

Locality: WAKEFIELD

| Top Target | Key points raised at <u>last</u> year's (2009) validation and objectives identified then for year ahead |
|------------|--|
| 1 | No campus provision |
| 2 | Person now in post to aid development of HAPs and clearly has helped in developing work with primary care. All practices to start DES from April 09. HAPs and VIP cards recently launched. Progress made in past year on health needs assessment and more to do to extend it in coming year. Also planning to do work in coming year on health of people in prisons. |
| 3 | Wakefield safeguarding processes were not described in their return prompting discussion at Validation meeting; Wakefield said they feel they have good joined up processes. Panel commented it is important to be able to show that practice responds to the outcomes of review and analysis (complaints etc) - and stressed need to feed back to LDPB on key issues relating to safeguarding. Re safety in general hospital quite a bit of activity described including awareness training, development of champions, case management of people admitted by Modern Matrons. Business case to be made for 2 hospital liaison nurse posts. |
| 4 | Good work reported around those ageing and priority for coming year is to fully involve people with LD in developing the local Dementia Strategy. Progress made and Autism Strategy imminent. Currently also doing a joint review (with education and children's services) of children with autism (to include Transition). |
| General | Good response though lack of data a bit disappointing. Quite a lot of verbatim repetition from 08 return. As in 2008, more emphasis on process than outcomes in info given. Partnership and governance appear good. Process undertaken to complete the s/a did not use the Big Health Check up Day (or equivalent) where everyone works together – discussion happened in separate meetings (self advocates in one meeting, professionals in another). Have just developed a local Wakefield LD Strategy which has taken account of info from s/a. |

2010 Self Assessment

| Targets and Objectives | 2009 rating | 2010 Post-Val. | Points to highlight: to commend/comment on | Main goals for coming year |
|---------------------------------------|-------------|----------------|---|---|
| TT1 People still in hospital settings | | | | |
| 1.1 | G | G | | |
| 1.2 | G | G | | |
| 1.3 (Was 4.1 in 2009) | A | G | Comprehensive response records 2009 project which allowed some people to return from OOA. to supported living locally. Those still OOA are closely reviewed. | |
| TT2 Access mainstream | | | | |
| 2.1 | A | A | AHC protocol in place in all GP practices. 100% QOF Registers and registers validated with L/A and CTLD records. Report no info possible from QOF registers about BME and carers. | Implement the audit manual system by March 2011 |

