

Joint Health & Social Care Self- Assessment Framework 2013 - 2014

Guidance and Resource toolkit
getting it right 
when treating people with a learning disability

Contents

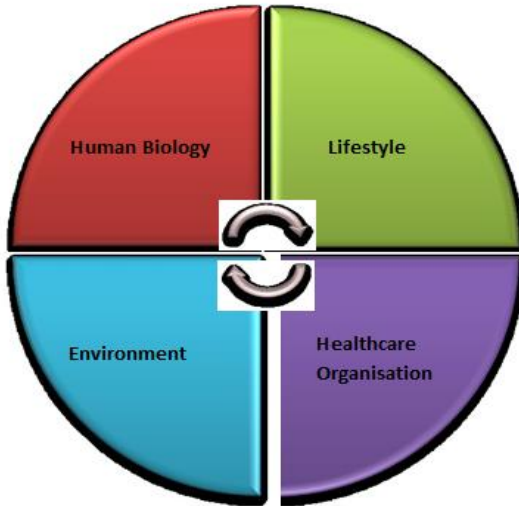
Section	Page Number
Overview	3
Rationale	4
National enablers	6
Tools to support implementation	8
Cycle	9
Process	10
Health and Well-Being Boards	13
Guidance	14

Overview

The Joint Health and Social Care Learning Disability Self - Assessment Framework is a single delivery and monitoring tool that supports Clinical Commissioning Groups (CCGs), and Local Authorities (LAs), to assure NHS England, Department of Health and the Association of Directors of Adult Social Services on the following:

1. **Key priorities** in the:
 - Winterbourne View Final Report Annex B (WBV)
 - Adult Social Care Outcomes Framework 2013-14 (ASCOF)
 - Public Health Outcomes Framework 2013-2016 (PHOF)
 - National Health Service Outcomes Framework 2013-14 (NHSOF)
 - Health Equalities Framework
2. **Key levers** for the improvement of health & social care services for people with learning disabilities;
 - Equality Delivery System
 - Safeguarding Adults at Risks requirements
 - Health & Wellbeing Boards
 - Consultation and co-production with people with learning disability and family carers
3. **Progress Report** on Six Lives and the provision of public services for people with learning disabilities.

Rationale



The Joint Health and Social Care Learning Disability Self - Assessment Framework (JHSCSAF) and subsequent improvement plans will ensure a targeted approach to improving health inequalities and achieving equal and fulfilling citizenship helping commissioners and local people assess how well people with a learning disability are supported to **STAY HEALTHY, BE SAFE and LIVE WELL.**

A simple public health model (Lalonde's health field 1994) highlights that people with learning disabilities are disadvantaged in all four domains and experiencing poorer health than the non-disabled population, because of:

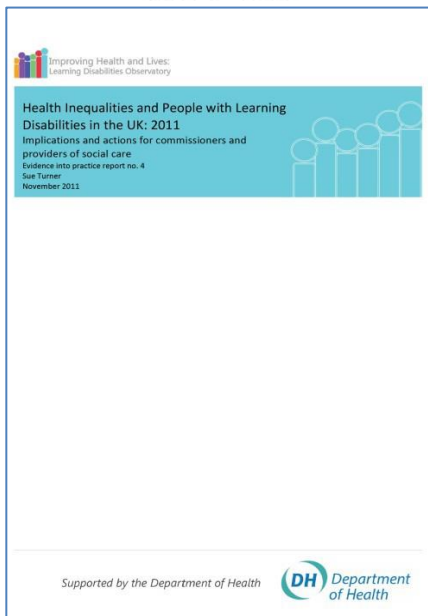
1. Greater risk of exposure to social determinants of poorer health such as poverty, poor housing, unemployment and social disconnectedness.
2. Increased risk of health problems associated with specific genetic, biological and environmental causes of learning disabilities.
3. Communication difficulties and reduced health literacy.
4. Personal health risks and behaviours such as poor diet and lack of exercise.
5. Deficiencies relating to access to healthcare provision.

