















# Learning Disabilities Self Assessment 2010 - Feedback Forms





## Locality - Wakefield



### Health Check – Top Target 1



	<b>1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital</b>	How we are doing overall on this standard  Please tick where you think are overall on this target <span style="float: right;">➔</span>	 <input style="width: 40px; height: 20px;" type="checkbox"/>	 <input style="width: 40px; height: 20px;" type="checkbox"/>	 <input checked="" style="width: 40px; height: 20px;" type="checkbox"/>		
(1) Top Targets and Key Objectives	Who	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
							
<b>1. Plans are in place to meet the needs of people who are no longer receiving treatment which requires in-patient care in an acute/long-stay residential facility or hospital</b>							
1.1 The resettlement of identified people from long stay hospitals, is complete	Ann Rutter	Resettlement completed 2005					
1.2 All NHS Residential Campuses are to be closed by 2010	Ann Rutter	No NHS campus provision in the Wakefield locality					
1.3 <b>(formerly 4.1)</b> Discharge planning is in place for people ( <i>not already included in the campus target</i> ) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	Ann Rutter	All individuals who access NHS inpatient have an agreed discharge plan at the point of entry into the service. This is part of a person centred service offer which is completed by MDT, service users and carers.  A project to re-locate service	Person-centred discharge plans being adopted for all.				



		<p>users in out of district NHS and private health facilities was delivered in 2009. This provided successfully supported living care packages in the Wakefield District.</p> <p>Low secure inpatient provision is now located within Wakefield locality. This has enabled individuals to be brought back into the District and local teams to engage fully with discharge arrangements.</p> <p>Individuals who are currently out of district are closely monitored by health commissioners. Care plans are reviewed by health practitioners to ensure needs are being met and that exit strategies are considered</p> <p>The Strategic Health Facilitator's work with Mid Yorkshire Hospitals NHS Trust (MYHT) has ensured that timely information and guidance is given to inpatients and staff regarding learning disabilities and the need for multi-disciplinary discharge meetings to include advocacy, families and the service user.</p>					
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	<p>How we are doing overall on this standard</p> <p>Please tick where you think you are overall on this target →</p>	 <input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>
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(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
<b>2. PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities</b>						
2.1 Systems are in place to ensure the following are identified within GP Registers: <ul style="list-style-type: none"> <li>➤ Children and adults with a learning disability</li> <li>➤ Older family carers</li> <li>➤ Those from minority ethnic groups</li> <li>➤ Carers of those from minority ethnic groups</li> <li>➤ Parents or carers with a Learning Disability</li> </ul>	<p>The annual health check protocol is in place in all GP practices. This will help identify patients and carers from a range of backgrounds on the information systems used in general practice.</p> <p>GP Practices have identified and registered 100% of the people with learning disabilities known to Community Learning Disabilities Team/Local Authority and are on QOF registers</p>	<p>Encourage practices to identify carers and people with an LD from a range of different backgrounds when carrying out annual health checks.</p>				<p>Implement the audit manual system by March 2011.</p>










<p>2.2 Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice</p>	<p>PCT has agreed a process around annual Health Checks with 33 or 83% of GP practices</p> <p>Some GP practices are aware of those of their patients who have Health Action Plans (HAPs)</p> <p>All CTLD Teams have staff allocated to link with all GP practices</p> <p>HAPs are used by some patients to generate annual health checks</p>	<p>Ensuring that 100% of service users will be able to access a health check</p> <p>Better integration of HAPs in the annual health check process</p>			<p>By May 2010 to have an action plan for promoting and reviewing the effectiveness of HAPs in primary care</p> <p>By May 2010 to have an evaluation plan in place to assess the effectiveness of the DES, including reasonable adjustments made.</p> <p>100% of people known to social services will be able to access a health check.</p>
<p>2.3 People with learning disabilities access disease prevention, screening and health promoting activities in their practice and locality, to the same extent as the rest of the population</p>	<p>All GP practices are required to work within the QOF Framework that enables monitoring and review of the diseases identified, health promotion activities and access to screening services</p> <p>Health Equity Audit for the district has been done to demonstrate areas of health deprivation in relation to the rest of the population.</p> <p>The PCT's Single Equality Scheme has been reviewed. The revised version has incorporated the needs of people with a learning disability</p> <p>The needs of people with a learning disability are included in the PCT's Physical Activity Strategy and Food and Health Strategy.</p> <p>A weight management implementation plan is in place. CTLDs and independent providers have completed specialised weight management training.</p>	<p>Improving on the uptake of breast and cervical screening</p> <p>Better intervention to reduce the level of obesity among people with a learning disability</p>			<p>By May 2010 ensure that the needs of people with learning disabilities are identified in the Early Identification of Cancer Strategy for Wakefield</p> <p>By July 2010 ensure there is a Learning Disability weight management plan in place.</p>


