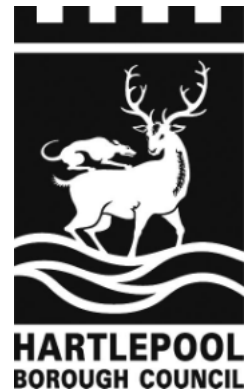


ADULTS AND PUBLIC HEALTH SERVICES PORTFOLIO DECISION SCHEDULE



Monday 7th December 2009

at 10.00 am

**in Committee Room C,
Civic Centre, Hartlepool**

Councillor G Hall, Cabinet Member responsible for Adults and Public Health Services will consider the following items.

1. KEY DECISIONS

- 1.1 Future Day Services for People with Mental Health Needs – *Director of Child and Adult Services*

2. OTHER ITEMS REQUIRING DECISION

No items

3. ITEMS FOR INFORMATION

- 3.1 Hartlepool Vulnerable Adults Protection Committee Quarterly Statistics and Update – *Director of Child and Adult Services*
- 3.2 The Autism Act 2009 – *Director of Child and Adult Services*
- 3.3 Development of a Centre for Independent Living – *Director of Child and Adult Services*
- 3.4 Learning Disability Performance and Health Assessment Framework – *Director of Child and Adult Services*

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
7 December 2009



Report of: Director of Child and Adult Services

Subject: FUTURE DAY SERVICES FOR PEOPLE WITH
MENTAL HEALTH NEEDS

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on developments and commissioning plans for the future of Day Services.

2.0 SUMMARY OF CONTENTS

- Direction of Travel for Moving Forward Service
- Services affected by commissioning process
- Staff affected by commissioning process
- Tendering Process

3.0 RELEVANCE TO PORTFOLIO MEMBER

Mental Health Services are a key provision within Adult and Community Services and this report is to inform the portfolio holder of progress and challenges.

4.0 TYPE OF DECISION

Key Test i and ii.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio – 7 December 2009

6.0 DECISION(S) REQUIRED

The Portfolio Holder is requested to note and agree the direction of travel for the 'Moving Forward' Service.

- The Portfolio Holder is requested to note the implication for services currently provided in Hartlepool by independent providers and the Council.
- The Portfolio Holder is requested to note the staffing issues in relation to Council Staff and be assured that appropriate HR policies and procedures will be followed in relation tot hese staffing issues.
- The Portfolio Holder is asked to agree to contract extensions for three providers
- The Portfolio Holder is requested to note the proposal regarding exploring joining employment support services and to be updated at a future point

Report of Director of Child and Adult Services

**Subject: FUTURE DAY SERVICES FOR PEOPLE WITH
 MENTAL HEALTH NEEDS**

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on the future plans to provide socially inclusive meaningful services for people with mental health needs as an alternative to traditional day services.

2. BACKGROUND

- 2.1 Traditionally people who are recovering from serious mental health problems or who are at risk of relapse have accessed statutory services from 'Day Hospital's' or 'Day Service's'. Over recent years this has changed to more community orientated specialist 'day services' being delivered from mental health specific, building based community services.
- 2.2 Over the last few years these services have been commissioned separately by Hartlepool PCT and HBC, but delivered by the Integrated Mental Health Services incorporating both HBC and TEWV employees, as well as some third sector providers.
- 2.3 The Integrated Mental Health Services have continued to develop over the past few years, moving from mental health specific building based services to focus more on supporting community orientated initiatives. These include supporting community teams, enabling people to live meaningful structured days with increased confidence and become integrated into mainstream community services as well as improving general health and wellbeing.
- 2.4 Alongside this, bespoke services have developed focussing on a mental health Employment Support. There are two services providing this function, one directly provided by HBC Employees as part of the Integrated Mental Health Services and a separate service provided by Mental Health Matters.
- 2.5 Supporting these changes, initiatives were commissioned by HBC in 2005 from the third sector in Hartlepool, specifically around art based therapeutic interventions, peer support and low level therapeutic interventions including group work, these contracts end in March 2010.

2.6 Since 2006 there has been local stakeholder engagement to agree to strategic direction for new day services. The aim is enable comprehensive joined up provision that ensures efficient and effective working across the town. A day services commissioning strategy was developed and agreed by the Mental Health LIT in 2007, and again reinforced at the Visioning Event in 2008

2.7 The strategy reflects the need to develop a framework to provide the right balance in day services between prevention, low-level and complex mental health needs. The key Local Area Agreement (LAA) priorities reflected in this strategy are:

- LAA9: Improve health (independence and well-being outcomes)
- LAA11: Improve choice and control
- LAA12: Promote a positive approach to well-being
- LAA13: Enable easier access to services

There is a growing evidence base indicating:

- significant benefits in low-level prevention aimed at improving well-being
- well-timed interventions and greater social inclusion can prevent or reduce the severity of episodes of mental illness

The 'modernised day services' care model emphasises early intervention, community support, reduced admissions and significant support to gain/retain employment. This paper sets out a clear direction to achieve a model for day services in Hartlepool. There are now three key levers to effect this change and the continuous improvement of services:

- Incentivise new models of service delivery
- Extend the range and type of provision
- Change the model of contract to outcome-driven performance

It is within this context in Hartlepool we want to commission new 'Moving Forward' Services that achieve these outcomes.

3 **National Policies and local response**

3.1 The key theme of government policy is the development of person-centred services. Our Health, Our Care, Our Say sets out seven outcomes to be achieved:

- Improved health and well-being
- Improved quality of life
- Making a positive contribution
- Choice and control

- Freedom from discrimination
 - Economic well-being
 - Personal dignity
- 3.2 The 'Changing Lives' modernisation programme refers to choice, control, flexibility and promoting independence. The move is away from traditional services towards self-assessment, increased choice and self-directed /personal budgets.
- 3.3 The 'inverted triangle of care' models services that are based on citizenship, well-being and approaches that prevent or delay costly and intensive interventions as well as strategies that promote quality of life and engagement with communities.
- 3.4 Redesigning and improving day services is identified as a vital part of the drive towards more socially inclusive services. There is a clear focus on employment and vocational outcomes to promote social inclusion and integrate people into mainstream services and the wider community.
- 3.5 This commissioning strategy reflects national policy, specifically 'From segregation to inclusion; commissioning guidance on day services for people with mental health problems', and 'Supporting women into the mainstream; commissioning women only days services', in the following approach:
- Support for people with preventative/low level services in a pro-active way
 - Encourage new and innovative providers into the market by supportive commissioning and flexible approaches to service delivery that focus on outcomes rather than process
 - Ensure that all service specifications reflect the values and principles upheld in this commissioning strategy
 - Use Direct Payments/Personal Budgets wherever possible to give people more control over their lives
 - Enable greater flexibility in shifting resources to where they have the greatest impact on current and future health and well-being needs
 - Respond to a continuum of support for people with severe mental illness within a recovery model of care
 - Ensure that the model of self-directed support can access a range of services to enable choice and diversity to flourish in our community
 - Reconfigure funding in some areas to allow the strategic shift in service provision

4.0 **Currently Commissioned Services**

We reviewed national and regional policy and agreed that a group of services provided similar types of roles as those provided in previous Day Service type functions.

There was evidence of potential duplication of service provision, a need to have clear pathways and a need to improve clear robust monitoring. The services we identified currently provided interventions to either targeted to specific groups and delivered specific outcomes.

These services are listed below;

Provided by Hartlepool MIND

Hartlepool MIND Mental Health Support Network

Provided by Hartlepool Arts Studio Limited

The Artrium

Provided by Peoples Relief of Pressure

PROP Peer Support Services

Provided (or commissioned directly) by Hartlepool Integrated Mental Health Services (TEWV and HBC)

Community Day Services

Intensive Day Services

Employment Support Service

Support Time and Recovery Service

Mental Health Matters Employment Support Services (subcontracted through TEWV ends March 2010)

These services were commissioned either by NHS Hartlepool or HBC or a mix of both.

5.0 **Services directly affected by Moving Forward Services.**

Given the aims of the planned newly commissioned 'Moving Forward' services, there were several services that need to be excluded for a range of reasons. All services above, other than those outlined below will be included

Intensive Day Services provide a bespoke service as part of the in-patient pathway within Hartlepool; they work from the inpatient service in Sandwell Park and facilitate discharge and maintenance of community ties when people have to stop in Hospital for periods of time. This was not a service that was traditionally seen as a 'Day Service' but is an initiative that strengthens community and inpatient services for specific groups of people.

The Support Time and Recovery Service provides a low level therapeutic intervention function however it is being discounted from the 'Moving Forward Service' because it is a separately funded resource through Supporting People funding that focuses on housing related support to maintain tenancies not the wider therapeutic support the Moving Forward Services will need to focus on.

Employment support services are a specific function that developed alongside the emerging Day Services provision. There are currently a number of Employment Support functions within Hartlepool working with vulnerable groups. Two work specifically in Mental Health (one provided by HBC Employees and one delivered by Mental Health Matters) and a service that works with Learning Disabilities (provided by HBC employees).

There is a need to review these services jointly within HBC and separately to the review of Day Services. This will enable the Moving Forward services to progress without further delay and it is proposed that this piece of work commences forthwith.

6.0 Service Specifications

Two Service specifications have been developed. One service focuses on low level therapeutic support and the other on peer support

The primary objective of the Peer Support Service is to work with people who have experienced severe and or enduring mental health problems, and to provide an outcomes driven framework focusing on recovery, social inclusion, well being, education and paid/unpaid employment. This will be achieved by promoting improved social functioning enabling individuals to move closer to mainstream recreational and leisure activities and employment including gender and age sensitive provision. They will enable choice and diversity preserving maximum independence and quality of life and peer support, so reducing the need for specialist mental health provision and maintaining well being.

The overall aim of the low level therapeutic support service is to break down the stigma associated with mental ill health and provide social, artistic and educational opportunities in an open access environment that will also be open to all individuals in Hartlepool. The primary objective of the service is to work with people who have experienced severe and or enduring mental health problems, and to provide an outcomes driven framework focusing on recovery, social inclusion, well being, education and paid/unpaid employment. This will be achieved by providing meaningful activities and enabling improved social functioning facilitating individuals to move closer to mainstream

recreational and leisure activities, and education/employment, including gender and age sensitive provision. It will enable choice and diversity preserving maximum independence and quality of life and support, so reducing the need for specialist mental health provision and maintaining well being

Key issues to note are that a single service or a number of services will be able to bid to provide services and this will be decided through an open competitive tendering process. The service specifications will be further refined as a natural part of the tendering process

7.0 Commissioning Intentions

The initial plan was to tender for new 'Moving Forward' Services from a HBC perspective and enable a tendering process to be completed in time for new services to start in March 2010 when the existing contracts for a significant proportion of the above provision were due to end.

However when reviewing options it became apparent there could be benefits from jointly commissioning services from both Health and Social Care funding. Explicit benefits included maximising the resource to enable 'joined up' service provision, ensuring that pathways achieve the established goals of health and social outcomes which are inextricably linked in mental health and creating holistic services that are necessary to meet the needs of vulnerable people.

To enable a joint commissioning process we needed to identify the funding resource that would be available to tender for new services. HBC allocation was clearly identifiable in bespoke contracts and within current staffing resource; however the PCT element for Day Services was included in a 'block' contract that hadn't been disaggregated.

A significant period of work was undertaken and the PCT allocation was identified earlier this year in 2009, however the PCT has yet to confirm that the funding allocated can be disinvested from TEVV and reinvested in a new tendering process. This is due to be discussed at the PCT November Board

Throughout the process other key issues arose that have had to be addressed including staffing issues.