People with learning disabilities are 58 times more likely to die before the age of 50 than the general population (Hollins et al 1999)

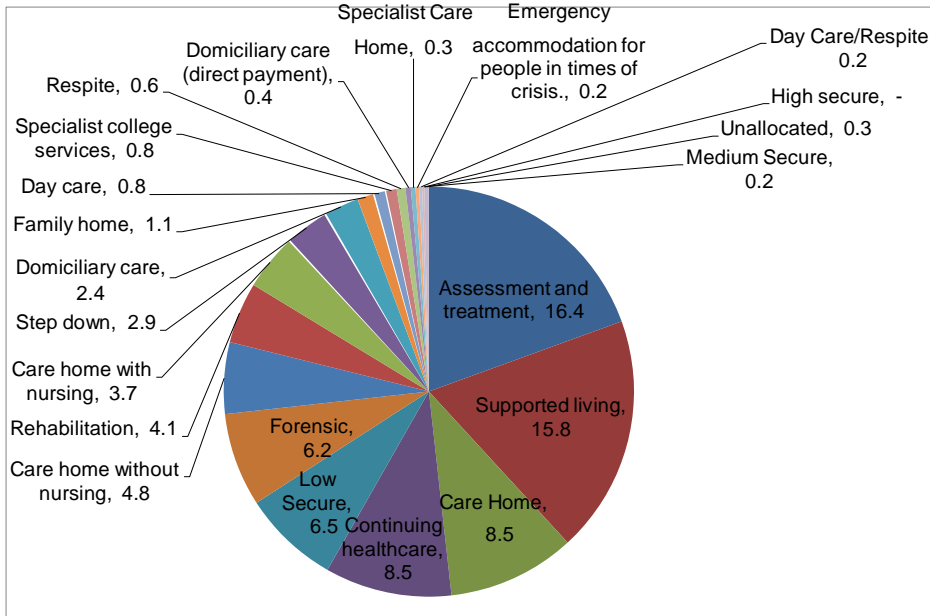
There are numerous reports on the Improving Health and Lives (IHAL) website about the health and wellbeing of people with learning disabilities.

IHAL:

<http://www.improvinghealthandlives.org.uk/publications/year/2011>



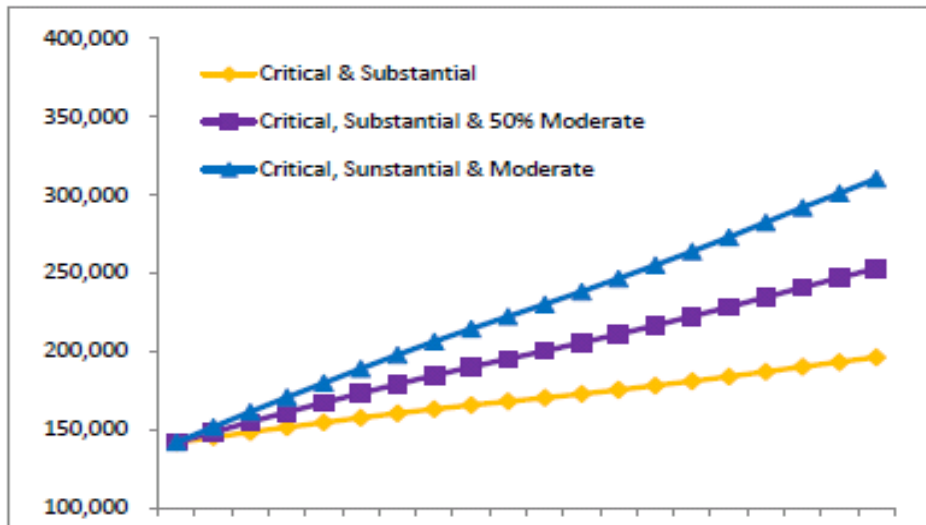
Rationale



Examples below of the benefits in terms of outcomes in understanding and using the data as part of the self – assessment process:

The NHS in London spend over £85 Million on individual care packages for people with learning disabilities. Some of these services do not deliver high quality care leading to poor outcomes. 57 % of 946 NHS care packages are provided in out of area Placements. Often there are legitimate reasons for placing someone out of the local area, but often this is due to the lack of capacity and capability of the local health and social care system to support local solutions.

Work undertaken in Lincolnshire demonstrated that people with learning disabilities, although a small percentage of the population (0.3%), accounted for 6% of the Accident and Emergency budget (Eccles 2011).



Over the next 20 years we will see an increase in the number of people with learning disabilities, it is forecasted that there will be twice as many people with a learning disability. By 2030 there will also be an increase in complexity of needs, with young people with learning disability with extremely complex needs now living well into adulthood. This is of course good news, but will be a significant challenge for the NHS in terms of cost and resources.

National Enablers

There are a number of national enablers in place to improve the health & social care of people with learning disabilities and whenever possible the self-assessment framework is aligned with these.

