

Common Framework for Regional Annual Reports on Implementation of Valuing People Now

INTRODUCTION

The National Valuing People Now Delivery Plan, 2009/10 set out the expectation that each Regional Learning Disabilities Programme Board would provide an annual report in May 2010 for the National Programme Board.

Local Partnership Boards have been asked to submit Annual Reports to the Regional Programme Boards in March 2010. This regional report has been designed to bring together some key pieces of information that can be collected for the Annual Reports, supplemented by some information gathered by the NHS.

The Regional Report will also summarise each regions delivery plans for 2010/11 on key priority areas outlined in the National Delivery Plan for 2010/11: improving access to health, housing and employment.

REGIONAL SUMMARY

Name of Region: North East

Number of Local Partnership Boards: 12

WHAT WE WANT TO CELEBRATE IN OUR REGIONAL PROGRAMME:

Please describe three things that have been successful in the regional programme

1. **Health:**
The north east has forged ahead with developments in the NHS and with its partners. We are in the third year of the health self-assessment and this continues to show real improvements. The past year has seen many local areas employ key primary and secondary care liaison posts. The strategic health authority has developed considerable capacity and expertise through the appointment of a programme manager for health improvements, a new “Clinical Innovation Team” (made up of mostly clinicians across the NHS in the north east) and high level leadership from a GP Consultant.
2. **Employment:**
This is seen as both a strength and challenge in the region. There are many successes across organizations in employing people through supported employment, job coaching, job carving and more accessible job recruitment processes. The recent launch of a new PSA 16 innovation fund will further stimulate good work on employment.
3. **Self Advocacy Leadership:**
This is seen as a real strength in the north east. There are many examples of real involvement with Partnership Boards, the use of the Parliament approach and highly active Champions; strong advocacy organisations; self-advocates well supported to take up key leadership roles; and the full involvement of self-advocates in many aspects of organisational and community life in the north east.

Additionally, Inclusion North is seen as a valuable regional resource for many partnership boards, self-advocates and advocacy organisations in achieving the ambitions of Valuing People Now.

WHAT ARE THE BIG CHALLENGES IN THE REGION

Please describe the three biggest risks

1. **Employment:**
This is additionally a real risk area as the employment rates of people with learning disabilities in the north east, known to services, is very low – c.4.3%. Additionally more focused efforts need to go in public sector employment opportunities for people with learning disabilities.
2. **Personalisation and Provider Development:**
This has been raised by nine of the twelve local areas as being an area for development. Whilst there are good examples of work with providers these are perhaps too small scale risking a lack of choice and control for people in the future around provider choice and capability.
3. **People with High Support and Complex Needs:**
Most areas described planning for and supporting people with higher support needs as challenging. Some areas are not clear about numbers of people who have high support needs and complex needs. This is an area of priority for the regional programme board

ESTABLISHING EFFECTIVE PARTNERSHIP BOARDS

Local Partnership Board Annual Reports

- 1. How many Local Partnership Boards have submitted their Annual Report to the Regional Learning Disability Programme Boards?**

12 out of 12 LPBs have submitted a return. This is 100% of LPBs in the region

- 2. How many Local Partnership Board Reports were signed off by people with learning disabilities?**

12 out of 12 LPBs have submitted a return. This is 100% of LPB in the region

- 3. How many Local Partnership Board Reports were signed off by family carers?**

12 out of 12 LPBs have submitted a return. This is 100% of LPBs in the region

Where they have not been signed off what is the Regional Board doing about that and are they providing any support on the issues raise.

Not Applicable

**RESPONDING TO THE CONCERNS RAISED BY THE PARLIAMENTARY HEALTH OMBUDSMAN
(Six Lives: the provision of public services for people with learning disabilities)**

4.1 Have local Learning Disability Partnership Boards reported on NHS and local authority progress in completing reviews within Section 5 of the Partnership Board Annual Report?

Out of 12 Annual Partnership Board Reports in the region all except one Local Authority have reported updated information and progress reports. All Primary Care Trusts and Foundation Trusts within NE SHA have provided Trust Boards with updated information and action plans.

**4.2 Has the SHA led a review of health services using the agreed Self Assessment Framework?
Y or N**

Yes – Year 2 completed end of January 2010, Year 3 currently being planned.

4.3 Have NHS organisations in the region submitted reports to their Boards on the issues raised by the Ombudsman's report?

Out of 15 NHS organisations in the region (4 PCT clusters, 8 acute Foundation Trusts, 2 mental health Foundation Trusts & 1 ambulance NHS Trust), 14 have submitted a report to their Board following the Ombudsmen's report.

Please indicate the key actions being taken forward by NHS organisations in the region for 2010/11 in response to their reviews of services.

