**THIS IS THE TEXT AND FIGURES AS SUBMITTED ON THE PHE SPREADSHEET** **Appendix 2**

**Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance**
**Section A – Staying healthy.**

| Standard description | Guidance notes |
|---|---|
| A1: Learning disabilities Quality Outcomes Framework (QOF) register in primary care | There is concern that many people with learning disabilities (LD) are unknown to services and do not subsequently get access to the healthcare they need. This indicator aims to encourage the building of accurate registers to ensure equity of access to healthcare for people with learning disabilities. All people with learning disabilities need to be identified using the QOF. Local data needs to be scrutinised and systems put in place in primary care to ensure that all people with learning disabilities are put on the QOF register. |

| | Measure | Local lead for measure/notes |
|---|---|---|
| | LD registers reflect prevalence data AND data stratified in every required data set (e.g. age / complexity / autism diagnosis / black and minority ethnicities etc.). | We have up-to-date records of numbers of patients with Learning Disabilities in each practice. Learning Disability and Down Syndrome Registers reflect prevalence data and are stratified by complexity and age / autism / ethnicity. |
| | LD registers reflect prevalence data but are not stratified in every required data set (e.g. age / complexity). | |
| | The numbers of people on LD registers reflect the requirements outlined in the QOF. | |

| Standard description | Guidance notes |
|---|---|
| A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy | Currently there is little specific comparative data between the health of people with learning disabilities and the non-learning disabled population, yet we know that people with learning disabilities have poorer access to healthcare and die younger than their non-learning disabled peers. There is a lack of robust data from which the JSNA and Health and Well-Being Strategy can be informed. This indicator looks at four major long term health conditions (obesity, diabetes, cardiovascular disease and epilepsy) to enable localities respond more effectively to clinical needs and be in a strong position for future planning of reasonably adjusted health services for people with learning disabilities. |

| | Measure | Local lead for measure/notes |
|---|---|---|
| | We compare treatment and outcomes for all four conditions between people with learning disabilities and others in: the area and at local GP level. | |
| | We compare treatment and outcomes for some of the conditions between people with learning disabilities and the general population in the area. | |

| | | |
|---|---|---|
| | No comparative data available. | We have up-to-date records of numbers of patients with Learning Disabilities in each practice who have relevant comorbidities. Disease-specific reviews are included within the QOF and Herefordshire practices score very high in the clinical section of the QOF. We do collect data for prevalence of all 4 conditions in all practices in the general population and in those with LD. We intend to collect specific outcome measures in the future<br>However according to the guidance for this SAF we only comply with a Red rag rating as we have no comparative data with the population that do not have a learning disability. We recently have consulted with an LD User Group. They indicated that they are supported to access services and have good relationships with GP's clinics and pharmacies. They have had recent health checks and have health action plans. Most have hospital passports to support and inform medical staff should they be admitted to hospital |

| **Standard description** | | **Guidance notes** |
|---|---|---|
| ***A3: Annual health checks and annual health check registers*** | | ***IHAL will complete this measure for all localities from the national data source. Not to be completed locally.*** |
| **Measure** | | **Local lead for measure/notes** |
| | 80% or more of people with learning disability on the GP DES Register had an annual health check. | |
| | Between 41% and 79% of people with learning disability GP DES Register had an annual health check | |
| | Fewer than 40% of people with learning disability on the GP DES Register had an annual health check. | |

| **Standard description** | **Guidance notes** |
|---|---|
| A4: Specific health improvement targets (Health Action Plans) are generated at the time of the Annual Health Checks in primary care | The LD DES (2013/14) guidance puts the onus on GPs to generate meaningful health improvement targets (health action plans) at the time of the annual health check to address health priorities. Integrated annual health checks and health improvement targets (health action plans) will ensure person centred care and improved individualised health outcomes. This indicator provides an opportunity to improve primary, secondary and specialist community team engagement which supports the reduction of inappropriate secondary care referrals. It also provides the person with a learning disability (and their carer, if appropriate) with a clear understanding of 'what needs to happen' over the next 12 months |

| **Measure** | | **Local lead for measure/notes** |
|---|---|---|
| | 70% or more than of Annual Health Checks generate specific | |

| | | |
|---|---|---|
| | health improvement targets (health action plan). | |
| | 50% - 69% of Annual Health Checks generate specific health improvement targets (health action plan). | We have up-to-date records of numbers of patients with Learning Disabilities in each practice having a Health Action Plan (HAP). The proportion is high and has been audited however we can only comply with Red - No evidence that the Annual Health Check and Health Action plans are integrated.<br>We recently have consulted with an LD User Group. They identified they have action plans which are included in their development and reviews. |
| | Fewer than 50% of Annual Health Checks generate specific health improvement targets (health action plan). | |

| **Standard description** | **Guidance notes** |
|---|---|
| ***A5: National Cancer Screening Programmes (bowel, breast and cervical)*** | ***IHAL will complete this measure for all localities from the national data source. Not to be completed locally.*** |
| **Measure** | **Local lead for measure/notes** |
| Screening takes place for the same proportion (+ or – 5%) of eligible people with learning disabilities as the general population (23%). | |
| Screening takes place for half the proportion or more of eligible people with learning disabilities compared to the rate of screening for the general population. | |
| Screening takes place for less than half the proportion of eligible people with learning disabilities compared to the rate of screening for the general population or data unavailable. | |

| **Standard description** | **Guidance notes** |
|---|---|
| A6: Primary care communication of learning disability status to other healthcare providers | Healthcare providers continue to state that having no prior warning of somebody's learning disability and specific needs resulting from their disability prevents them from being able to fully meet their needs through reasonable adjustments. This indicator encourages the development of standardised local systems to address this problem. The patient journey of people with learning disabilities needs to be trackable as identified within primary and secondary care. By including the learning disability status in the referral will give notice to the secondary care provider enabling them to make reasonable adjustments if necessary. This will potentially lead to a reduction in DNA's, length of stay and inappropriate repeat attendances. |
| **Measure** | **Local lead for measure/notes** |
| Secondary care and other healthcare providers can evidence that they have a system for identifying LD status on referrals based | |

