



Self Assessment Annual Report

2009 - 2010

1. Name of Local Authority and Primary Care Trust(s):

Wigan Metropolitan Borough Council (Wigan MBC)
Ashton, Leigh and Wigan Primary Care Trust (ALWPCT)

2. Local Picture:

(Info taken from the JSNA and the new Equality Scheme 2010)

With a population of approximately 305,500 (Office for National Statistics, 2006) across an area of 77 square miles, Wigan is one of the largest metropolitan districts in England. The borough contains 14 towns, and is divided into 10 “townships” for administrative purposes. It is based around the two main town of Wigan and Leigh (Leigh being the smaller of the two and has thus received less investment over the years), and several smaller towns and villages of the former Lancashire coalfield.

Around 30% of the population is under 30, with 25% of retirement age. The gender breakdown is quite evenly matched with 50.64% of the population female compared to 49.36% male. According to the 2001 Census the majority of people in the borough (87%) describe their religion as Christian. The remaining 13% can be broken down into;

- 0.33% Islam
- 0.09% Buddhism
- 6.88% No religion
- 0.17% Hinduism
- 0.03% Judaism
- 0.02% Sikhism
- 0.09% Other

However, the borough is steadily becoming more cosmopolitan with people coming to live and work in Wigan from all over the world and not just as asylum seekers and refugees. Today 4% of pupils in Wigan (around 1700 young people) are non-white, with 2% of pupils not having English as their first language.

We also know that Wigan is comparatively deprived economically. It is the 67th most deprived local authority in England (out of 354), with many places in the Borough being in the top 10% most deprived nationally. The average income is around £22,438 per year compared to £25,121 nationally. Around 41% of people hold a ‘blue collar’ job, and around 43% of people a ‘white collar’ job. Around 6.7% of the working age population is unemployed with 8.5% of 16-18 year olds not currently in employment, education or training.

Nearly 12% of people in the borough describe themselves as having a disability. The table below describes the population of people with learning disabilities in the borough (aged 18 and above) that are known to services.

Table 1: Breakdown of population of people with LD known to services

	18-64	65+
Female	304	53
Male	387	48
White British	672	101
White Irish	2	
Any Other White Background	3	
White and Asian	1	
Any Other Mixed Background	1	

Indian	2	
Bangladeshi	1	
Any Other Asian Background	1	
Caribbean	1	
African	2	
Chinese	1	
Declined to give	4	

Source: The information in the table is as at 110310. The report is based on those getting a service through 09/10 with any of the following: LD Main Client Cat / LD team purchasing org / LD team pending review

Source: The information below is taking from ALWPCT caseload figures as at March 2010

People with complex needs:

There are 51 people with complex needs who have a learning disability

People who exhibit behaviour that challenges services:

There are 103 people, who are open to health services, who have challenging behaviours

People with learning disabilities who have autism:

There are 27 people who have autism that are known to services (current caseloads).

Note: "How many people have autism?" is one of the most frequently asked questions and, unfortunately, it is also one of the most difficult to answer. There is no central register of everyone with autism, which means that any information about the possible numbers of people with autism, in the community, must be based on epidemiological surveys (i.e. studies of distinct and identifiable populations). (National Autistic Society 2009). In 2009, a Service Horizon Scan was carried out by our Service, this indicated that 12% of referrals to the Additional Support Service were for individuals who had autism and presented with behavioural challenges. This is expected to rise at an approximation of 18%, year on year. The Horizon Scan has also indicated a rise in the number of younger adults with challenging behaviour and this includes the autistic population. The same study identified that 32% of the Transition Nursing caseloads at the time of the scan were individuals on the Autism Spectrum.

People with LD in the criminal justice system:

Known to services there are currently 18 individuals open to the Forensic Nurse practitioner, 16 (88%) are known to the Criminal Justice System.

Note: The Forensic Practitioner carried out an audit of referral over a 2 year period from November 2007 to November 2009., there were a total of 42 referrals (39 male, plus 3 female). 33% of individuals were not previously known to LD services. Referrals were received from a variety of sources:

Probation= 26%

Mental Disorder Offenders Team= 10%

Youth Offending Team= 10%

HMP Prison Services= 2%

Social Services= 43%

Occupational Therapy= 5%

Mental Health Services= 2%

Central Duty Team= 2%

People with LD detained under the Mental Health Act:

We are unable to ascertain a figure, as our database does not hold this information and this figure does not remain static

How the specific needs of people with learning disabilities highlighted in the JSNA are met:

The JSNA highlighted steps were being taken to identify gaps in service and provision to meet the needs of people on the ASD spectrum, including people with Aspergers Syndrome. There is now an ASD steering group which has developed an action plan which includes:

- Data collection and a clear understanding of the prevalence of ASC within those groups with other and complex disabilities and those people with high functioning autism and Asperger Syndrome who may fall between learning disability and mental health services.

- To establish how we best work in partnership with universal services to address the needs of, through the provision of low intensity support, those people who fall between mental health and learning disability services.

The JSNA also highlighted the specific needs of the BME population with learning disabilities. A mapping exercise was conducted by a BME development worker which suggests that, despite national prevalence of LD within BME communities, Wigan has a low BME population. A report is being produced which will provide recommendations for both the LDPB, the Council and the local PCT on how to take this Agenda forward. More information on this mapping exercise can be found in section 19.

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

All projects that have been funded under LDDF are regularly evaluated via progress reports that are presented to the LDPB. Outcomes of the projects are monitored and compared with the outcomes achieved via existing non- LDDF projects. If the LDDF funded projects are deemed to be successful by providing better outcomes for the LD population they can be commissioned instead of traditional services.

In terms of improving local information the Equality Impact Assessment process encourages those undertaking EIAs to use local evidence and data to help inform the planning and commissioning of services. Where up-to-date or robust local information is not available the EIA approach encourages staff to then go out and collate this information to make sure that their action plans and subsequent decisions reflected the needs and priorities of the local population.

3. Partnership Board arrangements

Details of Partnership Board arrangements, frequency of meetings, sub-groups, overall structure and membership, date of last review.

Membership details to include roles and representatives, including numbers of people with learning disabilities and family carers, stating ethnic background and gender and whether any members have complex needs.

Please provide examples and evidence of how your Partnership Board has invested in, and supported, leadership so that members of the Board and associated task groups who are people with learning disabilities or family carers have become real partners in the planning and decision-making processes alongside professionals.

A comprehensive review of Partnership Board arrangements has taken place this year which has involved all members being meaningfully involved in discussion and decision making about 'what is working' 'what's not working' and 'what needs to change'.

The review has resulted in several improvements, although we acknowledge there are still some specific issues that still require looking at relating to Board governance and membership. This includes how people are nominated and elected onto the Board, including the Chair, and frequency of membership review.

Board members agreed that they wanted to meet every six weeks and to continue meeting on Wednesdays. We have introduced a signing in table where members collect minutes, agenda and meeting cards on arrival.

Before the meeting we read the accessible guidelines. It was agreed that we would begin the meeting with introductions and an interactive ice-breaker. We decided to include more creative and inclusive activities to enable more active participation of all members. This includes making more use of small group discussions and re-introducing solution focussed activities such as Forum Theatre. More Than Words Theatre Company will continue to perform drama pieces relating to the main theme of the

Partnership Board meeting to enable self advocates to express their views in a way that works for them. The performances provide a powerful and emotive message and focus for discussion. During the meeting key messages and decisions that are made are recorded on pin boards. Accessible minutes are produced by the Accessible Communication Team and read out at the beginning of the meeting by a self advocate.

We have introduced a Graffiti Wall to ensure we capture suggestions, comments and concerns that people may not wish to share verbally at the meeting.

A pre-meeting is held for self advocates on the Monday prior to the Partnership Board meeting where the minutes are discussed and issues for Matters Arising are collated.

A post meeting is held immediately after the Partnership Board meeting to discuss anything self advocates are uncertain about and to raise any concerns to take to the next meeting.

The post meeting also provides an opportunity to reflect and explore ways of making the board more inclusive and accessible.

When important decisions need to be made, for example how LDDF is spent, we held an interactive workshop to enable self advocates to fully engage and contribute to the decision making process.

We are in the process of developing a Self Advocate Parliament which will direct and influence the work of the Partnership Board and its associated sub groups and projects. The Parliament will provide a forum for a wider cross section of self advocates becoming involved in influencing the development and delivery of specialist and mainstream services and the type of services commissioned in the future. The Parliament will elect MP's who will represent the Parliament on the key priority issues identified by Parliament Members. The Parliament will be supported by Wigan & Leigh First and the Wigan Valuing People Team.

We will utilise and adapt the tried and tested interactive and creative methods we have developed for previous consultation events such as the 'Big Chat' and the Relationships, Sex and Sexuality Workshop' which enable self advocates to better understand and discuss their priority issues with a view to exploring options and making recommendations to present to the Board

Wigan & Leigh People First in partnership with the Wigan Valuing People Team hosted the first Greater Manchester Partnership Board Self Advocate Forum which provided an opportunity to compare local Partnership Boards, identify common issues and themes, to share 'good news' stories and to learn from one another.

The Partnership Board website enables members and the wider learning disabled community to access information about Partnership Board activities and related issues.

Learning Disability Partnership Board Members

Director, Personalisation & Community Services, Social Services Department

Head of Service, Universal Services

Service Manager, Community Capacity Development

Service Manager, Learning Disabilities, Provision, Social Services Department

Service Manager, Learning Disabilities, Commissioning, Social Services Department

Manager, Employment Services, Provision, Social Services Department

PCT Commissioner

PCT Clinical Services, Provision

Representative from Children's Services

Representatives from the Voluntary Sector

5 Family Members

5 Self Advocates

Representative from United Response *

Representative from Nugent Care Society *

Representative from IAS*

Representative from Connexions

Representative from Wigan Council Education Department

Representation from Wigan Leisure & Culture Trust

Representative from Housing Strategy
 Representation from Supported Employment
 Representative from Greater Manchester Police
 Partnership Board Development Worker/ Co-ordinator
 Accessible Communication Development Worker
 LDPB Technical Support Officer
 Accessible Communication Support Worker
 Housing Policy Officer
 Wigan & Leigh People First Co-ordinator
 Equality Officer (LD)
 Person Centred Planning Development– (Assistant Day Service Manager)
 'Work is for Everyone' Co-ordinator
 Project Co-ordinator (Social Enterprises)
 Sub Group Leads and Co-leads
 * Independent Providers

4. What is the overall budget for services for adults with learning disabilities across health and social care? 2009/10 Net Budget figures £24.6m (£21.4m LA, plus £3.2m in PCT not transferred under Valuing People)

Is it a pooled budget? Aligned budget - pool in place from 01/04/10

Is there a Section 75 agreement in place? Yes, w.e.f. 01/04/10

How is it spent? Please give actual figures and percentages against: (£m)

- Residential care 3.8; 15%
- Nursing care 0.4; 2%
- Supporting living 9.0; 37% (includes Home Care)
- Hospital care, including where known:0.5; 2%
 - acute hospital
 - specialist inpatient services
 - NHS campuses
- Day services 5.8; 23%
- Community Learning Disability Team 3.0; 12% (includes all Care Management functions)
- Advocacy arrangements and support
- Other (please specify) LDDF 0.3; 1%
- Outreach 0.2; 1%
- Direct Payments 1.6; 7%

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

5. The health of people with learning disabilities

Have you completed the regional health self-assessment and performance framework? – NO.

