

CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING

**Venue: Town Hall, Moorgate
Street, Rotherham**

Date: Monday, 25th October, 2010

Time: 10.00 a.m.

A G E N D A

1. To determine if the following matters are to be considered under the categories suggested in accordance with the Local Government Act 1972.
2. To determine any item which the Chairman is of the opinion should be considered later in the agenda as a matter of urgency.
3. Apologies for Absence.
4. Minutes of the Previous Meeting held on 27th September, 2010 (herewith) (Pages 1 - 6)
5. Marmot Review - Presentation by John Radford, Director of Public Health
6. Infection Control Annual Report (herewith) (Pages 7 - 35)
7. Annual Report of the Joint Learning Disability Service (herewith) (Pages 36 - 68)
8. Exclusion of the Press and Public.
The following item is likely to be considered in the absence of the press and public as being exempt under Paragraph 3 of Part 1 of Schedule 12A to the Local Government Act 1972 (as amended March 2006) (information relating to the financial or business affairs of any particular individual (including the Council)):-
9. First Steps to the Personalisation of Day Care and Residential Services (report herewith) (Pages 69 - 73)

**CABINET MEMBER FOR ADULT INDEPENDENCE HEALTH AND WELLBEING
27th September, 2010**

Present:- Councillor Doyle (in the Chair); Councillors Gosling, Jack, Steele and Walker.

An apology for absence was received from Councillor P. A. Russell.

H21. LOCAL PUBLIC HEALTH STRATEGY - REFRESH

John Radford, Director of Public Health, presented the submitted report in respect of the Joint Public Health Vision for RMBC and NHSR.

He reported that the Marmot Review had highlighted six key areas which were:-

- Give every child the best start in life
- Enable all children, young people and adults to meet their capabilities and have control over their lives
- Create fair employment and good work for all
- Ensure a healthy standard of living for all
- Create and develop healthy and sustainable places and communities
- Strengthen the role and impact of ill health prevention

John Radford commented that the Marmot review was very comprehensive and he suggested that he make a presentation at a future meeting to give Members more detailed information.

Reference was made to the 'Black Report' which had been published back in 1980 and a query was raised as to what differences there were between the two reports. It was confirmed that there a change in emphasis this time, in that the Black Report referred to the environment as being important, but the Marmot review went further.

Resolved:- (1) That the content of the report be noted.

(2) That a presentation be made at a future meeting on the content of Marmot Review.

H22. LIFELONG LEARNING

Sue Shelley, Extended Learning Manager, gave an update in respect of Adult Learning priorities and implications for the future.

She confirmed that there were two main strands to the funding stream which were available for adult learning:

- **Informal Adult Learning** through PCDL (Personal Community Development Learning) provided non-accredited learning opportunities. This was mainly sub-contracted provision through our partners.

- Also through **(NDCL) Neighbouring Learning in Deprived Communities** – supports informal learning but also includes the development of small and voluntary organisations to broaden and improve the quality of the learning provider base. This also includes a strand for pre-employability support to enable adults to move into sustained employment.

She added that **Family Learning** would focus on children and family members learning together to improve the skills of adults so they were more confident in supporting their child's learning.

Resolved:- That the information be noted.

H23. PHARMACY NEEDS ASSESSMENT

Sue Wright, NHS Rotherham gave a presentation on the Pharmaceutical Needs Assessment (PNA).

The presentation drew specific attention to:-

- What is the PNA?
- Objectives of the PNA
- Assessment of Need
- Maps
- Scope of the Assessment of Need
- Patient and Public Involvement
- Provision of Pharmaceutical Services
- Gaps in services provided
- Consultation
- What we need to know.

A question and answer session ensued and the following issues were raised:

- Reference was made about the number of pharmacies be

more than average in Rotherham, and a query was raised whether these were evenly spread across the Borough. Confirmation was given that there were no pockets in Rotherham, however some parts did have more choice than others, although most areas did have good coverage.

- Reference was made to the consultation which had been undertaken and it was queried as to how this had been done. It was confirmed that hand held questionnaires had been distributed in the community over the period of one week. In addition meetings had been held across the community to try to cover various groups.
- It was suggested that links be made with the organiser of the Fayres Fair event which was taking place at the end of October as it was felt this would be a good way to promote the consultation. Also it was suggested that contact be made with the Older Peoples Groups, and reference was made to the "Older Peoples Day" which was taking place on Friday 1st October.
- Reference was made to the consulting rooms which were available in pharmacies and concerns were raised that these were not publicised particularly well. It was suggested that more thought be given to promoting the services available.

Members thanked Sue for her presentation.

H24. THE ABDOMINAL AORTIC ANEURYSM (AAA) SCREENING PROGRAMME

John Radford, Director of Public Health, presented the submitted report which updated Members on the work around implementation of the Abdominal Aortic Aneurysm (AAA) Screening Programme.

He reported that ruptured AAA deaths accounted for 2.1% of all deaths in men aged 65 and over. The mortality from rupture was high, with nearly a third dying in the community before reaching hospital. Overall, a ruptured AAA carries a risk of mortality of between 65-85% compared to a mortality risk of between 5-7% for elective surgery. In 2005 there were almost 5,000 deaths in England and Wales due to AAA, over 95% of which had occurred in people aged 65 and over.

The AAA Screening Programme aimed to reduce AAA related mortality by providing a systematic population based screening service for men during their 65th year and, on request, for men over

65.

Resolved:- That the content of the report be noted.

H25. CONSULTATION ON THE FUTURE DIRECTION OF SKILLS POLICY AND A SIMPLIFIED FUNDING SYSTEM

Sue Shelley, Extended Learning Manager, presented the submitted report in respect of the consultation on the future direction of skills policy and a simplified funding system.

The consultation set out the principles for a skills strategy and proposals on how the funding could be made simpler and more effective. The intention was to focus on the offer to learners and employers rather than trying to navigate the funding system. As part of this review it was intended to overhaul the complex performance management regime of inspection, quality assurance and performance management so that it was more proportionate and the main driver was employer or learner.

The main points from the consultation were:

- All proposals were dependent on the outcome of the spending review
- The spending review would then be followed by the publication of Skills Strategy
- Focus on outcomes – delivers what society needs, particularly getting people into work or into better jobs
- Delivery of full qualifications – places a great demand on both employers and learners if they are going to be asked to contribute to the costs
- Adult Safeguarded Learning – may become one budget to cover all of our current provision
- A minimum size of contract – the consultation asked the views on including Adult Safeguarded Learning in this approach. The view was that Adult Safeguarded Learning should not be included as it needs to be decided locally.
- Learning Accounts – was welcomed as this was empowering people to access learning. This could also provide the opportunity to track learner journeys.

Resolved:- (1) That the proposed future direction of skills policy and changes to funding for Adult Learning be noted.

(2) That the Senior Director for Schools and Lifelong Learning respond to the consultation by 14th October 2010.

(3) That a further report regarding the impact of the review upon Adult Learning be submitted when further information was available.

H26. NHS WHITE PAPER

John Radford, Director of Public Health gave an update in respect of the NHS White Paper which had been issued by the Government.

He outlined the proposals of the paper which were:

- To abolish the Primary Care Trusts and Strategic Health Authorities and replace with GP Commissioning Consortium
- To set up a Public Health Service
- To put in place Health Improvement Measures to the Local Authority
- To establish Health and Wellbeing Boards

He confirmed that it was unsure how the inter-relationship would work but this was likely to be clarified in the next few months when regulations were issued.

There would be three pots of money made available to these groups, a small amount for the public health service to make improvements to health and prevention, a large amount for the GP Consortium and another small amount to fund specialist services, such as cancer treatment and heart operations.

A question and answer session ensued and the following issues were raised and clarified:-

- A concern was raised about how the funding would be administered by individual surgeries. Confirmation was given that there would probably be one GP Consortium in Rotherham who would be responsible for this and there would be statutory requirements in place for them to work to.
- A query was raised about what the implications would be for Local Authorities. It was confirmed that the Local Authority would be taking on more responsibility from the NHS in respect of promoting health for people in Rotherham. It was not certain yet how funding would be determined or how it would be spent.
- A query was raised as to whether the GP Consortium would work more closely with the Council than it had in the past. It was confirmed that this was essential in order for it to succeed.

- Reference was made to the work already in place in respect of Breastfeeding and Alcohol related illnesses and a query was raised as to why this had gone to the PCT. It was confirmed that the contracting of services would go to GPs or the Local Authority, but the staffing would come from the Foundation Trust.
- Concerns were raised about the buying in of services and a question was raised as to whether patients would still be able to choose which hospital they could have their treatment in. Confirmation was given that this was unlikely to change, and that GPs would also be able to direct patients to services.
- Reference was made to the Health and Wellbeing Board which was to be created and a query was raised as to what the membership would be for this Board. A comment was made that this needed to be politically lead but it was not clear as yet, what the exact membership would look like.

Chrissy Wright, Director of Commissioning and Partnerships, confirmed that work was ongoing with regarding to the implementation of the proposals contained within the White Paper. A meeting had been set up to discuss the GP Consortium and the Health and Wellbeing Board. She added that further reports would be submitted to the Cabinet Member to keep him up to date with progress being made.

Resolved:- That the information be noted and further progress reports be awaited.



Rotherham

INFECTION PREVENTION AND
CONTROL

ANNUAL REPORT

2009/10

John Radford
Kathy Wakefield
May 2010

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1. BACKGROUND and OVERVIEW

The Health and Social Care Act 2008 (Code of Practice for the NHS on the prevention and control of infections and related guidance) highlights the importance of good infection prevention and control practice in the delivery of high quality, safe services and care and established the Care Quality Commission, replacing the Healthcare Commission as the external monitoring authority. The code applies to all NHS bodies carrying out identified regulated activities, and emphasises the role of good leadership, management arrangements, the design and maintenance of environment and devices, the application of evidence based clinical protocols and education, training and communication.

