour support training provided  Review of local progress in implementing recommendations from Mansell Also see 4.2 above  Transitions service to provide for people with complex and challenging behaviour to be commissioned in 10/11;  Framework contract for young people with challenging behaviour.	Reports to the Learning Disability Partnership Board	Further improve response to challenging behaviour at a local level.		✓		Action Plan to be developed to further improve progress in implementing Mansell recommendations.
4.9 New Horizons for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services	Mental Health commissioning strategy 2009-12 <a href="http://www.brighton-hove.gov.uk">www.brighton-hove.gov.uk</a> Green light action plan Learning Disability nurse within Mental Health Team SPFT website <a href="http://www.sussexpartnership.nhs.uk/about/news/trust-news/post/">http://www.sussexpartnership.nhs.uk/about/news/trust-news/post/</a> Quarterly review of data from CAMMHS monitoring to services by children and young people with learning disabilities	The needs of people with a LD and Mental Health will 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.	Dual diagnosis policy due to be ratified Awareness training delivered to mental health practitioners Explicit commissioning strategy in place PCT/partnership board audit of key objectives from Green light for mental health	Regular updates to the Partnership Board and Joint Commissioning Board	Local implementation group to progress Sussex wide green light action plan			✓	Local implementation group to progress Sussex wide green light action plan
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	Workforce Development Plan <a href="http://www.brightpart.org">www.brightpart.org</a>	South Downs Health NHS Trust have made contact with Healthy Lives group to look at provision of LD awareness training for staff working in SDHT, SDHT to scope training needs of different services, and Healthy Lives group to re-contact SDHT once new Manager for CLDT in post.	Improved integration of LD awareness training across other Trusts within the city i.e. South Downs Health-due 2010-11.	LD awareness training was offered to mental health workers across Sussex during June/July 2010. Online awareness raising resource already produced.	Continue to provide learning disability awareness training		✓		Continue to provide learning disability awareness training .

(1) Top Targets and Key Objectives	(2) Measures and Evidence	(3) What we said we would do	(4) Good things happening	(5) How we check Progress	(6) Where things need to get better				(8) One thing we want to be better in 12 months
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	Estimated 15% of people in Lewes prison have a learning disability (draft JSNA).	Not applicable as new target	<p>Court Diversion pilot has developed a screening tool to identify people coming into the criminal justice system.</p> <p>Care pathways for those at risk are being developed</p> <p>HMP Lewes are in the process of developing a tool to identify people with a learning disability and training required for staff working in prisons.</p>	We will include in future reports to the Partnership Board.	Take forward actions from the Court Diversion pilot	<b>Not scored as actions are for East Sussex and Downs &amp; Weald PCT</b>			Take forward actions from the Court Diversion pilot

**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 :** Brighton and Hove

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| 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.<br><i>(Please see the Brighton and Hove Big Health Service Check report 2010)</i>                                    |
| 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. <i>(Please see Minutes of the LDPB in September )</i>    |
| 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? <i>See Report to JCB on work at the LDPB and Big Health Check</i>                  |
| 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? <i>Yes – see report on how people were involved in the Big Health Check</i>  |
| 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. <i>See report to JCB on Six Lives</i> |

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

Person with learning disabilities, *Betty Vincent* .....

Family Carer .....

Lead Director... *Geraldine Horan* .....

Health Lead.....