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

During the period 2008-9 there are 55 out of 62 (88%) of GP practices involved in the delivery of the DES in the area (ie signed up for the service) but only 50 (80%) of those practices have submitted data that they have delivered health checks within the period.

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

At the present time the percentage of people known to Local Authorities who have been offered an annual health check is not known.

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

In the year 2008-9 there were 800 people on the PCT LD registers, out of that number 229 received an annual health check equating to 28.5% of the known people on the registers.

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

At the present time there has been no people with Learning Disabilities involved in the delivering the training programme

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

Families and carers are involved in planning of services at both on a strategic and individual basis. In a strategic role they are represented upon the LDPB and the health care sub group. The health care sub group develops an annual work programme whose implementation progress towards is overseen by the group. Self Advocates are represented and carers views are represented by the Family Forum. This coming year the programme will focus upon the themes arising from a self advocates consultation event on peoples experiences of health care services.

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

The Government white paper Valuing People (Department of Health 2001) advocated the use of personal health action plans to help people with learning disabilities get their health needs met. It stated that the Government 'expected each individual with a learning disability to be offered a personal Health Action Plan (HAP)' which would form part of their person centered care plan. Once compiled the white paper stated this health action plan would be reviewed at varying intervals/stages throughout the person's life.

The Adult Learning Disability Service comprises of three services, the Additional Support Service, Complex health Service and Primary Health Service. Within the Additional Support Service and Primary Health Service one hundred percent of individuals on current caseloads have been offered or have received a health action plan. These are reviewed annually or at significant stages during a persons life e.g. if they experience a significant change in health or are moving from one care provider to another. In the majority of cases individuals may be discharged by the healthcare professional prior to review and care providers are expected to continue with these plans. If re-referred to the service at a later date plans will be reviewed.

The Primary Care Access team offer and provide training to private care providers in putting together health action plans, we do not have information at this time on the number of health action plans implemented and/or reviewed.

Within the Complex Health Service all services except the Hospital Liaison service offer or provide individuals with a health action plan. Again health action plans are reviewed annually unless there are significant changes to a client's life that may impact their health. One hundred percent of the clients

referred to the Complex care Team and Down Syndrome Team are offered or receive a health action. On current caseloads 100% of clients have a health action plan on these teams.

The Hospital Liaison Team do not offer health action plans- they advise clients to access annual health checks via the GP or in the case of further input being required they refer back the appropriate Learning Disability team. If the clients are not open to the service or do not require input they are offered a mini health check to ascertain any health needs and signpost as appropriate.

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

Strategic healthcare facilitation is overseen by the LDPB health care sub group chaired by the Senior Commissioning Manager for Learning Disabilities and Mental Health from NHS Ashton Leigh and Wigan. The group comprises of Self advocates and self advocate groups, carers, service providers from Community Learning Disabilities and, LD Psychological therapies Services specialist mental health services, Public Health and Wigan Council.

The group has developed an annual work programme in line with Valuing People Now and published national guidance. This is overseen

Person to person work is undertaken through the work of identified health facilitators working in the Primary Care Access Team and other community LD services who core interventions are arranged around advice on the management of health conditions to families, individuals and support workers.

The PCAT undertakes support to deliver The LD Direct Enhanced Services in primary care practices through training and register validation as well as providing training for providers of LD services.

LD Psychological Services provide a training programme for people who work within the specialist mental health services.

The health care sub group reports annually on its progress in implementing the work programme to the LDPB.

How many General Hospital (Acute) trusts are there in your area?

There is just one Acute Trust in the area which is provided by Wrightington, Wigan and Leigh NHS Foundation Trust.

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

The Hospital Liaison Team forms part of the Complex Health Service within the Health and Wellbeing Care Group of ALWCH. The team aims to achieve well planned hospital admissions for people with a Learning Disability, support in receiving equitable and fair treatment and access to investigations and treatment, along with a planned safe discharge in conjunction with other professionals.

In the event of an emergency admission: The team aim to develop links within the Hospital to ensure that the clinicians are made aware of the admission of a person with learning disabilities as soon as reasonably practical, to enable any support, advice and involvement to be provided at the commencement of admission, and so afford the correct support in receiving equitable and fair treatment and access to investigations and treatment, along with a planned safe discharge in conjunction with other professionals.

The composition of the Hospital Liaison Team is as follows: 0.5 wte x band 8 Nurse, 0.5wte x band 6 Nurse and 1wte x Band 3 support worker. This team sits within the Health and Wellbeing Care group (NHS ALWCH).

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

The needs of people with learning disabilities and the inequalities faced by them are highlighted in Ashton Leigh and Wigan Community Healthcare and the Primary Care Trusts disability equality strategies.

The Race Relations (Amendment) Act 2000, Disability Discrimination Act 2005 and the Equality Act 2006 requires the Trust to prioritise and set out those of its existing and proposed policies and strategies (services) that have been assessed as relevant to the general duty of promoting equality. During assessments undertaken whilst developing the Trusts Equality Scheme it was agreed that all policies, procedures and strategies (services) would be included in the Equality Impact Assessment process. This process allows the authors of any guidance's, policies and strategies to highlight areas of need and implement strategies to affect change. Equality impact assessment tools are completed and forwarded to the Equality, Diversity & Inclusion Unit.

All staff employed within ALWCH.PCT WWL and 5BP are required to attend mandatory training in Disability, Equality and Diversity and Safeguarding. Employees must co-operate with measures introduced by the PCT to ensure equality of opportunity and prevent unlawful discrimination. Employees also must ensure that in the performance of their duties on behalf of the PCT they do not unlawfully discriminate against any other member of staff, patient and service users

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

At the present time the local Trusts have made no approach to the LDPB to scrutinise their CQC submission.

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

A requirement to undertake the Green Light toolkit, develop an action plan and monitor that action plan on a monthly basis has been included in the annual development plan for the local mental health trust. It has also been agreed as a component of the CQUIN measures by commissioners across the region.

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

The Additional Support Service forms part of the Adult Learning Disability Care Group .This team provides Services to individual's aged 16+(AHP Aged 16 + who have left full time education) who present with behavioural challenges and who may also have:

- Offending behaviour/potential to offend
- Mental health needs
- Autistic Spectrum Disorder

The aims of this service are to ensure that individuals accessing this multi-disciplinary service are pro-actively supported and enabled to maximise their independence and maintain their health and well being by provision of a seamless service working in partnership and collaboration with others at local operational and strategic level. The Multi-professional Team focuses upon specialist physical and functional assessments leading to person centred planning and therapeutic intervention.

Are there prisons or young offenders institutions or other secure settings in your area? – If so, have you met with the Prison Partnership Board?

There is a Young Offenders Institution (YOI) in the PCT patch which the prison health partnership board oversees, representation on this Board is through the Community LD providers and Public Health commissioners

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

All providers have been asked to review their response plans to health care for all to the PCT who will report to Board at the April Board

6. Where people live

For evidence of good practice in this area please see section 19

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

Please use the NI 145 data to give a similar breakdown for people defined as not being in settled accommodation.

ASC-Car for NI 145 return ref: L2 Period 01/10/08–31/03/09			
Settled accommodation status	Adults with Learning Disabilities aged 18–64 years		
	Male	Female	Overall Total
non-settled accommodation	0	0	0
1. Rough sleeper/Squatting	0	0	0
2. Night shelter/emergency hostel/direct access hostel (temporary accommodation accepting self-referrals)	0	0	0
3. Refuge	0	0	0
4. Placed in temporary accommodation by Local Authority (including Homelessness resettlement) – e.g. Bed and Breakfast	0	0	0
5. Staying with family/friends as a short-term guest	1	0	1
6. Acute/long-stay healthcare residential facility or hospital (e.g. NHS or Independent general hospitals/ clinics, long-stay hospitals, specialist rehabilitation/recovery hospitals)	0	0	0
7. Registered Care Home	7	9	16
8. Registered Nursing Home	0	2	2
9. Prison/Young Offenders Institution/ Detention Centre	0	0	0
10. Other temporary accommodation	0	1	1
11. total rows 1–10	8	12	20
Settled accommodation			

12. Owner Occupier/Shared ownership scheme (where tenant purchases percentage of home value from landlord)	10	2	12
13. Tenant – Local Authority/Arms Length Management Organisation/Registered Social Landlord/Housing Association	32	15	47
14. Tenant – Private Landlord	4	3	7
15. Settled mainstream housing with family/ friends (including flat-sharing)	55	46	101
16. Supported accommodation/Supported lodgings/Supported group home (accommodation supported by staff or resident caretaker)	37	19	56
17. Adult Placement Scheme		0	0
18. Approved premises for offenders released from prison or under probation supervision (e.g. Probation Hostel)	0	0	0
19. Sheltered Housing/Extra care sheltered housing/Other sheltered housing	0	0	0
20. Mobile accommodation for Gypsy/Roma and Traveller community	0	0	0
21. total rows 12–20	138	85	223
22. total number of adults aged 18–64 known to the council for time period 01/04/	434	351	785

NI 145 Adults with learning disabilities in settled accommodation		<i>NB total row 21 multiplied by 2 (data for first year of collection was for 6 months only and grossed up to show full year effect as per guidelines)</i>
Numerator = row 21, column 3 (Overall total)	446	
Denominator = row 22, column 3 (Overall total)	785	
Indicator NI 145	56.8%	

For those in residential care please give additional data to show numbers:

- in local authority area
- out of area 27

Give the number of people supported to live independently (NI 136): 572

7. Provider market

Does your provider market reflect the needs of your current and future population? In what ways does it need to change?

What proportion of your market is:

- in house 39%
- voluntary 27%
- private sector 34%

Do you plan to change these proportions?

The provider market does not currently meet the needs of people with Autistic Spectrum conditions and we are working in partnership with the Single Commissioning Agency to develop these services. This work is also supported by the Autism Steering Group which is multi disciplinary in its membership and includes families and individuals with Autistic Spectrum Disorders.

A conference is also planned for later in the year to raise this as a national issue

In the context of the Transforming Social Care agenda and though a co productive approach we hope to enable service users to influence the current proportions of the learning disability market rather than making those determinations ourselves.

8. Employment

See Examples of Good Practice in section 19

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

In addition:

Show numbers and percentages of working age learning disabled people known to local authorities who are in paid employment (including self employment)



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tables L1 an...

Info table NI 146

Number of people with LD in paid employment who work for the NHS

This information was not available at the time of this assessment.

Number of people with LD in paid employment who work for the local authority

This only covers people who have been supported or assisted with their employment within the council. It does not include people with a learning disability who have got a job within the Council without any (internal support from the authority). Each person recruited does fill out an equalities monitoring form which does ask for information relating to disability. However, this information is dependent upon an individual choosing to disclose their disability and therefore it is not an accurate data source.

This data covers CYPS and Adult Services, Wigan and Leigh Housing and Wigan Leisure and Culture Trust. The total amount of people working for the local authority with a learning disability is 12 people. Other vulnerable groups supported to work in the authority include those with;

Acquired Brain Injury - 7

Mental Health - 6

Physical Disability – 6

How many people known to services are not working?

