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Learning Disability

Quality Assurance of the Joint Health and Social Care Self Assessment Framework

2012 – 2013

Darlington

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Darlington Joint Health and Social Care Learning Disability Self – Assessment Framework
Quality Assurance Report
March 2014

Inclusion North facilitated people with a learning disability and carers in Darlington to discuss the Health and Social Care Self-Assessment Framework (HSCSAF) measures. The People's Parliament also collected some real life stories.
Things that people with a learning disability and carers told the panel have been taken into account within the post quality assurance rating of the HSCSAF and can be found in appendix 2.

Listening to the people with a learning disability, carers and staff at the panel it was clear that a lot of work is being undertaken to involve and support people with a learning disability and carers. There is evidence of good work and commitment across health and social care and also challenges and further work that needs to be undertaken. This is summarised in the pages below. Detailed comments are included in appendix 1

In the current financial climate and organisational change capacity has reduced. To maintain and improve services Darlington are working differently and are more specific about what they want to achieve. Plans are co-produced and more flexible.

To ensure corporate 'buy in', as spending reviews take place, evidence about the cost benefit analysis of spending to meet the needs of people with a learning disability is needed.

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Staying Healthy

Examples of good practise

- There is evidence of a lot of joined up work across health organisations, the joint clinics and the acute discharge pathway are examples of this.
- A screening toolkit has been developed to provide training to staff to help them to understand the screening programmes and their role in helping people to stay healthy.
- Work around more choice, control and keeping healthy.
- All GP practise signed up DES
- The Clinical Commissioning Group Lead for learning disability is part of the Learning Disability Partnership Board
- Good data around people with long term conditions
- Increased number of people with a learning disability identified
- Increase number of health checks done
- Integrating annual health checks into health action plans and this is moving forward.
- People's Parliament has designing a letter for appointments.
- Good practice identified in the work undertaken by the acute hospital

Challenges

- Quantitative data collection. *This is a regional challenge and a regional approach may be of benefit*
- Maintaining and moving the work forward in relation to Linking the Health Action Plan and the Health Check; including the assessment by the CLDT practitioners. *This is a regional challenge and a regional approach may be of benefit*
- An Area Team/CCG wide system is needed for ensuring that learning disability status and the need for reasonable adjustments are included in referrals from primary care to other health care providers. *This is a regional challenge and a regional approach may be of benefit*
- Although the number of health checks has increased this is still low at 40.2%
- Reviewing the quality of dental practice; people with a learning disability at the panel said 'some are good but some don't go out of their way to help.'
- Ensuring the extent and quality of the work in prisons. *This is a regional challenge and a regional approach may be of benefit*

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Being Safe

Examples of good practice

- The Local Authority has an overarching commissioning strategy and a specific learning disability strategy which focuses on citizenship and inclusion. This moves from a deficit model to commissioning for citizenship and clear practice and work plans evolve from these. For example the 5 step assessment and care management process focusses first on inclusion and existing resources to promote resilience before moving onto the provision of “just enough” support to enable people to remain as independent as possible.
- The Safeguarding Adults Partnership Board has received regular reports about Winterbourne View and has planned a development activity to strengthen governance and assurance of the Winterbourne View programme.
- All joint funded packages are reviewed jointly.
- A Safe Places scheme has been established. Police and the Community Safety Board are involved and hate crime projects are high on the agenda.
- Providers are asked to set out how the delivery of their service was based on compassion, dignity and respect and is driven by a value based culture.
- There is a clear golden thread running through the Council strategies to the work of the Learning Disability Network and other services. These clearly address the support needs of people with a learning disability.

Challenges

- Work toward green for safeguarding; this was one of the areas that the Confidential Inquiry into premature deaths of people with a learning disability highlighted as a factor in premature deaths
- Assurance of Monitoring; ensuring Commissioners review and monitor the Equality Delivery System returns to ensure that they include relevant information about people with a learning disability.
- Involvement of people with a learning disability in training and recruitment

