

## Guidance note for regions on completing the 2010 learning disabilities health self assessment exercise

### A revised self assessment Framework for 2010

People who had been working with the Framework in different parts of the country met together in November 09 to further refine the Framework and linked papers. You will need to read the revised 2010 Framework carefully to be aware of the changes – but essentially, the main changes to the Framework are:

- Sub Objective 4.1 has been moved to become 1.3 under Top Target 1. The numbering of the sub-objectives under Top Target 4 has been retained (just omitting 4.1) to ensure no confusion when it comes to referencing or comparing progress with last year
- An additional sub-objective (4.11) has been added to help to know more about the health needs of people with LD in prison
- There has been some movement between the decision-support criteria under Levels 1,2 and 3 to respond to people's feeling that some of the 'weighting' was not quite right
- The final right hand column of the Framework - which previously showed 'key measures' and 'key processes' – has been streamlined and now shows Measures or Data required, along with 'suggested evidence'.

### The six Appendices to the Framework

The Notes page (Appendix 1) has been slightly altered in line with any revisions to the Framework. Appendices 2 to 5 stay the same, but a new Appendix 6 has been added giving the Welsh Health Check format which was attached to the DES Guidance. The six appendices are:

- Appendix 1: Numbered notes which go into a bit more detail to explain certain points in the Framework
- Appendix 2: This is the DH revised definition of campus
- Appendix 3: Definition of learning disability
- Appendix 4: The Mencap definition of profound or complex learning disability (including 'link' to full definition)

- [Appendix 5: Glossary of terms/abbreviations used in the Framework](#)
- [Appendix 6: LD DES and linked Health Check exemplar](#)

### Revised format for feedback forms for 2010

In order to simplify completion, there are now **two** Feedback forms which need to be completed after your self assessment process, and returned to your SHA. These are:

- the [General Feedback form](#) (for self assessed levels of progress, examples of good practice, and priorities for coming year). **This form now has five questions at the back – please don't forget to respond to them also**
- the [Measures and Evidence Feedback form](#) (for feedback requested in the Measures and Evidence column of the Framework)

### [Completing the General Feedback form](#)

*An overall score for each of the 4 Top Targets* - Please remember to complete your **overall** assessed score per Top Target at the top of each Target heading. That score can only be red, amber or green – with no halfway marks. It will then also be included in your annual Partnership Board health report to the government.

*Column 2* asks for information about 'good things happening'. When completing this:

- highlight just those areas of good practice of particular note or of which you are especially proud.
- once an aspect of good practice has appeared in your regional Good Practice and Innovation report, there is no need to re-record the same practice every year – please then just give any examples of good practice from the previous 12 months.

*Column 3* asks 'where things need to get better'. This column allows you to record where you have significant concerns about services - or about a lack of progress – linked to the objective. You could usefully include here 3 or 4 key points from discussions at Getting Ready

Meetings and the Big Health Checking Day – and these will probably inform the priority objective you then put into Column 5.

*Column 4* contains the self assessed levels columns. It has been agreed that – on occasions – where people feel it is really impossible to reflect the progress they feel they have made using just red, amber or green, people may score themselves Red-Amber or Amber-Green. This facility should be used only exceptionally – if at all - in any return.

*Column 5* asks for ‘one thing you want to be better in 12 months’. Whether the priority aim you include here is large or small, it is important that it is expressed in a tangible way – that is, that it is solid, measurable aim or ‘product’. What you put then offers an opportunity for comparative analysis of progress by your Partnership Board, as well as for those validating and commenting back to you on your progress each year. If you have a second priority/action you want to set your sights on achieving - by all means include it here too. The things that people put here and in column 3 should centrally inform people’s local Business Plans.

A good solid objective would be, for example, *“by May 2010 we will have an accurate record - agreed across primary care and the local authority - of all the people from minority ethnic groups living in this locality”*

A poor objective would be, for example, *“We will set up a group to review the position”* – or, *“We will speak to the commissioner responsible...”*

*The final 5 questions* offer a source of very good information about how well people understand, are involved with, and contribute to the process. This year there are two new questions which relate closely to governance and accountability. One question is about how progress is systematically reported to various organisations – the other is a specific question about local responses to the Ombudsman’s Report ‘Six Lives’.

## Completing the Measures and Evidence Feedback Form

*Measures/data:* The form has been developed to more easily accommodate the information requested in the Framework. The measures requested have been reduced and the format clearly shows where you need to fill in the data requested. If you do not have the data, you should add comments about what you are doing to get it.