755 out of the 785 people known to our services are not working. However, this number reflects people with the most complex needs and people with learning disabilities who are working are encouraged to be independent.

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

This information was not available at the time of this assessment.

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

Whilst there is no local employment strategy specifically for people with a learning disability they are included within the local Worklessness Strategy. There is a Service Level Agreement between the Council and Supported Employment which aims to provide a service that works with individuals who

have a disability / barrier to finding and sustaining paid employment. This includes people with mental health problems, learning disability, physical /sensory disability and people who have acquired a disability. This client group are the furthest away from the job market due to their disability. An Employer Engagement Officer is now in post to establish and maintain key partnerships with national, regional and local employers that will ensure employment opportunities exist for people with disabilities. The activity will be ongoing until March 2011.

Additionally over the last year the LDPB Employment subgroup have produced excellent work over the past year (please see section 19) They have highlighted that an area of work they need to develop over the next year is to evidence progress against Valued in Public.

9. Advocacy and leadership

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

The Advocacy Sub Group developed a clear plan for advocacy development in their 2009/11 LDDF bid . The bid document outlined expected outputs, outcomes and impact.

The action plan links into key national documents including Valuing People Now, Putting People First and the LAA.

We have attached a copy of the Advocacy plan and Mission Statement.

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

The Board have invested in setting up and maintaining ongoing support for Wigan & Leigh People First (see evidence of success in section 19) and More Than Words Theatre Company (see evidence of success in section 19).

Train the Trainers courses have been developed and delivered to self advocates who are involved in Partnership Board activities.

The Advocacy Audit was conducted by a Partnership Research Team of learning disabled and non-learning disabled researchers who undertook a joint training programme to enable them to work alongside the key researcher to facilitate focus groups and to take part in the analysis and producing recommendations and the easy read (see attached summary).

The Advocacy Sub Group have commissioned a local voluntary organisation to set up circles of support for individuals who have no or minimal support from family members. The remit and funding for Circles of support has recently extended to include individuals who have family member involvement but who feel the need of the unique support network a circle can provide.

We have attached some information in section 19 relating to Circles of Support commissioned locally.

See evidence for links with work programmes in section 14 & 19.

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

See evidence in section 14,16 &19

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

The total spend for the current financial year (2009/10) on advocacy for people with learning disabilities from the LDDF is £52,000.

10. Family carers

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

The Family Forum is an alliance of Board members who have a family member with a learning disability and want to know what opportunities are available. They would like to influence the way services are delivered in the future especially regarding personal budgets. The Family Forum has:

- A structured Group with a constitution, terms and references, equal opportunities policy and an elected Chair, Vice Chair. Group meets every month and uses different venues to try to accommodate all family members and achieve maximum attendance.
- Good representation at other sub-group meetings, including Mencap, Carers Forum, Housing, Advocacy, Good Health
- Good representation at Events such as The Big Event, The Transition Event and many local events
- All members network and promote the group when and wherever possible.
- The group has its own presentation DVD
- Family members raise important issues at LDPB meetings
- The group invited a Councillor to attend LDPB meetings, which he agreed to do.
- Invited a range of speakers on various issues to Family Forum meetings
- The Family Forum is involved in research for self-advocacy groups
- The members put together their own financial bid for future funding

The Family Forum's Key Tasks for the past year (2009-10) were:

- Presenting to local groups, schools, conferences etc, raising Family Forum's profile
- Promotional Events
- Understanding Personalisation and RAS
- Information days for family members
- Identifying training needs – how can family members use their previous training, experience and expertise to train and support others

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

The Family Forum receives ongoing support from the LDPB Co-ordinator to develop and maintain the work of the Forum.

How is the Partnership Board engaging with the mainstream carers' work arising from the National Carers Strategy² work at a local level, and what outcomes have there been for family carers of people with a learning disability, including people with learning disabilities who are carers in their own right?

- Carers Strategy - action plan for last year being updated to include work undertaken up to end of March 10, family carers of people with a learning disability are involved in the Carers Strategy Group and family carers have accessed the one off payment scheme. Funding from the Carers Grant is also provided to support learning disability groups for carers that provide short breaks through trips/meetings etc.
- 54 carers received a One off payment and identified through groups 382 carers
- New Carers Strategy - the strategy is being updated in line with the new national strategy with the same key work areas and for future development we are intending to make a more obvious link between the Strategy Group and the LDPB.
- New Carers Centre due to open in near future - this will be a focal point and the Centre will provide information and services for carers of all ages including young carers and parent carers.

How many carers' assessments were provided in the last year? 194

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

How many family carers have benefited from regular short breaks? 105
What is the proportion of carers of people with learning disabilities receiving a needs assessment or specific carers' service, or information and advice (NI 135)? 26%

11. Parents with learning disabilities

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

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

Are materials to support all parents produced in accessible formats?

The 'new' Personal, Relationships, Sex & Sexuality Policy contains a section dedicated to Parents with learning disabilities outlining:

- What the Law says
- Key Principles
- Case scenario
- Points to consider
- Extensive Resource Section

The Policy Group have met with the Disabled Parents Network and intend to work more closely with them in the future.

It is an area of interest for Wigan & Leigh People First. They have expressed their intention to focus on this issue as part of their ongoing work regarding Relationships.

12. Transition

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

229 young people are identified as being within the borough and aged between 11-17.

Due to the way that special schools / further education operate the total number of young people moving through transition (including young people aged up to 19/20) is 315

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

There are 30 young people that are currently placed in 'Out Of Area' / 'Out Of Borough' Placements.

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

So far a small number of individuals have had a person centred plan or review completed but others are planned or in progress. The young people who were previously in Out Of Borough Placements (and school leavers in 2009) and returned to Wigan have been offered a person centred plan. At present this stands at 20 young people but the population referred to as 2009 leavers received person centred reviews between September - December after they had left education.

In terms of young people who remain in education and are preparing to leave the number is low (see further information in Section 5).

Young people who have a diagnosed 'Severe Learning Disability' are offered a person centred health action plan (entitled 'This Is Me').

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

Person Centred Plans and Reviews include every aspect of the young person's life and where appropriate paid employment is looked at.

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

A definitive percentage figure is not available at this stage. This issue is being addressed as part of the group's planning and training needs. Funding has been secured to ensure that this area is addressed and people trained by Summer 2010. A pilot scheme is being considered where all Year 12 students will be offered Person Centred Reviews.

13. Personalisation

Does the Partnership Board have a current strategy to embed person centred planning and a check on the quality of person centred plans? How does this inform commissioning?

A person centred approach is at the heart of outcome focused practice. Work in direct partnership with the service user or their representative to coproduce their support plan* (see note at end) following an assessment will inform all future practice.

We have developed new outcome focused assessments, support plans* (see note at end) and reassessment documents and processes to support personalisation. We will review these once we have had feedback on how people are experiencing the new documentation and processes

We are currently piloting our new outcome focused assessments, support plans* (see note at end) and reassessment documents and processes. At each outcome focused reassessment the quality of the support plan* (see note at end) will be monitored against the key outcomes identified by the service user at first assessment or last reassessment. The team managers will use supervision to monitor this process and will gather intelligence in respect of gaps in service, high quality provision, housing need and areas for development within universal services which will inform current and longer term commissioning.

The Person Centred Planning (PCP) Sub Group has made significant progress at an operational level to embed PCP approaches into daily work practices. We acknowledge however the need to make better links between operational and strategic mechanisms.

We are currently planning an independent review of our PCP practice to identify what is working/not working and to draw up an action plan which will inform the new PCP Strategy.

On completion of the review and the PCP strategy we will work to establish an implementation plan to facilitate independent quality checks of PCP's and PC reviews.

As part of this process data will be collated from the PCP plans to inform the commissioning strategy.

It has been recommended that we take a more holistic approach to the Personalisation agenda by expanding the remit of the PCP Sub group to incorporate all aspects of Personalisation. The proposal to replace the PCP Sub Group with a Personalisation Sub Group will be determined using the Councils PID document which outlines the potential risks and outcomes to enable us to reach a decision based on improved outcomes.

* Support Plans- we are aware that there is currently some disparity between the Department of Adult Services and family members over what is perceived to constitute a support plan. Nationally, the term 'support plan' is replacing the term 'care plan' for wide, generic use, whereas support planning has had specific meaning, particularly in the context of people with learning disabilities, for example in documentation issued by In Control. We recognise the need to bridge this gap and to work together to reach a mutually agreed definition and approach to enable us to take the Personalisation agenda forward in partnership.

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

The 'Work is for Everyone' employment project uses a PCP approach to working with people who are furthest removed from the labour market for a variety of reasons. This project works intensively with individuals to either develop a comprehensive Person Centred Plan where they do not exist or to facilitate a PC review for those who already have one. The action plan will clearly identify specific employment related actions outlining timescales and accountability.

A circle of support is offered to individuals to ensure that there is committed group of people to implement the plan or to ensure the plan is implemented.

Two of the outcomes that the assessment and support plan will enable the individual to consider are how they can achieve greater personal autonomy and economic participation and critical to this would be a focus on employment.

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

All vulnerable adults entitled to an assessment will be supported to achieve personal well being and social participation outcomes which will take into consideration minority ethnic groups, older carers and people with complex needs.

The Equality Impact Assessment (EIA) process and EIA training will help to ensure that personalisation is very much tailored to the individual needs and aspirations of people with learning disabilities- including supporting the diversity that is present in such communities. The Equality Impact Assessment process promotes the 7 Social Identity Model consisting of; Age, Class, Belief /Faith, Gender, Disability, Race and Sexual Orientation. By raising awareness amongst staff of the unique needs of the different social identities and incorporating this knowledge into personalisation it should help to reduce the potential for discrimination and improve overall service quality and satisfaction- ultimately ensuring that person centred approaches are more responsive to the full diversity present in the borough.

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

Self Advocates and Family Members are currently participating in the initial stages of consultation to inform the new commissioning strategy

All the Partnership Board projects and initiatives have been co-produced by the members of the associated sub groups/working groups. As members of these groups, self advocates and family members have been actively involved throughout the entire development process. The initiatives which meet the Transforming Social Care aims and objectives will be considered as an alternative option to those services currently commissioned.

Self Advocates and Family members are given the opportunity to give their views on Personalisation and Transforming Social Care agenda , examples of this are the Personalisation & Mobius events and this is ongoing.

Mechanisms for feeding back to people involved in consultation are being put in place. These include the circulation of information and follow up sessions.

What is the number (and percentage) of people in receipt of direct payments and personal budgets (NI 130)? 108/ 19%

14. Workforce development

Context

Up until twelve months ago, the Learning Disability Board funded a temporary Workforce Planning Manager post. This post had responsibility for workforce planning and development within the Learning Disability Partnership. The post holder was seconded from the Learning Disability Service. She then returned to her substantive post when the workforce post was disestablished in 2009.

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

Yes, there is a draft workforce development plan that was developed in 2009 to cover the period 2009 – 2012. This plan will need to be refreshed, sent for consultation amongst Board Members and then finalised. Wigan's Adult Services have a up to date draft workforce development plan and are developing the Integrated

Workforce Development Plan (InLAWS). Actions from the LDP workforce plan will also be mapped back to and included in these two strategic workforce plans.