As commissioners of these services, NHS Rotherham has a direct responsibility for assuring itself that all providers delivering care on behalf of the NHS are fulfilling their legal and ethical obligation with regards to this function. This responsibility extends to those providers not currently covered directly by the code, such as adult social care providers and independent contractors.

In March 2010 three new Statutory Instruments were issued for Health Protection and Public Health, these came into force in April 2010. NHS Rotherham are working with partners in Rotherham Metropolitan Borough Council and South Yorkshire Health Protection Unit to consider implementation and impact of the new instruments.

2. INFECTION PREVENTION AND CONTROL ARRANGEMENTS

• Infection Prevention and Control Staff

NHS Rotherham (Commissioning) have a nominated Director of Infection Prevention and Control (DIPC), this role is fulfilled by the Director of Public Health. Rotherham Community Health Services and the Rotherham Foundation Trust also have nominated DIPC's, who are members of the Strategic Infection Prevention and Control Committee.

In November 2009, a Strategic Lead for Clinical Risk, Infection Prevention and Control and Immunisation was appointed to support the Director of Infection Prevention and Control (DIPC) in leading the infection prevention and control services for NHS Rotherham (Commissioning).

• Role of the strategic infection prevention and control committee

Following the PCTs internal separation, the Strategic Infection Prevention and Control Committee was established to assure the Board of NHS Rotherham (Commissioning) that NHS Rotherham and all providers of NHS care within Rotherham are compliant with the relevant guidance and legislation in relation to infection prevention and control. The first meeting of the new Committee was held in October 2009. The membership of and terms of reference for the Committee were reviewed in December 2009 to include representation from all health and social care providers. This has been achieved, with the exception of Yorkshire Ambulance, who to date have not nominated a representative. The Medicines Management team also has representation, which provides a strong and essential link with the Antibiotic Policy and Prescribing Group for both Acute and Primary Care. The terms of reference for the Committee are enclosed as appendix 1.

The Committee's primary purpose is to provide strategic direction to all providers, identify issues that would present a health and safety or clinical risk to patients,

members of the public or staff with regards to infectious agents, and escalate to the appropriate Committee/Board or body, review progress against the annual programme, monitor performance, including immunisation uptake, surveillance data and outbreaks and ensure serious untoward incidents relating to infection prevention and control are reviewed and appropriate action taken. This function is fulfilled in part by the development of a quarterly infection prevention and control report.

The Committee has met three times up to the end of March 2010, and reports directly to the Governance, Risk and Quality Committee through the annual report, with any significant issues or concerns being escalated immediately. In accordance with the Code of Practice, issues are reported as deemed necessary, directly to the Board by the DIPC.

As the Committee is newly formed and has not yet completed a full 12 month term, the terms of reference and activities of the Committee has not been audited. This will be addressed in future years.

The purpose of this report, in line with best practice, is to summarise the main issues identified to provide assurance of compliance to the Commissioning Board for NHS Rotherham, for the reportable period, which for the purpose of this report is the period November 2009 to March 2010.

3. DIPC REPORTS TO THE TRUST BOARD - Summary

Verbal updates are provided to the Trust Board by the DIPC, these include information pertaining to outbreaks or other risks in relation to infection prevention and control and communicable disease control. In March 2010, The Board received a specific report, providing assurance in relation to Swine Flu and the Mass Vaccination Programme for healthcare staff, this report was subsequently submitted to the Yorkshire and Humber SHA.

4. HEALTHCARE ASSOCIATED INFECTIONS

MRSA and *Clostridium difficile* continue to form part of the Vital Signs data. These trajectories were refreshed in January 2010 to inform the 2010/11 assessment. Whilst antibiotic prescribing is generally good within Rotherham, and is in line with best practice, monitoring within primary care has identified poor practice in three practices, this issue has been addressed by the Medicines Management Team in conjunction with the Contracting Team.

4.1 *Clostridium difficile*

Rotherham have continued to face and risen to the challenges to reduce the incidence of *Clostridium difficile* infections by 30% by 2010/11 based on the 2007/08 baseline, developing best practice with regards to antibiotic prescribing and stewardship, isolation and management, in line with new national guidelines (January 2009) and the Clean, Safe Care Programme, care bundle. The Commissioner out-turn includes isolates from out of district laboratories, these are GP's on Rotherham Borders or patients admitted to neighbouring hospitals where the isolate is not hospital acquired i.e. taken with three days of admission.

The trajectory and out-turn for 2009/10 was as follows:

	Trajectory	Actual
RFT	133	43
Commissioner	209	95 71 from RFT Lab)

4.1.1 C.diff Outbreak

In November 2009, the Rotherham Foundation Trust notified NHS Rotherham of an outbreak of C.diff that was confined to one care of the elderly ward. Typing of the isolates was inconclusive, as all were identified as a common strain; therefore cross infection could be neither proved nor disproved. Several shortfalls with regards to laboratory reporting and infection prevention and control practices were identified and addressed by the Hospital Infection Prevention and Control Team.

4.2 MRSA Bacteraemia

Again Rotherham has continued to meet the challenge of reducing MRSA bacteraemias. MRSA Bacteraemias are considered to be non hospital acquired where the sample is taken is within 48 hours of admission.

The trajectory and out-turn are as follows:

	Trajectory	Contractual Target	Actual
RFT	12	6	5
Commissioner	12	N/A	9

As a health community Rotherham continues to pursue a zero tolerance approach with regards to preventable/avoidable C. diff and MRSA.

4.3 Outbreaks

Information on outbreaks is received via a variety of sources, including Neighborhood Services, Rotherham Foundation Trust and The South Yorkshire Health Protection Unit.

4.3.1 Legionella

In December 2009 large numbers of Legionella had been identified from the water supply at the Millennium Centre. Action was taken to relocate service users or provide alternative water and toilet facilities. The water system was decommissioned and was highlighted for replacement by Rotherham Metropolitan Borough Council.

4.3.2 Norovirus

Outbreaks of Norovirus have been reported in a number of Care Homes via the Health Protection Unit. Rotherham Foundation Trust has also experienced outbreaks of Norovirus on a number of wards. Prompt notification and the instigation of infection control measures have contributed to effective containment, with minimal impact on services.

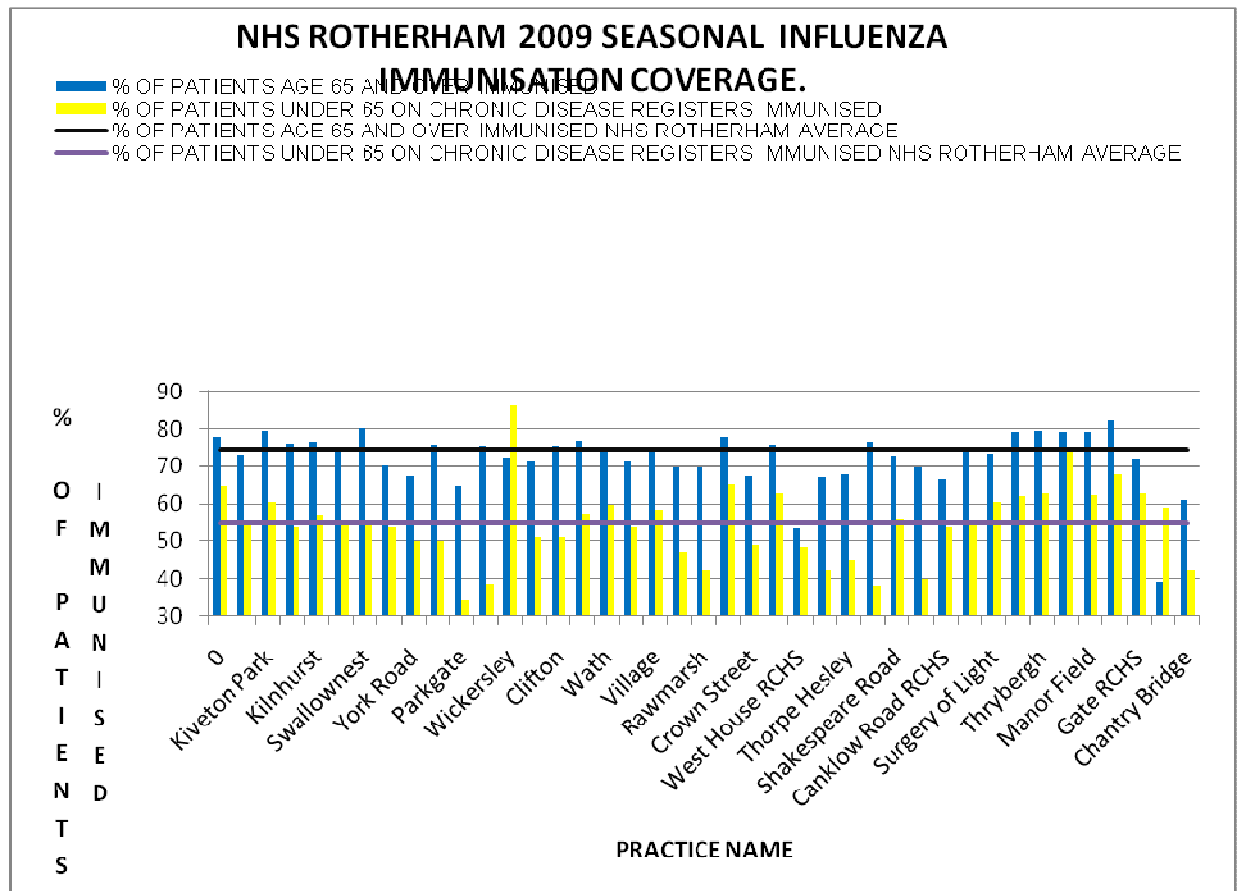
5. SWINE FLU

The Rotherham health and social care community responded well to the many challenges faced as a result of the Swine Flu Pandemic. The impact of the pandemic was not as bad as it could have been, however it is important that lessons are learned and acted upon with regards to future challenges, in particular vaccination of health and social care and vulnerable patients. In January 2010 the swine flu vaccination programme was extended to include all healthy children between the age of 6 months and 5 years, although this programme was due to be completed at the end of March, NHS Rotherham agreed to continue to offer vaccination to anyone in this group wishing to have it.