Safeguarding and Equality Delivery System

- Monitor Compliance Framework: Foundation Trust Pipeline
- Data from the Public Health Observatory
- Direct Enhances Service for Annual Health Checks
- Quality Outcomes Framework (QOF) register for Learning Disabilities
- QOF register for Down Syndrome
- Care Quality Commission (CQC) inspection of assessment and treatment units
- CQC Essential Standards for Care
- Winterbourne View Final Report Annex B (WBV)
- Adult Social Care Outcomes Framework 2013-14 (ASCOF)
- Public Health Outcomes Framework 2013-2016 (PHOF)
- National Health Service Outcomes Framework 2013-14 (NHSOF)
- Statutory Adult Safeguarding Boards- Law Commission outlined legislative framework
- 'No Secrets' remains policy driver: Making Safeguarding everybody's business
- Quality Governance Framework including QIPP and CQUIN





The benchmark also assesses the underlying Legislative Framework and tests how this work for people with learning disabilities.

- Mental Capacity Act including Deprivation of Liberty 2007
- Vulnerable People's Act 2006
- Equality Act 2010
- Human Rights Act 1998
- Autism Act 2009
- Health and Social Care Act 2012
- Carers Services and Recognitions Act 1995

There are 3 tools to support local implementation:



1. Guidance pack: This explains the rationale and the processes. It tells localities what needs to be done, by whom and the local timeframes for completing the self-assessment framework.

The screenshot shows a table titled "Learning Disabilities Performance and Self-Assessment Framework" with columns for "The Targets, Key Indicators and Progress Columns (2012)", "LEVEL 1", "LEVEL 2", and "LEVEL 3". The table contains detailed performance indicators and self-assessment questions for each level.

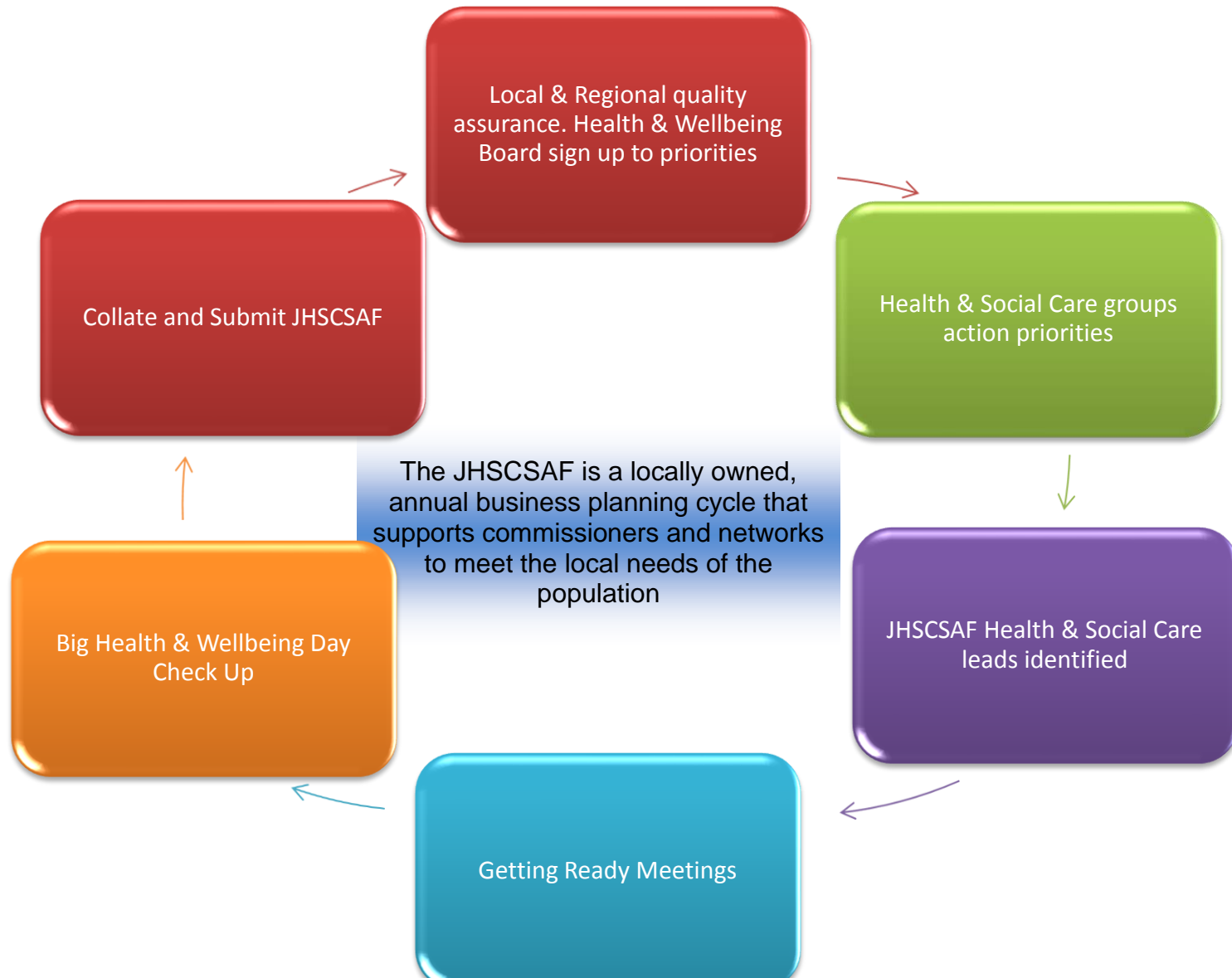
The Targets, Key Indicators and Progress Columns (2012)	LEVEL 1	LEVEL 2	LEVEL 3
1. People with a learning disability who are employed in a job that is suited to their abilities and interests	1.1. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests	1.2. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests	1.3. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests
2. People with a learning disability who are employed in a job that is suited to their abilities and interests	2.1. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests	2.2. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests	2.3. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests
3. People with a learning disability who are employed in a job that is suited to their abilities and interests	3.1. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests	3.2. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests	3.3. The proportion of people with a learning disability who are employed in a job that is suited to their abilities and interests