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

Workforce Supporting People with Learning Needs

Sector	No of Staff
Private Sector	518
Voluntary Sector	111
<u>Local Authority*</u>	<u>1234</u>
<u>Total</u>	<u>1863</u>

*Within the LA the Direct Payments Team staff support circa 700 clients of which approximately 550 of these clients acting as micro employers and the remainder use agencies to provide care and support, the people receiving support may have learning disabilities, physical disabilities or mental health issues.

32 establishments & LA teams provide services for people with learning disabilities, although these establishments/teams may provide other services in addition to supporting people with learning disabilities.

**Briefly describe what progress you are making on:
learning disability awareness training for the workers in mainstream services**

Learning Disability Awareness Training – 01/01/2008 to 24/03/2010

The training below has been identified as linking to supporting people with learning disabilities, the training is for the teams and establishments that support people with learning disabilities

Course / Qualification	No of staff	Status
Understanding Dementia & Personal Approach to Care	22	Attended
deprivation of liberty roadshow	209	Attended
Deprivation of Liberty Safeguards (DOLS) – Awareness	17	Attended
Direct Payments Training for Social Workers	8	Attended
Disability Awareness	15	Attended
Focusing on Outcomes: Developing Systematic Practice	5	Attended
Certificate In Manual Handling	2	Attended
Manual Handling	21	Attended
Manual Handling - Clinic/Refresher Training	196	Attended
Manual Handling (of Service Users) - PVI	195	Attended
Manual Handling e learning & practical	17	Attended
Level 1 Medication Awareness	115	Attended
Level 2 Medication	86	Attended
Mental Capacity Act Overview	180	Attended
Physical Intervention	77	Attended
Physical Intervention - Refresher	25	Attended
Risk Assessment	36	Attended
Safeguarding Adults - Basic Awareness	352	Attended
Safeguarding Adults - Day 1	26	Attended
Safeguarding Adults - Day 2	7	Attended
Safeguarding Adults - Day 3	8	Attended
safeguarding Adults - Managers Training	54	Attended

Safeguarding Adults; Foundation Training	31	Attended
Safeguarding Adults; Investigation training	10	Attended
Safeguarding Adults; Managing Initial Concerns of Abuse	23	Attended
Team Teach	2	Attended
Acquired Brain Injury	4	Attended
Acquired Brain Injury - Advanced	2	Attended
Acquired Brain Injury - Basic Awareness	1	Attended
NVQ Level 3 in Health and Social Care	110	Ongoing
NVQ Level 4 in Health and Social Care	15	Ongoing
NVQ Management Level 4	2	Completed
Learning Disabilities Award Framework	7	Completed
LDQ (Learning Disabilities Qualification)	49	Completed
Combined LDQ & NVQ Level 2 in H&SC	78	Ongoing
Total	2007	

involving people with learning disabilities and family carers in all workforce Issues

The previous Workforce Planning Manager has reported that activities were developed which encouraged the involvement of people with learning disabilities including involving self-advocate in recruitment and selection processes and in training delivery.

promoting human rights and *Valuing People Now* principles in all learning

Promoting human rights and Valuing People Now principles are embedded in the NVQ levels 2 and 3 in Health and Social Care; in the Skills for Care induction and in the LDQ induction programmes.

preparing the workforce for personalisation

The previous Workforce Planning Manager has advised that workshops were delivered to members of the Learning Disability workforce to prepare them for the personalisation agenda. Further workshops 'Putting People First' have been developed and are being delivered to members of the ASC workforce. These workshops take people through the nine stages of the new 'Customer Journey' and focus on the development of support plans rather than traditional care plans

developing the workforce locally to support all people with learning disabilities, including people whose behaviour challenges services, people with complex needs, people from black and minority ethnic communities etc **What are the key workforce challenges in your local authority?**

Details of the activity should be included in the draft workforce development plan. Details of all training activities linked to the learning disabilities are also enclosed with this document.

What are the key workforce challenges in your local authority?

These workforce challenges have been identified from the 2009 – 2012 Service Plans; the Learning and Development and People Services Performance Plans and include:

- Ensuring the council and its partners have the workforce capacity and capability to deliver services in the 21st Century
- Respond to the recruitment, retention and skill gaps
- Implementing the Putting People First agenda
- Developing an integrated Children's workforce
- Collaborative workforce development within the AGMA (Association of Greater Manchester) region
- Promotion of adult literacy and numeracy

15. Hate crime

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

Total reported Hate Crimes to date from March 2009 to February 2010 for Wigan 312

Total reported Hate Crimes from April 2008 to March 2009 for Wigan 274

In the above figures for Wigan only 2009/10 there were 7 crimes reported which had a motivation for disability which was 2.4% of the total reported in Wigan.

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

A Reporting Centre has been established as a pilot to assist with the reporting of Disability Hate Crime for victims, carers, advocates etc. and to promote the Disability Hate Crime Reporting Booklets.

The purpose of the Centre is to identify at an early stage any barriers to reporting Disability Hate Crime and ensuring accessibility to victims of Disability Hate Crime to report such incidents.

The aim is to increase the number of Disability Hate Crimes that are reported.

Has your Board discussed the Cross-Government Hate Crime Action Plan³ (launched in September 2009)? - No

16. Quality Assurance and Monitoring:

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

People with learning disabilities and family carers receiving services have the active right and are encouraged and given the opportunity to participate in decision making and planning of services. Mechanisms for involvement regarding the quality of care and support include re-assessment and co-production. The LDPB recognises that it needs to establish more formal mechanisms and stronger connections with people with learning disabilities, carers, and advocates in taking forward strategic decision making. In the past a Quality subgroup operated within the LDPB in this role and consideration will be given to re-establishing this group.

A Self Advocate Parliament in Wigan was officially launched last year. Despite fairly low attendance at the first meeting Wigan's Valuing People Team are committed to making the Parliament a real success. The team envisage the Parliament will legitimise the voice of service users and it will be a mechanism for self advocates to influence developments in Wigan by working closely with the LDPB and reporting back to it. Wigan's Valuing People Team are now working to produce guidance and information packs about the Parliament, arrange information days / workshops and training for self advocates on the different roles. The next Parliament meeting is scheduled for the end of April 2010.

Does the partnership board receive reports from the Adult Safeguarding Board?

A member of the Learning Disability Partnership Board, an officer, attends a Safeguarding Steering Group for Wigan Leisure and Culture Trust. The chair of the Steering Group is a member of the Adult Safeguarding Board. Any issues of concern in general will be highlighted and subsequently discussed at the Learning Disability Partnership Board meetings.

Is the partnership board informed of poor performance by local providers

The results of any inspections and /or reports from the Care Quality Commission that highlight areas of poor performance are reported directly by CQC to the appropriate Heads of Service. It is then up to the Heads of Service to decide how to manage this information and make the decision as to whether the Partnership Board needs to be made aware of any issues.

As indicated above, any issues relating to safeguarding will be brought to the attention of the Partnership Board if deemed appropriate and necessary.

For those services that are not regulated services (e.g. day centres) where a contract is in place between the local authority and the provider, performance is monitored via the Contracts Monitoring Framework. This is done quarterly and again if any issues are highlighted that signify poor performance the appropriate Heads of Services are notified. Again the Heads of Service will make the decision on how to manage this information.

Have you done an Equality Impact Assessment, in relation to people with learning disabilities and their families

The Ethnicity Subgroup created a new, more user-friendly Equality Impact Assessment (EIA) template and guidance documents for use within the LDPB and provider services- including mental health, older people and physical / learning disabilities The new template and guidance materials were piloted across provider services. Approximately 30 service managers received training on the importance of EIAs and the new approach. Evaluation forms signify that the training days and template have been a success and subsequently approximately 15 EIAs have been completed to date across provider services. The Ethnicity subgroup have completed an EIA on their own subgroup and one for the new LD Relationships, Sex and Sexuality Policy which have proved successful.

Plans are in place to roll the new EIA template and training out across the LDPB so the remaining subgroups can start to conduct EIAs on the function and activities of their own subgroup and projects. We are also considering how we can make the EIA process more accessible for people with Learning Disabilities to ensure that self advocates can become fully involved in the Equality Impact Assessment Process. We will look at the mechanisms that were used to involve self advocates in the development of the 2010 Equality Scheme to inform this and also examples of best practice elsewhere.

If so how has this informed service development and commissioning

The results of the EIAs completed for provider services have been collated and a summary of the key areas for improvement, alongside recommendations, have been forwarded to the Head of Provider and Quality Assurance for Adult Services- which will inform the future planning and commissioning of services for the LD population. The EIA toolkit was also used in the development of the new Learning Disability Relationships, Sex and Sexuality policy to ensure that the new policy document adopted an inclusive approach to policy making.

How have people with learning disabilities and their families been involved in this annual report

The co-chair of the LDPB has been involved in the preparation of this report. A workshop took place where self advocates were supported and could go through an easier-to-read version of the report and discuss the report before it was signed off. A meeting was also arranged with the Family Forum and the LDPB co-ordinator to enable them to view and discuss the content of the report.

Has this resulted in improved outcomes?

From completing this self assessment report and having the opportunity to discuss the results with both Family Members and Self Advocates the LDPB is even more aware about what areas need to be improved and given priority over the coming year.

17. Commissioning

Do you have a joint commissioning strategy?

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

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

From April 2010 the Council will have a pooled budget with the PCT under Section 75 of the 2006 Health Act as part of the arrangements for a Single Commissioning Agency. This will include all learning disability funding. A single commissioning strategy will be developed as the resources to support the Single Commissioning Agency are fully integrated. Prior to this date, commissioning arrangements have been done in partnership on an informal basis.

Evidence of how our commissioning arrangements over the past year have resulted in improved outcomes are included in Section 19 where some of our achievements and good practice examples are highlighted.

The Commissioning Strategy will be built on the following themes:

- Developing a market for personalisation
- Investing in preventative support where there is an evidence base for this
- Ensuring provision of universal information, advice and advocacy services
- Investing in re-ablement and short term interventions to promote independence (including independence from public funding).

18. Future plans and targets

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

All the Partnership Board Sub Groups and Projects that submitted a bid for LDDF funding had to complete a detailed two year Action Plan (2009/10 – 2010/11) which outlined key aims and objectives in addition to anticipated outputs, outcomes and impact in line with Valuing People Now. Putting People First / Transforming Social Care and local Wigan aims and objectives.

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

If so, please set out against the headings below:

- Health
- Where people live
- Employment
- Advocacy and leadership

We currently have 65 members. Some members choose to get involved in specific events but don't attend weekly meetings. We regularly sent out mail shots to our entire membership

We have 8 people who regularly attend weekly meetings.

All the members of our Board of Trustees have a learning Disability (six people)

There are 8 members of More than words Theatre Company

- Family carers
- Transition
- Personalisation
- Workforce
- Including everyone

19. Key success or best practice

Have you any particular achievements or good practice you would like to highlight that others can learn from?

We are particularly keen to hear about successes in employment.

Please see below examples of some of our achievements and good practice over the past year that we would like to highlight.

