

# **Transformation Fund**

## **Regional Mid-Point Evaluation**

### **North Wales Together: Seamless Services for People with Learning Disabilities**



North Wales **Together**  
Gogledd Cymru **Gyda'n Gilydd**

*Seamless services for people with Learning Disabilities*  
*Gwasanaethau ddi-dor i bobl ag Anableddau Dysgu*

December 2019

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# Transformation Fund Regional Mid-Point Evaluation Report for North Wales Regional Partnership Board

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## 1. Introduction

### 1.1 Background

The North Wales Regional Partnership Board (RPB) has written a Learning Disability Strategy which sets out their plan to improve services for people with learning disabilities across North Wales. *North Wales Together* is a partnership of six local authorities/three sub regions: Conwy and Denbighshire; Flintshire and Wrexham; Gwynedd and Anglesey, and Betsi Cadwaladr University Health Board who are jointly implementing the strategy through the *Seamless Services for People with Learning Disabilities* Programme. The aim is that people with learning disabilities will have a better quality of life; living locally where they feel 'safe and well', where they are valued and included in their communities and have access to effective personal support that promotes independence, choice and control. The strategy is based around what people have said matters to them:

- having a good place to live
- having something meaningful to do
- friends, family and relationships
- being safe
- being healthy
- having the right support

Within each of these areas there will be a focus on the needs of people with profound and multiple learning disabilities and support for people through changes in life from early years to ageing well. There is a commitment to strengthening Welsh language services and providing an active offer through the *Mwy na geiriau/More than just words* framework.

To achieve the vision and provide services based on what matters to people there are five workstreams:

- Integrated structures
- Workforce development
- Commissioning and procurement
- Community and culture change
- Assistive technology

Each work package will take an asset-based approach to build on the skills, networks and community resources that people with learning disabilities already have. They will be co-produced with people with learning disabilities and their parents/carers so that power and responsibility for making the changes is shared.

The RPB has secured funding to put the strategy and work packages into action from the Welsh Government Transformation Fund set up to deliver *A Healthier Wales: Our plan for health and social care*.

# North Wales Together: Seamless services for people with learning disabilities

## Co-produced work packages

Integrated structures

Workforce development

Commissioning and procurement

Community and culture change

Assistive technology

### The citizen and what matters to them

Early years

A good place to live

Something meaningful to do

Friends, family and relationships

Being safe

Being healthy

The right support

## 1.2 Methodology

The Institute of Public Care (IPC) has been appointed to carry out an independent evaluation of the impact of the grant funded programme across the region. This evaluation must meet Welsh Government requirements and inform North Wales partners about the relative success and potential sustainability of the Programme. It will also incorporate:

- Both quantitative and qualitative elements (mixed methods).
- A realistic approach to evaluation, in other words to explore not only whether the innovations work, but to what extent, for whom, in what circumstances and why?
- A combination of support and challenge delivered through ‘critical friend’ input with reference for example to ‘what works’ or in implementing innovations of this nature.

IPC is carrying out the evaluation with a cooperative called Barod Community Interest Company. This is to make sure people with learning disabilities are involved at all stages of the evaluation, including designing it, doing the work and writing it up. Barod are recruiting and training local people with learning disabilities. They will meet with other people with learning disabilities and parents/carers to explore what impact the Programme is having on their lives, as well as their experience of co-production in the design of the new models of working. This information will feed into the overall IPC evaluation.

The evaluation has three key stages:

## Stage 1: Evaluation Design and Engagement (October - November 2019)

This stage includes the development of the Theory (s) of Change, Evaluation Framework and Evaluation Plan which can be found in Appendices 1,2 and 3. It has involved:

- Early meetings with the Programme Sponsor and Programme Managers to scope the project and to design this stage in detail
- The establishment of an **Evaluation Reference Group**, 15 people attended the first meeting, a mix of professionals and people with learning disabilities and parents/carers. Using easy read documents and 'hands on' activities the group explored what their role as a group might be, how they and others could contribute to the evaluation and also their views on key questions: *who* do we need to ask if NWT is working, *what* we need to ask about and *how* we will ask
- Two **Theory of Change / Measures Workshops** with the Programme team, which included the programme manager, workstream leads, regional link officers and health lead to refine the overall theory of change for the whole Programme and develop five separate theories of change for each workstream. The second workshop also incorporated a wider learning experience for the team to develop their skills and knowledge on outcome based approaches and how to develop measures
- Drawing on the Theory(s) of Change, a comprehensive **Evaluation Framework** has been put together outlining in addition: the key questions for the evaluation; measures of success; source(s) of data and intelligence; frequency of data collection and who will be doing the collection in relation to each. This is accompanied by an **Evaluation Plan** incorporating evaluation methodologies for collecting and analysing the data<sup>1</sup>; support that we will provide to localities and services to collect key data in a consistent way; and timescales / milestones for key products.

## Stage Two: Baseline Analysis and Initial Reporting (Nov-Dec 2019)

This stage has involved gathering baseline data. To this end the evaluators have:

- Carried out a Literature Review focusing on particular aspects of the five workstream areas to inform the development of models, including best practice examples from Wales, the rest of the UK and internationally
- Worked with the Programme Team to collect, collate and analyse quantitative and qualitative baseline data to inform this report
- Held a series of informal meetings with small groups of people with learning disabilities, their parents and carers across the sub regional areas, to gather baseline information about their experience of the five workstreams as well as co-production
- Produced this interim report for the Programme Board and wider stakeholders in December 2019. The co-produced feedback will be used to revise the document for submission to Welsh Government

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<sup>1</sup> Including with reference to the national expectations for evaluation and the UK Government 'Magenta Book' guidance on evaluations of policy-led innovations

## Stage Three: Evaluation and Final Reporting (Jan 2020 – Jan 2021)

The final stage will involve collecting and analysing data, for example:

- Collating key quantitative data relating to outcomes, from management information
- Interviews with people with learning disabilities, their parents and carers who have experienced new approaches being piloted in the five workstreams
- Interviews with professional stakeholders to explore the extent to which the innovations are having a positive impact, how and why and with whom
- Surveys with social care and health professionals to explore these questions with a wider cohort.
- Analysing the data using a range of techniques and drawing the findings into a draft Final Report to be shared at the end 2020 with the Programme Team and Board. Feedback will be used to revise the document for submission to Welsh Government in January 2021.

## 2. Overview of funded projects

### 2.1 Aims and Objectives

The aim of the Project is to develop seamless health and social care services for people with learning disabilities. Through better integrating health, social care and the third sector, the project aims to help people with learning disabilities live more independently and get the care they need to closer to home.

The objectives of the five workstreams are to achieve:

- Better integration of health and social services, for example less duplication of recording systems so people only have to 'say it once', smoother pathways between services, new joint posts and pooled budgets
- Workforce development to upskill staff in new ways of working with people with disabilities that enhances their independence, promotes health and wellbeing (including more reasonable adjustments in place that enable better access to health checks, and other screening and general healthcare) leading to better outcomes;
- commissioning and procurement (including joint funding arrangements and direct payments) that enable more people with learning disabilities to have choice and control over where they live and how they are supported
- Community and culture change that provides opportunities for people with learning disabilities to be more connected to their community, participate in meaningful activities including volunteering, paid work and leisure, and to safely have the relationships they want
- More use of assistive technology including new and innovative options that help people with learning disabilities become more confident, independent and in control of their lives



There is also a clear link across to the Community Resources Transformation Programme which aims to support the whole population, including those with learning disabilities<sup>2</sup> to:

- Have well co-ordinated services designed around ‘what matters’ ensuring equality of access and services provided in the language of need
- Have help to navigate the health and social care system, as well as accessing a range of other services that would improve their wellbeing
- Have access to a range of preventative services, community support, advice and information
- Have access to a range of community support, care and therapeutic interventions
- Have assistance with dealing with crisis, end of life and on-going health conditions
- Have access to intermediate care, ambulance/paramedic and other rapid response services to prevent the need for hospital admission
- Have access to intensive support where they have complex needs
- Have matters relating to equality and human rights respected and addressed

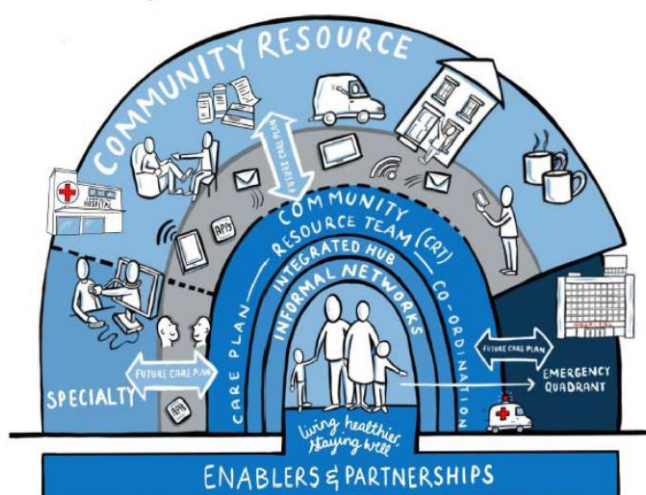


Diagram to show the inter-relationship between the Learning Disability Programme and the Community Resources Programme