2. The Benchmark – Measures & Data: This revised tool provides each local area with a nationally agreed benchmark to help assess their progress. The advantage of a national tool is that it makes regions and localities comparable and allows the Public Health Observatory (Improving Health and Lives) to analyse national data. The tool has been developed in partnership and consultation with all regions, commissioners and people with learning disabilities.



3. The evidence tool: Following consultation in 2012 – 2013, we have requested that the Improving Health and Lives (IHaL) create an online feedback form which will allow easier and coordinated submission of responses and evidence.

The Self-Assessment Framework Annual Cycle



The process in more detail



Nominated
Leads
identified

1. Nominated Leads:

A lead should be identified in both the Clinical Commissioning Group(s) and the Local Authority(s). Your leads will have a good knowledge of the mainstream health & social care agendas, and have sufficient seniority to influence their provider and commissioner partners. The nominated leads are not expected to have all the answers but they have a crucial role in coordinating the responses.



Getting Ready
Meetings

2. Getting Ready Meetings:

These are crucial so everybody has a clear understanding of their role and provide information and evidence for Big Health & Well-Being Check Up Day. Ideally, you should use existing meetings and networks and link into these. They will enable people with learning disabilities and family carers to have time together to think through some of the targets and objectives. They should be coordinated by the nominated leads. It would be useful to get a good written record of what people have said. People should bring that with them to the Big Health & Well-Being Check Up Day, and it should also be handed in so that it can be used in the feedback report. The JHSCSAF this year wants to hear positive and negative real life stories of experience that explain why a locality thinks particular areas are strong or need improvement. The ultimate quality assurance is the experience people with learning disability and family carers have. The different targets often involve very different people, so it may be useful to hold 'target specific' meetings.



Big Health &
Wellbeing Check
Up Day

3. Big Health & Wellbeing Check Up Days:

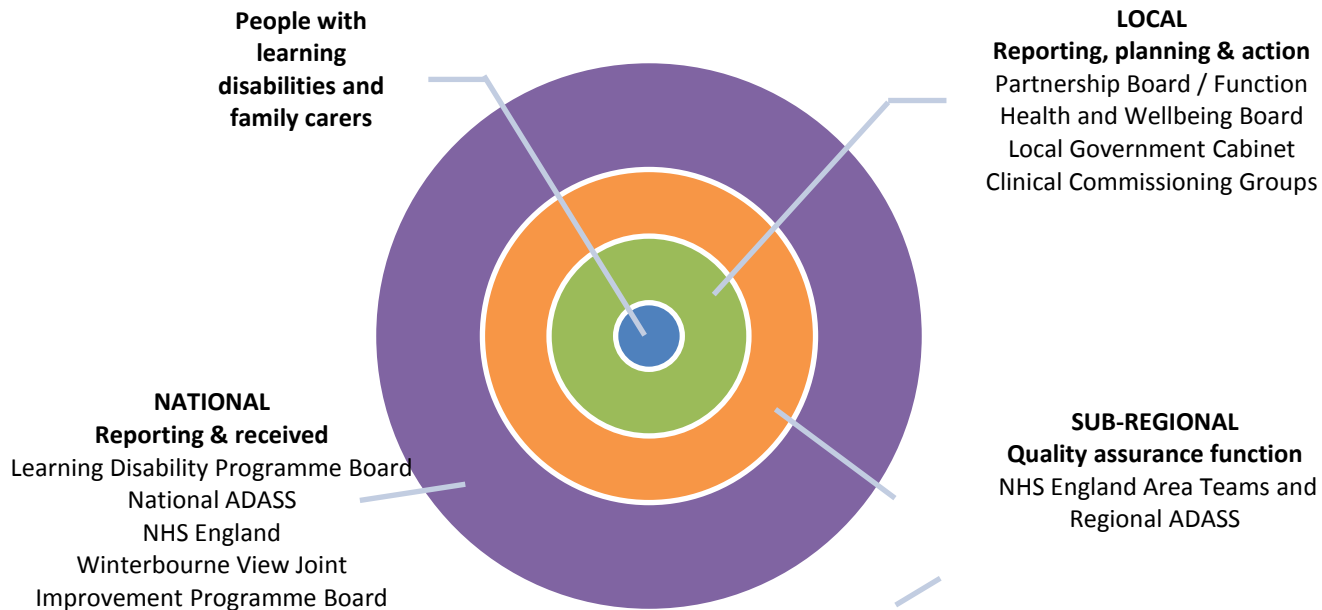
The aim of this day is to discuss and vote on the targets in the JHSCSAF and identify actions to progress. This step is key in fulfilling the vision laid out in the White Paper '*Local Democratic Legitimacy in Health*'