**Good Learning Disability Partnership Boards:
“Making it happen for everyone”
Self Assessment Evidence Templates**

Contact Person & Job Title:	Paula Daley, Housing Policy Officer (Learning Disabilities)
Address:	Gateway Hs 4, Standishgate, Wigan,
Postcode:	WN1 1AE
Tel No:	01942 828806
Email:	p.daley@wigan.gov.uk

Title of work: <i>What is the project/ piece of work called?</i>	Developing housing options for people with learning disabilities
Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i>	<p>To increase the range of innovative solutions to housing problems faced by people with learning disabilities.</p> <p>To maintain links with partner agencies who provide housing for people with learning disabilities.</p> <p>To promote choice, provide practical support and act as an advocate for people with learning disabilities seeking accommodation.</p> <p>To make sure consideration of support options is integral to people with learning disabilities being able to seek housing that meets their needs, including personalisation.</p>
Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i>	<p>Delivered Training and Development workshops for professionals, people with learning disabilities and their families.</p> <p>Developed effective working relationships with WALH, Property Shop and RSLs.</p> <p>Developed the Learning Disability Housing Strategy.</p> <p>Worked with people with Learning Disabilities and their families, referred by LD Social Work teams, to look at the range of housing options available.</p> <p>Developed the Private Landlord leasing scheme, alongside colleagues in the Housing Strategy team and voluntary sector.</p> <p>Eight people with learning Disabilities have become shared home owners through HCA funding to local Housing Associations.</p> <p>Provided support and advice to people with learning disabilities (including self advocates) and their families and carers, by telephone, in person and through advices sessions</p>

	<p>Developed ways of helping people with learning disabilities and their families to plan for housing and support.</p> <p>Contributed to the departmental strategy for accommodation for people returning from out of borough placements.</p> <p>Made sure people with learning disability who need housing do a WALH application form as the first step to acquiring housing.</p>
<p>What went well: <i>What was particularly good about the project, piece of work?</i></p>	<p>Providing a wide range of information, support, advice and guidance on housing options so that people raised their expectations and views of what is possible, particularly in relation to avoiding traditional options that may have resulted in over supporting and creating greater dependence in the long term.</p>
<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>Prioritising development of housing options in line with adult service priorities for people with learning disabilities, particularly those who need to return from out of borough or young adults coming into adult services through transition.</p> <p>Develop a range of accessible information for all.</p> <p>Extend housing support and advice</p> <p>Continue to use a range of formats for housing plans.</p> <p>Produce a Housing Information Manual for Social Workers</p> <p>A co-ordinated approach to resettlement for people currently in property that is not going to meet their long term needs.</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p>This evidence falls into section 6, where people live.</p>

<p>Contact Person & Job Title:</p>	<p>Christine Rudd Assistant Manager Supported Employment Service Co-chair Employment Sub Group</p>
<p>Address:</p>	<p>Ince Town Hall Ince Green Lane Ince Wigan WN3 4QX</p>
<p>Postcode:</p>	<p>WN3 4QX</p>
<p>Tel No:</p>	<p>01942 828439</p>
<p>Email:</p>	<p>c.rudd@wigan.gov.uk</p>

<p>Title of work: <i>What is the project/ piece of work called?</i></p>	<p>The Employment Sub Group</p>
<p>Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i></p>	<p>To look at the barriers people with a learning disability face when thinking of employment, and finding innovative ways to overcome those barriers. The group undertook consultation with self advocates and their families and/or carers to find out what the barriers and worries were.</p>
<p>Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i></p>	<p>There have been 3 main achievements:-</p> <ol style="list-style-type: none"> 1. A booklet aimed at families and carers of people with a learning disability, answering as many queries that family members had worries about. This was published in November 2009 and has been placed in Day Centres, Jobcentre Plus, given to Social Workers within Adult Services and uploaded onto: 2. A website- www.looking4work.org.uk. The website has been developed and is an information point for anyone with a disability to access to find out further information, read success stories, find training providers and services who can assist in finding employment and giving the right amount of support 3. A DVD aimed at employers in the Wigan and Leigh area. The DVD shows success stories of people with learning disabilities in employment, and answers many of the questions that employers have about employing someone with a disability-Health & Safety, attendance, reliability etc. The DVD will be available for employers both as a disc and an upload on You Tube
<p>What went well: <i>What was particularly good about the project, piece of work?</i></p>	<p>Working as a group to achieve all of the above. Everyone had the same goals and aspirations to complete all that we set out to do. The group staged a launch of all of the above in March 2010. This was well attended and was reported in the local press.</p>
<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>Valued in Public is now the next area for improvement, to look at ways to improve recruitment and selection within all public services and to achieve the Government's aim of an increase in employing people with a learning disability in all public services</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s</i></p>	<p>This evidence falls into the following sections: Section 5-health-as a general rule people are healthier when in work than not, Section 8-employment, as this is helping to break down barriers and build up relationships with employers, Section 12-Transition as many more young people leaving school and College are seeking supported employment services Section 13-personalisation, allowing people the information</p>

<i>this evidence falls into.</i>	and opportunities to make choices Section 19-Key success or best practice-6 paid jobs from the Transition Project
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Contact Person & Job Title:	Christine Rudd Assistant Manager Supported Employment Service Co-chair Employment Sub Group
Address:	Ince Town Hall Ince Green Lane Ince Wigan WN3 4QX
Postcode:	01942 828439
Tel No:	c.rudd@wigan.gov.uk
Email:	

Title of work: <i>What is the project/ piece of work called?</i>	Transition Project
Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i>	The Transition project is aimed at working with young people aged 16-19 with learning disabilities, to offer employment as a real alternative to day services on leaving school. The project has funding for 2 Employment Training Advisers (ETA) to work with 24 self advocates at any one time. 1 ETA delivers a pre employment course, the World of Work (WOW course) in 2 of the local Colleges-Oakfield and Hawkley Brook. Part of the course is to undertake work experience and start to search for jobs. The other ETA works with the self advocates who have left education and want to find paid employment. Once employment has been found, the ETA completes a thorough Health and Safety check, risk assessment and trains the person using Training in Systematic Instruction techniques before fading support and monitoring on a regular basis.
Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i>	The WOW course is now on the curriculum in both Colleges, with a 3 rd College wanting the course to start in September 2010. Both Colleges feel that the course is crucial to students leaving College with a clear understanding of what employment entails. Both ETAs have been successful in finding paid employment between 1 st April 2009 and 31 st March 2010 with 6 paid jobs between them, in a time when jobs are scarce and Wigan is ranked in the top 10 of places in England that have been hit the hardest by the recession. The work experience that each person undertakes helps to develop skills, increase confidence in that person's ability and underpins their belief that they can compete in the job market
What went well: <i>What was particularly good about the project, piece of work?</i>	The WOW course always goes well, is enjoyable and as it is designed to be delivered over an academic year, is detailed and thorough.

<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>Finding employment opportunities in the present economic climate has been very difficult, as the target for paid employment was 10 for the year, but there are signs in the first part of 2010 that the economy is on the upturn</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p>This evidence falls into Section 12-Transition to try to capture young adults in the last year of College who are looking towards paid employment once they leave, and also those who come into the NEET category and are furthest away from the job market.</p> <p>The evidence also falls into Section 8, Employment as this is the aim of the 2 ETAs and the self advocates who are referred and Section 16, Quality Assurance. As part of the Council's Supported Employment Service, each ETA is included in File checks, observations in key tasks, questionnaires aimed at Self Advocates and their employers to give honest feedback about the ETA and the quality of the service.</p>

<p>Contact Person & Job Title:</p>	<p>Carol Williams Project Co-ordinator</p>
<p>Address: Postcode: Tel No: Email:</p>	<p>71 Church Street Leigh WN7 1 AZ 07983709745 Williams158@msn.com</p>

<p>Title of work: <i>What is the project/ piece of work called?</i></p>	<p>Work is for Everyone</p>
<p>Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i></p>	<p>To find paid or voluntary employment for individuals currently using day services in the borough. To promote the value of paid and voluntary employment to individuals and carers and engage with employers to try and make this happen.</p>
<p>Achievements and outcomes: <i>Did the project / piece of work achieve all of its objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such</i></p>	<p>The project did achieve some of its objectives, as a result of this project, 5 individuals are now in paid employment, on permitted earnings less than 4 hours each week,, and 7 individuals are volunteering in various settings which range from community centers to charity shops. In addition 2 individuals have set up micro enterprises and are now working from home with hours to suit their personal needs. 4 individuals have reduced considerably the amount of</p>

<i>as: reduced costs of service, improved service delivery, increase in take up etc</i>	<p>hours the access services each week and in 2 cases they no longer attend any day services.</p>
<p>What went well: <i>What was particularly good about the project, piece of work?</i></p>	<p>The project has been successful in increasing individuals community relationships, confidence and raised awareness of their rights.</p>
<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>The project highlighted the need to increase awareness among employers of the vast amount of talent not being used, more work needs to be done in this area. We have already made a start on this by producing a DVD for prospective employers to see the range of skills individuals have and which would add value to their work force.</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p>This evidence meets criteria 8 in the self assessment report, it indicates that we have a robust local employment strategy to help individuals back into work.</p>

LDPB Advocacy Sub Group

Attached is a copy of Advocacy Sub Group PATH created April 2008



Advocacy Sub
Group Path.pdf (9...

Main Aim / Mission Statement :

To promote the development of, and support for, advocacy services for people with learning disabilities, particularly self-advocacy, citizen advocacy and provision that is independent and accessible for everyone. People with learning disabilities are the guiding influence for the group – ‘nothing about us without us’.

As part of securing long term sustainability for advocacy in the Borough, we are encouraging tenders from organisations committed to providing advocacy based on a varied source of funding and from those organisations who can seek, and have already successfully sought, matched funding from elsewhere and not just looking to be reliant on statutory funding from health and social care partners. We will also aim to stimulate the local market around advocacy to encourage a broader and more diverse range of providers.

As supportive partners, members of the Advocacy Sub Group will also commit towards helping to seek and identify alternative sources of funding to sustain and maintain the development of advocacy for people with learning disabilities within the Borough.

