

## Yorkshire and the Humber Healthy Ambitions Learning Disabilities Pathway Report

### Foreword by Sue Proctor, Director of Patient Care and Partnerships, NHS Yorkshire and Humber

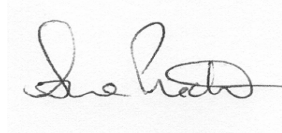
I am pleased to present Yorkshire and Humber regional overview report on health services for people with learning disabilities. All 14 PCTs worked very hard in completing the third year of the Learning Disabilities Performance and Self Assessment Framework and I would add my personal thanks to you for this. We recognise the abundance of innovative projects that are happening across our region and the dedication of the workforce in improving services for people with learning disabilities. In order to share the learning from these projects we intend to publish a Good Practice and Innovation Guide of the work undertaken across Yorkshire and the Humber. We will showcase some of the projects at the Big Health Day on the 24<sup>th</sup> of November 2010.

We must now build on these achievements and provide the leadership to ensure that we provide safe and accessible healthcare for those who are some of the most vulnerable people in our society: people with learning disabilities.

Clearly, there is still a long way to go before we will have addressed the particular challenges and shortcomings in healthcare that exist for people with learning disabilities and their family and carers. We know that there is a growing number of people with learning disabilities living longer, with sometimes very complex needs. 'Six Lives' told us what happens when things go wrong.

We need a responsive, person-centered and accessible mainstream health-service that understands what reasonable adjustments mean when working with people with learning disabilities. Specialist Learning Disability Teams have a key role in supporting people in the community who may have complex, profound and multiple disabilities.

Through this exercise people with learning disabilities and their families and carers were enabled in measuring how their local health services performed and in setting appropriate key actions for the coming year. It will now take all of our leadership to progress on these actions and to avoid more stories like those described in 'Six Lives'.



Sue Proctor  
Director of Patient Care and Partnerships  
NHS Yorkshire and the Humber  
September 2010



## Report on Year Three Health Assessment Framework

### Introduction

The Yorkshire and the Humber regional learning disabilities health programme was launched in November 2007, and since last year has been included in the region's 'Healthy Ambitions' programme of work. Yorkshire and the Humber was the national pilot site for the first learning disabilities health self assessment process, and the region has been widely commended for its work in this regard.

The annual self assessment process informs the agenda of the regional Health Programme Board, as well as shaping local strategic planning. The report below not only records the key findings from the recently completed Year 3 self assessment, but also offers comparative comment on progress achieved in these past three years.

### Three years on...how are we doing?

In the past three years people feel that the region's learning disability programme and its annual self assessment process, has been of great benefit in a number of ways. In terms of how people work it has:

- clearly articulated PCT and SHA commitment to improving the health and wellbeing of people with a learning disability
- created the expectation of sustained progress in this work in all areas across the region
- enhanced partnership work, involvement and communication across health organisations and with Partnership Boards and other groups
- reaffirmed the vital central role in this work of Learning Disability Partnership Boards and their health sub groups, and
- generated a systematic collection of information and identification of priorities. Such information has offered a sound rationale for business cases for further resources, and numerous posts have been appointed to, to take vital work forward.

In terms of benefits to people, their families and those working in health organisations, it has:

- got more people involved in discussing their views about health services, as well as in decisions about strategic health plans
- raised people's awareness, and brought more skills and resources into a good number of local areas and health organisations
- helped to create more information about health services and issues in easy read format
- led to a better experience for people when they visit the GP or go to hospital

- made sure that patients and staff providing services all know a lot more about how laws like Mental Capacity Act protect people and also what they mean for how NHS staff work with people with learning disabilities.

It is important as we now approach a period of organisational change and increasing financial rigour, that we work hard to sustain and build on this work, and the good progress made.

## 2010 Self Assessment

### Progress made

People have worked hard again in the past year to make progress on the priorities they identified in 2009. Even more people have been involved in helping with the self assessment – and members of Health Sub Groups and Action Groups are to be especially congratulated for the work they are doing to drive progress in their local areas.

It is good to see that as a region we have almost finished our work to help people move out of campus places. Three years ago almost half of the areas in this region had people living in campus homes – and we now only have two people in one area, and they are due to move very soon. We decided to now pay particular attention this year and next – to people who are still receiving treatment in NHS or private hospitals. This is so that we can make sure that they benefit from all the support and good practice that is developing for others in this region.

In the past year, impressive and commendable progress has been made across the region on many of the objectives in Top Target 2. The first self assessment in 2007-08 identified as regional priorities, the need to have much better information about people's health, and to improve people's access to mainstream health services. Since that time the hard work people have done means that both these important objectives have been met.