8.0 Staffing Issues

Current staffing issues within the externally contracted services are bound by contracting rules and will be addressed by the providers currently in place.

It has been agreed that discussions with TEWV staff for the health funded elements of the service will be led by TEWV and they need to be advised on the final services specifications to identify issues they may need to address, including TUPE.

HBC employed staff currently employed with Community Day Services may be affected by TUPE and HR will be involved to ensure that all due processes are completed. There are currently five staff members who will be in this position although there may be movement within this allocation through applications for other positions

9.0 Proposed extension of Existing contracts

Current contracts for the Hartlepool MIND, Hartlepool Arts Studio Ltd and Peoples Relief of Pressure commissioned by HBC are due to end in March 2010. These contracts were extended for twelve months last year on the understanding that the services would be re-tendered by March 2010.

However the opportunity to include PCT as well as Local Authority resource to enable a comprehensive overhaul of what were previously know as 'Day Services', would mean that a further extension of these contracts would be required. This extension would be for a maximum of three months to allow for the tender process to be openly and rigorously implemented.

Including Health and Social Care resource would enable better outcomes to be achieved as outlined in 7.0.

10. FINANCIAL IMPLICATIONS

HBC services contracted with the Third Sector have a value of circa £120 000.

HBC services delivered through the Integrated Mental Health Services have a value of circa £175 000, this requires confirmation Health funded component of Day Services has a value of circa £101, 000.

It is intended to reinvest the total funding of £396,000 in modernised 'Moving Forward' services

11. RECOMMENDATIONS

The Portfolio Holder is requested to note and agree the direction of travel for the 'Moving Forward' Service.

- The Portfolio Holder is requested to note the implication for services currently provided in Hartlepool by independent providers and the Council.
- The Portfolio Holder is requested to note the staffing issues in relation to Council Staff and be assured that appropriate HR policies and procedures will be followed in relation tot hese staffing issues.
- The Portfolio Holder is asked to agree to contract extensions for three providers
- The Portfolio Holder is requested to note the proposal regarding exploring joining employment support services and to be updated at a future point

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
7 December 2009



Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE QUARTERLY
STATISTICS & UPDATE

SUMMARY

1.0 PURPOSE OF REPORT

To present the Safeguarding Vulnerable Adults quarterly statistics and provide an update on safeguarding activity.

2.0 SUMMARY OF CONTENTS

This report demonstrates Safeguarding Vulnerable Adults Quarterly Statistics including 1st and 2nd Quarter to allow for comparison.

3.0 RELEVANCE TO PORTFOLIO MEMBER

Child and Adult Services hold lead responsibility for Adult Safeguarding.

4.0 TYPE OF DECISION

Non Key.

5.0 DECISION MAKING ROUTE

For noting for Portfolio Holder.

6.0 DECISION(S) REQUIRED

For noting.

Report of: Director of Child and Adult Services

Subject: HARTLEPOOL VULNERABLE ADULTS
PROTECTION COMMITTEE
QUARTERLY STATISTICS & UPDATE

1. PURPOSE OF REPORT

- 1.1 To present Safeguarding Vulnerable Adults Quarterly Statistics for the second quarter 2009 and provide an update on Safeguarding activity.
- 1.2 The Quarterly Safeguarding Statistics Report is attached at **Appendix A** to the Portfolio Report.

2. BACKGROUND

This is the Third report to Portfolio following a request by the Adult & Public Health Services Portfolio Holder in May 2008 for regular submission of reports to Portfolio Meetings.

3. TRENDS

- 3.1 The number of alerts of possible cases of abuse/neglect during the second quarter has decreased in comparison to alerts raised in the first quarter.
- 3.2 Within the last two reporting quarters 82% of the alleged victims of abuse/neglect were people over 65 years of age. 48% of the victims were over the age of 80.
- 3.3 The most common locations of abuse/neglect are care homes both with and without nursing support. The next most frequent location for abuse is in a domestic setting. This is most often caused by someone known to the alleged victim.
- 3.4 As can be seen from the statistics whilst there has been a reduction of alerts in the second quarter, in comparison to last years figures, there has been a significant increase overall.

4. CONTINUOUS IMPROVEMENT - Update on Safeguarding Activity

- 4.1 July 2009 saw the appointment of the new Strategic Lead and the setting up of the new Safeguarding and Vulnerability Unit. The team comprises of Pam Simpson the Strategic Lead for Safeguarding and Vulnerability, Heather Teal Officer for Safeguarding and Vulnerability and Diane Whitehead MCA/Dols lead as well as 2 Team clerk one Full time and the other Part time. A safeguarding action plan has been formulated and twenty objectives identified, intended to promote partnership working, improve quality, ensure practitioners from a range of agencies across the Tees region are well trained and competent, and vulnerable people are protected from significant harm.
- 4.2 The Tees wide Safeguarding Adults Board, (formerly the Tees wide Steering Committee) has now been established and terms of reference endorsed. It is responsible for developing, monitoring and reviewing adult protection policies, procedures and practice Tees wide, and for the commissioning of inter agency training for staff who work with vulnerable adults across the Boroughs
- 4.3 The Head of Service attends the MAPPA board meetings and the strategic lead/representative from the safeguarding unit attends the MAPPA operational meetings. This contributes to risks being minimized through effective communications, risk assessment and risk management within a multiagency forum.
- 4.4 A system has been initiated for the screening of prospective taxi drivers
- 4.5 The strategic lead has made links with adult and children and families workforce development, commissioning and the complaints section to integrate processes and target training and awareness raising and improve the quality of Safeguarding responses across a range of agencies, public, private and voluntary.
- 4.6 Awareness raising events for hospital staff have been facilitated jointly with the lead for Safeguarding in the PCT at both North Tees and Hartlepool. Feedback was positive.
- 4.7 A provider's event is being planned within the next three months to reinforce training and raise awareness of safeguarding issues, the new complaints procedure and the MCA/DOLS process.
- 4.8 Also meetings with the Safeguarding Lead in TEWV have been initiated to strengthen links, ensure safeguarding processes are robust and appropriate safeguarding referrals are received from Mental Health services. A meeting with the clinical leads and safeguarding leads is being set up.

5. FINANCIAL IMPLICATIONS

- 5.1 There are no financial implications arising from the report.

6. RECOMMENDATIONS

- 6.1 That this Report be noted.

**CONTACT OFFICER - PAMELA SIMPSON
STRATEGIC LEAD FOR SAFEGUARDING VULNERABLE ADULTS**

Hartlepool Safeguarding Vulnerable Adults Protection Statistics

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Suspected Abuse	Physical abuse	21	20	41	64
	Financial abuse	8	0	8	23
	Sexual abuse	3	2	5	7
	Neglect and acts of omission	27	15	42	25
	Psychological	1	1	2	3
	Discriminatory	0	0	0	1
		60	38	98	123

Note : Within 2nd Quarter 1st July – 30th September 2009

1 Case progressed to Court of Protection

**23 further alerts were raised however following consideration were deemed
No Further Action under Safeguarding Vulnerable Adults procedures.**

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
	Vulnerable adults subject to previous referral/s	6	5	11	18
	Vulnerable adults placed by another Authority	0	0	0	1

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Vulnerable Adult Client Group	Physical Disabilities - Older People (65 & over)	28	18	46	66
	Physical Disabilities - Adults (18-64)	3	2	5	20
	Mental Health - Older People (65 & over)	18	11	29	16
	Mental Health - Adults (18-64)	4	1	5	7
	Learning Disabilities - Older People (65 & over)	0	0	0	1
	Learning Disabilities - Adults (18-64)	7	4	11	12
	Older People (65 & over)	0	0	0	0
	HIV / AIDS Adults (18-64)	0	0	0	0
	Sensory Loss	0	0	0	0
	Carer	0	0	0	1
	Substance misuse & Drugs	0	0	0	0
	Adult	0	0	0	0
		60	36	96	123

Note:

In 2nd Quarter 2 Service Users have more than 1 referral in the framework

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Source of Referral	Social Services Department	23	8	31	40
	Care Home Provider	0	9	9	32
	Care Home with Nursing Provider	0	12	12	11
	Home Care Provider	16	2	18	3
	Friend/Neighbour	2	0	2	0
	Relative	0	2	2	3
	Health Professionals (Community based)	2	2	4	3
	Health Professionals (Hospital based)	0	0	0	7
	Self or persons formal advocate	0	0	0	0
	CSCI	0	0	0	6
	Probation Service	0	0	0	0
	Police	1	0	1	7
	Other Service User	0	0	0	0
	Housing Support Provider	0	0	0	3
	Other Local Authority	0	1	1	4
	Department of Works & Pensions	0	0	0	0

3.1 Appendix A

	Other-please name individually Anonymous x 4 EDT x 11 Self x 1	16	0	17	4
		60	36	96	123

		Hartlepool 01 April – 30 June 09	Hartlepool 1 st July – 30 th Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Location of Abuse	Care Home	17	3	20	56
	Care Home with Nursing	21	27	48	24
	Day Care Unit	0	1	1	0
	Relative's Home	1	0	1	3
	Users Own Home	13	5	18	32
	Hospital	0	0	0	0
	Supported Living	5	2	7	2
	Public Place	1	0	1	4
	Other (please list) CHC Unit x 2	2	0	2	2
		60	38	98	123

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Alleged Perpetrator	Friend/Neighbour	0	0	0	4
	Other Service User	21	18	39	37
	Paid Carer or Health Worker	30	14	44	38
	Partner	3	0	3	4
	Relative	5	4	9	23
	Volunteer	0	0	0	0
	Trader	0	0	0	0
	Unknown	1	1	2	13
	Institution	0	0	0	4
	Self	0	1	1	0
		60	38	98	123

Note :

3.1 Appendix A

Ethnicity		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
	White – British	60	38	98	122
	White- European	0	0	0	1
	Asian-India	0	0	0	0
	Asian-Pakistan	0	0	0	0
	Asian-Bangladesh	0	0	0	0
	Asian- Chinese	0	0	0	0
	Asian-Vietnamese	0	0	0	0
	African	0	0	0	0
	Caribbean	0	0	0	0
	Other ethnic group (please name)	0	0	0	0
	Not Known	0	0	0	0
		60	38	98	123

3.1 Appendix A

		Hartlepool 01 April – 30 June 09		Hartlepool 01 July – 30 Sept 09		Hartlepool Total		ANNUAL STATS 01 April 08 – 31 Mar 09	
Age		F	M	F	M	F	M	F	M
	18 - 19	1	0	0	1	1	1	2	0
	20 – 29	0	2	0	0	0	2	3	1
	30 – 39	0	0	0	0	0	0	4	2
	40 – 49	3	2	0	1	3	3	3	2
	50 – 59	1	2	2	2	3	4	7	5
	60 – 64	0	0	1	0	1	0	2	9
	65 – 69	3	6	1	0	4	6	4	0
	70 – 79	10	4	6	3	16	7	21	18
	80 – 89	9	10	8	8	17	18	21	9
	90 – 99	4	3	4	1	8	4	9	1
		31	29	22	16	53	45	76	47
		60		38		98		123	

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Victim	3.1 Existing service provision reducing risk of further harm	19	24	43	19
	3.2 New Community Care Assessment & Services	2	1	3	2
	3.3 Removed from Property/Service	12	0	12	12
	3.4 Counselling, support & advocacy	0	0	0	0
	3.5 Management of access to alleged perpetrator	8	0	8	8
	3.6 Action under Mental Health Act	0	0	0	0
	3.7 Declaratory Relief	0	0	0	0
	3.8 Appointeeship/Receivership	0	1	1	0
	3.9 Civil Action	1	0	1	1
	3.10 Unwilling to co-operate with Protection Plan/advice	1	0	1	1
	3.11 Crime prevention/security advice	0	0	0	0
	3.12 Other (please specify) Deceased NFA Management Training Ongoing Assessment	5	3	8	5
		48	29	77	48

Note: 2nd Quarter

* Of the 29 cases that have come out of the framework they are broken down as follows

- 22 came in and out in the same period
- 7 were from previous periods
- Therefore 16 cases from this quarter carry forward into the next period.

