

# ***Valuing People Now: Partnership Board annual self assessment report template 2009-10***

**Please send your completed form to your Valuing People Programme Lead by 31 March 2010.**

If you have any queries about your form, please contact your Regional Valuing People Programme Lead.

## **How to complete your form**

- 1 Make sure you've included the name of your Partnership Board in the filename. This will help us to keep track of all the forms sent back to us.
- 2 Complete the form on your computer.  
You can key your answers into the spaces provided, and also copy and paste information if appropriate.  
You can save your form, so you don't need to complete it all in one go. Always make sure you save the form as you work.

## **What to do when you've completed your form**

When you've completed your form, you need to share it with the members of your Partnership Board so that they can sign to say they agree with the information you've provided.

- 1 Save the file and print copies for all members of your Partnership Board. You can email the form to the members as long as they'll be able to open it.
- 2 Ask all of the people listed in section 20 of your form to date and sign the form to say they agree with the information you've provided.  
You can use electronic signatures or ask people to sign a hard copy. Make sure you keep the signed copy safe as proof that the members have signed.
- 3 Email the final, agreed version of the report to your Regional Valuing People Programme Lead.

## What happens next

Once they have all the forms, the Regional Valuing People Programme Leads will put together the regional overview report for the National Learning Disability Programme Board.

You can publish your report in April 2010 if you wish. Please use your form to help with future planning.

## Regional Valuing People Programme Leads

<b>Region</b>	<b>Name of Lead</b>	<b>Email address</b>
North West	Dave Spencer	dave.spencer@northwestjip.nhs.uk
North East	Paul Davies	paul.davies@dh.gsi.gov.uk
Yorkshire and Humber	Jenny Anderton	jenny.anderton@dh.gsi.gov.uk
West Midlands	Chris Sholl	christine.sholl@dh.gsi.gov.uk
East Midlands	Helen Mycock	helen.mycock@dh.gsi.gov.uk
East of England	Liz Williams	liz.williams@lbbd.gov.uk
London	Debbie Robinson	debbie.robinson@dh.gsi.gov.uk
South West	Sue Turner	sue.turner@dh.gsi.gov.uk
South East	Jo Poynter	jo.poynter@dh.gsi.gov.uk
	Jean Collins	jean.collins@dh.gsi.gov.uk

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- All figures requested below relate to *adults* with learning disabilities (aged 18 and above unless otherwise stated) who are known to services (local authorities and/or health services) and their families. (Care should be taken not to double count those people known to both local authorities and health services.)
- All information to be collated from April 2009 to March 2010 data.
- The quantitative data should be drawn from existing data collections (see Appendix D in the full guidance document *Good Learning Disability Partnership Boards* for a list of sources). Health and social care data from national returns to be taken from the August 2009 figures.

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### 1 Name of local authority and Primary Care Trust(s)

Halton Borough Council and NHS Halton and St Helens

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### 2 Local picture

**Please give descriptions using full sentences or bullet points. Please give both amounts AND percentages, in all cases** (where appropriate/possible).

You may want to use information from your Joint Strategic Needs Assessment (JSNA) or Care Quality Commission Self-assessment return. If your JSNA does not currently include this information, you may want to use the information you collect here to help with future assessments.

#### 2.1 Description of area covered.

Please include:

- geographical spread
- whether rural or city
- local authority type, such as shire county, unitary authority, metropolitan district, London borough
- NHS bodies in the area
- Prison Partnership Board.

Halton Borough Council is a Unitary Authority situated in the North West on

Halton Borough Council is a Unitary Authority situated in the North West on Merseyside. It is made up of the twin towns of Widnes and Runcorn together with the villages of Hale, Moore, Daresbury and Preston Brook.

Halton is an urban, industrial area whose main businesses are in chemicals, food processing, clothing, metal products and furniture manufacturing. The main service sectors are retail, financial, public and health administration.

NHS Halton and St Helens, St Helens and Knowsley Teaching Hospitals NHS Trust (Whiston Hospital) and Warrington and Halton Hospitals NHS Foundation Trust serve the health needs of Halton residents.

Specialist health services for adults with learning disabilities are provided through the 5 Boroughs Partnership NHS Trust (Halton, St Helens, Warrington, Knowsley and Wigan).



## 2.2 Description of *general* population.

Please include:

- total population of adults aged 18 and above
- a breakdown of socio-economic status
- number of young people not in employment, education and training (NEETs).

Halton's estimated population is 119,800 (ONS mid-year estimates 2008). Projections to 2022 show a small increase in the total population but more important is the shift in age structures due to an ageing population over 65 that is projected to continue at a faster rate than the national average.


Compared to national averages, Halton has a higher proportion of Children and Young People aged 1-24 and older people aged 45-49. Halton has a lower proportion of younger working adults aged 25-44 and older people aged over 60.

Halton has a relatively small Black and Minority Ethnic Community. From data taken from Census 2001, 98.8% of Halton's population would state their ethnic group as white.

Halton shares many of the social and economic problems associated with Merseyside and is ranked 30th most deprived nationally (Index of Multiple Deprivation 2007) though this is an improvement on previous ranking of 21st in 2004.

In comparison to the North West, residents of Halton are less likely to be in employment and more likely to be economically inactive. There is a strong relationship between the proportion of households claiming disability

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**2.3 Description of population of people with learning disabilities, aged 18 and above, known to services.**

Please give the total population (number) of adults with learning disabilities known to services.

In Halton there are 423 people with a learning disability known to Social Care. This population is ageing - 31 people are aged 65+ and there is a significant number of 53 people aged 56-64.