Last year it was concluded that despite positive work happening in some secondary care settings, there was still a marked need for some of the region's acute hospitals to further focus on the learning from Six Lives, and to improve the experience people and family carers have in hospital. This year has shown real progress made by many general hospitals and/or by their directorates, and a number of hospitals are to be commended for the leadership and commitment they are increasingly showing in this regard.

The past three years have also seen considerable work done to raise staff and patient awareness of the impact of key policies and legislation; to apply learning from Healthcare for All and Six Lives; to systematically report progress on this at NHS organizational board level; and to involve people with learning disabilities and carers much more in Safeguarding Boards and a range of training activity.

The past year has seen further progress across the region on many of the objectives in Top Target 4 - though, as last year, progress on individual objectives varies considerably between localities. Marked improvement is noted in improving planning for young people approaching transition. More self advocates and parents are getting involved with the work of health action groups and other mainstream health initiatives. People are gradually reviewing and in some cases re-modelling how their specialist services can work best in community settings, and many areas are using better information to develop their future planning for people who need more support to be healthy and to lead fulfilling lives.

### **Work ahead in the coming year**

A number of common themes have emerged which may inform regional development priorities in the coming year. These include:

- Identifying and meeting the needs of people from minority ethnic minority communities
- Building on work this year and continuing to develop the central role and responsibility of the GP and primary care teams with regard to annual health checks and follow up
- Building on work this year, and continuing to make sure that transition planning for all young people is of a consistently high quality – ensuring timely multiagency planning and provision of services for those who need more specialised support to be healthy and achieve their potential
- Further work with hospitals to ensure a consistent quality of service in all the region's hospitals
- Having a clear vision in every area of the range of specialist services needed
- Getting even more people involved in talking and deciding about health planning and commissioning locally.

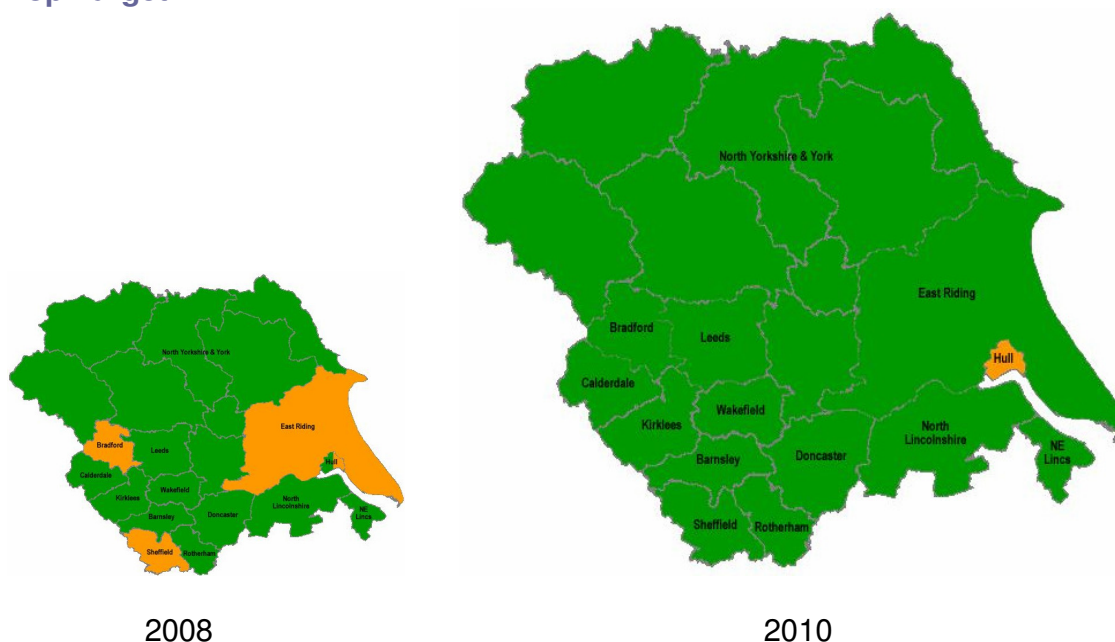
The more detailed paragraphs below, and 2009-2010 comparative summary tables, show even more clearly the marked and commendable progress made across this Region in the past year. Appendices 1 and 2 give a comparative summary (by Top Target over 3 years), and by locality per objective this year.

## Top Target 1 – Resettlement and Campus

This Target takes account of people living in ‘campus provision’ and the linked government target around campus closure. It also considers all others who are in any form of NHS or private sector healthcare provision, irrespective of funding ‘stream’ and of commissioning responsibility. The aim is to allow local commissioning organisations and Partnership Boards to check that they have a comprehensive understanding of the substance, quality and cost of care being commissioned for all individuals with a learning disability from that area.

The maps below show comparative progress since 2007-08 on this Target.