3.1 Appendix A

		Hartlepool 01 April – 30 June 09	Hartlepool 01 July – 30 Sept 09	Hartlepool Total	ANNUAL STATS 01 April 08 – 31 Mar 09
Outcomes for Alleged Perpetrator/ Organisation/Service	4.1 Criminal Prosecution/Caution	4	0	4	4
	4.2 No further legal action following Police investigation	0	2	2	0
	4.3 Disciplinary action/POVA referral	4	1	5	4
	4.4 Action by Commissioning/Placing Authority	14	2	16	14
	4.5 Action by CSCI	0	0	0	0
	4.6 Action by Healthcare Commission	0	0	0	0
	4.7 Carer's Assessment offered	0	0	0	0
	4.8 Management action – supervision, training etc.	2	2	4	2
	4.9 Counselling/support	0	0	0	0
	4.10 Removed from property/service	0	0	0	0
	4.11 Community Care Assessment & Services/Case Review	2	0	2	2
	4.12 Action under Mental Health Act	3	0	3	3
	4.13 Management of access to vulnerable adult	9	1	10	9
	4.14 No Further Action	9	17	26	9
	4.15 Other (please specify) Deceased	1	4	5	1
		48	29	77	48

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
7 DECEMBER 2009



Report of: Director of Child & Adult Services

Subject: THE AUTISM ACT 2009

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on developments in respect of the Autism Act 2009, following its amendments through the House of Commons.

2.0 SUMMARY OF CONTENTS

The report provides an update on the Autism Act 2009 which makes provision for meeting the needs of adults with autistic spectrum conditions and for connected purposes.

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information.

4.0 TYPE OF DECISION

Non Key: information.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio.

6.0 DECISION(S) REQUIRED

To note the progress and agree the report.

Report of: Director of Child & Adult Services

Subject: THE AUTISM ACT 2009

1.0 PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on developments in respect of the Autism Act 2009, following its amendments through the House of Commons.

2.0 BACKGROUND

- 2.1 The Autism Act 2009 makes provision for meeting the needs of adults with autistic spectrum conditions and for connected purposes.
- 2.2 Following agreement by both Houses on the text of the Autism Bill it received Royal Assent on the 12th November 2009.
- 2.3 The Bill is now an Act of Parliament (Law).

3.0 BRIEF OVERVIEW

- 3.1 The Secretary of State must prepare and publish a document setting out a strategy for meeting the needs of adults in England with autistic spectrum conditions by improving the provision of relevant services to such adults by local authorities, NHS bodies and NHS foundation trusts.
- 3.2 The document will be referred to as the Autism Strategy.
- 3.3 The Secretary of State must publish this no later than 1st April 2010.

4.0 AUTISM GUIDANCE

- 4.1 The secretary of State must issue guidance to local authorities about the exercise of their social services functions within the meaning of the local Authority Social Services Act 1970 and to NHS bodies and NHS Foundation Trusts about the exercise of their functions concerned with the provision of relevant services.
- 4.2 Guidance must be issued no later than 31st December 2010
- 4.3 The guidance must include information on :-

- a) The provision of relevant services for the purposes of diagnosis
- b) Identification of adults with such conditions
- c) The assessment of the needs of adults with such conditions or relevant services
- d) Planning in relation to the provision of services as they move from being children to adults
- e) All other planning in relation to the provision of relevant services to adults with Autistic spectrum conditions
- f) The training of staff who provide relevant services to adults with such conditions
- g) Local arrangements for leadership in relation to the provision of relevant services to adults with such conditions.

5.0 CONSULTATION

- 5.1 The Secretary of State must consult and seek the participation of local authorities; NHS Bodies and NHS foundation Trusts before issuing the guidance or revision that would result in a substantial change.

6.0 LOCAL AUTHORITIES & NHS BODIES

- 6.1 The Autism Act places a Duty on Local Authorities and NHS Bodies to follow the guidance.

7.0 INTERPRETATION

- 7.1 This act extends to England and Wales only.
- 7.2 The Act comes into force at the end of the period of 2 months beginning with the day of which it was passed. (12th November 2009).
- 7.3 The Act will be cited as the Autism Act 2009.

8.0 RECOMMENDATIONS

- 8.1 Portfolio Holder is asked to note the progress and agree the report.

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
7 December 2009



Report of: Director of Child & Adult Services

Subject: DEVELOPMENT OF A CENTRE FOR
INDEPENDENT LIVING

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on the development of a Centre for Independent Living in Hartlepool.

2.0 SUMMARY OF CONTENTS

The report outlines progress made to develop a Centre for Independent Living at the existing Havelock Centre.

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information and update.

4.0 TYPE OF DECISION

Non Key. For information.

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio.

6.0 DECISION(S) REQUIRED

To note progress.

Report of: Director of Child & Adult Services

Subject: DEVELOPMENT OF A CENTRE FOR
INDEPENDENT LIVING

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on the development of a Centre for Independent Living in Hartlepool.

2. SETTING THE SCENE

- 2.1 Improving Life Chances of Disabled People (the 2005 Cabinet Office report) sets out an ambitious programme of action that will bring disabled people fully within the scope of the “opportunity society”. By supporting disabled people to help themselves, a step change can be achieved in the participation and inclusion of disabled people.
- 2.2 The report proposes that the Government should set an ambitious vision for improving the life chances of disabled people. ‘By 2025, disabled people in Britain should have full opportunities and choices to improve their quality of life and will be respected and included as equal members of society’.
- 2.3 Improving Life Chances: Recommendation 4.3 identifies that by 2010, each locality (defined as that area covered by a Council with social services responsibilities) should have a user-led organisation modelled on existing Centres for Independent Living (CIL).

3. PROGRESS TO DATE – CIL DEVELOPMENT

- 3.1 A steering group was formed in 2007 to look at the potential to transfer an existing day service to a third sector organisation subject to a successful bid to the Big Lottery fund. The bid was unsuccessful and the project was not achieved through lack of capital investment
- 3.2 In early 2008 the steering group made another unsuccessful bid to the Community Enterprise Fund, another Lottery funded project.
- 3.3 During 2008/09 Healthy Communities and Independent Living for Life (HCILL), the Local Authority, Hartlepool Voluntary Development Agency (HVDA) and the Burbank Community have shared their vision for the potential future use of the Havelock Centre.

- 3.4 The purpose of this joint approach was to agree a way forward that included where possible the key areas outlined in the Improving Life Chances report as well as key priorities identified within the Burbank Neighbourhood Action Plan.
- 3.5 The outline vision was shared with both the existing users of the service and members of the Burbank Community.
- 3.6 Some concerns were raised by Burbank members suggesting that this was not in keeping with the Burbank vision for a super community centre.
- 3.7 HBC outlined their position in respect of the Improving Life Chances report and commitment to support elements of the Burbank community requirements where the existing building and available resources can support this.

4. FUNDING UPDATE

- 4.1 HBC has continued its commitment to develop a CIL by 2010 and has secured funding to support a phased development of the existing Havelock site as follows:-

- 4.2 **Regional Efficiency and Improvement Partnership: Capital Project Proposal** **£150,000**

Funding will improve the basic infrastructure of the building, replacing windows and creating an accessible / flexible multi purpose space aimed at being able to facilitate meetings and events as well as support activities for the local Burbank Community.

HBC SCRAPT Register **£ 80,000**

Funding will improve the heating and lighting in the existing building, improving CO2 emissions and improve fuel efficiency.

HBC Planned Preventative Maintenance **£ 41,000**

Funding will support ongoing maintenance and redecoration to areas affected by the refurbishment. The initial funding will be supported as part of an annual planned preventative maintenance programme.

HBC Communities for Health Grant **£150,000**

Funding will support the development of primary care provision which may include allied health professional support, health action planning and support a base for the delivery of self care and expert patient programmes aimed at improving Public Health.

HBC Social Care Reform Grant **£ 50,000**

Funding allocated to support the refurbishment and relocation of existing day centre staff to first floor accommodation, which involves converting an existing caretaker's flat into office accommodation. This move will increase the available accessible space to potential community organisations.

Hartlepool Partners – Equipment Grant**£ 20,000**

Funding will be used to support third sector organisations to purchase specialist office equipment that is accessible or adaptable to wheelchair and DSE (explain) standards.

4.3 Total funding available to support CIL development: **£491,000**

5. CIL PROVISION

5.1 The CIL will assist people with disabilities by encouraging them to overcome the barriers preventing their independence and to participate in the community. The CIL will provide a range of services to support this.

5.2 **Healthy Communities and Independent Living for Life (HCILL)** is a user led organisation representing a number of disability related providers and will be supporting the CIL. Its partners include HVDA, HUDSA, Epilepsy Outlook, Hartlepool Carer's and a number of local organisations whose primary aim is to ensure people with disabilities are supported to be equal citizens with choice, control, rights and lead full economic, social and cultural lives.

5.3 **Day service provision** will continue to be provided to people with long term conditions including those with neurological conditions. The support for this service will be relocated to the existing caretaker flat which is currently unused enabling ground floor accommodation to be used for the provision of a primary care services (pending the outcome of a health survey)

5.4 **Primary Care** - Working in partnership with the Burbank Community Intra Health and NHS Hartlepool we are undertaking a survey of local need which will identify options to include GP outreach or other primary care services to meet the demands of the locality as identified in the Morrish report. Primary care services would also provide opportunities to support and signpost people to a range of health and well being courses and self care options.

5.5 **Self Care / Expert Patient programme** the aim of self-management courses is to give people the tools, techniques and confidence to manage their condition better on a daily basis. The courses will promote and provide information about making informed choices and will work in partnership with healthcare professionals. Through structured sessions, course participants learn how to set goals and make action plans, problem solve and develop their communication skills, manage their emotions and daily activities and manage relationships with family, friends and work colleagues.

Courses can also support people to improve communications with health and social care professionals, find other health care resources in the community, understand the importance of exercise, keeping active and healthy and better manage fatigue, sleep, pain, anger and depression.

- 5.6 **Accessible conference facilities** will be developed to host conferences, events, meetings and training courses. The venue will be adapted to support the local community on evenings and weekends. The income will be used to further support the CIL development ensuring its sustainability as a community hub.
- 5.7 **Advocacy** the CIL will provide a base for a Citizen / Self Advocacy service, providing support to enable people to speak up for themselves, stand up for their rights, make choices and be independent and take responsibility for themselves.
- 5.8 **Room Hire** The CIL also aims to free up existing under utilised space within the building to encourage partner organisations to access through leasing of this space.

6. NEXT STEPS

- 6.1 Subject to planning consent and approval, building work will commence on a phased basis to ensure minimal disruption to service continuity.
- 6.2 To continue to provide a small Day service to 30 people.
- 6.3 To work in partnership with Burbank and support their vision where possible.
- 6.4 To meet the requirements and conditions of each specific grant funding.
- 6.5 To inform and update key stakeholders as required on progress.
- 6.6 Proposed timescales are attached in **Appendix 1**.