Progress achieved in supporting people to access acute, community & primary care services:

All Learning Disability Partnership Boards have plans in place to address the health inequalities faced by people with learning disabilities in the locality.

Access to community & primary care services:

- All GPs in north east have systems in place for recording patients who have a learning disability that has enabled the establishment of 'GP learning disability registers'.
- There has been a good take up of the Learning Disability Direct Enhanced Service: Northumberland 87% of GPs, North Tyneside 90% of GPs, Newcastle 88% of GPs, South Tyneside 79% of GPs, Gateshead 66% of GPs, Sunderland 64% of GPs, Durham 98% of GPs, Darlington 91% of GPs, Stockton 70% of GPs, Hartlepool 100% of GPs, Middlesbrough 100% of GPs & Redcar & Cleveland 100% of GPs.
- There are a range of Health Action Plans and My Health Records formats in place across the region being used by people with learning disabilities.
- Work is being undertaken in some localities to address the transition from paediatric health services to adult health services, an example of this is where a Transition Specialist Healthcare Co-ordinator has been appointed (Sunderland).
- There has been significant investment in promoting health equalities across the region, examples of this are the creation of Health Facilitation Services, Primary Care Support Services & Community Team Learning Disability Link Nurses aligned to GP practices.
- Middlesbrough has commissioned a project linked to the national Dementia Strategy to address the needs of people with learning disabilities.
- In Sunderland a 'Help Mates' project is established to assist people with learning disabilities from BME communities access mainstream health services.
- There are a number of initiatives across the region where universal 'well-being' centres/services are now operating person centred practices that has a direct benefit to people with learning disabilities.

- There is a significant increase in the amount of accessible health information across the region being made for people with learning disabilities that relates directly to primary care services.
- There are some good examples of commissioning conditions within contracts with providers explicitly stating the need for reasonable adjustments when supporting people with learning disabilities (Middlesbrough, Newcastle)
- NE Learning Disability Health Network has been revamped to provide improved focus on delivering better health outcomes for people with learning disabilities across all health services.

Access to acute services

- Most acute Foundation Trusts across the NE have created 'acute liaison nursing roles'.
- NE A2A Network developed with clear work programme and priorities to identify regional solutions to local issues.
- Regional work is underway on the following pathway redesign:
 - Transition pathway
 - Admission pathway
 - Discharge pathway
 - Outpatients & pre-assessment

Access to specialist services

- In Northumberland the Provider Trust has appointed a strategic lead to enable better access and equal outcomes for people with learning disabilities to mental health services. There is improved joint working & information sharing between LD & MH teams. The IAPT service is using positive practice to plan services that are accessible to people with learning disabilities.
- In Newcastle there is clear leadership and partnership working within the strategic planning group that is responsible for Green Light implementation.
- In North Tyneside the mental health pathway has been reviewed following a multi-agency audit.

- In Sunderland improvements have been made regarding 'entry' criteria for people with learning disabilities into mental health services, improved liaison between criminal justice teams to ensure improved support for people with learning disabilities, robust clinical and management arrangements in place to ensure joint health provision where appropriate for people with learning disabilities and improved availability of culturally specific services so they can appropriately meet the needs of people with learning disabilities and mental health issues from BME backgrounds.
- In Gateshead and South Tyneside a pathway for crisis is agreed between the ctld and the primary care mental health team and joint working between the LD Partnership Board and the MH Local Implementation Team on the implementation of Green Light facilitated through the learning disability and mental health commissioners.
- Following the joint completion of the Green Light audit by LD and MH in Durham & Darlington, all mental health service specifications now include a statement regarding access to services by people with learning disabilities, a Primary Care Mental Health Support Service is commissioned to work with people with a mild mental health condition and a learning disability and all children and young people have access to appropriate CAMHS as needed.
- Hartlepool participated in a Tees wide event regarding Green Light, agreement is in place regarding young people under 18 being admitted to mental health services and a review of CAMHS has been carried out.
- Stockton has developed a joint LD/MH panel that addresses planning, commissioning and operational issues for those with learning disabilities and a mental health condition.
- Middlesbrough & Redcar & Cleveland have completed the Green Light audit, established a South of Tees Steering Group including representation from LD Partnership Boards and MH Local Implementation Teams, established a commissioning project post, have included mental health specification in contracts to include requirements for reasonable adjustments, an explicitly commissioned CAMHS/LD service and established CQiNN performance monitoring.

4.4 Have local authorities submitted reports to those responsible for their governance on the issues raised by the Ombudsmen's report?

(Please indicate out of X local authorities, Y have submitted reports to those responsible for their governance following the Ombudsmen's report.)