### Top Target 1



In 2008 campus provision remained in 7 localities. In 2009, around 20 people across three localities were still in the process of preparing for moves to new homes. This year, only 2 people now remain in campus provision and their moves to new homes are imminent. People have clearly worked hard to meet the 2010 national campus closure target.

The former objective 4.1 was felt to align more closely with Top Target 1, and was moved this year to become Objective 1.3. Top Target 1 therefore now also applies to people in low or medium secure settings, those under MH Act section, and those in private or NHS hospital accommodation, often out of area.

With reference to Objective 1.3 and those people who may still be in some form of ‘specialist’ hospital care, it is clear that the majority of areas have worked hard

in the past three years to develop a sound database of information about individuals whose care is commissioned both within and out of area. They are confident that those people's care is systematically reviewed, with close attention paid to discharge planning.

Several areas have worked hard with local partners to develop housing and independent supported living options locally, so that people can return from services out of area. As well as this, the majority of localities are working to develop local, community-based specialist services and are increasingly making a commitment to people that they should no longer have to leave the area to get the specialist support they may require.

Securing good value for money is of central importance in buying care and support for people – and commissioners have to strike a sensitive balance in finding a service that is right for the individual and, at the same time, affordable. It is vital, therefore - as commissioners seek to develop good, affordable local services – that those individual needs and choices shape how those services are designed. It was noted at Validation that one area is planning to open assessment and treatment units on the site of a closing campus. People currently out of area, are reportedly now being 'identified' to fill those units. The approach described would appear to run counter to policy and best practice, and these plans will come under further regional scrutiny.

Commissioning low and medium secure services, or NHS Continuing Care funded services may often not be done by the learning disability commissioner – but instead fall within specialist commissioning consortium or Continuing Care arrangements. Some learning disability commissioners in Yorkshire and the Humber Region are clearly in close contact with fellow commissioners and have an overview of their whole population – however, others have recognised that they need to work more closely with all commissioners with a responsibility for people with a learning disability, irrespective of funding 'stream'. Improved communication and information sharing across commissioners is an important goal for the year ahead.

## **Top Target 2 – Addressing health inequalities in mainstream health care**

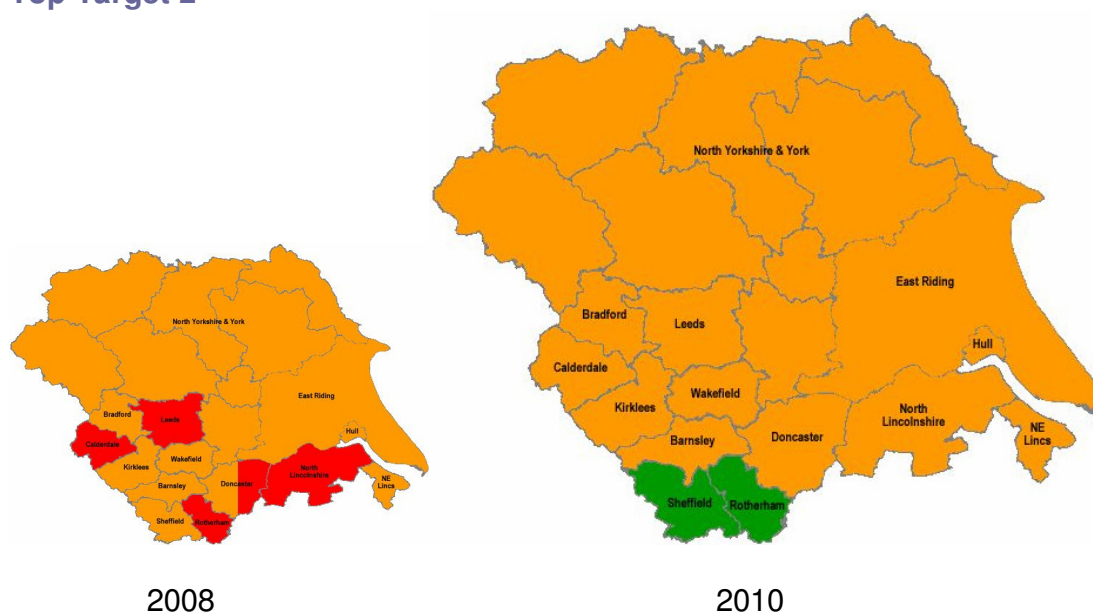
This Target takes account of a range of activity that should be happening in each locality to gain a detailed understanding about the health status of all local people with a learning disability; the quality of people's access to, and experience of, mainstream health services in the community and in hospital; health inequalities people may face – and how any deficits identified are being remedied.

The first self assessment in 2007-08 identified as a regional priority, the need to urgently address the issue of collecting good, validated baseline information

about people with a learning disability registered with GPs, and about their health status. A further priority was to more effectively influence and inform mainstream health services - both in terms of commissioning and providing care. This would also then have a direct impact on the development of 'reasonable adjustments' in mainstream health services.