The process in more detail



4. GOVERNANCE

This year there is a huge change in the health and local authority structures nationally. Here is how quality assurance will be undertaken.





6. **Collecting Evidence and Submission:** the process followed should now enable the health & social care leads to complete the JHSCSAF with qualitative and quantitative information. The leads will benchmark their local progress against the national framework. This is then submitted online and received by the Area Team lead and the regional ADASS lead for learning disabilities.

SUBMISSION

Quality Assurance: Clinical Commissioning Group(s) and the local authority(s) will work together on the JHSCSAF. The results of their work will be published by IHaL.



NHS England Area Teams and regional ADASS leads will receive the completed JHSCSAF from each local area for whom they have responsibility. As part of the assurance process they will want to consider the approach to be taken locally to:

- seek views from people with learning disability, family carers and the 3rd sector
- identifying areas of best practice and areas of concern where a deep dive or sector led improvement may need to be undertaken
- provide joint feedback to local areas including people with learning disability and family carers.

Health & Wellbeing Boards

Health and Wellbeing boards should hold localities to account firstly for completing/publishing it then for the quality or their results. A script to support Health and Wellbeing Boards that wish to validate the returns in their localities will be developed and published on the IHaL website.

Guidance

General Overview



Staying Healthy

Staying Healthy: As with the general population, people with learning disabilities should have their primary healthcare met through Primary Care services whenever possible. Healthcare for All (2008) highlighted the need for systems to be developed in primary and secondary care services so that the journey of people with learning disabilities is traceable.

The standard assesses how the Primary Care Enablers (Direct Enhanced Scheme, Quality and Outcome Framework registers for people with learning disabilities and Down Syndrome) are implemented in primary care. Hence Primary Care Commissioning has an essential role in completing this section.

Valuing People Now reiterated that all people with learning disabilities should have a Health Action Plan that is integrated with their annual health check. The aim of integrated primary and community services providing person centered care is to avoid unnecessary hospital admissions.

Six Lives, the report by the Health and Parliamentary Ombudsman and Healthcare for All required the regulators (CQC and Monitor) and secondary care services to adjust their healthcare and make reasonable adjustments to avoid future failings of the healthcare system as described by the Six Lives Report and the more recent 74 Deaths and Counting Report (2012).

You can use the table to identify the relevant lead for each standard descriptor.

Guidance

Standard Description	Guidance Notes	Identify lead for each area
<p>A1</p>	<p>There is concern that many people with learning disability are unknown to services and do not subsequently get access to the healthcare that they need. This indicator aims to encourage the building of accurate registers to ensure equity of access to healthcare for people with learning disability. Using available prevalence data will allow some indicative benchmarking around whether numbers of people on registers are likely to be accurate. All people with learning disability are not being identified via the QOF and therefore local data needs to be scrutinised and systems put in place within primary care to ensure that all people are put onto the QOF register irrespective of if they are known to social services, or not.</p>	
<p>A2</p>	<p>Currently there is little specific comparative data between the health of people with learning disability and the non-learning disabled population, yet we know that people with learning disability have poorer access to healthcare and die younger than their non-learning disabled peers. This means that there is a lack of robust data from which the JSNA and Health & Well-Being Strategy can be informed. This indicator looks at one specific clinical area where there may be an inequity of access to health screening and subsequent prevention of disease. Gathering this data enables us to respond more effectively to individual clinical needs and be in a very strong position for future strategic planning of reasonably adjusted health services for people with learning disability.</p>	