Contact Person & Job Title:	Julie Davies Advocacy Coordinator
Address:	St Catharine's House Scholes
Postcode:	Wigan
Tel No:	WN5 8NG
Email:	juliedavies@wiganfamilywelfare.co.uk

Title of work: <i>What is the project/ piece of work called?</i>	Wigan & Leigh People First Development
Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i>	Funding was put in place to support the development of an independent self advocacy group. To give local people with learning disabilities a greater voice
Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i>	Wigan & Leigh People First became a registered charity in December 2008. 100% of the board of trustees are people with a learning disability. Wigan & Leigh People First now have 65 members with a core of approximately 8 members who are involved in the running of the organisation Members of People First are involved in local decision making forums. Members are also involved in any consultation events that take place in the local area.
What went well: <i>What was particularly good about the project, piece of work?</i>	Self Advocates have fully taken ownership of the group. This has lead to increased self confidence for many members.
Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i>	
What criteria does	<i>Section 9 Advocacy</i>

<p>this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	
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<p>Contact Person & Job Title:</p>	<p>Julie Davies Advocacy Coordinator</p>
<p>Address: Postcode: Tel No: Email:</p>	<p>St Catharine's House Scholes Wigan WN5 8NG juliedavies@wiganfamilywelfare.co.uk</p>

<p>Title of work: <i>What is the project/ piece of work called?</i></p>	<p>Development of a Self Advocate Parliament</p>
<p>Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i></p>	<p>Wigan & Leigh People First will develop and coordinate a Self Advocate Parliament.</p> <p>This will ensure that there is a user led forum for people with Learning Disabilities to express their views and be consulted with.</p> <p>The Leader of the Parliament will be elected into post. The Leader will receive a payment and will be involved in all planning for each sitting of the Parliament.</p> <p>The Parliament will elect representatives to feedback to the Partnership Board.</p> <p>We aim to have a varied cross section of self advocates as members of Parliament. We envisage recruiting 30 members of Parliament.</p> <p>Minutes and Agenda's for all meetings will be in an Easy Read Format.</p>
<p>Achievements and outcomes: <i>Did the project / piece of work achieve all of its</i></p>	<p>This is an ongoing piece of work, in the early stages of its development. The views of self advocates expressed at the Parliament were fed back to the Partnership Board.</p>

<p><i>objectives?</i> <i>What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i></p>	
<p>What went well: <i>What was particularly good about the project, piece of work?</i></p>	<p>The Parliament was developed by a steering group of self advocates who were fully involved with all the planning. The parliament attracted a core of self advocates who are focused on having greater involvement in local decision making.</p>
<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>We highlighted that there are some barriers in getting information to people with learning disabilities. There were extensive efforts to publicise the Parliament yet initial take up has been disappointing.</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p><i>This evidence falls into section 9 Advocacy</i></p>

<p>Contact Person & Job Title:</p>	<p>Sue Seager Accessible Communication Development Worker</p>
<p>Address:</p>	<p>Mayfield, Mayfield Road, Kitt Green, Wigan.</p>
<p>Postcode:</p>	<p>WN5 0HZ</p>
<p>Tel No:</p>	<p>01942 776579</p>
<p>Email:</p>	<p>s.seager@wigan.gov.uk</p>

<p>Title of work: <i>What is the project/ piece of work called?</i></p>	<p>'More Than Words Theatre Company' - User Led Advocacy Project.</p>
<p>Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i></p>	<p><u>Advocacy Through Performance</u></p> <ul style="list-style-type: none"> • Provide a voice through drama and other creative methods. • Perform to a variety of audiences whom have a direct impact on people's lives. <ul style="list-style-type: none"> • Provide staff training. • Promote 'Valuing People Now' and the

	<p>Transformation of Social Care agenda.</p> <ul style="list-style-type: none"> • Lead and facilitate creative, interactive and accessible consultation workshops. • Support other LDPB projects by producing performances around their agendas to promote their work, provide an accessible form of communication for self advocates, staff, parents and carers. • Community Awareness Performance
<p>Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i></p>	<p>All objectives have been achieved with much of the work continuing into 2010.Outcomes include:</p> <ul style="list-style-type: none"> • Self Advocates have meaningfully been consulted • Self Advocates have contributed to Policy. • Staff have received User Led training • Self Advocates are leading on Peer training/information awareness • Support to other LDPB projects is consistently offered • Members have increased in their confidence and self awareness. • Waiting lists and research indicate that this and associated projects are in demand far beyond present capacity.
<p>What went well: <i>What was particularly good about the project, piece of work?</i></p>	<ul style="list-style-type: none"> • User Led Consultation with Self Advocates • Staff Training to other sections of the Council and Greater Manchester Police had a big impact. • The 'Annual Health Check' DVD, which is still in the making. <p>This work is unique because the ideas are from Self Advocates and this process is facilitated by interactive dramatherapy methods.</p>
<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>As both Accessible Communication and 'More Than Words theatre Company' Projects have evolved and developed far beyond the original remit the infrastructure is not available for continued development. The action plan highlights this. Therefore a working party is to be formed to produce a comprehensive business plan.</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p>Section 2 (Improving Information that informs planning and commissioning of Services) Meaningful consultation with Self Advocates and the advocates acting on behalf of people with more complex needs is a reality. The creative methods used ensure that self advocates are able to understand key concepts. Information is presented visually (drama, pictures and symbols) It is appropriately designed for people's cognitive levels of understanding. The methods are employed to support people to express their opinions to inform planning and commissioning of Services.</p> <p>Section 3 Partnership boards invested in both our projects which are fundamental in ensuring that people with learning disabilities, families and carers become real partners in the decision making process.</p> <p>Section 5 MTW's (More Than Word's Theatre Company) are working with health partners to produce a DVD about the Annual Health checks. This will act as both an informative resource</p>

for self advocates and carers and a training tool for GP's and health care staff.

MTW's also performed a piece called 'Our Health' at the Health consultation day.

Section 8

Self development workshops to build confidence and self awareness which supports people to get and keep hold of their **jobs**.

Section 9

Development of an appropriate method of **advocacy** through performance and informed choice through accessible communication.

MTW's member's represent and work with their peers to communicate issues of importance. Members lead on consultation and staff training.

Inclusion of people with more complex needs is ensured by advocate representation. Both projects work accessible ways outlined in the **Valuing People Now Delivery Plan**

Section 13

Both projects take their lead from **Personalization** and **commissioning** is informed by:

- Detailed information provided in People's accessible ELP's.
(Template includes employment and accommodation)
- Consultation events which have included suggested action points.
- Waiting lists of people who would like involvement in both projects
- Co-production work re: performance and training programmes/accessible support tools.

Section 14

Both projects together produce consultation, awareness & staff training to inform skill up and obtain information from and give to our **workforce**. This work challenges values and is crucial preparation for change and support with Transforming Social Care.

Section 15

In relation to Disability Hate Crime, Disability awareness training has been delivered to Greater Manchester Police.

Section 17

Project Co-Coordinator is be consulted on the joint **commissioning** strategy.

Section 18

As previously mentioned both projects will contribute to all the **future plans and targets**.

Section 19

Key Success/Best Practice

- User Led Consultation
- Community Awareness Performances
- Accessible Tools/ Information & Guidance provided
- Person Centered Planning Pilot
- Staff & Peer Training.
- Support for the Promotion of other Projects.

Contact Person & Job Title:	Sue Seager Accessible Communication Development Worker
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Title of work: <i>What is the project/ piece of work called?</i>	Accessible Communication
Objectives: <i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i>	<p><u>To Make Information Accessible For People who Cannot Communicate In Traditional Ways</u></p> <ul style="list-style-type: none"> • Information translated into accessible formats • Awareness/practical training and guidance in the use of accessible communication to LDBB projects, in house services and partner organisations • To distribute Resource discs packs to the above. • Continue to develop Wigan & Leigh Picture library. • Wigan & Leigh Picture library continual adaptation for availability on Council Website. • Produce Staff Training Program around accessible communication and Person Centered Planning. (Person Centered Planning Pilot) <ul style="list-style-type: none"> • User Lead Resource Group <ul style="list-style-type: none"> • Consultation • Produce Accessible Recruitment Package <ul style="list-style-type: none"> • Technical support to the LDPB • Promote 'Valuing People Now'
Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i>	All the objectives have been achieved. The good practice will be used across other Services. Demand for input exceeds capacity in both projects. Hundreds of People with Learning Disabilities now have resources which help them communicate, access to more accessible information and tools and documents which empower them and contribute to keeping them employed. The communication tools support people to express themselves and therefore reduce the need for expression in ways that challenge Services. This has an impact upon the support required and will reduce costs. Delivery of a better quality Service has occurred.
What went well: <i>What was particularly good about the project, piece of work?</i>	Accessible Recruitment Package allowed self advocates to have a real influence on who was appointed to work with them. This process could be adapted to other Services. All the work underpins key objectives in 'Valuing People Now' and supports most other projects/sections. Wigan & Leigh Picture Library has been distributed Borough wide.
Areas for development:	As both Accessible Communication and 'More Than Words

<p><i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>theatre Company' Projects have evolved and developed far beyond the original remit the infrastructure is not available for continued development. The action plan highlights this. Therefore a working party is to be formed to produce a comprehensive business plan.</p>
<p>What criteria does this evidence meet?</p> <p><i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p>Section 2 (Improving Information that informs planning and commissioning of Services) Meaningful consultation with Self Advocates and the advocates acting on behalf of people with more complex needs is a reality. The creative methods used ensure that self advocates are able to understand key concepts. Information is presented visually (drama, pictures and symbols) It is appropriately designed for people's cognitive levels of understanding. The methods are employed to support people to express their opinions to inform planning and commissioning of Services.</p> <p>Section 3 Partnership boards invested in both our projects which are fundamental in ensuring that people with learning disabilities, families and carers become real partners in the decision making process.</p> <p>Section 5 Many health associated symbols have been developed which are to be used in the accessible versions of people's health action plans. Used in health consultation event.</p> <p>Section 8 Accessible tools have been designed to support people to access employment and be competent in their jobs so they stay employed .e.g. Job rota's to understand task routines.</p> <p>Section 9 Development of an appropriate method of advocacy through performance and informed choice through accessible communication. Inclusion of people with more complex needs is ensured by advocate representation. Both projects work in accessible ways outlined in the Valuing People Now Delivery Plan.</p> <p>Section 12 The accessible communication team has produced an accessible Essential Lifestyle Plan (E.L.P) template which lends itself to most forms of Person Centered Planning. It contains tools that are useful in the transition process and a focus on employment. The transition team has access to all our resources.</p> <p>Section 13 Both projects take their lead from Personalization and commissioning is informed by:</p> <ul style="list-style-type: none"> • Detailed information provided in People's accessible ELP's. (Template includes employment and accommodation) • Consultation events which have included suggested action points. • Waiting lists of people who would like involvement in both projects • Co-production work re: performance and training programmes/accessible support tools. <p>Section 14 Both projects together produce consultation, awareness & staff training to inform skill up and obtain information from</p>

	<p>and give to our workforce. This work challenges values and is crucial preparation for change and support with Transforming Social Care.</p> <p>Section 15 In relation to Disability Hate Crime, Disability awareness training has been delivered to Greater Manchester Police and many symbols have been produced to assist awareness and understanding.</p> <p>Section 16 Project Co-Coordinator is be consulted on the joint commissioning strategy.</p> <p>Section 18 As previously mentioned both projects will contribute to all the future plans and targets.</p> <p>Section 19 Key Success/Best Practice</p> <ul style="list-style-type: none"> • User Led Consultation • Community Awareness Performances • Accessible Tools/ Information & Guidance provided • Person Centered Planning Pilot • Staff & Peer Training. • Support for the Promotion of other Projects.
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Advocacy Audit Summary

Background

Advocacy is commonly defined as speaking up for yourself and your rights or speaking up for other people. There are different types of advocacy, including self advocacy, citizen advocacy and professional advocacy. Research has highlighted the benefits of advocacy for people with learning disabilities, such as increased confidence and control. However, there are also a range of barriers to achieving advocacy, including different understandings of what advocacy is and confusion about the different types of advocacy.