Contact Officer:

Neil Harrison
Joint strategic Commissioner – Working Age
Adults

3.3 Appendix 1	Centre for Independent living												
	Apr-09	May-09	Jun-09	Jul-09	Aug-09	Sep-09	Oct-09	Nov-09	Dec-09	Jan-10	Feb-10	Mar-10	Comments
Engagement and user involvement													
Consult with Havelock members													
Consult with Burbank Community													
Develop a CIL steering group													
Present proposals to partnership groups													Updates to North Tees LTC LIT
Seek opportunities for Funding													
HBC SCRAPPT register - bid													£80,000 Approved for (Warren / Havelock)
HBC - Planned Maintenance													£41,000 approved
HBC - Communiites for Health Grant													£150,000 Approved
HBC - Social care reform Grant													£50,000 Approved by PPF Board
Hartlepool Partners - External Grant													£20,000 Agreed to purchase equipment
RIEP - Capital Project programme													£150,000 Agreed in principal PID to do
Building Planning & Consent													
Update key stakeholders													Partnership groups & Boards for update
Prepare briefing documents for Chief Officers													
Draft Potential building plans													Floor plans drafted for grant purposes
Seek final approval and grant conditions													Phase work and identify costs
Appoint CDM Co-ordinator													
Apply for change of use of building													
Identify business continuity plans													
Complete building work													Approx 12 week programme
CIL Development													
Agree CIL Partners (core delivery group)													
Explore potential for Intra Health - GP													
Consider Burbank options													Include top 3 priorities
Explore Leasing arrangements													
Service commencement													April 2010 - commencement

ADULT AND PUBLIC HEALTH SERVICES PORTFOLIO

Report to Portfolio Holder
7 December 2009



Report of: Director of Child & Adult Services

Subject: LEARNING DISABILITY PERFORMANCE AND
HEALTH ASSESSMENT FRAMEWORK

SUMMARY

1.0 PURPOSE OF REPORT

To update the Portfolio Holder on the results of the second Annual Learning Disability Performance and Health Assessment Framework.

2.0 SUMMARY OF CONTENTS

The report provides an update on the annual self assessment undertaken with the support of the Hartlepool Learning Disability Partnership Board.

3.0 RELEVANCE TO PORTFOLIO MEMBER

For information and agreement

4.0 TYPE OF DECISION

Non Key: information and agreement

5.0 DECISION MAKING ROUTE

Adult and Public Health Services Portfolio.

6.0 DECISION(S) REQUIRED

To note the progress, agree report and action plan updates.

Report of: Director of Child & Adult Services

Subject: Learning Disability Performance and Health Assessment Framework

1. PURPOSE OF REPORT

- 1.1 To update the Portfolio Holder on the results of the second Annual Learning Disability Performance and Self Assessment Framework.

2. BACKGROUND

- 2.1 An independent inquiry into access to healthcare for people with learning disabilities was established under Sir Jonathan Michael's leadership in May 2007. The inquiry found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment.
- 2.2 Valuing People Now, a new three year strategy for people with learning disabilities, has identified that a key priority for delivery in 2009/10 is to secure access to, and improvements in healthcare.
- 2.3 A North East regional programme of work was launched in April 2008 with the aim of ensuring people with a learning disability are as healthy as possible and have equality of access to health care.
- 2.4 The leadership group is chaired by Stephen Singleton, North East Director of Public Health and Medical Director for the Strategic Health Authority.

3.0 Progress

- 3.1 A performance and self assessment framework has been agreed, this is referred to locally as the Annual Health Check. The health check includes a strong focus on access to mainstream health improvement and health service provision including the commissioning of safe high quality specialist health learning disability services.
- 3.2 In October 2008 'Inclusion North' ¹ supported the Hartlepool Learning Disability Partnership Board to complete its first Annual Health Check.
- 3.3 Progress and findings were submitted to the North East SHA and a regional picture was formed. (**Appendix 1**)

¹ Inclusion North works in Yorkshire, Humber and the North East to promote Inclusion for people with learning disabilities, their families and carers.

- 3.4 During 2009 the Health Sub Group of the Learning Disability Partnership Board has monitored progress and information is collated through the Councils performance management system Covalent (**Appendix 2**).
- 3.5 In addition a separate action plan has been developed to support the key challenges addressed in the Michael's report (**Appendix 3**).
- 3.6 An updated Annual Health Check has been submitted to the SHA by the 30 October 2009 deadline, and will evidence progress in a number of areas with some targets previously rated as red now having moved to amber. (**Appendix 4**).

4.0 Recommendations

- 4.1 The Portfolio Holder is asked to agree the report, note the progress and action plan updates.

APPENDIX 1
SELF ASSESSMENT FRAMEWORK

		Newcastle	Northumberland	North Tyneside	Gateshead	South Tyneside	Sunderland	Durham	Darlington	Hartlepool	North Tees	Middlesbrough	Redcar and Cleveland	LVL 1	LVL 2	LVL 3	Top 10 Priorities - Regionally
1 Plans are in place and resources identified to meet White Paper/DH learning disability targets for resettlement and campus closure																	
1	The resettlement of identified people from long stay hospitals, is complete	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	0	0	12	
2	All NHS Residential Campuses are to be closed by 2010	LVL 2	LVL 3	LVL 2	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	0	2	10	
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																	
1	Systems are in place to ensure the following are id'd on GP Registers: Children and adults with a LD - Older family carers - minority ethnic groups - Carers of those from minority ethnic groups	LVL 2	LVL 2	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	8	4	0	9
2	Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice (Note 5)	LVL 1	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	7	5	0	
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 (Note 7)	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	12	0	0	1
4	The wider primary care community (dentists, pharmacists, physiotherapists, podiatrists, optometrists, etc) is demonstrably addressing and promoting the better health of people with learning disabilities	LVL 1	LVL 2	LVL 1	LVL 2	LVL 2	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	5	7	0	
5	Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure a range of treatment choices and equity of access to treatment; a positive experience of care; and effective	LVL 1	LVL 1	LVL 1	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	11	1	0	3
6	NSF - Clinical Networks and projects dvlpd. to implement them - apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such networks etc across the SHA area.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	12	0	0	1
7	The benefits for patients derived from the development of IM&T capacity under the NPfIT programme, are equally accessible to people with learning disabilities and those who provide services to them.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	11	1	0	3
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.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 1	LVL 2	LVL 2	LVL 2	LVL 1	8	4	0	9
9	There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and their carers.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 1	LVL 1	10	2	0	6
3 People with learning disabilities who are in services that the NHS commissions or provides, are safe																	
1	Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations and national audit outcomes.	LVL 3	LVL 2	LVL 2	LVL 3	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	0	10	2	
2	Each org. has in place policies and procedures which reflect the key provisions of: - Consent to treatment by people with LDs - Mental Capacity Act - Disability Equality Duty - Deprivation of Liberty.	LVL 2	LVL 2	LVL 2	LVL 2	LVL 3	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	0	11	1	
3	The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or improved practice in all organisations	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	7	5	0	
4	There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to the protection of vulnerable adults from abuse.	LVL 2	LVL 2	LVL 2	LVL 3	LVL 3	LVL 2	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	LVL 3	0	4	8	
4 Progress is being made in implementing the service reforms and developments described in 'Valuing People'																	
1	Discharge planning is in place for adults and young people both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion.	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 3	LVL 3	LVL 2	LVL 2	LVL 2	LVL 2	1	9	2	
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.	LVL 2	LVL 2	LVL 1	LVL 3	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 1	2	9	1	
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.	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 2	LVL 1	LVL 2	LVL 1	LVL 1	LVL 2	LVL 1	7	5	0	
4	People with LDs and their families 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.	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 2	LVL 1	LVL 1	3	9	0	
5	There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision.	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	4	8	0	
6	Plans are in place to meet the particular needs of people with learning disabilities who are ageing. These are taken account of in local older people's planning, and derive equal benefit from policy improvements and	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	11	1	0	3
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 young people in transition to adulthood.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	9	3	0	8
8	There are a range of local services available to individuals who challenge services. Such services take account of key standards from policy and best practice.	LVL 1	LVL 2	LVL 2	LVL 2	LVL 1	LVL 1	LVL 2	LVL 2	LVL 1	LVL 1	LVL 2	LVL 1	6	6	0	
9	The NSF for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	10	2	0	6
10	There is a coherent workforce Plan in each Local area guiding the future training and development of people working in learning disability services, in both specialist and mainstream health care areas.	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 1	LVL 2	LVL 2	LVL 2	LVL 2	8	4	0	9
		LVL 1	18	13	16	11	11	12	12	13	11	11	10	14			
		LVL 2	5	10	8	9	10	11	9	8	11	11	12	8			
		LVL 3	2	2	1	5	4	2	4	4	3	3	3	3			

Health Check Assessment Plan





Report Type: Actions Report
Generated on: 20 October 2009








Rows are sorted by Code

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
HCA 1	Plans are in place and resources identified to meet White Paper/DH learning disability targets for resettlement and campus closure	Neil Harrison	31 Mar 2012		Action On track		22 Sep 2009	Another 2 people moved out of campus provision. Hart Lodge residential establishment closed.
HCA 1.1	Everyone who was to move from long stay hospitals has moved	Neil Harrison	31 Mar 2012		Action On track		01 Oct 2009	Campus definition being refined by DOH - 4 people remain plans to move by March 2010
HCA 1.2	The Partnership Board knows how many people live in a 'campus' home	Neil Harrison	31 Mar 2012				23 Mar 2009	Report sent to partnership Board in July 2008, and updates presented to LD Partnership Board
HCA 1.3	Some people have made a 'campus plan' - this has been talked about and agreed at the Partnership Board	Neil Harrison	31 Mar 2012				23 Mar 2009	Individuals have a person centred plan identifying future requirements
HCA 1.4	You are confident that: The plan really shows what people want; There is enough money to pay for it; It is clear when it will	Neil Harrison	31 Mar 2012		Action On track		22 Sep 2009	Plans progress 4 people remain, awaiting confirmation of capital from DOH and TEWW prior to purchase of further 2 properties.








3.4 Appendix 2

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	happen							
HCA 2	PCTs are working dosely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities	Neil Harrison	31 Mar 2012		Action On track	<div><div>00%</div></div>	21 Jul 2009	sub actions updated
HCA 2.1	GP's keep information on their registers about: Children and adults with a learning disability; Older family carers; People from minority ethnic groups; Carers of people from minority ethnic groups	Ruth Kimmins	31 Mar 2012		Action On track	<div><div>50%</div></div>	15 Oct 2009	Further work being undertaken to agree wording used by local authority and education to ensure that G.P registers for children can be completed. Tees PCI have produced read codes and it is essential that this is regularly checked with practice managers as new national codes are being used as well as local.
HCA 2.2	Primary Care Teams are working hard to make things more equal. They are also promoting good health for people with a learning disability.	Ruth Kimmins	31 Mar 2012		Action On track	<div><div>00%</div></div>	15 Oct 2009	All but one G.P practice has received learning disability awareness training. they have been provided with numerous electric web addresses and information to be able to support people with a learning disability in practice. Annual health checks are being undertaken by both practice nurse and G.P as part of directed enhanced service. Patient satisfaction survey has been produced to gather qualitative data on whether the training has had any impact on delivery of service. Links and 2B self advocacy group actively involved in this process
HCA 2.3	People with learning disabilities can find out about and use these services like everyone else can: Health screening (like breast screening & cervical smears); Disease	Ruth Kimmins	31 Mar 2012		Action On track	<div><div>30%</div></div>	15 Oct 2009	Further work needs to be undertaken with screening recall service to ensure that people with a learning disability are called for screening. Tees PCI are able to carry out data conciliation on numbers of people with a LD called, refused or attended screening. We need to ensure that as








3.4 Appendix 2

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	prevention (stop smoking groups); Health promoting activities (like healthy heart days)							part of mobile breast screening that people with mobility issues are called to right service. Working closely with CASH to look at accessibility issues and how we can ensure person centredness within current provision
HCA 2.4	Other people to do with health, like dentists and chemists, are making things better for people with a learning disability	Ruth Kimmins	31 Mar 2012		Action On track	<div><div></div></div> 35%	15 Oct 2009	--LINKs and 2B self advocacy group will be assisting with this audit process Following outcome of audit. LD awareness training will be offered to services. This will be supported by self advocacy group.
HCA 2.5	There are written rules and contracts which talk about the needs of people with learning disabilities. People who are paid to provide health services have to follow these.	Ruth Kimmins	31 Mar 2012		Action On track	<div><div></div></div> 52%	15 Oct 2009	Review of children midwifery and school nursing service specifications following commissioner provider split from PCT
HCA 2.6	National Service Frameworks and Clinical Networks for Older People, Mental Health and other groups include people with a learning disability. National Service Frameworks and Clinical Networks are used to make things better for certain groups of people.	Ruth Kimmins	31 Mar 2012		Action On track	<div><div></div></div> 50%	22 Sep 2009	NSF for older people, LD referred to in dementia strategy, mental health green light reviews.
HCA 2.7	Changes to the health computer records are being planned so that they will be accessible to people with a learning disability.	Ruth Kimmins	31 Mar 2012		Action On track	<div><div></div></div> 27%	24 Sep 2009	Identified a named lead in the Foundation trust to discuss coding of people in the Foundation trust with and LD electronically, meeting arranged to progress as recommended in CQC & Healthcare for all reports.
HCA 2.8	There is a long-term strategy (big plan) in	Ruth Kimmins	31 Mar 2012		Action On track	<div><div></div></div> 18%	22 Sep 2009	Corporate plan reflects the needs of people from BME communities.