Standard Description	Guidance Notes	Identify lead for each area
<p>A3</p>	<p>Whilst many practices sign up to the LD DES there is significant variability in the numbers of annual health checks that are actually completed. Underlying health conditions continue to be missed leading to poor health, sometimes death and long term costly interventions. Annual health checks have been shown to effectively reduce health inequality and improve health outcomes. Therefore a population wide 'roll out' at a local level is an essential action required to secure long term and consistent improvement in the health of this vulnerable group.</p>	
<p>A4</p>	<p>The LD DES guidance puts the onus on GPs to generate meaningful health action plans at the time of the annual health check to address health priorities. Integrated annual health checks and 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 can support reduction 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.</p>	

Standard Description	Guidance Notes	Identify lead for each area
<p>A5</p>	<p>Currently there is little specific comparative data between the health of people with learning disability and the non-learning disabled population, yet we know that people with learning disability have poorer access to healthcare and die younger than their non-learning disabled peers. This means that there is a lack of robust data from which the JSNA and Health & Well-Being Strategy can be informed. This indicator looks at one specific clinical area where there may be an inequity of access to health screening and subsequent prevention of disease. Gathering this data enables us to respond more effectively to individual clinical needs and be in a very strong position for future strategic planning of reasonably adjusted health services for people with learning disability.</p>	
<p>A6</p>	<p>Healthcare providers frequently 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 made trackable as identified within primary and secondary care. By including LD status in your referral you will give notice to the secondary care provider enabling them to make reasonable adjustments if necessary. This will lead to a potential reduction in DNA's, length of stay and inappropriate repeat attendances.</p>	

Standard Description	Guidance Notes	Identify lead for each area
A7	<p>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 that they have effective systems to deliver reasonably adjusted health services.</p> <p>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 acute settings within the localities 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 an LD function may be given trends and evidenced need.</p>	
A8	<p>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 will capture examples of where this is happening well in the wider primary care community. In order for reasonable adjustments to occur routinely services need a way to both record patients' learning disability status and describe the required reasonable adjustments. This measure is about universal services NOT those services specifically commissioned for people with a learning disability.</p>	
A9	<p>Evidence suggests 7% of the prison population - and 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:</p> <ul style="list-style-type: none"> •what is available including prevention, •development required and •ensuring health services are accessible. 	

Guidance

General Overview



Being Safe

Being Safe: Making sure that we design, commission and provide services which give people the support they need close to home, and which are in line with well-established best practice. This is something the Winterbourne Review highlighted.

We should no more tolerate people with learning disabilities or autism being given the wrong care than we would accept the wrong treatment being given for cancer.

This section looks at safeguarding and quality.

You can use the table to identify the relevant lead for each standard descriptor.

Guidance with complex needs

Standard Description	Guidance Notes	Identify lead for each area
B1	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.	
B2	This measure asks localities to demonstrate how thorough their contracting processes are. This is important as contract monitoring is one of the first methods of scrutiny and assurance.	
B3	Following the publication of Healthcare for All in 2008 (Sir Jonathan Michael) the 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) adopted the same standards into their compliance framework. As these are minimal quality standards it would be expected that all FTs 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.	

Standard Description	Guidance Notes	Identify lead for each area
B4	<p>Governance, safety, quality and monitoring.</p> <p>Learning from Winterbourne View Review and good commissioning practice have identified 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 safety and safeguarding for people with learning disability in all provided services and support.</p>	
B5	<p>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.</p>	
B6	<p>Commissioners can demonstrate 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 enquiry 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.</p>	
B7	<p>This measure is about how effectively your locality assesses and addresses the needs and support requirements of people with learning disabilities through local authority strategies with clear reference to current and future demand.</p>	

Standard Description	Guidance Notes	Identify lead for each area
B8	<p>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.</p> <p>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</p>	
B9	<p>Mental Capacity Act (MCA). MENCAP’s report Death by Indifference: 74 Deaths and Counting, highlighted the inconsistent application of the MCA 2005. This standard requires evidence that the five principles of the MCA are understood and consistently embedded within and across organisations to ensure safe, equal and high quality healthcare people with learning disability.</p> <p>Organisations are asked to demonstrate that there is evidence of routine monitoring across the whole organisation of implementation of MCA principles.</p>	

Guidance

Standard one: Access to Health, Governance, Assurance and Quality

General Overview



LIVING WELL: People with learning disabilities and their family carers deserve an equal opportunity with the rest of the population to fulfill their lives as equal citizens of our nation safe from crime and intolerance

This section is about inclusion, being a respected and valued part of society and leading fulfilling and rewarding lives.

You can use the table to identify the relevant lead for each standard descriptor.