| | | |
|---|---|---|
| | upon the LD identification in primary care and acting on any reasonable adjustments suggested. There is evidence that both an individual's capacity and consent are inherent to the system employed. | |
| | There is evidence of a local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments if required, are included in referrals. There is evidence that both an individual's capacity and consent are inherent to the system employed. | The strategic health Facilitator for learning disabilities has worked locally with all the GP practices on the coding of Learning disability patients in general practice being given a standardized code (918e – On learning disability register), this ensures that when referrals and summaries are produced by the GP practice it will high light the patient has LD.<br>The strategic health facilitator in conjunction with service users has developed a 'Hospital Passport' that accompanies patients with LD to hospital to highlight their needs so reasonable adjustments can be made. Some training also takes place with certain groups of staff from acute services to raise awareness of LD and the need to make adjustments |
| | There is no local area team/clinical commissioning group wide system for ensuring LD status and suggested reasonable adjustments are included in the referrals. | |

| **Standard description** | **Guidance notes** |
|---|---|
| A7: Learning disability liaison function or equivalent process in acute setting | In *Healthcare for All (recommendation 10)* the value of advocacy, including learning disability liaison is clearly described, as well as a clear call for Trust Boards to publicly report they have effective systems to deliver reasonably adjusted health services. Many Trusts have appointed learning disability liaison nurses though there is more than one way in which the learning disability liaison function can be delivered. This indicator seeks to explore the full extent of the learning disability liaison function in England. Of particular importance is whether providers and commissioners are gathering and using HES data to inform decisions on where the greatest need for a learning disability function may be given trends and evidenced need. |

| | **Measure** | **Local lead for measure/notes** |
|---|---|---|
| | Designated learning disability function in place or equivalent process, aligned with known learning disability activity data in the provider sites and there is broader assurance through executive board leadership and formal reporting / monitoring routes. | |
| | Designated learning disability liaison function or equivalent process in place and details of the provider sites covered has been submitted. Providers are not yet using known activity data to effectively employ LD liaison function against demand. | Currently the strategic health facilitator goes some way to fulfilling this role however it is only on an ad hoc basis.<br>Strategic health facilitator also provides training to some staff groups within the hospital, i.e. HCAs, Student Nurses, Paramedics, some wards on a needs led basis. |

| | | |
|---|---|---|
| | | We have the hospital passport scheme for people with LD in Hereford hospital and it is also an integral part of the admission paperwork to ask if patient has LD and if they have brought a passport with them. |
| | No designated learning disability liaison function or equivalent process in place in one or more acute provider trusts per site. | |

| **Standard description** | **Guidance notes** |
|---|---|
| A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry | Any health service accessed by a person with learning disability may need to reasonably adjust what it does in order to meet their additional needs. This indicator captures examples of where this is happening well in wider primary care services including dentistry, optometry, community pharmacy and podiatry. In order for reasonable adjustments to occur routinely, services need a way to both record the patients learning disability status and describe the reasonable adjustment required. This measure is specifically about the 4 listed, NOT those services specifically commissioned for people with a learning disability. |

| **Measure** | | **Local lead for measure/notes** |
|---|---|---|
| | All people with learning disability accessing/using service are known and patient experience is captured. All of these services are able to provide evidence of reasonable adjustments and plans for service improvement. | |
| | Some of these services are able to provide evidence of reasonable adjustments and plans for service improvements. | For some of these services, such as dentistry, we are content that reasonable adjustments have been made and that plans are in place for service improvements. We are still working on other areas such as podiatry. There is evidence that some services can flag patients with LD and make reasonable adjustments, this is in GP care and dentistry, but this does not however as yet reach across all Primary care service<br>We recently have consulted with an LD User Group and they identified that they have had positive experiences of using dentistry, community clinics and pharmacy services and they feel they have had their needs met in these areas. |
| | People with learning disability accessing/using these services are not flagged or identified. There are no examples of reasonable adjusted care. | |

| **Standard description** | **Guidance notes** |
|---|---|
| A9: Offender health and the Criminal Justice System | Evidence suggests 7% of the prison population, and a greater number in the criminal justice system have learning disabilities. It is important that these individuals have access to a range of health services. Information gathered from local criminal justice systems on prevalence will inform provision regarding:<br>• What is available including prevention |

| | |
|---|---|
| | • Development required<br>• Ensuring accessible health services.<br>This indicator captures local information and data about people with learning disabilities in prison and the criminal justice system and how their health needs are being met. |

| Measure | Local lead for measure/notes |
|---|---|
| Local Commissioners have and act on data about the numbers and prevalence of people with a learning disability in the criminal justice system.<br>• Local commissioners have a working relationship with regional, specialist prison health commissioners AND<br>• There is good information about the health needs of people with LD in local prisons and wider criminal justice system and a clear plan about how such needs are to be met AND<br>• Prisoners and young offenders with LD have had an annual health check which generates a health action plan, or are scheduled to have one in the coming 6 months AND<br>• Evidence of 100% of all care packages including personal budgets reviewed at least annually. | |
| In the absence of the above (or elements of the above) an assessment process has been agreed to identify people with LD in all offender health services e.g. learning disability screening questionnaire. Offender health teams receive LD awareness training to know how best to support individuals to meet their health needs AND There is easy read accessible information provided by the criminal justice system | |
| There is no systematic collection of data about the numbers of people with LD in the criminal justice system. There is no systematic learning disability awareness training for staff within the criminal justice system. The local offender health team does not yet have informed representation of the views and needs of people with learning disability. | Herefordshire does not have a prison located within its boundaries. We do however have an LD prison population in the sense that we have residents with LD placed outside the county for criminal justice purposes. We know that there are also young people with LD within the YOT system. We are aware of the locations of these people however we are at this time unable to say with certainty that staff where our residents are placed do undergo awareness training or that they carry out regular reviews. |

**Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance**
**Section B – Staying safe**

| Standard description | Guidance notes |
|---|---|
| B1: Individual health and social care package reviews | Regular Care Review – This measure is about ensuring that in all cases where a person with a learning disability is receiving care and support from commissioned services, the needs behind this support are reviewed in a co-productive and inclusive way. |

| Measure | Local lead for measure/notes |
|---|---|
| Commissioners know that all funded individual health and social care packages for people with learning disability across all life stages are reviewed regularly. | |
| Evidence of 100% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment. | |
| Evidence of at least 90% of all care packages including personal budgets reviewed within the 12 months are covered by this self-assessment. | |
| Less than 90% of all care packages including personal budgets reviewed within the 12 months is covered by this self-assessment. | During 2013/14, Adults Social Care supported 585 clients (RAP P1). Of this total, 400 clients had an assessment, re-assessment, support plan or review completed during the year and a further 13 carers received an assessment/reassessment, care plan or review. This performance is below target, but in 2014/15 we will aim to improve upon this through projects such as the review of high cost placements where a number of Learning Disability clients will be reviewed.<br>We recently have consulted with an LD User Group and they felt they had been included in their support planning to set goals and to promote self-advocacy. They also felt supported and safe in the community |

| Standard description | Guidance notes |
|---|---|
| B2: Learning disability services contract compliance | This measure asks localities to demonstrate how thorough their contracting processes are. This is important to ensure individual reviews are complimented by robust contract management. |

| Measure | Local lead for measure/notes |
|---|---|
| Contract compliance assurance – for services primarily commissioned for people with a learning disability and their family carers. | |

| | | |
|---|---|---|
| | Evidence of 100% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance and including un announced visits. Evidence that the number regularly reviewed is reported at executive board level in both health and social care. | |
| | Evidence of at least 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance. Evidence that the number regularly reviewed is reported at executive board level in both health and social care. | |
| | Less than 90% of health and social care commissioned services for people with learning disability: 1) have had full scheduled annual contract reviews; 2) demonstrate a diverse range of indicators and outcomes supporting quality assurance. | 84% of learning disability providers received a quality assurance visit throughout the year April 2013 to March 2014. These visits included gaining feedback from services users and staff through the use of a questionnaire, as well as talking to individuals during the visit. We also conduct an annual quality self-assessment. We work closely with providers who come into our Quality Concerns process, carrying out further supportive quality assurance visits. We also receive service activity data from our providers who are commissioned to provide a service in the community. This is provided on a regular agreed basis.<br>We recently have consulted with an LD User Group who felt supported and included within their annual reviews but also felt that greater support could be provided to help the customers realise that they can ask for a review of their services at any time should they wish to change services. |

| **Standard description** | **Guidance notes** |
|---|---|
| B3: Monitor assurances | Following the publication of Healthcare for All in 2008 the Care Quality Commission (CQC) developed a number of essential standards for healthcare providers to meet in order to assure a minimum standard of care, to be offered to people with learning disability. Subsequently MONITOR (the independent regulator of Foundation Trusts (FT) adopted the same standards into their compliance framework. As these are minimal quality standards it would be expected that all FT's should be meeting these. This indicator not only seeks confirmation that this is the case but expects commissioners to demonstrate the evidence gathered from providers to confirm this and the evidence that where trusts strive to achieve foundation status, commissioners support the attainment of monitor standards. |

| Measure | | Local lead for measure/notes |
|---|---|---|
| Assurance of Monitor Risk Assessment Framework for Foundation Trusts | | |
| | Commissioners review monitor returns and review actual evidence used by FT's in agreeing ratings. Evidence that commissioners are aware of and working with non-FT's in their progress towards monitor compliance. | The 2gether Foundation Trust is commissioned by the Local Authority to provide mental health, older adults and working age adult assessment services and specialist learning disability health community assessment and treatment services. Wye Valley Trust (WVT) are not a Foundation Trust but provides all other acute and community health services. There is a named lead for LD link for WVT and WVT plan elective admissions closely with service users and carers. WVT have a joint working group involving members from acute/LD team/carers/PALS/voluntary sector and Herefordshire council. The aims of this group include an improved LD service user and carer experience. There is a Carer Policy and the Herefordshire Carers charter has been adopted by WVT. There is also a wide use of Hospital Passport by LD service users and there is a good understanding of its use by WVT staff. Further development work to include an assurance that LD training is embedded in staff training trust wide is underway |
| | Commissioners review monitor returns of FT providers. Evidence that commissioners are aware of and working with non-FT's in their progress towards monitor compliance. | |
| | Commissioners do not assure themselves of the on-going compliance via monitor returns for each FT OR for non-FT. Commissioners are not aware of the Trust's position in working towards monitor standards and FT status. | |

| Standard description | Guidance notes |
|---|---|
| B4: Adult safeguarding | Governance, safety, quality and monitoring. Learning from the Winterbourne View review and good commissioning practice identifies failures and risks within the quality and safety of people's placements, both individually and across organisations. This must cease. This measure asks localities to robustly evidence the safeguarding governance for people with learning disability in all provided services and support. |

| Measure | | Local lead for measure/notes |
|---|---|---|
| Assurance of safeguarding for people with a learning disability. | | |
| | Comprehensive evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board which has representation from chief officers and representatives of people who use services and their families. | |