**2.4 Number of adults with a learning disability who are known to services (and percentages of total population as given in 2.3)**

	Number	%
Age 18 to 64	392	93
Age 65+	31	7
Male	204	48
Female	219	52

Ethnic breakdown of adults with a learning disability (and percentages)

White British 208 (49%); Not stated 9 (2%); Bangladeshi 1 (0.2%); Any other black background 1 (0.2%)

The following three categories marked with a \* are mutually exclusive - please do not count more than once.

People with complex needs*	31	7
People who exhibit behaviour that challenges services*	54	13
People with learning disabilities who also have autism*	70	17

Living with family carers aged 65+	26	6
Who are parents	2	0.5
Aged 18 to 25 in part-time education	0	0
Aged 18 to 25 in full-time education	149	35
Aged 18 to 25 in local education	135	32
Aged 18 to 25 in residential education	12	3

**2.5 How are the specific needs of people with learning disabilities highlighted in your JSNA met?** Please give examples.

The needs of learning disabled people highlighted in the Joint Strategic Needs Assessment and specific actions to address are summarised below:

i) Increasing numbers aged 60+

Actions:

These people have been targeted for person centred plans to recognise their changing wishes as they move into later life. Where appropriate people have been linked into existing community based services for older people.

ii) Significant number of carers aged 65+

Actions:

- Lifetime of Caring workshop held with older carers to begin planning future support and accommodation to avoid crisis situations
- Carers support worker targeting older carers to ensure emergency contacts and arrangements in place
- Information available to assist carers through dedicated web page for carers
- Princess Royal Trust for Carers is actively seeking carers of people with learning disabilities to offer support
- All people living with older carers have been offered a person centred plan

iii) Predicted rise in number of people with Profound and Multiple Learning Disabilities

Actions:

- Tracking from Year 9 in place to assist in identifying and planning appropriate support for transition to adult services.
- Successful Speech and Language Therapist led project around communication has informed changes in day services working practices/ activities and better understanding of individuals likes/dislikes. Now being extended to supported living providers

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Actions:

a) Lifetime of Caring workshop held with older carers to begin planning future support and accommodation to avoid crisis situations

b) Carers support worker targeting older carers to ensure emergency contacts and arrangements in place

c) Information available to assist carers through dedicated web page for carers

d) Princess Royal Trust for Carers is actively seeking carers of people with learning disabilities to offer support

e) All people living with older carers have been offered a person centred plan

iii) Predicted rise in number of people with Profound and Multiple Learning Disabilities

Actions:

a) Tracking from Year 9 in place to assist in identifying and planning appropriate support for transition to adult services.

b) Successful Speech and Language Therapist led project around communication has informed changes in day services working practices/ activities and better understanding of individuals likes/dislikes. Now being extended to supported living providers

iiii) Potential increase in early onset dementia for people with Down syndrome

Action:

Needs of people with early onset dementia across Halton was a topic 

## 2.6 What is being done to improve information that informs planning and commissioning of services for people with learning disabilities.

Valuing People Now launch considered the six priorities and a report was produced for the Partnership Board outlining what people wanted locally. This is being used to inform planning

People's Cabinet is developing the role of individual Ministers to take a lead on the Valuing People priorities. Lead officers will meet with portfolio holders to hear concerns and ensure they are addressed in future

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An aggregation day is planned for early 2010 to collate information from person centred plans and reviews. This will identify key themes and areas that are working well to inform commissioning priorities.

An Operational Group tracks young people in Transition from Year 9 and all have a person centred plan to determine what and when support is needed. The transition strategy and protocol is currently being refreshed and will be extended to cover ages 14-25 to capture people who have little/ no support from adult social care whilst at college or attend out of area residential college and will require support when they return. Individual Health needs will be a particular focus of the refreshed strategy.

On behalf of the Partnership Board the self-advocate support group have established a tenants forum where people can consider the support they have and share any concerns. Key messages from this forum are fed back to the Housing Strategy Implementation Group.

A Quality Improvement Team of self-advocates and family carers monitor day activities across a range of venues in the borough and reports findings to managers for action.

The Partnership Board has developed a communication strategy to clarify what people can expect from adult social care. the type of information that

**2.7 Please give details of any other progress made, including:**

- people with learning disabilities in the criminal justice system
- people with learning disabilities detained under the Mental Health Act (local authorities and PCTs have this information)



### 3 Partnership Board arrangements

#### 3.1 Please give details of your Partnership Board.

Frequency of meetings

The Partnership Board meets on a bi-monthly basis.

Details of sub-groups

The Learning Disability Partnership Board Sub Groups are:  
Transition  
Good Health (Healthcare for All)  
Housing  
Carers  
Relationships and Friendships (group currently being set up)

Corporate Groups progressing Valuing People Now priorities:  
Employment - Disability Employment Network  
Personalisation - Transforming Adult Social Care  
Workforce Development - Transforming Adult Social Care workforce stream  
Quality - Quality Sub Group of Adult Safeguarding Board

Date of last review of Partnership Board arrangement

7 May 2009

#### 3.2 Please give details of the structure and membership of the Partnership Board.

Roles and representatives

Our Partnership Board structure includes members of the People's Cabinet. Membership for Halton's Partnership Board and People's Cabinet is as follows:

- a) Halton Borough Councillor (Joint Chair Person) - Lead Member for Adult Social Care, Local Authority
- b) People's Cabinet Chair Person (Joint Chair Person)
- c) 11 People's Cabinet Ministers (all adults with learning disabilities)
- d) 2 Family Carers
- e) Halton Speak Out, Self Advocacy Service
- f) Person Centred Planning Co-ordinator, Halton Speak Out
- g) Representative from a Provider Agency
- h) Representative from Connexions
- i) Director of Nursing & Governance and Lead SGA Manager - Warrington