Standard Description	Guidance Notes	Identify lead for each area
C1	This measure looks for the evidence that formal arrangements are in place that 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.	
C2	This measure asks for evidence of reasonable adjustment within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability.	
C3	This measure asks for evidence of reasonable adjustment within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability.	
C4	This measure asks for evidence of reasonable adjustment within providers and across the broader strategies for the community, reflecting the specialist needs of people with a learning disability.	
C5	This measure is about the importance of occupation and the equity that needs to be shown for people with a learning disability. Evidence of initiatives, data of the actual local picture are important.	

Standard Description	Guidance Notes	Identify lead for each area
C6	<p>Delivering effective transitions for young people is recognized as a way of addressing the difficulties confronted by young people with learning difficulties and their families at transition. Previous research has demonstrated that information is a key need at this time. Information relates to co-production of local services driven by parent and user involvement as well as having a sound knowledge base of future need to inform commissioning strategies.</p> <p>This descriptor ascertains if localities have good plans in place to ensure locally available provision of the future mainstream and specialist health services needed to support young people approaching adulthood - and their families. This measure touches upon the national Single Education, Health and Care Plan for people with learning disability. This policy is one of your key ways of evidencing success in this area.</p>	
C7	<p>Community inclusion and Citizenship are core to the need for people with a learning disability to be equal members of our community. This measure asks you to evidence that you have asked what inclusion and citizenship means to your local population, evidence that you are responding to such consultation and evidence that people actually feel part of the local community.</p>	
C8	<p>People with learning disability and family carer involvement in service planning and decision making including personal budgets This measure seeks to stimulate areas to examine what co-production means and demonstrate clear and committed work to embedding this in practice.</p>	

Standard Description	Guidance Notes	Identify lead for each area
<p>C9</p>	<p>Family Carers – Consultation on the JHSCSAF 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.</p>	

General Overview



The DATA: This section is self-explanatory and, in result of the consultation, we have tried to include where you might find the information and what other statutory returns or priorities collation of the data will help in completing.

It may seem more extensive than in previous years however it also includes information that replaces some of the Learning Disability Partnership Board reporting requirements and gives you a very broad set of information to help you assess the environment for people with a learning disability locally.

TIMESCALES:

Early August 2013	IHaL Website open for JHSCSAF collation and input	
30 th November 2013	Deadline to submit completed JHSCSAF	
December - Feb 2014	Quality assurance and regional reporting	
March 2014	Presentation to Health & Wellbeing Boards	National Reporting

GUIDANCE - web-links

Useful Web links

QOF Registers

<http://www.gpcontract.co.uk/timeline/ENG/LD%201#childorgs>

(this can be further interrogated by Practices in Download- you will need the practice codes)

QOF Guidance:

http://www.nhsemployers.org/SiteCollectionDocuments/QOFguidanceGMScontract_2011_12_FL%2013042011.pdf

Prevalence Rates and Annual Health Check Data:

<http://www.improvinghealthandlives.org.uk/numbers/>

Healthcare For All

http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/DH_077213

Direct Enhanced Scheme for 2013/14

http://www.google.co.uk/url?q=http://bma.org.uk/-/media/Files/PDFs/Practical%2520advice%2520at%2520work/Contracts/gpenhancedservicesguidance201314nhse.pdf&sa=U&ei=yqP_UebUIpKzhAfxkoDgDQ&ved=0CBsQFjAA&usg=AFQjCNFEccP1Allx1v6cKJcm1bveRKHhfg

Information Centre: National Collection of Annual Health check Data

<http://www.ic.nhs.uk/services/omnibus-survey/using-the-service/data-collections/ld-health-checks>

Useful Resources relating to Primary Care Contracting

<http://www.pcc.nhs.uk/search.php?q=learning+disabilities>

Useful Web links

Equality Delivery System

<http://www.dh.gov.uk/en/Managingyourorganisation/Workforce/Equalityanddiversity/index.htm>

PCT profiles : Health inequalities and people with learning disabilities

<http://www.improvinghealthandlives.org.uk/profiles/index.php?pdf=E09000002>

RCN statement and recommended resources

http://www.rcn.org.uk/data/assets/pdf_file/0004/78691/003024.pdf

http://www.rcn.org.uk/development/practice/social_inclusion/learning_disabilities/guidance

GMC website on learning disabilities

<http://www.gmc-uk.org/learningdisabilities/default.aspx>

Royal College of GP

http://www.rcgp.org.uk/clinical_and_research/circ/innovation_evaluation/learning_disabilities_resource.aspx