The maps below show the sustained progress made on this Target right across the Region in the past three years.

### Top Target 2



Further excellent progress was made in the past year on a number of objectives within this Target, and this is demonstrated even more clearly in the table below which gives the comparative results from 2009 and 2010 from all 14 localities, in assessing their progress on each of the 9 objectives.

### Top Target 2

<b>2009</b>	26	8	77	2	13		
<b>2010</b>	6	1	87	8	24		

Around 80% of PCTs are now confident that robust information is held in GP Registers about their patients with a learning disability. In most areas, this information has also been cross-checked with information held by community teams and social services. As well as this, positive work is recorded in around

30% of areas in identifying older family carers and working more closely with them.

Although some progress is recorded in improving information in Registers about patients with a learning disability from ethnic minority groups, responses this year suggest that there is still much work needed in the Region to identify hard to reach people, and make sure they are getting the services and support that they need.

Areas have continued to develop health needs assessment processes, and this work - along with the information coming from Annual Health Checks and Health Action Plans - should by next year lead to a comprehensive, evidence-based assessment of health need in each area. This will contribute significantly to commissioning plans and priorities.

A growing number of areas are working with practices to develop 'flagging systems' which show both where a person has a learning disability and has one or more chronic conditions e.g. diabetes. A small number of areas have developed systems to follow (and correlate information about) the patient from GP referral to hospital - through to discharge from hospital after investigation and or/hospital stay. It is recommended that where such systems are functioning effectively, information about this could helpfully be gathered across the Region and widely shared.

Following the introduction of the learning disability DES in April 2009, work has progressed in all areas to establish a system of Annual Health Checks. The information received about annual health checks has been variable. It would appear to show that around 40% of people in the Region have had an annual health check in the past year. Much better information will be needed next year in order to offer a sound assurance of progress. It was noted this year that a number of those areas making good progress on annual health checks, are planning to audit the effectiveness of these checks, in the year ahead.

Further progress has been made in developing Health Action Plans, and community teams and specialist services are to be congratulated for ensuring that people's health needs are identified and addressed. With the increasing focus on GPs as the gatekeepers of the annual health check process, it is important that these Health Action Plans - and the needs they highlight - are closely aligned with the Annual Health Check process.

The majority of areas are clearly working hard to improve people's access to mainstream leisure and health promoting activity and many areas are to be commended for their work in this regard.

Sustained progress on collecting key data about people's health, must again this year continue to be seen as a priority, if areas are to effectively discern health

inequality, tackle it, and then demonstrate improved experience and outcomes for people. It is hoped that the Annual Health Check, once well established, will help to address this information deficit.

In terms of people's access to health care generally, it is noteworthy that where areas have employed people to key posts such as strategic health facilitators, matrons in the hospital with individual case management responsibility, acute liaison nurses, primary and secondary healthcare facilitators, etc, significant progress has been achieved in improving people's access to mainstream health services. It is good to note that reported feedback from self advocates and carers, indicates that they are having a more positive experience of health services in both primary and secondary health settings.

The majority of areas in the Region are to be commended for the progress they have made in their plans to improve key aspects of health care in general hospitals. Areas have again recorded a number of innovative and progressive developments. As noted above, recruitment to key posts has facilitated this progress and a number of hospitals and their directorates are to be commended for the leadership and commitment they are increasingly showing in this regard. There are, however, some hospitals - or directorates within hospitals - where more progress is needed, and it is hoped that the regional Access to Acute Network and linked regional project can support that work in the year ahead.

The objective which relates to deriving equal benefit from other clinical networks or Pathways, has again had a varied response this year, although more areas do appear to be working well with partners to increasingly make mainstream health initiatives and services equally available to people with learning disabilities. It is hoped that the Healthy Ambitions work-stream will now more systematically frame the work required across the region and in certain localities.

In relation to the objective around deriving equal benefit from innovations in computer technology, fuller responses have been received this year with evidence of some thoughtful and innovative projects underway - for example, exploring the use of telehealth solutions in the care of people with learning disabilities. Areas are increasingly developing 'flagging systems' in primary and hospital settings which allow better forward planning and closer review of people's care experience. The introduction of Summary Care Records is affording an opportunity to work closely with people in producing the easy read version of their care records.

Although some very good work has been done in some areas to carry out independent reviews and raise awareness of the needs of those with a learning disability in the minority ethnic population, a number of areas still recognise that they need to develop this work further. It is recommended therefore that progress on this remains a regional development priority for the coming year.