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- f) Person Centred Planning Co-ordinator, Halton Speak Out
- g) Representative from a Provider Agency
- h) Representative from Connexions
- i) Director of Nursing & Governance and Lead SGA Manager - Warrington and Halton Hospitals NHS Trust
- j) Assistant Director Learning Disabilities - 5 Boroughs Partnership Mental Health Trust
- k) Operational Director for Adults of Working Age, Local Authority
- l) Operational Director for Partnerships & Commissioning, Primary Care Trust

Number of people with learning disabilities	Male	7	Female	5
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Number of family carers	Male	1	Female	1
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Ethnic breakdown of people with learning disabilities and family carers

White British (14) 100%
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Members that have complex needs	1
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**3.3 Please describe how your Partnership Board has invested in, and supported, leadership, so that members of the Board and associated task groups who are people with learning disabilities or family carers have become real partners in the planning and decision-making processes alongside professionals.**

Include examples and evidence


To help the Partnership Board make Valuing People and Valuing People Now happen in Halton, a People's Cabinet was established to increase representation of adults with learning disabilities.

The People's Cabinet consists of 12 members who are all adults with learning disabilities with a wide age range. The Chair of this Cabinet is also Co-Chair of the Partnership Board. The People's Cabinet members are called Ministers. Each Minister is acting as a representative for each

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Terms of Reference has been developed for the People's Cabinet, which explains the role and function of the Cabinet.

The People's Cabinet meets on a monthly basis and all meetings are filmed. All reports taken to the Partnership Board are presented to the People's Cabinet a week prior to the Partnership Board meeting. Any feedback, questions or actions the People's Cabinet decide upon are reported back to the Partnership Board to action. The Partnership Board addresses any actions or questions raised by the People's Cabinet. All actions taken by members of the Partnership Board are reported back to 

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## 4 Overall budget

### 4.1 What is the overall budget for services for adults with learning disabilities across health and social care?

£

### 4.2 Is it a pooled budget?

Yes  No

### 4.3 Is there a Section 75 agreement in place?

Yes  No

### 4.4 How is it spent?

Please give actual figures and percentages	£	%
Residential care	<input type="text" value="1,443,776"/>	<input type="text" value="9.3"/>
Nursing care	<input type="text" value="1,132,640"/>	<input type="text" value="7.3"/>
Supported living	<input type="text" value="8,122,340"/>	<input type="text" value="52.5"/>

Hospital care, including where known:

- acute hospital	Not Known	N/A
- specialist inpatient services	Not Known	N/A
- NHS campuses	Not Known	N/A
Day services	1,888,225	12.2
Community Learning Disability Team	1,081,480	7.0
Advocacy arrangements and support	41,721	0.3
Other (please specify)		
Person Centred Plans and Transition Co-ordinators, Adult	1,759,379	11.4

**4.5 Has there been an efficiency savings programme in learning disability services in 2009 -10?**

Yes  No

**4.6 Is there a planned efficiency programme for 2010 -11?**

Yes  No

## 5 The health of people with learning disabilities

**5.1 Have you completed the regional health self-assessment and performance framework?**

Yes  In progress  No

**5.2 If you have answered in progress or no, indicate when you expect this assessment to be completed or started.**

Before 31.3.10  Started  Completed

**5.3 If you have answered yes, please complete the following summary table based on the most recent results of that assessment.**

RAG rating	Red	Amber	Green
NHS campus closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Addressing health inequalities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Making sure people are safe	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Continuing to achieve other <i>Valuing People Now</i> health commitments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**5.4 If you have answered yes,** please give details of the overall headline health needs of people known to services - from regional health self-assessment and performance framework.

**5.5 If you have answered in progress or no,** please provide the following information. Otherwise go straight to section 6.

Percentage of GP practices in your area that have signed up to provide annual health checks as a Directed Enhanced Service (DES).

%

Percentage of adults with learning disabilities known to local authorities who were offered health checks in the year up to 31 March 2010.

%

Percentage of adults with learning disabilities known to local authorities who received a health check in the year up to 31 March 2010.

%

Are people with learning disabilities involved in learning disability awareness training to primary healthcare staff as specified in the DES?

Yes  No

How are family carers being involved as partners in improving healthcare for people with learning disabilities?

In terms of commissioning, family carers are included in the members of the Board's health sub-group "Healthcare for All". The 5 Boroughs Partnership NHS Trust has an active and very successful carer and service user engagement programme. An example to illustrate this is organisation of carer involvement evenings at which senior staff (clinical and non clinical) meet with carers to explore issues around quality, satisfaction and development of services.

Percentage of people known to services who have health action plans that have been reviewed in the year up to 31 March 2010.

%

What are the arrangements for strategic healthcare facilitation in your area?

The Community Matron for Learning Disabilities provides strategic healthcare facilitation in Halton between primary and secondary care.

How many General Hospital (Acute) Trusts are there in your locality?

Two

How many General Hospital (Acute) Trust Learning Disability Liaison/Facilitator (or similar) posts are employed in your area?

Two

Are the needs of people with learning disabilities and the health inequalities faced by them highlighted within each Trust's Disability Equality Strategies/policies (PCTs and provider Trusts)?

Yes  No

Has your Partnership Board taken the opportunity to comment on the performance of local Trusts as part of the Care Quality Commission's (CQC's) annual health check?