<p>2.4 The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities</p>	<p>The PCT has a Learning Disability DES agreement in place with GP practices.</p> <p>The Strategic Health Facilitator is developing partnerships with the wider Primary Care services e.g. to ensure that links are established and the needs of people with learning disabilities are considered and reasonable adjustment made:</p> <ul style="list-style-type: none"> <li>▪ Long Term conditions-self care subgroup</li> <li>▪ Dementia Care Group</li> <li>▪ Cancer Prevention and Early Detection Task Group</li> <li>▪ Respiratory Management Group</li> <li>▪ Community dental service</li> </ul> <p>Dental Services for people with special needs are provided by the Community Dental Service where the need exceeds the skills of Primary Care Dentists.</p> <p>Sensory Nurse links with the Optometrist and Audiology and supports health facilitation.</p> <p>Pharmacies provide monitored dose systems for all clients who require this facility. This reduces the risk of medication being incorrectly taken or administered</p>	<p>Better health promotion advice by mainstream staff techniques regarding breast examination and testicular self examination</p> <p>Better engagement between Primary Care and Specialist LD Health provision with the aim of reducing health inequalities and improving access to the wider mainstream health services</p>				<p>Continue to develop closer working links between LD services and wider primary care services.</p> <p>By August 2010 to have completed a dental health needs assessment for people with learning disabilities</p>
<p>2.5 Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure equal access to healthcare for people with learning disabilities</p>	<p>Equality criteria developed and being embedded in all service specifications</p> <p>The Complaints Department at NHS Wakefield District oversees all patients' complaints to ensure they are resolved promptly and effectively.</p> <p>The PCT's Complaints Policy has been impact assessed for all equality strands, including</p>	<p>Better monitoring of contracts in relation to equality and identification of reasonable adjustments</p> <p>Equality Impact Assessments to be more explicit about learning disabilities</p>			<p>By March 2011 to have robust equality monitoring arrangements with all health service providers.</p> <p>Increase the use of Equality Impact Assessments as a tool for service review.</p>	


	<p>learning and physical disabilities.</p> <p>An integral part of NHS Complaints Policy is to ensure it does not happen again. This could mean introducing changes to a protocol or process.</p> <p>The Strategic Health Facilitator has strategic and operational functions with MYHT.</p> <p>There is an SLA in place with SWYFT which incorporates equality monitoring of complaints managed through contract monitoring arrangements by the lead commissioner.</p> <p>Performance indicators have been included in the PCT's specification for Expert Patient Programmes, to increase the numbers of people with a learning disability accessing the programme.</p>				
2.6	<p>PCT commissioning work-streams - and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such work-streams across the SHA area</p>	<p>All PCT business cases undergo an equality impact assessment which includes learning disabilities</p> <p>Contract monitoring and service review arrangements are in place for all commissioned health services</p> <p>The JSNA and Wakefield Learning Disability Health Needs Assessment (2008) can demonstrate some differentials between the general population and the learning disability population</p> <p>The needs of people with learning disabilities are included in the Public Health Business plan which is reviewed annually.</p>	<p>The JSNA needs to be more comprehensive in relation to the current and future health and social care needs of people with a learning disability</p>		<p>By April 2010 to have a plan in place to refresh the JSNA so that it includes those population groups subject to being vulnerable</p>
2.7	<p>The benefits for patients derived from the development of computer technology are of equal benefit and equally</p>	<p>NHS Wakefield District's Information Strategy makes links with the wider health service IM&amp;T systems being developed nationally and regionally.</p>	<p>Availability of more accessible information to people and carers about health related services and initiatives</p>		<p>By March 2011 implement NHSWD's Accessible Information Plan for people with sensory</p>