*Evidence:* In the recent review process, people said that a lack of specified evidence was a weakness - so the 'key processes' element from previous years' form has been removed – and 'suggested evidence' inserted. The column on the right of the Form should offer adequate space to insert web-links to relevant extracts as suggested – or alternatively to refer to attached files. **Please note:** large documents like full strategies, Action Plans etc should not be included as evidence – evidence requested relates to specific extracts from plans and strategies which provide evidence linked to that particular sub-objective.

If those carrying out the Validation of the return feel that there is a lack of information or evidence to support people's self-assessment, people may be contacted prior to Validation meetings to request additional information. Alternatively, targeted questions may be asked at the Validation meeting.

### Timetable for your region's self assessment exercise

*(Attached at the end of this document)*

Once you have agreed your regional process along with start and finish dates for 2010, you should complete your regional 'timetable', and when you are launching your annual process, you could usefully send a copy of it to every locality doing the self assessment, to make sure that people have a good feel for the process and timescale. The heading 'links' you to an **indicative** timetable. This shows the main 'steps' involved in the self assessment, along with the time generally needed to complete those steps.

After Year 1, if you build 'checking' and review into your work throughout the year, you should be able to simplify and shorten your process subsequently.

### Materials and easier to read documents

A number of easier to read papers have been developed in Yorkshire and Humber and North East to help people with the whole process. Pending further work to review and update these papers in the coming year, a link to Inclusion North has been provided which will take you to the following papers which you may wish to use as a resource, or tailor to your local needs.

The aim is that in due course, further resources from around the country will also become available for sharing. The current set of Easy read resources available on IN website are:

- A presentation used by PCTs to tell the Partnership Board about this year's self assessment work
- A timetable in an easier to read format. This can be used at the Partnership Board on the same day as the presentation. It can help people decide on what steps need to be taken locally – and by when
- A 'Flyer' telling people about the Getting Ready Meetings and about the planned date for each local Big health Checking Up Day. This Flyer can be handed out at the Partnership Board on the same day as the presentation.
- Facilitator's notes for use by the people who organise the Getting Ready Meetings.
- A workbook or checklist which facilitators can use to think about questions to ask different people or stimulate discussion at Getting Ready meetings and at the Big health Check Up day.  
**But please note – it is not designed for use by different groups or as a 'questionnaire'!**
- Pictures of the four 'Top Targets'. These can be printed off on very big sheets and put up on the walls at all meetings including the Big Health Check Up Day.
- Picture Score Cards – for use at all meetings

## **Indicative Process and Timeline for each Region's health self assessment process**

*To be agreed in each Region prior to launching the exercise each year, and sent out to every locality at outset to ensure clarity of process and timescales*

<b>Indicative Date</b>	<b>Activity</b>
<b>Month 1</b>	Self Assessment Papers (Framework, Guidance note and Feedback Forms) - or web-link to them - sent from SHA to PCTs (could usefully be addressed to a nominated lead Director/member of SMT in each PCT)
<b>Month 1 – Month 3</b>	Initial briefing of local Partnership Boards and other involved local networks (e.g. Carers groups)  Preparation sessions (“Getting Ready Meetings”); and finally, the “Big Health Check Up” day - to be held in each locality
<b>First wk Month 4</b>	Completed Feedback Forms returned to SHA <u>or</u> other regional group ( <b>subject to regional leadership discussion</b> ) – having first been signed off by both PCT CEOs and Partnership Board Chairs ( <b>again, subject to further discussion locally</b> )
<b>By end Month 4</b>	Validation meetings held with representatives from each locality. (In Year 1, around 1.5 hours should be allocated per locality.)
<b>By end Month 5</b>	Regional Overview Report received and approved by Regional Overview Group, PCT CEOs, SHA, Regional LD Programme Board, ADASS. ( <b>Process to be followed is subject to local discussion.</b> ) Then, sent out to localities along with individual letters; Good Practice and Innovation Report; high level (per 4 Top Targets) comparative R-A-G chart for region; more detailed (per sub-objective) comparative R-A-G chart.
<b>Date?</b>	Inclusion of high level priorities in Regional LD Health Business Plan ( <b>or equivalent</b> )
<b>Date?</b>	Celebrating Good Practice in each locality – ‘Showcase’ Event. ( <b>Process to highlight and celebrate success, subject to local discussion</b> ).