

Appendix 1: North Wales Together: Seamless services for people with learning disabilities – Priorities & Success Measures

Key: Colour coding has been used to show outcomes and success measures as they relate to the things that people have said matter to them

Early years

Having the right support

Having friendships and relationships

Having a good place to live

Being healthy

Being safe

What is the priority? (What is the LDTP role?)	Why is this a priority? (What is the regional or local problem?)	What will success look like? (Desired output & outcome?)
<p>1. Commissioning & Procurement:</p> <p>a) Accommodation – Support needed around planning, developing & jointly commissioning a robust model of supported housing (SH) with Health and possibly with multiple Local Authorities (LA's). Support to establish other local housing options, including step up, step down, emergency/crisis accommodation, circles of support and own front door shared support models (working with Housing & RSLs). Support to develop a pathway for crisis response and to look at the work of Enhanced Care Residential Services.</p> <p>b) Ordinary residence – seek change from Welsh Government and/or legal advice in relation to whether a regional legally binding agreement re ordinary residence can be developed.</p> <p>c) Shared Lives accommodation incl. respite - Support to address some regulatory issues raised around Shared Lives for younger people (16 – 18 years), and for people from out of county</p> <p>d) Accommodation (young people) - Development of supported housing for young people aged 16 plus with a focus on progression. Includes looking at regulatory issues re dual registration where under 18s & over 18s might live together</p> <p>e) Short breaks – support the investigation and development of a wider range of respite and</p>	<p>a) The lack of some accommodation types limits choice and availability, and often results in out of county placements. There is a lack of joint strategic planning between Local Authorities and Health (LA's & BCU) and there is sometimes a lack of choice resulting in inappropriate support. Better crisis support and an agreed pathway for crisis response would reduce the need for Out of County Placements.</p> <p>b) Ordinary residence is a barrier in community living and in shared lives. It limits choices and it makes filling vacancies more difficult. LA's need to be confident that a legal agreement would be binding.</p> <p>c) Regulatory issues mean that young people under 18 currently cannot access Shared Lives and it is difficult for people to live in a Shared Lives placement if it is outside of their home county.</p> <p>d) We need to prevent out of county placements for young people, to make more sustainable community based placements where home has broken down. It is important to focus on progression from an early age.</p> <p>e) There is limited choice for some individuals and they end up having to access costly long distance respite.</p>	<p>a) There will be fewer out of county placements caused by lack of suitable housing for people with Profound and Multiple Learning Disability (or issues regarding crisis response) & people with LD or PMLD will have more choice over the type of accommodation they live in and how they are supported.</p> <p>b) People are not limited in their housing options by county borders and Local Authorities feel able to support people to live in neighbouring counties (and have people from other neighbouring counties) where appropriate</p> <p>c) Young people will be able to use Shared Lives. and people will have more access to Shared Lives placements that are across county borders</p> <p>d) There will be supported living options for young people aged 16+ which mean they can live closer to home within their own community and that they are supported to reach their potential.</p> <p>e) In future people, including children with complex needs and their families will be able to access appropriate respite and short breaks closer to home.</p>

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<p>short break options, especially for children and adults with complex needs</p>		
<p>2. Workforce Development</p> <p>a) Joint roles - support to explore the potential for joint enhanced Health and Social Care role which focuses on prevention, and to develop and agree a job description, to include Health related tasks. Potential to mirror roles in Older People's services. Look at governance on health and social care tasks</p> <p>b) Workforce planning - support to improve the image, skills and career progression opportunities in Health and Social Care, including looking at the issues around the training and recruitment of OTs</p> <p>c) Workforce training – need to develop a regional program focused on supporting and educating providers. To include a focus on values, the assets based approaches, progression support, the criminal justice system, positive approaches to risk and active support. Link in with Positive Behavioural Support and Complex Needs Service to ensure training for adults and children is consistent</p> <p>d) Welsh speakers – raising the profile and supporting providers with the recruitment and retention of Welsh speaking support staff</p> <p>e) Recruitment processes - to explore and address the barriers to the recruitment of people with learning disabilities in the workforce and in mainstream volunteering opportunities.</p> <p>f) CIW / Care council registration of workers separates staff into adult and children workers. An issue for recruitment in transition. Need to create consistency as far as possible.</p>	<p>a) To avoid duplication and to support a seamless and integrated service delivery which is focused on prevention, screening, checks and early intervention.</p> <p>b) Recruitment and retention is an ongoing issue. There is a limited pool of staff in the sector, especially on the frontline and the pay range is limited. Bangor has stopped the OT Degree and the shortage is impacting on progressions work.</p> <p>c) There needs to be a consistent value base. Not everyone is fully aware of, or on board with, the strengths based approaches and there is mixed practice. Not all providers have embraced new approaches and some are too risk averse. Support needs to be more flexible to the needs of the citizen. There is potential to use the criminal justice pack across the region.</p> <p>d) There is a shortage of welsh speaking staff.</p> <p>e) People with learning disabilities have told us that current recruitment processes and practices (e.g. in Local Authorities and Health) are a barrier to them. There are constantly unfilled posts that people with learning disabilities can't apply for because of the bureaucracy and a narrow understanding of the options available to in relation to the employment of people with learning disabilities.</p>	<p>a) There will be an agreed job description for a shared role (and a pilot for a jointly funded post) with a focus on prevention, early intervention and health screening and checks.</p> <p>b) Fewer voids in posts, better skilled workforce and lower turnover levels. Improved perceptions of the sector as a career option.</p> <p>c) Everyone around the person will be working in a strengths based way and there will be consistency of approach. Staff will be more confident about risk and have a better understanding of the assets based approach. People with learning disabilities will be more independent and more confident about taking risk.</p> <p>d) Citizens have information and are more likely to be supported in the language of their choice.</p> <p>e) People with learning disabilities applying for, and being recruited to, paid and voluntary roles, including those in the public sector</p> <p>A key part of this workstream will be to identify and share good practice and to evaluate and learn from pilot projects.</p>
<p>3. Community and culture change</p>		