Out of 12 local authorities, 10 have submitted reports to those responsible for their governance following the Ombudsmen's report. The position in respect of one local authority is not yet clear.

Please indicate the key actions being taken forward by local authorities for 2010/11 in response to their reviews of services.

The Learning Disability Partnership Boards have agreed joint health and social care key actions, most of which are highlighted above in section 4.3.

All but one Local Authority reports/action plans have been taken to the LD Partnership Boards and in addition to senior colleagues within the Local Authority via other forums such as Directorate Management Team, Health and Social Care Partnership, Executive Team, Adult Social Care Partnership Board, Well-being & Health partnership/thematic groups and Joint Adult Directorate. These forums are chaired by and/or representatives including senior officers of the Council such as Director of Adult Social Care, portfolio elected members or executive members.

4.5 What are the main improvements that have been made in commissioning services?

A summary of the main improvements made in commissioning services for people with learning disabilities (17.2 in Annual Partnership Board Reports):

These are covered in 4.3 above. In addition:

Across the region there has been greater collaboration and partnership working between health and social care commissioners. In some cases joint health and social care commissioning posts are in place, in others there is close working relationships between the local authorities and NHS commissioners. In turn, this has led to more effective, person centred, outcome focussed based commissioning decisions based on good intelligence and local information.

Examples taken from the local annual reports include:-

Changes in care planning processes to make these more person centred in line with stages of self-directed support.

Wide range of provider development events.

Re-design of key local authority processes around key objectives that include choice, control, safeguarding and appropriate pricing.

A stronger focus on monitoring a local Trust's Green Light plan by the Partnership Board.

Continued development of the CQUIN (Commissioning for Quality and Innovation) payment framework.

Audit of local admission and discharge procedures from NHS assessment and treatment services.

Significant work done with Partnership Boards to understand and deliver the benefits of the Direct Enhanced Service.

In Newcastle the development of “Concierge Plus” widening choice and the ability to express cultural values and preferences – providing an individualised service for a Muslim tenant. This service has also prevented admission into hospital and residential services.

PROGRESS ON IMPROVING ACCESS TO HEALTH CARE

SHA Regional Lead (responsible for this part of the regional delivery plan): Judith Thompson

5 How many people with learning disabilities in the region received an annual health check?

1186*. **What % is this of the number of people known to services?** 15.11%*

(* in the main this figure is taken from the north east self-assessment framework return at 31st October 2009 and it is know that a number of additional annual health checks have been carried out since then)

6. Has the local NHS made progress in supporting people to access acute, community and primary carer services?

What progress has been made across the region to improve access in the NHS following the Self Assessment Process?

Out of 12 Learning Disability Partnership Board Annual Health Self Assessment template:

	Target 1	Target 2	Target 3	Target 4
2008	Red – 0 Amber – 2 Green - 10	Red – 84 Amber – 24 Green - 0	Red – 7 Amber – 30 Green - 11	Red – 61 Amber – 56 Green - 3
2009	Red – 0 Amber – 0 Green 12	Red – 27 Amber – 79 Green - 2	Red – 0 Amber – 25 Green - 23	Red – 15 Amber – 80 Green - 25

7. How many people were living in campus homes in March 2010?

Has the SHA led a review of progress and is it satisfied that all PCTs will meet the deadline? Y or N.
Yes

As at the end of March 2010 there were 26 people living in campus accommodation in the North East. They are from 7 Partnership Board areas. Of the 26:

- 5 were expected to move within 1 month,
- 6 within 2 months,
- 2 within 3 months
- and the remaining 3 by the end of December 2010.

As it stands, the SHA is satisfied that all PCTs will meet the deadline.

8. Please outline briefly the regional delivery plan for improving access to health care in 2010/11:

- Deliver a programme of work to improve access to primary healthcare services for people with learning disabilities;
- Deliver a programme of work to improve access to acute/secondary healthcare services for people with learning disabilities;
- Develop agreed standards of delivery of specialist learning disability services;
- Develop a co-production model of 'Confirm & Challenge' to ensure the Clinical Innovation Teams include people with learning disabilities in work programmes;
- Carry out the Self Assessment Framework (Year 3) and subsequent validation programme for 12 Learning Disability Partnership Board areas;

- Develop 'Health Quality Checkers' team based on the successful social care model of quality checkers that will include the development of standards, materials and training in full collaboration with people with learning disabilities;
- Develop regional 'Health Checking Groups', one for people with learning disabilities and the other for family carers that will be directly and formally linked to the Learning Disability Clinical Innovation Team;
- Create employment opportunities across the NHS for people with learning disabilities as part of PSA 16;
- Deliver an IT solution to create a regional template for annual health checks, health action plans, hospital passports and hospital flagging system;
- Deliver an e-training programme to improve and raise awareness of learning disability issues across primary and acute services;
- Deliver an 'Accelerated Solutions Event' to work on identified themes and implement an agreed delivery programme;

WHERE PEOPLE LIVE

REGIONAL LEAD: Paul Davies

Summary of local progress

9. What is the local profile of use of residential care?

16.67% of local authorities use less than 20% of resources on registered care homes
83.33% of local authorities use less than 40% of their resources on registered care homes
16.67% of local authorities use more than 40% of their resources on registered care homes

10. Plans to change the provider market

How many local Partnership Boards report that the provider market does not reflect the needs of their current and future population?

