

**LD Health Self Assessment Framework
Validated Results – 2012/13**

Appendix 4

Top Target / Key Objective	AWL	Bolton	Bury	HMR	Manchester	Oldham	Salford	Stockport	T&G	Trafford	GM G	GM A	GM R
1	G,A	G,G	A,G	G,A	G,G	A,R	G,G	A,A	G,G	G,G	1	7	2
1.1	G,A	G,G	G,G	G,G	G,G	G,R	G,G	G,A	G,G	G,G	5	4	1
1.2	G,A	G,G	G,G	G,G	G,G	G,R	G,G	G,G	G,G	G,G	1	3	6
1.3	G	G	A	G	G	A	G	R	G	G	X	X	X
2	A,A	R,A	A,A	A,A	A,A	A,A	A,G	A,A	A,A	A,A	1	7	2
2.1	R,A	R,A	A,R	A,G	A,R	R,R	R,G	R,R	R,R	A,R	1	4	5
2.2	A,A	A,A	A,G	A,G	A,A	A,A	G,G	A,A	A,A	A,A	0	8	2
2.3	R,A	R,R	A,R	A,G	A,R	A,R	G,G	A,A	R,R	A,R	1	1	8
2.4	A,G	G,G	G,G	A,G	G,G	A,R	G,G	A,A	G,G	A,G	4	5	1
2.5	A,A	A,A	A,G	A,G	A,A	A,A	A,A	A,A	G,G	A,A	2	4	4
2.6	G,A	A,A	A,A	A,A	A,A	A,A	A,A	A,A	G,A	R,A	3	5	2
2.7	R,A	R,A	A,A	R,A	A,R	R,R	A,A	R,A	R,R	A,R	2	6	2
2.8	A,A	R,R	R,A	A,A	A,A	A,R	A,A	R,A	A,A	A,A	1	7	2
2.9	G,G	R,R	A,G	G,G	A,A	R,R	G,G	R,A	R,R	A,A	2	7	1
2.10											0	7	3
3	A,A	A,A	A,A	A,A	A,A	A,A	A,A	A,A	A,A	A,A	1	9	0
3.1	A,G	G,G	A,G	G,G	G,A	G,G	G,G	A,A	A,G	A,G	1	8	1
3.2	R,A	A,R	A,A	G,R	G,A	R,R	G,G	G,R	A,R	A,G	6	4	0
3.3	A,A	A,R	A,G	A,G	A,A	A,R	A,A	A,A	A,G	A,A	5	2	3
3.4	A,G	A,G	A,A	A,A	A,A	R,A	A,A	A,A	R,A	A,G	3	7	0
3.5											3	7	0
4	A,A	A,A	A,A	A,A	A,A	A,A	A,G	A,A	A,A	A,A	2	7	1
4.1											3	7	0
4.2	G,G	G,G	A,R	A,G	A,A	G,R	G,R	A,R	A,R	A,G	1	7	2
4.3	G,G	A,G	A,R	G,G	A,A	A,R	G,R	A,R	A,R	A,G	3	5	2
4.4	A,G	G,A	A,G	G,G	A,G	A,A	A,G	A,A	G,G	A,A	1	5	4
4.5	A,G	A,A	A,G	A,A	A,G	A,A	A,G	A,A	A,G	G,G	5	4	1
4.6	A,G	G,G	A,G	A,A	G,G	R,R	A,G	A,A	A,R	G,G	3	4	3

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4.7	A,R	A,A	R,A	A,R	A,R	A,R	A,G	R,A	A,A	G,A	X	X	X
4.8	G,G	A,A	A,A	G,G	G,A	G,A	G,G	R,R	A,G	A,A	2	7	1
4.9	A,A	A,A	A,G	A,A	A,A	A,A	A,A	R,R	A,G	G,G	3	6	1
4.10	A,R	G,R	A,A	G,A	A,R	R,A	R,A	A,A	A,G	R,A	1	6	3
4.11	A,G	G,R	R,A	A,G	G,A	R,R	R,A	A,R	R,R	G,A	3	4	3
Total RED	4	7	3	6	3	13	0	15	8	2			
Total AMBER	15	19	18	13	16	12	6	12	15	12			
Total GREEN	8	1	6	8	2	2	21	0	4	13			
Total G/A	24	19	24	21	18	14	27	12	22	25			
Total Points (2/1/0)	32	20	30	29	20	16	48	12	28	38			

Draft Priorities for Action across GM Cluster in addition to Locality-specific CCG/LA HWB plans

- Localities
- Specific Action Plans

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Summary of Provider Statements received and Self Assessment Levels

Provider Trust Name	Specify Type of provider (Acute Hospital, Mental Health, Learning Disability, Community or Specialist Trusts)	C5 Specify Level of Self Assessment for Board Assurance	C6 Specify Level of Self Assessment for Equality Act 2010	C7 Specify Level of Self Assessment for Safeguarding Adults	C8 Specify Level of Self Assessment for Mental Capacity Act	Attach link to Provider Statement Or Lead Commissioner
NWAS	Ambulance					NHS Blackpool
Bridgewater – TPS	Community					NHS Ashton, Leigh & Wigan
Greater Manchester West	Mental Health					NHS Trafford
CMFT	Acute					NHS Manchester
UHSM	Acute					NHS Manchester
CWP	Mental Health / LD					NHS Trafford / NHS Wirral
MMHSCT	Mental Health					NHS Manchester
Pennine Care	Mental Health					NHS
Pennine Acute	Acute					NHS
Stockport	Acute					NHS Stockport
Salford Royal	Acute					NHS Salford
Bolton	Acute					NHS Bolton
Christies	Acute	NWSCT	NWSCT	NWSCT	NWSCT	NHS Manchester
5 Boroughs	Mental Health / LD					NHS Knowsley
Wrightington/Wigan/Leigh	Acute					NHS Ashton, Leigh & Wigan