Yes  No

What progress have you made on the Green Light Toolkit for access to mental health services? What was your rating in the last CQC indicator set?

The Green Light toolkit is being considered as an element for the local CQUIN scheme as part of the 10/11 Service Level Agreement with 5 Boroughs Partnership NHS Trust.

Is a local multi-disciplinary service in place to meet the needs of people whose behaviour challenges services, or is one being commissioned?

Yes  No

Are there prisons or young offenders institutions or other secure settings in your area?

Yes  No

If so, have you met with the Prison Partnership Board?

Yes  No

Progress in carrying out the review recommended by the Ombudsmen's report (*Six Lives: the provision of public services for people with learning disabilities*) and report to Boards due by May 2010.

In response to the Ombudsmen's report Halton Borough Council and NHS Halton and St Helens reviewed the services they provide and commission for the people with learning disabilities.

A report on progress was taken to the Local Authority's Chief Executive's Officer's meeting where it was endorsed and officers asked to take the report to the Safer Halton and Healthy Halton scrutiny boards, and the Healthy Halton Policy and Performance Board. These reports were made in January 2010. The executives were also keen to ensure the report is presented to the Acute NHS Trusts.

The PCT is reporting progress on the services it provides and commissions to its Governance Assurance Committee in May. The report will include the assurance from respective reports taken to the executive teams of both Local Authorities, St Helens & Knowsley NHS Hospitals Trust, Warrington and Halton Hospitals NHS Trust, and the 5 Boroughs Partnership NHS Foundation Trust.

The recommendations of this report and the health aspects of Valuing People Now will continue to be the primary focus of the Partnership Board's health sub-group.

## 6 Where people live

- 6.1 Please use the data from your Adult Social Care Combined Activity Return (ASC-CAR) for NI 145 (see Appendix E for blank table), to give the numbers and percentages of individuals known to services (aged 18-64) who are defined as being in settled accommodation against the NI 145 categories.

Please give actual figures and percentages	Total	%
Owner occupier / Shared ownership scheme (where tenant purchases percentage of home value from landlord)	6	3
Tenant - Local Authority / Arms Length Management Organisation / Registered Social Landlord / Housing Association	19	10
Tenant - Private Landlord	2	1

Settled mainstream housing with family/ friends (including flat-sharing)	91	49
Supported accommodation / Supported lodgings / Supported group home (accommodation supported by staff or resident caretaker)	65	35
Adult Placement Scheme	2	1
Approved premises for offenders released from prison or under probation supervision (eg Probation Hostel)	0	0
Sheltered Housing / Extra care sheltered housing / Other sheltered housing	0	0
Mobile accommodation for Gypsy / Roma and Traveller community	0	0
<b>Total</b>	<b>185</b>	<b>100</b>

**6.2 Please use the NI 145 data to give a similar breakdown for people (aged 18-64) defined as not being in settled accommodation.**

<b>Please give actual figures and percentages</b>	<b>Total</b>	<b>%</b>
Rough sleeper / squatting	0	0
Night shelter / emergency hostel / direct access hostel (temporary accommodation accepting self-referrals)	0	0
Refuge	0	0
Placed in temporary accommodation by Local Authority (including Homelessness resettlement) - eg bed and breakfast	1	4
Staying with family/friends as a short-term guest	0	0
Acute / long-stay healthcare residential facility or hospital (eg NHS or Independent general hospitals / clinics, long-stay hospitals, specialist rehabilitation / recovery hospitals)*	2	8
Registered Care Home*	19	76
Registered Nursing Home*	3	12



Prison / Young Offenders Institution Detention Centre	0	0
Other temporary accommodation	0	0
<b>Total</b>	25	100

**6.3 Please give additional data to show numbers:**

In residential settings (see categories marked*) <i>in</i> local authority area	26
In residential settings (see categories marked*) <i>out of</i> area	9
Supported to live independently (NI 136)	314

## 7 Provider market

**7.1 Does your provider market reflect the needs of your current and future population?**

Yes  No

**7.2 If you have answered no, in what ways does it need to change?**

The Partnership Board's Housing and Support Strategy 2008-2011 aims to influence mainstream housing policy in Halton so that people with learning disabilities have greater choice and are in control of their housing and support needs. A range of supported housing/living options are promoted as an alternative to residential care or remaining in the family home, including: shared supported housing, adult placement, low cost home ownership, private sector rental and social housing rental. Thus in Halton the balance of provision is focused on supporting people in their own homes; moving away from residential care and this is reflected in the high numbers of people supported to hold their own tenancy. To ensure continuation of this approach the following specific developments are being progressed:

**Residential Care:** Work is underway with two independent sector residential homes to develop a support model that will offer current residents greater choice and control.

**Out of Area Placements:** Halton has 28 people placed out of borough and has committed to bringing 8 people back over the next two years. Appropriate local support will need to be in place and this will be developed both in-house and in the independent sector. The proposed Positive Behaviour service will be key to this succeeding (see below).

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**Note:** both the residential care and out of area placement proposals are part of the NW Demonstration Site for the NDTi project around Social Inclusion.

**Model of Care:** In collaboration with Knowsley, St Helens and Warrington local authorities, together with NHS Knowsley, NHS Halton and St Helens, and NHS Warrington a Model of Care has been adopted to support the development of a more effective range of community support services to enable people to remain at home and avoid hospital admissions and, where this is not possible, to provide a fair, personal, effective and safe in-patient service.