9 out of 12 Partnership Boards

9 out of 12 Partnership Boards have plans to change the provider market.

11. Has the Regional Programme Board agreed a regional programme for 2010/11

Please describe regional approach, which may include additional plans on supporting the changes in housing and use of resources.

It has been proposed that three Local Authorities in the north east will take part in the DH CSED programme. So far one authority already has taken part – Stockton. Two further councils will commence in Autumn 2010. In addition the regional DH social care team will provide targeted follow up support for the three councils, to include where appropriate use of regional PSA 16 resources.

A north east regional housing self-assessment toolkit has been developed with Housing Options and the regional board has agreed that this will be rolled out across the north east this year – 2010. This has been developed alongside CLG and GONE and in partnership with Inclusion North, who in particular will provide support to people with learning disabilities and families in the use of the housing self-assessment framework.

There will be further targeted workshops and events to both follow up on the north east housing SAF and on the use of the Housing Resource and toolkit for commissioners.

12. Has the Regional Programme Board agreed how it will engage with service providers to make the change happen?

Please describe regional approach:

The north east DH social care team and VPN within this has:

Assisted in the setting up of a provider network under the aegis of NETS(work) (North East Third Sector Learning Disability Provider Network), under the umbrella third sector organization of VONNE (Voluntary Organisations North East). In particular this has included a conference and events on personalisation and change for providers in the north east. VPN north east will be working with this network in 2010/2011 to:

- disseminate the national pathways to supported residential care providers to change their provision and spread best practice;
- develop a small programme across learning disability and autism providers on learning from the experience of the small scale person centred Scottish providers.

VPN and the DH Social Care team is a partner to the JIP programme in the north east on “Provider Development” This includes – funded support to personalise organisational practice – e.g. the Bob Rhodes “Much More To Lives Than Services” project (with 9 providers); and, the North East Autism Consortium Provider cultural change project (with 25 Providers).

EMPLOYMENT

REGIONAL LEAD: Paul Davies

Local progress in 2009/10

13. Do Local Partnership Boards have an up-to-date local employment strategy?

6 out of 12 local Partnership Boards have an employment strategy with goals for employing people with learning disabilities.

14. Are Partnership Boards focussing on employment at transition?

5 out of 12 Partnership Boards report that they have person centred reviews at transition, which focus on paid employment as an outcome.

Please describe local good practice examples:

A Job Carving pilot in Gateshead Council has resulted in 7 jobs being carved for people with a learning disability.

The FORWARDS Employment Support Service in Middlesbrough was established in May 2008. It has 6 Job Coaches. FORWARDS is working across all disabilities including Mental Health, Learning Disabilities and Physical Disabilities. In 2008/09 FORWARDS successfully progressed 25 people into paid employment, in 2009/10 28 people accessed paid employment. The Service currently has an active caseload of 166 clients. The Team is looking to extend their capacity and the way they work more effectively, to enable them to increase outcomes (i.e. number of people with disabilities into

paid employment). The team is looking into how to increase its capacity by getting more people working within Social care involved with helping people with disabilities into paid employment. Job carving has now been adopted throughout the council. The Team have won a Dignity in Care Award.

Stockton's target of developing 12 Job Carving Positions within Stockton Council by the end of March 2010 resulted in 10 positions secured with the possibility of others.

Enterprising STEPS in Stockton is a 9 week programme which provides a working environment to help individual develop and practice the skills needed for work, ie attendance, personal presentation, and teamwork. Individuals are assessed on their ability to listen, understand, follow instructions etc and at the end of the programme an assessment report is drawn up. Individuals considered, as work ready will complete a CV to assist with any marketing to employers.

Within City Hospital Sunderland and across the local public sector, there is a programme of work placements from the "special" schools whereby young people who are soon to leave school are given work experience. It is hoped that this scheme will be rolled out across the region's NHS and other public sector organisations.

Also in Sunderland a Community Interest Company which is supported through the council, support a number of social enterprises developed or developing in the city. These include, park cafes and restaurants as well as horticultural based schemes.