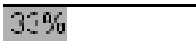




3.4 Appendix 2

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	place about the needs of people from black and ethnic minority communities and their carers. This looks at how they can get good treatment and access to the healthcare they need.							
HCA 2.9	There is a long-term strategy (big plan) in place about the needs of people with high support needs and their carers. This looks at how they can get good treatment and access to the healthcare they need.	Ruth Kimmins	31 Mar 2012		Action On track		24 Sep 2009	A separate action plan exists detailing outcomes against the Healthcare for all requirements. Progress for these outcomes are reported periodically to adult management board
HCA 3	People with learning disabilities who are in services that the NHS commissions or provides are safe	Neil Harrison	31 Mar 2012				15 Jun 2009	Reviews in place working with out of area placements to identify services closer to home to enable more effective monitoring. Debrah Moore coordinating work with TEVV on a number of individuals who are in NHS accommodation and whose treatment is coming to an end. Developing effective transitional and future planning.
HCA 3.1	Commissioners and service providers have agreed what they need to do about the Healthcare Commission investigations and inspection reports. They are now doing these things.	Neil Harrison	31 Mar 2012		Action On track		22 Sep 2009	Commissioners will take findings and recommendations to ensure that requirements of healthcare for all are included in future contracts.
HCA 3.2	Each health organisation has in place clear policies and procedures about:	Neil Harrison	31 Mar 2012		Action On track		22 Sep 2009	Review and training for all LD providers has been done, new strategic safeguarding post in place, outcomes monitored through local


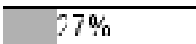




3.4 Appendix 2

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
HCA 3.3	Consent to Treat; MHCA; Equality BOURNEWOOD We listen to complaints and investigate bad things that happen to people with a learning disability. We then change how things happen, to make things better	Jenette Donkin	31 Mar 2012				15 Jun 2009	safeguarding board. Procedure updated, easy read version updated reflecting best practice DOH guidance. New Keepingsafe Booklet and DVD Rap released and available linked to Hartlepool Now Website.
HCA 3.4	We work well together across our organisations to make sure vulnerable people are protected from abuse	Pam Simpson	31 Mar 2012				15 Jun 2009	Independent review of systems undertaken report returned. New strategic lead recruited to implement recommendations. Lead will link to DOLS and safeguarding and further commence the Tees inter agency agreement.
HCA 4	Progress is being made in implementing the service reforms and developments described in 'Valuing People'	Neil Harrison	31 Mar 2012				23 Mar 2009	work progresses in this area. Following a CSCI LD inspection in 2006 an action plan is in place identifying our direction of travel
HCA 4.1	Some very young people and adults living in NHS and private sector hospitals will not be included in the campus target, but they are due to leave hospital very soon. The Partnership Board is confident that plans are ready for their moves back home.	Neil Harrison	31 Mar 2012		Action On track		22 Sep 2009	Individual has had an external review to satisfy commissioners of service quality, deemed very high quality
HCA 4.2	There are enough specialist learning disability services available. This means that people can stay in their local communities with the right support	Neil Harrison	31 Mar 2012		Action On track		21 Jul 2009	Plans being reviewed to look at the potential to return 4 people from out of area placements during 2009-10

3.4 Appendix 2

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
HCA 4.3	without being admitted or re-admitted into hospital Plans are in place to make sure that there are enough mainstream and specialist services to support young people and their families as they become adults	Neil Harrison	31 Mar 2012		Action On track		15 Jun 2009	HASH group recieved £30K funding to support young carers and people through transition, identified year 1 priorities, Carers attending a number of self help and informaiton workshops. Group linked to Tees Valley ASD group.
HCA 4.4	People with learning disabilities and the people close to them are able to give their views on health services. They get the support to do this and it leads to changes in the way that services are planned and delivered.	Lynn Duncan	31 Mar 2012		Action On track		15 Jun 2009	Plans in place to review last years action plan and re-submit to SHA / PCT an HBC.
HCA 4.5	There are detailed partnership agreements between organisations that work well. They look at day-to-day commissioning and the services that are provided	Neil Harrison	31 Mar 2012		Action On track		21 Jul 2009	Jonit posts for commissioning in place
HCA 4.6	We have plans in place to meet the needs of people with learning disabilities who are getting older. The plans are linked into other local plans, like the Older People's National Service Framework.	Ruth Kimmins	31 Mar 2012		Action On track		21 Jul 2009	LD & Dementia post (secondment) recruited to address some of the issues across Tees.
HCA 4.7	The PCT and other partners have a	Neil Harrison	31 Mar 2012		Action On track		21 Jul 2009	NEAC regional lauch in Newcastle, action plan to be developed locally to

3.4 Appendix 2

Action Code	Action Title	Assigned To	Due Date	Status	Expected Outcome	Progress Bar	Latest Date	Latest Status Update
	strategy (big plan) about people with autism spectrum conditions. This look at the needs of young people in transition.							reflect NAO findings and Autism Bill requirements
HCA 4.8	There are good local services available for people that challenge services	Neil Harrison	31 Mar 2012		Action On track		22 Sep 2009	agreement being reviewed on a local and sub regional level.
HCA 4.9	There is a National Service Framework for mental health. In this area it includes and makes things better for people with a learning disability.	Carl Bashford	31 Mar 2012		Action On track		12 Oct 2009	Learning Disability Health Assessment undertaken and work to be completed by the Mental Health Trust to make sure people with Learning Disabilities have equal access to mental health care
HCA 4.10	Each area has a Workforce Plan. This says how people working in learning disability services will be trained. This Workforce Plan has links to national policy and other local plans of the Partnership Board.	Gwenda Pout	31 Mar 2012					
HCA 4.11	Healthcare for all - Independent inquiry into access to healthcare for people with learning disabilities - Updates	Neil Harrison	31 Mar 2012				15 Jun 2009	Progress report to LD Health Sub Group to be delivered at next Meeting. Action plan in place.

HARTLEPOOL PRIMARY CARE TRUST

Progress report for implementation of the recommendations in “Healthcare for All” the Sir Jonathan Michael report.

Recommendation	1 Clinical training to include mandatory training in learning disabilities		
Current Position	Action	Named Lead/ Timescale	
<ul style="list-style-type: none"> All staff have attended diversity, equality and rights training within PCT, Learning Disability (LD) and Local Authority and this is currently under review with the private and voluntary sector. Sep 09 Update: Rolling programme identified in WFD. All staff undertake mental capacity act training and should be fully aware on issues relating to consent to treatment. Sep 09 Update: Training for signatories’ delivered by Northumbria University, Best interest Assessors identified within local authority NHS Trust and PCT. Training also being developed for Section 12 Doctors. We are working with relevant commissioners re medical and nurse training, (undergraduate and post graduate) for providing better care for people with LD to prevent overshadowing. Sep 09 Update: Disaggregation of all TEWV LD & MH contracts, new service specification are being developed for 56 specific services, updated specs include the VP now principles which support the Michaels key recommendations. As part of Direct Enhanced Services, training has to be provided to staff in G.P practices. Sep 09 Update: Training delivered to all but 2 practices in Hartlepool, remainder to follow pending practice restructure. 	<p>Further develop the work undertaken by the foundation for people with Learning Disabilities in developing good practice guidance to support primary care services, and their partners.</p> <p>Ensure GP registers are part of QOF and collate information on the wider spectrum of learning Disabilities, not just those people with severe learning disabilities</p> <p>Develop a pro-forma for use in Acute settings which accompanies each patient with a Learning Disability</p>	<p>Tees Alliance G Pout March 2010</p> <p>R Kimmins March 2010</p> <p>R Kimmins October 2009</p>	

3.4 APPENDIX 3

<ul style="list-style-type: none"> The plan ensures that all staff attend Safeguarding and Protection of Vulnerable Adults training (POVA). We are due to scope PCT, LD, Independent and voluntary sector for this information. There is an identified person within LA and LD service for Safeguarding Adults, post vacant in Hartlepool PCT. Sep 09 Update : New strategic safeguarding post sits within Local Authority and linked to Deprivation of Safeguards Lead (DOLS) and Complaints As part of the Workforce development plan, this evidence from LD, Independent, Voluntary, LA and PCT sectors will provide us with our current baseline Sep 09 Update : Tees integrated commissioning project – provider development event held in July further work to follow, linked to ADASS / RIEP North East Workforce strategy. 			
Recommendation	2. Collect data and information to allow people with a learning disability to be identified by the health service and pathway		
Current Position	Action	Named Lead/ Timescale	
<ul style="list-style-type: none"> Our Health Facilitator has produced a register all people over age of 14 with a learning disabilities and a register of children is planned. Sep 09 Update : This work is progressing links to all GP surgeries and Health facilitator integral part of Transitions pathway. Working with GP practices to ensure all over age 14 identified as having learning disabilities and on the disability register to meet Quality Outcomes Framework targets are identified in the Primary Care Service Framework. Sep 09 Update : This is monitored as part of LD DES Identified Read Codes have been agreed across PCT's. 	<p>To develop an action plan following the implementation of the LD performance and self assessment framework.</p> <p>The LD Health "Toolkit" covers issues relating to specialist provision, primary care, screening, health promotion, data and information, hospital admission, and complaints and is monitored through the LD Partnership Board</p>	R Kimmins (ongoing)	