## 2.2 Policy and strategic fit

The Programme is the implementation arm of the North Wales Learning Disability Strategy. It is part of the ‘North Wales Response to a Healthier Wales’, and incorporates its principles:

- Whole system change and reinvestment of resources to a preventative model that promotes good health and wellbeing and draws effectively on evidence of what works best
- Care is delivered in joined up ways centred around the needs, preferences and social assets of people (service users, carers, and communities)
- People are enabled to use their confidence and skills to live independently supported by a range of high quality, community based options
- Embedding coproduction in decision making so that citizens and their communities shape services

<sup>2</sup> From: from Parliamentary Review, North Wales Response to A Healthier Wales, 2018

- Recognition of the broad factors that influence health and wellbeing and the importance of the links to these areas (including education, housing, welfare, reduced homelessness, economic growth, regeneration, leisure and the environment)

### 2.3 Model of working

This is an ambitious and wide ranging Programme covering many different aspects of service delivery in an attempt to take a holistic approach which can really transform the lives of people with learning disabilities. To manage the complexity, the Programme has been broken down into five workstreams, each one led by one of the Programme Management team working closely with a local authority or health lead. The idea being that early development of new approaches is focused in one or two geographical areas where there is already some promising practice/interest to build on, which can then be rolled out more widely.

The fit between workstreams and areas is as follows:

- Conwy: Commissioning and Procurement
- Wrexham: Telecare, Assistive Technology
- Ynys Mon: pooled budgets, Integration with links into Commissioning and Procurement
- Betsi Cadwaladr University Health Board (BCUHB): Workforce Development, with a focus on health links, screening and health checks;
- Flintshire: Community and Culture Change.
- Gwynedd: various elements of all the workstreams
- Denbighshire: projects that align with the Community and Culture Change

The work falls into three phases (with some overlap between them). These are:

- Mapping: June to September 2019
- Adoption of models: Sept 2019 to Dec 2019
- Facilitation of models: Jan 2020 to Dec 2020

The Programme team also has three locality based Link Officers covering the whole of North Wales. Their role is to work with Learning Disability Teams and other partners in their area to support the development and implementation of new and/or innovative approaches to service delivery. The intention is to establish Transformation Groups made up of local stakeholders including professionals, citizens, families/ carers, third sector, building on what is already there if possible. These groups will not be mandatory and some areas are more likely to embrace the idea than others.

### 2.4 Governance, management, staffing and delivery arrangements

Governance is through the Learning Disabilities Transformation Programme Board, chaired by Neil Ayling and made up of directors, two parent carers one of whom represents the Learning Disability Partnership group and two citizens. The Programme Management team consists of a Programme

Sponsor, Neil Ayling, Programme Manager, Kathryn Whitfield and five workstream leads, three regional link officers and a health lead.

### 2.5 Intended project outputs and outcomes

The evaluation will focus on measuring the extent to which the outcomes that have been identified within the Theory(s) of Change have been achieved. As this is a 'realistic evaluation' it will explore what works for whom, in what circumstances, in what respects, why and to what extent.

The intended outcomes are as follows:

#### **Integrated Structures**

- People with learning disabilities experience seamless pathways between services and fewer people “fall between the gaps”. People receive the right support, at the right time, from the right people
- People are able to make smooth transitions between services including joined up assessment, diagnoses and care for example, children to adults, hospital to community, accommodation and support in one area to another, from learning disability services to mental health or dementia provision
- People benefit from pilots of new, integrated ways of working, for example, staffing arrangements that include joint posts and funding arrangements that use pooled budgets

#### **Workforce Development (including Health and Wellbeing)**

- Staff working with people with learning disabilities have adopted the North Wales Values and Behaviours Framework – this is used in recruitment, induction and ongoing supervision.
- Staff are upskilled and confident in delivering support in line with the principles of the North Wales Learning Disability Strategy, including the use of technology
- People with learning disabilities and their families experience improved care and support that promotes wellbeing and personal outcomes and leads to better lives
- People with learning disabilities have better health and wellbeing
- There is an increase in the number of people with learning disabilities accessing a health check each year with evidence of reduced variations between areas
- There is an improvement in the delivery of healthcare to people with learning disabilities by GPs and the wider health workforce

#### **Commissioning and Procurement**

- More people with learning disabilities have choice and control over where they live and how they are supported
- There is an increase in joint funding arrangements to meet accommodation and care and support cost across Health and Social Care organisations
- More people with learning disabilities and their families are able to use direct payments to meet their needs and aspirations
- There is an increase in the provision of short breaks

## Community and Culture Change

- More people with learning disabilities feel part of their community (are less isolated) and have a network of connections and relationships
- There is a greater range of information, advice and assistance to enable people to access a range of opportunities and activities in the community where they can meet people and feel connected
- People feel better supported to meet new people if they want to and have the kind of relationships they want. For example to go out on dates, have intimate relationships and form families
- Staff are skilled and confident in supporting people have the relationships they want
- There is an increase in the number of people with learning disabilities who do voluntary work or are in paid employment
- Employers are more confident in recruiting people with learning disabilities
- There is an increase in people with profound and multiple learning disabilities being offered opportunities to access meaningful activities, develop relationships etc

## Assisted Technology

- There is better information about the range and types of technology enabled care and best practice to support people with learning disabilities lead better lives
- More people with learning disabilities and their parents/carers are using technology to increase independence and self management, reduce isolation, increase community participation, support positive risk taking; resulting in better lives
- Individuals have access to their own information and records with the opportunity of updating them themselves. They are able to share information with the people they would like. There will be better communication between all involved.
- Staff are more aware of types of technology that can be used and feel more knowledgeable, confident and willing to support people in the use of technology, equipment, apps etc.
- Use of technology is part of care planning from the start and on an ongoing basis. Technology is seen as the default rather than last resort.

Refined Theory of Change logic model(s): See **Appendix 1**

## 3. Emerging Outcomes

### 3.1 Models of Working

The wide ranging consultation and evidence gathering exercise undertaken as part of the Learning Disability Strategy uncovered some innovative and successful practice for people with learning disabilities in North Wales. The issue is that the best practice is not replicated across the region as a whole. The purpose of the Programme is to build on 'what works', spread the learning and support whole system transformational change to ensure that the very best offer is available consistently to people with learning disabilities across North Wales.

One of the ways in which the Programme is encouraging the growth of best practice is to offer grants for up to £10,000 (more in certain circumstances and in accordance with procurement procedures) from a total pot of £500,000 to organisations that want to pilot models of working that work towards the desired outcomes in the five workstreams.

Since the original application was made to the Transformation Fund, work has been done to focus the work on to a set of key priority areas that can be realistically progressed during the life of the Programme. The evaluation will focus on the distance travelled towards these goals. Now that the other three Transformation Programmes are up and running, there will be new opportunities to identify cross cutting themes and ensure that these can be tackled together, for example, working with the **Together for Mental Health in North Wales Programme** to improve pathways into mental health services; linking with the **Community Resources Programme** to raise awareness of and improve the participation of people with learning disabilities in their local communities and ensuring that children with learning disabilities and complex needs, and their families benefit from new edge of care services being established by the **Integrated Early Intervention and Intensive Support for Children and Young People Programme**.

This transformation programme is aimed at the re-design/ re-alignment of existing services for people with learning disabilities in North Wales using an asset or strength based approach – i.e., the right support, at the right time, from the right person. Co-production of this shift in services to a strength based model which builds on local community assets is fundamental to the desired transformations. As such the long term aims of the programme are aligned with the Wellbeing for Future Generations five ways of working as well as the philosophy of prudent healthcare – both of which are fundamentally about shifting from a reactive and crisis model of health and care to one which is focused on prevention and supporting those with the most complex needs to achieve the best possible outcomes or, as described by the North Wales Learning Disability Strategy, ‘what matters to me’.

For example, the new approaches that are being developed across the five workstreams are in keeping with this overall shift in health and social care policy towards **preventative services**.