<p>open to people with learning disabilities and those who provide services to them</p>	<p>The QOF system allows for data collection and comparative analysis about people's health in primary care.</p> <p>NHS Wakefield District's website allows people and their carers to access and contribute to electronically held information relevant to their health.</p> <p>Choose and Book provides all patients with the ability to book initial outpatients appointments straight away with the GP or practice staff, or later via a call centre - known as a Booking Management Service - or over the Internet.</p>				<p>impairments</p>
<p>2.8 PCTs have agreed with local partner agencies a long term 'across system' strategy to address services to people with learning disabilities from ethnic minority groups, and their carers</p>	<p>Every Adult with a Learning Disability Matters strategy includes objectives for people with a learning disability from Black and minority Ethnic (BME) groups</p> <p>The needs of people with learning disabilities are included in the Public Health Business plan which is reviewed annually.</p> <p>NHS Wakefield District's Single Equality Scheme (which encompasses race and disability) includes the needs of all people from BME communities.</p> <p>NHSWD has reviewed its Interpreting and Translation Policy and Service to ensure that the health needs of communities with languages other than English are being met.</p> <p>BME development worker is designated champion and undertakes community engagement work and informs development of culturally sensitive services. This work is being expanded to children's services to improve information provided to parents and engagement of families in the transitions process.</p>	<p>Better recording and utilisation of primary and secondary care data by provider services</p> <p>Improve engagement of BME community with the Partnership Board by establishing links between the BME carers group and the Carers delivery group.</p> <p>Improve attendance and involvement of BME families in transitions reviews and the transitions process</p>			<p>By April 2010 to have a plan in place to refresh the JSNA that includes the needs of people from Black and Minority Ethnic communities</p> <p>BME development worker to establish position in Children's Services half of the week.</p>






	<p>Dedicated ethnicity delivery group for Partnership Board and delivery plan.</p> <p>Health needs of the BME community are addressed in the Health and Wellbeing commissioning strategy.</p>					
2.9	<p>There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and their carers</p>	<p>Strategic Health Facilitator is attending Long term Conditions Self Management group and will ensure correct representation is achieved within Partnership Board delivery groups.</p> <p>Learning Disability Partnership strategy has 'people with complex needs' as a priority area.</p> <p>A local needs analysis of people with complex needs has been commissioned. Findings to be published May 2010.</p> <p>A PMLD advocacy scheme is now operational to improve self advocacy and links with the PB through peer advocates.</p> <p>Adjustments have successfully been delivered in acute care for some specific complex cases. Partnership Board member from the specialist assessment and treatment services represents people with complex need</p>	<p>Ensure established links include people with learning disabilities when planning mainstream health strategies</p> <p>To action the complex needs priorities in the Learning Disability Partnership's strategy.</p> <p>To include people with complex needs in mainstream health strategies including long term conditions.</p>		☹️	<p>To improve the involvement of people with complex needs with the Partnership Board.</p>







	<p>How we are doing overall on this standard</p> <p>Please tick where you think you are overall on this target </p>	 <input type="checkbox"/>	 <input checked="" type="checkbox"/>	 <input type="checkbox"/>		
(1) Top Targets and Key Objectives	(2) Good things happening	(3) Where things need to get better	(4) How do we score?			(5) One thing we want to be better in 12 months (Key priority)
						
<b>3. People with learning disabilities who are in services that the NHS commissions or provides, are safe</b>						
<p>3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, 'Healthcare For All' and 'Six Lives'</p>	<p>Funding has been approved for 1 year to have an LD nurse liaison post within MYHT</p> <p>A review of the report and learning points has been undertaken within SWYPFT and action plan is in place.</p> <p>54 Learning Disability Champions are now in place across MYHT</p> <p>Learning disability awareness session in place for LD Champions. Sessions are delivered in conjunction with services users and carers</p> <p>MYHT Matrons are case managing all in patients with learning disabilities- Case management tool in place.</p>	<p>PAS (patient administration system) within MYHT to support the flagging of patients with learning disabilities on the system</p> <p>Ensuring that a permanent acute liaison nurse service is commissioned to support admissions and discharge planning in the acute sector</p>				<p>To monitor and performance manage the delivery of 'Health Care for All' action plans</p> <p>To 'mainstream' the temporary LD nurse liaison post.</p>