Around 50% of the region's localities are reporting sound progress in identifying and planning for people with profound and multiple disabilities, and their carers. Many areas have sustained and further built upon the excellent work reported last year. However, some areas did not achieve planned progress in gathering better information about this group; and, although involvement and engagement has improved there is still much to do. It is recommended therefore that this continues to be a regional development priority for the coming year.

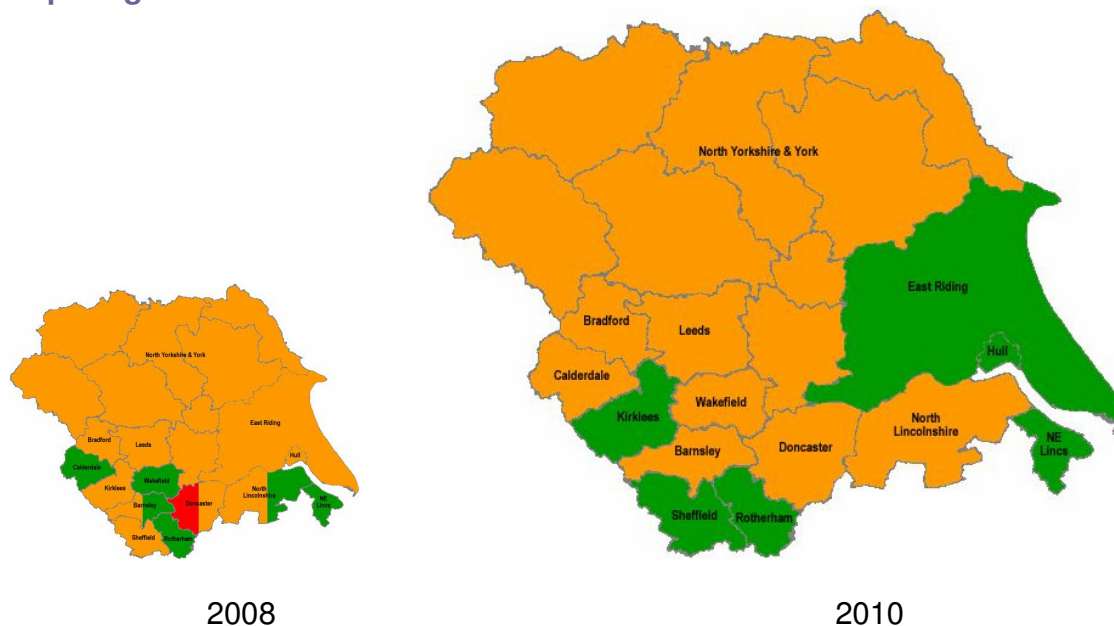
### **Top Target 3 – People in services commissioned or delivered by NHS, are safe**

The aim of this Target is to allow people to consider their progress in the following key activities which reflect or contribute to people's safety. These are:

- That people are learning from Healthcare for All, Six Lives, local Safeguarding Inspections, etc
- That NHS organizations have good policies and practices – founded on key legislation - which effectively inform and guide how they provide health care, and are of benefit to people with learning disabilities
- That the review of complaints or adverse incidents, and information derived from audit and feedback generally - all lead to improved practice
- That each locality has coherent partnership working to safeguard people from abuse

In the first 2007-08 self assessment, areas based their perception of progress on the existence of generic processes. However, since then, they have looked at the objectives in this target in much more depth – especially in light of Healthcare for All and Six Lives – and recognize that it relates not only to the presence of comprehensive, 'living' policies and processes that protect people's rights as citizens and as patients – but also to the outcomes that such policies secure, including people's experience of care. This led to areas scoring themselves much more rigorously in subsequent years, as demonstrated in the very gradual progress suggested by the regional map below.

### Top Target 3



In order to fully appreciate the steady and considered progress that has been made over the past year in all the above aspects of safeguarding, it is necessary to look more closely at the progress described in more detail below by each area on each objective this year.

### Top Target 3

2009	2	-	26	4	24
2010	-	-	25	2	29

The 2009 self assessment process showed learning disability specialist health Trusts reviewing their services in the context of Healthcare for All and Six Lives, and then working in a progressive and business-like way to alter or improve their practice if necessary. However, the seemingly variable response in acute care i.e. general hospitals, led to this being highlighted as a continuing regional priority for progress.

This year, 90% of areas have described good partnership working across local health organisations to together identify where improvements are needed. Actions identified from Six Lives review, and the annual self assessment, etc are increasingly being streamlined into one local Action Plan or Strategy, with clarity of accountability and regular review at Board level by all partner organisations.

There are examples across the Region of excellent work done to widely publicise the issues raised in Six Lives, and of the ways in which a wide range of people have been involved in developing Action plans. Review of progress is in many cases now explicit within quarterly contract review processes.