3.4 APPENDIX 3

<ul style="list-style-type: none"> • Sep 09 Update: Progress on this is monitored through LD Health sub group of partnership board. • G.P registers are kept up to date and involve Primary Care Informatics regarding this, as data reconciliation is required. • Sep 09 Update: Data reconciliation has been agreed with informatics, information can be pulled out of the data • No data available from GP re numbers attending screening (specifically Heart Disease, Diabetes, Cervical and Breast). To liaise with Acute Trust re data they hold, but we are aware that at present no coding takes place we are not be able to gather data on who attended screening • Sep 09 Update: This information is now available through the LD Des and informatics can produce this data. • To address this we are beginning a Flagging system in the Acute Trust both electronically through alert page and paper copy that a person has a LD. When completed, this Flagging will inform Service Pathways. This has not previously been a requirement however as part of the Self Assessment Framework we are reviewing the system. The work has been limited by an old system but a new system is planned and will work with Connecting for Health and NPfIT re LD coding. • Sep 09 Update: As above progressing, data being collected. • A new Paris System, is due to be launched by Tees Esk and Wear Valley which will enable us to better track the clinical pathways. • Sep 09 Update: New system in place, and have agreed a plan to collocate the Community Learning Disability team and LD Social work team with allied health professionals. Improved patient pathway. 	<p>To update and further develop information on primary care services in easy read format</p> <p>We need to ensure children are identified appropriately as LD in each GP practice.</p>	<p>C Granville (ongoing)</p> <p>Ruth Kimmins October 2009</p>
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3.4 APPENDIX 3

Recommendation	3. Family and carers should be involved as a matter of course as partners in provision of treatment and care		
Current Position		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> • People and carers are involved in the Hartlepool Partnership Board. • There is a Carer's Group and a Life Chances Group, with good carer and service user representation with more limited involvement on the Health Action Sub group. • Sep 09 Update: Carers responsible for a small element of Carers Grant funding. Carers group linked to aiming high for disabled children – parent's forum. Carers represented on Health sub group • A Valuing People Now formal consultation took place with the main finding being that Information needs to be produced in easy read and that an audit of access issues is needed. • Sep 09 Update: Work progressing, accessible information officer in post based within Local Authority and has converted some documents to easy read. • All Carer's are offered a Carer's Assessment and Care Plan as part of the single assessment process. • Sep 09 Update: Carers assessment included in new SDAQ v5.5 • In Hartlepool we have a comprehensive carers strategy signed up to by all partners which has been recently been reviewed. • Sep 09 Update: Work progressing, carers influence spending on the Grant. New Carers emergency respite Scheme operational. 		<p>A presentation on the health needs of Adults with Learning disabilities will be presented to the Hartlepool LINK'S service</p> <p>To develop an action plan following the implementation of the LD performance and self assessment framework.</p>	<p>R Kimmins December 2009</p> <p>R Kimmins (ongoing)</p>

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Recommendation	4. The needs of people with learning disabilities are identified and assessed as part of JSNA		
Current Position		Action	Named Lead / Timescale
<ul style="list-style-type: none"> Yes, the needs both children and adults with a learning disability have been identified in the first edition of the JSNA, and we are using a range of methods to ensure more accurate and comprehensive assessment using public health informatics. Sep 09 Update: JSNA has been updated in July 2009, out for public consultation, now includes Autism as separate theme. 		A review of the Joint Strategic needs assessment is planned	J Harrison October 2009
Recommendation	5. DH should establish a Public Health Observatory		
Current Position		Action	Named Lead / Timescale
<ul style="list-style-type: none"> We support this initiative and welcome the recommendations in Valuing People Now Sep 09 Update: This recommendation is being progressed nationally. 		The lead officer (partnership Board) will continue to support and inform on national strategy	L Duncan (ongoing)
Recommendation	6. DH should amend core standards to include explicit reference to requirements to make “reasonable adjustments” in respect of D.D.A.		

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Current Position		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> We support this initiative, and would ensure that any new information be presented to the LD Partnership Board to be implemented through HASG. Sep 09 Update: Work progressing through the Health sub group of LD Partnership Board 		A programme of planned updates are presented to the partnership Board	L Duncan (ongoing)
Recommendation	7. Health services should make reasonable adjustment for people with learning disabilities through directed enhanced service. PCTs to commission enhanced primary care services which include regular health checks provided by GPs and improve data, communication and cross boundary working		
Current Position		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> We have plans to implement DES in January 2009. Sep 09 Update: DES implemented A regional approach has been agreed for the development and implementation of training to all G.P practices. Sep 09 Update: Training to all but 2 GP's completed We are working with MIT within the Local Authority to ensure comprehensive coverage as DES Guidance indicates that only Severe LD and complex needs are included. All G.P practices to offer annual health check to this client group. Sep 09 Update: Work progressing with Informatics Data extraction will be utilised to demonstrate that this has occurred for Practices to receive payments. One of the areas where we aiming for improvement improve is that appointments are convenient and available for longer period of time. Sep 09 Update: Negotiating with informatics on what data can be extracted 		We will establish a process to ensure compliance and monitoring of the number of annual health checks, with a view to enable analysis of results. Including Health facilitation and Health action plans.	R Kimmins March 2010

3.4 APPENDIX 3





Recommendation	8. Inspectorates should develop and extend their monitoring of the standard of health services provided to people with learning disabilities		
Current Position		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> This is an issue for relevant national bodies, locally, however the PCTs are reviewing contractual arrangements with providers to include an expectation that reasonable adjustments are made for people with a learning disability. This will form part of the standard contract service specification. Sep 09 Update: Progressing through CQC (meeting on 18/09/09) Tees Esk and Wear Valley NHS Trust have developed a Patient's Charter which details expectations and standards that people with a learning disability and their families should expect. Sep 09 Update: Standards for Better Health (TEWV) 08/09 is monitored and commented on by LD Partnership Board. 		We will develop a process of peer review with "Voice for Hartlepool" Advocacy group	L Duncan October 2009
Recommendation	9. In line with Section 242 NHS Act 2006, all Boards should ensure that views of interested people with learning disabilities and their carers are involved in planning and development of services		
Current Position		Action	Named Lead/ Timescale
<ul style="list-style-type: none"> People and carers are involved in the Hartlepool Partnership Board. There is a Carer's Group and a Life Chances Group, with good carer and service user representation with more limited involvement on the Health Action Subgroup. Sep 09 Update: This work continues and will extend back to regional partnership boards – to Government office North East. Valuing People Now formal consultation took place. There is no representation from people with LD on other planning networks although the Health facilitator does provide some coverage e.g. Obesity, Healthy Eating, Smoking, CVD, Cancer and Sexual Health. 		<p>We recognise the need for increased representation from ethnic minority and complex needs group on the Partnership Board.</p> <p>We will continue to support and further develop the Autism Self Help Group in planning and developing services.</p>	<p>L Duncan March 2010</p> <p>N Harrison March 2010</p>




3.4 APPENDIX 3

<ul style="list-style-type: none"> • Sep 09 Update: LD members represented on Hartlepool LINK • Some networks have been identified as priorities to engage including Mental Health LIT. This will be addressed partly through the recent appointment of a Patient Participation Officer within the Tees wide Patient Experience Team who will be supporting us to establish stronger links with these groups. • Sep 09 Update: Hartlepool Autism Self help group (HASH) received £30K from PCT to support local planning and development of ASC provision 			
Recommendation	10. Boards to demonstrate in routine public reports that they have systems in place to deliver effective reasonable adjusted health services. This should include providing advocacy for all those who need it and effective representation on PALS from all client groups		
Current Position	Action	Named Lead/ Timescale	
<ul style="list-style-type: none"> • The DES, Self-Assessment Framework and JSNA have all being presented to the PCT Board for information. • Sep 09 Update: JSNA Updated now includes Autism as a theme. • Plans are in place for minutes from the Health Action Sub Group to be forwarded to the PCT Board via the DPH to increase awareness on learning disability issues, including reasonably adjusted Health Services. • In terms of advocacy funding is provided via LDDF for a part time Advocate working in Hartlepool MIND, a recent audit of this service has taken place and we are awaiting findings. • Sep 09 Update: New peer advocacy support in place “2B” • The “Voice for Hartlepool” (LD self-advocacy group) is awaiting a new venue and appointment of support worker to resume delivering a service responsive to local need. Working pathways with PALS are currently under review. • Sep 09 Update: Completed 	<p>A review of all Advocacy will be undertaken in 2010.</p> <p>The LD Partnership Board will present its findings from its self assessment and include Primary Care services in developing a local action plan.</p>	<p>J Harrison March 2010</p> <p>L Duncan December 2009</p>	

Locality Hartlepool.....

North East Learning Disabilities Self Assessment 2009 - Feedback Forms

Health Check – Top Target 1					
	Campus homes will be closed by 2010 and people who lived in long stay hospitals will have moved into their new homes	How we are doing overall on this standard Please tick where you think are with this?			

(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
1. Plans are in place and resources identified to meet White Paper/DH learning disability targets for resettlement and campus closure								
1.1 The resettlement of identified people from long stay hospitals, is complete	<ul style="list-style-type: none"> Number of people remaining to be resettled at March 2008 Number of people to be resettled at March 2009 	No one requiring resettlement from long stay hospitals		<ul style="list-style-type: none"> Partnership Board review NHS Board reporting 	✓			
1.2 All NHS Residential Campuses are to be closed by 2010	<ul style="list-style-type: none"> Number of people in campus provision at March 2008 (with 	Two people have moved into own property August 2009.		<ul style="list-style-type: none"> Quarterly DH reporting (ROCR returns), and 6- 	✓			4 remaining people with a learning disability will be in

	separate identification of those in A&T) <ul style="list-style-type: none"> Number of people in campus provision at March 2009 (with separate identification of those in A&T) 	Hart lodge campus closed. One person moved from Edenbrook One person moved from Hartlepool to assessment treatment bed in Stockton Secured stage 3 capital funding for remaining 4 people 2 Edenbrook and 2 Stanhope Assessment are currently being updated. On target for campus closure by 2010. 1 person currently under assessment and treatment		monthly reports <ul style="list-style-type: none"> Partnership Board review NHS Board reporting Campus steering group Forensic steering group Regular meetings with Tees Esk and Wear Valleys NHS 				their own settled accommodation

Health Check – Top Target 2



The PCT is working closely with the Partnership Board and other local partners. This means that people with a learning disability can use the same health services and get the same treatment as everybody else

How we are doing overall on this standard

Please tick where you think are with this?



(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
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								
2.1 Systems are in place to ensure the following are identified within GP Registers: <ul style="list-style-type: none"> ➢ Children and adults with a learning disability ➢ Older family carers ➢ Those from minority ethnic 	<ul style="list-style-type: none"> • Number of GP Practices in PCT area with active systems for identifying and recording (using Read Codes) patients with a 	All 16 G.P practices in Hartlepool have systems in place to ensure all people with a learning disability are coded.	We need to agree children with disabilities with local authority and education and then code appropriately using local and	<ul style="list-style-type: none"> • If systems to collect this info not yet in place – PCTs have agreed with GPs a plan and timescales to do this. 	✓	✓		