In October 2009 NHS Rotherham coordinated a response to a swine flu outbreak in a special needs school, this included clinical assessment, the supply of tamiflu and mass vaccination of children and staff.

National Uptake in the various groups is as follows (see also appendix 2):

	Seasonal Flu (National)	NHS Rotherham Data (see graph below)	Swine Flu (National)	NHS Rotherham Data
Those aged 65 and over	72.4% (WHO target 75%)	74.4%		22.7%
Clinical risk groups under the age of 65 years	51.6% (an increase of 4.5% on the 2008/09 figure)	55%	40.4% (> 65 years) 35.1% (< 65 years)	32.8% (> 65 years) 35.6% (< 65 years)
Healthy Children (aged 6 months to 5 years)			23%	22.4%
Healthcare Workers	26.4% (an increase of 9.9% on 2008/09)	17.9%	40.4%	51.7%



The swine flu vaccination programme for health and social care staff and people in clinical risk groups and pregnant women will continue through to September 2010.

6. COMMUNICABLE DISEASES

6.1 Blood Borne Viruses

6.1.1 Hepatitis C

A questionnaire issued by the Yorkshire and Humber SHA on Hepatitis C incidence and service provision highlighted that within Rotherham over recent years a significant amount of work has been undertaken to improve access, treatment and management for people infected with Hepatitis C, however this is largely confined to injecting drug users. NHS Rotherham as part of a multi-organisational Regional Hepatitis C Steering Group have commenced work to develop a regional commissioning framework for the prevention, case finding, treatment and management of Hepatitis C. This work needs to be developed to include all risk groups; this will be achieved by reviewing and expanding the existing Hepatitis C group led by the Drugs Strategy Team.

6.1.2 Hepatitis B

In 2008 there was a reported increase in the number of Hepatitis B cases in Rotherham. Following on from the work that was undertaken in response to this report, a sub group was convened in February 2010. The initial remit of the group was to review neonatal Hepatitis B immunization, as data has recurrently shown that there is a significant shortfall in this area, in particular with subsequent doses. A process map has been developed, to identify the existing process and any potential gaps and further actions. This work is progressing well and has identified additional issues such as identifying positive partners of pregnant women and managing the partners of positive women, this builds on work already undertaken in relation to vaccination of household contacts and links into the South Yorkshire Health Protection Unit work programme.

NHS Rotherham supported Rotherham Foundation Trust in their application for a fellowship grant to assess the burden of chronic Hepatitis B in Rotherham by blood spot testing. Unfortunately the application was unsuccessful.

6.2 TB Services

Following the release of the CMO Action Plan to reduce TB, the NICE guidelines and the Commissioning Toolkit, a gap analysis had been undertaken by the TB Nurse Specialist. This gap analysis has been reviewed jointly by Rotherham Community Health Services (TB Nurse Specialist) and NHS Rotherham (Strategic Lead Clinical Risk, Infection Control and Immunisation) and will be used to inform the South Yorkshire Health Protection Unit work plan.

The Health Protection Agency reported an increase of 11% in the incidence of TB in 2009 compared to 2008, in Rotherham the increase was reported as 133% (12 cases in 2008 to 28 in 2009). Investigation could identify no reason for the increase and it was confirmed by the TB Nurse Specialist that such fluctuations are not abnormal. Since 2003 Rotherham has received a good service with regards to screening the Asylum population for TB, as part of the whole TB service review it has been highlighted that among other issues there are significant gaps with regards to other new entrants (migrants and immigrants). A report has been prepared, which will be progressed during the forthcoming year.

6.3 Chlamydia

Chlamydia screening for young people aged between 15 and 24 was again listed as a Vital Sign target for 2009/10. The trajectory for 2008/09 was set at 17%, for 2009/10 NHS Rotherham achieved 25.7% for the required cohort.

against a target of 25% (based on the 2006 based Office of National Statistics projection for 2009).

7 VACCINATION AND IMMUNISATION

A significant amount of work has been undertaken during the later part of 2009/10 in relation to improving uptake of childhood immunizations. This has largely been facilitated by the secondment of a Project Manager to look at data quality, scheduling and recording.

This work is being supported by the introduction and development of Vaccination and Immunisation Champions, and named Clerks within the Child Health Department with clearly defined roles to improve communication and facilitate implementation and monitoring of the agreed action plans. This process includes an agreed escalation process for Child Health to report issues and for practices to do likewise.

The Rotherham Vaccination and Immunisation Group have been reinstated (Terms of Reference enclosed as appendix 2), with a view to providing strategic direction to ensure the equitable delivery of the immunization programme to people across Rotherham. Uptake against the Vital Sign targets is monitored monthly, quarterly and annually. Practices receive monthly information in the form of a 'QUILT', which shows percentage uptake for each cohort and provides a visual 'RAG' (red, amber, green) score. This highlights areas where improvement or action is required.

7.1 Childhood Immunisation Programme (0-5 years)

Uptake is monitored via the Health Protection Agency COVER data, this can be problematic as this is a different system and data set to that used by South Ridings Health Authority who manage the GP payment system. There is also a potential conflict of interest as the targets for payment and Vital Signs are set at different levels for many of the childhood vaccinations). However as a result of the work undertaken and improvement in data quality, uptake has increased significantly, with all Vital Sign targets for the childhood immunization programme being met.

Vaccine / Age	Target 09/10	Actual 09/10	Q4	Q3	Q2	Q1	Nat Av	Reg Av
DTaP/IPV/Hib- age 1	92%	94.8	95.6	94.8	94.7	94.8	91.6	93.4
MMR- age 2	88%	88.4	90.1	89.4	87.8	87.3	84.5	86.1
Hib/MenC age 2	85%	94.7	96	95.4	94.1	94.7	85.9	85.9
PCV Booster- age 2	80%	90.0	92.1	91.1	89.7	88.7	82.9	85.1
MMR 2 - age 5	85%	85.5	88	85	84.2	79.7	77.4	81.0
DTaP Booster – age 5	85%	86.7	89.2	86.7	85.5	80.4	79.2	82.0

7.2 HPV Vaccine

Delivery of this programme for this period has been challenging, as in addition the 12-13 year old girls entering year 8 in September 2009, the accelerated catch up programme for the 15 – 18 year old girls continued (Y10-13) and the mop up for girls who did not complete the course when the programme was introduced in the previous year (2008). This was deemed a priority by the HPV group as many of these girls could

potentially leave the education system without completing the full course of immunization. This has resulted in some delay in starting the Y8 programme, however this is an issue which is being reported nationally. In February/March a second HPV Team was appointed to facilitate the delivery of the programme, girls no longer in education can access vaccination via their GP or via the HPV Team.

By the end of March 2010 the following uptake for all three doses completed had been reported: The target for uptake for Y8's was 85%.

School Year/Cohort	%age Uptake completing full course
Cohort 1 Y 9 (mop-up 13-14 year olds)	94.9
Cohort 2 (mop-up 18-19 year olds not in school)	26.5
Cohort 3 (catch-up 17-18 year olds) school year 13/not in school	16.4
Cohort 4 (catch-up 16-17 year olds) school year 12/not in school	3.9
Cohort 5 (catch-up 15-16 year olds) school year 11	65
Cohort 6 (catch-up 14-15 year olds) school year 10	80.4
Cohort 7 (routine vaccination 12-13 year olds) school year 8	0.5 (all girls in this cohort will have completed two doses by August 2010)

7.3 Training

Annual updates for vaccination and immunization training are provided by the Learning and Development Department in conjunction with the South Yorkshire Health Protection Unit to all staff regularly undertaking vaccination. In addition to these staff NHS Rotherham staff with a nursing qualification received refresher training in order to support the Swine Flu mass vaccination programme.

8 INFECTION PREVENTION AND CONTROL IN CARE HOMES

NHS Rotherham recognise the need to work more collaboratively with the Local Authority and other services providing NHS care to Care Home service users. Work has commenced to review the Care Home contract to include key infection prevention and control issues, such as having a nominated Lead, cleanliness and hygiene, clinical protocols, audit and training. This collaboration includes develop stronger links with the Contract Review Officers within the Local Authority to ensure concerns are highlighted and addressed appropriately.

NHS Rotherham are working with Partners to review the management of Care Home residents/service users with MRSA and to consider how best to detect and manage increased incidences of MRSA in Care Homes, thus reducing the potential for outbreaks and ultimately the risk of MRSA bacteraemia. .

A report, supported by the Local Authority has been submitted to the Joint Partnership Board to inform the South Yorkshire Health Protection Unit work plan.

9 INCIDENTS

The enquiry into poor practice by a Dental Practitioner is ongoing; following a performers list panel hearing in November 2009 the practitioner was removed from the NHS Rotherham performers list. The case has since gone to appeal. The case was

also reported by NHR to the General Dental Council and remains under its jurisdiction having been referred to the Professional Conduct Committee, a formal hearing of which will be heard in 2011.

10 AUDITS

Following the release of new guidance (HTM 01-05) to improve decontamination and infection prevention and control practices in dentistry in November 2009, NHS Rotherham, via the Director of Dental Public Health and Dental Advisor, with the support of the Clinical Audit Team have undertaken a audit of current practice across Rotherham. The timeframe for the audit have not permitted analysis and results to be included within the context of this report. It is the intention that following analysis of the results, action plans will be drawn up by individual practices, the implementation of which will be monitored during the forthcoming year.