- The workforce will be trained and supported to use approaches such as active support and positive behaviour support that help to prevent people with learning disabilities and complex needs going into crisis
- The focus on improving health and wellbeing by enabling more people with learning disabilities to have an annual health check and better access to other screening programmes and general healthcare will identify problems early so preventative measures can be put in place
- More people with learning disabilities will live in housing of their choice, and experience active, independent and fulfilling lives through greater participation in their communities. With the help of assistive technology their needs will be met through lower level interventions close to home, preventing the need for high level specialist services

## 3.2 Pace of Change

### **Achievements and Enablers**

Phases One: Mapping (June to September 2019) and Phase Two: Adoption of models (September to December 2019) of the programme have focused on establishing the foundations that will enable implementation of the Programme in 2020/21. Managing the change that will be required to transform the lives of people with learning disabilities across North Wales is complex and time consuming. The Programme team have dedicated time and energy at the early stage to the following key activities:

**Needs analysis** – identifying specific areas of need e.g. for accommodation, which includes understanding relevant legislation and guidance, researching models of evidence based practice elsewhere, understanding costs and budgets that are available and finding out about the provider market. For example:

- Completion of a draft report identifying the sub regional and integrated accommodation needs of the area. This addresses the need to repatriate individuals placed outside the area and potential sustainable approaches to ensuring people are accommodated locally in the future.
- Work to identify what models are required to support better processes around use of direct payments.

**Mapping current approaches and services** – identifying good practice, strengths and opportunities as well as gaps, weaknesses and challenges. For example:

- Mapping of structures in each authority with a view to pursuing further discussions around desired opportunities for integration
- Identification of technological approaches that could be utilised to increase independence, teach and support skills development, underpin care planning and person centred practices, provide information, etc, and development of plans to pilot those approaches in Wrexham and Flintshire
- Links made with Shared lives to investigate the potential for the model to be expanded to include 16 to 18 year olds.

**Engagement and communication with stakeholders** including people with learning disabilities, their parents and carers; staff from public, private and voluntary sector organisations who work with people with learning disabilities – to establish relationships and build consensus and commitment around the aims of the Programme. For example:

- Completing strategy/programme workshops in areas that have wished to do so
- Engagement with Carer organisations to identify their priority needs and concerns
- Engagement with the North Wales Citizen Participation group to identify the areas they wish to prioritise.

- Completion of 4 workshops aimed at coproducing a set of values that will underpin the workforce development and training work going forward. This work will inform training across the sector within statutory and provider organisations.
- Provider event to seek views and inform workplans on topics that included active support, assistive technology, recruitment and retention, progression and risk enablement around relationships

**Agreeing priorities**, managing risks and getting decision makers/senior leaders on board to lead implementation in the services for which they are responsible. For example:

- Making links with all LA and BCUHB partners to agree the priorities for the programme. This has included consultation with the Learning Disability Partnership Board members (Service Managers in the Local Authorities and BCUHB), and Children’s and Adult teams across the Health Board and Social Care.

Beginning to **develop action plans** and set up **working groups** with local leads to deliver the different strands of the Programme. For example:

- Completion of a plan (alongside the Health Liaison Team), to link with GPs in the West to boost Health checks and Health screening in that area. This work will be used to identify the barriers and develop sustainable processes that include identifying accessibility issues and the reasonable adjustments required
- Establishment of a task and finish group to review inpatient services in line with the changes the programme specifically and the roll out of the strategy will have on that service
- Establishment of a Community of Practice that will provide a regional forum for the oversight of an integrated and jointly owned roll out of the Active Support model across the Health and Social Care workforce
- Establishment of a working group to support Ynys Mon in their pursuit of pooled budgets in that area and investigation of models and processes that will allow this to happen

## Barriers and Challenges

Challenges and early learning identified by the Programme team include:

Engagement with **people with Profound and Multiple Learning Disabilities** (PMLD) is a challenge and the voices of those individuals sometimes feel missing from some of the discussions.

Some families and carers report feeling “**consultation fatigue**”. They describe repeated consultation with services but feel they can see no concrete evidence that their views and opinions have been taken on board.

National Policies/legislation can appear to be putting barriers in the way of some of the developments. For example, **Shared Lives for 16 to 18 year olds** is currently not possible in Wales

due to registration issues. However, the team is exploring whether this can be overcome if the argument is made that it will aid transition and prevent individuals going out of area.

In a similar way, **ordinary residence issues** can be a barrier to joint planning and commissioning for people between and across county borders. The team is addressing this through the development of robust local agreements to be put in place in all local authority areas.

**Funding agreements between the LA areas and the Health Board** continue to be challenging and need clear agreements and processes in place in order to make progress towards integration, care closer to home and meeting the needs of people with complex needs, including being ready for the new Additional Learning Needs (ALN) requirements for children and young people.

## **The Pace of Change**

A number of factors influence the pace of change that is possible within the programme. Some key messages that are emerging include:

**Geography:** North Wales is a large geographical area and existing partnerships look different in each area. Each LA area is configured differently in terms of children and adults, and in relation to the service user groups they serve. It takes longer to understand the context of, and therefore engage with, all stakeholders in each area.

**Decision making:** The scope of the programme is very broad and many of the decisions around funding, process, etc. will sit at a high level in all partners. It can be challenging to get actions agreed in a timely way, which can slow down the pace of change.

**Differing priorities amongst partners:** Messages from partners can feel mixed with some wanting immediate results in relation to some areas such as technology (where financial savings could be made) but wishing to delay some other areas such as integration as those areas will be more challenging to existing structures.

**The time it takes to embed a shared vision:** A shared vision of the strategy is still not completely adopted by all partners and parties in terms of taking the steps necessary to transform. Some voices are still missing from some of the discussions.

**Commitment to co-production:** Involving people with learning disabilities is a high priority but to do this properly takes time. This needs to be acknowledged in the timescales that are set for achieving milestones in the Programme

**Operational capacity to take ownership of the change:** Existing services are under huge operational pressures that make it difficult to find the time and energy to dedicate to change. The intention is that the smaller, one off, funded projects will move rapidly to undertake some short term, transformative work which will help to drive forward the longer term sustainable change across the system that is needed to make a real difference to people's lives.



## 2.3 Outcomes and Performance Measures

We have been working on a set of measures to be used from January 2020 to assess progress with an initial check point in April 2020 and a follow up in November 2020. In line with best practice, the process has been to develop a Theory of Change for each workstream, identifying outcomes and then working up the methodologies for collecting data (both quantitative and qualitative) that will demonstrate the journey travelled towards each outcome. This is presented in the Evaluation Framework and Plan which are included as **Appendix 2 and 3**.

As a starting point, the Programme team have gathered the following information for each workstream. Only a small amount of data is routinely collected by local authorities about the lives and experiences of people with learning disabilities which means the baseline data is largely qualitative, drawing on professionals' knowledge and experience.

### **Baseline Integrated Structures workstream**

High level baseline findings from a mapping exercise carried out by the workstream lead with the Community Learning Disability Teams (CLDTs) identified the following picture of integration:

Across the County Council CLDTs there is variation in integrated arrangements between children's and adult health and social services teams. Some of the very high level findings, which will be formally presented to partners in 2020 include:

- In the majority of teams, there are no formal 'integrated' or 'pooled' arrangements. This means that even where health and social services teams are co-located there are separate governance, management and funding processes in place.
- In the majority (but not all) of adult teams, the health and social services teams are co-located and share the same IT system (either PARIS or WCCIS). This picture is more variable for children's LD services.
- In the absence of formal pooled arrangements for staff, then co-location is viewed by teams as an enabler of integration as well as shared recording systems.

### **Baseline Workforce Development and Health and Wellbeing workstream**

The Workforce Development Lead has identified the following issues:

- Lack of understanding in how to communicate with people with learning disabilities
- A culture of 'doing to' the individual rather than 'doing with'
- No consistent values base across North Wales that everyone is working to
- Gaps in skills around supporting people with more challenging behaviour which leads to out of county placements
- Gap in staff skills and knowledge of active support, positive behaviour support, positive risk taking, relationships (to enable them to support people to begin, maintain and end relationships)
- Support needs to focus on progression and increased independence

- Provider rota systems can inhibit flexible support
- There are 116 GP practices in North Wales, of which 71 are signed up to delivering the learning disability annual health check
- 2900 people last year were eligible for an annual health check and around 1700 (57%) had the health check last year
- Information advice and assistance on wellbeing for people with learning disabilities is provided by Single Point of Access or their equivalent in each area. the DEWIS website also provides up to date information for Wales on wellbeing.
- There are quite a few resources around health and well-being that are web based, however they are posted in lots of different places and sometimes are not easy to find / not in Welsh

### **Baseline Commissioning and Procurement workstream**

- Out of County /Out of Area data currently shows 180 people who are either in high cost residential services or specialist services, costing in the region of £21.5m
- Across North Wales data suggests 274 people awaiting some type of accommodation, i.e. individual living with elderly parents and will require support soon, ranging from residential, 24 hr supported living, non 24 hr supported living, own front door and extra care.