| | | |
|---|---|---|
| | Every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. There are contractual clauses requiring providers to work in line with the local multi-agency policy for safeguarding. There is evidence of active provider forum work addressing the learning disability agenda in relation to safeguarding which has produced action plans for and evidence of change in response to learning from Serious Case Reviews and Local Learning From Experience Exercises. Assurance is received by the local Safeguarding Adults Board which includes using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent AND reported measures of whether people's desired outcomes of the beginning of the process were met at the end. | |
| | Some Evidence of robust, transparent and sustainable governance arrangements in place overseen by a Safeguarding Adults Board which has representation from chief officers and representatives of people who use services and their families. Some evidence that every learning disability provider service has assured their board and others that quality, safety and safeguarding for people with learning disabilities is a clinical and strategic priority within all services. There are contractual clauses requiring providers to work in line with the local multi-agency policy for safeguarding. There is some evidence of active provider forum work addressing the learning disability agenda in relation to safeguarding. Limited assurance is received by the local Safeguarding Adults Board which includes using DH Safeguarding Adults Assurance Framework (SAAF) or equivalent AND reported measures of whether people's desired outcomes of the beginning of the process were met at the end. | Further improvements have been seen to the safeguarding arrangements for all clients during 2013/14. Herefordshire Safeguarding Adults Board (HSAB) continues to work towards the improvement of safeguarding within Herefordshire and a new independent chair for the group is in place.<br>To improve the operational performance of safeguarding, there is currently a group looking to further improve these safeguarding arrangements, implementing and embedding 'Making Safeguarding Personal' and also ensuring Care Act compliance.<br>There was a small increase in the number of alerts raised for LD clients during 2013/14 and the proportion of these progressing to referral has also increased. This would suggest that reporting of safeguarding for clients with learning disabilities is becoming more appropriate.<br>We have consulted with LD Users who felt that there was good support around safeguarding, that they had access to safe places |
| | There is little or no evidence of clear local governance and action in relation to safeguarding people with learning disabilities. | |

| Standard description | Guidance notes |
|---|---|
| B5: Self-advocates and carers in training and recruitment | This measure is about the nature and benefit of involving 'Experts by Experiences'. A number of best practice reports suggested that there are improved outcomes when families and people with learning disabilities are involved in services. Localities should provide evidence from providers of routinely involving people with learning disabilities and family carers in recruitment and training. |

| Measure | Local lead for measure/notes |
|---|---|
| Training and recruitment: involvement. | |
| In learning disability specific services there is evidence of all of services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for learning disability awareness training (for example as part of Disability Equality training). | |
| In learning disability specific services there is evidence of some services involving people with learning disabilities and families in recruitment and training. Commissioners of universal services can provide evidence of contracting for learning disability awareness training (for example as part of Disability Equality training). | There have been a number of training events that have had the direct involvement of service users, carer's and families in presenting and talking to staff from the Learning Disabilities Team as well as staff from other parts of Adult Wellbeing. There has also been a re-focusing of the Learning Disability Partnership Board which now has a far greater number of its members who are 'experts by experience'<br>In future we need to ensure that we maximise the involvement of service users their carer's and family in recruiting staff to the Community Learning Disability Team.<br>We recently have consulted with an LD User Group. They were able to demonstrate that they had been included in staff recruitment and training. An LD drama group is currently looking into make a training DVD to enable wider organisations such as transport companies or shops to be more aware of the needs of people with learning disabilities.. |
| There is no evidence of involvement in recruitment and training and appropriate levels of disability equality training. | |

| Standard description | Guidance notes |
|---|---|
| B6: Compassion, dignity and respect. To be answered by self-advocates and family - carers | Commissioners can show that providers are required to demonstrate that recruitment and management of staff is based on compassion, dignity and respect and comes from a value based culture. It is clear from the Winterbourne View report and wider evidence from Six Lives and the Confidential Inquiry that compassion is core to the best care for people. This measure asks commissioners to think about how this can be assured in all care for people with a learning disability. This is a challenging measure but it is felt to be vital that all areas consider this. In this year's self-assessment commissioners are requested to ensure |

| | |
|---|---|
| | that this question is answered by people who use services and their family members. The reason for this is that they are best placed to answer the question on the basis of their experience. This question will be best answered by the local Learning Disability Partnership Board (or equivalent) representatives of family carers and self-advocates. |

| Measure | Local lead for measure/notes |
|---|---|
| Family carers and people with a learning disability agree that providers treat people with compassion, dignity and respect. | |
| Family carers and people with a learning disability agree that all providers do. | |
| Family carers and people with a learning disability agree that some providers do. | This rating is based upon responses to questions asked of Herefordshire Carers Support, who were able to survey a sample of cases where both the service user and the carer had both received services. Despite this only being a small sample, there was a mixture of responses. Over half of respondents said that agreed that all or most providers treated people with compassion, dignity and respect. The respondents who suggested that they were not treated with compassion, dignity and respect did, in some cases, suggest that the lack of resources and funding was the cause for this.<br>We also have recently consulted with an LD User Group. The group agreed that they had been supported to be self-advocates, had circle of supports and, if required, could access independent advocacy. |
| Family carers and people with a learning disability agree that few or no providers do. | |

| Standard description | Guidance notes |
|---|---|
| B7: Commissioning strategy impact assessments | This measure is about how effectively your locality assesses and addresses the needs and support requirements of people with learning disabilities through local and health authority strategies with clear reference to current and future demand. In particular impact assessments will ensure that Equality Act 2010 duties are met. |

| Measure | Local lead for measure/notes |
|---|---|
| Commissioning strategies for support, care and housing is the subject of Impact Assessments and are clear about how they will address the needs and support requirements of people with learning disabilities. | |
| Impact Assessments and strategies have been developed with and presented to people who use services and their families. | |
| Up to date commissioning strategies and Impact Assessments are in place. | |

| | | |
|---|---|---|
| | Not all commissioning strategies and Impact Assessments are in place. | We are currently developing our overarching LD strategy which will include our strategies for LD employment, LD safeguarding, Autism and LD housing. We are also working to ensure that all of our Impact Assessments are up to date and are in place. The timeline for completion recognises the importance of co-production and listening to and involving people with learning disabilities and their parent/carers. Equally the importance of scheduling and reporting to the Learning Disability Partnership Board. The Plan will be across health and social care and is a building block to the Herefordshire Better Care Fund.<br>Changes made during the past 12 months, such as transferring of the Day Opportunities to a new provider, have had EIA's. As part of the significant changes planned in 2013/14 for transfer of LD day opportunity services in April and September 2014, significant consultation was undertaken. |

| **Standard description** | **Guidance notes** |
|---|---|
| B8: Complaints lead to changes | This standard requires evidence of a learning organisation that integrates learning from complaints, incidents, patient, carer and staff feedback with wider learning from national reports and incidents to improve the quality safety, safeguarding and provision to people with learning disabilities. Failings by Services to respond to concerns raised about the quality of services are at the centre of the Winterbourne View Review. Evidence need to be provided of robust partnership working to assure the safety, quality and safeguarding of people's commissioned placements. |