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Key

Top Targets and Key Objectives
1. People who are or who were formerly in NHS provided long term care have settled accommodation that reflects their person centred plans and there is a system in place to ensure minimum of annual review
1.1 The commissioners can demonstrate that people with learning disabilities, families and carers are involved in the process planning and decision making in order to ensure that their needs, choices and preferences are understood and that services are available to reflect individual choices
1.2 The commissioners know of the all NHS funded (fully and jointly with LA) individual care packages for people with learning disabilities and have mechanisms in place for on-going placement monitoring and individual reviews: <ul style="list-style-type: none">§ OATS (Out of Area Placements)§ Spot Purchase§ Specialist Provision (Crisis and Assessment and Treatment)§ Individual Short Breaks§ Providers of flexible and personal budgets (supported living)
2. Commissioners are working closely with local CCG, Boards (e.g. Learning disability Partnership Boards and Health and Wellbeing Boards) and statutory and other partners, to address the health inequalities faced by people with learning disabilities
2.1 LD QOF registers in primary care. Learning Disability Direct Enhanced Service (DES) for Annual Health Check Registers
2.2 Annual health checks
2.3 a People with learning disabilities access disease prevention, screening, and health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease, epilepsy
2.3 b Screening-Comparative data of PWLD against similar age of non-learning disabled population in each health screening area for: <ul style="list-style-type: none">§ Cervical screening§ Breast screening§ Bowel Screening (as applicable) Measures: <ul style="list-style-type: none">§ Attended screening§ Did not attend screening§ Refused or exempted screening
2.4 Additional quality indicator left in NHS commissioned wider primary and community care services: <ul style="list-style-type: none">§ Dentistry§ Optometry§ Community Pharmacy§ Podiatry§ Community nursing and midwifery

Top Targets and Key Objectives
2.5 Commissioners have assurance that the Four Outcomes of the Equality Act 2010 include people with learning disabilities within all NHS services and use a system such as the Equality Delivery System (EDS) to demonstrate this
2.6 The local JSNA includes needs assessment and corresponding plans are in place which reflect policy and best practice guidelines. For people with learning disability and: § Profound and Multiple Learning Disability (PMLD) § Autism, § challenging behaviour § Mental Health needs. § Older adults § Dementia
2.7 Primary care communication of LD status to other healthcare providers *
2.8 Commissioners have agreed with local partner agencies a long term 'across system' strategy to address services to meet the needs of people with learning disability from ethnic minority groups, and their carers
2.9 There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with complex or profound disabilities and their carers
2.10 Annual Health Action Plans
3. People with learning disability who are in services that the NHS commissions or provides, are safe
3.1 Monitor Compliance Framework – Governance Indicators (learning disability) per trust within the locality Learning disability liaison function or equivalent process in acute setting: e.g. Lead for learning disabilities
3.2 Commissioners are assured that each health Trust routinely monitors, across the whole organisation, its implementation of the Mental Capacity Act (including Consent and Deprivation of Liberty Safeguards) and restriction Can evidence action taken to improve and embed practice where necessary
3.3 Commissioners ensure that all providers can demonstrate that there is evidence of patient experience and review and analysis of complaints and use of the whistle blowing policy affecting people with learning disabilities leading to improved practice
3.4 There are effective multi agency partnerships in place with the agency partners of the Local SS Safeguarding Adults Board (LSAB) to ensure a coherent approach to Safeguarding Adults at risk of abuse

Top Targets and Key Objectives
Commissioners are able demonstrate this for its own organisation's practice
Commissioners are able to demonstrate this for all commissioned services
3.5 Each of the commissioners listed Acute, Mental Health, Non-Acute/ Community , LD, Ambulance, Specialist can assure through their commissioning, and contract monitoring with provider service that quality, safety and safeguarding for people with learning disabilities is being addressed
4. Progress is being made in developing local services for those needing more help to be healthy
4.1 Health and Wellbeing Boards, Clinical Commissioning Groups and Clinical Support Units (CSU's) can demonstrate that any plans include people with learning disability <ul style="list-style-type: none"> • Clinical commissioning Groups • Health and Wellbeing Board • Information Revolution • Health watch • CS/CSU
4.2 The commissioners can demonstrate that the PCT/ CCG/ Health and Well being Boards/ LDPBs has been informed of the services commissioned and assured that the service is going to deliver safe services of acceptable quality
4.3 Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families
4.4 Commissioner can demonstrate that people with learning disabilities and families involved in recruitment/ training and monitoring of staff/ services in LD provider organisations
4.5 There are well functioning partnership agreements between health and social care organisations
4.6 Commissioner can demonstrate that they use a range of collated evidence/information/data including the needs of aging population to ensure evidence based commissioning. Local Profile and future trajectories of needs informs the commissioning of a range of person centred and cost effective options.
4.7 Same as 4.3 - Plans are in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families
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 e.g. Mansell 2 Report or updated equivalent and Challenging Behaviour Charter

Top Targets and Key Objectives

4.9 The National mental health policy 'No Health without Mental Health' is equally and equitably applied to people with learning disability who require mental health services

4.10 Commissioners have a learning disability workforce development plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and mainstream health care areas including Ambulance service and offender health

4.11 Commissioners are working in partnership with local and regional teams to ensure that **people with learning disability in the criminal justice system** have access to a full range of healthcare provision – in line with legislation, policy and best practice

- Localities without a prison should consider the following:
- Point of arrest schemes
- Training in custody schemes
- Referrals to Appropriate Adults and diversion Schemes etc