Strategic Infection Prevention and Control Committee
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TERMS OF REFERENCE

Contact Details:			
Lead Director/ Clinician:	John Radford	Lead Officer:	Kathy Wakefield
Title:	Director of Public Health	Title:	Strategic Lead for Infection Prevention and Control

Purpose:
The purpose of the Committee is to provide strategic direction and oversee infection prevention and control activities across the Rotherham health community

Responsibilities:
<ul style="list-style-type: none"> • Provide strategic direction to all providers to ensure high standards of care in relation to infection prevention and control. • To ensure compliance with all relevant legislation, national and local guidelines and policies. • Support world class commissioning to promote health and well-being in relation to healthcare associated infections and communicable infections. • Identify issues that would present a health and safety or clinical risk to patients with regards to infectious agents, members of the public or staff and escalate to the appropriate Committee/Board or body. • Monitor performance of all providers with regards to reducing the risk of healthcare associated infections and communicable diseases. This includes compliance with educational requirements as stipulated in the Health and Social Care Act 2008 (Code of Practice). • Receive surveillance data and act accordingly. • Oversee the vaccination and immunisation programme – receiving reports and feedback from the Rotherham vaccination and immunisation steering group. • Ensure the provision of high quality front line services to patients. • Consult with and seek the views of stakeholders and partners as appropriate. • Monitor the incidence of outbreaks and lessons learned. • Review and make recommendations following serious untoward incidents that occur in relation to Infection Prevention and Control and/or Vaccination/Immunisation and HCAI Root Cause Analysis/Reports. • Produce an annual report covering all aspects of the infection prevention and control agenda which will be presented to the Governance, Risk and Quality Committee each June. • Develop an annual work programme to incorporate all aspects of the infection prevention and control agenda.

Chair:
Strategic Lead for Infection Prevention and Control/Vacc and Imm Lead

Composition of group:
Director of Public Health (Director of Infection Prevention and Control NHSR – Commissioning) Strategic Lead for Infection Prevention and Control

Representative from the local Health Protection Unit
 Director of Infection Prevention and Control – RFT
 Director of Infection Prevention and Control – RCHS
 Director of Infection Prevention and Control – RDASH
 RMBC Representative - Adult Services
 RMBC Representative – Children’s Services
 YAS representative
 Director of Dental Public Health
 Intelligence and Performance Representation
 Representative for Programme Leads/Managers
 Prescribing Support Pharmacist - Medicines Management
 Housing and Neighbourhood Services (Environmental Health)
 Representative from Sexual Health

In Attendance:
 Contract Leads as appropriate
 Screening Co-ordinator
 Head of Clinical Governance
 Clinical Governance Manager – Independent Contractors

Deputising:
 All members must make every effort to attend, but may send a nominated deputy where necessary.

Quorum:
 Chair or Deputy
 Representatives from two provider organisations/services
 Two Senior Managers from with NHSR - Commissioning
 Health Protection Unit Representative

Accountability:
 Reports to Governance, Quality and Risk Committee
 Minutes of non confidential section may be posted on the intranet.

Frequency of meetings:
 Bi-monthly (alternate Months)

Order of business:
 Normal
 Confidential Section will be applied.

Agenda deadlines:
 Items to be received two weeks prior to meeting
 Agenda to be circulated within two weeks of meeting.

Minutes:
 Minutes will be circulated within two weeks of the meeting.
 Minutes will be circulated to all committee members
 Minutes (excluding the confidential section) will be placed on the Infection Prevention and Control Section of the Public Health and Strategy section of the NHSR intranet
 Minutes will be forwarded to the Chair of the Governance, Risk and Quality Committee

Administration:
 Public Health Secretary

Attendance:

Members (or their nominated deputies) are required to attend 75% of the meetings annually. This will be audited annually (April of each year). Where the standard has not been met, the individual member will be contacted with regards to addressing the issue, where non compliance persists; this will be reported to the Chief Executive of the relevant organisation.

Review Date:
January 2011 or earlier should national guidance be received.

Membership List

John Radford	Director of Public Health (Director of Infection Prevention and Control NHSR – Commissioning)
Kathy Wakefield	Strategic Lead for Infection Prevention and Control
Suzanna Matthew	Consultant for Communicable Disease Control
Walid Al-Wali	Director of Infection Prevention and Control – RFT
Kath Henderson	Director of Infection Prevention and Control – RCHS
Rachel Millard	Director of Infection Prevention and Control – RDASH
David Morgan	RMBC Representative - Adult Services
XXXXXXXXXX	YAS representative
Ken Wragg	Director of Dental Public Health
Robin Carlisle	Director of Intelligence and Performance
Frances Turner	Representative for Programme Leads/Managers
Sue Cassin	Head of Clinical Governance or
Jason Punyer	Prescribing Support Pharmacist – Medicines Management
Janice Manning	Neighbourhood Services (Environmental Health)
Mel Simmonds	Sexual Health Lead NHS Rotherham.
XXXXXXXXXX	RMBC Representative Children's Services

Rotherham Vaccination and Immunisation Group**TERMS OF REFERENCE**

Contact Details:			
Lead Director/ Clinician:	John Radford	Lead Officer:	Kathy Wakefield
Title:	Director of Public Health	Title:	Strategic Lead Clinical Risk, Infection Prevention and Control/Vacc and Imm.

Purpose:
<ul style="list-style-type: none"> • Provide strategic direction to ensure the delivery of all vaccination and immunisation programmes to meet national and local targets that will ensure the health and wellbeing of the people of Rotherham with regards to vaccine preventable diseases. • To ensure escalation of issues in a timely and effective manner to the appropriate forum/committee

Responsibilities:
<ul style="list-style-type: none"> • Coordinate the vaccination/immunisation programme across Rotherham in accordance with national guidelines and recommendations. • Promote partnership working with all parties involved in the commissioning, delivery and monitoring of the programme. • Provide assurance to the NHS Rotherham Board by monitoring performance as a commissioner of services and also individual practice performance. Ensuring that concerns and poor performance are escalated appropriately. • Review the vaccination/immunisation cover data/QUILT to identify outlying practices. • Through relevant members of the group assist and support service providers as necessary to improve delivery of the programme and achieve the required targets for uptake. • Promote awareness among staff of vaccination and immunisation programmes through training, education. • Facilitate the provision of suitable information to the general public and parents via leaflets, awareness events and media campaigns. Liaising with the Communications Team as appropriate. • Coordinate, direct and receive feedback from primary care and operational work streams/groups. • Act as a conduit to ensure information is shared between the Rotherham Vaccination and Immunisation Group, the South Yorkshire Vaccination and Immunisation Group and the Yorkshire and Humber Vaccination and Immunisation Group.

Chair:
Strategic Lead Clinical Risk, Infection Prevention and Control/Vacc and Imm.

Composition of group:
Strategic Lead Clinical Risk, Infection Prevention and Control and Vacc/Imm

Primary Care Contracting and Review representative
 Associate Director of Strategic Planning, NHS Rotherham
 Data Quality Specialist NHS Rotherham
 Project Manager – Child Planning Team
 PE representative
 GP representative (a minimum of 1 however 2 members will be permitted)
 Health Protection Agency representative
 Data and Information Quality Manager – Rotherham Community Health Services.
 Child Health Operational Manager
 Vaccination and Immunisation Lead – Rotherham Community Health Services
 School Nursing representative
 Health Visiting representative
 Planning and Performance Manager – NHS Rotherham
 Medicines Management representative
 Practice Manager representative
 HPV Team/Provider Lead
 Public Health representative
 Practice Nurse representative

In Attendance:
 Members will be co-opted as appropriate.

Deputising:
 Deputies may attend where necessary/in extreme circumstances.

Quorum:
 Chair plus one representative from each of the following:
 NHS Rotherham
 Primary Care
 Health Protection Agency
 Rotherham Community Health Services
 Child Health

Accountability:
 The group will report to the Strategic Infection Prevention and Control Committee, who in turn will report via the Director of Infection Prevention and Control to the Board. Where appropriate issues will be reported directly to the Governance, Risk and Quality Committee. Minutes will not be routinely posted on the intranet, but will be available upon request from the Public Health Secretary

Frequency of meetings:
 Alternate months for 6 months (until September 2010), and quarterly thereafter.

Order of business:
 Normal

Agenda deadlines:
 Two weeks prior to meeting

Minutes:
 Minutes will be circulated within two weeks of the meeting, Minutes will not be circulated to members of the Strategic Infection Prevention and Control Committee, although a summary will given by the Chair. The minutes will be stored on the document management console under 'meetings' 'public health'.

Administration:

The administrative support for arranging meetings, circulating papers, minute taking will be undertaken by the Personal Secretary to the Strategic Lead for Clinical Risk, Infection Prevention and Control and Vacc/Imm.

Attendance:

Each core member or their deputy to attend a 75% of meetings annually, to be audited on an annual basis, this to be included in the work plan.