	<p>MYHT departments are identifying patients admitted with learning disabilities who are then made known to the Safeguarding team; any additional support needs are met at this point.</p> <p>Family Carers and Paid Carers guidance is in place – creating equal partners in care.</p> <p>A gap analysis was completed by MYHT in response to Health Care For All. Report and actions submitted to MYHT's Safeguarding Committee.</p>					
<p>3.2 Each health organisation has in place transparent and well understood policies and procedures relating to key legislation including:</p> <ul style="list-style-type: none"> <li>➤ Mental Capacity Act (including Consent)</li> <li>➤ Disability Discrimination Act (including Disability Equality Duty)</li> <li>➤ Human Rights Act</li> </ul>	<p>SWYPFT has robust policies in place relating to key legislation. Training for all clinical staff is in place and specialist advisors are providing a support role to clinicians.</p> <p>All health providers contracted by NHSWD are required to be compliant with the Disability Discrimination Act (including Disability Equality Duty)</p> <p>Equality and Diversity Training is mandatory for all staff employed by NHSWD in order to have a consistent interpretation of key policies across the local commissioning area LD awareness training delivered to all GP practices involved with the LD DES.</p> <p>NHSWD, MYHT, SWYFT and WMDC work in partnership to roll out Mental Capacity Act awareness sessions and training.</p> <p>The MCA has been applied within the Learning Disability in-patient unit</p>	<p>Better data collection of staff who have attended MCA training</p>				<p>From April 1<sup>st</sup> 2010 PCT attendance at safeguarding adults training will be recorded on the staff electronic system.</p>



	<p>where appropriate</p> <p>E-learning package procured for SWYPFT</p> <p>Joint training and policy developed and implemented for SWYPFT.</p>				
<p>3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations</p>	<p>MYHT has reviewed and made adjustments to its complaints policies and developed accessible information to support this.</p> <p>PALS within MYHT Hospitals has two Learning Disability champions in their team</p> <p>Good multi agency sharing and learning from complaints and adverse incidents including family members – Improvements in making capacity and best interests decisions and the acceptance of the need to hold robust discharge planning meetings.</p> <p>MYHT's complaints leaflet has been made accessible through the work of the Patients Experience Group (PEG).</p> <p>Safe guarding team at MYHT are alerted to any incidents that are reported involving patients with learning disabilities.</p> <p>Serious case reviews recommendations through the Safeguarding Adults Board are fed back to improve practice.</p> <p>SWYFT has robust systems and processes in place in managing risks and incidents.</p>	<p>To adopt a greater 'lessons learned' approach to the information provided to the Partnership Board on safeguarding incidents and actions to be identified and taken forward through the Safeguarding delivery group.</p>			<p>We will introduce regular 'lessons to be learnt' bulletins</p>



	We have established a safeguarding delivery sub-group of the partnership board through the development of an LD strategy.				
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to Safeguarding Adults	<p>A Partnership Board representative sits on the Safeguarding Board and messages are regularly conveyed between the two.</p> <p>Structured rolling programme of multi-agency staff training is in place across the NHS, LA and independent providers.</p> <p>The Safeguarding delivery group of the PB is responsible for delivering priorities on safeguarding and hate crime.</p>	Safeguarding priorities of the LD Partnership strategy.			 Continue to develop the Safeguarding Delivery group.


	<p>How we are doing overall on this standard</p> <p>Please tick where you think are overall on this target </p>			
		<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
(1) <b>Top Targets and Key Objectives</b>	(2) <b>Good things happening</b>	(3) <b>Where things need to get better</b>	(4) <b>How do we score?</b>	(5) <b>One thing we want to be better in 12 months (Key priority)</b>


							
4. Progress is being made in implementing the service reforms and developments described in 'Valuing People'							
4.1 Discharge planning is in place for adults and young people (not already included in the campus target ) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	See 1.3	See 1.3					
4.2 There is a comprehensive range of specialist learning disabilities services available to sustain and support people in their local community, avoiding unnecessary admissions or re-admissions to hospital	<p>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.</p> <p>Specialist assessment and treatment centre (Horizon Centre) in Wakefield. Service model based on community based packages.</p>					To have full integration of the pathway by May 2010.	
4.3 Plans are in place to ensure more locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families	<p>A multi-agency transitions pathways and protocol has been developed.</p> <p>Training is being rolled out to professionals. Implementation and embedding is being led by a dedicated project group.</p> <p>Information on transitions is being developed for families to improve understanding of what happens and at what stage.</p> <p>The strategic planning groups for transitions identify numbers of young people coming through and patterns of need.</p>	<p>Increase the dedicated time for the transitions social worker to work with the community nursing team to identify future health needs.</p> <p>Signposting people with learning disabilities to mainstream health services</p> <p>Better support to equip health workers to understand and work with people with learning disabilities in the community.</p>				To look at advocacy provision for all young people in transitions.	