Recent national policy has emphasised the importance of developing, supporting and sustaining advocacy provision across adult health and social care services, with both *Valuing People* and *Valuing People Now* emphasising the importance of developing advocacy support for people with learning disabilities. However, nationally advocacy services are generally underdeveloped. A similar situation exists in Wigan Borough where insecure funding and inconsistent support has hindered the development of advocacy. However, recently the development of advocacy locally has been encouraged by the formation of the Advocacy Subgroup of the Wigan Learning Disability Partnership Board, the creation of Wigan and Leigh People First and the appointment of an Advocacy Development Worker. This project was commissioned by the Advocacy Subgroup to plan future advocacy provision. The project was carried out by the *Better Together Stronger Together Research Team*. This team consists of self advocates, the local advocacy coordinator, two other members of the Advocacy Subgroup and a researcher from Manchester.

Aims

- To identify what kinds of advocacy support for people with learning disabilities and their families are needed in Wigan Borough
- To find out what local people with learning disabilities and their families understand by advocacy and whether they know what advocacy support is available
- To identify the gaps in advocacy provision locally for people with learning disabilities and their families

Methods

This was a partnership research project where researchers with and without learning disabilities worked together.

Four focus groups were used to gather information from 17 people with learning disabilities, 9 family carers, 6 direct support workers, and 6 service managers and commissioners. A topic guide was used to guide the focus groups with carers and people working in services. Interactive methods including small group exercises, drama and art work were used to maximise the involvement of people with learning disabilities who had differing communication and support needs. Focus groups

- 2 -

were recorded and transcribed. Thematic analysis was used to analyse the information from focus groups.

Findings

Understandings of advocacy

Whilst many participants with learning disabilities seemed to have a basic understanding of advocacy in terms of speaking up for yourself, or being supported to speak up by friends, family or support workers, there was little knowledge about different types of advocacy, or the existence of People First. People did not seem to recognise the restricted opportunities for choice and control in their own lives. Family carers and those working in services also saw advocacy as people speaking up for themselves and their rights, or speaking up for other people. Advocacy was seen as leading to increased confidence, choice and control, and ensuring that people got the best out of services. Access to information and opportunities to develop confidence and communicate wants and needs were seen as important aspects of advocacy. However, there was some confusion about the meaning of advocacy and how advocacy differed from self-help and general support. There was little knowledge about the different types of advocacy which exist and different understandings of citizen advocacy.

Sources of advocacy

Many people with learning disabilities advocate for themselves or are supported to speak up by family members, friends, work colleagues or boyfriends and girlfriends. Informal, unpaid advocates may know a person well and see a situation from a different viewpoint than people working in services. They were seen as having no conflicts of interest in terms of obligations to their employer or their future career.

Participants with learning disabilities also felt that support workers sometimes helped them to speak up. People working in services thought that advocacy was a central part of their role.

A number of local and national organisations were mentioned as providing advocacy. However, the primary role of the majority of these services and organisations is not to provide advocacy for people with learning disabilities: therefore, there is some confusion about the role of existing organisations when it comes to provision of advocacy.

Need for advocacy

Advocacy support was often needed to make choices and decisions on a daily basis and when it came to making decisions such as where to live, relationships and finances. Meetings and health appointments were given as examples of when advocacy support may be needed. Advocacy needs can change over time as a person has more life experiences and develops confidence. People with complex or communication needs might need specific advocacy support.

Parents also talked about their own need for advocacy support and how this could change over time.

Barriers to advocacy

A number of barriers to advocacy were identified including:

- Restricted opportunities for choice and control in the lives of people with learning disabilities
- Lack of confidence and isolation from people in a similar situation
- Lack of knowledge about advocacy and advocacy provision
- Gaps in advocacy provision: lack of independent advocates; lack of specialist services for people with complex needs, specific communication

needs or cultural requirements; lack of specialist advocates for specific issues (sexuality, bereavement, financial abuse, transitions and healthcare)

- Service cultures and systems: lack of immediate access to support; staffing levels; inflexible working practices, policies and procedures; a focus on risk assessment and safeguarding; lack of person-centred thinking; apprehension about involving outside agencies; resistance to change and fear of conflict; misunderstandings about advocacy
- Support workers' lack of knowledge and understanding of advocacy, confidence and communication skills
- Conflicts of interest for people working in services who had to take into account obligations to their employers, policies and procedures, health promotion agendas, their own job security and career prospects, relationships with work colleagues, and maintaining relationships and trust with families
- Conflicts of interest within families

Other influences on advocacy

Positive influences which encouraged advocacy included legislation, government policy and the personalisation agenda; shifts within service philosophies; good partnership working between and within services; and knowing a person well.

Advocate qualities

People wanted advocates to be understanding, enthusiastic, confident, positive, proactive and committed. They wanted someone who was knowledgeable and who could achieve change. It was important that an advocate would spend time getting to know a person, their situation and opinions. Advocates need to listen to the person and support people to make their own choice, rather than impose their own opinions. Advocates needed to be person-led rather than service-led, although it could be important for advocates to know how services work.

Discussion, conclusions and recommendations

There is a clear need to increase knowledge about advocacy, the different types of advocacy, and current advocacy provision in Wigan for people with learning disabilities, their families, and people working in services. Training, awareness raising and written information such as a newsletter or information sheet are possible ways of achieving this.

There is a need to increase advocacy provision in the Borough and to provide a range of provision. There is a clear lack of independent advocacy provision. It

would be useful to explore and clarify the roles of existing service providers in supporting and providing advocacy.

Specific gaps in advocacy provision for people with learning disabilities are: specialist advocates with specific knowledge and expertise; advocacy for people with complex needs and advocacy for people from Black and minority ethnic groups.

People value immediate access to advocacy support, consistency and confidentiality. People want advocates who are knowledgeable, positive, enthusiastic and understanding. Advocates need to spend time to get to know a person, their situation and opinions.

Changes within provider services are necessary to provide people with learning disabilities with choice and control within their lives. Further shifts towards person centred thinking and more flexible working practices are needed. Provision needs to be person- rather than service-led.

This project has been a positive example of partnership research. It will be useful to consider how to encourage and support future partnership research projects. Future research on the topic of advocacy could usefully include gathering information about examples of good practice in advocacy; the needs of people from Black and ethnic minority groups, and the development of advocacy provision over time.

Contact Person & Job Title:	Michelle Ryan Never Watch Alone Initiative Coordinator
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Title of work:	Never Watch Alone Initiative (NWA)
Objectives:	The Never Watch Alone Initiative enables supporters with a learning disability to attend matches alongside their fellow supporters- not with a professional carer, but a friend, a like-minded fan who shares their passion as well as their camaraderie. The aim of the project is to enable people with learning disabilities to lead full, purposeful and integrated lives in their local communities and to develop a range of friendships, relationships and activities.
Achievements and outcomes:	<p>The initiative has received great coverage in both the local and national press. Phil Carke, the ex Wigan and Great Britain Rugby League star and now Sky Sports Pundit has today been unveiled as the Ambassador to the Never Watch Alone Initiative (NWA) in Wigan. The Never Watch Alone Initiative also generated interest within Europe, thanks to Joyce Cook, Chair of The National Association of Disabled Supporters. Her work and connections ensured the Never Watch Alone Initiative is now recognised in many European countries. This publicity led to a representative of the NWA being invited to the European Football Fans Congress(EFFC) in Hamburg as a guest speaker to deliver a presentation about the Never Watch Alone Initiative happening here in Wigan.</p> <p>The Never Watch Alone Initiative celebrated it's 12 month birthday last week with 54 people attending the event. To date 19 people have been matched with a buddy, 26 people are awaiting a buddy to be matched and a further 27 people have volunteered to become buddies.</p> <p>The scheme has proved to be successful and a fulfilling experience for everyone involved, bringing about many lasting friendships. (For example; the Case study example of Andrew and Anthony)</p> <p>Representatives of the NWA in Wigan have been invited to Salford Council and South Ribble to talk about the successes of the scheme in Wigan and help to replicate this good practice elsewhere by sharing information and knowledge.</p>
What went well:	<ul style="list-style-type: none"> • People are going to the match with "their mates" • Improved social networking opportunities and community "equity" for people with learning disabilities in Wigan • Lasting friendships are developing- the friendships are going beyond the football and buddies are now spending time together in other social activities, such as shopping, golf and partying together. • Parents and Carers are given respite
Areas for development:	Better awareness of the Never Watch Alone Initiative in the local community to get more people signed up and participating in the scheme.

	<p>This will include re-creating the NWA leaflet with more up-to-date information and using larger distribution centres across the borough like the DW gym and ASDA to promote the scheme</p> <p>Create more case study examples of the outcomes that NWA has had for both those individuals with learning disabilities requesting a buddy and those individuals who have gained from volunteering as a buddy.</p>
What criteria does this evidence meet?	Section 19: key successes and best practice

Contact Person & Job Title:	Nicki March Black and Minority Ethnic Development Worker / Learning Disabilities
Address: Postcode: Tel No: Email:	Adult Services, Civic Centre Wigan, WN1 1AZ 01942 827515 Nicola.March@wigan.gov.uk

Title of work:	Equality Impact Assessments
Objectives:	Equality Impact Assessment is a way to make sure individuals and teams think carefully about the likely impact of their work on equality target groups and take action to improve services, policies, strategies and projects. The main objectives of the work was to create a more user friendly EIA template / guidance documents alongside delivering training that would be rolled out and promoted across provider services and the LDPB.
Achievements and outcomes:	<p>The Ethnicity Subgroup created a new, more user-friendly Equality Impact Assessment template and guidance documents for use within the LDPB and provider services- including mental health, older people and physical / learning disabilities The new template and guidance materials were piloted across provider services with approximately 30 service managers receiving training on the importance of EIAs, the new approach to completing them and the 7 Social Identity Model.</p> <p>Evaluation forms signify that the training days and template have been a success. Staff feel more confident undertaking Equality Impact Assessment and have a greater understanding of the 7 Social Identity Model. Subsequently approximately 15 EIAs have been completed to date .across provider services. The results of which have been collated and passed to the appropriate Head of Service, which should lead to improvements in the design, delivery and commissioning of future LD services.</p> <p>The Ethnicity subgroup completed an EIA on their own subgroup. The EIA toolkit was also used in the development of the new Learning Disability Relationships, Sex and Sexuality policy to ensure that the new policy document adopted an inclusive approach to policy making.</p>
What went well:	<ul style="list-style-type: none"> • The EIA template and guidance is now easier to understand and more user-friendly • The training and follow up workshop were both well attended and well received.