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<p>a) Employment opportunities – support around raising awareness with employers of the benefits of having people with learning disabilities as part of the workforce, and myth busting around work for people with learning disabilities. Identifying, sharing, acknowledging, championing and piloting good practice (e.g. Project Search).</p> <p>b) Community based activities – share (and learn from) examples of good practice, including the role of Navigators and integration in local communities – being a part of mainstream activities etc. Pilot community mapping and peer support. Work with Disability Sports Wales & Leisure providers re their inclusivity for people with LD.</p> <p>c) Information, advice and advocacy – Support for carers to have a voice and to plan for the future. Advocacy for people with Profound and Multiple Learning Disabilities – help to establish services where they don't exist and evaluate them where they do. Support with pilot projects. Link future planning to accommodation.</p> <p>d) Direct Payments - Support to extend the use of Direct Payments, including the use of pooled Direct Payments, Direct payments to meet Health and Social Care needs and Direct Payments to support people in work. Share good practice, and explore the barriers.</p> <p>e) Relationships – people need to be supported to have friendships and relationships that extend beyond service or area boundaries. Support to develop friendship and relationship groups and a focus on positive approaches to risk. This will need to include play and leisure opportunities for Children and Young People. Support to ensure that supported housing (design, location and support staff) & play facilities help with the development of friendships. Consider and raise awareness of other factors that affect friendships in childhood.</p>	<p>a) The % of people with learning disabilities in jobs is low. Individuals and their families are worried about being worse off in paid work or in permitted work. There needs to be more 'on the job' learning with a focus on progression. The Project Search experience in the West needs to be shared and rolled out.</p> <p>b) People need to be supported to access local mainstream activities and resources so that they can be active members of their communities. There is mixed practice, with some individuals being isolated and not being able to access informal, community based activities (incl. sport activities) – their only relationships are with their families, support staff and other people with learning disabilities.</p> <p>c) Local gaps in supporting parent carers to plan for the future and to have a voice. Mixed practice re specialist advocacy for those individuals with profound and multiple learning difficulties.</p> <p>d) There is mixed practice across the region and little exploration of the barriers to pooled Direct Payments. Recruitment and retention of Personal Assistants can be difficult</p> <p>e) People have said that friendships and relationships are extremely important to them, but they are often dependent on the people around them to help make and sustain their relationships. This can mean that friendships and relationships can be more difficult with people in other counties or supported by other providers. There is a duty to undertake an assessment around accessible play – the issue is wider than this – links to positive risk taking, hate crime and lack of understanding in the wider community. Conwy play report as an example of isolation.</p>	<p>a) There will be more people with learning disabilities in work and employers and workers will be more aware of the benefits of having an inclusive workforce, and will feel more confident in recruiting people with Learning Disabilities.</p> <p>b) Evidence more people being active in their local community and accessing the activities they are interested in. The people in their local community know and understand them. Support staff are more aware of what is going on locally & feel confident about supporting people to access activities</p> <p>c) Carers feel more comfortable about planning for the future (contingency and long term), and they are informed and have a voice on local issues. Advocacy will be strengthened and people with complex needs will have a stronger voice that supports service design and delivery.</p> <p>d) More people will feel they have more choice and control in using Direct Payments, including being able to use them creatively. There will be a better understanding of pooled Direct Payments and better processes for administering them</p> <p>e) There will be friendship & relationship groups. Statutory support, Education (eg Welsh Bac volunteering), housing leisure & play facilities and activities will promote rather than inhibit friendships</p>
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<p>4. Integrated Structures</p> <p>a) Processes, experiences & expectations at transition - Support to map and improve transition in both health and social care. Exploration of structures & services at transition into adulthood. Support to work with young people & families, ensuring that Health & Social Care services can manage transition from one service to another seamlessly. Link in with Additional Learning Needs (ALN) Leads to help ensure a fit with the forthcoming ALN regulations and codes. Look at progression support at an earlier age. To investigate good practice guide re life transitions (& 'know it' kits). Look at PA's until 25 (DPs).</p> <p>b) Funding – work with partners to identify how best to improve processes for funding decisions/ approval, including joint funding disputes and strategic processes, and shared, integrated processes and budgets. Need some terms of reference for joint funding & joint commissioning.</p> <p>c) Integrated access to services and support - Support to pilot community based multi-disciplinary 'intake'/community resource teams with a preventative approach.</p> <p>d) Map out and investigate sources of support for families, and work with the children's transformation project to ensure there is a clear offer for families of children with learning disabilities embedded in new models of community support with a focus on pre and post diagnostic support.</p> <p>e) Work alongside the Mental Health and Community Transformation Projects to ensure there are clear pathways and offers of support are embedded for people with learning disabilities in these developments.</p> <p>NB IPC to look at a step by step guide to building integration (10 year plan including measure).