



Public Health
England

Learning disabilities health charter for social care providers

Self-assessment tool

HEALTH
CHARTER

V O D G

About Public Health England

Public Health England exists to protect and improve the nation's health and wellbeing, and reduce health inequalities. We do this through world-class science, knowledge and intelligence, advocacy, partnerships and the delivery of specialist public health services. We are an executive agency of the Department of Health, and are a distinct delivery organisation with operational autonomy to advise and support government, local authorities and the NHS in a professionally independent manner.

The PHE Learning Disabilities Observatory

The Public Health England Learning Disabilities Observatory (PHELD0) provides high-quality data and information about the health and healthcare of people with learning disabilities. The information helps commissioners and providers of health and social care to understand the needs of people with learning disabilities, their families and carers, and, ultimately, to deliver better healthcare. PHELD0 is a collaboration between PHE, the Centre for Disability Research at Lancaster University and the National Development Team for Inclusion. The observatory is operated by PHE and is also known as Improving Health and Lives (IHaL).

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Introduction

This self-assessment tool has been produced by a working group including members of the Voluntary Organisations Disability Group (VODG), to enable organisations signed up to the Health Charter for Social Care Providers to measure progress and develop an action plan for improvements.

Using the tool

The tool is based on the Health Charter for Social Care Providers and supporting guidance. To demonstrate progress in each area, your organisation is encouraged to assess itself using the tool below. Under each item, some ‘things to think about’ are given to stimulate discussion and help you assess your current situation. Included in the tool is space to record the evidence used to support your score. You may wish to use this tool in team meetings or supervision sessions but it does not need to be done all at once. You might want to take some sections that are a priority for you and go back to the others later. Including people you support and families is recommended.

Scoring

In scoring the organisation, you are more likely to reach helpful and practical conclusions if you:

- talk as a staff team about how you are doing and be honest
- use evidence to back up your score
- think about what you need to do next so that the people with learning disabilities you support have more opportunities to improve their health and wellbeing

Score	Basis of scoring in each area
3	We always do this
2	We sometimes do this
1	We rarely/never do this

		Score (Min = 1, Max = 3)	What evidence do you have for this score?	What actions do you need to take, and when?
1	<p>We make sure that all staff understand and apply the principles of the Mental Capacity Act 2005</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • when did staff last have training on the Mental Capacity Act? • did all staff attend this training? • is the Mental Capacity Act included in induction training for new staff? • can you give examples of when staff have applied the Act to real life situations? 			
2	<p>We listen to, respect and involve family carers to achieve the best possible outcomes for the individual</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • how are family carers involved in the care of the person concerned? • what evidence do you have that their wishes are taken into consideration? • any examples of staff and families working together to improve the health of individuals with learning disabilities? 			

3	<p>We provide ongoing training to staff on basic health and wellbeing issues including pain recognition, as well as the implications of specific syndromes and health conditions</p> <p>Things to think about:</p> <ul style="list-style-type: none">• what training have staff had on:<ul style="list-style-type: none">• diet and healthy eating• basic cookery skills• exercise• sex and relationships• pain recognition• specific syndromes and health conditions• sensory impairments• early onset dementia• communication• how recent was this training in each case?• is this information included in induction training?• can you give recent examples of when staff have put into practice what was covered in the training?			
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<p>4</p>	<p>We provide information on health and wellbeing that is accessible to people with a learning disability and conforms to the accessible information standard</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • what evidence is there that easy read/accessible health and wellbeing information is available to all relevant staff, individuals and family carers? • can you give examples of when this information has been used appropriately with people with a learning disability, and what was the outcome? 			
<p>5</p>	<p>We make sure support is available from someone who can, if necessary, advocate on behalf of the individual so that people can attend and benefit from all types of health appointments.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • are all people with learning disabilities able to get support to go to health appointments – including eye and dental checks? • is someone who knows the person well and who can advocate for the person always able to go along, if needed? 			

<p>6</p>	<p>We promote access to screening tests</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • how do you help staff and the people you support to understand the importance of cancer and other types of screening? • do staff know how to access pictorial and other accessible material to help them explain the checks to people they support? • are there examples of when you have worked well with staff from clinical services to ensure support is available before, during and after screening checks? • is there a clear record of all the health checks that individuals have had as well as the outcomes of them? 			
<p>7.</p>	<p>We tackle over-mediation by following the actions set out in the Stopping Over-Medication of People with a Learning Disability, Autism or Both (STOMP) pledge for social care.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • how do you help staff know about psychotropic medication its main uses and side effects? • how do you monitor the use of psychotropic medication and ensure there are regular reviews? • how do you work with people with learning disabilities, their families and others to stop over-medication? 			

<p>8.</p>	<p>We provide clear guidance to staff relating to each individual that will allow them to administer non prescription remedies safely.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • is there clear internal guidance for staff about the administration of non prescription remedies? • is there a clear record for each person of any contra-indications? <p>We facilitate access to an annual health check for every eligible person with a learning disability.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • what steps do you take to support the person to understand the importance of a health check? • how often do you support people to ask the GP for a health check? • do you support people to fill out the pre-check questionnaire? • do you work with community teams and GP practice staff to put in place any reasonable adjustments needed for a successful health check? • is there always someone available who communicates well with the person to go along to the health check, if necessary? • how actively does your organisation support 			
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	<p>individuals to get a Health Check Action Plan from the GP and then provide support for any actions to be actively followed and reviewed, e.g. weight loss and exercise programmes?</p> <ul style="list-style-type: none"> • how willing is your organisation to inform the relevant Clinical Commissioning Group if there are problems accessing health checks? 			
9.	<p>We ensure each person supported by our organisation who wants one, has a health action plan and/ or hospital passport</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • do you use the locally agreed format for health action plans and hospital passports where they exist? • how far are health action plans co-produced with the person with learning disabilities and are they in a format that is understandable to the individual concerned? • do you record whether the person had capacity and gave permission for the plan to be shared with relevant health and social care staff? • provided there is written consent, are health action plans and hospital passports shared with relevant professionals? • do you have a reliable system for keeping them up to date? • do these documents accompany people to any health appointments or into hospital? 			

	<ul style="list-style-type: none"> • if these documents are not used and the individual is put at risk, how willing would your staff be to advise the local safeguarding team? • can you give examples of when these documents were used effectively? 			
10	<p>We request a health facilitator/coordinator for anyone who has more than one long term health condition including mobility issues. This person is named in the person's health action plan.</p> <p>Things to think about:</p> <ul style="list-style-type: none"> • do all people with multiple long term conditions have a health facilitator/coordinator? • is it always clear to all relevant people who the facilitator/coordinator is and where is this recorded? • has your organisation ever pushed for a healthcare coordinator to be made available? 			

These are our three priority* areas for action in the next 12 months

1. _____

2. _____

3. _____

Note: when thinking about priorities for action, it can be helpful to consider whether they are specific, measurable, achievable, realistic and time-bound (SMART)