Review Date:

Draft issued March 2010 pending approval May 2010
Review May 2011

Membership List

Kathy Wakefield	Strategic Lead Clinical Risk, Infection Prevention and Control and Vacc/Imm
Richard Potter	Primary Care Contracting and Review representative
Sarah Whittle	Associate Director of Strategic Planning, NHS Rotherham
Kelly Clayton	Data Quality Specialist NHS Rotherham
Anna Tebble	Project Manager – Child Planning Team
Charles Collinson	PE representative
To be agreed	(possibly David Tooth/Julie Kitlowski/Russell Brynes) GP representative (a minimum of 1 however 2 members will be permitted)
Suzanna Mathew	Health Protection Agency representative
Alicia Gray	Data and Information Quality Manager – Rotherham Community Health Services.
Kim Jones	Child Health Operational Manager
Christine Knowles	Vaccination and Immunisation Lead – Rotherham Community Health Services
	School Nursing representative
	Health Visiting representative
Ian Love	Planning and Performance Manager – NHS Rotherham
Sue Wright	Medicines Management representative
Chris Skelton	Practice Manager representative
	HPV Team/Provider Lead
Linda Agacy	Practice Nurse (Dalton Medical Centre)
John Radford	Public Health representative

Infection Prevention and Control and Vaccination/Immunisation Work Plan

2010/11

Subject/Area	Target/Aim	Actions Required	Lead Officer	Assurance Process	Progress/Update July 2010
1. Immunisation					
a) Seasonal Flu uptake:	Over 65's 75%	GP's to identify all patients in this age group. Uptake to be reported via ImmForm website Campaign to be publicized widely	Richard Potter Frances Turner	Automated upload to ImmForm	
	Clinical risk groups 60% Under 65 years of age	GP's to identify all patients in this age group. Uptake to be reported via ImmForm website Campaign to be publicized widely	Richard Potter Frances Turner	Automated upload to ImmForm	
	Health Care Workers 50%	Flexible delivery programme (Occupational Health Department, Community Pharmacists – vaccine trained, Walk in Centre and possibly breathing space). Publicise campaign and	Kathy Wakefield	Monthly reporting via ImmForm (November 2010 to Feb 2011)	Work commenced with regards to flexible delivery plan for NHSR staff – Occupational Health Breathing Space Still investigating community pharmacists and walk in

		centres widely among all staff groups. Ensure accurate data collection for denominators and uptake. Undertake an audit to ascertain peoples views and reasons for accessing or not accessing vaccination.			centre
	Poultry Workers – no national target set, but need to aim for 50%	Review previous programmes. List of eligible people/sites to be provided by Animal Health within Local Authority and from DEFRA. Flexible delivery – may need to consider mobile vaccination team LES may be required if utilizing existing health services Vaccine to be ordered via PCT Uptake to be recorded via ImmForm.	Kathy Wakefield Richard Potter	ImmForm website	Work commenced based on previous years' list of premises. All owners contacted to promoting vaccination programme and requesting expressions of interest to assess numbers for ordering. Discuss at mass vacc meeting with regards to delivery.

	Persons in receipt of Carer's allowance	To be identified by GP and Local Authority LES needed to cover this group	Richard Potter Frances Turner David Morgan (LA)		Covered by DES – individual discretion of GP's			
	Patients with other long term conditions e.g. Multiple Sclerosis/Neurological conditions, patients with hereditary and degenerative disease of the CNS	GP's to identify these patients. LES needed to cover these groups.	Richard Potter Frances Turner		Covered by DES – individual discretion of GP's			
b) Vital Signs Targets for Childhood immunization programme	DTaP/IPV/Hib age 1 95%	Uptake data by practice to be issued in form of 'QUILT' monthly	Anna Tebble/ Kathy Wakefield/ Kim Jones/Sue Gittins	HPA COVER data	Q1			
	MMR age 2 92%				95.4			
	Hib/Men C age 2 90%	Action plans to be followed quarterly			91.1			
	PCV Booster age 2 85%	Missing Imms and DNA reports to be issued to practices by Child Health			95			
	MMR 2 nd dose age 5 90%				92			
	DTaP Booster age 5 90%				89.6			
	Pathway to be developed for following up DNA's.			90.8				
			Chris Knowles Kathy Wakefield					

c) HPV for girls aged 12-13 years – completing all three doses	90% completing programme by the end of August	<p>Programme for girls entering Y8 in September 2009 to be completed by October 2010</p> <p>Programme for girls entering Y8 in September 2010 to be commenced as soon after start of term as possible to ensure completion of programme by July 2011</p> <p>Programme delivered by two HPV teams.</p> <p>Non school attenders access via GP (LES in place) or HPV Team.</p>	Sue Gittins	Data via HPV team/Child Health	Up to end of June 2010 Cohort 7 (Y8 12-13 year girls – routine vaccination) Dose 1 81.5% Dose 1 and 2 65.7% All 3 doses 3.3%
	HPV vaccination to be recorded on to Exeter system to facilitate national cancer screening programme for cervical screening.	Upload of back information upto January 2010 to be complete by March 2011	Kim Jones/Sue Gittins	Monthly monitoring by National Cancer Screening Programme (QARC Yorks and Humber)	Alicia Gray and Kim Jones looking to do this electronically. Progress Review meeting planned for August. QARC meeting planned for September.
d) Td/IPV Booster for 13 -18 year olds	90%	Programme delivered through school nursing teams	Yvonne Weakley	Data provided by Child Health	
e) Pneumococcal					

f) Equity Audit	<p>Equality impact assessment has been completed.</p> <p>Compliance with NICE guidelines for reducing differences in the uptake of immunizations (September 2009).</p>	Equality Audit to be undertaken to identify any gaps and direct use of resources	Rachel Hogg		Information from Korner reports and child health information systems have been reviewed. These systems are unable to give any significant detail that would suggest inequalities. The amount of work involved does not give significant advantage over the local intelligence already known and the groups identified in the NICE guidance. Therefore agreed to concentrate the groups already identified.
g) Training	<p>Ensure compliance with national training standards.</p> <p>All vaccinators to receive update training annually</p>	<p>Agree programme with Learning and Development and South Yorkshire Health Protection Unit</p> <p>Work with SHA Immunization Lead to develop training package that can be used by all healthcare professionals to increase the number of vaccinators.</p>	Kathy Wakefield/ Mary Curtis (RCHS)/Rose Cressey (HPU)	Training records	Vacc and imm training programmes in place until March 2011 for NHSR and Practice Nurse staff.
2. Policy Development					
a) Mass Vaccination Plan	Comply with Vital Signs and NHS Operating Framework 2010/11 for emergency preparedness.	Plan to be reviewed in line with lessons learned from Pandemic Flu and best practice	Kathy Wakefield		Draft completed – sent to Jo Abbot t and Gaynor Young for comment prior to wider circulation.

b) Infectious Diseases Outbreak Plan	Reduce the risk identified within the NHS Rotherham Emergency Planning Risk Register	Develop policy in line with South Yorkshire Health Protection Unit and Yorkshire and Humber SHA	Kathy Wakefield		
c) Vaccination Policy		Develop policy to ensure all aspects of vaccination and immunization are covered and adhered to by all practitioners.			
3. Infection Prevention and Control in Dental Practice					
a) Decontamination	Compliance with HTM 01-05	Audit data to be analysed Action plans to be drawn up and implemented Action plans to be reviewed Re-audit January 2011	Ken Wragg/John Heyes		Audit sent out by Clinical Audit Team – awaiting results/feed back.
4. Audit Programme					
a) Neonatal Hep B immunisation	To identify the number of babies requiring and receiving Hepatitis B vaccine and assess the dropout rate.	Audit of babies born to Hepatitis B positive Mums in 2009 (excluding the one year follow up – this will be for 2008)	Ian Baker		Continuing to develop process map. Draft of Audit completed and sent to RFT clinical effectiveness department for comment and approval, then to add to their annual programme. This is qualitative to check compliance against process

					map and supports the quantitative audit undertaken by HPU.
b) TB Services	Identify the quality of the current service and any gaps in service provision	Audit of services in line with TB toolkit	Ian Baker		Draft audit in progress.
5. Care Homes	Ensure compliance with Health Act – all providers to be registered with Care Quality Commission by 1 st October 2010	<p>Work with Local Authority to review Care Home contract to include Infection prevention and control</p> <p>Work with LA to develop assurance framework/standards for infection prevention and control</p> <p>Develop strong links with Contract Review Officers at LA</p> <p>Review management and treatment of MRSA in Care Homes</p>	Kathy Wakefield/Kath Rogers (LA)		<p>Infection prevention and control elements included in Care Home contract.</p> <p>KW to attend care home managers forum in August.</p>
6. Communicable Diseases					

<p>a) Hepatitis C</p>	<p>Ensure access to services to all groups/patients who are Hepatitis C positive</p> <p>Ensure compliance with NICE guidelines</p>	<p>Work with SHA to develop Commissioning Framework for prevention, case finding and treatment/management</p> <p>Develop the existing Hepatitis C steering group to include representation from all risk groups</p> <p>Incidence of cases and numbers accessing service/completing treatment to be monitored</p> <p>Screening protocols to be reviewed to include new entrants</p>	<p>Cathie Gillies (SHA)/Kathy Wakefield/Mel Simmonds</p>		<p>Regional steering group meeting September – sub groups meeting August.</p> <p>Proposal going to BBV steering group (previously Hep C group) with regards to pharmacy testing for Hep B and Hep C – post meeting note – Anne Charlesworth to investigate and report back.</p> <p>Referrals 1-2 per week (from Drugs Services). 2nd nurse led clinic starting in September RFT.</p> <p>DNA rate for 1st appointment and non compliance rate below national average</p>
<p>b) Hepatitis B</p>	<p>Ensure best practice followed for the prevention, detection and management of Hepatitis B.</p> <p>Ensure immunization programme is delivered in line with 'Green Book'</p>	<p>Through harm reduction group review report on vaccinating household contacts</p> <p>Review care pathway for ante-natal and neonatal Hepatitis B</p> <p>Screening protocols to be reviewed to include new entrants</p>			<p>Pilot of Hep B vaccination by pharmacists – led by Debbie Stovin</p> <p>Evaluation of Hep B vaccination programme underway – which groups this is offered to in primary care.</p> <p>Issues around neonatal Hep pursued via steering group.</p>

c) Chlamydia	Reduce incidence of Chlamydia and ensure compliance with Vital Sign target of 35% for 2010/11	<p>Work with Regional Screening programme/Leads to ensure cohort targeted.</p> <p>Work collaboratively with contraception and sexual health Ensure all providers undertaking screening – complete necessary paperwork to allow accurate data capture.</p> <p>Ensure all patients with positive results are referred for wider STI screening.</p>	Mel Simmonds		<p>The local Chlamydia screening programme is above trajectory for quarter 1 by 53 screens.</p> <p>The Local Chlamydia Implementation Group action plan revised and progressed monitored quarterly</p>
d) TB	<p>Ensure compliance with NICE guidelines, and service delivery in line with CMO TB action plan and commissioning toolkit</p> <p>Ensure at risk people are identified, screened and treated to minimize the risk of transmission.</p>	<p>Review TB services to identify gaps</p> <p>Review existing level of service</p> <p>Develop a service specification for TB services</p> <p>Prepare business case for screening of all new entrants for inclusion in operational plan for 2011/12</p> <p>Work collaboratively with South Yorkshire Health Protection Unit.</p>			

7. Healthcare Associated Infections								
a) MRSA Bacteraemia	Ensure compliance with Vital Signs target – following the principle of zero-tolerance	RFT Target 3 (deminimis of 5 for CQC and 6 for Monitor) Commissioner target 6	Walid Al-Wali Kathy Wakefield/ Kath Henderson		Q1 2			
b) C.difficile	Ensure compliance with vital signs target.	RFT – 100 (out turn is 43 – this has been agreed by RFT in line with contractual arrangements within national acute contract) Commissioner – 172 (local trajectory set at 97) Primary Care antibiotic policy to be reviewed in line with new guidelines and best practice and new RFT policy.	Walid Al-Wali Kathy Wakefield/ Kath Henderson Jason Punyer					
8. Primary Care	To ensure high standards of infection prevention and control in primary care. Practice should be in line with the principles contained within Health Act, even though GP's are not required to register until April		Frances Turner/ Kathy Wakefield					Infection prevention and control to be incorporated into annual contract review. Proforma developed to assess compliance with key principles.