### **Baseline Community and Culture Change workstream**

- There is a general lack of confidence when it comes to pursuing/offering paid work.
  - There is a lot of misunderstanding/'myths' when it comes to people on benefits accessing paid work. This can result in a lot of people (citizens and staff) just not even having the conversation about paid work. Supported employment options also aren't that well understood/easily accessible. Access to Work funding and direct payments could be working much better for people looking to access paid work.
  - Recruitment practices are all too frequently inaccessible.
  - Employers also don't always know what support is available to them.
  - Local Authorities could do more to offer meaningful, paid work to people with learning disabilities.
- There are lots of activities/groups/community wellbeing resources in North Wales communities, but inclusivity can be a problem. Mainstream IAA pathways to community activities/groups (e.g. community navigators, community agents etc.) are, relatively speaking, infrequently accessed by people with learning disabilities. There is a tendency for people to access/be signposted to only learning disability-specific opportunities/support.
- Many people with learning disabilities do not feel they have the freedom to socialise as they'd like, e.g. to stay out late.
- People do not always feel safe and confident about socialising online.
- There is not a consistent presence of sex/relationships policies and other guidance materials in Local Authorities.
- There is perceived to be a lack of accessible information, particularly about tangible pathways/resources around sex and relationships. Lack of understanding, different interpretations and risk aversion mean there can be a lack of confidence when it comes to talking about/pursuing sex and relationships, amongst staff, carers, families and citizens themselves.

- Many people do not fully understand how they could be maximising the direct payments available to them – in particular, how they can use them more creatively (not just for PAs) to meet wellbeing outcomes.
- Pooling direct payments can come with some practical barriers. There are also a lack of opportunities (e.g. through specific groups, co-operatives) for people to come together to plan jointly funded activities. Examples where direct payments have been pooled tend to be where people have already been associated with one another.

### **Baseline Assistive Technology workstream**

- Some pockets of innovation are happening across the region, however, telecare is still the term being used, and this lends itself to it being about care rather than enablement and promoting independence
- A provider agency in the West has connected with a tech provider to reassess individuals in a couple of their supported living homes to see if tech can be included i.e. voice activated speakers, video door monitors, remote monitoring etc. They are also currently in talks with another IT company around use of IoT (Internet of Things) about preventative work
- In the East a Registered Social Landlord has linked up with a local authority and is going to equip a couple of supported living houses with equipment like Alexa's, communication aids etc. This project is also involving Innovate Trust from South Wales who have been involved in use of tech for many years.
- People with learning disabilities, families, carers, and practitioners don't always know what is available and how it can be used
- There are limited facilities and opportunities to find out what is available. For example, there used to be 'Demo Rooms' in all authorities over the years but now there are only two. One is well equipped with more modern technology but isn't really promoted or used by people. The other mainly has the traditional telecare equipment.
- Use of technology is rarely part of initial conversations with people with learning disabilities to establish needs and support options
- Digital Communities Wales are delivering programmes and training across the region. They report that take up with within learning disability services is very slow, despite promotion.
- However, one authority has recently included their training as part of their workforce development, and are promoting the training to authority staff and third sector providers. They are also currently trying to develop training packages that can be provided to people with learning disabilities

### 2.4 Cost Benefit

It is too early to be able to evaluate cost benefit, for example, return on investment or financial savings. The aim of the small grants pot (£500,000) is to use seed funding to trial promising and innovative approaches and evaluate whether they deliver better outcomes and are cost effective. Where there is evidence to support scaling them up, existing resources could be diverted and re-channelled into new ways of doing things that are more effective.

Prevention and early intervention are very much at the core of the Programme. The drive to move towards preventative approaches, for example more staff delivering positive behaviour support, greater use of assistive technology and higher numbers of health checks, will in time reduce the cost of care and support as people are more independent, have better health and wellbeing and less need for high cost reactive or specialist services. It is also envisaged that skilling up the workforce locally will reduce the cost of placements as they will be delivered in accordance with supported living models ie locally and closer to home and not through high cost residential care elsewhere. The aim is to achieve better quality and outcomes within current cost envelopes.

During the next phase of the Programme from January – December 2020, as delivery becomes the focus, there will be more opportunity to assess outcomes against costs and this will be reported in the next report.

## 2.5 Engagement

### **Engagement with people with learning disabilities**

One of the key features of this Programme is the commitment to coproduction as a fundamental principle that underpins all aspects of the work. The Programme team have adopted a comprehensive approach<sup>3</sup> that covers key stages:

- Co-visioning
- Co-design
- Co-commissioning
- Co-delivery
- Co-evaluation

Barod Community Interest have gathered information both from the Programme team and from people with learning disabilities, parents and carers to explore to what extent they have been involved so far. Key findings include:

Some **good starts** at all stages, for example:

- There is citizen membership on the boards involved in co-designing the programme as a whole; there are plans for co-delivery of workstream activities, people with learning disabilities will be part of the evaluation team
- The Programme team has worked hard to publicise the Programme, for example through newsletters, website and Facebook group
- Processes and information have been made more accessible so citizens can be involved in activities like recruitment and tendering as well as in task groups and meetings

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<sup>3</sup> Adapted from Governance International's coproduction star

- Some attempts to actively seek ways to engage with and value those who tend to be excluded from coproduction, for example people with more profound needs
- An understanding that coproduction is not the only approach. Decisions about how citizens and staff work together to transform lives and services need to be made thoughtfully and together and include a range of options

Areas of **challenge** include:

- The six local authority areas and health board of North Wales have their own cultures, services, expectations and demographics. There are significant differences between the sub-regions that will impact on the coproduction of North Wales Together and coproduction within each local authority area.
- Previous experiences will affect how people respond to North Wales Together's approaches and opportunities. There was some cynicism, for example *"Is this just another programme where the money goes on staff to run the programme and nothing changes for us?"*.
- Some gaps in accessible information and processes for example if someone's first language is Welsh or British sign language or for those that use assisted communication
- Currently there is no appropriate method to pay for citizens' work when they work with employees to deliver the aims of North Wales Together at the strategic or operational level, but alternative solutions are being actively explored.

During the course of conversations, Barod also picked up issues from people who had not been previously engaged in consultation about changes that they want to see which help to inform the baseline:

- the need for more supported living
- seamless experience of using services
- more social and work activities
- the potential to achieve much more than is currently achieved through Direct Payments
- the challenges of getting enough consistent and suitable carers
- the quality of school transport and escorts
- lack of inclusive community facilities (from cafes to leisure centres)
- an expectation that disabled children and adults and their families should accept a standard of life and services below that of non-disabled children and adults and families without a disabled member.

## 4. Conclusions and recommendations

It is too early to be able to comment on the difference made by the North Wales Together: *Seamless Services for People with Learning Disabilities Programme* or lessons learnt. However, Programme team members are seeing signs of early progress, for example:

- An increased awareness and visibility of the programme across North Wales and with key stakeholders such as citizens and families/ carers, professionals, providers, and third sector partners
- A willingness to challenge the status quo and try out different ways of working for example around payments for individuals, integrated posts and pooled budgets

Having now agreed the priorities for the delivery stage, the Programme is on track and confident that strong foundations are in place to support implementation in 2020/21.

## Appendix 1

### Draft Theory of Change for North Wales Together: Seamless Service for People with Learning Disabilities

#### Workstream One: Integrated Structures

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>Currently health and social care services do not always work collaboratively to provide joined up care and support to people with learning disabilities and their families</p> <p>People are not receiving joined up services and therefore experience barriers during their journey through care</p> <p>There needs to be better information earlier in the journey</p> <p>Young people + their families are not receiving good, joined up, timely, transitional planning early enough</p> <p>People with learning disabilities who might be at risk of developing dementia are not consistently being identified, assessed and offered support early enough across the region.</p> <p>There are barriers for people with borderline learning disabilities as preventative advice, information and support is currently</p>	<p>Map current state of health and social care integration in each local authority; co-produce a shared understanding of the integration and seamlessness and benchmark current situation across children and adults learning disability services.</p> <p>Use this framework to support each local transformation group to identify further steps towards improved integration.</p> <p>Identify and share good practice in relation to integrated/ seamless care approaches.</p> <p>Develop a jointly funded and dual trained health and social care support worker (as a pilot / blueprint above)</p> <p>Develop a pooled budget pilot in Ynys Mon in relation to residential and community</p>	<p>There will be baseline information about the current state of integration, against which to measure progress.</p> <p>Professionals will learn from good practice examples in other areas and these can be developed more widely.</p> <p>People with learning disabilities will be assessed in an integrated way and feel confident that they are getting the right advice, information and support from the right person, at the right time.</p> <p>There will be clear learning from the pilot to share and the development of a new model for joint funding and commissioning with the</p>	<p><b>Overarching (long term)</b></p> <p>People will experience seamless pathways between services and fewer people will “fall between the gaps” or, people will receive the right support, at the right time, from the right person (no wrong door, every contact counts etc.)</p> <p>Services will be re-aligned to provide preventative information, advice and support based on need.</p> <p>There will be a reduced demand on specialist services (learning disability and others) due to people have appropriate access to generic or universal services.</p>	<p>2 new integrated posts (may be more depending on what comes from bids) along with more specific measures about numbers of people.</p> <p>6 planning and development workshops supported and facilitated to co-design new integrated approaches/ pathways.</p> <p>6 consistent approaches/pathways agreed for the early diagnosis, assessment and support of adult with learning disabilities at risk of dementia.</p> <p>4 new integrated approaches/ pathways developed</p> <p>7 good practice case studies co-produced, published on NWT website and disseminated across professional staff.</p> <p>25 hits on good practice case studies on NWT website by Feb 2021.</p> <p>3 new resources co-produced to support the development and</p>