| | | | | |
|-----|---|---|---|--|
| 2.2 | A | A | <p>Have agreed an AHC process with 83% of GP practices. No info given on number of AHCs completed: GPs to report this to PCT at May 2010.</p> <p>Info contained in Wakefield's attached Good Practice report records range of training initiatives in context of DES, including a tailor-made resource pack to support primary care staff post-training. Record 498 service users with HAPs.</p> | <p><i>By May 2010 to have an action plan for promoting and reviewing the effectiveness of HAPs in primary care</i></p> <p><i>By May 2010 to have an evaluation plan in place to assess the effectiveness of the DES, including reasonable adjustments made.</i></p> <p><i>100% of people known to social services will be able to access a health check.</i></p> |
| 2.3 | A | A | <p>Data requested not returned as not generated under QOF reporting. Response refers to previous health equity audit done showing areas of inequity. LD referenced in number of PCT strategies (Single Equality Scheme, Physical Activity, etc). Wakefield Good practice report details a number of prevention and health promoting activities.</p> <p>Commend range of activities targeted to address known inequalities.</p> | <p><i>By May 2010 ensure that the needs of people with learning disabilities are identified in the Early Identification of Cancer Strategy for Wakefield</i></p> <p><i>By July 2010 ensure there is a Learning Disability weight management plan in place</i></p> |
| 2.4 | G | G | <p>Comprehensive report received in evidence, about the many initiatives undertaken in Wakefield. Strategic Health Facilitator working with wider primary care providers (LDT, Cancer, dentists, pharmacists, etc) to inform and ensure reasonable adjustments made.</p> <p>Commend Wakefield for this excellent work in past year.</p> | <p><i>By August 2010 to have completed a dental health needs assessment for people with learning disabilities</i></p> |
| 2.5 | A | A | <p>Report equality criteria developed and being embedded in all service specs.</p> <p>Performance indicators are included in the PCT's spec for Expert Patient Programmes, to increase the numbers of people with a learning disability accessing the programme</p> <p>Note also excellent range of initiatives being taken forward in acute Trust by Strategic health Facilitator, including forming a large 'champions' network; developing range of accessible info; developing guidance on valuing the role and expertise of carers, etc.</p> <p>Commend excellent work in past year.</p> | <p><i>By March 2011 to have robust equality monitoring arrangements with all health service providers.</i></p> <p><i>Increase the use of Equality Impact Assessments as a tool for service review.</i></p> |
| 2.6 | A | A | <p>All PCT business cases reportedly undergo an equality impact assessment which includes learning disabilities. Strategic Health Facilitator working into a range of other work-streams e.g. continence, End of Life, cancer, self care etc.</p> | <p><i>By April 2010 to have a plan in place to refresh the JSNA so that it includes vulnerable population groups</i></p> |
| 2.7 | A | A | <p>Report PCT website allows people and their carers to access and contribute to electronically held information relevant to their health. Evidence attached was PCT Informatics Plan – but not clear from perusal the extent to which it applies to people with LD, or to plans for LD specific info.</p> | <p><i>By March 2011 implement NHSWD's Accessible Information Plan for people with sensory impairments</i></p> |
| 2.8 | A | A | <p>LD Partnership Strategy (09-12) <i>Every Adult with a Learning Disability Matters</i> attached as evidence gives comprehensive information about initiatives and work achieved to date and planned for coming years. Work to date has resulted in 10%</p> | <p><i>Include needs of BME in JSNA refresh</i></p> <p><i>BME development worker to establish position in Children's Services half of the week</i></p> |

| | | | | |
|--|---|---|---|---|
| | | | increased take up of services, and 20% increase in take up of direct payments. Four women recruited to provide adult placement, and a Polish community group established – and much more. Commend excellent work to date and clarity of future plans | |
| 2.9 | A | A | A PMLD advocacy scheme now operational to improve self advocacy and links with the PB through peer advocates. People with complex needs generally is a priority in the Strategy – however, this does not differentiate those with PMLD | <i>To improve the involvement of people with complex needs with the Partnership Board</i> |
| TT3 Safety | | | | |
| 3.1 | A | G | See comment at 2.5 above around range of good work in hospital. Also MYHT Matrons are case managing all in patients with learning disabilities -case management tool in place. All patients with LD made known to safeguarding team and necessary arrangements made at that point. Good to note that funding is in place for 1 year acute liaison post in MYHT. | <i>Continue to monitor progress on HFA Action Plan</i> |
| 3.2 | A | A | Response records range of policies and training taking place across organisations. Links given to provide evidence in Wakefield Council website about laws with links also to accessible info about MCA. | <i>From April 1st 2010 PCT attendance at safeguarding adults training will be recorded on the staff electronic system.</i> |
| 3.3 | A | A | PALs in MYHT Hospitals has two Learning Disability champions in their team. Report good multi agency sharing and learning from complaints and adverse incidents including family members. PEG made accessible complaints leaflet in MYHT. Report a safeguarding delivery sub group of the LDPB – ask about this and how it works | <i>We will introduce regular 'lessons to be learnt' bulletins</i> |
| 3.4 | A | G | Appears to be a well coordinated partnership approach to safeguarding. Reportedly a LDPB rep on the Safeguarding Adults Board who gives regular feedback to LDPB. | <i>Continue to develop the Safeguarding Delivery sub- group</i> |
| TT4 Services for those who need more support | | | | |
| 4.1 (Now 1.3) | | | | |
| 4.2 | G | G | Report a whole systems approach that is needs-led is in place via the LD specialist pathway. This is underpinned by the principle that admission is a last resort. Horizon A&T model is based on community-based packages. | <i>To have full integration of the pathway by May 2010</i> |
| 4.3 | A | A | Comprehensive response received. Planned protocol and pathways developed, with a dedicated project group for | <i>To look at advocacy provision for all young people in transitions</i> |