Newcastle Department of Work and Pensions is a national Project Search Site in the North East. This will deliver real jobs for young people through a structured approach. This is in the very earliest stages of development.

In Newcastle 8 self advocates (called Champions) are employed for 3 hours a week supported by 2 part time workers. This is successful both in being a small scale employment initiative and in

providing strong self-advocate leadership at the Partnership Board, in Newcastle and across the region on the big issues in Valuing People Now

The 'Getting a Life' Programme in North Tyneside is now entering its 3rd year. The Programme has supported a number of initiatives in North Tyneside that have led to improved transition processes and outcomes being available to young disabled people in Transition. Learning from the programme both locally and nationally has enabled us to target support for employment. In the final year of the programme North Tyneside will be providing resources to assist young people to both access work and to receive support to maintain it.

Jobs First was announced as a key commitment for the Government within the Valuing Employment Now strategy, and aims to use personalised and creative approaches to support all people with learning disabilities to achieve their vocational goals. North Tyneside has been selected as 1 of 8 demonstration sites across England to deliver Jobs First. The challenge set for all Jobs First sites is that "20 adults with moderate to severe learning disabilities will use their personal budget to fund the support they need to find paid employment" and that work of 16 hours or more will have been achieved by the majority of those individuals. The project will last for 12 months and started in April 2010.

North Tyneside Council's 20:20 Scheme is an innovative approach to developing personalised 'job carved' roles within the council for people with significant and enduring disabilities. Since its launch in 2009, the scheme has issued 18 contracts, offering an opportunity to explore 'job carving' as a viable option within a range of council departments. All participants are paid employees of the council for the duration of the 20:20 contract, with a clear expectation that a substantive role will be carved for successful employees at the end of the agreed period. Employees working under the scheme benefit from an individualised package of support that is tailored to meet their needs and maximise their potential for success.

Contracts have been issued on a rolling programme since April 2009, and the first 9 employees have all progressed into substantive, permanent roles within the council. A further 8 employees are currently working towards progression, with 3 people participating in trial periods prior to their 20:20 contracts being issued. Once these contracts are in place this will bring the total of contracts issued to date since April 2009 to 21.

Discussions are currently taking place with senior management to explore the potential to develop the scheme further and build on the successes to date.

Please describe how well local arrangements are working between the Valuing People Now programme and National Transition Programme to agree actions and goals.

North east VPN and the TSP has agreed a coordinated approach to transition. Regular regional meetings take place between – regional VPN, regional TSP, SHA (ChamPs), regional SEN and others to plan and coordinate activity. A series of regional and local events are being delivered including the regional VPN transition programme (led by NDTi and HSA commissioned by DH). There is an agreed regional plan of activity.

Regional Support to help ‘make it happen’ in 2010/11

15. Has the region established a programme to support employment of people with learning disabilities?

Please describe how you are working with GOs and SHAs on PSA16 and regional programme that will help to ensure people with learning disabilities are supported into real jobs.

The north east regional programme board is currently developing a regional plan for employment and has a sub-group of the regional board to oversee this.

The north east has a PSA 16 delivery board in place and has a smaller working group from Government Office, DH, ADASS SHA, regional NMH DU to plan and deliver the social care aspects of this.

The DH Social Care led work is centred on an Innovation Fund and various local projects being funded, and to be funded, through this means. All projects will either build on existing work or create new arrangements to promote and deliver best practice in such areas as – Supported Employment; Job Coaching, Job Carving, employment in public services.

An NHS Jobs Pledge group exists in the north east to promote and support increased employment for people with learning disabilities in NHS organisations. 50% of NHS organisations are signed up to this and the SHA in particular are providing support in this area.

16. Has the Regional Programme Board established a programme for transition, to share the learning from the Getting a Life Programme?

No.

If No, are there plans to do this in 2010/11?

The PSA 16 Innovation Fund is being promoted to encourage a focus on employment and transition including encouraging an increased uptake of 'Getting a Life'.

This work is happening as part of the joint North East programme on transition support with TSP, SEN and VPN.

PERSONALISATION

17. Have Local Partnership Boards got a current strategy to embed person centred planning and check on the quality of these care plans?

11 out of 12 Partnership Boards have a strategy.

A summary of the impact on commissioning reported by Local Partnership Boards in the region is:

Darlington have a database of person centred reviews and individual outcomes. They are able to provide commissioners with key information that will influence future commissioning strategies.

Gateshead are developing a process to enable a more formal system of information sharing to be in place between care management, person centred planners and commissioning.

Supported planning through SDAQ is a person centred process and as Hartlepool is a transformation site, all eligible people under FACS go through this route. It is embedded in the care management process and outcomes for individuals are measured through quality of life questionnaires and service user example sampling by officers of the council.