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>dependent on IQ rather than need.</p> <p>There are also barriers to people with learning disabilities and mental health problems in accessing both universal and specialist mental health services.</p> <p>There are challenges when people need or want to move between counties for accommodation/support</p> <p>People are not always getting the right support when they are in hospital or coming out.</p> <p>People with more complex needs can find it difficult to transition back to the community after admission to hospital.</p>	<p>living that can act as a blueprint for the region.</p> <p>Establish clear and improved pathways e.g. regional transition pathway for children and young people; dementia early detection, assessment and support; access to mental health services; also pathways that enable people to move between counties</p> <p>Investigate barriers to good support in hospital and on discharge for children and adults and make recommendations for change. This will include development support to BCUHB to co-design a 'step down' model for patients with complex needs to transition seamlessly from hospital to back to the community</p>	<p>potential to be rolled out across the region</p> <p>There will be clear pathways in place for areas of <b>transition</b> identified as problematic to enable people to get the right care and support to meet all their needs, over their lifetimes:</p> <ul style="list-style-type: none"> <li>- Mental health</li> <li>- Transition from children to adults' services</li> <li>- Hospital (general and specialist/ entry and discharge)</li> <li>- cross county accommodation support</li> </ul>	<p>A stepped care approach to the inclusion of people with learning disabilities is embedded across services.</p> <p>People with learning disabilities with more complex needs will be offered the care and support they need to return home from hospital and/or remain at home/in the community for as long as possible.</p> <p>People with learning disabilities will be provided with equal care whilst in hospital and extra health and social care support when this is required to maintain their quality of life when in hospital.</p> <p>People with learning disabilities will be offered a preventative approach to the diagnosis and assessment of dementia and supported to maintain a good quality of life, including remaining at home, for as long as possible.</p>	<p>implementation of new integrated approaches.</p> <p>1 progression from separate to joint funding and commissioning arrangements between BCUHB and county council learning disabilities services</p> <p>3 county council learning disability teams expressing interest in progressing joint funding models with BCUHB.</p> <p>6 local transformation groups established in each county council.</p> <p>6 local sustainability plans in place for each county council.</p>



## Appendix 2

### Draft Theory of Change for North Wales Together: Seamless Service for People with Learning Disabilities

### Workstream Two: Workforce Development

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>Recruitment and retention is poor. There are high levels of workforce turnover in health and social care organisations and at least a quarter of the workforce leaving the sector each year to take up employment elsewhere. Most people entering the sector need to develop skills and gain qualifications<sup>4</sup></p> <p>Welsh legislation and policy requires workforce to move away from traditional approaches to ones that are self-directed, co-produced and deliver personal outcomes</p> <p>Staff need to know how to communicate well with people with learning disabilities. There needs to be a consistent values based skill set across North Wales.</p>	<p>Explore ways to overcome barriers e.g. housing, pay, training, peer support networks. Roll out 'values based' recruitment.</p> <p>Form links with regional workforce leads, local colleges and professional training courses to identify gaps in training and what resources are available.</p> <p>Develop North Wales model for roll out of Active Support in the region. Deliver training to embed Active Support and Positive Behaviour Support approaches to upskill carers/ workforce and prevent people going into crisis.</p> <p>Co-produce set of values to be embedded in North</p>	<p>Recruitment and retention will improve with people with the right values being recruited in the first place (values based recruitment).</p> <p>Staff will feel more confident and better equipped to support people with learning disabilities, including those with complex needs and PMLD.</p> <p>People with learning disabilities and their families will experience improved care and support that promotes wellbeing and personal outcomes and leads to better lives</p> <p>The health and social care workforce will have a value base which has been co-produced in North Wales and is subject to monitoring and evaluation. This will include the individuals/representatives who developed the values</p>	<p>Recruitment and Retention levels in the health and social care workforce will be improved.</p> <p>A minimum of 75% of people who have a learning disability will be having an annual health check.</p> <p>People with learning disabilities will be receiving better support as staff are more skilled in asset based approaches that deliver personal outcomes.</p> <p>More staff will be more skilled and knowledgeable around positive risk taking and support people with a learning disability to take more risks.</p> <p>Staff will be more skilled and knowledgeable around active support and positive</p>	<p>% of GPs that are signed up to deliver the annual health check</p> <p>% of people with a learning disability that have had their annual health check.</p> <p><b>Numbers</b> who have attended training on various things around values, positive risk taking, PBS, active support, relationships.</p> <p>Survey developed for pre training and post training at varying intervals to assess whether it has resulted in an increase in knowledge.</p> <p>Numbers of staff who have completed the e-learning module on raising awareness around learning disabilities.</p>

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>Carers and providers lack skills to support those with complex needs</p> <p>There is a lack of availability of support services delivered in Welsh Language</p> <p>There is a lack of access to good, consistent and accessible information and advice, including raising awareness of healthy lifestyles and mental wellbeing</p> <p>GPs and healthcare assistants are not making sufficient 'reasonable adjustments' or offering preventative help</p>	<p>Wales workforce. Develop resources and training for specialist services and the general workforce, including a bi-lingual video about values to use in staff recruitment / induction.</p> <p>Recruitment campaign to encourage more Welsh speakers to come into care sector via the WeCare campaign.</p> <p>Produce health screening information in accessible formats e.g. 'get checked out North Wales' brand.</p> <p>Raise awareness of healthy lifestyles and mental wellbeing through producing resources, running workshops, using technology</p> <p>Update GP training pack, support GPs with relevant resources, produce a video for GPs about reasonable adjustments</p>	<p>People can have information &amp; services / support in Welsh without having to ask</p> <p>It will be easier for people with a learning disability to have a health check</p> <p>More people will be having annual health checks resulting in more preventative measures to addressing health concerns.</p> <p>All GP surgeries will be signed up to delivering the annual health check and change their services (make reasonable adjustments) to make them easy to use.</p> <p>People will be accessing good quality information online.</p> <p>Partners and providers have adopted the value base and are using them to recruit and develop staff.</p>	<p>behaviour support approaches and more people with LD will be receiving active support.</p> <p>General awareness around learning disability issues will grow within the wider workforce through staff undertaking the Learning Disability Awareness E-Learning modules and the video developed on how to support/treat a person with LD is widely used (which highlights the values and behaviours' framework), especially in inductions and training.</p> <p>People with learning disabilities and their families are accessing good quality information via the website.</p> <p>Staff will be more skilled and knowledgeable around supporting people with LD to have meaningful relationships.</p>	<p>Reviews of website hits as an <b>indicator</b> that the website is being used.</p> <p>Review of video views as an <b>indicator</b> that the video is being used.</p> <p>How many providers have adopted and using the new value base (via a survey) as an <b>indicator</b> that the values are being used.</p>

## Appendix 3

### Draft Theory of Change for North Wales Together: Seamless Service for People with Learning Disabilities

## Workstream Three Commissioning and Procurement

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>Example:</p> <p>People with learning disabilities do not currently have a range of accommodation and support options to meet their needs available to them. They may not have choices about where they live eg locally or further afield (out of county). Moving between local authority areas is problematic</p> <p>The funding to meet accommodation and care &amp; support costs is currently held separately by Health and Social Care organisations. There may be disagreements about who is responsible for meeting needs.</p> <p>There are barriers to people being able to have Direct Payments (DPs). For example, if they receive health as well as social care funding. There is insufficient</p>	<p>Work with other organisations to explore and develop housing options e.g.</p> <p>Home ownership/shared ownership;</p> <p>accommodation via a local authority waiting list for general needs; private sector rented accommodation; commissioned accommodation provided by specialist housing providers; shared accommodation with carers e.g. Shared Lives</p> <p>Development of pilots: extra care housing across regions (eg Denbighshire/Flintshire), intermediate support to prevent people going into residential care, intermediate sub regional approach to repatriate people back to N Wales and other initiatives to support repatriation (eg Conwy)</p> <p>Support establishment of joint funding agreements (which are robust)</p>	<p>More people will have choice and control over where they live and how they are supported</p> <p>People able to live in tenancy based setting rather than care home based</p> <p>LA &amp; Health will be able to group compatible residents to live together</p> <p>People will live the life <u>they</u> choose with the people and support <u>they</u> choose.</p> <p>Will be more options, opportunities for people that match what they want/need</p> <p>Support will be more personalized</p> <p>Registered shared lives schemes – able to provide to age 16+</p> <p>Less crisis intervention</p>	<ul style="list-style-type: none"> <li>■ Having a good place to live</li> <li>■ Having the right support</li> </ul> <p>Competitive Dialogue with RSL</p> <p>Plan in place to pilot to repatriate people back into North Wales</p> <p>Development of plan in Conwy for three individuals</p> <p>There will be fewer out of area placements</p> <p>More people supported closer to home</p> <p>Less vacancies in Community Living?</p> <p>More choice for individuals (of type and locality)</p> <p>Better compatibility &amp; choice</p>	<p>Agreement in place re : Ordinary Residence – and being used in practice</p> <p>Less people out of county (this may take longer than the project and will be a measure further down the line)</p> <p>Baseline Data has been collected on out of county placements, for future benchmarking.</p> <p>3 people moving towards tenancy based accommodation in Conwy</p> <p>Young people (16+) will be able to access shared lives</p> <p>Also process to match/identify compatibility. Better system to see who is where and what types of accommodation</p> <p>People using Respite in other counties (cross border / specialist)</p> <p>Increase use of support budgets (individuals pooling their DP with others to get better services)</p>