| | | | | |
|----------------------|---|---|---|---|
| | | | implementation. Response records a robust multi-agency reporting structure to the Children's Trust. Both special schools are implementing person-centred transition reviews. | |
| 4.4 | A | A | The LD PEG (Patient Experience Group) has self advocates, carers and provider staff – meets 6 weekly to discuss range of health matters and links direct to Strategic health Sub Group. | <i>To identify a cross district approach for developing health information in an accessible format</i> |
| 4.5 | G | G | LD Partnership Strategy in place. Joint Strategic Commissioning Board manages pool budget and performance issues. Joint Health and Social care Health and Wellbeing strategy has been developed which links JSNA and other local needs information and includes a section on learning disability Commend sound partnership work described here. | <i>As 2.6 above</i> |
| 4.6 | G | A | Response describes linking with dementia strategy, with specific consideration being given to the provision of early onset dementia services to those with LD as part of the newly created service within SWYPFT. Recognises need for more robust information about the needs of people with learning disabilities who are ageing | <i>By March 2011 Ensure that the review of the JSNA includes this population group</i> |
| 4.7 | A | A | Response shows continued progress. Autism conference held to raise awareness of autism to staff and family carers. Results of autism needs analysis due May 2010. Autism delivery group established; people with autism and carers are members. | <i>Autism strategy and commissioning plans to be identified as a result of the local needs analysis.</i> |
| 4.8 | G | G | Thorough approach to supporting those who challenge already described in last year's return. LD pathway being implemented to ensure timely intervention and thus better ability to sustain more independent, supported living in community. Close attention to across agency and disciplines workforce development. | <i>Implement the Partnership Board's strategy's workforce development actions that are in the section on complex needs</i> |
| 4.9 | A | A | People have access to IAPT, and protocols in place for 24 hour access to crisis team. LD included in MH contract review. | <i>By June 2010 set up a joint working group to develop an action plan in response to 'New Horizons' strategy and 'Green Light Tool Kit'</i> |
| 4.10 | A | A | LA has appointed workforce development officer for LD who will take account of the workforce implications of Partnership Board delivery groups' plans in building the workforce programme | <i>To agree workforce development programme</i> |
| 4.11 (New from 2010) | | A | Numbers of prisoners with LD not currently known/collected but HMP Wakefield working with YHIP to gather statistics using the Learning Disability Skills Questionnaire (LDSQ) and data collection due to start in January 2010. LD Lead at HMP Wakefield attended workshop on Communication Tools e.g. easy read information. Commend progress on early work started last year. | <i>By May 2010 health needs assessment report of the prison population including prisoners with a learning disability to be available By March 2010 LD Lead at HMP Wakefield will ensure that annual health checks, health action plans/care plans are carried out.</i> |

| Process issues | Comments, including comparative comment/progress made in past year |
|--|--|
| Rigour of process this year | Very thorough response. Some data not presented in the form requested – but examination of attached evidence shows that Wakefield have a sound understanding of the health needs of their population. Response shows a lot of work being done to address identified priorities. A key issue is around where leadership of the health access and health inequalities agenda lies – GPs should be central to this. |
| Increased involvement/inclusion | Similar process to last year. Along with Kirklees and Calderdale had the very well attended joint “Its My Health Day” with 150 people there (see more detailed info in Calderdale summary sheet). |
| Local Governance: reporting/accountability | Appears to be good governance around learning disabilities in Wakefield. Noted that SAF return presented for sign off to LDPB, PCT SMT and JSCB. |
| People and families felt more involved? | Feedback from Big Health Check Day indicates they did. |
| Six Lives work? | March 2010 Report to Board outlining comprehensive progress on HFA - provided as evidence. Also Good Practice Report contains many examples of progress made on key areas raised by Ombudsman. |