Middlesbrough capture information through the Personal Budgets process. People's support plans identify how they want to spend their money on their support and this information is passed on to contracts and commissioning teams for action as necessary.

A set of core standards developed through 'Tees Integrated commissioning Project' for people in unsettled accommodation includes the need for person centred planning to inform commissioning of new services. The Teeswide Commissioning Group has commissioned a piece of work from a skilled provider in forensic services to develop specific training to inpatient staff.

The new commissioning strategy in North Tyneside reflects the future changes to how services and support will be commissioned, with people with learning disabilities and carers commissioning their own support.

In Stockton Commissioning staff are/will be informed of the outcomes of Person Centred Plans/ Support plans so they can understand what people with learning disabilities intend to do to meet needs through self directed support.

Sunderland's strategy has clear actions and outcomes. Reports are sent to commissioning officers and they form the basis of intelligence as part of needs assessment to inform future commissioning intentions and market intelligence for commissioners and providers.

In Newcastle strategic priorities are identified to the commissioning group, especially around housing, through a person centred planning report, put together by the Person Centred Planning Coordinator.

IMPROVING THE WORKFORCE

18. What work is in place to support the development and training of the workforce in VPN? Please provide comments on regional programme:

The Valuing People Team have supported a Workforce Development Network for people who have the job of making sure there is good training for staff who support people with learning disabilities. The Network meets between 4 and 6 times a year. Inclusion North organise and support the meetings.

The people who come to the meetings are responsible for Workforce Development or training in organisations or supporting Partnership Boards.

The group have written a strategy that says the important work that should happen across the region to make sure people with learning disabilities get good support. This strategy is linked to the big workforce development strategy for all adult social care in the North East.

The group also have a plan for the work they will do to help everyone in the North East make the Valuing People Now targets happen.

Other Good Practice:

Significant progress has been made across the region in two key areas:

- **Accessible Application Process and Involvement in Recruitment:**

In Gateshead and South Tyneside work is being carried out to have the Primary Care Trust recruitment paperwork and process in an accessible format which could be shared with partner organisations.

People with learning disabilities and carers are involved in the recruitment of staff in most local areas including specific examples of innovative work in Sunderland, Hartlepool, South Tyneside, Gateshead and Northumberland

- **Training Including Self Advocates and Family Carers:**

All 12 Partnership Boards report on training which includes self advocates and family carers in its delivery.

Sunderland People First deliver Awareness Courses to staff in Sunderland.

Gateshead self advocates and family caers deliver training on Person Centred Approaches and Disability Awareness to staff.

Stockton provide awareness training sessions which are open to workers in mainstream services which involve self advocates. The training is well attended and received good feedback.

Middlesbrough Mums Group provides training to Childrens and Families Service and Joint Health and Social Care Students at Teeside University.

Self Advocates from Skills For People in Newcastle deliver awareness training to customer services staff from libraries and customer service centres.

North Tyneside involve people in training modules with Northumbria University and Durham University.

Northumberland involve people with learning disability in briefing and training sessions for front line staff around personalisation.

In Redcar & Cleveland disabled people have provide unique training to council staff on disability issues and awareness, the course includes How Far Have We Come, a thought provoking 20 minutes of real life drama challenging the way we thing about disabilities. This is part of an ongoing programme of work with the Council's Equalities Group.

QUALITY ASSURANCE AND MONITORING

19. How many Partnership Boards report inclusion of people with learning disabilities and family carers in assessing the quality of care and support in social care and health?

12 out of 12 Partnership Boards.

20. Safeguarding and performance

6 out of 12 Partnership Boards report that they receive reports from the Adult Safeguarding Boards.

5 out of 12 Partnership Boards report that they are informed about poor performance by local providers.

REGIONAL PRIORITY

21. Please set out your regional priority:

The Regional Programme Board has agreed that the regional priorities will be:

- Friendships and Relationships
- People with High Support and Complex Needs

On Friendships & Relationships:

The regional programme board is developing a small work programme on this area. This will include a conference in the summer 2010 to look at and explore best practice in the north east. This is to be done in partnership with Friends Action North East (FANE) who have received £0.5m lottery funding over the next five years to develop initiatives, projects and materials to support people and

organisations around developing friendships. This work is being led by self-advocates on the regional programme board and will also include the north east provider network.

On People with High Support Needs & Complex Needs:

In addition the regional programme board has more recently also decided an additional regional priority - people with high support and complex needs.

The regional programme board is setting up a sub-group to consider it's agenda for this work and agree a small number of new regional priorities.