</p>	<p>a) Service structures and transition experiences vary across the region. Some structures are more seamless than others. If there is a clear reason for us to alter service structures and ages when people transfer from one team to another, we should change those structures in the region. Concern that the ALN legislation will increase expectations, (and budget pressures) especially in relation to post 19 education, that structures may not support the ALN requirements and that settlements might not meet demand. There needs to be a greater focus on progression support so that young people are supported to achieve their maximum potential. Good practice needs to be shared widely.</p> <p>b) There are no pooled budgets, and processes impact on integration. Disputes take too long and take up too much staff time. This impacts on working relationships and on citizens. Need quicker decision making.</p> <p>c) A local pilot would build on from the success of existing approaches – the next step, in terms of integration and community based resource. Findings could be shared regionally.</p> <p>d) Families often struggle at or around diagnosis, they struggle to respond to behaviours and to poor sleep patterns and toileting.</p> <p>e) People with learning disabilities (especially PMLD) can struggle to access mainstream and specialist mental health services as well as mainstream services and support – there may be an opportunity to address some of this and to lay down the principles of generic access for people with LDs via other transformation programmes.</p> <p>NB re IPC – need then to look at how we get from A – Z. (A model for N Wales).</p>	<p>a) Expectations are realistic, young people are being supported to achieve their full potential with a smoother transition to adulthood. Areas are able to meet the requirements of the forthcoming ALN regulations and codes. Practice is more consistent and there are clear pathways at transition</p> <p>b) There will be fewer funding disputes and delays across the region. Funding does not inhibit or delay decisions. There will be agreed terms of reference</p> <p>c) A fully integrated community resource team resulting in a one stop shop where individuals are triaged for their health and social care needs and supported to access community and statutory activities</p> <p>d) Families feel better informed and confident about how best to respond to their child's' needs and behaviours</p> <p>e) Reduced reliance on specialist services and improved access to universal services. A pathway to access mental health services</p>
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<p>5. Assistive Technology</p> <ul style="list-style-type: none"> a) Innovation – Research and share new apps, examples and technological opportunities that might specifically help people with learning disabilities, including tracking apps b) Training, information and support – arrange workshops for staff, providers, individuals and their families. To include internet safety and to address barriers, misconceptions and solutions (dongles etc.). Look at (and advise on) the safeguarding issues (e.g. re the use of Alexa). Encourage best use of what is already in place (everyday items as well as ‘telecare’). c) Transition – support to make sure that young people have access to technology in school and that what has been learnt in school is carried on. Support the roll out of safe places and promote with young people with LDs as well as adults with LDs. d) Funding – explore opportunities for pooled budgets to promote appropriate use of technology. e) Pilots – support pilot projects and provide assistance with new supported housing developments. Promote with RSLs. Link in with Digital Inclusion. <p>Need to focus on how this can be developed to increase potential use for Children and their families with the required differing focus to adults.</p>	<ul style="list-style-type: none"> a) New technology is emerging and apps are being developed that could improve peoples’ lives and help them to be more independent. It should be equally available and accessible across the region. b) People don’t know what’s out there and what it can be used for. Some people are resistant hesitant or anxious about using technology and some may be at risk when using technology. Often there are everyday technological solutions which can be bought off the shelf. c) Don’t want young people to lose what they’ve learnt. Need to support young people to be out and about in their local community wherever possible and to feel safe. d) There is the potential to make better use of money and improve lives. e) Need to try things out and learn from them and need to ensure that new supported housing developments make best use of the latest technology. Registered Social Landlords are the key to this. 	<ul style="list-style-type: none"> a) People will have tried out new apps and feedback from those experiences will be shared. People will be using technology to be more independent b) Everyone will know and understand what is available and will be confident about using it. c) Young people will continue to use technology as they transition into adulthood d) There will be individuals using technology that has been jointly funded and which addresses their health and social care needs e) All individuals moving in to new supported housing will be making maximum use of technology and using it to be as independent as they can be.
<p>6. Health</p> <ul style="list-style-type: none"> a) Health checks - undertake a review of annual health checks in all GP practices on Ynys Mon including the use of a questionnaire to identify potential areas of concern / improvement / good practice and resource deficit such as training or support (NB query raised about GP contracts). b) Information - look at adopting and co-producing some online resources, films and easy read information with a view to promoting healthy 	<ul style="list-style-type: none"> a) There are variations across Local Authority areas in the proportion of people with a learning disability having an annual health check. b) Individuals and their families often struggle to find, access and understand health related information, including information on health screening and easy read information on healthy lifestyles. The use of films made by 	<ul style="list-style-type: none"> a) All GP surgeries will be signed up to delivering the learning disability annual health check and to changing their services to make them easy to use for the individual. It will be easier for individuals to have an annual health check b) People with learning disabilities and the people supporting them will know more

