Joint Health and Social Care Self-Assessment Framework

Healthcare

Demographics

You should obtain this information from general practices. You can do this directly either by the Clinical Commissioning Group (CCG) or Commissioning Support Unit (CSU) using MiQuest queries, or by direct liaison with practices. Primary Care Trusts and GP practices may also know this information from routine liaison in relation to Health Checks. In some areas, primary care contracting requires information flows to support this.

You should aim to provide this data broken down by **age bands** and **ethnicity**. However, if you are unable to provide an age breakdown at this level then **either** report the data by the number of people of aged **0 to 17** years old and aged **18 and over**, **Or** the numbers for **all ages**. These are the last three options in questions 1 to 3.

Please note recorded as being from an ethnic minority means that a person's ethnic category (if declared) is different from the English ethnic majority. That is to say they are not 'British (White)'. This refers to the term as defined for the NHS data dictionary.

1. How many people with any learning disability are there in your Partnership Board area?

1.1 Aged 0 to 13 years old

1.2 Aged 14 to 17 years old

1.3 Aged 18 to 34 years old

1.4 Aged 35 to 64 years old

10

1.5 Aged 65 years old and over

1.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

1.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 1.8 and 1.9, question OR 1.10.

1.8 Aged 0 to 17 years old

1.9 Aged 18 years old and over

3612

1.10 All ages

2. How many people with complex or profound learning disability are there in your Partnership Board area?

Complex or profound learning disability here means learning disability complicated by severe problems of continence, mobility or behaviour, or severe repetitive behaviour with no effective speech (i.e. representing severe autism) (Institute of Public Care, (2009) Estimating the prevalence of severe learning disability in adults. IPC working paper).

2.1 Aged 0 to 13 years old

2.2 Aged 14 to 17 years old

2.3 Aged 18 to 34 years old

10

2.4 Aged 35 to 64 years old

2.5 Aged 65 years old and over

2.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

2.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 2.8 and 2.9, question OR 2.10.

2.8 Aged 0 to 17 years old

2.9 Aged 18 years old and over

2.10 All ages

3. How many people with both any learning disability and an Autistic Spectrum Disorder are there in your Partnership Board area?

3.1 Aged 0 to 13 years old

3.2 Aged 14 to 17 years old

3.3 Aged 18 to 34 years old

3.4 Aged 35 to 64 years old

10

3.5 Aged 65 years old and over

3.6 Aged 0 to 17 years old and recorded as being from an ethnic minority

3.7 Aged 18 years old and over and recorded as being from an ethnic minority

If you are unable to provide an age breakdown at this level of detail then complete either questions 3.8 and 3.9, question OR 3.10.

3.8 Aged 0 to 17 years old

3.9 Aged 18 years old and over

3.10 All ages

Screening

This information should be obtained from GP practices. This may either be done directly by the CCG or CSU using MiQuest queries, or by direct liaison with practices. Directors of Public Health should be monitoring this routinely as an equalities issue.

The total eligible population includes people with and without learning disabilities unless otherwise stated.

4. How many women are there eligible for cervical cancer screening?

- The eligible population are women aged 25 to 64 years old inclusive and who have not had a hysterectomy.
- The population who had a cervical smear test in the last three years (1st April 2010 to 31st March 2013 inclusive) if aged 25 to 49 years old or else in the last five years (1st April 2008 to 31st March 2013 inclusive) if aged 50 to 64 years old

4.1 Number of total eligible population

4.2 Number of total eligible population who had a cervical smear test

4.3 Number of eligible population with learning disabilities

10

4.4 Number of eligible population with learning disabilities who had a cervical smear test

5. How many women are eligible for breast cancer screening?

- Eligible population are women aged 50 to 69 years old, inclusive.

5.1 Number of total eligible population

5.2 Number of total eligible population who had mammographic screening in the last three years (1st April 2010 to 31st March 2013)

5.3 Number of eligible population with learning disabilities

5.4 Number of eligible population with learning disabilities who had mammographic screening in the last three years (1st April 2010 to 31st March 2013)

6. How many people are eligible for bowel cancer screening?

- Eligible population are people aged 60 to 69 years old, inclusive.

6.1 Number of total eligible population

6.2 Number of total eligible population who satisfactorily completed bowel cancer screening in the last two years (1st April 2011 to 31st March 2013)

6.3 Number of eligible population with learning disabilities

10 ### 6.4 Number of eligible population with learning disabilities who satisfactorily completed bowel cancer screening in the last two years (1st April 2011 to 31st March 2013)

Wider Health

This information should be obtained from GP practices. This may either be done directly by the CCG or CSU using MiQuest queries, or by direct liaison with practices. These are routinely available measures of major health issues that should be monitored by Directors of Public Health.

Report how many people there were on the **31st March 2013**.

7. How many people with learning disabilities are there aged 18 and over who have a record of their body mass index (BMI) recorded during the last two years (1st April 2011 to 31st March 2013)?

8. How many people with learning disabilities are there aged 18 and over who have a BMI in the obese range (30 or higher)?

9. How many people with learning disabilities are there aged 18 and over who have a BMI in the underweight range (where BMI is less than 15 as per Health Equalities Framework indicator 4C)?

10. How many people with learning disabilities aged 18 and over are known to their doctor to have coronary heart disease?

As per the Quality and Outcomes Framework (QOF) Established Cardiovascular Disease Primary Prevention Indicator Set.

11. How many people with learning disabilities of any age are known to their doctor to have diabetes?

As per the QOF Established Diabetes Indicator Set and include both type I and type II diabetes here.

12. How many people with learning disabilities of any age are known to their doctor to have asthma?

As per the QOF Established Asthma Indicator Set

13. How many people with learning disabilities of any age are known to their doctor to have dysphagia?

14. How many people with learning disabilities of any age are known to their doctor to have epilepsy?

As per the QOF Established Epilepsy Indicator Set

Mortality

Following the publication of the Confidential Inquiry, Directors of Public Health will want to set up mechanisms to monitor this. Relatively few are likely to be able to answer this question this year. In the longer term this will be produced as part of the NHS Outcomes Framework.

15. How many people with a learning disability resident in your Partnership Board area died between 1st April 2012 and 31 March 2013?

15.1 Aged 0 to 13 inclusive

15.2 Aged 14 to 17

15.3 Aged 18 to 34

15.4 Aged 35 to 64

15.5 Aged 65 and older

Annual Health Check & Health Action Plans

16. How many people with a learning disability aged 18 and over were agreed as eligible for an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?

1778

17. How many people with a learning disability aged 18 and over had an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013?

1308

18. How many people aged 18 and over with a learning disability have a Health Action Plan?

18.1 Total number eligible

3130

10

18.2 Total number completed

2970

Practices participating in Health Checks

Report how many general practices there were on the **31st March 2013**.

19. How many GP practices are there in your Partnership Board area?

129

20. How many GP practices in your Partnership Board area signed up to a Locally Enhanced Services or Directed Enhanced Service for the learning disability annual health check in the year 2012-2013?

82

Acute & Specialist Care

Providers should know this as a result of the Compliance Framework.

Report the numbers between **1st April 2012 and 31st March 2013**.

21. How many spells of INPATIENT Secondary Care were received by people identified by the provider as having a learning disability under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715)?

Please note 21.2 has changed from "Number for people with learning disabilities as percentage of total spells". We are now asking for the denominator value as to ensure the accuracy of the information.