<b>Why is change needed?</b>	<b>What do we need to do to effect change?</b>	<b>What will look and feel different if we do these things?</b>	<b>What outcomes will be achieved if we succeed?</b>	<b>Measures</b>
<p>information about services and options that can be purchased using DPs and not enough support to families to work out how outcomes can be met in person centred, imaginative and inclusive ways, taking it wider than just service solutions.</p> <p>There is a shortage of Respite available across North Wales</p>	<p>Agreement between local authorities so people can move between counties</p> <p>Ensure that people with learning disabilities are at the centre of any plans to meet their needs &amp; aspirations.</p> <p>People should be made aware of the Direct Payments Act and their rights</p> <p>Work on approaches to DPs that empower people to have as much say as possible over life decisions</p> <p>Develop bilingual model to make it easier to use DPs</p> <p>Develop direct payment recruitment portal/database of PA's, services and options</p> <p>Develop brokerage and support to enable people to make the most of their DPs</p> <p>Work with authorities to see what types of Respite are needed across North Wales</p>	<p>More options for short breaks</p>	<p>The person will identify their needs and who and how they will be supported</p> <p>Increase in people using DPs output?</p> <p>Outcome = people will have more choice and control over their support</p> <p>There will be an open process providers will have a neutral understanding of what is needed -&gt; a service that is needs led.</p> <p>People are happy with progress</p> <p>3 x Conwy individuals &amp; their families feel more in control of their living options</p> <p>The right thing gets commissioned</p> <p>Families feel more able to continue caring / support</p>	<p>Portal set up, reduced crisis, less crisis intervention, providing different types</p>

## Appendix 4

### Draft Theory of Change for North Wales Together: Seamless Service for People with Learning Disabilities

### Workstream Four: Community and Culture Change

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>People with learning disabilities do not feel part of and belonging to their community. They may feel isolated and feel they are lacking a network of connections and relationships</p> <p>There is limited information advice and assistance to enable people to access a range of opportunities and activities in the community where they can meet people and feel connected</p> <p>People do not feel supported to meet new people if they want to and have the kind of relationships they want. For example to go out on dates, have intimate relationships and form families</p>	<p>Work with community navigators, Talking Points etc to support accessible mainstream information, advice and assistance and access to community activities; support easy read resource development; develop an accessible online resource sharing information opportunities and good practice</p> <p>Support the rolling out of 'Safe Places' schemes, enable access to technologies and online resources to support people to get out and about and socialise</p> <p>Produce/share dating support resources (including the roll out of Luv2MeetU model), relationships policies and guidance, best practice toolkits, training for citizens, families and support providers, develop</p>	<p>Staff in local organisations will feel confident to reach out to people with learning disabilities and encourage them to participate</p> <p>More people with learning disabilities will know about and be accessing opportunities and activities in the community</p> <p>More people will feel less isolated, feel more connected to their community, and have the kind of relationships they want</p> <p>More people will have a sense of achievement and fulfillment, feel valued and have better health and wellbeing</p> <p>More employers will feel confident in employing</p>	<ul style="list-style-type: none"> <li>■ Having something meaningful to do</li> <li>■ Friends family and relationships</li> <li>■ Being healthy</li> </ul> <p>Socially and professionally, citizens with learning disabilities will be more visible and more actively involved in their communities, seen less as a burden and more as a net contributor to society.</p> <p>Support will be more community focused rather than service focused. There will be an increase in community led activities – including those run by and for people with learning disabilities</p> <p>There will be more people with learning disabilities volunteering and in paid</p>	<p>Increase in employer confidence in recruiting people with learning disabilities.</p> <p>Increase in support staff's confidence in supporting people with learning disabilities to access paid work.</p> <p>Increase in confidence of people with learning disabilities in socializing, and accessing community-based activities, groups and resources.</p> <p>Increase in support staff and carer's confidence in supporting people with learning disabilities to have the kind of relationships they want.</p> <p>Increased in creative use of direct payments, including pooling.</p>

<b>Why is change needed?</b>	<b>What do we need to do to effect change?</b>	<b>What will look and feel different if we do these things?</b>	<b>What outcomes will be achieved if we succeed?</b>	<b>Measures</b>
<p>There are barriers that can prevent people from accessing volunteering and work opportunities</p> <p>People with profound and multiple learning disabilities may not be offered the same opportunities to access meaningful activities, develop relationships etc</p>	<p>models e.g. ‘Buddies’, promote the ‘Stay up Late’ campaign, support positive risk taking through training and rolling out of PRT tools</p> <p>Support development of Project SEARCH</p> <p>Support the use of meaningful remuneration</p> <p>Ensure that people are clear about how benefits work alongside volunteering/work (myth busting)</p> <p>Look at supported employment options and the use of direct payments</p> <p>Engage with employers, explore accessible/creative recruitment practices and positive action</p> <p>Support the strengthening of advocacy, empowering people with PMLD to have voice, choice and control over their lives and decisions</p>	<p>people with learning disabilities</p> <p>Citizens, frontline staff, families etc. will feel more confident in pursuing employment</p> <p>Citizens, frontline staff, families etc. will feel more confident in pursuing relationships, including intimate relationships</p> <p>Citizens, frontline staff, families etc. will feel more confident in taking positive risks</p>	<p>employment (with a fair rate of pay ie national minimum wage or living wage).</p> <p>There will be more people with learning disabilities who feel able to have the type of relationships that they want.</p> <p>There will be more people with learning disabilities able to live the life that they want, and feel fulfilled.</p>	

## Appendix 5

### Draft Theory of Change for North Wales Together: Seamless Service for People with Learning Disabilities

### Workstream Five: Assistive Technology

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>Assistive Technology has become more readily available and can be used in many areas of people's lives.</p> <p>People with learning disabilities and their families are saying that they are not fully aware of what technology is available. How it can be used to meet outcomes and to support communication, promote, independence, and enable positive risk taking.</p> <p>There may be barriers to purchasing and using kit including lack of understanding of how it can meet needs, risk aversion, techno-phobia.</p> <p>People with LD are primarily also more likely to be digitally excluded, so unable to make use and benefit from the increase in types of equipment, apps</p>	<p>Identify/Assess current use and type of AT being used. (Workshops, events, activities etc)</p> <p>Involve Digital Communities Wales in promotion, increasing awareness and training around digital technology and equipment.</p> <p>Digital Communities Wales also have equipment that they can 'Loan' out to people, groups, teams etc</p> <p>Raise awareness by introducing people, services, citizens and families to range of technology options. These include longstanding models such as telecare as well as new types of technology eg phones, tablets, personal assistants (Alexia, Google etc), VR, apps etc</p> <p>Share what is already be used across North Wales and further afield.</p>	<p>Technology is seen as the default rather than last resort. "We don't do this approach" – is no longer acceptable</p> <p>Offer is made at Single Point of Access stage, first opportunity to showcase equipment, apps etc</p> <p>Technology will be a part of the conversation at an earlier stage and more people with learning disabilities and their parents/carers will be using technology.</p> <p>People will feel positive about the impact it is making on their lives or its potential to make a positive difference.</p> <p>People will be leading more independent and fulfilled lives. They will have more choice in how they spend their time, able to be more spontaneous, stay out late etc.</p> <p>Staff will feel more knowledgeable about options available and how they can be</p>	<ul style="list-style-type: none"> <li>• People will have received training around becoming more Digitally Included, and be more aware of the options.</li> <li>• More people with a Learning Disability will be using Assistive Technology.</li> <li>• People will be more aware of types of equipment that is available.</li> <li>• People will have the opportunity to use equipment/apps.</li> <li>• People will provide feedback to try and identify the more beneficial types of equipment and apps that have made a positive difference.</li> <li>• People will be encouraged and supported with Positive Risk Taking.</li> </ul>	<p><b>Digital Communities Wales</b> will have a record of the number of people using their service to promote Digital Inclusion.</p> <p>Per area, region?</p> <p>Include:</p> <p>Training</p> <p>Info/Awareness sessions.</p> <p>Events</p> <p>Equipment requests/loans</p> <p>There will be information as to whether commissioners have included 'use of technology' in specifications.</p> <p>(Still exploring possible Pilots. There will be pre-determined outcomes and measures agreed at set up. Feedback will also be gathered from all pilots and equipment/App use.)</p> <p>i.e. <b>MultiMe</b></p>

Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
<p>etc, that have become available.</p> <p>Support Staff may not be aware of and not confident in recommending and using/assisting people to use new technology.</p> <p>There is a need to embed the use of technology as an option for people. It needs to be part of conversations and/or care planning at an early stage and ongoing. It is important that everyone citizens, carers, providers, practitioners, teams etc play their part in the process.</p> <p>We can't get away from the fact that there are budget challenges within the care sector. Technology can and should be considered to play a part in meeting outcomes.</p>	<ul style="list-style-type: none"> <li>- Arrange or sponsor an Info Sharing event with speakers and A.T. displays with Kevin Doughty</li> <li>Increase, promote and develop more confidence in use of technology (both amongst staff and people with learning disabilities, their parents and carers)</li> <li>- Make use of equipment that people feel more confident in using, gradual introduction. i.e. Fitbits, Mobile phones etc.</li> <li>Develop website (Part of wider team website) / champion network to highlight good practice and promote use of technology enabled care options</li> <li>Identify some types of equipment and/or Apps that can be used to meet outcomes, improve lives, give more independence, promote positive risk taking etc (set up pilots)</li> <li>Identify people / providers to trial equipment and/or apps.</li> <li>Work with Wrexham to identify types of technology</li> </ul>	<p>used to support positive risk taking</p> <p>People can monitor their health at home, they may be able to avoid unnecessary/unsettling visits to GP/hospital.</p> <p>People will have access to their own personal information rather than it just be locked away in a filing cabinet.</p> <p>People will be able to share information with the people they would like. Increase better communication between all involved.</p>	<ul style="list-style-type: none"> <li>• People will feel more confident in safely accessing the community more independently.</li> <li>• People will have something meaningful to do. There will be more information and opportunities to meet up with friends and to participate in groups and activities.</li> <li>• Information is up to date and accurate. To make it easier to share important information as required.</li> <li>• People will have only the amount of support they need and in a timely manner, just enough support.</li> <li>• People have the chance to self-manage routines.</li> <li>• Communication between all is increased.</li> <li>• More risk aware and enabled with reduced risk averse practices.</li> <li>• Support staff are more aware of type of technology that can be used.</li> </ul>	<p>People will be signed up to the application.</p> <p>There will be evidence via usage, posts, comments etc</p> <p>There will be data to show who is using it, and how often.</p> <p>Including - Independent, people who live independently and engaging.</p> <p>People who need support/buddy to engage.</p> <p>People living with carers and people in supported living etc.</p> <p><b>FitBit</b> Number of people with a FitBit</p> <ul style="list-style-type: none"> <li>- Results will be recorded on App to indicate usage.</li> </ul> <p><b>MyHealthGuide</b> There will be evidence through use and activity.</p> <p>Feedback from end users and their support network.</p> <p><b>Care Management system:</b> Number of places being used and number of people using the system (Support Staff)</p>



Why is change needed?	What do we need to do to effect change?	What will look and feel different if we do these things?	What outcomes will be achieved if we succeed?	Measures
	<p>that can be used to promote independence, reduce isolation, increase community participation.</p> <p>Train frontline staff to enable them to understand, share and showcase kit; as well as understand how technology can be used to manage risk</p> <p>Investigate the use of technology to allow people to have ‘just enough support’, reducing overprovision and risk averse practices and promote positive risk taking. Identify community and hospital trial sites.</p> <p>i.e. Bryn Y neuadd – HandiCalendar</p> <p>Mencap Mon</p> <p>Trial apps and equipment that support use of Active Support – Handi Calendar</p> <p>Increase use of telehealth technology for people to monitor health at home (set up pilot)</p>		<ul style="list-style-type: none"> <li>• Support staff more confident and willing to support people in the use of technology, equipment, Apps etc.</li> <li>• People are aware of what resources are available to increase awareness i.e. Equipment, Demo rooms/facilities, training.</li> <li>• Individuals will have access to their own information and records with the opportunity of updating them themselves.</li> <li>• On the ground there will be a range of ‘buddies’ who can help people to be introduced to tech and further action based learning and develop sustainability.</li> </ul>	<p>Number of Citizens involved.</p> <p>Feedback received from all participants.</p> <p><b><u>Event</u></b> Attendance list will be available.</p> <p><b><u>Indicators of measures.</u></b> Give people more control of their lives.</p> <p>People will have less, just enough support.</p> <p>Will have access and info of local groups/activities.</p> <p>Feedback and evaluation forms will be devised and completed as part of all pilots/trial/uses of technology or related items</p>

## Appendix 6

### Evaluation Framework December 2019

#### Introduction

This document has been completed by the IPC Evaluation Lead, following two workshops with the Programme team to develop the theory of change for the North Wales Together: *Seamless services for people with learning disabilities* Programme. The Framework will be part of the Regional Mid-Point Evaluation Report required by Welsh Government in respect of ‘A Healthier Wales’ Transformation Fund.

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream One: Integrated Structures</b>				
<p>People experience seamless pathways between services and fewer people “fall between the gaps”. People receive the right support, at the right time, from the right person.</p> <p>This includes service delivery as well as commissioning arrangements, for example piloting a pooled budget in Ynys Mon</p> <p><i>(there may be other examples to add here when grant funded projects have been selected)</i></p>	<ul style="list-style-type: none"> <li>■ Number of jointly funded and dual trained health and social care support worker posts and feedback from postholders and people who are supported/cared for by them <i>(subject to this being agreed by bids panel)</i></li> <li>■ Number of planning and development workshops run to co-design new integrated pathways and approaches</li> <li>■ Number and types of resources produced to support development and implementation of new integrated approaches</li> <li>■ Number of new integrated pathways and approaches implemented and feedback</li> </ul>	<p>Numbers</p> <p>Interviews/ feedback from staff</p> <p>Interviews/ feedback from people using services</p>	<p>Baseline, Dec 2019</p> <p>Interim, Nov 2020 (with a mid point check April 2020)</p> <p>(note: no time currently allocated for data collection/report in 2021/22)</p>	<p>NWT workstream lead</p> <p>Barod will focus on collecting data about the extent to which new approaches and services are co-produced</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream One: Integrated Structures</b>				
	<p>from services and people experiencing them, eg</p> <ul style="list-style-type: none"> <li>■ Mental health</li> <li>■ Children to adults services</li> <li>■ Hospital to community (especially for people with complex needs)</li> <li>■ Cross county accommodation and support</li> <li>■ Dementia early detection, assessment and support</li> </ul> <p>Data demonstrating staff and service user experience of managing / receiving services through a pooled budget arrangement</p>	<p>Staff survey of pooled budget pilot</p>		<p>whilst also capturing people's experience of them</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Two: Workforce Development</b>				
<p>Staff working with people with learning disabilities have adopted the North Wales Values and Behaviours Framework – this is used in recruitment, induction and ongoing supervision.</p> <p>Staff are upskilled and confident in delivering support in line with the principles of the North Wales Learning Disability Strategy, including the use of technology</p>	<p>Number of learning disability staff (eg NHS, Council, other providers) who have attended training and their feedback on what they learnt (knowledge and skills) and how they are putting learning into practice in the following areas:</p> <ul style="list-style-type: none"> <li>■ values and behaviours</li> <li>■ self directed and co-produced ways of working that focus on personal outcomes</li> <li>■ active support</li> <li>■ positive behaviour support</li> <li>■ positive risk taking</li> <li>■ relationships</li> <li>■ working with people with complex needs / PMLD</li> </ul>	<p>Pre and post training feedback</p> <p>Survey of learning disability workforce to gauge changes in knowledge, skills, confidence and culture</p>	<p>Baseline, Dec 2019</p> <p>Interim, Nov 2020 (with a mid point check April 2020)</p>	<p>NWT workstream lead</p> <p>NWT with support from IPC</p>
<p>People with learning disabilities and their families experience improved care and support that promotes wellbeing and personal outcomes and leads to better lives</p>	<p>Feedback from people with learning disabilities using services, including whether they were offered the option of having support delivered in Welsh)</p>			<p>Barod will focus on collecting data about the extent to which workforce development (new ways of</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Two: Workforce Development</b>				
				working) has been co-produced whilst also capturing people's experience of it in practice
People with learning disabilities have better health and wellbeing	Number and type of resources and apps produced to promote healthy lifestyles and wellbeing, including health screening information in accessible formats (including Welsh)  Number and type of workshops run to promote healthy lifestyles and wellbeing	Number of website hits  Number of workshops run, number of people attending and their feedback	As above	NWT workstream lead
There is an increase in the number of people with learning disabilities accessing a health check each year with evidence of reduced variations between areas	Health check data to include: <ul style="list-style-type: none"> <li>■ Number of GPs engaged in training activities</li> <li>■ Number of GPs who have systems in place to support delivery of health checks/screening</li> </ul>	GP records		NWT Health lead