	2012				
9. Infectious Diseases in Pregnancy Screening Programme.	<p>Written protocols and Links directly to the ante-natal screening programme. Pathways should be available from each provider – these should include roles and responsibilities for the screening and management of women with positive results).</p> <p>The screening service should be commissioned and monitored against a framework which is linked and referenced to national standards.</p> <p>KPI's/Minimum standards should be agreed.</p>				
a) Hepatitis B	All pregnant women should be offered Hep B screening in each pregnancy (unless already known to be Hep B positive)		Janet Wade/ Judith Gilliver	Local screening data	

b) HIV	All pregnant women should be offered HIV screening in each pregnancy (unless already known to be Hep B positive)		Janet Wade/ Judith Gilliver	Local screening data	
c) Syphilis	All pregnant women should be offered screening for syphilis early in each pregnancy regardless of the results of syphilis screening in previous pregnancies.				
d) Rubella	All pregnant women should be offered screening for rubella susceptibility early in each pregnancy, regardless of rubella susceptibility screening tests in previous pregnancies.				<p>Midwifery services looking to develop vaccination programme for non immune – not yet operational. Need to investigate home births and vaccination.</p> <p>Data obtained from labs on non immune age groups – requested quarterly.</p> <p>November 09 to 30 June 2010 – 119 non immune (87% under 25 years of age)</p>

					Q1 48 (6%)			
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ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBER

1	Meeting:	Cabinet Member for Adult Independence, Health & Wellbeing
2	Date:	25 October 2010
3	Title:	Annual Report of the Joint Learning Disability Service
4	Programme Area:	Neighbourhood and Adult Services

5 Summary

This Annual Report of the Joint Learning Disability Service outlines the continued strong performance of the service.

Performance against Local Authority Performance Indicators has improved with the service achieving the third highest performance in the country against D40 when measured against other Learning Disability Services. The Partnership Board Self Assessment was submitted in March and achieved over 30 mentions in the Regional Good Practice and Innovations Guide.

The performance on the Annual Health Self Assessment further improved, achieving 3 greens and an amber on the 4 health targets resulting in Rotherham achieving the second highest performance across the Yorkshire and Humber region.

The Learning Disability Service links its services and priorities to those identified within the Neighbourhoods and Adults Service's Plan based on Strategic Objectives and the Outcome Framework.

6 Recommendations

That Members note the content of the annual report and the service objectives for 2010/11.

7 **Proposals and Details**

One of the most significant events for the service is the Transforming Community Services, in that the PCT cannot provide services after March 2011. The PCT has approached the Rotherham and Doncaster, South Humber Foundation NHS Trust to take over the service currently provided by Rotherham Community Health Services and the offer documents have been submitted. This will mean that RDASH will be responsible for delivering services within the Partnership Agreement for the ATU, the Intensive Community Support Team and the Complex Health Team, and those staff that work within the Integrated Community Teams.

The Joint Learning Disability Service contributes to the improved health and welfare of people with learning disabilities in Rotherham. In providing targeted support to individuals with healthcare needs beyond those that can be met at a primary health care level, it helps people to stay well, supports independence and tackles health inequalities. It provides better care for people with learning disabilities by offering safe and effective services and offering choice and person centred support. The joint service enables the maximisation of efficiencies, ensuring better value for all.

The service contributes to the health and wellbeing of people with learning disabilities, most specifically in increasing the choice and control of people through offering a range of services provided across statutory and voluntary services, and through enabling advocacy services to give people a voice and influence on the planning and delivery of services. This report outlines the main activities and success of the Joint Service.

Personalisation

The Joint Learning Disability Service is making an effective contribution to the NAS personalisation agenda, with several members of senior management on the Personalisation task and subgroups.

A series of personalisation visioning events has been held in conjunction with Neighbourhood and Adult Services. These days have involved staff, customers and local providers in consideration of how the market is developing to meet personalisation needs. The ISCA is now being used during new assessments and reviews of all service users and all are offered a personal budget at review.

The Service has written a Person Centred Planning Strategy that aims to ensure that information gathered in Person Centred Plans is used to better inform and shape future service needs and commissioning. This is an important development, as it is essential that the client is placed firmly at the heart of assessment and provision.

Performance

The Rotherham Learning Disability Service knows 860 adults who are aged 18 years and over, most of whom have a moderate or severe disability. Up to 20 new young people are referred to the adult team each year and the number

of people dying is approximately 10 each year. There is evidence to suggest a marked increase in the rates of survival into adulthood of children with severe and complex disabilities. We have a robust transition process and young people are known to the service from the age of 14 and the transition is jointly planned from the age of 16. Projecting Older People Population Information System (POPPI) reports there are 1,989 people aged over 50 years in Rotherham who have a mild, moderate or profound learning disability in Rotherham in 2008.

From 11 Adult Social Care reportable Key Performance Indicators (KPIs) recorded in the LDS scorecard, 10 or 91% have achieved their year end target with only 1 or 9% (NI136 People supported to live independently) not achieving its year end target, although the performance had improved from the previous year.

Key achievements were the number of people who received a review (PAF D40), where 98.93% of all annual reviews due, were completed. This was an improvement from 90.26% in 2008 / 09. This result places Rotherham Learning Disability Service in the top 3 performing Local Authorities nationally and the best performing Local Authority in the Yorkshire and Humber region.

For the national indicator measuring the Waiting Time for Assessments (NI132), 77.78% of all new assessments were completed within the national target of 28 days in 2009 / 10 against a LD target of 50%. This places Rotherham Learning Disability Service in the top performance quartile nationally and 2nd in the Yorkshire and Humber region.

Similarly improved Learning Disability Service performance was achieved on NI133 Waiting Time for Packages of care, where 83.33% of service users were in receipt of all services within 28 days of the completion of their assessment against a Learning Disability Service target of 80%. This result places Rotherham Learning Disability Service in 2nd place of Yorkshire and Humber and again in the top quartile nationally (benchmarking data accessed via the NASCIS online analytical tool).

Safeguarding

The Service Manager for Safeguarding (RMBC) attends the Partnership Board meetings on a quarterly basis and the Learning Disability Service Manager with responsibility for Safeguarding within the service also attends and reports to the Board annually. Two officers from South Yorkshire Police with responsibility for safeguarding also attend the Partnership Board.

The Learning Disability Head of Service is a member the Safeguarding Adults Board which meets monthly and is the accountable multi-agency forum for reducing incidents improving services and making vulnerable adults feel safer.

The Head of Learning Disability Service also represents the service on the Safe Board. Attendance at these meetings ensures that the needs of service users with a learning disability are addressed by the Crime and Disorder Group.

The service undertakes its own safeguarding investigations and these are usually jointly led by a Social Worker and a Community Nurse. The service had 43 alerts last year.

The Board involves service users as key partners by ensuring effective consultation with and contribution by vulnerable adults into the deliberations of the Board. Speakup worked with the Local Authority to develop an accessible version of the safeguarding leaflets which enables all vulnerable adults to understand the safeguarding procedure.

Health

A significant amount of data has been collected to support the regional health assessment process, including through the GP DES, offering annual health checks and a local questionnaire survey of people with learning disabilities and family carers, which will be analysed and feed into the JSNA.

The service has a Health Facilitator Nurse in post whose work includes working with GPs on the implementation of the DES, training staff in Health Centres, the Ambulance Service, working with the Long Term Conditions leads and wider primary services such as pharmacy, dentistry, ophthalmology, chiropody.

The Health Facilitator Nurse role has also contributed significantly to the completion of the Health Assessment Framework and acts as liaison between Primary Care Services and families for those carers who request support.

The Intensive Community Support Team and the Complex Health Needs Teams are having a significant impact upon the learning disability community and the admissions to the Assessment and Treatment Unit have remained at an average occupancy of 5 throughout the year.

Employment

The service has continued to be involved in the Access All Areas scheme and there are currently 46 placements available across the Council and our partner organisations. The Council was successful in bidding for monies for the Move-on Employment scheme, which offers 6 months' paid employment.

The Council has just been awarded £80,000 for a PSA Move-on to Employment Project coming our way to support employment of individuals with learning disabilities and those in secondary mental health services. The 'Move-on to Employment' project is designed to break down this barrier by providing work experience placements and, where possible, paid employment opportunities.

These are the elements of the 'Move-on to Employment' project:

- Providing unpaid work experience placements (up to 30 days) to learning disabled people and people that are receiving secondary mental health services.

- Providing paid employment opportunities to at least 13 people who have had one of the above placements.