Mental health nursing of adults with learning disabilities,

http://www.rcn.org.uk/data/assets/pdf_file/0006/78765/003184.pdf

Compliance Framework 2012/13

http://www.monitornhsft.gov.uk/sites/default/files/Compliance%20Framework%2030%20March%202012%20FINALv1.1_0.pdf

MENCAP Getting it Right Campaign

<http://www.mencap.org.uk/campaigns/take-action/getting-it-right>

Joint Strategic Needs Assessment Core Dataset

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_099262.pdf

Local Profiles:

<http://www.improvinghealthandlives.org.uk/profiles/index.php?pdf=E09000002>

Valuing People Now

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_093377

Services for Challenging Behaviour or mental health needs

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_080128.pdf

Outcomes Framework for NHS in England 2013/14

<https://www.gov.uk/government/publications/nhs-outcomes-framework-2013-to-2014>

Adult Social Care Outcomes Framework 2013/14

<https://www.gov.uk/government/publications/the-adult-social-care-outcomes-framework-2013-to-2014>

Public Health Outcomes Framework 2013/16

<https://www.gov.uk/government/publications/healthy-lives-healthy-people-improving-outcomes-and-supporting-transparency>

People with profound disabilities

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_114346

Autism

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369

Royal College of Psychiatry:

<http://www.rcpsych.ac.uk/mentalhealthinfo/problems/learningdisabilities.aspx>

<http://www.rcpsych.ac.uk/specialties/faculties/intellectualdisability.aspx>

No Health without Mental Health

http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_124058.pdf

Social Care Institute for Excellence;

<http://www.scie.org.uk/topic/people/olderpeople/olderpeoplewithlearningdisabilities/adultswithlearningdisabilities>

Older People

<http://www.dhsspsni.gov.uk/auditlearningdisabilitychpt8.pdf>

Dementia and Learning Disabilities

<http://www.rcpsych.ac.uk/files/pdfversion/cr155.pdf>

Transition Planning

<http://www.scie.org.uk/publications/tra/index.asp>

Support and Aspiration

<http://www.education.gov.uk/schools/pupilsupport/sen/a0075339/sengreenpaper>

Lord Bradley's review of people with mental health problems or learning disabilities in the criminal justice system:

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_098694

Prison Reform Trust Resources

<http://www.prisonreformtrust.org.uk/SearchResults/tabid/41/Default.aspx?Search=learning+disabilities>

Positive Practice Positive Outcome

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124743

Health and Parliamentary Ombudsman

http://www.ombudsman.org.uk/search?queries_keyword_query=six+lives

<http://www.ombudsman.org.uk/care-and-compassion/>

Six Lives Progress Report

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_120251

Healthcare For All

http://webarchive.nationalarchives.gov.uk/+www.dh.gov.uk/en/SocialCare/Deliveringadultsocialcare/Learningdisabilities/DH_077213

Winterbourne View Review

<http://www.dh.gov.uk/health/2012/02/review-of-winterbourne-view-hospital/>

Equality Delivery System

<http://www.dh.gov.uk/en/Managingyourorganisation/Workforce/Equalityanddiversity/index.htm>

Safeguarding Adults at Risk

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4008486

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124882

Mental Capacity Act

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085476

<http://www.ic.nhs.uk/statistics-and-data-collections/mental-health/mental-health-act/mental-capacity-act-2005-deprivation-of-liberty-safeguards-assessments-england--second-report-on-annual-data-2010-11>

74 Deaths and Counting

<http://www.mencap.org.uk/74deaths>

National Framework for Continuing Healthcare

http://www.dh.gov.uk/en/Publicationsandstatistics/Legislation/Regulatoryimpactassessment/DH_076334

CQC Inspection of Assessment and Treatment Units

<http://www.cqc.org.uk/public/our-action-winterbourne-view/review-learning-disability-services/learning-disability-reports>

Useful Weblinks

Commissioning Learning Disability Health Services

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_109088

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079987

Equity and Excellence Liberating the NHS

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_117353

Carers Strategy

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085345

Responsible Commissioner Guidance

http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4069634

CQC

http://www.cqc.org.uk/sites/default/files/media/documents/gac_-_dec_2011_update.pdf

http://www.cqc.org.uk/sites/default/files/media/documents/20120117_whistleblowing_quick_guide_final.pdf

Out of Area Protocol

Easyhealthth is a simple-to use, easy-to-understand website that makes it straightforward for people to find health information:

www.easyhealth.org.uk

Self Assessment Framework Overview

http://www.improvinghealthandlives.org.uk/projects/self_assessment/regions/

Easy Read Tools for Big Health Check Up Day

Good Healthcare for All Resource for Family Carers and people with learning disabilities

<http://www.learningdisabilities.org.uk/publications/176171/>