| | **Measure** | **Local lead for measure/notes** |
|---|---|---|
| | Commissioners can demonstrate that all providers change practice as a result of feedback from complaints, whistleblowing experience | |
| | 90% or more of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate. | |
| | 50-89% of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate. | There were 23 complaints received by Adults Social care in 2013/14. As a result of complaints, changes to delivered services were made. One specific example was a Supported Living facility where, following complaints from parents and social workers, a new specification was drawn in co-production with parents and services users. This was followed by a co-produced retendering process which saw a new contractor take over. We also have a rolling programme of quality monitoring of providers. As part of this programme, 84% of LD service providers were audited in 2013/14 |

| | | |
|---|---|---|
| | | As part of the contract terms and conditions for providers in Herefordshire, complaints, safeguarding and whistleblowing policies are required. |
| | Less than 50% of commissioned services can demonstrate improvements based on the use of feedback from people who use services, (e.g. complaints, surveys and quality checking). There is evidence of effective use of a whistleblowing policy where appropriate. | |

**Please note: Data in relation to Mental Capacity Act and Deprivation of Liberty will be sourced from nationally available data sets and therefore will not need submitting as part of this Self-assessment (as it was in the 2012/13 version).**

**Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance**

**Section C – Living well.**

| **Standard description** | **Guidance notes** |
|---|---|
| C1: Effective joint working | This measure looks for the evidence that formal arrangements are in pace which foster the best joint working between commissioners. Informal arrangements and evidence of good practice are also welcomed, as are future plans, particularly where these have been signed up to formally if not yet implemented. |

| **Measure** | | **Local lead for measure/notes** |
|---|---|---|
| Effective joint working across health and social care. | | |
| | There are well functioning formal partnership agreements and arrangements between health and social care organisations. There is clear evidence of single point of health and social care leadership, joint commissioning strategies and or pooled budgets, integrated health and social care teams. | A Section 75 agreement is in place between the Local Authority and the Clinical Commissioning Group<br>The Health and Wellbeing Board meets regularly and it oversees production of the Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs).<br>Our Learning Disability Partnership Boards has been reinvigorated. It meets regularly and its membership consists of service users, carers, experts by experience, the CCG, service providers, Councilors and Council Staff. We have an active Autism Partnership Board which also has a wide ranging co-productive membership. Our Joint Commissioning Board is in place and is developing a partnership approach to the co-commissioning of Learning Disability Services. The intention is that this approach will be co-produced to assure stakeholder ownership and will distil the key objectives contained within 'Valuing People' and 'Valuing People Now' to ensure outcomes based approaches to commissioning. |
| | There are some examples of functioning formal partnership agreements and arrangements between health and social care | |

| | | |
|---|---|---|
| | organisations. There is clear evidence of at least one of the following:<br>• Single point of health and social care leadership<br>• Joint commissioning strategy and/ or pooled budget<br>• Integrated health and social care teams | |
| | Joint working has not met either of the above measures. | |

| **Standard description** | **Guidance notes** |
|---|---|
| C2: Local amenities and transport | This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities. |

| **Measure** | | **Local lead for measure/notes** |
|---|---|---|
| | Extensive and equitably distributed examples of people with learning disability having access to reasonably adjusted local transport services, changing places and safe places, (or similar schemes), in public venues and evidence that such schemes are communicated effectively. | |
| | Local but not widespread examples of all of these types of schemes. | There are Safe Places around the county where people with a learning disability can go to for help if they feel threatened. Safe places are located in Hereford City, all the market towns as well as the Newton Farm and Yarpole Community Centres.<br>We have a Changing Places facility at the newly built 'Old Market' shopping complex and there are also plans to include a Changing Places facility at the recently upgraded Hereford Leisure Centre. On public transport we issue concessionary bus passes to people with LD allowing free travel on bus services throughout England and services into Wales. Additionally for pass holders we can, on confirmation of need from their GP's or other recognised representative, issue Companion Passes which enables another person to accompany the pass holder should they be unsuitable to travel alone. |
| | Reasonably adjusted levels of support in these schemes do not reach any of the standards above. | |

| **Standard description** | **Guidance notes** |
|---|---|
| C3: Arts and culture | This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the |

| | |
|---|---|
| | community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities. |

| Measure | | Local lead for measure/notes |
|---|---|---|
| | Extensive and equitably distributed examples of people with learning disabilities having access to reasonably adjusted facilities and services that enable them to use amenities such as cinema, music venues, theatre, festivals and that the accessibility of such events and venues are communicated effectively. | Facilities of the Council and its providers are provided in line with Herefordshire's Equality & Human Rights Charter. One of our providers, ECHO, runs an active theatre group – the 'About Face Theatre Company' - for LD Service Users. In June of 2014 the company, in conjunction with the Bulmers Foundation held a celebration of orchards at Lyde Court Herefordshire. This consisted of a series of presentations and performances to an audience of 100 plus.<br>The new Odeon Cinema in the recently opened Old Market shopping complex holds Autism Friendly showings of films on Sunday Mornings.<br>We recently have consulted with an LD User Group who felt that access in the local theatre – the Courtyard - and the new cinema, was good and felt they were well supported to attend these venues |
| | Local but not widespread examples of people with learning disabilities having access to reasonably adjusted facilities in these amenities. The accessibility of such events and venues are communicated effectively. | |
| | Reasonable adjustments of these amenities do not reach any of the standards above. | |

| Standard description | Guidance notes |
|---|---|
| C4: Sports and leisure | This measure asks for evidence of reasonable adjustments within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability. It is important that the assurances are provided by commissioners of those services which show that they are ensuring that local amenities and transport are provided in a way that makes reasonable adjustments for people with learning disabilities. |

| Measure | | Local lead for measure/notes |
|---|---|---|
| | Extensive and equitably geographically distributed examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such | The community learning disability team physio department, in conjunction with local leisure providers has worked towards providing inclusive leisure and exercise choices for people with LD locally. They also worked with Halo to promote International disability day on 3rd December 2014 which saw over 60 participants with disabilities taking part. It is hoped to make this an annual event.<br>Additionally, inspired by the London 2012 Olympics we have held a series of |