**Positive Behaviour Service:** This will form one element of the model of care. The service will be established by 2011 and will operate across NHS Halton and St Helens footprint and provide for all ages. Many people requiring the service will have a diagnosis of autism. Objectives are to:

- i) Support mainstream services working with people whose behaviour is a significant challenge
- ii) Work directly with people whose behaviour presents the greatest level of challenge

**7.3 What percentage of your market is:**

%

In house

36

Voluntary	33
Public sector	31

**7.4 Do you plan to change these percentages?**

Yes  No

## 8 Employment

**8.1 Please use the data from your Adult Social Care Combined Activity Return (ASC-CAR) for NI 146 (see Appendix E for blank table) to show the numbers and percentages of working age learning disabled people known to local authorities who are in paid employment (including being self-employed) at the time of their latest assessment or review, against the NI 146 categories.**

Please give actual figures and percentages	Total	%
Working as a paid employee or self-employed (30 or more hours per week)	0	0
Working as a paid employee or self-employed (16 to less than 30 hours per week)	0	0
Working as a paid employee or self-employed (4 to less than 16 hours per week)	0	0
Working as a paid employee or self-employed (more than 0 to less than 4 hours per week)	8	100
Working regularly as a paid employee or self-employed but less than weekly	0	0
<b>Total</b>	8	100
Working as a paid employee or self-employed and in unpaid voluntary work	3	15
In unpaid voluntary work only	17	85

**8.2 Please also state the number of people in paid employment who work for:**

The NHS	Not available
A local authority	15

8.3 How many people known to services are not working?

423 - 28 = 395

8.4 How many people known to services who currently work less than 16 hours a week are known to want to work 16 hours a week or above in the future?

9

8.5 Do you have an up-to-date local employment strategy for people with learning disabilities in line with *Valuing Employment Now: real jobs for people with learning disabilities*?

Yes  No

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## 9 Advocacy and leadership

9.1 Has your Partnership Board developed a clear plan for working with and supporting all communities of people with learning disabilities and advocacy groups in the ways outlined in the *Valuing People Now Delivery Plan*?

Yes  No

9.2 Can your Partnership Board show how it has invested in, and supported, self-advocacy and peer advocacy leadership so all people with learning disabilities are represented on the Board and have become real partners in local planning and decision-making processes through this representation and via strong links to work programmes?

This should include leadership and representation from all ethnic communities and the inclusion of people with more complex needs.

The Partnership Board has for many years funded and worked with the local self-advocacy group. Recently this group have been commissioned to establish the People's Cabinet. Ministers were nominated to represent people from a range of services and across all age groups and the Chair is Joint Chair of Partnership Board.

Ministers have been trained in how to conduct meetings and to be truly representative by canvassing other people's views and feeding back to them. The role of individual Ministers is being further developed to take a lead on the Valuing People Now Priorities. Portfolio holders will meet with lead officers for the Valuing People Now work streams to convey these concerns and influence plans and decisions around service developments.

The Regional Family Forum have worked with the Partnership Board to strengthen engagement with local families and in addition to the family

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**9.3 What is the combined local authority and NHS spend on advocacy?**

£ 88,051

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## 10 Family carers

**10.1 Has your Partnership Board developed a clear plan for working with and supporting all family carers of people with learning disabilities in the ways outlined in the *Valuing People Now Delivery Plan*?**

Yes  No

**10.2 Can your Partnership Board show how it has invested in, and supported, family leadership so *all* family carers are represented on the Board and have become real partners in local planning and decision-making processes through this representation and via strong links to work programmes?**

There is regular carer representation (including carers of people with learning disabilities) on the Carers Reference Group co-ordinated by Halton Carers Centre and the Learning Disabilities Carers Local Implementation Team (LIT) Sub Group.

The purpose of the LIT Sub Groups (for carers) is to oversee the performance and development of services across all service areas, including Learning Disabilities. On an annual basis the LIT Sub Groups are allocated Carers Grant funding and the members of the LIT Sub Groups allocate it out to teams/organisations for the provision of services, dependent on where need is identified.

The groups are responsible for providing feedback and making recommendations to the overarching Carers Strategy Group. The Groups

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**10.3 How is the Partnership Board engaging with the mainstream carers' work arising from the National Carers Strategy\* work at a local level, and what outcomes have there been for family carers of people with a learning disability, including people with learning disabilities who are carers in their own right?**

*\*Carers at the heart of 21st-century families and communities: A caring system on your side. A life of your own., HM Government (2008)*

During 2009 a 3 year Joint Carers Commissioning Strategy was developed in conjunction with NHS Halton and St Helens. The strategy built upon the aims, objectives and activities outlined in the 2008/09 Carers Strategy, but was written as a practical document, including an action plan, to support services in Halton move towards a more focused way of commissioning services for carers over the next 3 years.

The content of the commissioning strategy takes account of the aims and objectives of National Carers Strategy published in June 2008, by focusing commissioning intentions on:-

- a) Integrated and Personalised Services
- b) A Life of Their Own
- c) Income & Employment
- d) Health & Wellbeing
- e) Young Carers

The main objectives of this Commissioning Strategy is not only to move towards a process for the commissioning of services but it will continue to assist in the identification of hidden carers and improve information and access to support services.

The LIT Carer Sub Groups and the multi agency Carers Strategy Group undertake monitoring of the implementation of the Commissioning Strategy and associated action plan.

Having a more focused approach to the commissioning of services and having carers involved in this process has meant that services

During 2009 a 3 year Joint Carers Commissioning Strategy was developed in conjunction with NHS Halton and St Helens. The strategy built upon the aims, objectives and activities outlined in the 2008/09 Carers Strategy, but

10.4 How many carers' assessments were provided in the last year?

186(no double counting)

10.5 How many carers with learning disabilities are known to the local authority?

We don't measure this

10.6 How many family carers have benefited from regular short breaks?

110

10.7 What is the percentage of carers of people with learning disabilities receiving a needs assessment or specific carers' service, or information and advice (NI 135)?