22. Valuing People Now asks Partnership Boards to improve outcomes for everyone. Please summarise the improvement and good practice examples from Local Partnership Board reports from across the region on:

- Ensuring all people with learning disabilities, including those from all backgrounds and those with complex needs are involved in programmes and access services
- Supporting carers
- Hate crime
- Transport
- People with learning disabilities as parents
- Offenders

Involving Everyone:

Darlington and Durham created a sub-group of the Health Task group to work on PMLD issues following issues raised by a family carer. This is focussing on health inequalities and promoting annual health check.

The Life Experience Programme which is a work experience programme in South Tyneside provides a real, meaningful experience of working adult life for students many of whom have very complex needs.

Champions for people with autism, complex needs and people with behaviour which challenges services have been appointed to Northumberland Partnership Board.

People with Autistic spectrum conditions:

The north east has developed the North East Autism Consortium. This provides leadership, coordination and some resources through the north east JIP for the improved strategic commissioning of services, provider development work, and co-production with people with autism and families at a local, sub-regional and regional level.

Services for people with autism in Tees will improve with the successful development of the Autism specific framework agreement. This will improve commissioning of services through the development of strong partnership with capable and skilled providers.

Work with people from Black and Minority Ethnic communities:

The VPN Team are working with the BME worker in Middlesbrough to develop a Partnership Board Self Assessment Framework. This is under development and following further consultation within the region it is anticipated this will be sent out for completion in September 2010.

Gateshead Partnership Board has contributed to a BME Development worker post who will identify the number and needs of people with a learning disability from BME communities which will allow services to be developed to meet needs.

Middlesbrough have well established annual BME surveys involving carers and service users, information gathered is used to plan services with local community leaders.

South Tyneside are currently identifying BME communities and mapping current community resources, services and gaps to ensure better involvement of BME communities.

Sunderland Partnership Board used LDDF funding to support the BME Development Project in employing 2 full time Development Workers who work directly with people with learning disabilities and family carers in the community to have equity of access to services and support.

In Northumberland, Community Development Workers have been improving engagement with BME groups and have also been involved in developing and delivering improved training around equality, diversity and human rights to staff.

Supporting Carers:

All Partnership Boards reported carer representation on Partnership Boards. Some Partnership Boards have invested in the Partners in Policy Making training. Carers are also representative on various sub-groups ie PMLD, strategic visioning groups, Carers Sub-groups, Carers Partnership, and Valuing People Family/Carer Network. Partnership Boards have involved carers in strategic visioning, stakeholder involvement in contract tendering, working closely with Jobcentre Plus, training, implementation of the carers strategy, speaking at conferences and are included in various meetings and regional activities.

In Gateshead funding has been secured to fund a Carers Advocate post.

Newcastle run a course via the North East Special Needs Network for carers that guides them through Transition.

Hartlepool have funded various family/carer groups and schemes eg, direct payments for carers service provision, weekly drop in sessions for carers, support with assessments, provision of a carers registration scheme, short breaks, Saturday club, asian ladies carers sewing group, 3 carers drop ins at various locations through the town for a year, drama groups, training and subsidised transport.

In Hartlepool funding was allocated from carers grant to employ a project manager to work with local GP surgeries to enable the creation roll out of a standardised Carers Register in all GP practices in Hartlepool.

Middlesbrough have undertaken an Annual Carer's survey which includes BME carers. They have also developed a Carer's Outreach Service and are developing a Carer's Brochure, Newsletter and website.

North Tyneside launched a new emergency break service for carers in 2009 and is available to all carers in the borough. To date over 100 carers have registered for the service. A Carers Guide and a Carer Assessment leaflet have been produced.

A new approach has been launched by North Tyneside Council which supports the drive toward personalisation by recognising carers as experts.

Carers in Northumberland are fully active in the delivery of Northumberland Carers Strategy and involved in monitoring delivery. Outcomes have been set by carers across specialism including learning disability and have led to improvements in access to information and carers services, helped particularly by the development of a county wide User Led Organisation – Carers Northumberland in 2008.

Carers Together provide an outreach service across Redcar & Cleveland. There are now 2055 carers registered with the service. Additional capacity has been recruited to establish a carer's team within the Council which includes supporting carers of people with a learning disability.

South Tyneside Council has made a commitment to deal with the issues carers have by having 2 full time Carers Development Officers.

Darlington funds a full time Carers Support Worker.

Sunderland Partnership Board used LDDF funding to support the Older Family Carer Project, employing a development worker based at Sunderland Carers Centre and a Task Group chaired by a family carer. The Task Group has been influential in raising issues such as emergency, future planning, carers assessments and health care.