21.1 Number of spells for people identified as having a learning disability

183

21.2 Total number of spells

127251

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22. How many OUTPATIENT Secondary Care Attendances were received by people identified by the provider as having a learning disability under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715)?

Please note this changed from "Number for people with learning disabilities as percentage of total attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

22.1 Number of attendances identified as having a learning disability

560

22.2 Total number of attendances

520010

23. How many attendances at Accident & Emergency involved a person with learning disabilities as the patient?

10

Please note this changed from "Number for people with learning disabilities as percentage of attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

23.1 Number of attendances involving people with learning disabilities

210

23.2 Total number of attendances

155367

24. How many people with a learning disability have attended Accident & Emergency more than 3 times?

Please note this changed from "Number for people with learning disabilities as percentage of total attendances". We are now asking for the denominator value as to ensure the accuracy of the information.

24.1 Number of people with a learning disability

25

24.2 Total number of attendances

Continuing Health Care and Aftercare

Your Local CCG or CSU/Function should have this information.

Report the numbers on the **31st March 2013**.

25. How many people with a learning disability are in receipt of Continuing Health Care (CHC)?

119

26. How many people with a learning disability are in receipt of care funded through the Section 117 arrangement of the Mental Health Act?

23

Location of mental health and learning disability in-patient care

In most cases, this should be known by CCG and possibly through CSU. Your Local CCG or CSU should have this information.

Report the numbers on the **31st March 2013**.

27. How many people with learning disability were in-patients in mental health or learning disability in-patient units (HES speciality function codes 700 to 715) run by providers that provide the normal psychiatric in-patient and community services for the CCGs in your Partnership Board area.

10

Note: the impact of this question is likely to be the 'missing figures' that relate to those placed out of area and this will be compared with the Winterbourne View data collection/registers.

27.1. Number of people placed primarily due to Challenging Behaviour

27.1.1 Age 0 to 17

27.1.2 Age 18 or older

27.2. Number of people placed primarily due to Mental Health Problems

27.2.1 Age 0 to 17

27.2.2 Age 18 or older

45

27.3. Number of people placed primarily due to complex physical health needs

27.3.1 Age 0 to 17

27.3.2 Age 18 or older

28. How many people with learning disability were in-patients in mental health or learning disability in-patient units commissioned by NHS England (specialised commissioning)?

Note: this question has been changed to clarify what is requested.

28.1. Located in your Partnership area or a CCG area bordering it

28.1.1. Number of people placed primarily due to Challenging Behaviour

28.1.1.1 Age 0 to 17

28.1.1.2 Age 18 or older

1

28.1.2. Number of people placed primarily due to Mental Health Problems

28.1.2.1 Age 0 to 17

28.1.2.2 Age 18 or older

1

28.1.3. Number of people placed primarily due to complex physical health needs

28.1.3.1 Age 0 to 17

28.1.3.2 Age 18 or older

0

28.2. Located elsewhere

28.2.1. Number of people placed primarily due to Challenging Behaviour

28.2.1.1 Age 0 to 17

28.2.2.2 Age 18 or older

5

28.2.2. Number of people placed primarily due to Mental Health Problems

28.2.2.1 Age 0 to 17

28.2.2.2 Age 18 or older

0

10

28.2.3. The Number of people placed primarily due to complex physical health needs

28.2.3.1 Age 0 to 17

28.2.3.2 Age 18 or older

0

Reasons for mental health and learning disability in-patient placements

CCG or CSU should have this information. In some cases where commissioning for this group has been partly subcontracted to providers, this may require their input too.

10 | **29. How many people with a learning disability have been admitted once or more often to both in-patient mental health and learning disability care (HES specialty function codes 700-715) at least once between 01 April 2012 and 31 March 2013?**

Count each individual once only.

29.1 Primary for management of challenging behaviour

29.2 Primarily for other reasons

29.3 Total number of individuals   (One individual may in the year have had admissions for both reasons)

17

30. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013?

30.1 Primarily for management of challenging behaviour

14

30.2 Primarily for other reasons

4

31. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 90 days.

31.1 Primarily for management of challenging behaviour

11

31.2 Primarily for other reasons

4

32. How many people with a learning disability were in both in-patient mental health and learning disability care (HES specialty function codes 700-715) on 31 March 2013 who had been in-patients continuously in this or other placements for more than 730 days (two years).

32.1 Primarily for management of challenging behaviour

10

32.2 Primarily for other reasons

4

Challenging Behaviour

CCG or CSU should have this information.

Report all NHS funded hospital care.

10

33. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the PCT register handed over to the CCG at 31st March 2013.

33.1 Number in hospital at index date

68

33.2 Number NOT in hospital at index date

34. Number of people with a learning disability or autism, with challenging behaviour in NHS funded care on the CCG register at 30th June 2013.

34.1 Number in hospital at index date

30

34.2 Number NOT in hospital at index date

38

35. Number of people in learning disability or autism in-patient beds at 1st December 2012 (Publication of Transforming Care) and number of these whose care has been reviewed in line with the Ian Dalton Letter between the beginning of December and 1st June 2013.

35.1 Number in hospital at index date

26

35.2 Number NOT in hospital at index date

23

Assessment and provision of social care

You should refer to your Local Authority Referrals, Assessments and Packages of Care (RAP) Return data.

Report the numbers between 01 April 2012 and 31 March 2013.

36. How many people with learning disabilities received the following between 01 April 2012 and 31 March 2013?

36.1 Received a statutory assessment or reassessment of their social care need whose primary client type was learning disability. (A1 and assumedly knowable from sources capable of producing A6 and A7)

1650

36.2 Received community-based services whose primary client type was learning disabilities (P1)

2550

36.3 Received residential care whose primary client type was learning disabilities (P1)

1410

36.4 Received nursing care whose primary client type was learning disabilities (P1)

30

Inclusion & Where I Live

Social services statistics unit should have this information. Please note, these are data you should have reported to the Health & Social Care Information Centre (HSCIC) earlier in the year. They are included here so they can be seen in the context of the other data. They will not be published by HSCIC until March 2014.

Report the number of people with learning disability as primary client type.

Employment & Voluntary Work

Refer to Adult Social Care Combined Activity Returns data L1.

37. How many people with learning disabilities in paid employment (including self-employed known to Local Authorities)?

365

38. How many people with learning disabilities as a paid employee or self-employed (less than 16 hours per week) and not in unpaid voluntary work?

195

39. How many people with learning disabilities as a paid employee or self-employed (16 hours + per week) and not in unpaid voluntary work?

170

40. How many people with learning disabilities as a paid employee or self-employed and in unpaid voluntary work?

10

41. How many people with learning disabilities in unpaid voluntary work only?

240

Accommodation

Refer to Adult Social Care Combined Activity Returns data L2

Please note, the National Adult Social Care Intelligence Service rounds these numbers to nearest five prior to publication. As such, we will take similar precautions when publishing these data.