Living Well

Examples of good practise

- Darlington has established a life stages service model which was developed after careful planning and involvement of key stakeholders. This means that one team care manages all young people up to the age of 25. This fits with the work on the SEND reforms. A process, working practices and template have been developed for ONE plan which moves to an EHC plan for those children meeting the criteria. The SEN group monitors progress and activity relating to the programme.
- A community arts project has provided the opportunity for people to work alongside professional artists to develop their skills and to exhibit work nationally and internationally.
- One leisure centre developing a multisensory room that can be used by people with profound learning disabilities.
- There are some innovative schemes to support people to find employment such as the Pathways to employment course developed in collaboration with the local Further Education College and foundation for jobs campaign.
- A life stages service has been developed which tackles some of the difficulties experienced by young people and families approaching transition.
- Good progress has been made developing the SEND EHC offer as part of the Pathfinder status activity.
- Supported housing using direct payments has led to people with a learning disability having their 'own front door'. They are involved in choosing who they live with and their individual support provider.
- People with a learning disability are living longer and this is being considered in forward thinking

Challenges

- Section 256 and 75 agreements are in place but there are no formal agreements around pooled budgets
- Further development of effective joint working. This measure has been included in the HSCSAF as it is a key requirement of the Winterbourne View Improvement Programme. The rationale for inclusion is that in order to improve outcomes for people with a learning disability who have complex needs there has to be good leadership and strong governance across organisations and some longer term financial planning to ensure that targets are met and risks are shared.

- Transport – Only available after 9.30am which makes it difficult to get to appointments and work. Arriva attended the network and training was identified as a need as yet but this has not resulted in changes. It was noted that a discussion will be taking place around the transport strategy.
- Safe Places are available but they are not open at night. It was noted that there is currently a discussion with the local pubs and restaurants to address this.
- Developing further local amenities that have reasonably adjusted facilities that enable people to participate fully

Suggested Regional Priorities

Quantitative data collection.

Linking the Health Action Plan and the Health Check; including the assessment by the CLDT practitioners.

Ensuring the extent and quality of the work in prisons.

Pooled budgets

Monitoring EDS

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Appendix 1

Quality Assurance of Joint Health and Social Care Learning Disability Self -Assessment Framework 2013

Locality – Darlington

7th March 2014

Measures	Measure Description	2013 Pre-Quality Assurance (RAG)	2013 Post Quality Assurance (RAG)	Rationale: evidence provided, good practice, gaps in evidence.	Information requested on key points	Panel notes
A	**Stay Healthy**					
A1	**LD QOF register in primary care**			A statement has been made that Learning Disability and Down Syndrome Registers are captured and identify local prevalence this can also be stratified in the required data set (e.g. age / complexity)	1. Check that the data reflects prevalence data and that it covers all of the data set age, complexity, BME and autism. For green it needs to be complete and cover all practices.	

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A2	**Health screening and promotion (obesity, diabetes, cardio vascular and epilepsy)**			1. A statement made that "comparative data in all of the health areas listed in the descriptor is available and being collected. There is evidence that people are accessing these programmes and further analysis is required to demonstrate whether there are any specific areas highlighting a lower than average take up (at practice level)"	1. What evidence do you have that people are accessing disease prevention and health promotion in any of these areas?	The panel were informed that there continues to be a joined up approach with Public Health colleagues involved in supporting the LD agenda. The leisure on prescription service has been amended so that referrals can be made by LD nurses not just GP's
A3	**Annual Health Checks and registers**			All practices signed up to the DES have their registers validated annually by the Health facilitator Efforts have been made to ensure that new patients with LD are placed on the LD register. Some service users have noticed an improvement in the response to and understanding of people with LD which they believe has been the result of	1. What % of practices have signed up for the DES? 2. What plans do you have to increase the number of AHC's completed?	The panel were informed that all practices have signed up to the DES. The adjusted figure from IHAL for 2012/13 was 40.2% This confirms a Red rating.

				increased training. From the data provided less than 50% of the LD population eligible for an annual health check received one (555 eligible with 244 completed). This means that the rating should be red		
A4	**Health Action Plans**			Limited evidence that the Annual Health Check and Health Action Plans are integrated. Whilst full data is not known there have been efforts to provide training for GP's and support from the LD nurses on the Community Team to complete HAP's. The Health Facilitator has worked with 22 practices to run joint clinics which have resulted in 200 HAP's completed as a result of the annual health check since March 2013. This is really positive work but unfortunately means that the figure for this year	1. Have you identified any action to take to improve integration of AHC's and HAP's? Will the Health Facilitator continue to run joint clinics?	There is a joined up approach to increasing the number of people with an annual health check and HAP. The acute hospital discharge pathway means that people are followed up after discharge with a community visit and close liaison with TEWV means that people who do not have HAP are identified and appropriate referrals made.