There is a Regional Valuing People Family/Carer Network which is a forum for family carers of people with learning disabilities. It deals with local and national issues and feeds back into the National Network. At family/carers request an Older Families Now Event was held in May 2010. Outcomes from the event were that the findings would be fed back to local Partnership Boards and local forums, that use of the national resources would be shared widely and that regional issues will continue to be discussed at future regional Family Carer Networks.

Hate Crime:

All Partnership Boards described links and involvement with Crime and Disorder Reduction Partnerships, Community Safety Teams, Police Crime and Prevention Officers, CPS etc.

Many Partnership Boards have described holding Hate Crime Awareness Events and Training throughout the region including College's, schools, police and transport.

Middlesbrough undertook an audit of bullying for people with learning disabilities in 2008/09, the questionnaire was developed in partnership with service users.

Middlesbrough held a Keeping Safe event in April 2010 for people who use services. The aim of the event was to promote the awareness of Hate Crime and how important it is to report Hate Crime incidents. They worked with a number of agencies including Cleveland Police, Safer Middlesbrough Partnership, Magistrates and the Street Warden Service and also included a Drama which ran through the whole of the day.

Joint work is also taking place in Middlesbrough between the Department of Social Care, Cleveland Police, Fabrick Housing and Safer Middlesbrough Partnership to organise an awareness raising event promoting Hate Crime Reporting and the Reporting Centres in Middlesbrough. 2 new Reporting Centres are being set up at 2 resources which are used by people with learning disabilities. Staff at the new reporting centres are receiving special training on Hate Crime reporting which is being delivered by STOP HATE UK.

DVDs have been produced in Newcastle and South Tyneside.

Significant work in Newcastle has been undertaken to address the gap in partnership responses to people with learning disabilities experiencing hate crime. The co-ordinator of ARCH now chairs the Safety and Quality Theme Group. The group prioritised the expansion of the ARCH reporting and case management system ensuring that those people with learning disabilities that experience hate crime have the confidence to report, that they receive a response appropriate to their needs, that appropriate action is taken against the perpetrator and a co-ordinated response by agencies involved. ARCH is recognised as a model of national best practice.

Sunderland People First worked closely with police to better tackle hate crime which included piloting of Home Office Hate Crime reporting packs for people with learning disabilities. SPF campaigns against abuse and run "Protect Yourself and Others" training courses for those with disabilities. Course publicity material has seen thousands of copies of the related brochure distributed in the city, regionally and nationally.

Transport:

The Buddy Scheme in Gateshead works really well with approximately 100 people with a learning disability having had training to travel independently.

Middlesbrough held a transport event involving local bus companies which led to the introduction of Bridge Card, Bus Buddy training, Independent travel training, road safety training and increased disability awareness training for bus drivers.

Newcastle Community Links Team has worked well with Nexus (public sector transport provider) to train volunteers for its Buddying Scheme.

Regional work is increasingly being joined up on transport, with the development of baseline standards, for example, Bridge Card, Buddying Schemes and Training. There is a "Transport For All" group running through the public sector provider (Nexus) for the whole of the Tyne and Wear sub-region.

People with Learning Disabilities as Parents:

Middlesbrough Mum's is a self help group for 25 parents with learning disabilities. They have provided training to Childrens and Families Service and Joint Health and Social Care students at Teesside University on a regular basis.

The Newcastle LDPB agencies and Childrens Trust are about to undertake a joint review of work for parents and this will be a major priority in 2010/11.

Durham reported that improvements in commissioning services have resulted in improved outcomes for parents with learning disabilities being supported in childcare.

Offenders:

Various presentations and links with police, probation, prison service and health services led to the setting up a regional conference in March to begin to map what needs to be done to improve work in this field. This was a free event for people that work in or are connected to the Criminal Justice System & Learning Disability Health & Social Care settings. It was organised by the North East Offender Health Team in North Government Office and Inclusion North.

The aims of the day were to introduce the policies & research on people with learning disabilities in the Criminal Justice System, help people with different experiences to work together to look at regional and local joint approaches, share learning from the pilots of the use of the screening tool in prisons and introduce some of the different resources and support that are available.

Some of the next steps for working together regionally included: developing standardised regional information, leaflets, more resources and better quality, website, newsletter, hold focus groups and awareness sessions, sharing good practice, joined up working and training, sharing good practice on supporting prisoners with different cultural needs and languages, multi-agency forums, more events and workshops, working with victims with learning disabilities, additional advocacy workers.

As part of the Tees Integrated Commissioning Project, a workstream has been established to support effective discharge from inpatient services for people with offending histories. Core standards have been developed around personalisation and work is ongoing with a specialist provider to develop individualised service designs. Creative solutions are being taken forward to increase the provider market in this area.

North Tyneside have commissioned a specialist forensic provider to mentor a local provider and supply training.