10

41. How many people with learning disabilities in unpaid voluntary work only?

240

42. How many people with a learning disability live in or are registered as:

42.1. Rough sleeper/Squatting

0

42.2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)

0

42.3. Refuge

0

42.4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement)

10 *5*

42.5. Acute/long stay healthcare residential facility or hospital

15

42.6. Registered Care Home

1095

42.7. Registered Nursing Home

20

42.8. Prison/Young Offenders Institution/Detention Centre

0

42.9. Other temporary accommodation

5

42.10. Owner Occupier/Shared ownership scheme

40

42.11. Tenant - Local Authority/Arm's Length Management Organisation/Registered Social Landlord/Housing Association

85

42.12. Tenant - Private Landlord

25

42.13. Settled mainstream housing with family/friends (including flat-sharing)

1120

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42.14. Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker)

790

42.15. Adult placement scheme

35

42.16. Approved premises for offenders released from prison or under probation supervision (e.g., Probation Hostel)

0

42.17. Sheltered Housing/Extra care sheltered housing/Other sheltered housing

15

42.18. Mobile accommodation for Gypsy/Roma and Traveller community

0

42.19. What is the total number of people with a learning disability known to the Local Authority?

3250

10

Quality

For Health Commissioning Deprivation of Liberty Safeguards refer to Omnibus data collection
http://www.hscic.gov.uk/dols

Training

43. How many of Health & Social Care commissioned services implement mandatory learning disabilities awareness training? - We have withdrawn this question.

Complaints

44. How many complaints have directly led to service change or improvement in learning disabilities services?

11

Safeguarding

45. How many adult safeguarding concerns have there been in the year to 31st March 2013 concerning adults with learning disabilities?

908

46. How many adult safeguarding concerns have been raised in relation to people with learning disabilities that required escalation?

195

47. What percentage of commissioned accommodation, residential or nursing placements "in borough" have had unannounced visits in the past 12 months?

48. How many commissioned accommodation, residential or nursing placements "out of borough" have had unannounced visits in the past 12 months?

Note: this question has been changed. Please provide the total figure, not the percentage.

Mental Capacity Act, Deprivation of Liberty Safeguards and Best Interest referrals

10 **49. How many Deprivation of Liberty Safeguards referrals were made by local authorities in 2012-13?**

Note: this question has been changed to clarify what is requested.

8

50. How many Deprivation of Liberty Safeguards referrals were made by CCGs (formerly PCTs) in 2012-13?

Note: this question has been changed to clarify what is requested.

5

51. How many Best Interest Decisions referrals have been made in 2012-13?

33

52. What percentage and number of staff in commissioned services have undertaken DOLS training in the last 3 years?

52.1 Percentage

52.2 Number

53. What percentage and number of staff in commissioned services have undertaken Mental Capacity Act training in the last 3 years?

53.1 Percentage

53.2 Number

Transitions

54. The total school age population in your Partnership Board area

145638

55. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of moderate learning disability.

915

56. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of severe learning disability.

400

57. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of profound or multiple learning disability.

94

10

58. The number of people receiving additional assistance in school because of Special Educational Needs, with a primary need category of autistic spectrum disorder.

1363

59. The number of people with a learning disability aged 14 to 17 years old who are in receipt of a co-produced transition plan.

Self-Assessment Framework

This section allows you to rate each measure of the self-assessment framework green, amber or red. You should continually refer to the guidance in order to decide the ratings. The guidance can be downloaded [here].

In addition, you can click on each measure which will take to the definition of the measure and the RAG ratings.

In order to rate yourself RED, you must meet the criteria described under this heading In order to rate yourself AMBER, you must meet the criteria described under BOTH the RED and AMBER headings In order to rate yourself GREEN, you must meet the criteria described under the RED, AMBER and GREEN headings

For each indicator, you should provide an explanation as to why you rated it green, amber or red and a link to a webpage containing further evidence to support this rating.

In addition, you can also provide a positive or negative real life stories of experience that explains why you think that indicator is strong or needs improvement.

Please note, we would like you to keep these explanations and stories concise. As such please limit these to 1,000 characters (including spaces). There is a counter underneath each comment box indicating how many characters out of the 1,000 you have used.

Section A

A1. LD QOF register in primary care

⊗ *Red*
◯ *Amber*
◯ *Green*

Explanation for this rating

* Surrey has six Clinical Commissioning groups who through the NHS changes have been unable to validate the LD registers. Each CCG now has a delegated lead person for learning disabilities and one CCG has taken the lead for LD.
* Systems seem to be available to GP surgeries but we need to look at how to co-ordinate information.
* Some GP's are better at recording information than others
* Primary Care Liaison Nurses have been employed to help GP surgeries and their work will include looking at data collection. Contact has been made with all GP practices and significant progress has been made in validating the learning disability QOF registers.
* Mencap have funded the 'Getting It Right' Project in the east of the county to help improve the patient experience. See http://www.eastsurreyccg.nhs.uk/index.php/news/archived-news/getting-it-right-from-the-start
* The GP services vary across Surrey and are not equal. In the East and West there has been a lot of development in learning disability in primary care.

10

Web link to further evidence

http://www.surreyhealthaction.org/health-services-in-surrey-made-easy/going-to-the-doctors-surgery

Real life story

Through their work in validating the GP registers the primary care liaison nurses were advised about an individual with learning disabilities who repeatedly did not attend GP appointments. The liaison nurse became involved and identified that the individual lived in a supported living environment with intermittent carers and he was unable to read his mail. The liaison nurse arranged for easy read letters to be used in place of the standard GP letters. They also ensured a copy of the letter was sent to the individual's keyworker who took on the role of co-ordinating health appointments for the person. The person has since attended all health appointments and as a result his health needs have been diagnosed and better managed.

A2. Screening

People with learning disability are accessing disease prevention, health screening and health promotion in each of the following health areas: Obesity, Diabetes, Cardio vascular disease and Epilepsy

⊗ *Red*
◯ *Amber*
◯ *Green*

Explanation for this rating

* Data collection has commenced through primary care liaison nurses.
* We do not have any information on how many people with learning disabilities were invited to screening, or uptake of screening.
* The Macmillan nursing service has delivered cancer awareness sessions for people with learning disabilities.
* In Surrey there are some healthy living groups for people with a learning disability which support individuals and include information on screenings.
* We do not have any data or information on levels of diabetes, obesity or cardiovascular disease prevalence amongst people with a learning disability
* As part of the AHCs GPs do carry out lifestyle screening however, we don't not have any data on this
* Surrey provides accessible information via http://www.surreyhealthaction.org, which includes easy read letters to appointments and explanations on screening services.

Web link to further evidence

www.healthysurrey.org.uk

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Real life story

> *Royal Surrey Hospital has excellent support for people attending for EEG. The RSCH neuro- physiology department utilises a full range of adjustments including ; TV/DVD, music, clients are able to take in anything that helps to keep them calm . The clinicians have attended LD awareness training and they are happy for people to attend for a pre visit to be familiar with the department. They understand the need to adapt the environment to meet the individual's needs.*
> *On one particular episode they managed to carry out nerve induction tests which previously would not have been completed by joint working with the learning disability liaison team the person was supported to have the tests without requiring any sedation and the whole experience was extremely positive .*

A3. Annual Health Checks and Annual Health Check Registers

⊗ *Red*
◯ *Amber*
◯ *Green*

Explanation to rating

> ** Last year over 50% of people who get support from Surrey County Council were agreed as eligible for an annual health check and about 75% of these individuals received one.*
> ** All GP surgeries have a learning disability register.*
> ** http://www.surreyhealthaction.org was visited 9,212 times this year. Surrey also have www.healthysurrey.org.uk*
> ** Primary Care Liaison nurses are working with GP surgeries to validate the learning disability QOF registers.*
> ** Some people have reported not receiving invitations for AHCs.*
> ** Some people feel that GPs do not speak to them and speak to their carers instead.*
> ** The primary care liaison nurses are currently linking in with GP's practices. They have developed learning disability resource files for the GP practices which are awaiting distribution.*
> ** The primary care liaison nurses can provide learning disability awareness training and link in with DES training as required. They are also on hand to support with individual cases as appropriate.*