| | | |
|---|---|---|
| | facilities and services are communicated effectively. | Community Games which have focused on communities coming together to celebrate sporting and cultural achievements. Herefordshire's 2nd Community Games was held in September 2014<br>It is planned that further games will be held in 2015.<br>We have recently consulted with an LD User Group who felt that that access to sports and leisure services were good. They felt supported and welcomed when they attended, but they found that attending facilities was sometimes restricted due to limited transport opportunities. |
| | Local but not widespread examples of people with learning disability having access to reasonably adjusted sports and leisure activities and venues for example use of local parks, leisure centres, swimming pools and walking groups. Designated participation facilitators with learning disability expertise are available. There is evidence that such facilities and services are communicated effectively. | |
| | Reasonable adjustments of these amenities do not reach any of the standards above. | |

| **Standard description** | **Guidance notes** |
|---|---|
| C5: Employment | This measure is about the importance of employment and the support that needs to be provided to people with learning disabilities to ensure they have the best chance of getting a job. Evidence of initiatives that find the appropriate mix of support by mainstream and specialist agencies, and data of the local picture are important. There is an important link to the standard relating to support for preparing for adulthood (C6) where strategies and pathways should include access to support to get jobs. |

| **Measure** | | **Local lead for measure/notes** |
|---|---|---|
| | Clear published local strategy for supporting people with learning disabilities into paid employment. Relevant data is available and collected and shows the strategy is achieving its aims. | |
| | Clear published strategy for supporting people with learning disabilities into paid employment but limited evidence of aims being met or outcomes achieved. | |
| | Not meeting either of the above measures. | We are able to plot a, employment pathway for people with LD. A number of our supported living providers, together with Mencap and ECHO, support people into voluntary work or short term paid employment schemes. Where an individual has the |

| | | |
|---|---|---|
| | | capacity to move into full time work then the Shaw Trust support them to find and sustain work of more than over 16 hours per week.<br>An example of a local social enterprise which is working with people with LD to find employment is the Community Interest Company; 'MiEnterprise', (see http://www.mienterprise.org.uk/ )<br>They currently support 6 people in supported self-employment with 2 more working towards self-employed status.<br>We have recently consulted with an LD User Group. They were able to identify that there were organisations (such as those mentioned above) that were able to aid them to get employment. They also identified that in the past some had been engaged in temporary working schemes that had now finished. |

| **Standard description** | **Guidance notes** |
|---|---|
| C6: Preparing for adulthood | Delivering effective transitions for young people is recognised as a way of addressing the difficulties confronted by young people with learning disabilities and their families at transition. Previous research has demonstrated that information is a key need at this time, the delivery of a 'local offer' within the scope of the Children and Families Act will support this.<br>A foundation for good support during the transition from childhood to adult life is co-production of local plans and having a sound knowledge base of future need to inform commissioning strategies. This descriptor ascertains if localities have good plans in place to ensure locally available provision of the future mainstream and specialist health and social care services needed to support young people approaching adulthood. |

| | **Measure** | **Local lead for measure/notes** |
|---|---|---|
| | There is a monitored strategy, service pathways and multi-agency involvement across education, health and social care. There is evidence of clear preparing for adulthood services or functions that have joint health and social care scrutiny and ownership across children and adult services. | We have regular multi agency meetings to discuss and plan for Transitions. Meetings are attended by Education, Children's Services, Adult Services with representatives from Health also involved. The 'Local Offer' is available on Herefordshire Councils website<br>There is also a protocol for Transitions that describes the pathway to be followed towards Transition from age 14 onwards. Adults Services have a part time social worker within the Adult Learning Disabilities Team who manages the Transition pathway. She has developed positive partnerships across Children's service and education. As such approval has now been given for the appointment of a full time Senior Practitioner and an Assistant Social Worker so that there will be an even greater focus on Transitions and the development of multi-agency planning. All planning for young people as they move towards adulthood takes into account the Education Health Care Plan (EHCP). |
| | There is some evidence of clear preparing for adulthood services | |

| | | |
|---|---|---|
| | or functions that have joint education, health and social care scrutiny and ownership across children and adult services. | |
| | There is no evidence of clear preparing for adulthood services or functions that include joint education, health and social care scrutiny and ownership across children and adult services. | |

| **Standard description** | **Guidance notes** |
|---|---|
| C7: Involvement in service planning and decision making | This is about people with learning disabilities and family carers involvement in service planning and decision making, including personal budgets. This measure seeks to stimulate areas to continually review and improve the involvement of people who use and rely on services in strategic development and planning. |

| **Measure** | | **Local lead for measure/notes** |
|---|---|---|
| | Clear evidence of co-production in universal services and learning disability services. The commissioners use this to inform commissioning practice. | |
| | Clear evidence of co-production in all learning disability services that the commissioner uses to inform commissioning practice. Inconsistent or no evidence of co-production in universal services. | We involve people with learning disabilities and family carers in the work of our Learning Disability Partnership Board and our Autism Partnership Board. We also ensure that people with learning disabilities and family carers are fully involved in the work of our 'Making It Real' Board which ensures that changes to services are discussed and understood. An example of how we have worked using a co-production approach can be seen at a local Supported Living facility where we worked with people with learning disabilities and family carers to design the specification, interview contractors, award the contract and assist in the mobilisation process<br>We have recently consulted with an LD User Group. The Group were all able to identify that customers and their circle of support had been included in making and reviewing their care and support plans. People did not always know what the name of the document was e.g. health action plan but were able to express what they did and how they did it. |
| | There is no evidence that people with learning disability and families have been involved in co-production of service planning and decision making. | |

| **Standard description** | **Guidance notes** |
|---|---|
| C8: Carer satisfaction rating. | Consultation on the SAF raised a strong call for family carers to be given a place to specifically contribute about their needs in |