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Two: Workforce Development</b>				
<p>There is an improvement in the delivery of healthcare to people with learning disabilities by GPs and the wider health workforce</p>	<ul style="list-style-type: none"> <li>■ Number of GP practices signed up to delivering health checks</li> <li>■ Number of people with learning disabilities having an annual health check</li> <li>■ Number of people with learning disabilities having a health check who have a risk identified and followed up (if recorded)</li> </ul>	<p>Survey of health staff including GPs, to establish to what extent they are better equipped to deliver health checks/screening and general healthcare to people with learning disabilities</p>		<p>NWT Health lead with support from IPC</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Three: Commissioning and Procurement</b>				
<p>More people with learning disabilities have choice and control over where they live and how they are supported</p>	<p>An agreement is in place between local authorities regarding ordinary residence</p> <p>Number of new housing and support developments across the region, for example:</p> <ul style="list-style-type: none"> <li>■ Home ownership/shared ownership</li> <li>■ Accommodation via a local authority waiting list for general needs</li> <li>■ Private rented sector accommodation</li> <li>■ Commissioned accommodation by specialist housing providers</li> </ul> <p>Shared lives (including for younger people age 16+)</p>	<p>Information sought from each local authority</p> <p>NWT workstream lead collects data from LAs</p>	<p>Baseline, Dec 2019</p> <p>Interim, Nov 2020 (with a mid point check April 2020)</p>	<p>NWT workstream lead</p> <p>Barod will focus on collecting data about the extent to which housing and support options have been co-produced whilst also capturing people’s experience of it in practice</p>
<p>There is an increase in Joint funding arrangements to meet accommodation and care and support cost across</p>	<p>Number of pilots with an integrated (and innovative) approach to providing housing and support to meet needs across health and social care, for example:</p> <ul style="list-style-type: none"> <li>■ Extra care housing</li> </ul>	<p>As above</p>	<p>As above</p>	<p>NWT workstream lead</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Three: Commissioning and Procurement</b>				
Health and Social Care organisations	<ul style="list-style-type: none"> <li>■ Intermediate support to prevent people going into residential care</li> <li>■ compatible residents able to live together</li> <li>■ Initiatives to re-patriate people back to North Wales</li> </ul> <p>Number of people with repatriation plans in place</p>	LA data		As above
More people with learning disabilities and their families are able to use direct payments to meet their needs and aspirations	<p>Number of direct payments in place</p> <p>Number of new initiatives that (for example):</p> <ul style="list-style-type: none"> <li>■ offer brokerage and support to enable people to make the most of direct payments</li> <li>■ support creative use of DPs to meet outcomes in person centred, imaginative and inclusive ways (eg pooling DPs)</li> <li>■ offer direct payment recruitment portal/database of PAs, services and options</li> <li>■ have a bilingual model</li> </ul>	As above	As above	As above (and Barod)
There is an increase in the provision of short breaks	Number of new services that offer short breaks that enable families to feel more able to continue caring and reduces the amount of crisis intervention	As above		As above (and Barod)



Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream 4: Community and Culture Change</b>				
<p>More people with learning disabilities feel part of their community (are less isolated) and have a network of connections and relationships</p> <p>There is a greater range of information, advice and assistance to enable people to access a range of opportunities and activities in the community where they can meet people and feel connected</p>	<p>Number and types of information advice and assistance about mainstream activities available to people with learning disabilities and their families which could include:</p> <ul style="list-style-type: none"> <li>■ online resources and apps including easy read versions</li> <li>■ Easy read versions of leaflets, fliers, posters etc</li> <li>■ Safe Places schemes</li> <li>■ Community navigator schemes</li> <li>■ Talking Points</li> <li>■ Wellbeing teams</li> <li>■ Community led activities including those run by and for people with learning disabilities</li> </ul>	<p>NWT workstream lead collects data from LAs</p>	<p>Baseline, Dec 2019</p> <p>Interim, Nov 2020 (with a mid point check April 2020)</p>	<p>NWT workstream lead</p> <p>Barod will focus on collecting data about the extent to which community and culture change initiatives have been co-produced whilst also capturing people's experience of it in practice</p>
<p>People feel better supported to meet new people if they want to and have the kind of relationships they want. For example to go out on dates, have intimate relationships and form families</p>	<p>Number and types of dating support resources and models available to people with learning disabilities and their families including for example:</p> <ul style="list-style-type: none"> <li>■ Luv2MeetU model</li> <li>■ Buddies</li> <li>■ Stay up late campaign</li> </ul>	<p>As above, include number of people accessing these initiatives</p>		<p>As above (and Barod)</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream 4: Community and Culture Change</b>				
Staff are skilled and confident in supporting people have the relationships they want	<p>Number of authorities with policies on sex and relationships and positive risk taking</p> <p>Number and types of guidance, tools and training in place for staff and their feedback on usefulness</p>	<p>NWT workstream lead collects data from LAs,</p> <p>pre and post training surveys</p>	<p>Baseline, Dec 2019</p> <p>Interim, Nov 2020 (with a mid point check April 2020)</p>	<p>NWT workstream lead</p> <p>As above</p>
There is an increase in the number of people with learning disabilities who do voluntary work or are in paid employment	Number of people with learning disabilities accessing volunteering and in paid employment, with a fair rate of pay eg national minimum wage or living wage	NWT workstream lead collects data from LAs,		As above
Employers are more confident in recruiting people with learning disabilities ( <i>following engagement by NWT lead to advise on recruitment practices, positive action etc</i> )	Feedback from a sample of employers, eg local authorities (including leisure and catering), housing associations, social care organisations	<i>Employer feedback</i>		As above
There is an increase in people with profound and multiple learning disabilities being offered opportunities to access	Numbers and types of initiatives to support this eg advocacy schemes	NWT workstream lead collects data from LAs		As above

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream 4: Community and Culture Change</b>				
meaningful activities, develop relationships etc				

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Five: Assistive Technology</b>				
<p>There is better information about the range and types of technology enabled care and best practice to support people with learning disabilities lead better lives</p>	<p>Number, range and quality of resources developed / events run</p> <p>Number of website hits. Number of champions participating in a network and what they've done/impact they've had</p> <p>Number of buddies 'on the ground', what they've done/impact they've had</p>	<p>Interviews with champions</p> <p>Interviews with Buddies</p>	<p>Baseline, Dec 2019</p> <p>Interim, Nov 2020 (with a mid point check April 2020)</p>	<p>NWT workstream lead</p>
<p>More people with learning disabilities and their parents/carers are using technology to increase independence and self management, reduce isolation, increase community participation, support positive risk taking; resulting in better lives</p> <p>Individuals have access to their own information and records with the opportunity of updating them themselves. They are able to share information with the people they would like. There will be</p>	<p>Number of pilots established to raise awareness, train and support people to encourage them to try out equipment and apps including:</p> <ul style="list-style-type: none"> <li>■ telehealth technology for people to monitor health at home</li> <li>■ apps and equipment that support use of Active Support eg Handi Calendar</li> <li>■ apps that promote healthy living eg FitBit, MyHealthGuide</li> <li>■ apps that support personal centred planning eg MultiMe</li> <li>■ phones, tablets, personal assistants (Alexia, Google etc), Virtual Reality (VR)</li> <li>■ Care management system</li> </ul>	<p>Number of events, numbers attending, number of equipment requests/loans</p> <p>Feedback from people with learning disabilities who attend awareness/'trying out' sessions and feedback from those who start to use equipment/apps</p>		<p>NWT workstream lead</p> <p>Barod will focus on collecting data about the extent to which new approaches to the use of technology options are co-produced whilst also capturing people's</p>

Measure	Data Required	How will it be captured?	Frequency of capture	Captured by Whom?
<b>Workstream Five: Assistive Technology</b>				
better communication between all involved.				experience of them
<p>Staff are more aware of types of technology that can be used and feel more knowledgeable, confident and willing to support people in the use of technology, equipment, apps etc.</p> <p>Use of technology is part of care planning from the start and on an ongoing basis. Technology is seen as the default rather than last resort.</p>	<p>Number of learning disability staff who have attended training and their feedback on what they learnt (knowledge and skills) and how they are putting learning into practice, eg initial conversations always include exploration of technology options, care planning using apps, active behaviour support using apps</p>	<p>Pre and post training surveys</p> <p>Staff survey includes questions on use of technology</p>		<p>NWT workstream lead</p>