10

Web link to further evidence

> ** http://www.eastsurreyccg.nhs.uk/index.php/news/archived-news/getting-it-right-from-the-start*

Real life story

> *X has complex needs and has limited communication. He had never attended a GP routine appointment or any appointment within a community setting.*
> *Once the Practice received training and support on X's needs. They worked with him to build up his tolerance to visiting the Practice on random days and with different members of staff. X has now attended a blood test appointment at the Practice accompanied by the 'trusted' worker and also another member of staff. In the past this would have caused enough anxiety for X to refuse to go*
> *X had to wait for 3 minutes before being called through for the test which meant being in the waiting room. Previously, X would not have been able to cope with this. The risks to X have been minimised as he has engaged with the Practice.*

A4. Health Action Plans

Health Action Plans are generated at the time of Annual Health Checks (AHC) in primary care and these include a small number of health improving activities. Refer to RCG guidance around health action plans.

⊗ *Red*
◯ *Amber*
◯ *Green*

Explanation to rating

> ** Although Health Action planning is good in Surrey, these do not follow the Annual Health check process.*
> ** People with a learning disability tell us they have health action plans and providers are expected to support people to look after their health however there is no-one centrally coordinating the checking of these Health action plans.*
> ** This has been added as a recommendation to the Learning Disability Health Strategy.*
> ** Health Action planning materials are available on www.surreyhealthaction.org People are using these.*
> ** We have developed an Easy Read Health Action Planning Toolkit which is currently being piloted.*
> ** Most People have a HAP but they are not always updated*
> ** In Surrey individuals are not clear who is responsible for reviewing and completing their HAP.*
> ** Different care providers have different approaches to HAP. Some have their own versions.*
> ** There is HAP training in place*

Web link to further evidence

www.healthysurrey.org.uk

Real life story

Work has been completed to develop a HAP which links into the AHC this is being used as part of pilot with a group of surgeries and provider services . This will be reviewed and roled out next year.

A5. Screening

Comparative data of people with learning disability vs. similar age cohort of non-learning disabled population in each health screening area for:

a) Cervical screening

b) Breast screening

c) Bowel Screening (as applicable)

⊗ *Red*
○ *Amber*
○ *Green*

Explanation for rating

* We don't have evidence to say how many people with learning disabilities have screening checks compared to the general population or have data on the number of people with learning disabilities that have been invited for screening.
* The Primary Care Liaison Nurses will be working with Clinical Commissioning Groups and screening services to improve data and access.
* Information is available on www.surreyhealthaction.org People are using this information.
* We have developed an Easy Read Health Action Planning Toolkit which is currently being piloted .
* We need to work with Primary Care Services, GPs, CCGs and Public Health England to get this data. Additionally we need to work with these partners to develop screening care pathways so that we can ensure equal access and reasonable adjustments.
* Some people with learning disabilities are aware of the breast and screening services,
* There is no targeted sexual health screening services as people with LD can access mainstream services

Web link to further evidence

http://www.healthysurrey.org.uk/

Real life story

A6. Primary care communication of learning disability status to other healthcare providers

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

* "My Care Passport" is freely available from Surrey Health Action and is widely used.
* Over 70% of people with a learning disability have a "My Care Passport". We have had good outcomes from the use of these passports in hospitals.
* The 'Getting It Right Project' is doing work with GP Surgeries in East Surrey which we can learn from
* Primary Care Liaison Nurses will be doing training with Clinical Commissioning Groups.
* The Acute hospitals have a flagging system, work is being undertaken to link this to Primary Care.*
* Some GPs registers need to be updated, the primary care liaison nurses are supporting practices with this.
* The acute trusts are in the process of identifying developing a process to ensure all clients with learning disabilities are coded appropriately through their coding departments
* A CCG is hosting a "data sharing event" taking place soon.   At this event GPs, Council and primary care liaison nurses are invited to share their data and update their registers.

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Web link to further evidence

http://www.surreyhealthaction.org/

Real life story

The primary and acute liaison nurses are working together to encourage better documentation of someone having a learning disability through correspondence between the GP and hospitals. This allows more accurate coding in the hospital and ensures there is more accurate documentation around reasonable adjustments required etc. They have developed a standard discharge letter which can be adapted dependant on client need. In this letter it states the contact details of the liaison nurse and their role. It also asks them to use a standard format and code when referring in to the hospital.

A7. Learning disability liaison function or equivalent process in acute setting

For example, lead for Learning disabilities.

Known learning disability refers to data collated within Trusts regarding admission - HES data.

◯ *Red*
◯ *Amber*
⊗ *Green*

10

Explanation for rating

* "My Care Passport" is freely available from Surrey Health Action and is widely used.
* People with learning disability were part of a team that designed the health passport
* The Acute Liaison Nurses work across the hospital service including working with ward staff, outpatients, safeguarding leads and discharge planning teams.
* We have had hospital peer reviews that have been very positive, which are being repeated this year.
* Positive stories about the acute liaison nurses. One person reported that he had an ongoing health issue. Despite his father writing lots of letters to GP and hospital he only received pain relief. The ALN worked with the person and hospital to get him assessed. He eventually had an operation and is now free of pain.

Web link to further evidence

http://www.surreyhealthaction.org/

Real life story

During the last peer review it was identified that a particular surgical ward area were developing easy read information on their own volition and had a very good understanding of the needs of patients with learning disabilities. This work included developing a welcome pack which contained explanations of the ward staff roles, what they help with and what uniforms they wear. It was then placed on the action plan that sharing good practice was to be a standing agenda for the nursing and midwifery / safeguarding groups.
Similarly it was identified that one area was found to be very difficult to find your way around. A review of signage in the hospital was then added to their learning disability action plans which are reviewed by the deputy chief nurses.
The learning disability nurses have introduced feedback sessions at one of the local hospitals. This allows people's personal stories to be incorporated into the patient experience data and fed back to the Trust board.

A8. NHS commissioned primary and community care

* Dentistry

* Optometry

* Community Pharmacy

* Podiatry

* Community nursing and midwifery

This measure is about universal services NOT those services specifically commissioned for people with a learning disability.

○ *Red*
⊗ *Amber*
○ *Green*

10

Explanation for rating

* "My Care Passport" is freely available from Surrey Health Action and is widely used.
* Health Action Planning materials help people to access these services. People are using the Easy Read appointment letters.
* We are learning from the Getting It Right project about reasonable adjustments that make a difference.
* People are using Telecare equipment.
* People with learning disability report that:
* Community Nurses have been excellent and provide a good service- however not everyone gets this service.
* Dentists provide good service and always explain treatment. Some people access high specialist dentist, others high street dentist.
* Community pharmacy will put medication in blister packs for individuals

Web link to further evidence

http://www.surreyhealthaction.org/

Real life story

Getting it Right Project

X has complex needs and has limited communication. He had never attended any appointments within a community setting.
Training was provided to the Dentist surgery and X visited on numerous occasions with people who supported him gradually working towards sitting in the chair and experiencing things in his mouth.
It is hoped that this will lead to a dental examination and regular attendance at the dentists.