Within the Learning Disability Service, 24 placements have been accessed by people with a learning disability under the Access All Areas scheme and 10 people have been employed via the Move-on scheme. Many of the placements accessed by our service users have been supported by our in-house service, ADPro, who job coach and match people's skills and interests with the work placements which have included class room assistant at a infant school, the Chief Executive's office and RMBC pest control operative.

MENCAP, within the Service Level Agreement, are working in partnership with the Co-operative. Local stores have employed 3 of our service users in Rotherham, a further 2 are on work trials to hopefully lead into paid employment. Last year, nationally the Co-operative employed 90 of MENCAP clients through offering work trials that lead into paid work. They offer fantastic opportunities and support and have pledged to continue working with Rotherham this year. Pathways have built good relationships with local store managers and senior managers to identify further opportunities.

Supported Living

There are 45 supported living schemes (including 2 we purchase out of authority), supporting 122 tenants with learning disabilities and 4 vacancies under active consideration (126 places in total). This includes 2 new schemes commissioned in 2009 / 10 for a total of 8 new tenants, 4 of whom have complex needs. Of the 8 new tenants, without supported living developments, 3 would have remained in residential care and 5 families would have either remained under significant stress or would themselves have requested residential care. Suitable residential placements would have been unlikely in the local area leading to costly out of authority placements. The 8 new supported living places are in accordance with expressed wishes in person centred plans.

DW was set to go into his new home (a supported living scheme opened in summer 2009) on 4th July – his choice, he said **“It's the best date because it's independence day and moving into my own home is real independence”**.

Our commitment to supporting people to have a home of their own has resulted in Rotherham having fewer people living with elderly carers than the national average. 45% of people known to us live with their families - the national average is 55%. Of those people living with family carers in Rotherham, 23% live with a carer over 70 - the national average is over 33%. Families have confidence in the service and this has helped them to “let go” - this means that over half of our supported living tenants have a carers who are able to enjoy their own lives.

Transitions

Rotherham has good data on the needs of young people coming into Adult Services in the next 5 years, which informs planning. The service must

continue to be aware of transitions that are taking place in order to meet the needs of some of our most vulnerable customers. This helps with strategic planning but also ensures that we are responding to changes in need and demand. This will be especially important as personalisation gives more choice and control to our clients.

There are clear and transparent protocols to guide the transitions process. We continuously evaluate the quarterly Transitions Panel which Sensory, Physical Disability and Learning Disability managers attend. We have an established Young Adult Transitions Team within the Physical Disability Service which starts working with young adults from the age 14 years onwards.

Information from 14+ assessments is sent through to all the appropriate adult services. The Learning Disability Service continues to meet on a quarterly basis with the Children with a Disability Service and plan from 16 onwards appropriate transition plans. Adult Learning Disability Social Workers become actively involved with young people from 17 years onwards, thus supporting a smooth transition into adult services and provision.

Person Centred Planning (PCP) continues to be at the centre of transitional planning for young people and carers. Quarterly transitional planning meetings involve partners to ensure robust arrangements. Improvements are:

- PCP training has extended into Children and Young People's Services (CHYPS) and families and carers.
- One special school has now embedded PCP in the curriculum from nursery to 19+ and this model has been expanded into 2 further special schools.
- Progress has been made in working more effectively together with CHYPS which has resulted in a combined Person Centred Looked After Children review process being devised, leading to young people having more control of their lives.
- Joint working with Education now leading to personalised service design to prevent exclusion and re-direct from traditional services.
- PCP transitional reviews, more than doubled to 20 in 2008 / 09. 40 outcomes being sought including Direct Payments, employment, housing and health options.

There are 55 young people identified at the 2 main special schools who will be transferring in the next 3 years into adult services. They will all have a PCP prior to this - to date 65% have been completed. A Borough-wide PCP Steering Group has been formed, led by Person Centred transition review process and has resulted in a significant cultural shift.

The process has focussed on what really matters to the young person from their point of view. The process explicitly recognises the contributions all the people in a person's life can make and that the young person and their family's are the experts on their lives.

Work has commenced on pulling together all the areas within transitions to develop a strategy that will ensure young people enter adult services with a complete.

Contracting and Monitoring

The Contracts Team has completed a 100% programme of planned contract monitoring visits of residential / nursing and supported living service providers, during the annual reporting 12 month period September 2009 - August 2010. This involved 40 services within Rotherham and a further 3 services from out of area. Some homes were visited more than once and, where necessary, individual action plans and monitoring schedules were put in place. Additional component breakdowns are currently being analysed for inclusion in the team's annual report to the Learning Disability Partnership Board due in October 2010.

In addition, the Contract and Reviewing Officers (CAROs) also completed a total of 87 social care assessment reviews, this was almost double the amount originally targeted for the year of 49. This increased reviewing activity contributed significantly to the excellent Learning Disability Service and overall Neighbourhood and Adult Services (NAS) reviewing scores for 2009 / 10 (D40) see below.

Service users and family carers contribute to contract monitoring arrangements of providers by being able to complete satisfaction surveys. In 2010 / 11, the Learning Disability Service intends to extend this participation by rolling out the Directorate's Home from Home contract monitoring process. This will increase the learning disability service user and carer direct customer involvement in testing the quality of service provision and will inform providers of areas that need to be addressed in order to meet minimum satisfactory service standards or be eligible for any quality premium scheme enhancements.

The resulting reports and monitoring of provider action plans will demonstrate improved performance for individuals across the whole range of outcome domains (eg health and well being, improved quality of life, etc) and drive up overall quality of provider services. This will support people to live healthy and independent lives, make informed choices about care and receive support that responds to their needs.

Service Level Agreements Summary

Rotherham Learning Disability Service has several Service Level Agreements (SLAs) with various organisations, which fund the provision of Advocacy, an Employment Service and Leisure Services for people with learning disabilities in Rotherham. Work has commenced jointly with these service providers to review the current SLAs, to ensure that they remain strategically relevant and provide the services that people with a learning disability in Rotherham require; to help them work towards paid employment, have a voice to help shape their services and are able to enjoy leisure activities that they otherwise would not be able to access. The service specifications of the agreements have been revised and targets set for the providers to work towards; to ensure

they remain focused. The monitoring arrangements / information required has been strengthened so the SLAs can be performance managed more effectively and the financial / funding information required from the providers has also been improved, which will in turn help to determine the services' effectiveness and value for money.

The Contract Assurance Reviewing Officers monitor all in-house and independent sector providers. Following completion of each Person Centred Plan / Person Centred Review, people are asked to complete a customer satisfaction survey.

The Learning Disability Service has implemented an improvement plan to address gaps across the service in customer satisfaction testing mechanisms. The agreed actions are as follows:

- Review current customer satisfaction testing mechanisms and identify gaps.
- Develop systems with partners to receive customer satisfaction results / customer feedback already gathered.
- Work with partners, staff and customers to develop outcome based surveys based on Customer Service Excellence best practice guidance.
- Identify appropriate and innovative methods to gain customer satisfaction.
- Publish results and communicate to staff via NAS performance reporting systems.

The Partnership Board

The service has worked closely with the Learning Disability Partnership Board this year and organised several events, the first were two days presenting the Valuing People Now priorities and each service user and carer received 3 votes to vote which of the 6 priorities was most important to them, for service users they voted for:

- Being Safe,
- Being Healthy
- Having friends and relationships.

Over a period of 3 months, the service hosted a day specific to each of the 3 topics, each day having more than a 100 people attending. Service users received a file that built up over the 3 days into a portfolio that they have kept for future reference.

Let's Talk about Being Safe: This day had a hate crime drama and the Council's Community Cohesion Officer did a presentation on recognising Hate Crime. Doncaster Self Advocacy Group, CHAD, introduced their Safe in Doncaster scheme and a Rotherham version of the scheme is due to be launched at the Fairs Fayre event in October. St Helen's People Choice also gave a presentation about Hate Crime and included a very powerful poem about Hate Crime.

Let's Talk about Being Healthy: had lots of stalls for people to visit offering lots of advice on a variety of health issues. The most popular event was the Smoothie bike - people entered a competition and then got to ride the bike which in turn made a Smoothie from the power of the cycling. There was a healthy eating stand where people could get a fruit kebab.

Let's Talk about Having friends: the last event; had a choice of workshops for service users to attend which were "Meeting new friends" and had one of the Partnership Board Carer representatives presenting, "Being a good friend" which showed people how to be a good friend, "Keeping safe" which was about how to have a safe relationship and there was a workshop that had an interactive board game, devised by 2 of the NHS staff in the Learning Disability Service that advised people about sexual health.

Valuing People Now recommended that all Partnership Boards produced an annual report detailing local progress in the implementation of the strategy. A national template was developed to allow Partnership Boards to develop a benchmark set and engage in this work. The annual report template was designed to bring together all the existing information in one place, including the information needed to report to the Ombudsmen, and to be used as a useful tool in reporting to the Overview and Scrutiny Committee in Cabinet. The report was comprehensive and the feedback received from Valuing People strongly indicated that Rotherham's Learning Disability Partnership and the Service:

- Have good and inclusive membership with direct links to Senior Managers and other areas of Social Care.
- Robust budget figures.
- Are green on 3 of the 4 top targets areas within the Health Assessment Framework.
- Have more people living independently than in residential care.
- Recognise the need to change the provider market.
- Have an up-to-date Employment Strategy.
- Demonstrate a commitment to advocacy and developing services.
- Service users and carers are supported and have a real voice (and this was demonstrated in the comments made by our family carers in the report).
- Work jointly with Children and Family Services
- Have a strategy to embed person centred planning, including young people in transition.
- Have an up-to-date workforce delivery plan.
- Are making good progress with regard to Hate Crime and developing strong links with the police.
- Involving people with learning disability and family carers in helping check the quality of care in services.
- Have a joint commissioning strategy and can highlight a number of improvement in services for people with learning disabilities.
- Have a local delivery plan for the next year which outlines all the VPN agendas.