	<p>groups</p> <ul style="list-style-type: none"> ➤ Carers of those from minority ethnic groups ➤ Parents or carers with a Learning Disability, and their children 	<p>learning disability (see definition attached) – expressed as a %age of all Practices in PCT area</p> <ul style="list-style-type: none"> • Number of (a) children (Note 3) and (b) adults registered with GP practices in the PCT area • Number of adults with learning disabilities recorded by the local authority • Number of people with LD from minority ethnic groups, registered with GP practices in the PCT area • Number of older family carers identified in GP registers across the PCT area 	<p>All adults recorded supported by Tees PCI</p> <p>Read codes are available to ensure ethnic minority groups are coded correctly</p> <p>Systems are in place to be able to extract this data.</p>	<p>national read codes for each of the different systems in use</p> <p>Need to work with practices to ensure effective recording of carers details on LD records</p> <p>Need to ensure that consent is sought early from G.P practices to obtain this data.</p>	<ul style="list-style-type: none"> • Partnership Board review 	✓	✓	✓	✓	
2.2	<p>Primary Care Teams are tackling health inequalities and promoting the better health of those with learning disabilities registered with their Practice</p>	<ul style="list-style-type: none"> • Number of people in each PCT area with a Health Action Plan, expressed as a percentage of total number registered with practices • In line with September 08 DES guidance, number of people – expressed as a %age of those registered – who have been offered a comprehensive health check • Number of people – expressed as a %age of those registered – who have received a comprehensive 	<p>Tees Primary care Informatics who carry out coding and data extraction for Tees wide NHS are able to obtain all this data.</p> <p>All practices have been written to by the health facilitator to request that they allow the extraction</p> <p>All 16 practices in Hartlepool have signed up to DES. 15 out of 16 have received learning disability awareness</p>	<p>There is the need to either ask Tees PCI or health facilitator to work alongside each practice to gather this data in time for next years submission of SAF</p> <p>No annual checks were carried out 2008 as final agreements were only accepted February 2009. therefore 2008/ 2009 funding lost</p>	<ul style="list-style-type: none"> • Re DES Guidance, If systems to collect such info not yet in place – PCTs have agreed with GPs a plan and timescales to do this • Partnership Board review • DES monitoring form • Health Action Sub Group 	✓	✓	✓		<p>We need to begin process of looking at how DES can be continued either in this format or as a LES. Need to analyse effectiveness of DES for people with an LD</p> <p>Full data extraction will be available March 2010</p>








		health check	and are currently carrying out annual health checks on their LD registered clients. Health Facilitate attempting to complete Ld awareness training with last remaining practice. They have been informed that unless they receive their training they will not receive payment and should not be carrying out any checks.									
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	<ul style="list-style-type: none">number of women (Note 8) invited to attend breast screeningnumber of those invited who received breast screeningnumber of women invited to attend cervical screeningnumber of those invited who received cervical screeningnumbers of those showing obesity (BMI) offered dietary advicenumber of people with (a) heart disease and (b) diabetesnumber of those with (a) heart disease who have received a review in past 12 months; (b) diabetes who have received a review in past 12 months	<p>Coding is in place via Tees Primary Care informatics to be able to collect this data. Health Facilitator has written to every G.P practice to ask permission to extract this data, but not all practices have provided written consent for this to occur.</p> <p>Easy read CVD invite letter produced locally which has been adopted Tees Wide</p>	Need to work closely with practice managers from whom has not responded to letter and follow up e-mail to look at them carrying put a data extraction in house and agree to share the findings	<ul style="list-style-type: none">PCTs to put systems in place to collect above informationPCTs to agree 'reasonable adjustments' with all providers with whom they have contractsNHS and Partnership Board reporting/review	✓	✓	✓	✓	✓	✓	

	<ul style="list-style-type: none"> number of people with diabetes who have received retinal screening number of people with asthma number of people at risk of dysphagia of those assessed as being at risk of dysphagia, number who have been screened and have care plans in place Number of people with LD and epilepsy Number of people with LD and MH problems 	<p>Working closely with practices to ensure that all people with LD receive diabetes screening and attendance at Tees Street for retinal screening is recorded</p> <p>Any person with a learning disability could be at risk. It is the expectation that staff or families to identify issues and refer for appropriate assessment. Any one who has already been identified as being symptomatic has received appropriate assessment and individual plan. Individual pathways are within the acute are followed following stroke etc</p>	<p>Need to ensure that read codes are used effectively to record screening</p> <p>It would be difficult to identify people at risk. However is it recognised that those with profound multiple disabilities are at greater risk</p>		<p>✓</p> <p>✓</p> <p>✓</p> <p>✓</p>	<p>✓</p>		<p>Data conciliation will be carried out quarterly to ascertain this information, but will receive full picture end March 2010 when DES monitoring sheets are returned</p>
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2.4	The wider primary care community is demonstrably addressing and promoting the better health of people with learning disabilities	<ul style="list-style-type: none"> Number of GP surgeries – expressed as a %age of total local GP surgeries – who have a (a) LES or (b) DES for people with learning disabilities 	All Hartlepool G.P practices has signed up to LD Des for financial year 2009/10 100 %		<ul style="list-style-type: none"> PCT commissioners' report to Partnership Board Annual patient satisfaction survey of primary care services carried out by Partnership Board and/or local LINKs/reference groups. Results to be fed into annual self assessment 	✓	✓		Patient satisfaction surveys have been developed in easy read and have been agreed with LINKs and LD self advocacy (2B) group. These are being completed across in primary and secondary care settings Hartlepool and are will be monitored quarterly
2.5	Service Agreements with providers of general, specialist and intermediate health care, demonstrably secure a range of treatment choices and equity of access to treatment; a positive experience of care; and effective admission and discharge procedures for people with learning disabilities	<ul style="list-style-type: none"> Numbers of staff who have undertaken learning disabilities awareness programmes 	<p>All G.P practices apart from one have received learning disability training. The training was provided for G.P's, practice nurses, reception staff and practice managers. A lead G.P's was identified within each practice. One practice has asked for this training to be annual.</p> <p>Workforce task group has been formed to ensure mainstream children's services can provide short</p>	<p>We need to ensure learning disability awareness is embedded in workforce development</p> <p>An agreed training package to be launched and rolled out across health and social care to ensure learning disability awareness can reach the wider population. A Blue Steam E learning pack is under development and currently under review, and if agreed</p>	<ul style="list-style-type: none"> Annual patient satisfaction survey carried out by Partnership Board and or local LINKs/reference groups relating to secondary care services, including local LD specialist services. Results to be fed into annual self assessment Health provider (e.g. Acute Hospital) to audit key points relative to the experience of their services by learning disabled patients, with findings to come to annual 	✓	✓		<p>Learning disability training will be rolled out and meet recommendations in Health Care for All</p> <p>Patient satisfaction surveys as identified above.</p>

		break care for children with disabilities. This work has begun within Acute setting. Essence of Care LD benchmark carried out for every admission to hospital. This is evaluated annually and recommendation made to improve quality of care for patient and carers. Acute Trust has a interagency admission, discharge and transfer policy, which indicated the specific needs of people with a LD	be rolled out.	self assessment exercise <ul style="list-style-type: none"> NHS Board reporting 				Evaluation of experiences of short break provision and has it increased and improved. Has access to mainstream services improved
2.6	National Service Frameworks – and Clinical Networks and projects developed to implement them – apply equally to people with disabilities. The needs of people with learning disabilities are explicit in all such networks etc across the SHA area			<ul style="list-style-type: none"> Regional Network leads requested to report on these standards and progress – and feedback at annual self assessment exercise Partnership Board to audit views of people about their access to range of health care under these Networks – and feedback at Annual self assessment 		✓	✓	2B self advocacy group will report back any issues with access to mainstream services via NSF. Links have set up for different groups and will identify issues with access.
2.7	The benefits for patients derived from the development	Tees Esk and Wear Valleys NHS trust	Systems need to be able to communicate	<ul style="list-style-type: none"> PCTs to use health Self 		✓		NPfiT








	of computer technology (in the context of the NHS plan to improve the way it holds and uses patient information) are of equal benefit and equally open to people with learning disabilities and those who provide services to them		have gone live with Paris electronic patient based system G.P practices have been provided with Web addresses where they can access easy read information for patients	across health and social care. Coding within Acute sector of national problem that needs addressing Need to ensure Acute sector has access to Web addresses to access easy read information. Roll out of E learning training	assessment event and feedback form to provide update on progress				
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 (see also 2.1 above)	<ul style="list-style-type: none"> As at 2.1 above (number of people from minority ethnic groups) 	Equality and Diversity Strategy in place across health and social care settings. Work closely with lead from Acute setting		<ul style="list-style-type: none"> PCTs to use health Self assessment event and feedback form to provide update on progress on key points in the criteria 	✓			
2.9	There is a long-term strategy in place to achieve inclusion and equality of healthcare and outcomes for people with profound disabilities and their carers	<ul style="list-style-type: none"> Number of young people with complex or profound disabilities in locality Number of adults with complex or profound disabilities in locality 	Transitions pathway and protocol currently being devised and includes health care needs of young people with complex health needs. Review of service level agreements has been undertaken for the entire provider arm that split from PCT. Health Care for All action plan in place in acute and PCT		<ul style="list-style-type: none"> Feedback on progress at Annual Self Assessment and in submitted returns Views of people with complex or profound disabilities and their carers to be included explicitly in Partnership Board audit referred to in 2.6 above 		✓		Procurement and tendering process being undertaken for children, midwifery and school nursing services. Feedback from NI145. New performance indicator to identify quality of services provided to parents and families of a disabled child

Health Check – Top Target 3								
	People with a learning disability are safe in National Health Service services	How we are doing overall on this standard Please tick where you think are with this?						
(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
3. People with learning disabilities who are in services that the NHS commissions or provides, are safe								
3.1 Commissioners and service providers are systematically addressing any areas of concern, relative to the learning points from recent Healthcare Commission investigations, national audit outcomes, and “Healthcare For All”		Local authority/ PCT have an agreed action plan in place to ensure recommendations are met. Acute trust have developed an action plan also Action plan in place to monitor and		<ul style="list-style-type: none"> Partnership Board review NHS Board reporting Update on progress at self assessment event and summary report on progress coming out of action plan(s) to be included in submitted returns. 		✓ ✓ ✓		Sharing good practice event to be attended so that CQC indicator can be met by Acute and Primary Care providers

		<p>review identified priorities from Self assessment framework.</p> <p>Updates for both are done on a quarterly basis via local authority performance management tool Covalent and reports are pulled to show progress.</p> <p>Ensure Care Quality Commission performance indicators are acted upon by PCT and Acute Trust</p>		<p>This should include reviews carried out in context of Healthcare for All and D Nicholson letter</p>				
<p>3.2 Each health organisation has in place transparent and well understood policies and procedures relating to:</p> <ul style="list-style-type: none"> ➤ Consent to treatment by people with learning disabilities ➤ Mental Capacity Act ➤ Disability Equality Duty ➤ Bournewood provisions 	<ul style="list-style-type: none"> ▪ Number of staff – per NHS organisation and per profession – who have received Mental Capacity Act training In each 	<p>Staff working in local authority, Tees Esk and Wear Valleys Trust and PCT have received training 2300 Acute care staff has attended training (62%). East read information is available in areas on MCA. Presentation has been made to people at PB and life chances on DOLS</p>	<p>Staff attending LD awareness training from 2 G.P practices identified they had not received and MCA training. This raised with practice Based commissioning. Awaiting feedback</p>	<ul style="list-style-type: none"> • PCT audit of process leading up to treatment and/or significant care decisions for at least 10 individuals with learning disabilities over the preceding 12 months in a range of care settings • Review of above information – or progress on collecting it – at Self Assessment Event 		✓		
<p>3.3 The review and analysis of complaints and adverse incidents affecting people with learning disabilities leads to altered or</p>	<ul style="list-style-type: none"> ▪ Most recent HCC Annual rating ▪ Most recent L/A Performance Rating 	<p>3* rating awarded to Hartlepool borough council. Tees Esk and Wear valleys</p>	<p>Working with Acute trust to ensure coding to identify people with a learning disability.</p>	<ul style="list-style-type: none"> • Detail of key specific service improvements or changes which have happened, 	✓			

improved practice in all organisations from which services are commissioned		<p>have self rated the care provision to Care Quality Commission. Feedback has been produced to be validated by Chair and co chair of partnership board before returning to TEWW</p> <p>New safe guarding team, set up. Quarterly reports produced. Complaints procedures are in place in different agencies. PALS are available within PCT, Acute and TEWW. Manual system in place within the acute setting. Data is then sorted and categorised as to nature of complaint LD. Quarterly reports produced on CLIPS</p>	Need to continue the work with families and people with a disability about the importance of raising issues or concerns that arise at the earliest opportunity	<p>to be included in Self assessment event and feedback submission</p> <ul style="list-style-type: none"> • Partnership Board review • NHS Board reporting 	✓			
3.4 There are effective partnerships with local agencies, and across care sectors and localities, to ensure a coherent approach to the protection of vulnerable adults from abuse	<ul style="list-style-type: none"> ▪ Number and location of adults in the locality whose care is purchased by an out of area commissioner (both in health or social care settings) 	Safeguarding Team across children and adult services. Tees wide Adult safeguarding strategy has been refreshed. Joint health and social care child safeguarding strategy in place. All staff working in care	We need to ensure that people moving into to area from another authority are monitored effectively via care management and CPA processes.	<ul style="list-style-type: none"> • In preparation for annual self assessment, reference should be made to the most recent Safeguarding Inspection report (carried out by CSCI) • Again, in preparing for annual self assessment, L/A 	✓	✓		