				is still below the 50% required for amber.		
A5	**Screening :Cervical Breast Bowel**			Comparative data in all of the health areas listed in the descriptor is said to be available. There is evidence that people are accessing these programmes but further analysis is required to demonstrate whether there are any specific areas highlighting a lower than average take up (at practice level) Evidence provided from one patient of good easy read information available from the health facilitation team.	1. Check that the data has been provided.	Post validation evidence A screening toolkit has been developed which provides training for staff working with people with LD. This teaches them about the screening programmes and explores ways that they can support people with LD to access screening.
A6	**Primary care communication of LD status at referral**			No evidence has been provided to demonstrate that there is a NHS Area Team /CCG wide system to communicate LD status and record reasonable adjustments in all referrals from primary care to secondary and other health care providers.		To set this in context: with rare exceptions all CCG's across the NE and NW have been unable to demonstrate amber or green.

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				There is no formal system in place across health services. The requirement to include this information in referrals is being shared with GP' in training sessions. .		
A7	**LD Liaison function. Info collated in Trusts.**			There is a liaison post in the acute Trust. The post holder works closely with the community services, delivers training and supports ward staff to implement reasonable adjustments The acute leads have started to audit LD admissions and following up patients post discharge. No evidence has been provided about broader assurance and reporting to Exec Boards and no evidence that providers are currently using activity data to effectively employ the LD liaison post.	1. What is the LD guarantee that has been developed? 2. How do you use activity data to employ the LD nurse against demand? For example do admission figures (HES data) demonstrate a good fit between the number of people admitted and the number of contacts/people known to the LD nurse? This is one way of demonstrating that the flagging system is working. Are the figures manageable for one post and how is this monitored? Some areas have used the HES data to identify issues about multiple admissions,	The panel were told that data about workload and demand following the implementation of the discharge pathway has highlighted some resource issues which will be used in a business plan to improve the service.

					length of stay etc. that may require further action from the liaison nurse? 3. Can you provide more detailed information about how broader assurance about progress on the LD agenda is delivered in the Trust/s? How is leadership embedded and what are the formal reporting and monitoring routes?	
A8	**Universal services flag and identify and make reasonable adjustments**			There are said to be examples of good practice across services but no agreed system in place for flagging or capturing the data. No evidence provided. No evidence provided of any reasonable adjustments in the health services listed. One example of a positive story was shared where the health facilitator helped someone to find a good dentist. Insufficient evidence for the amber rating.	1. Have you agreed any action to improve practice in this measure	
A9	**Offender**			There is no systematic	1. Have you agreed any	Panel were told that a forensic LD

	health and the Criminal Justice System			collection of data about the numbers of people with LD in the criminal justice system and the offender health team does not yet have informed representation of the views of people with LD Autism awareness training has been provided for some Police.	action to improve practice in this measure	service is in place but there is still a lot of work to do across Darlington and Durham.
B						
B1	**Regular care reviews**			The LA review all care packages face to face with priority given to those in residential care out of area. The review measures outcomes and the Care First system can produce intelligence reports for managers. NHS packages of care are also reviewed through scheduled and unscheduled processes.	1. Please confirm that 90% of all health and social care funded packages including PB's have been reviewed this year. 2. Evidence of review schedule or compliance with review timetable or other monitoring tools such as Care First report would be useful	A supported self-directed review is conducted on an annual basis, this is very thorough and reviews support needs, self-reported outcomes and the level of personal budget.
B2	**Contract compliance assurance**			The LA aim to visit each contracted service within the Borough at least twice, one announced and one unannounced visit. Where an individual is	For amber 1. Need assurance that 90% of all contracts have had a review in the last 12 months. This includes all	Further evidence provided 1. An audit has been conducted with all "host" authorities for all those placed out of area to check

				placed out of Borough under a host authority agreement the host authority is expected to monitor the contract. Darlington contracts team will be checking to see if contract compliance visits have taken place and the outcomes from these. Quality Assurance is considered as part of the contract compliance but the current contract is said not to have specific indicators/outcomes. These have been added to new contracts. All NHS contracts are in place for applicable services and the lead commissioners from the NHS CSU and LA are involved in provider and quality. From the evidence provided it is not clear if at least 90% of all health and social care contracts have	commissioned health and social care services including supported living, residential and nursing homes. 2. Can you provide some evidence of the contract compliance process itself, what is covered, are there any performance indicators and outcomes in the service specification? Does the contract proforma that you have developed monitor quality? 3. How do you report information about contract /service reviews to exec boards in health and social care, any supporting evidence to demonstrate this? 4. When you have asked host authorities to undertake contract reviews are you satisfied that this is sufficiently robust to provide you with assurance about the safety and quality of the services provided.	the standard of contract reviews. 2. Outcome based specification for services with details about how outputs and outcomes can be demonstrated and monitored.