| | |
|---|---|
| | the measures. This measure asks for evidence that family carers are involved not only in service design and commissioning, but in wider strategies as not all people with learning disabilities and family carers are known to or use services but need a voice in the shaping of the community.<br>This measure should be rated by family carers. Examples of the forums that could do this are Carers' Partnership Boards, Carers Centres or local carer networks. It is important to include as wide a range of family carers as possible.<br>• This measure uses a question informed by the National Valuing Families Forum: How satisfied are you that your needs as a family carer are met? • Consider carers' health checks from GP's, carers' assessments from the Local Authority and relevant information advice and guidance/ training from mainstream and carers' services.<br>We will want to know how this question was answered and how many carers were involved in the process. |

| Measure | | Local lead for measure/notes |
|---|---|---|
| | Most carers are satisfied that their needs were being met. | |
| | Most carers were neither satisfied nor dissatisfied that their needs were being met. | This rating is based upon responses to questions asked of Herefordshire Carers, who were able to survey a sample of cases where both the service user and carer had both received services. Despite there only being a very small response rate (five respondents in total), there was a mixture of responses. Two of the respondents were happy that their needs were being met and one was neither satisfied nor dissatisfied. The remaining two were not satisfied that their needs were being met. For these respondents, again resources were one of the main issues; both that there are few services available where carers have been identified and continuity of staffing. |
| | Most carers thought that their needs were not being met. | |

| Standard description | Guidance notes |
|---|---|
| C9: Overall rating for the assessment.<br>To be answered by IHAL | THIS WILL CREATE A NEW OVERALL RATING FOR THE ASSESSMENT. This will be completed by IHAL following submission of the self-assessment and will total ratings for all questions to provide an overall rating of how your Health and Wellbeing Board Area is doing in relation to getting and staying healthy, being safe and living well. |

**Joint Health and Social Care Learning Disability Self-Assessment Framework 2013/14 Guidance**
**Section D – The context in numbers**

| Standard description | Guidance notes | Local lead for measure / notes |
|---|---|---|
| A: Demographics | This question asks how many people with learning disabilities are known to the health service in your area. This information should be obtained from GPs. The definition of having a learning disability should follow QOF register rules for identifying people with learning disabilities. This may either be done directly by the CCG or commissioning | CCG or Area team |

| | | |
|---|---|---|
| | support unit using MiQuest queries, or by direct liaison with practices. People living in the area and registered with GPs in the area should be included.<br>Complex or profound learning disability here means learning disability complicated by severe problems of continence, mobility or behaviour, or severe repetitive behaviour with no effective speech, (i.e. representing severe autism).<br>(Ref Institute of Public Care (2009) Estimating the prevalence of severe learning disability in adults. IPC working paper 1.)<br>http://ipc.brookes.ac.uk/publications/pdf/Estimating_the_prevalence_of_severe_learning_disability_in_adults.pdf ) | |

| **How many people are there in your locality:** | **NUMBER of people known to GPs as having a learning disability** | **NUMBER of people known to GPs as having a learning disability who have complex or profound learning disabilities (See note)** | **NUMBER known to GPs as having a learning disability who also have an Autistic Spectrum Disorder** |
|---|---|---|---|
| Aged 0 to 13 inclusive? | 18 | 5 | 3 |
| Aged 14 to 17 inclusive? | 27 | 14 | 11 |
| Aged 18 to 34 inclusive? | 306 | 184 | 64 |
| Aged 35 to 64 inclusive? | 481 | 231 | 45 |
| Aged 65 and over | 103 | 57 | 3 |
| Aged 0 to 17 inclusive and recorded as being from an ethnic minority? | 3 | 4 | |
| Aged 18 and above and recorded as being from an ethnic minority? | 16 | 7 | |
| If you are unable to provide an age breakdown at this level of detail then complete either A OR B below: | | | |
| A. Aged 0 to 17 inclusive? | | | |
| A. Aged 18 and older? | | | |
| B. All ages? | | | 4 |
| **Changes - No change in this indicator.** | | | |

| **Standard description** | **Guidance notes** | **Local lead for measure / notes** |
|---|---|---|
| B: Cancer screening | This question asks for the number of people eligible for each of the three national cancer screening programmes and the number who have had the prescribed screening examination. In each case you are asked for numbers for the whole population and for people with learning disabilities. This information should be obtained from GPs. This may either be done directly by the CCG or commissioning support unit using MiQuest queries, or by direct liaison with practices. Directors of Public Health should be monitoring this routinely as an equalities issue. | CCG or Area team |

| **Cervical Cancer Screening** | **Whole Eligible Population (this** | **NUMBER of the Whole** | **NUMBER of women with** | **NUMBER of women with** |
|---|---|---|---|---|

| | includes women with and without learning disabilities) | Eligible Population who had a cervical smear test* | learning disabilities who are eligible | learning disabilities who had a cervical smear test* |
|---|---|---|---|---|
| How many women are there in the age range 25 to 64 inclusive and who have not had a hysterectomy (ie are eligible for cervical cancer screening)? | 42853 | 20020 | 267 | 40 |
| **Breast Cancer Screening** | **Whole Population (this is the non-learning disability and people with learning disability populations)** | **NUMBER of the Whole Eligible Population who had mammographic screening in the last three years?** | **NUMBER of women with learning disabilities who are eligible** | **NUMBER of women with learning disabilities who had mammographic screening in the last three years?** |
| How many women are there in the age range 50 to 69 inclusive (ie are eligible for breast cancer screening)? | 25984 | 17541 | 98 | 41 |
| **Bowel Cancer Screening** | **Whole Population (this is the non-learning disability and people with learning disability populations)** | **NUMBER of the Whole Eligible Population who satisfactorily completed bowel cancer screening in the last two years** | **NUMBER of people with learning disabilities who are eligible** | **NUMBER of people with learning disabilities who satisfactorily completed bowel cancer screening in the last two years** |
| How many people are there in the age range 60 to 69 inclusive (ie are eligible for bowel cancer screening)? | 25344 | 18376 | 92 | 13 |
| **Changes - No changes in this indicator.** | | | | |