	<ul style="list-style-type: none"> Senior officers are committed to the process within provider services
Areas for development:	<p>Plans are in place to roll the new EIA template and training out across the LDPB so the remaining subgroups can start to conduct EIAs on the function and activities of their own subgroup and projects. We are also considering how we can make the EIA process more accessible for people with Learning Disabilities to ensure that self advocates can become fully involved in the Equality Impact Assessment Process. We will look at the mechanisms that were used to involve self advocates in the development of the 2010 Equality Scheme to inform this and also examples of best practice elsewhere.</p> <p>We need to ensure that senior representatives within the LDPB support the EIA process to guarantee a level of accountability towards ensuring actions identified from the EIAs get completed.</p>
What criteria does this evidence meet?	<p>Section 13: Personalisation: The EIA process is inclusive and identifies any groups who may be excluded</p> <p>Section 16: Quality Assurance & Monitoring EIA relates to Equality performance and informs the future design, development and commissioning of services.</p>

Contact Person & Job Title:	Nicki March BME Development Worker / Learning Disabilities
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Title of work:	"A Minority Within a Minority" research project
Objectives:	The overall aim of the research was to contribute to the development of learning disability services by identifying the small, but expanding, black and minority ethnic population with learning disabilities in Wigan via conducting a mapping exercise. The ease of collecting this kind of ethnicity data was also examined across the LDPB, the Council and our partner agencies.
Achievements and outcomes:	<p>Despite national figures indicating that there is a higher incidence of LD amongst BME communities, fewer people from this social group are accessing LD services in Wigan and the mapping exercise suggests that Wigan has a very low BME population with learning disabilities. Information was gathered from LD services, SWIFT , GP surgeries and feedback from the 3rd Sector.</p> <p>Even though the mapping exercise does not claim to be exhaustive, it was disappointing that a more reliable and robust data set could not be obtained. Questions were raised over the validity of the data including gaps, and service users self-identifying. Yet despite these setbacks the project gave a more realistic description of the current</p>

	<p>approach in Wigan to collecting ethnicity data and provided recommendations to improve equalities monitoring and the cultural competence of learning disability services. Based on the outcomes of this piece of work the decision was made to broaden the remit of the LDPB Ethnicity Subgroup to incorporate the 7 social identity model and become the “Equalities Subgroup”. The attached PID document gives more detail about this change.</p>
What went well:	<p>The project promoted and achieved collaborative working between social and healthcare professionals, which demonstrates progress as communication has in the past proved difficult.</p> <p>The project highlighted the need for better equality monitoring. By providing recommendations to establish clear and transparent mechanisms that help shape service delivery on the basis of need and involvement, the council is reinforcing it’s commitment to promoting equality, diversity and cohesion in the borough.</p>
Areas for development:	<p>Ensure that robust equality systems are in place and continue to develop outreach work and opportunities to establish links with the BME / LD population and opportunities for future engagement.</p> <p>The work has highlighted areas for improvement and contact has been made to work in conjunction with a national project funded by TRIF and run by ARC (contact name, Philip Ware), this should provide more strategic leadership and support to move forward what is a complicated area of work in Wigan.</p>
What criteria does this evidence meet?	<p>Section 2- Local picture- an attempt to get a more detailed breakdown of the LD population in Wigan.</p> <p>Section 13- Personalisation, how are you making sure that groups who might be left out are included.</p>

**Good Learning Disability Partnership Boards:
“Making it happen for everyone”
Self Assessment Evidence Template**

Contact Person & Job Title:	Suzanne Grimshaw Business Development Manager
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Title of work: <i>What is the project/ piece of work called?</i>	Circles of Support
Objectives:	This is a new and innovative idea which is different to all

<p><i>Outline the objectives of the project / piece of work or provide a brief outline of what the work is / was about and what it is aimed at achieving.</i></p>	<p>other forms of support. It has been known to work well in other countries and yet there is no-one known to Embrace who offers such a service. It is unique in that it does not replace or replicate health or social care provision, but it provides an additional and different type of social support. The core service is around building relationships for people who could otherwise be isolated and service dependent. It supports people to plan financially and practically for the future of the person to ensure they are as secure as possible and to minimise the dependence on statutory services and avoid crisis situations that often occur when no plans are in place. By developing positive user and family leadership and caring citizenship, the organisation can contribute to the sustainability and self reliance of communities.</p>
<p>Achievements and outcomes: <i>Did the project / piece of work achieve all of it's objectives? What were the benefits achieved through the work? These may be both cashable or non cashable benefits such as: reduced costs of service, improved service delivery, increase in take up etc</i></p>	<p>This is an on-going project and is working towards achieving its objectives. We have been able to dedicate Community Fieldwork time, promoting the project to a wide section of the community. Our aims have been to identify individuals who have a disability and no-one in their lives. To date, in the first 6 months of the project we have identified 9 people requesting a circle, of which 3 have no-one in their lives and 6 have family and friends. These have been matched with facilitators who are either fieldworkers from Embrace or independent facilitators</p> <p>Early work has already evidenced that families and individuals are feeling more safe and secure for the future</p>
<p>What went well: <i>What was particularly good about the project, piece of work?</i></p>	<p>Firstly the training for the facilitators was excellent and the facilitators have now gained lots of skills.</p> <p>The circles that are already set up are working really well with both individuals and families really happy and we have already started to see some good outcomes.</p> <p>We have held the first of our family events, the event covered personalisation and wills and trusts. The day was a Huge success. Families not only gained useful information they also enjoyed meeting up with other families and individuals who have now got a circle up and running.</p>
<p>Areas for development: <i>Did the project identify any areas of work that need improvement? If so are action plans in place to achieve this?</i></p>	<p>Although we have delivered to social work teams and the Pines Hostel we haven't received one referral even though we have chased this up.</p> <p>We are in the process of putting an accessible Circles presentation together. We will then deliver it to as many service uses as we can.</p> <p>We will also continue to deliver the presentation to all carers groups.</p>
<p>What criteria does this evidence meet? <i>Looking at the sections in the "Valuing People Now: Partnership Board annual self assessment report template" please indicate which section/s this evidence falls into.</i></p>	<p>This evidence falls into Section 13 Personalization- as it is concerned with including traditionally excluded and isolated groups.</p> <p>The evidence also falls into Section 16 Quality Assurance and Monitoring- as the EIA screening tool is part of the wider performance management framework.</p>

Active Living Team

The service operates seven days a week including some evenings for consultations and activities. Active Life and Private Fitness providers operate at weekends for unsupervised activity participation, (where appropriate).

Health promotion training in relation to needs of the client group to Wigan Learning Disability Service, Primary and Secondary Care services and Statutory and non Statutory Organisations.

To facilitate and support access and referral to Borough-wide lifestyle services.

To increase the knowledge of individuals, carers and staff about healthy lifestyles and physical activity.

Settings include.

WLCT venues - Active Life Centre's for group sessions and 1:1 gym support i.e. Robin Park Arena and Sports Centre, Leigh Indoor Sports Centre, Howe Bridge Sports Centre.

Private health clubs - supporting participant's on 1:1 basis at Total Fitness, Wigan and The Gym, Golborne

Community venues i.e. Hallgate House, St Joseph's Sodality Hall, Leigh Masonic Hall

Adult Services Day Centre's and associated community bases.

Local parks i.e. Three Sisters Recreation Area for Cycling, Pennington Hall Park and Alexandra Park for Crown Green Bowling and Haigh Hall for Golf.

Outdoor Education venues for Outdoor Pursuits i.e. Scotsman's Flash.

The team have also been assessing all Active Living sessions, Active Life (Sport Centre) sessions for the suitability and accessibility for those with LD to participate. In April 2010 they will also be assessing external sports clubs and associations who have received the Club Mark Accreditation for their suitability. A Physical Activity Guide for LD people containing all suitable sessions will be produced mid-2010.

Activities include:

Multi Sports Session - Box Hockey, Croquet, Floor Lacrosse, Hoop Scoring, New Age Curling, Table Tennis, Ten Pin Bowling, Hoop Toss and Parachute activities.

Wheels for All - Adapted cycles to suit all abilities ranging from 3 and 4 wheeled bikes, go-karts, arm bikes and bikes for those in wheelchairs. Due to the success of the Wigan sessions and Leigh based session has started March 2010 (worked in partnership with the Cycling Projects)

Physical Drama - A fun session incorporating drama games and techniques.

Gym 1:1 - 1:1 or small group gym support can be offered for up to 12 weeks for those who need to build knowledge and confidence.

Cycling 1:1 - A tricycle is available at Three Sisters which is used to provide an accessible bike ride for one participant and his support. This is opened up to other participants who have their own bicycles/tricycles to join in. A good way for people to gain confidence in riding to progress onto 2 wheeled bicycles to join regular community rides.

Easy Line - This is a circuit based session using gym style equipment. Machines are easy to use and to transfer on and off. They use hydraulic pressure to provide resistance rather than weights.

"Respect Reflex" Club Nights – A club night experience in a safe and secure setting. Door security is on all night, a bar serving alcoholic and non-alcoholic drinks and cocktails, professional DJ and dancers! Admission is by ticket only and all attendees are required to purchase tickets in advance – payment on the door is not accepted. Theme nights every other month, fancy dress optional (joined the "Stay up Late" campaign to support these types of events)

Wheelchair Dance -after a successful 6 week taster block for performance at Arts for All Festival a regular session has now started. A choreographed piece of dance for wheelchair users and support. Where possible the participant moves themselves around or support staff aids this where necessary but are also include in the routine and dance with the group to provide a more inclusive performance.

Lunch time "Fit for Fun" session - Working in partnership with Oakfield College to provide a physical activity session once a week at lunch time. Activities are Pilates/Tai Chi as the teachers have observed an

improvement in behaviours in afternoon sessions after they have done this class. Each group of students is rotated between all lunch time groups every term.

Racket Sessions – 1 combined Table Tennis and Badminton session, 1 x Table Tennis session and 1 x Badminton session across the borough a fun non-competitive badminton and table tennis session suitable for beginners to experienced players. Sessions will include a mixture of games, skills and the basic rules of each sport.

Dance - A fun session covering a range of dance styles, including ballet, street, and contemporary. Class consists of a dance style warm up, technique work, building a routine and flexibility.

Chair Exercise - A varied session to music including warm up, aerobic fitness, strength work and cool down. At times the session will include elements such as dance, Kurling, parachute games and other sports. All participants are encouraged to work within their own pace, with the emphasis on improving fitness through enjoyment.

Dance/Cheerleading – Working in partnership with Oakfield College to provide a dance/cheerleading session once a week after college and also working in partnership with Landgate College to provide a dance/drama session once a week in the morning.

[Revised template for sign off pages of annual report]

Name of Partnership Board: Wigan Learning Disability Partnership Board

This report covers the period from April 2009 to March 2010.

It was formally agreed at a meeting of the Partnership on:..... (insert date)
It was agreed who would be responsible for collating this information at the Partnership Board meeting on 24 February. Due to time constraints the report will be discussed at the next Partnership Board meeting (7 April)

Signed (Co- chairs):

K. Smalley

.....

(date) 29 March 2010



Louise Sutton

.....

(date) 26 March 2010

Signed (representative of people with learning disabilities):

R. Potter Susan Bannister C. Bridden E.M. Hawkes

.....

(date) 29 March 2010

Comments:

Four self advocates, who are representatives of the LDPB, attended a workshop to go through an easier-to-read version of the report. The report highlighted the work that has happened in each subgroup over the year and the work that is planned for the coming year. Each section was discussed by self advocates who made comments and asked questions. In some sections self advocates wanted more clarity and/or information. We have agreed to take their comments away and provide them with an easier-to-read response at the next partnership board meeting (7 April). Self advocates agreed the document was an accurate representation of the work of the subgroups and the LDPB.

Signed (Family Carer representative):

Signed (Family Carer representative):

.....

(date).....

Comments:

Please see attached letter for Family Members' comments

Data Sources (please state which sources were used for quantitative data):

Data sources are referenced throughout the document