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				had an annual contract or service review and that it focuses on a range of quality indicators and outcomes. Reviews should check the quality of the service provided using a range of outcomes and indicators relevant to the provision of a good quality service for people with LD but a statement has been made that exiting contracts do not contain those. There is no evidence to demonstrate that the number of reviews and the outcomes from those reviews are reported at Exec Board level in health and social care.		
B3	**Assurance of Monitor compliance**			Assurance is available through standard contract reporting method and the CCG has sight of the NHS Foundation Trust equality objectives and action plans via the Regional Equality and Diversity and Human	For amber 1. Do *Commissioners* actually review the Monitor and EDS returns to ensure that they include relevant information about people with LD?	No further evidence provided. Again to set this in context with rare exceptions every area has been unable to provide evidence for amber of green.

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				Rights leads group. Commissioners will be working with Trusts to request this area specifically as an identified assurance	2. Does the local acute FT have an LD improvement action plan based on the 6 LD Monitor indicators; if so is this something that you review or monitor as this would also be evidence for amber in this measure?	
B4	**Assurance of Safeguarding in *all* provided services and support**			There is a SAPB and it has received a report on the implications of Winterbourne View, a training strategy is in place and a range or work-streams and developmental activities. Evidence about safeguarding is presented to CCG's as part of the Clinical Quality Review process. Acute Providers have evidenced that LD is a clinical and strategic priority in their Quality Accounts. It is not clear from the evidence given if all social care providers have done the same. Some interesting work is	For amber 1. Please confirm that every LD provider service (health and social care providers) has assured their Board that quality, safety and safeguarding for people with LD is a clinical and strategic priority and that they learn from key national reviews. How do you evidence this? 2. How have you involved the LDPB in reviewing progress on safeguarding?	Post meeting evidence A report on the implications of Winterbourne View was presented to the Safeguarding Adults Board in July 2013. The Safeguarding Adults Board Training Strategy has been updated and the competency standards for HSC diplomas are being undertaken. It will be placed on website in mid-November A development session about Winterbourne View will take place with members of the SAPB based on a survey about their role in the assurance process. There is an information sharing protocol agreed. All providers will sign up to the

				being developed using a self-assessment tool for providers. One of the aims of this approach is to meet the safeguarding principles of 'accountability' and 'partnership' giving providers ownership for identifying and making improvements. A number of easy read document s and leaflets are available.		protocol when they attend a strategy meeting. A safeguarding survey has been developed, the feedback will be analysed through the safeguarding adults board work programme. Darlington plan to participate in the pilot by the NHSIC for Safeguarding outcomes. The self-assessment tool will be rolled out to selected provider groups not dissimilar to the model adopted by the LSCB for Schools. Currently no quality, performance/ intelligence reports about providers are routinely reported to the SAB, this should be an area for development.
B5	**Involvement in training and recruitment**			Although it is not a contractual condition to involve people with LD in recruitment, training and monitoring of staff most	1. What % of LD services involves people with LD and family members in recruitment, selection and monitoring (induction	Post meeting evidence Dimensions include family's through a family charter, these sets out the organisations

				providers are said to do it. For example the LA provider service always use a user and carer panel for new appointments and Dimensions, an external service, also involve people in recruitment The evidence for the amber rating is very light, it is not clear if 90% of services involve people or how they do it and no evidence has been provided to demonstrate that universal services embed LD awareness training and make reasonable adjustments.	reviews, appraisal etc.) of staff? How have you evidenced this? 2. Can you provide any information about how people are involved in training staff in universal services? (Have you involved experts by experience in any training of GP's or staff in hospitals, if so this could be used to demonstrate this indicator?) 3. Can you provide evidence of universal services making reasonable adjustments for people with LD?	promises to family's. Evidence in support of this was also provided from Avalon. At panel examples of reasonable adjustments in health services were provided. In terms of consistency of rating the evidence provided for amber is still very light and a more appropriate rating is red.
B6	**Recruitment and the management of staff is based on value based culture**			As part of the tender process for its newly commissioned domiciliary framework the local Authority asked Providers to set out how the delivery of their service was based on compassion, dignity and respect and is driven by a value based culture.	For amber 1. Do contracts and service specifications clearly require providers to deliver and demonstrate compassionate care and values based culture? 2. Can you provide some examples of the ways that providers have used value based recruitment and management and how you	Outcome based specification provided