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<p>lifestyles, sexual health and health checks and screening. Explore the option of developing a programme of coproduced workshops across the region to support this role out.</p> <p>c) Emotional well-being - Identify and promote a range of activities within the community that are genuinely inclusive to citizens.</p> <p>d) Technology - explore the use of Health Applications, and look at how technology can support physical and mental health. Raise awareness with individuals and the people who support them.</p> <p>e) Access to health services (including universal health services) – work alongside Health colleagues to scope out and look at ways to improve and develop pathways and support, including support to CALDS with a CAMHS (mental health) pathway and scoping of (general and specialist) hospital admission, treatment & discharge for people with learning disabilities (link in with Paul Ridd Foundation work and roll out).</p>	<p>and for people with learning disabilities will enable more people to access and understand information. People need information and support re healthy lifestyles.</p> <p>c) People with learning disabilities often struggle to find out about, and access, community based health and well-being activities, and can be socially isolated.</p> <p>d) Using technology to support and manage the health and well-being of people with learning disabilities is relatively under-explored.</p> <p>e) People with learning disabilities often find it difficult to access health services, including mental health services and hospitals. We should have clear quality standards as to how Emergency Department, Inpatient in District General Hospitals and Community Hospitals, GP and Primary Care services, serve people with learning disabilities and we should monitor this service quality to ensure the care is optimal and improving as necessary. Admission and discharge processes do not always fully recognise and respond to the needs of people with learning disabilities in an integrated way.</p>	<p>about health screening, sexual health, health checks, healthy lifestyles and mental well-being</p> <p>c) People with a learning disability will engage more in healthy lifestyle activities in their areas</p> <p>d) More people with learning disability will use technology to manage their health and well-being, and the people around them will be more aware of this technology</p> <p>e) .Health services will be more accessible and there will be agreed pathways</p>
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Key themes underpinning the priorities and the measures of success

- a. The general profile and rights of people with Learning Disabilities needs to be raised within the wider community and general workforce.
- b. People need seamless services - agreements around funding (between Health and Social Care) are fundamentally important to breaking down the barriers to integrated working and Health and Social Care service structures need to support a smooth transition to adulthood.
- c. The profile and needs of people with profound and multiple learning difficulties (PMLD) need to be at the forefront of people minds as often their voices are not heard and the specific challenges are not recognized and responded to
- d. Changes need to be coproduced with key stakeholders

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- e. It is recognised that public sector agencies have had real cutbacks in times of austerity and will continue to have constrained resources for the foreseeable future. Therefore service models need to provide the best quality outcomes for people, at affordable costs.
- f. The LD Transformation programme needs to link with other transformation programmes across the region
- g. Good practice and useful information that could improve the lives of people with learning disabilities should be promoted and shared across the region