		<p>are CRB checked, those who require at enhanced level.</p> <p>Child protection training attended where appropriate and at correct level with updates as indicated.</p> <p>POVA training available for staff as required. POVA registers being completed as needed.</p> <p>Joint commissioning posts across health and social care and sitting in the same building aids in the commissioning of specialist services.</p> <p>LD health facilitator post sits within commissioning arm</p>	<p>Need to identify funding stream for the continuation of the post</p>	<p>to be asked for LD specific data from their POVA records</p> <ul style="list-style-type: none"> • Statutory bodies on Partnership Board and/or Partnership Board lead on Safeguarding to tell people about progress on these criteria at self assessment event. Feedback also in final submissions 	✓				
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Health Check – Top Target 4								
	Valuing People’ means we are making services better and creating more opportunities for people with a learning disability	How we are doing overall on this standard Please tick where you think are with this?						
(1) Top Targets and Key Objectives	(2) Measures	(3) Good things happening	(4) Where things need to get better	(5) How we check progress in our area	(6) How do we score?			(7) One thing we want to be better in 12 months (Key priority)
								
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 (<u>not already included in the campus target</u>) both in and out of district, and in both NHS and private sector hospital provision, whose treatment is either complete, or nearing completion	<ul style="list-style-type: none"> Full baseline info has been collected of all those in public/private hospitals NOT included in campus list/target – to include following data: <ul style="list-style-type: none"> - Location (in or outside locality) - Current length of stay - Amount being spent 	18 people are currently placed in out of area placements. Regular meeting take place with specialist in patient units to ensure planning processes begin early to prevent delayed discharges. Commissioners	We need to produce a detailed plan to identify how these people can have their needs met locally	<ul style="list-style-type: none"> If above data not yet available, there is a time limited plan to get the information together. To include info on this in self assessment process Timetabled Partnership Board reporting in context of baseline data and 		✓		

	<ul style="list-style-type: none"> - Number of 'delayed discharges' (i.e. no longer need I/P treatment) - Number of people likely to complete treatment in coming 12 months 	work closely with specialist providers are alerted as to approximate timescales for discharge		<p>progress being made</p> <ul style="list-style-type: none"> • Performance Management by Health and Social care commissioners (ongoing) 		✓		
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	<ul style="list-style-type: none"> • Number of inpatient assessment and treatment beds which PCT contracts for in the locality • Number of inpatient A&T beds which PCT contracts for outside the locality and linked expenditure • Number of people out of locality/borough in health funded specialist health or social care provision • Number of readmissions to hospital in 08-09 of people who have moved from long stay hospital or campus homes • Annual amount spent in contracts with advocacy services (excluding IMCA specific expenditure) • Amount spent in contracts on LD hospital based services (including forensic and low secure) • Amount spent in contracts on community based LD 	<p>Patient satisfaction questioners are being produced to be completed by cares and service users who access specialist inpatient and out patient provisions.</p> <p>Current provision no inpatient LD beds in Hartlepool. 3 beds funded in Stockton unit, but further beds can be stop purchased. Forensic unit, block contract with the option to spot purchase.</p> <p>Currently 18 adults in out of area placements</p> <p>No readmissions during 08/09. Two adults in assessment and treatment.</p> <p>As part of community reviews</p>		<ul style="list-style-type: none"> • Patient satisfaction survey carried out by Partnership Board and or local LINKs/reference groups relating to people receiving intensive specialist support including assessment and treatment. This to be fed into annual self assessment. 	✓	✓	✓	✓

	specific health services	and TEWW reviews commissioners are fully aware of current spends on services. Have current spend and projected spends on specialist health packages of care for children with additional needs and current spend on LA packages of care including direct payments. This data available for adult services.						
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	<ul style="list-style-type: none"> Number of young people aged 14 upwards in the L/A area Number of young people aged 14 upwards currently placed outside L/A area Projected number of young people to become 18 over coming three years, starting with figures from March 09 onwards Current amount spent annually on Youth Advocacy services 	<p>Hartlepool data available on number of young people living in Hartlepool with current projection. This includes breakdown of under 5s, 5-16 16 – 25 and male female split.</p> <p>Breakdown of current spends for AHDC completed for PCT and SHA.</p> <p>Transitions protocol and pathway has been developed by consultant. Consultation works being undertaken to ensure buy up from all agencies. Work still to be</p>	Need to ensure template is produced and completed to meet objective of Aiming High for Disabled children	<ul style="list-style-type: none"> Partnership Board review NHS Board reporting Update on position at self assessment event and feedback also in final submissions 	✓	✓	✓	✓

		undertaken with young people.						
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>Parent led focus group formed to look at the AHDC agenda and is actively involved in shaping and developing services and provision for young people for the future.</p> <p>Autism steering group working to look at the provision of ASD services in Hartlepool</p>	<p>Need to self evaluate PB and its effectiveness in meeting Valuing People objectives.</p> <p>Programme leader for SHA will begin engagement work with Each HASG to ensure that it has the correct membership and being effective in outcomes in improving health outcomes for people with a learning disability</p>	<ul style="list-style-type: none"> Partnership Board audit of key criteria Audit results to be included in annual self assessment exercise 	✓			
4.5 There are thorough, well-functioning partnership agreements and protocols between organisations, guiding day to day commissioning and service provision	<ul style="list-style-type: none"> New posts or investment planned from April 2009 in response to needs highlighted in local JSNA 	<p>JSNA has been refreshed and now includes a section on Autism for children and adults. Commissioning priorities identified for next year, next 5 years and ten years. AHDC a priority within PCT. Joint commissioning post in place across children and adult services</p>		<ul style="list-style-type: none"> Ongoing work to ensure that the local JSNA contains comprehensive information about health needs of people with learning disabilities and any inequalities they experience 	✓			
4.6 Plans are in place to meet the particular needs of people with learning disabilities who are ageing. These are taken account of in local older people's planning, and derive equal benefit from policy improvements and initiatives linked to the Older People's NSF; the	<ul style="list-style-type: none"> Number of people over 60 years of age with a learning disability 	<p>Poppy and pansy data available. Tees wide Dementia commissioner in place carrying out a gap analysis and review of current</p>		<ul style="list-style-type: none"> If strategy not yet in place, timescales for its completion to be discussed at self assessment event Feedback at self assessment event and also in final 	✓			

Dementia Strategy, New Ambitions in Old Age, etc		services and number of people with a LD with and dementia		<ul style="list-style-type: none"> submissions Partnership Board timetabled review 		✓		
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 (See also 4.1 and 4.3 above)	<ul style="list-style-type: none"> Young people with autism expressed as a percentage of the total number of young people in data collected under 4.3 above Adults with autism expressed as a percentage of the total number of adults in data collected in the measures part of 4.1 above 	Joint strategic needs assessment has been refreshed, which includes section on Autism, which is due for launch November 2009 Hartlepool Autism self help group set up and feeds into the regional autism group. Aiming high for disabled children identifies the need to transform short break provision for those children on the ASD spectrum. Number of children with statement of education need who have ASD diagnosis in known. Adults who have already have a diagnosis of ASD are recorded,, but many people within the community may have ASD but not known to mental health or LD services		<ul style="list-style-type: none"> Update on position at self assessment event and feedback also in final submissions Explicit commissioning strategy in place Partnership Board timetabled review 	✓	✓		<p>Implement actions identified in Autism Bill.</p> <p>Transitions pathway and plan includes those with an ASD diagnosis</p>
4.8 There are a range of local services available to individuals who challenge services (see also 4.2 above). Such services take	<ul style="list-style-type: none"> Number of people who are excluded from local, community-based services because of their 	Tees Esk and Wear Valleys service specification are currently being	Need to develop system to effectively record this data when new service	<ul style="list-style-type: none"> Explicit commissioning strategy in place Update on position at self 		✓	✓	

account of key standards from policy and best practice.	behaviour	reviewed for all learning disabilities services being provided for adults and children	specification are agreed to measure outcomes and effectiveness of provision	assessment event and feedback also in final submissions <ul style="list-style-type: none"> Partnership Board timetabled review 		✓		Agreed specifications for challenging behaviour service, Assertive outreach and Crisis team
4.9 The NSF for mental health is equally and equitably applied to people with learning disabilities who require psychiatric services		Green light event. Tees wide agreement in place regarding under 18 admissions to mental health services. Review and CAMHS has been carried out		<ul style="list-style-type: none"> Explicit commissioning strategy in place PCT/Partnership Board Audit of key objectives from Green Light for MH Quarterly review of data from CAMHS monitoring of access to services by children and young people with learning disabilities Update on position at self assessment event and feedback also in final 	✓	✓		Assistant director for commissioning tees wide for mental and health and learning disabilities has been appointed and awaiting start date
4.10 There is a coherent workforce Plan in each Local area guiding the future training and development of people working in learning disability services, in both specialist and mainstream health care areas. The Plan is set within the context of the objectives and timescales of the reforms required by national policy, and of the strategies and business plans of local Partnership Boards		Workforce development plans are in place in all areas. Work in being undertaken to look at LD awareness being available to meet objectives in health care for all, CQC and AHDC Workforce development task group has been set	Blue Stream E learning pack under development and once format agreed will be rolled out across TEES.	<ul style="list-style-type: none"> Update on position at self assessment event and feedback also in final submission Partnership Board timetabled review 		✓	✓	

		up to support AHDC. Linking with Sarah Hartley PCT, Lynn Watson acute, Gwenda Powt LA re grading workforce plans						
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Some more questions about how you went about getting ready for your Big Health Check Up this year - and about how to improve how we do things every year

Name of your local area) Hartlepool

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.

JSNA Health Sub group meetings, Sir Jonathon Michaels brief to PCT/ LA. Partnership Board meetings. Rather than hold series of events to complete this self assessment in September/ Oct and Big events which people last year reported was not an effective means of getting the right data. The process we adopted was that of regular contacts with people with disabilities, carers, providers since the completion of last year's submission. WE feel that this process obtains a truer reflection of our outcomes, we were able to target specific individuals to provide information

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? Did you have a presentation to the Partnership Board at the end of the process to brief them about the information reported back to the SHA – and to talk about the things you are planning to do in the coming year?

Yes an initial, presentation was provided at PB, feedback presentation was provided at PB following 08/09 submission feedback, and explanation about how they could be involved this submission. A task group has been set up to ensure that the information that we require can be gathered from people with an LD. Information is available through Hartlepool Website, and Reach out newsletter

3. 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?

Self advocates and LINks are now actively involved in gathering survey data from people with a LD who have attended appointment in primary and secondary care. Care providers are also keen to complete surveys and will provide quarterly updates

4. After this year's Big Health Check, we are going to check with people again to see if we can make the way we go about things even better. Please can you make a note here of any changes to the papers we need to make - or things we need to do better next time?

Allowing individual areas to identify how they are going to complete is excellent. As long as the outcomes are met and involved people with LD