					check out that the culture of the organisation is based on compassion, dignity, respect etc.?	
B7	**LA strategies are subject to Equality Impact Assessments**			The Local Authority has a long standing commitment and history of undertaking Equality Impact Assessments prior to service change or the commissioning of new services. All papers presented to Council / Cabinet will be covered by an Impact Assessment. A good example was provided to demonstrate that the Council had completed an EIA on a proposed change to the rate of DP's and consulted with people using them to do so. No evidence was provided to demonstrate that the Local Authority has strategies in relation to the provision of support, care and housing and that they have EIA's that are clear	For green: 1. It would be helpful to see copies of relevant and up to date commissioning strategies, particularly those that refer to the provision of support, care and housing which have been based on evidence of current and future demand. 2. Need to provide examples of EIA's that are clear about how they will address the support needs of people with LD. 3. How have you presented key strategies and Equality Impact Assessments to people with LD?	Copies of relevant commissioning strategies have been provided. Commissioning for Citizenship, an overarching strategy for the council and One size fits one; A learning disability strategy for Darlington. There is a clear golden thread running through the strategies and to the work of the LD network and other services. These clearly address the support needs of people with LD. Easy read information about EIA on changes to Direct payment was provided and there is evidence on the DLD live website of regular engagement and consultation taking place sharing information with members of the LD network and Peoples Parliament.

				about how they will address the needs of people with LD. No evidence that up to date commissioning strategies have been presented to people with LD and their families. No evidence that there are clear plans for the development of care support and housing based on evidence of current demand and need.		
B8	**Commissioner can demonstrate that all providers change practice as a result of feedback, complaints and whistle blowing**			For amber there needs to be evidence that 50% of commissioned practice and contracts require the provider to evidence improved practice as a result of patient experience data, complaints, feedback etc. Health and social care contracts). It is not clear from the evidence provided if this is the case. Some providers have used	1 Can you evidence that 50% of health and social care provider contracts require them to collect patient experience data and information about complaints and other feedback? 2. Please provide some more detail about how commissioners monitor the way in which providers comply with this aspect of the	Evidence was collated from some providers to show that they collate data from complaints and feedback and share this with their senior Management Teams and Boards. The outcome specification for services requires providers to collect complaints, conduct service satisfaction surveys and to use reflective practice to improve services.

				patient experience data and the review of complaints to make changes but Darlington has acknowledged that there needs to be further work to ensure full assurance across the sector. The contract compliance team is addressing some potentially misleading recording of complaints made to providers. All records in relation to safeguarding and whistle blowing are checked as part of the quality assurance process.	contract? 3. Do your contracts specifically require providers to have a whistle blowing policy? 4. You state that you do monitor complaints made to or about providers. Do you have systems in place to deal with them in a strategic way, for example intelligence, themes and trends from complaints or feedback shared with Safeguarding Board? 5. Do providers have easy read information about complaints and feedback?	The Multi agency policy and procedures state require all commissioned service provider organisations to produce their own guidelines that are consistent with the multi-agency Safeguarding Adults policy and Procedures. These should set out the responsibilities of staff, clear internal reporting procedures and clear procedures for reporting to the local Safeguarding Adults process. In addition, provider organisations' internal guidelines should cover: • a 'whistleblowing' policy which sets out assurances and protection for staff to raise concerns
B9	**Mental Capacity Act and Deprivation of Liberty**			The Clinical Quality Group (acute Trust?) considers the use of MCA referrals, DOLS and advocacy and provides a compliance declaration as part of their CQC registration requirements. The LA contract expects providers to ensure that	What is required to move towards green is assurance that there is a strategic approach to checking the implementation of MCA guidance. Business and performance intelligence about the use of MCA and DoLS is collated; providers are checked during contract monitoring for practice around capacity, consent	