With reference to last year's priority, responses show the very positive work that has been happening in a good number of the region's hospitals to address the issue of how people with learning disabilities experience their services. Such progress is borne out by comments and feedback from self advocates and family carers. It is clear that there has been a significant benefit in those hospitals where key posts have been introduced or explicit responsibility allocated e.g. where a matron holds case management responsibility for patients with a learning disability. Reports suggest that people are increasingly being monitored from the time of being referred to hospital, until they are discharged. Hospital staff have access to a range of e-learning and awareness training, and the use of VIP cards and hospital passports is increasing. There is evidence of work being done with different hospital departments (e.g. A&E, radiography, etc), as a result of which they are introducing thoughtful adjustments to their practice.

On the whole, general hospitals are to be commended for their hard work and commitment in achieving this good progress in the past year. Responses do suggest, however, that such progress is not happening in all hospitals, and also that it can be variable across hospital departments. For this reason, it is recommended that this continues to be regional development priority for the coming year.

Understanding rights and responsibilities under current legislation, was a recognised gap last year. Information this year shows that a good number of areas have focused on this in the past year, with key aspects of legislation being incorporated into staff training and workforce planning. As well as this ways have been developed of making such information accessible also to self advocates and lay members of Partnership Boards. A small number of areas have audited Best Interest Decisions made, and have been able to clearly demonstrate how their procedures have led to better and more person-centred health outcomes for the individuals concerned.

It is vital that services are delivered by staff who are well informed about the legislative framework within which they operate – and how those laws translate into practice in terms of service delivery to people with learning disabilities. The good progress described above is to be commended – however, it is clear that further work is needed in some areas, and for this reason it is recommended that this continues to be a regional development priority for the coming year.

Last year recorded concern about the management of complaints in some acute Trusts, but as reported above, this issue is now being addressed in a good number of hospitals. Responses this year show that people with learning

disabilities are getting much more involved with PALs and LINKs. More accessible information is being produced about how to complain, and some areas are developing easier and more immediate ways for people to give feedback after a hospital visit or stay. Direct feedback from people and family carers included in responses, suggests that people feel that they are having more opportunities to be involved in decisions about their care. Some areas gave examples of changed practice as an outcome of learning from complaints or incidents.

In terms of partnership working in safeguarding people from abuse, most responses described generally good partnership working. It is good to note that some areas involve their local independent care providers in their safeguarding and awareness raising training. Responses show more systematic representation from Partnership Boards on local Safeguarding Boards and, from that, informed feedback to Partnership Boards.

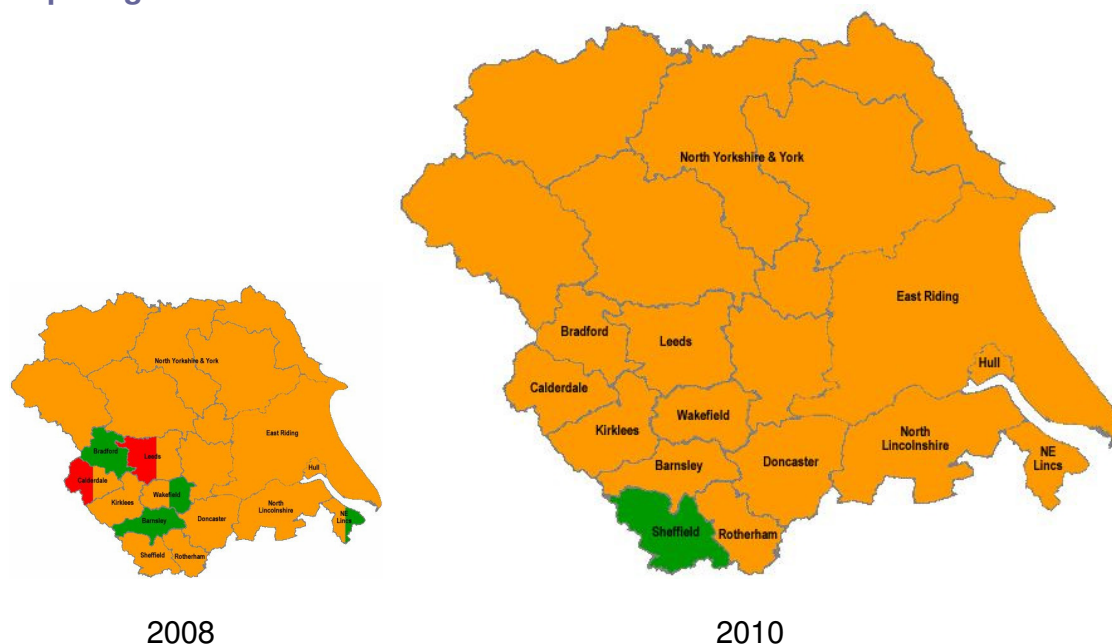
#### **Top Target 4 – Progress is being made in developing local services for those needing more help to be healthy**

This Target and linked objectives seeks to determine:

- That local commissioners and Partnership Boards have comprehensive information about the health needs of those people with a learning disability who need more help to be healthy
- That they have a clear vision and plan of how they need to develop local mainstream and specialist health services to meet those needs, and that this is reflected in corresponding workforce planning
- That people are centrally involved in both individual and strategic decisions affecting their health
- That local organisations work well together to the benefit of their population

Generally there has been good progress again this year on this Target – though, as last year, progress on individual objectives varies considerably between localities.