	<p>The multi-agency transitional operational group plans the care for specific cases.</p> <p>Both special schools are implementing person centred transitions reviews. Adult social workers are invited and a community learning disability nurse attends if appropriate.</p> <p>Every child has a named adviser. There is a robust multi-agency reporting structure to the Children's Trust.</p> <p>There is advocacy for looked after children and a self advocacy group is being established at a special school for transitions.</p> <p>An annual transitions event takes place to provide information on services post 18 years.</p>					
<p>4.4 People with learning disabilities and their families/supporters are supported and empowered to fully contribute to and participate in discussion, as well as in the planning, prioritisation and delivery of health services generally</p>	<p>The Learning Disability Patient Experience Group is a consultation group made up of service users, family carers, paid support workers and other invited professionals. The group meets every 6 weeks and is directly linked to the Strategic Health Subgroup. The group provides support to health services in relation to discharge planning, service redesign training and the provision of accessible information.</p> <p>A cross district event was held in February 2010, to find out the views and experiences of service users and carers when using NHS services.</p> <p>SWYPFT has Foundation Trust members who have a learning disability.</p>	<p>There could be better linkages between mainstream consultation and engagement personnel and activities and learning disabilities engagement processes.</p>				<p>To identify a cross district approach for developing health information in an accessible format.</p>

<p>4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision</p>	<p>LD Partnership strategy identifies priorities for people with learning disabilities for all agencies. Health self assessment being conducted for the 3<sup>rd</sup> year.</p> <p>The Joint Strategic Commissioning Board manages the pooled budget arrangements and joint performance related issues.</p> <p>The multi-agency adults commissioning panel commissions services for individuals.</p> <p>A 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.</p> <p>The Healthier Communities Partnership of the LSP has PCT and LA representation.</p>	<p>Integrated data collection across and within different care sectors</p>				<p>Ref JSNA action</p>
<p>4.6 The needs of people with learning disabilities who are ageing (Note 19) are contained in the local JSNA and corresponding plans are in place which reflect policy and best practice guidelines (including the national Dementia Strategy and New Ambitions in Old Age)</p>	<p>There is a joint commissioning strategy for Older People that is overseen by the Older Peoples' Partnership Board.</p> <p>The Older People's mental health strategy is currently being refreshed and will be aligned to the National Dementia Strategy. Specific consideration is being given to the provision of early onset dementia services to those with LD as part of the newly created service within SWYPFT. Also includes refresh of OPMH needs assessment data. Transition arrangements are in place between Adult and Older Peoples' services</p> <p>Older People's services keep individual</p>	<p>More robust information about the needs of people with learning disabilities who are ageing in order to commission and provide services</p> <p>To implement the LD Partnership strategy priorities around dementia by ensuring that services meet the needs of people with dementia</p> <p>Consider the needs of older people with learning disabilities in the context of prevalence of dementia and ensure these needs are considered in the Dementia strategy.</p>				<p>By March 2011 Ensure that the review of the JSNA includes this population group</p>

	information including LD needs as part of care records which is shared through the single assessment process.				
4.7 PCTs have agreed with local partner agencies a long term 'whole system' strategy to address the needs of people with autism spectrum, which includes reference to adults with learning disabilities, and also to young people with learning disabilities approaching transition to adulthood	<p>Autism local needs analysis has been commissioned. Results are expected in May 2010.</p> <p>An autism care manager is to be appointed.</p> <p>Autism delivery group established to deliver priorities in the LD Partnership strategy. People with autism and carers are members</p> <p>Self directed support has allowed creative care packages to be provided to respond in a person centred and innovative way.</p> <p>People in transitions and adults are supported through joint assessments between LD, MH and through the specialist assessment and treatment service.</p> <p>Autism advocate is in post.</p> <p>Autism conference held to raise awareness of autism to staff and family carers. Over 50 people attended.</p>	Implementing the autism priorities of the LD Partnership strategy.			Autism strategy and commissioning plans to be identified as a result of the local needs analysis.
4.8 There are a range of local services available to individuals who are described as having challenging behaviour. Such services take account of key standards from policy and best practice.	<p>Multi-agency working drives person centred support, effective risk management and implementation of individual protocols and guidance. Adult commissioning and contract monitoring meetings review specialist packages.</p> <p>The Learning Disability care pathway is</p>	Put into place the recommendations of 'Healthy Ambitions' relating to 'Capable Environments' to ensure that links between care providers and specialist LD services sustain people long term within their living arrangements.			Implement the Partnership Board's strategy's workforce development actions that are in the section on complex needs.