26 %

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## 11 Parents with learning disabilities

11.1 How many parents with learning disabilities are currently receiving services in your area?

2

11.2 Is there a joint planning process with children and family services to support parents with a learning disability?

Yes  No

11.3 Are materials to support all parents produced in accessible formats?

Yes  No

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## 12 Transition

12.1 How many young people with learning disabilities aged 13 -17 are there within your area?

29

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12.2 How many of those young people are placed out of area?

2

12.3 How many of those young people have had person centred reviews and have a person centred transition plan?

25

12.4 Are these reviews/plans focused on paid employment as an outcome?

Yes  No

12.5 What total percentage of young people with person centred reviews have you achieved by 31 March 2010?

78.3 %

---

## 13 Personalisation

13.1 Does the Partnership Board have a current strategy to embed person centred planning and a check on the quality of person centred plans?

Yes  No

How does this inform commissioning?

There is a Project Management Structure and Project Implementation Document for the transformation of Adult Social Care with several dedicated work streams, to ensure services are developed under the personalisation agenda. There is a comprehensive training and development programme, provided through Helen Sanderson Associates. Halton have a support planning and care manager's programme; training staff, across service areas in support planning. Halton have begun to roll out support planning with in-house providers also. Halton have had a dedicated six-day external provider programme, to enable providers in Halton to make sure the changes that are required to deliver personalised services and Individualised Service Funds.

Halton have held a strategic 'review process design day' where we agreed to use the Department of Health's outcomes focused reviews with some minor amendments. Halton will be rolling out outcome focused training regarding this, to all relevant staff but will have 30 staff in the first rung of training, including our existing Person Centred Review trainers.

Halton have begun Planning Live Training, where individuals are able to develop their own support plan live. People have been given an indicative allocation and support to develop their support plan. It involves people who



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**13.2 Are person centred plans being re-focused on getting a paid job as a goal?**

Yes  No

**13.3 How are you making sure that groups who might be left out (e.g. people from black and minority ethnic groups, older family carers, people with complex needs) are fully included and that person centred approaches reflect culture, age and specific communication needs?**

Within the support plan/person centred plan using the 7 criteria developed through Helen Sanderson Associates we will ensure that person centred approaches reflect culture, religion, age and specific communication needs. The panel process will ensure these are addressed.

Halton commissioned a DVD to be created when undertaking specific work with a traveller which successfully met this lady's cultural needs. Halton will continue to address individuals needs as we build upon our expertise in this area.

**13.4 How are people with learning disabilities involved in co-production in transforming adult social care?**

An event was held in June 2009 with service users and carers themed 'Taking Control of Our Lives'. Halton involved an external consultancy called Future Cafe, who used an exciting way of helping people to plan and co-produce changes using a process called 'building common ground'. It was very informal and relaxed and helped people to think about what works well now, what may improve things and what they may look like in the future.

Following the Future Cafe event 29 people said they would like to be involved in a transformation Steering Group. Halton decided to hold a first event to develop and design materials in particular the information people may need regarding self-directed support.

Other people with learning disabilities are involved in development of sharing their stories.

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13.5 How many person centred plans include employment and accommodation?

13.6 What is the number (and percentage) of people in receipt of direct payments and personal budgets (NI 130)?

%

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## 14 Workforce development

14.1 Does the Partnership Board have an up-to-date workforce plan?

Yes  No

14.2 Can you give details of the workforce which supports people with learning disabilities in your area (from the Skills for Care National Minimum Data Set for Social Care (NMDS-SC), the Integrated Local Area Workforce Strategy (InLAWS), the Social Services Staffing Collection (SSDS001) and other sources)?

Briefly describe what progress you are making on:

- learning disability awareness training for the workers in mainstream services
- involving people with learning disabilities and family carers in all workforce issues
- promoting human rights and Valuing People Now principles in all learning
- preparing the workforce for personalisation
- developing the workforce locally to support all people with learning disabilities, including people whose behaviour challenges services, people with complex needs, people from black and minority ethnic communities etc

The Adults with Learning Disabilities Workforce Plan is currently in draft form and a consultation process has taken place. The consultation will involve independent providers, service leads from the Borough Council, people with learning disabilities and their families and carers. The final

The Adults with Learning Disabilities Workforce Plan is currently in draft form and a consultation process has taken place. The consultation will involve independent providers, service leads from the Borough Council, people with learning disabilities and their families and carers. The final Workforce Plan will be agreed and in place from April 2010.

A questionnaire requesting workforce details was distributed to independent learning disability service providers. This information was collated to establish a picture of the learning disability workforce in Halton. Some headlines are:

- a) The Local Authority employs more than half the learning disability workforce in Halton
- b) 16.7% of the Learning Disabilities Services workforce is male
- c) 52% of staff work part-time (33% of men and 56% of women)
- d) Almost half of the Learning Disabilities Services workforce is between the ages of 30 and 50.

In terms of the National Minimum Data Set - Social Care, The Partnership Officer has access to reports which indicate the providers that have uploaded and/or updated their workforce details onto the database. The providers themselves can access their own details and produce reports from this.

During 2009, the Joint Training Partnership (JTP) continued to provide a programme of training, which focused on learning disability awareness. The JTP aims to make a positive difference in the lives of people with learning disabilities, primarily through providing them with a committed, trained and developed workforce who is able to support and assist them in achieving their highest potential.