A9. Offender Health & the Criminal Justice System

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

* We have a Prison Liaison Nurse in Surrey.
* We have provided training for prison officers and prison health staff
* More training and awareness is needed for prison staff
* As there are 4 prisons in Surrey the Prison Liaison Nurse service is limited. More resource is needed
* All prisons have a disability officer
* We have developed Easy read information to use in prisons.
* We need to do more work with the Probation Service and the Courts to support people with learning disabilities.
* Front line staff report improvements in how police officers work with people with learning disabilities.
* We have started to work with the Police about developing an Autism Alert Card. Police officers have joined our Autism Champion Training Programme.
* We need to further develop the support for people when they leave prison

Web link to further evidence

http://www.sabp.nhs.uk/news/breaking-down-barriers

Real life story

* J, a prisoner was found to probably have a learning disability on being screened using the LDSQ.
* J was offered an annual health check and was found to have three conditions needing further investigation.
* Appointments were made at local hospital for J to be seen by appropriate specialists, and he was supported to understand what the appointments were for and the outcomes.
* J received appropriate medical interventions.
* J had been in prison for some months prior to the screening tool being introduced and his needs had not been identified. The use of the screening tool and the annual health check enabled J to have his needs identified and to access appropriate health care while in prison.

Section B

B1. Regular Care Review

Commissioners know of all funded individual health and social care packages for people with learning disability across all life stages and have mechanisms in place for on-going placement monitoring and individual reviews.

10

Evidence should describe the type (face to face or telephone etc.)

⊗ *Red*
◯ *Amber*
◯ *Green*

Explanation for rating

* The statistic requires us to have over 90% of people having had an annual review. Our figure shows that we have approximately 65% of people with a learning disability, who are open to ASC, that have had reviews in the past year. This is supplemented by annual meetings done by our In-house day services and other providers. These reviews are predominately face to face reviews.
* Surrey is aware of where all individuals, who are funded by Health and Social Care, are placed and we have issued placement contracts.
* Individuals have welcomed the use of accessible invitations to reviews and also the use of accessible self assessment forms that are used to reassess individuals.
* Every person living outside Surrey has been visited.

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/how-to-access-adult-social-care-services/self-directed-support

Real life story

X lived out of county in a high cost residential service, this was the only service that could meet his needs at that time. X and his family were advocating that he would benefit from living more closely to them.
Following his review X's needs were shared with our Commissioning team who approached the market to develop services locally. Two services were developed providing choice of accommodation and area for the person and his family.
Transition meetings took place with everyone to develop a package of support that met his needs. This package of support has evolved following the move into his new home. His package of care is now provided in a number of different ways by different people and includes: horticultural, education and leisure opportunities as well as the opportunity to carry out daily living tasks within the home with his own support which he wasn't able to do before. X and his family are happy with the new local service.

B2. Contract compliance assurance

For services primarily commissioned for people with a learning disability and their family carers

⊗ *Red*
◯ *Amber*
◯ *Green*

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Explanation for rating

* Surrey County Council have issued new contracts to all providers who support people we fund. The updated contract includes a service specification based on TLAP 'I' Statements around expectation on quality.
* Commissioners have established a Relationship Managers Role to link with Surrey strategic providers. Strategic providers account 50% of the annual contracted commissioned spend. We hold quarterly meetings and annual review meetings with all these providers to look at quality and outcomes from their services.
* Commissioners also visit and liaise with other providers as required
* In addition to annual meetings, monthly surgery days are open to any current or potential providers. This need to be advertised widely so that people can attend
* Commissioners attended quarterly provider forums with Surrey Care Association to discuss issues
* All grant contracted services have a grant contract agreement

Web link to further evidence

* http://www.surreycc.gov.uk/your-council/council-services/business-services-directorate/procurement-services/purchasing-terms-and-conditions/terms-and-conditions-for-residential-care-services

Real life story

10

The SCC learning disability commissioning team have worked with a key Surrey based provider of supported living, residential care and outreach support services during 2013. These contract compliance meetings have addressed:
-areas of poor performance identified by CQC
-areas of poor performance identified by the provider themselves during their own internal QA process
-areas of poor performance addressed as part of the safeguarding process across Surrey and identifying key themes
-follow up on key theme of medication errors raised and focussed target for improvement
-key relationship management and building during their year ensuring that SCC maintained good relations with the provider during difficult time and ensured that there was consistency during period of change of key managers at the provider
The meetings focussed on the quality processes the provider put in place to address issues and meetings were scheduled on a monthly basis throughout the year.

B3. Assurance of Monitor Compliance Framework for Foundation Trusts

Supporting organisations aspiring towards Foundation Trust Status

Governance Indicators (learning disability) per trust within the locality

○ *Red*
○ *Amber*
⊗ *Green*

Explanation for rating

* All the Surrey NHS Foundation Trusts governance ratings are currently Green on Monitor website re performance.

Web link to further evidence

http://www.monitor-nhsft.gov.uk/about-your-local-nhs-foundation-trust/nhs-foundation-trust-directory-and-register-licence-holders/surrey-and-borders-partnership

Real life story

B4. Assurance of safeguarding for people with learning disability in all provided services and support

This measure must be read in the context of an expectation that ALL sectors, Private, Public and Voluntary / Community are delivering equal safety and assurance.

○ *Red*
⊗ *Amber*
○ *Green*

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Explanation for rating

* Commissioners sit on Surrey Safeguarding Board and also provide reports to the Health and Well Being Board
* Surrey Safeguarding Board has an action plan in response to Winterbourne View, CIPOLD and Frances Report. This sub group meet quarterly to monitor the action plan that is in place.
* Learning Disability Commissioners link with Quality Assurance and Safeguarding Teams as well as Personal Care and Support to resolve any concerns with providers. Commissioners attend Safeguarding meetings on individuals and services were appropriate.
* Commissioners are registered to receive CQC alerts and will follow up any alerts where an individual from Surrey is a resident and will liaise with the provider to ensure that they have an action plan in place to resolve the issues to alerts
* Commissioners are open and transparent with families and families can contact the team with their concerns and attend the commissioning surgeries.
* Feedback from individuals is that policy and procedures that are in place are good.
* Health and Adult Social Care commissioners meet bi monthly to ensure joined up approach.
* Commissioners attend Safeguarding awareness training and have produced easy read information see http://www.surreypb.org.uk/index.php?page=/other_info_8.

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/protecting-adults-from-harm/surrey-safeguarding-adults-board/safeguarding-resources-helpful-information-from-non-surrey-safeguarding-adults-board-sources/safeguarding-adults-useful-govern

10

Real life story

Surrey Safeguarding Board held an event in March attended by over 70 young people. The purpose of the event was to help young people the opportunity through drama, easy read information and discussion groups to gain confidence in their abilities to live in the community and know who they can get help from when required. There was an interactive Drama performance from the Blue Apple Theatre Company and a session with Surrey Police, who went through the accessible materials that they had produced with people with learning disabilities.
People with learning disabilities found the course very helpful and enjoyed being able to talk to police officers and others in authority. People with learning disabilities place great trust and reliance on people in authority to give them help. If they feel unsafe, they will seek support from people they trust. It is therefore vital we help people in these roles understand the needs of people with learning disabilities. This work will continue to be supported by the projects being undertaken by the four Safeguarding Adults Groups in Surrey.