## Top Target 4



**Top Target 4** (note: comparison in table below is made over objectives 4.2 to 4.10 for both years and does not take account of scores for new objective this year 4.11)

<b>2009</b>	16	1	83	3		23	
<b>2010</b>	5	-	82	7		32	

From responses to 1.3 and 4.2 it is clear that most areas in the Region have good information about individuals whose care is commissioned both within and out of area, and that this is subject to regular review. This includes young people approaching transition.

In 2008 there was marked variation across the region, in how people and statutory organisations were working together locally to plan for transition of young people to adulthood. This year's responses suggest excellent progress across the majority of the Region, with examples of innovative work with young people and parents; robust and communicative multi-agency partnerships; increasing use of person-centred transition planning; and development in some areas of dedicated Transition teams. There still appears to be an issue in a small number of areas, however, about the need to improve information sharing and joint planning across responsible agencies – resolving this must be seen as

a priority in order to ensure consistently good planning and outcomes for young people right across the Region.

In 2008 the issue of real and systematic involvement by people with learning disabilities and their carers - in discussions and decisions about health service issues affecting them - was highlighted across the majority of responses, as an area of significant deficit. Responses in 2009 - and again this year - have described increasing involvement both in the self assessment process itself, and also in Health groups linked to Partnership Boards – as well as more widely in other mainstream health groups.

Almost all areas are describing good working relationships across local agencies and organisations, although some areas say that information sharing could still improve. Many areas are to be commended for their work in the past year to ensure that the needs of people with a learning disability in their area are well represented in the local JSNA. Responses show that, whilst partnership arrangements are under review in some areas, joint working is increasingly founded on sound agreements and protocols. In the case of commissioners and providers, greater attention is being paid to making explicit reference in contracts and service specifications to meeting the needs of people with learning disabilities. In one part of the Region three areas are working together on a number of aspects of learning disability planning and commissioning, and they are to be congratulated for this progressive approach.

In both 2008 and 2009, the need to improve strategic planning for people with learning disabilities who are ageing, has been a locally and regionally recognised priority. Although some areas reported progress last year – for example, in explicitly including people's needs in local dementia strategies – this continued to be an area needing significant progress. This year, whilst progress appears to be slow in three localities, examples of good work happening across most of the Region include:

- gathering better information about people and reflecting this in the JSNA;
- in some areas, joint work with mainstream Older Persons and Mental Health/Dementia services to ensure explicit inclusion in service planning as well as access to current services;
- developing a pathway for younger people with dementia
- research being done around barriers to care
- work (reported in 2 areas) around extra care housing models, which will offer people and also older carers the opportunity to share accommodation with their relatives.

Areas are commended for their work in the past year, but it is recommended that progress on this continues to be seen as a regional priority for the year ahead.

In both 2008 and 2009, the need to improve strategic planning for people with learning disabilities who also have autism, has been a locally and regionally

recognised priority. In two or three cases no information was given this year to show that any work had progressed. Some areas were developing plans, but delayed completion or implementation of these in anticipation of the national Autism Strategy (now issued). In the majority of areas in the Region, however, good progress has been made and this includes:

- further development of dedicated teams and posts
- development of local autism standards and linked audit tool
- awareness raising events, and development of local focus groups
- increasing involvement and participation in Partnership Boards and linked networks
- increasing use of personal budgets building on In Control

Again, areas are commended for their work in the past year. It has taken considerable time and effort from people to make progress in this specialist area and here – perhaps even more than in other work-streams – continuity and sustained investment and focus would appear vital especially in light of assessed future need as contained in JSNA's. It is recommended that continued progress on Autism remains as a regional priority in the coming year.

As last year, further progress has been noted in planning and meeting the needs of both those who challenge services and people who also have mental health problems. In the past three years there has been significant investment in posts to re-model services, and develop a more person-centred and community-based local specialist service infrastructure – and people can demonstrate the benefits of this in terms of:

- reducing hospital admissions and providing local services to allow people to return from out of area;
- a mainstream workforce better equipped to successfully sustain the delivery of services to people with more complex needs;
- a greater awareness amongst mainstream primary and secondary care health professionals
- improved access to mainstream mental health services

Responses this year reflect good progress but also show that people recognise that there is further work ahead. This is particularly around the need for continued improvement in the way that mental health and learning disabilities services work together, and in terms of people's access to and experience of mainstream mental health care.