In securing better outcomes for people with learning disabilities, the JTP has linked into Halton Speak Out to help the JTP understand current and future workforce needs and act as partners in improving outcomes.

During April to November 2009 the JTP delivered 17 training courses focusing on learning disability awareness with a total of 284 training places offered in:

- a) Understanding Learning Disabilities
- b) Autism Awareness
- c) Epilepsy & Risk Management
- d) Eating & Drinking Skills
- e) Health Action Planning
- f) Signing
- g) Essential Communication Skills
- h) Making Information Easier to Understand

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#### 14.3 What are the key workforce challenges in your local authority?

Successfully delivering the personalisation agenda is predicted to present a number of challenges to the Learning Disability Service workforce. As part of the workforce planning initiative which is being led by Halton Borough Council, a range of providers across the Borough (including the Local Authority) was asked to consider these challenges. Examples given included: changing job roles to carry out brokerage and advocacy; interpreting national and local strategy into policies which work for local organisations; development of individualised budgets to maximise quality service provision; involving service users in planning services.

Halton Borough Council has been preparing for these challenges and supporting independent providers to do the same through a programme of training and peer support. A Joint Training Partnership meets regularly and aims to identify and provide training in subjects which may be too expensive for organisations to access independently. This joined-up approach to the commissioning of staff development will enable greater numbers of employees to benefit from a wider variety of training opportunities, ensuring that service users receive high-quality support.

Halton has established a Transformation Team to support the implementation of the personalisation agenda, and a range of development opportunities are already available to staff. For more details of the comprehensive training available, please see section 14.2.

Halton Borough Council has signed up to the North West Personal Assistant web-based recruitment tool which allows people interested in becoming Personal Assistants to register their interest. Halton Borough Council recognises that the likely increase in service users employing their own support staff may present challenges in terms of balancing risk with

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## 15 Hate crime

### 15.1 Number of hate crimes/incidents reported against people with learning disabilities

2 in 2008/09

### 15.2 What progress have you made in strengthening the link between the Board and your local Crime and Disorder Reduction Partnership?

The Safer Halton Partnership's membership includes representation from the Strategic Director from Health and Community and Police representation from the Halton Strategic Partnership equalities Engagement and Cohesion Group and the Community Tactical Officers Group. The Sergeant responsible for Hate Crime reporting sits on the Tactical Group. It has been agreed that both these groups will look at community tensions and develop a set of indicators which will then report back to the Board. The Strategic Director from Health and Community also chairs the Safeguarding Adults Board whose membership also includes the Police and members of the Partnership Board.

The Safer Halton Partnership Board received a presentation regarding Valuing People Now with an emphasis on disability Hate Crime to raise awareness and discussion. "No Secrets" and Hate Crime accessible leaflets have been developed in support of this.

### 15.3 Has your Board discussed the Cross-Government Hate Crime Action Plan\* (launched in September 2009)?

Yes  No

\*Hate Crime - The Cross-Government Action Plan, HM Government (2009)

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## 16 Quality assurance and monitoring

**16.1 How are you including people with learning disabilities and family carers in assessing the quality of care and support in social and health care?**

On behalf of the Partnership Board the self advocate support group have established a tenants forum where people can consider the support they have and share any concerns. It is intended when developed, this group will take on a service inspection role.

A Quality Improvement Team of self-advocates and family carers monitors day activities across a range of venues in the Borough and reports findings to managers for action.

Examination of person centred support plans will highlight areas that individuals are unhappy with and through an aggregation day any specific themes will emerge that commissioners need to address. The person centred support plan review process will be strengthened and this will be a priority in 2010/2011 in Halton.

**16.2 Does the Partnership Board receive reports from the Adult Safeguarding Board?**

Yes  No

**16.3 Is the Partnership Board informed of poor performance by local providers (e.g. from Care Quality Commission reports)?**

Yes  No

**16.4 Have you done an equality impact assessment, in relation to people with learning disabilities and their families, covering:**

- gender
- disability
- race
- age
- sexual orientation
- religion or belief

Yes  No

If so, how has this informed service development and commissioning?

The Regional Learning Disability Programme Board has set Friendships and Relationships as the priority for the North West region. In Halton, at the Valuing People Now Launch people felt they were being denied opportunities to develop relationships and this would also inhibit them exploring their sexuality. A lead officer has been tasked with looking at this to consider how support providers can take this forward and change working practices. In order to progress work in this area, a presentation was taken to the People's Cabinet in January to seek the views and

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**16.5 How have people with learning disabilities and family carers been involved in this annual report?**

A number of events have been held during the year which have given useful feedback on Partnership Board actions and the local issues that the Board needs to act on. This report has been presented to people with learning disabilities and family carers at two separate events. Many of the participants were those who had attended the previous events and thus in a position to evaluate how the Board has addressed the issues they raised.

**16.6 Has this resulted in improved outcomes?**

Yes  No

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## **17 Commissioning**

**17.1 Do you have a joint commissioning strategy?**

Yes  No

**17.2 What improvements have been made in commissioning services for people with learning disabilities?**

The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:



The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:

(1) Review how more people can become active in developing policy locally and regionally:

The People's Cabinet works alongside the Partnership Board to ensure Valuing People Now is being progressed locally and the Cabinet's work is helping shape services within the Borough.

The Regional Family Forum have worked with the Partnership Board to strengthen engagement with local families and in addition to the family representation on the Board, there is now a register of people willing to engage with the Board and the regional Network to influence policy development and set the direction for commissioning.