	<p>being implemented which highlights the importance of joint working and timely intervention and referral to specialist assessment and treatment unit and where necessary tertiary services such as low and medium secure. This has allowed more individuals who once were placed only in residential settings to access supported living in the community.</p> <p>Effective workforce training between the Specialist Assessment and treatment service, providers, care manger and community nurses has been essential to managing those people who have challenging behaviour.</p>					
<p>4.9 New Horizons for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services</p>	<p>The Horizon Centre is recognised as best practice with reference to care planning.</p> <p>Both performance frameworks (Mental Health and Learning Disability) are managed through the Joint Strategic Commissioning Board. Learning Disability and New Horizons are considered through mental health contract monitoring.</p> <p>Wakefield mental health strategy will shortly be refreshed starting with an engagement event to launch New Horizons.</p> <p>The new IAPT service will deliver talking therapies in line with the IAPT positive practice guide for those with a learning disability.</p> <p>Some good practice examples exist with regard to joint working around individual cases between Mental Health</p>	<p>Pathway protocol needs to be more robust and fully understood within both Learning disability and Mental Health services to improve access to the most appropriate service.</p>				<p>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'</p>

	<p>and LD services. Evidence against Green Light Toolkit needed to achieve Green indicator.</p> <p>24 hour access to crisis team is available equitably to individuals with a learning disability where appropriate. A number of new services have been commissioned - ADHD, IAPTS to be fully inclusive to individuals with a LD.</p> <p>A pathway protocol exists between Learning Disability and Mental Health Services within SWYPFT.</p>					
<p>4.10 Each Partnership Board has a learning disabilities workforce development Plan in place which includes reference to the future training and development of people working in learning disability services, in both specialist and mainstream health care areas</p>	<p>Member of Valuing People workforce development group.</p> <p>All Partnership Board delivery groups have had to identify workforce implications in their delivery plans.</p> <p>LA has appointed workforce development officer for LD. The post will co-ordinate workforce development and staff training issues as identified by in-house and independent sector services and respond to workforce development issues identified by Partnership Board delivery groups.</p> <p>Assigned work stream for WFD as part of the social care transformation agenda.</p> <p>PCT commissioned SWYPFT to deliver training to GPs as part of LD DES requirements.</p> <p>MYHT's training needs analysis is driving the delivery of learning disability awareness to staff.</p>	<p>Better co ordination of workforce plans between the delivery groups.</p>				<p>To collate workforce development requirements of delivery groups to agree workforce development programme.</p>

	<p>SWYPFT is engaged with SHA's WFD programme.</p> <p>SWYPFT, NHSWD and MYHT all have workforce plans in place. SWYPFT has a specific LD workforce plan.</p>				
<p>4.11 PCTs and their partners are working with local and regional Offender health teams to ensure that people with learning disabilities in prison have access to a full range of healthcare – in line with legislation, policy and best practice</p>	<p>Numbers of prisoners with LD not currently known/collected but LD Lead at HMP Wakefield attended workshop on Communication Tools e.g. easy read information.</p> <p>Public Health has carried out a needs assessment of the prison population that includes the health needs of prisoners with a learning disability.</p>	<p>Better identification of people with a learning disability in Wakefield's prisons.</p> <p>More LD specific activities could be incorporate into the work of the Wellbeing support nurse.</p> <p>Better assessment of the health needs of prisoners with a learning disability.</p>			<p>From January 2010 HMP Wakefield and YHIP to gather statistics using the Learning Disability Skills Questionnaire (LDSQ) and data collection</p> <p>By May 2010 health needs assessment report of the prison population including prisoners with a learning disability to be available</p> <p>By March 2010 LD Lead at HMP Wakefield will ensure that annual health checks, health action plans/care plans are carried out.</p>

**Some more questions about how this self assessment process is reported back to the different organisations who contribute to it – and about the extent to which people are really involved and included in all the work.**

**Name of your local area: Wakefield**

1. Can you please describe the different meetings and activities that took place to bring together all the information in this feedback form? (Can you include reference to Getting Ready Meetings and to the Big Health Check Up Day itself.) Please also include some information about who came and how many people were involved.