| Standard description | Guidance notes | Local lead for measure / notes |
|---|---|---|
| C: Wider health | This question asks about the Body Mass Index (BMI) profile of people with learning disabilities and the numbers who have common and important health conditions which are monitored in the general population as a result of registers maintained by GPs for the Quality and Outcomes Framework. This information should be obtained from GPs. This may either be done directly by the CCG or commissioning support unit using MiQuest queries, or by direct liaison with practices. These are routinely available measure of major health issues that should be monitored by Directors of | CCG or Area team |

| | | |
|---|---|---|
| | Public Health. | |

| **All questions relate to the 31st March 2014** | **NUMBER of people with learning disability** |
|---|---|
| On the 31st March 2014 - How many people are there aged 18 and over who have a record of their body mass index? | 317 |
| On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the obese range (30 or higher)? | 125 |
| On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the underweight range (where BMI is less than 18.5 Note threshold changed from SAF 2014 to align with national obesity observatory work and international standards)? | 13 |
| On the 31st March 2014 - How many people aged 18 and over are known to their doctor to have coronary heart disease? As per the QOF Established Cardiovascular Disease Primary Prevention Indicator Set | 10 |
| On the 31st March 2014 - How many people of any age are known to their doctor to have diabetes (include both type I and type II diabetes here)? As per the QOF Established Diabetes Indicator Set | 74 |
| On the 31st March 2014 - How many people of any age are known to their doctor to have asthma? As per the QOF Established Asthma Indicator Set | 60 |
| On the 31st March 2014 - How many people of any age are known to their doctor to have dysphagia? | 6 |
| On the 31st March 2014 - How many people of any age are known to their doctor to have epilepsy? As per the QOF Established Epilepsy Indicator Set | 198 |
| **Changes - No change in this indicator.** | |

| **Standard description** | **Guidance notes** | **Local lead for measure / notes** |
|---|---|---|
| D: Mortality | This question asks about the numbers of people with learning disabilities who have died in the past year. These will be used along with the population numbers given in Question A above to calculate standardised morality ratios. On the basis of recommendation 17 in the Confidential Inquiry into Premature Deaths of People with Learning Disabilities, Directors of Public Health will want mechanisms to monitor this. | CCG or Area team |

| **How many people with a learning disability resident in your locality died between 1st April 2013 and 31 March 2014?** | **NUMBER of people with learning disability** |
|---|---|
| Aged 0 to 13 inclusive | 0 |
| Aged 14 to 17 inclusive | 0 |
| Aged 18 to 34 | 1 |
| 34Aged 35 to 64 inclusive | 1 |
| Aged 65 and older | 7 |
| **Changes - No change in this indicator.** | |

| Standard description | Guidance notes | Local lead for measure / notes |
|---|---|---|
| E: Annual health checks and health action plans | Last year the following questions were asked. As a result of changes in the mechanisms for national data collection this year all but one can be answered through national sources. The outstanding question (Health action plans) is the subject of a RAG rating. **THESE DATA WILL BE PROVIDED BY THE LEARNING DISABILITIES OBSERVATORY – YOU NEED TAKE NO ACTION.** | **DATA PROVIDED BY LEARNING DISABILITIES OBSERVATORY.** |
| How many people with a learning disability aged 18 and over were agreed as eligible for an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013? | | |
| How many people with a learning disability aged 18 and over had an Annual Health Check under the Directed Enhanced Scheme between 01 April 2012 and 31 March 2013? | | |
| How many people aged 18 and over with a learning disability have a Health Action Plan? | | |
| On the 31 March 2013 - How many GP practices are there in your area? | | |
| On the 31 March 2013 - How many GP practices signed up to a LES or DES for the learning disability annual health check in the year 2012-2013? | | |
| **Changes - DATA PROVIDED BY LEARNING DISABILITIES OBSERVATORY.** | | |

| Standard description | Guidance notes | Local lead for measure / notes |
|---|---|---|
| F: 1 Use of general hospital services | All NHS Foundation Trusts hospital services are required to assure Monitor that they have systems in place to identify and make appropriate adjustments for people with learning disabilities and that they audit these systems regularly and make the findings public. The Care Quality Commission has recently started to ask about similar issues in all hospitals at inspections. You should obtain the answers to the following questions by asking the general hospitals providing a substantial amount of care your local residents. It is not necessary to enquire about tertiary care or to enquire after patients admitted to distant hospitals. | |

| **Please provide the sum total number from all general hospitals providing care to the area** | **NUMBER of spells / attendances / people where the person was identified by the provider as having a learning disability** | **NUMBER of spells / attendances / people - all people (to provide context - these will be used to calculate percentages)** |
|---|---|---|
| How many HOSPITAL PROVIDER SPELLS of inpatient Secondary Care were been received under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014 | 14 | |
| Comment | There were 14 admissions for 2013/14 where Learning Disability was recorded as a diagnosis (any position). The UK prevalence is | |

| | | |
|---|---|---|
| | approximately 2.1% (1.5million people nationally) which would imply that we could expect to have approx 800 inpatient admissions per year. It appears that we will not be able to accurately identify admissions for learning disabilities with our SUS data | |
| How many Secondary Care Outpatient ATTENDANCES were been received by people under any consultant specialty EXCEPT the psychiatric specialties (Specialty codes 700-715) between 1st April 2013 and 31st March 2014 | | |
| How many ATTENDANCES at Accident & Emergency between 01 April 2013 - 31 March 2014 | | |
| How many PEOPLE have attended Accident & Emergency 01 April 2013 - 31 March 2014 more than 3 times? | | This figure only required for people with learning disabilities |
| **Changes - Questions and wording modified to clarify.** | | |

| **Standard description** | **Guidance notes** | **Local lead for measure / notes** |
|---|---|---|
| F: 2 Use of general hospital services | Continuing Health care and Section 117 After Care | |
| **Please provide the sum total number from all general hospitals providing care to the area** | | |
| Continuing Health care - How many people with learning disabilities are in receipt of continuing health care (CHC)? | 168 | |
| Section 117 - How many people with learning disabilities are in receipt of care funded through an arrangement under Section 117 of the Mental Health Act? | 45 | |