B5. Training and Recruitment - Involvement

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

* SCC and many providers involve people with a learning disability in recruitment at every level.
 * There are courses where staff and individuals train together such as first aid and health and safety. Individuals are involved in training on Disabilities Awareness
* Fire and Rescue have worked with vulnerable people to design "Keeping you Safe from Fire" video.
* Individuals were involved in interviewing for Health watch and Advocacy tender
* As part of Olympic Legacy Surrey trained individuals with learning disabilities and their carers to run Boccia sessions across the county for everyone
* More work needs to be done to ensure providers are aware of joint training opportunities that are available for teams to attend
* Training DVD's have been developed re Right to Control, Safeguarding and GP surgeries

Web link to further evidence

http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/results.page?adultchannel=0&qt=training&term=&sorttype=relevance

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Real life story

Smart Enterprise, who provide induction training to adult social care staff , have enabled staff with limited experience of working with learning disabilities to increase their confidence and knowledge.
This has been achieved by practice group work which incorporated a group of people with learning disabilities - each group had to complete part of a support plan with their learning disabled trainer, giving delegates an opportunity to practice their communication skills. The feedback from delegates suggests that not only did the exercise give them a greater understanding of the issues involved for people with learning disabilities, but also was very helpful in building confidence when returning to the workplace.
Course feedback included
"It took the fear out of working with people with learning disabilities and has given me the tools and confidence to work with them. I especially enjoyed the guest speakers who were people with learning disabilities. "

B6. Commissioners can demonstrate that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture.

This is a challenging measure but it is felt to be vital that all areas consider this.

○ *Red*
⊗ *Amber*
○ *Green*

10

Explanation to rating

* Surrey County Council (SCC) have issued new contracts to all providers who support people we fund. The updated contract includes a service specification based on 'I' Statements around expectation on quality. Including being able to demonstrate how staff supports individuals
* SCC mapped training courses to Qualifications and Credit Framework to make sure course content is suitable and staff are appropriately trained.
* SCC completed Common Induction Standards and refresher training.
* At provider Relationship Annual Review meetings with the quality of staff training is discussed. Unannounced visits also take place to review practice.
* We also look at CQC reports on services which include looking at staff development
* Surrey Care Association hold an annual award ceremony and categories include recognising importance of good quality staff who understand the importance of caring see http://www.surreycare.org.uk/cms/awards-2/awards-2012.html.

Web link to further evidence

http://www.surreycc.gov.uk/your-council/council-services/business-services-directorate/procurement-services/purchasing-terms-and-conditions/terms-and-conditions-for-residential-care-services

Real life story

X moved from a NHS campus to a supported living scheme .The care & support providers for the new support services were selected on the basis of a thorough evaluation process that involved people with learning disabilities and relatives' representatives. The providers ability to pull together support teams with high levels of compassion and an appreciation of the dignity and respect for very vulnerable individuals that had been not only socially isolated but had rather outdated non-person centred support provision was an essential pre-requisite to deliver sustainable new services.
The new service was visited by people with a learning disability to monitor how well services were being delivered - experts by experience, as well as a range of other organisations such as Surrey LiNKS All were impressed with staff in the new service and how quickly it had become a 'home' for X.
X fell ill after about 18 months which resulted in hospitalisation, an illness that ultimately resulted in his death; throughout his period in hospital the provider staff continued to support him. X's relatives were extremely complimentary of the support provided in the new service and had nothing but high praise for the staff that had supported X.

B7. Local Authority Strategies in relation to the provision of support, care and housing are the subject of Equality Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities.

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

* All eleven housing authorities in Surrey have Housing Strategies which set out the housing needs and priorities within their Boroughs & Districts and how these needs are being addressed. Consideration will have been given to the needs of residents with learning disabilities as part of this strategy and each authority have undertaken an Equality Impact Assessments
* Commissioners are updating the Joint Strategic Needs Assessment and Locality Profile so that we can understand current and future demands for services in particular Boroughs and Districts.
* The Partnership Board has four Local Valuing People Groups to support individuals.

Web link to further evidence

http://www.epsom-ewell.gov.uk/EEBCWeb/Equality%20Impact%20Assessments/Archived%20documents/Equality%20Impact%20Assessments/Housing%20-%20East%20Surrey%20Home%20Choice.pdf

Real life story

The Tandridge Locality Team worked with the District Council to secure a DFG which had originally been turned down for a ramp in a shared house privately rented by 3 individuals with a learning disability and physical needs.
In Woking a young man with a learning disability was enabled to move into social rented accommodation after a Commissioning Manager worked with the Locality Team and the Borough Council through the supported housing panel to ensure he was on the correct banding. After the locality team confirmed the support plan, and the Borough agreed to revise his banding from E to C, the young man was successful in bidding for property through Choice Based Lettings

10

B8. Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience

◯ *Red*
⊗ *Amber*
◯ *Green*

Explanation for rating

* SCC have a dedicated team implementing the strategy complaints process. The team have a system to log complaints and track outcomes and learning from complaints
* Regular training is provided to staff, including LD managers on what a complaint is and how to respond and how to learn from complaints
* Safeguarding Board have completed audits re-Whistleblowing policy across services to ensure they are in place
* Feedback from Quality Assurance in East demonstrates that all providers have Complaints and Whistleblowing policies and staff are aware of these, as shown in interviews.
* There has been an increase in staff Whistleblowing in the past year, indicating a level of awareness amongst staff of this procedure. They normally contact Surrey County Council directly rather than going to senior management within their organisations.
* Where complaints or Whistleblowing alerts have been addressed within safeguarding, all learning disability providers are working with SCC to resolve issues
* All providers have easy read and accessible information on whistleblowing
* It is part of T&Cs to have a whistleblowing policy.

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/protecting-adults-from-harm/surrey-safeguarding-adults-board/safeguarding-resources-helpful-information-from-non-surrey-safeguarding-adults-board-sources

Real life story

The SCC learning disability commissioning team have worked with two key providers over 12 months to address issues of CQC non compliance and other concerns at locations outside Surrey. This has involved:
-identifying all the individuals funded by SCC at the provider's services
-checking CQC profiles and identifying areas of non compliance
-asking the provider to provide a copy of the response they had provided to CQC to address the non compliance
-raising issues with the provider management in meetings regarding failure to meet SCC contract terms and conditions
-forwarding information regarding services to care practitioners, who in turn could arrange to visit the service and update families and individuals
-continuing the contract compliance meeting process until all issues had been resolved

B9. Mental Capacity Act & Deprivation of Liberty

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

* Expectations regarding competency in knowledge and use of relevant legislation is incorporated into SCC recruitment process
* Within Adult Social Care Services, a days training of "Working with the Mental Capacity Act" is offered throughout the year
* Between April 2012 and April 2013, 105 Adult Social Care staff attended this course over 6 separate Training days.
* Prior to attending the days training, all staff are expected to complete e learning on the Mental Capacity Act, which is currently being changed to a new SCIE training course which includes 9 modules on MCA, including a DOLS module.
* Individual training sessions are also provided to any team who requests it.
* Support and Advice for any MCA/ DOLS issues are provided from the DOLS and Deputyship Team,. A duty system is run every day to manage
* Deputyship enquiries, Advice and support are also offered to partner agencies in Surrey.
* We have also produced accessible information to explain MCA

10

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/accommodation-and-residential-and-nursing-home-care/residential-and-nursing-home-care/mental-capacity-act-2005-deprivation-of-liberty-safeguards

Real life story

In a newly commissioned service X was referred to supported living accommodation. X did not have capacity to sign a tenancy so her care practitioner, after a best interest meeting, applied and got Court Appointed Deputy to sign their tenancy.
This has allowed X to move into their own flat, where they have connected back into their local community. X attends college, takes part in a range of activities locally, and is developing local networks.