Workforce planning is a complex area in which to make progress – in particular because it needs to extend across agency and organisational boundaries, and to take account of the shift from institutional or group living models of support to more flexible, individually focussed models. In spite of this, most areas and their Partnership Boards appear to be making progress in developing local workforce plans, and it is good to note several examples of self advocates and carers

becoming increasingly involved in different aspects of workforce training, development and recruitment.

This year saw the introduction of a new objective (4.11) relating to how local PCTs and Partnership Boards are working with local and regional Offender Health Teams around the health of people with a learning disability in prison. Not every area has a local prison so it was difficult for some areas to determine how to assess themselves. However, overall scores showed that most areas – whether they have a prison or not – are working well with local offender health services in the context of the Bradley Report recommendations. It is recommended that progress on this objective is more closely reviewed in 2011.

### **Concluding remarks**

Health organisations and staff, Partnership Board members, and a range of individuals from across Yorkshire and the Humber have again responded positively to this third year of the self assessment process.

People obviously worked very hard again this year to provide information about their progress. They have said they would like to do a self assessment again next year, but they asked if it could be made simpler, so work is underway to see how we can do this.

## APPENDIX 1

### Yorkshire & Humber SHA Learning Disabilities Self Assessment 2010 Top Target comparative progress: 2008, 2009 and 2010

Locality	Target 1			Target 2			Target 3			Target 4		
	08	09	10	08	09	10	08	09	10	08	09	10
Barnsley	Green	Green	Green	Orange	Orange	Orange	Orange	Green	Green	Orange	Green	Green
Bradford	Orange	Green	Green	Orange	Orange	Orange	Orange	Orange	Orange	Green	Red	Orange
Calderdale	Green	Green	Green	Red	Red	Orange	Green	Green	Orange	Red	Orange	Orange
Doncaster	Green	Green	Green	Red	Orange	Orange	Red	Orange	Orange	Orange	Orange	Orange
East Riding	Orange	Green	Green	Orange	Orange	Orange	Orange	Green	Green	Orange	Orange	Orange
Hull	Orange	Green	Orange	Orange	Orange	Orange	Orange	Orange	Green	Orange	Orange	Orange
Kirklees	Green	Green	Green	Orange	Orange	Orange	Orange	Green	Orange	Orange	Orange	Orange
Leeds	Green	Green	Green	Red	Red	Orange	Orange	Orange	Orange	Red	Orange	Orange
North Lincs	Green	Green	Green	Red	Red	Orange	Orange	Green	Orange	Orange	Orange	Orange
North East Lincs	Green	Green	Green	Orange	Orange	Orange	Green	Green	Green	Orange	Green	Orange
North Yorks & York	Green	Orange	Green	Orange	Red	Orange	Orange	Orange	Orange	Orange	Orange	Orange
Rotherham	Green	Green	Green	Red	Red	Orange	Green	Green	Green	Red	Orange	Orange
Sheffield	Orange	Green	Green	Orange	Orange	Green	Orange	Orange	Green	Orange	Orange	Green
Wakefield	Green	Green	Green	Orange	Green	Orange	Green	Orange	Orange	Orange	Green	Orange

## APPENDIX 2

### Yorkshire & Humber SHA

### Learning Disabilities Self Assessment 2010

Primary Care Trust														
	Barnsley	Bradford	Calderdale	Doncaster	East Riding	Hull	Kirklees	Leeds	NE Lincs	North Lincs	North Yorkshire & York	Rotherham	Sheffield	Wakefield
<b>TARGET 1</b>														
<b>Plans are in place and resources identified to meet White Paper/DH learning disability targets for resettlement and campus closure</b>														
1.1 Resettlement of identified people from long stay hospitals, is complete														
1.2 All NHS Campuses will be closed by 2010														
1.3 (formerly 4.1) Discharge planning is in place														
<b>TARGET 2</b>														
<b>PCTs are working closely with local Partnership Boards and statutory and other partners, to address the health inequalities faced by people with learning disabilities</b>														
2.1 Comprehensive recording in GP Registers														
2.2 Primary Care Teams tackling health inequalities														
2.3 Equal access to disease prevention, screening, and health promoting activities														
2.4 Services in wider primary care community														
2.5 Service Agreements secure a range of treatment choices and equity of access														
2.6 National Service Frameworks and linked networks and projects apply equally to people with disabilities														
2.7 Equal access to benefits from the development of computer technology														
2.8 Good local planning for people from ethnic minority groups, and their carers														
2.9 Good local planning for people with profound disabilities and their carers														