(2) Transition

Joint Commissioning arrangements operate through the Complex Needs Panel, which is composed of senior managers from education, health and social care. This arrangement plans for individual cases. Strategic joint commissioning arrangements operate through the Children's Trust Structure.

Commissioners sit on the Strategic Transition Group. The Adults with Learning Disability Commissioning Plan includes the identification of young people moving through transition over a five-year period from age 14+. This is a five year plan and is updated annually and information is aggregated to inform the Joint Commissioning Plan for young people going through transition. The needs of young people are assessed and costed annually and additional funding is requested through a growth bid in the annual budget setting cycle. To-date these growth bids have always been approved.

(3) Access to and improvements in healthcare:

NHS Halton and St Helens have increased capacity through the appointment of a Senior Commissioning Manager to lead on implementation of Healthcare for All, take forward policy relating to Adult Safeguarding and facilitate Health Promotion for people with learning disabilities. A key area being progressed is access to annual health checks for adults with learning disabilities mostly through GP practices or via Learning Disability Nurses for those people not registered with a participating practice.

(4) Increase range of housing and support options:

The Partnership Board 2009/10 work programme highlighted a number of commissioning priorities and progress against these is summarised below:

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### 17.3 How have these resulted in improved outcomes for people with learning disabilities?

Commissioning actions have resulted in the following outcomes for people with learning disabilities:

Transition:

Young people with complex needs and their families now have information, guidance and support to help disperse any anxiety and uncertainty about what happens next and are reassured that Children's and Adults services are working together to make this a positive experience.

Access to improvements in healthcare:

100% of adults with learning disabilities known to social care now have access to an annual health check if they desire one.

Following the health check, an updated health action plan will be in place so people know what they need to do to maintain their health and remain independent.

Development of a more community-based model of care has reduced the need for admissions to specialist bed based services. Length of stay for those who do need to be admitted has decreased as a result of more effective community support on discharge.

Increase range of housing options:

People in two residential settings are now aware of the choices they have around where and how they wish to live and with support of an advocate will be able to move this forward as the services are redesigned.

"Six ways to get a home" enabled an officer to raise future accommodation with a group of families and this has now moved on to these families, self advocate support, and officers working together to support a group of young women to explore options for moving from the family home and

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"Six ways to get a home" enabled an officer to raise future accommodation with a group of families and this has now moved on to these families, self advocate support, and officers working together to support a group of young women to explore options for moving from the family home and living together.

Three people living together whose health needs had deteriorated have been able to stay together and move to more suitable accommodation allowing them to maintain their level of independence and avoid admissions to residential care.

**Including Everyone:**

People with profound and multiple learning disabilities are more in control of what they do and how their paid carers support them.

Support staff delivered palliative care to an individual enabling the person to remain and die with dignity at home.

**Opportunities to participate in leisure services:**




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Following the health check, an updated health action plan will be in place so people know what they need to do to maintain their health and remain 

## 18 Future plans and targets

### 18.1 Have you agreed a local delivery plan for at least the next year?

Yes  No

### 18.2 Does it include numerical targets where relevant around the following headings?

Yes  No

If so, please set out against the headings below:

Health	376 plans (80%)
Where people live	maintain performan 
Employment	10 new people
Advocacy and leadership	maintain membersh 
Family carers	2 on Partnership Bo 
Transition	100% have person c 
Personalisation	102 clients (Direct Pa 
Workforce	Complete plan by M 
Including everyone	100% BME to receive 

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## 19 Key success or best practice

- 19.1 **Have you any particular achievements or good practice you would like to highlight that others can learn from?** We are particularly keen to hear about successes in employment.

Norton Priory museum situated in Runcorn is a monastery with walled gardens dating back over 400 years. Country Garden Catering a Day Services inspired business providing home cooking now employs staff with learning difficulties in the refectory. The refectory provides work, which is paid at permitted earnings rates for 10 people with learning disabilities. The success of the service has provided further opportunities to cater for fetes and larger corporate occasions creating further profits with which to pay more people.


As a result of the partnership we are now developing a microbrewery at Norton Priory. It is anticipated that up to 12 jobs will be created. Some tasks are ideally suited to people on the Autistic Spectrum, a group that will be specifically targeted for this scheme.

Funding from the Learning Skills Council (Sept 09-July 2010) will be used to identify more options for young people with learning disabilities in Halton who are about to leave school. The project is called Transforming Transition. Halton Speak Out, a self advocacy charity, will conduct a person centred assessment and review with each young person targeted. A copy of the assessment and review will be sent to colleges the young person wishes to be considered for. A broker from Halton Speak Out will look at the assessment and person centred review to identify what can be offered to the young person, in relation to work, college or social and leisure activities.

In 2008 with the assistance of Dr Sandy Toogood and his system of positive action techniques, Day Services staff have made a significant improvement to the lives of people with challenging behaviour living in supported accommodation. The approach is to be rolled out to other services supporting people with profound disabilities.

In Day Services with the support of the 5 Boroughs Speech and Language team intense and detailed work with ten individuals recognised to have profound learning disabilities has resulted in meaningful schedules of daytime activities. The DVDs and profiles used to create a person centred plan for each person has meant providing a service that is actually wanted by the individual.

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## 20 Declaration

We confirm that the data and information given in this report are accurate (as far as is known) and that this report has been agreed by Board members.

<b>Chair of Partnership Board</b>	Councillor Anne Gerrard
<b>Co-Chair of Partnership Board</b>	Andrew Telford
<b>On behalf of members with learning disabilities</b>	Leah Jones
<b>On behalf of family carers</b>	Mr David A Hines
<b>Date</b>	9 Mar 2010