Section C

C1. Effective Joint Working

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

* Surrey Compact is a code of best practice between the public and voluntary, community and faith sectors.
* Being a Compact signatory means that your organisation signs up to being responsible for improving relationships between the sectors.
* Surrey County Council has 2 Caldicott Guardians, one for Children's Services and one for Adults. These guardians look at ways to share information that is lawful.
* Surrey Care Association have a ten year plan and a simple concordat is in place which defines the way business is conducted between Adult Social Care and the independent sector.
* Surrey have a Health and Well Being Board which has governance structure
* Surrey have a Multi Agency Adult Safeguarding Board
* Health and Social Care Commissioners sit on Surrey' Learning Disability Partnership Board along with people with learning disabilities, family carers voluntary and private providers, healthwatch and others
* There is a gap with joint arrangements between health and social services. This is being worked on and there is a target to establish a joint working agreement within 3 months. Integrated/collaborative commissioning and provision are currently being explored.

Web link to further evidence

http://www.healthysurrey.org.uk/health-and-wellbeing-board/

Real life story

SCC and NHS commissioners worked together with community team, Transition Team, and the housing / support partners to support M, a young woman fully funded by NHS to move into a new autism supported living scheme. This work clarified that the housing and support available was suitable for M, and that the only other accessible options available for her would consist of out of county residential care. As a result, SCC prioritised M to be offered a flat in the scheme. M did not have capacity to sign a tenancy, and so required a Court Appointed Deputy to do this on her behalf. SCC's Deputyship Team took on this responsibility.
M is supported by a scheme commissioned by SCC, funded and case managed by the CCG, with support and input from Transition Team, and with financial deputyship from SCC.
This joint work has allowed M to move into her own flat, where she has connected back into her local community. She attends college, takes part in a range of activities locally.

C2. Local amenities and transport

○ *Red*
⊗ *Amber*
○ *Green*

Explanation for rating

10

* Surrey have worked closely with user led organisations, voluntary sector, health and districts and boroughs to develop Surrey Information Point website to support people to find out about resources in their local area
* Cobham Link project has integrated Older People Services to include people with learning disabilities
* A Communication Booklet has been developed with the Red Cross to support people with learning disabilities in event of emergency planning
* Surrey have opened a Changing places toilet in Epsom see http://thesmartenterprise.co.uk/changing-places-toilet-surrey
* Surrey has an accessible website to support independent travel for people with learning disabilities see http://travelsurrey.org
* Surrey Police have worked closely with Partnership Board to develop easy read information regarding staying safe and reporting Hate Crime see http://www.surrey.police.uk/Portals/0/pdf/easy-read/travelling_safely_July13.pdf
* Individuals have a bus passes but not all bus drivers are aware of terms and conditions which needs to be addressed
* People have feedback that local libraries and shops are helpful and easy to access and that they feel part of their community.

Web link to further evidence

http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/home

Real life story

The Learning Disability Partnership Board event this year was organised with a small group including people with a learning disability, family carers and service provider. It was attended by over 350 people, including people with learning disabilities who had the opportunity to ride on adapted bikes, take part in self defence sessions, practise first aid with the red cross, develop person centred action plans and much more. The day had a great 'buzz' and energy about it and showed what we can do when we all work together to create and develop fabulous opportunities for people we support to have their say, get involved and stay safe.
* Over 40 stands were available to provide information on activities available in the local community. Those who attended have said it was the best event they had been to.*

C3. Arts and culture

○ *Red*
○ *Amber*
⊗ *Green*

Explanation for rating

* Surrey support individuals to attend leisure facilities such as cinema and music festivals through flexible break schemes.
* Individuals are supported to visit art venues and many individuals participate in having work shown at local galleries and have shown work at Albert Hall as part of the Olympics
* Surrey Arts support people with learning disabilities through DAiSY (Disability Arts in Surrey). Activity over the past 18 months has included participation in the Torch Relay Festival, in Guildford's Stoke Park. Learning disabled dancers took part in a site specific dance linked to the spectacular Supernature art installation in Jubilee Copse, Stoke Park. The DAiSY programme at the festival included performances and art exhibits by approximately 70 artists with learning disabilities. The total number of visitors to the festival exceeded 20,000.
* Following on from Olympics people with learning disabilities and Surrey staff put on an event together to demonstrate art and culture see http://www.easyinfoforus.org.uk/information/healthy-living/leisure/sport-2012/get-in-the-spirit
* Following easy read survey for people with learning disabilityover 90% of the returns stated that individuals were able to participate in local activities in the community

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Web link to further evidence

http://www.disabilityartsinsurrey.org.uk/

Real life story

Stopgap employs two full time dancer artists with learning disabilities Stopgap promote integrated dance practice and impact the lives of many young people through their work. In 2012-13 Stopgap delivered 267 workshops to 2,684 participants from Surrey. See. http://stopgap.uk.com/

C4. Sport & leisure

◯ *Red*
◯ *Amber*
⊗ *Green*

Explanation for rating

* Cycling has provided a healthy and fun activity for people with a learning disability Wheels for All sessions have been set up for people to experience cycling and participate in community events
* Reigate & Redhill YMCA have an IFI (inclusive Fitness Initative) gym and staff fully qualified to work and understand the needs of adults with LD.
* R U Able run inclusive sports sessions for people with learning disabilities in Camberley.
* There are a wide range of interactive sports and leisure sessions available which can be found surrey information point see http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/home.page
* Local groups and commissioned services actively link to local sports facilities
* Team of Boccia players lead a session at Valuing People Partnership Board Network event which was attended by 360 people

Web link to further evidence

http://www.epsomguardian.co.uk/news/10677883.VIDEO__Volunteers_smash_100_lap_target_at_Sunnybank_Trust_s_cycling_challenge/?ref=rss

Real life story

"People with learning disabilities across the county participated in various organised inclusive cycling sessions in preparation for the Surrey stage of the Tour of Britain 2013 and individuals led the professional riders out at the start of the race from Epsom Grandstand see http://www.kingstonld.info/Libraries/Local/831/Docs/Whats%20happening/TOB%20Flyer%20V1.pdf

C5. Supporting people with learning disability into and in employment

◯ *Red*
◯ *Amber*
⊗ *Green*

Explanation for rating

* EmployAbility is Surrey County Council's supported employment service currently working with over 700 disabled people - 350 who are working. The service is specialist in finding employment for people with learning disabilities and autism and provide on-going support for both employer and employee.
* Employability work closely with JobCentre Plus DEA to support disabled people who are not on the Work programme or WorkChoice . They hold Saturday morning job clubs for disabled people or carers who want advice or support on finding jobs, and is not limited to people eligible for funded services.
* EmployAbility also support apprentices with disability or for those who want work at Surrey County Council and made a You Tube video see http://www.youtube.com/user/SurreyAboutUsProject.
* This year EmployAbility won the BASE award for the best Supported Employment organisation nationally
* We need to continue to challenge Surrey County Council and District Boroughs to employ more people with learning disabilities

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/adults-with-learning-disabilities/employability

Real life story

X was 20 years of age and attending a local College when he was accepted on the Employment Works project which is a partnership between Guildford College, The University of Surrey and EmployAbility. X was very anxious throughout this process and EmployAbility provided workplace visits, travel training and work preparation. X was very focussed on a Catering placement. He required one to one support on his placement at the beginning, but this was slowly withdrawn as he got used to his work patterns, environment, work colleagues and he learnt the tasks he was required to complete.
During his time on Employment Works X impressed the catering staff team with his effort and energy. His commitment to challenge his own anxieties in order to please his employers and customers was apparent to all. Before the end of the Employment Works placement paid work was offered.   One year on X have has now increased his hours to 27.5 each week and is off benefits. He has a wide range of social activities and travels independently in his local community.