				they have policies and procedures in place to manage any MCA/ DoLS issues and that staff are trained to understand and deliver support within the Act. There is limited evidence that the implementation of MCA guidance relating to decision making, capacity and restrictions is checked in contract monitoring and commissioning. Agree the amber rating.	and Best Interest decisions. Evidence of proactive work such as auditing the use of restraint or physical intervention in Provider services, as part of the contract reviews or in other ways.	
C						
C1	**Effective joint working**			From the evidence provided it does not appear as though the requirements for amber have been met. There are no integrated governance structures such as section 75 or 37 agreements and no joint commissioning functions in place. There is evidence that joint	1. This measure has been included in the SAF as it is a key requirement of the Winterbourne View Improvement Programme. The rationale for inclusion is that in order to improve outcomes for people with LD who have complex needs there has to be good leadership and strong governance across organisations and some longer term financial planning to ensure that targets	There is no pooled budget but some section 75 and 37 agreements in place

				funded services are jointly reviewed and there is a LD network which brings together key partners in health and social care Plans are in being made to develop joint commissioning functions as a result of the Winterbourne View review. There is a joint delivery group for people with complex needs	are met and risks are shared. From the evidence provided it is not clear if this is in place. To support the amber rating would be helpful if you could provide some further information to address the current gaps in evidence.	
C2	**Local amenities and transport**			Limited evidence provided for this measure. There is one Changing Place The Learning Disability Network has raised issues that people with LD face have using public transport with the Arriva the local provider and the People's Parliament has offered to develop a training programme for staff. There is an extensive network of wheelchair accessible routes and	1. What plans are in place to increase the number of Changing Places? 2. Can you provide any other evidence of reasonably adjusted facilities within the area that enable people to participate fully?	Panel were informed that there are difficulties with public transport in Darlington. They have invited Arriva to talk to people at the LD network and people have done some training but the perception is that it hasn't made much difference. Bus passes can't be used before 9.30am which limits the quality of life. There are limited numbers of accessible taxis. Access to safe places is only available within office hours, not at night and the scheme is working on involving pubs and restaurants to remedy this.

				dropped kerbs which are advertised on the Council's website. Darlington Association on Disability works closely with the Council to ensure that it takes into account access issues around the town and in public buildings. Evidence was provided in C7 of a Safe Places scheme.		.
C3	**Arts and culture**			One of the Council's day services is based within a new arts hub alongside other arts based organisations and artists. People with LD contribute to local gallery showings and show case their own art. The local cinema runs autism friendly screenings.	You have provided a couple of good examples of how people with LD are supported to participate or access some arts and cultural activities but no evidence about how universal arts and cultural services and venues make reasonable adjustments for people with LD that encourage/support them to participate in a range of activities. To rate amber you need to be able to demonstrate *some* examples of this. For example: 1. What does the LA do to promote arts and culture for this group of people, any evidence of	Libraries are accessible, activities such as an audio book club. The community arts project for people with LD provides people with an opportunity to work with professional artists. People have exhibited nationally and internationally.

					reasonably adjusted facilities? 2. How do libraries, museums and art galleries ensure that their cultural offer is accessible for people with LD? 3. Is there evidence of some inclusive activities and any examples of good reasonable adjustments made to those activities to enable people with LD to participate?	
C4	**Sport and leisure**			There are two Leisure centres operated by the Council which are fully adapted to enable access to changing areas and pool, a sensory room has been built in one which means that people with sensory needs are able to use a mainstream service/building. Evidence provided of a number of inclusive activities such as swimming, power chair football and trampolining (rebound therapy). The newly refurbished Gym is equipped to accommodate		A live Darlington concession card is available.

				disabled users and figures indicate a significant number of local disabled people are participating in the service. A live Darlington concession card is available for use in some leisure centres.		
C5	**Supporting people with LD into employment**			A number of creative employment related projects demonstrating good partnership approaches have been cited as evidence. A Pathways course developed in partnership with the local college to support young people into paid work. The Foundation for Jobs campaign is a joint initiative to tackle youth unemployment led by The Northern Echo and Darlington Borough Council, in association with the Darlington Partnership of public and private sector organisations. This offers	1. What was the ASCOF target for employment and has this been met this year? 2. How is employment activity linked to data?	No further information provided.