Y:\Learning Disability'  
LD Partnership Board'

- An action plan to support the completion of the process was agreed by the Health Subgroup.
- Members of the Strategic Health subgroup planned and agreed the completion process.
- Presentation to the Partnership Board on the framework and proposed completion process.
- Members of the Strategic Health subgroup drafted information relating to their service and invited contributions from other professionals/service areas.
- 'Inclusion North' supported the big health check event at an extended Patient Experience Group meeting, which was attended by 40+ people.
- Strategic Health subgroup meeting held to pull together the draft submission.
- Partnership Board members were presented with draft submission to finalise and agree.

A joint "Its My Health Day" was also held in February 2010, incorporating Wakefield, Kirklees and Calderdale. This was an interactive service user and carer event which focused on health promotion activities and finding out about services on offer in each locality. The day also provided service users with the opportunity to have they say about health provision in their area, this was captured in a "Big Brother style" video diary room. Approximately 115 people attended the event.

2. This question is about making sure everyone in the Partnership Board and in other local groups (e.g. carers groups) are aware of this annual process and know how they can get involved. For example, did you have an initial presentation at the Partnership Board giving the background to the Health Check Up? Were presentations made to other groups? Please describe below what you did.

### Activities

- Presentations to the LDPB which includes a wide range of stakeholders
- Presentation to the Patient Experience Group
- Briefing to PCT Senior Management Team
- Briefing to Joint Strategic Commissioning Board.

3. This is a question about how statutory and other organisations in your local area contribute to and follow progress on your Health Agenda. Please give information here about the range of Boards, Groups and organisations who are 'briefed' about progress on the self assessment and its contents: who are they and how often do they request or receive reports?

- Information on the self assessment process was made available to a number of Directorates within the and Wakefield LA who contributed to the process e.g. Equality and Diversity, Nursing and Quality Standards, Commissioning, Public Health, Safeguarding, Family Services.
- A successful 'Health Event' was held in June 2009 for people with learning disabilities, family carers and paid carers to hear what improvements had been made to health services over the last 18 months.
- A paper that gave an update on the learning disabilities health agenda was presented to the PCT's Governance Committee in October 2009
- A progress report on Health Care for All and the self assessment process was presented to the PCT Board on the 23 March 2010.



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- The final draft of the self assessment report was approved by Wakefield's Joint Strategic Commissioning Board on the 12 April 2010.

4. This is a question for carers and self advocates – did you feel enough people had a chance to join in the work and the Big Health Check this year? If you think it could get better, what kind of things need to happen to make sure more people get involved next year?

There was more chances to have our say and in different ways” - Service user

“Everyone was listened to “ - Service user

“it was good to meet other people and find out what other areas were doing” - Service user

“It was good to be able to give our views in other ways than attending meetings” - Family carer

The questions asked were sometimes difficult to understand and give comment; some people had little or no experience of some areas - general comment/observation.

5. We would like to have a Regional overview about what all statutory organisations have done in response to the Ombudsman’s Report ‘6 Lives’. Please summarise below the main things your local organisations have done (e.g. Hull developed an easy read booklet about ‘6 Lives’), and in particular, how your organisations are reporting this activity to their Boards/Cabinets and to local partnership boards.

Among a number of service activities, MYHT Hospitals have trained over 54 members of staff to be Learning Disabilities Champions within the acute sector

A progress report on Health Care for All and the Ombudsman’s report was presented to the PCT Board on the 23 March 2010

MYHT carried out ‘gaps analysis’ in relation to Health Care for All that was signed off by its Safeguarding Board.

**See section 3.1 of this self assessment feedback form for more information on agencies’ response to the Ombudsman’s Report.  
Refer to Good Practice document that was submitted as part of the evidence feedback form.**