C6. Effective Transitions for young people

A Single Education, Health and Care Plan for people with learning disability

◯ *Red*
◯ *Amber*
⊗ *Green*

10

Explanation for rating

* Surrey is a Pathfinder site. We are working closely with 70 families on a single education, health and care plan for young people with learning disabilities
* Surrey are a champion site and have good stories about how things are changing for people
* Surrey are looking at internships for young people in transition. Tailored programmes for education, training and transport are being developed for young people
* More young people are going to surrey colleges than ever before. To support families Surrey are looking at developing a local offer to compliment the education programme providers are looking to develop leisure and life skills training which will enable individuals and families to be supported locally.
* EmployAbility are also working with schools, colleges, transition team, brokers and Youth Services around individual young people, to find appropriate jobs or work placements.
* Families have attended commissioning surgeries to discuss options and develop plans for young people and following planning sessions groups have developed friendships and networks and further details for families can be found on http://familyvoicesurrey.org
* All young people in transition have individual budgets
* Surrey still developing work around continuing health care transition , though it is piloting people managing their Personal Health budgets.

Web link to further evidence

http://www.preparingforadulthood.org.uk/what-we-do/pathfinder-support/surrey-(part-of-south-east-7-consortia-pathfinder)

Real life story

Feedback from P- a young person who has been supported to return to Surrey and moved into a newly commissioned supported living service nearer to his family.

I've been here about 8 months. I love it here, I'm very happy. I'm going to be more independent. I have lots of activities. I go to a Job Club and I want to get a paid job in Surrey. At the moment I have a volunteer job at a Football Stadium. I use to need a lot of support and lessons to do the work, but I don't any more. People from where I live have supported me to be more independent. I still need their help to get there and back.
I go bowling, swimming, to the cinema, to the bank, and to Linkable, where I get to play sport with friends. I took part in a football tournament and we won. I support Man U and Woking.
I went to Snowdon and we hiked up to top. I enjoyed it, it was fun.
Moving here has meant that I can do more. I have an X Box. I like cooking and want to be more independent, but I don't like making cakes. I want to carry on living here for many years.

C7. Community inclusion and Citizenship

◯ *Red*
⊗ *Amber*
◯ *Green*

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Explanation for rating

* Surrey's JSNA has identified "Inclusion- Improving the accessibility of mainstream provision. "as a key theme
* JSNA pg 3 One of the four principles of supporting people with learning disabilities is "Inclusion: This means being able to join in all the aspects of community - to work, learn, get about and meet people, be part of social networks and access goods and services - and to have the support to do so (1)."
* Adult Social Care locality teams have co - located within our district and boroughs to ensure improved communication and locality presence.
* Across Surrey user led Hubs have been establish where people can visit and get support and information on what is happening within our local communities.
* Commissioners have commenced Think Local and Act personal events which join up communities - including the faith communities and voluntary sector.
* Commissioners are actively working with a range of providers offering clearly priced support options accessible to people with a learning disability or autism enabling them to tailor their support to meet their needs using their personal budget."

Web link to further evidence

http://www.surreyinformationpoint.org.uk/kb5/surrey/sip/home.page

10 **Real life story**

In Woking Local Valuing people group asked individuals to complete a town survey to develop knowledge of what was available and how they could improve their networks. This resulted in the team doing work for Age Uk, helping older people to maintain their gardens.
The Growth team (people with learning disabilities)manage a nature reserve on behalf of Woking Borough Council, the plan being to open a very underused nature reserve up to the local community. This work has received very positive feedback and Woking Borough Council will be extending the contract. Also the Chief Executive of SCC volunteered there for an afternoon.
The Partnership Board have supported a group of individuals to work with the police to design accessible information on how to report crime and as part of the process worked with the police to help them understand people with learning disabilities.

C8. People with learning disability and family carer involvement in service planning and decision making including personal budgets

This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.

- ◯ *Red*
- ◯ *Amber*
- ⊗ *Green*

Explanation for rating

* Following Public Value Review (see http://www.surreypb.org.uk/index.php?page=/Public_value_review_home) clear work streams were identified to enhance the principles of co-production at local and strategic level. This included engagement of people with learning disabilities and their families through Valuing People Groups, Day Services , One to One conversations, implementation of personalisation, supported self assessments, personals budgets, local and personal solutions and development of community assets in each locality.
* Individuals and carers have been involved in designing new services for young people which has included design of building, tendering service and interviewing support staff.
* Supporting People service involved individuals when they designed their floating support service.
* Individuals and carers were also involved with the tender for Advocacy Services and Healthwatch.

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/adult-social-care/getting-involved-in-adult-social-care-plans-and-services

Real life story

When developing a new service for young people with autism commissioners were able to involve all key partners. Family carers and young people were able to contribute to the design of the tender documents and supported the creation of the technical evaluation questions and case studies. This enabled the suppliers to gain an understanding of the levels of support required by the individuals receiving the service and families be able to feel reassured that suppliers understand the needs of the individuals. The social care Transition team worked closely with young people and families to complete support plans and individuals were allocated their budgets. Because individuals have their own budgets and signed tenancies they have been able to choose additional support providers, if they have wished over and above the core hours supplied. This has meant two individuals have been able to continue to work with existing providers who they already have a good relationship with. Good communication and regular meetings with everyone has ensured the service supports the individual.

C9. Family Carers

⭕ *Red*
⊗ *Amber*
⭕ *Green*

Explanation for rating

Surrey Carer Commissioning Strategy was co - designed with significant input from carers (of all client groups). There is carers representation on carers commissioning group and the council works in partnership with carers organisations to hold 4 carers conferences a year that involve a wide range of carers.
Carers are actively involved in Partnership Board and local groups
In 2012/13 services funded through our Multi- Agency Carers Commissioning Strategy provided a wide range of carers support. A total of 2118 carers of people with a learning disability received some form of support. All 2118 received information and advice. In addition to this :
1526 received carers support through local carers centre
289 received a break
99 help related to work and caring
22 received help moving and handling
182 received specialist support ad a young carer.

`10`

Web link to further evidence

http://www.surreycc.gov.uk/social-care-and-health/information-for-carers/carer-advice/legal-matters-for-carers/carers-and-their-rights

Real life story

Carers from our partnership board and local valuing people groups continue to play a critical role in ensuring that people with learning disabilities and their families are able to be involved and have a voice in their local community.

Have you looked at the PDF output and agree that all the answers as they appear on it are correct?

To do this, click <u>Return to front page</u> then click on 'View' under **Start Questionnaire**.

This marks the end of principal data collection and at the closing date (currently set as 30th November) we will lock the questions in the principal entry against further change.

☒ *Yes*

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