				young people the opportunity to work as interns or apprentices leading to paid work Systematic Instruction training has been provided to 13 people. (|was this provided to people with autism or to staff who will then support people with autism?).		
C6	**Effective transition Single education health and care plan (not this year)**			The requirement to evidence that a % of young people have a Single Education, Health and Care plan does not apply to this year as only Pathfinders are likely to be able to provide any robust evidence and even then it will not be complete. It is possible that you will therefore be able to provide sufficient evidence to rate this measure green. (see next column) Darlington is a SEND Pathfinder and has co-produced a Single Education, Health and	To secure amber and move onto green 1. You should focus on providing evidence of a multi-agency transition strategy and shared protocols and service pathways across health and social care. 2. Can you provide evidence that you have transition services or functions and the way in which they are monitored or governed? For example you may have a transition team or transition social workers or an employment service working specifically with young people in transition. 3. How is transition "owned" and scrutinised across health and	Strong evidence for green has been provided post validation meeting. Darlington has established a life stages service model which was developed after careful planning and involvement of key stakeholders. This means that one team care manages all young people up to the age of 25. This fits with the work on the SEND reforms. A process, working practices and template have been developed for ONE plan which moves to an EHC plan for those children meeting the criteria. The SEN group monitors progress and activity relating to

				Social Care plan which has been used with a number of children with LD	social care?	the programme.
C7	**Community Inclusion and citizenship**			The Council's LD strategy and the Social Care Commissioning strategy are said to contain key drivers to support Citizenship and social inclusion. Social inclusion is a key element of the assessment and care management process. A Safe Places scheme has been developed and the Police are working in partnership with the Council to address hate crime. The LD Network has agreed to adopt the Learning Disability Coalition charter Agreeing Together which includes a number of principles relating to social inclusion and citizenship.	1. Please provide a copy of the LD strategy and the Social Care Commissioning strategy. 2. Is there any data about mate and hate crime, social inclusion and citizenship in the JSNA or any other needs assessment?	Both strategies have been provided and there is a very strong focus on community inclusion and citizenship, this can be seen permeating the work of the LD network, the outcome specifications for services and individual planning for people using PB's. Safe Place venues are only open during office hours but some work is in place to remedy this. There is good evidence of hate crime initiatives and the Police following up hate crime incidents that have occurred on public transport.
C8	**Involvement in service**			Several examples of strategic co production	1. Will you please provide the model of outcome based	Outcome based accountability was used to plan the life stages

	planning and decision making. Co – production			have been provided. For example Darlington Council has involved people in developing its savings strategy and in developing outcome based service specifications (You could have provided these as evidence for B2 and possibly B5 and B6) Darlington Council has used a model of Outcome Based accountability with users and carers. The Stronger Voices Project provides peer support to help people to understand the benefits of PB's and pooling PB's.	accountability again? 2. We have not been provided with evidence of pooling PB's from anywhere else. Will you provide some more detail about this as it is probably something that others would benefit from? 3. There is a difference between consultation and engagement and co-production, do all LD providers understand this and can they provide evidence of good co-production across all commissioned LD services? How do you audit this?	service model. Stronger Voices workshops run by DAD helping people to understand the PB process and develop stronger voices via knowledge and information, peer support and drop in sessions.
C9	**Family Carers**			Very strong evidence has been provided for this rating Numbers of carers are known and offered a Carers assessment. The Council has a Carers strategy that was developed in consultation	1. Will you please provide some examples to show how service Providers have involved family carers in service development? This could be something discussed at the LD Network.	Additional evidence provided Lots of evidence that family carers are engaged with and contribute to the work of the LD network.

				with Carers. There is a section in the strategy that outlines the needs of Carers of people with LD and autism There are links between carers who attend the Life Stages Carers network and the Learning Disability Network. Partnership with Carers is seen as a priority for the Learning Disability Network. The network provides an opportunity for Carers and service providers to join together DLDN provides the opportunity for all organisations involved in providing services to people with a learning disability to contribute to service development.		

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Appendix 2

Information from discussion with people with a learning disability at the quality assurance panels

Experience of hospital is good and the hospital passport helps. One person with a learning disability said they now have shorter waiting times in the waiting room.

It is difficult to get a GP appointment

Sometimes if you have lots of appointments they clash

Transport is only available after 9.30am and this makes it difficult to get to some appointments and to work

Eye checks go well because of the support given by personal assistants

Some dentists are good but some don’t go out of their way to help

Outreach dentist to care homes is good

Some people work for the Parliament but not many people have paid work

Direct payments can help you to get the accommodation you want

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