To help in the sharing of best practice, Valuing People have produced an Innovation and Good Practice Guide for the region (Appendix A). Rotherham Learning Disability Service has a significant number of entries within the guide featuring in the following areas:

- Health
- Housing
- Employment
- Advocacy
- Transition
- Personalisation
- Workforce
- Commissioning
- Quality Assessment
- Including Everyone
- 3 entries under miscellaneous.

The Learning Disability Partnership Board was reviewed in May 2009 and resulted in the formation of the Partnership Board Performance and Improvement Group which is now responsible for the governance of the Board and oversees the task groups. Family Carers and Service representatives are members along with both Co-Chairs.

Achievements

The Learning Disability Service has 34 mentions within the Regional Innovations and Good Practice Guide.

The Service's performance on Performance Indicator D40 was the third highest in the country for learning Disability.

The Health Self Assessment scores for Rotherham were 3 green and 1 amber, placing Rotherham joint second within the region.

Obesity and Weight Management - Health trainers are carrying out work around weight management in 2 of the Day Services, providing a 6 week course and ongoing support is being provided by the Learning Disability Service Community Nurses. It is hoped that the course will be a rolling programme once the evaluation has been carried out. In addition to this, a group is currently meeting to finalise details of Re-Shape Rotherham, a scheme that will run weight management groups in day services to combat Obesity.

Quote from CS parent of CGS who has taken part in the weight management programme. **"Before C went on the programme he was quite immobile, he slept a lot of the time and was always breathless. He has now lost 2 stone and his breathing is much better and he is more settled when he is asleep. He has started to go swimming and can go into town without taking his chair now. C has also started doing his Michael Jackson dancing again. C's quality of life has improved a lot and he is going to continue with the healthy eating programme."**

Black and Ethnic Minority Communities – A specific piece of work has commenced with regard to people from Black and Ethnic Minority Communities. The project has been a partnership between Learning Disability Service and Rotherham Advocacy Project (RAP). It was agreed to appoint 2 project workers from the BME community to lead the project. They have undertaken structured questionnaires and face to face interviews with 15 families who currently access services.

An awareness raising event was arranged to bring together professionals, carers and service users in a culturally acceptable forum where there was a presentation on personalisation and question and answer workshops. It provided an opportunity for carers to share experiences of accessing services and to provide mutual support. One of the key issues highlighted by carers is about how organisations communicated with them and how events were not at appropriate venues and a lack of interpreters was perceived as being discouraging.

The project workers visited a range of providers including day services, respite care services, assessment and treatment and the new carers centre to complete an audit cultural appropriateness and how services could be improved to fulfil the needs of BME service users and carers.

Broad Performance Agenda for 2010 / 11

Contract Monitoring: Service users and family carers contribute to contract monitoring arrangements of providers by being able to complete satisfaction surveys. In 2010 / 11, the Learning Disability Service intends to extend this participation by rolling out the Directorate's Home from Home contract monitoring process. This will increase the learning disability service user and carer direct customer involvement in testing the quality of service provision and will inform providers of areas that need to be addressed in order to meet minimum satisfactory service standards or be eligible for any quality premium scheme enhancements.

Service Quality: The Service Quality Team are working with Speakup to develop customer satisfaction testing mechanisms for Assessment and Care Management, Day Care, Respite Care, Residential Care, Community Support and Supported Living. Service users from Speakup are having input at all stages of development, including contributing to the content and format of questionnaires, method of survey; as well as ensuring they are produced in an easy read format. All our questionnaires are being piloted with real service users before being implemented. We will be using innovative methods such as customer to customer interviews to administer surveys from April 2010. Outcomes from survey activity will provide benchmarks for customer perceptions of services and any areas for improvement to react to our customers' thoughts as part of our learning from customers' culture.

People with Complex Needs: The Learning Disability Service is working with Speakup to develop a toolkit to be used to support person centred planning for those service users with complex needs.

BME Engagement Project: The project is nearing completion and RAP in conjunction with Learning Disability Service is compiling a report with recommendations for the future delivery of support services to service users and carers.

Early indications of recommendations include:

- Increased support for carers.
- Trained bi-lingual advocates.
- Use of trained interpreters not relying on family members.
- Halal food to be provided, not substituted with vegetarian food.
- Leaflets and information for carers to be available in community languages.
- Trained link workers to guide BME families through the process and support initial service provision.

One of the Service's Senior Managers is a member of the Workforce Development Subgroup which meets monthly to monitor performance and quality and makes recommendations to the Board on action required and the need for Serious Case Reviews.

Other priorities include:

- The implementation of the Personalisation agenda and the service is due to start offering personal budgets to services users from April 2010.
- Working with young people and improving transitions planning.
- Increasing employment opportunities.
- Transforming day services.
- Developing strategies for people with: complex needs, profound and multiple disabilities, those who challenge the service.
- Implementing Green Light.

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Yorkshire & Humber 2010 Partnership Board Reports Good Practice and Innovation Guide



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Health

East Riding	<ul style="list-style-type: none"> ➤ Photographic journey through A&E and planned admission to hospital ➤ Communication passports tell others about a person with learning disabilities unique expressive communication methods and receptive communication needs. Passports are completed by a group of people.
North East Lincolnshire	<ul style="list-style-type: none"> ➤ 4 Health and Wellbeing Coordinators
Sheffield	<ul style="list-style-type: none"> ➤ The Teaching Hospital employs a Senior Lead Nurse Director who reports to the Chief Nurse, and who has a specific remit for learning disability. For the next 12 months she will be working 2 days a week exclusively on improving access for people with learning disability
Kirklees	<ul style="list-style-type: none"> ➤ Model for estimating the prevalence of Learning Disabilities developed by the Public Health Intelligence Unit.
Wakefield	<ul style="list-style-type: none"> ➤ Patient Experience Group (PEG) a sub group of the Strategic Health Delivery Group. Dynamic group that support and challenge health service provision for people with LD across the Wakefield area. The group is very action focused and its main aim is to make change happen.
Hull	<ul style="list-style-type: none"> ➤ A service user is actively involved and supported to deliver training to local GPs on the importance of participating in the DES and to raise the profile of people with a learning disability within frontline healthcare access. He collects concerns from carers ➤ The Better Health sub-group has produced a DVD to raise awareness around the inequalities faced by people with a learning disability in accessing health and social care and the consequences of poor support, as highlighted in Mencap's Death By Indifference report. The impact of the DVD is underpinned by its six minute run representing the six lives identified in Death By Indifference. This has become a widely used awareness tool in the local area and facilitated an increase in uptake for the DES and made staff in acute services recognise the needs of individuals with a learning disability and their responsibility to support reasonable adjustments of care.
Rotherham	<ul style="list-style-type: none"> ➤ End of Care Pathways - Inclusion for people with learning disabilities on the end of life care pathways and the production of a DVD to promote choice in end of life care is currently being developed. ➤ Dementia - Inclusion on the pathway for younger onset of dementia to ensure learning disabilities needs are met through generic services. Health Facilitator and Consultants will be working with Older People's Services in Memory Clinics to help develop specialist clinics for those who require more specialist support, in line with The Royal College of Psychiatry's recent guidelines. Speakup Self Advocacy are developing a DVD about dementia. ➤ Health Inequalities and Access to Care – Health Facilitator is working with the Clinical Effectiveness Advisor for NHS Rotherham Public Health to reduce health inequalities and improve access and quality of cytology

	<p>screening for women with learning disabilities in Rotherham.</p> <ul style="list-style-type: none"> ➤ Accessible Patient Advisory Liaison Service information ➤ Health diaries recording people's experience of going to the Doctors or hospital ➤ Access survey of GP surgeries and Hospital Trusts ➤ A self-advocate member of the Health Task Group has also delivered training about the needs of patients with a learning disability to F1 doctors at the Friarage Hospital. ➤ SW&R: ➤ The Adult Nursing Team, together with Psychiatry have developed an easy read version of Care Programme Approach documentation and have developed a more person centred CPA meeting model. ➤ Staff from the Learning Disability Service together with colleagues in Social Care have helped design and deliver a rolling programme called "Learning Disability Awareness" which is aimed at educating the public about what having a learning disability means and building upon those relationships in the wider community. Again the feedback for this has been very positive.
York	<ul style="list-style-type: none"> ➤ A full time health facilitator has been appointed by NHS North Yorkshire and York specifically to work with people with learning disabilities discharged from long stay hospital provision. ➤ Easy Read Health Self Assessment template produced which has been used to help gather views and opinions for inclusion in the assessment.

Housing

Barnsley	<ul style="list-style-type: none"> ➤ An area of good practice which carer representatives were particular positive about is the Silver Street respite project that was conceived and delivered with full user involvement. This resulted in the commissioning of a purpose built 6 bed building based respite unit for people who have complex needs and complements the range of respite provision such as Shared Lives, Individual Budgets and Supported Holidays that is also on offer to service users and carers.
Leeds	<ul style="list-style-type: none"> ➤ LD Housing Strategy led by Environments and Neighborhoods Team ➤ Independent Living Project transformed the accommodation and associated supported services for people with learning disabilities (94% liked new home better than their old one)
Sheffield	<ul style="list-style-type: none"> ➤ Accommodation and Support Strategy.
Kirklees	<ul style="list-style-type: none"> ➤ Referral process which records individuals housing needs, what type of housing is required, in what location and the desired timescale. This information is then used to develop specific accommodation to meet the individuals needs
Wakefield	<ul style="list-style-type: none"> ➤ A DVD explaining the various housing options has been commissioned, using local service users as case

	<p>studies.</p> <ul style="list-style-type: none"> ➤ 9 people with learning disabilities now own individual properties through shared ownership. ➤ A block of 8 flats is currently being built in partnership with a local RSL to provide clustered accommodation for people with learning disabilities. ➤ Small residential home has been de-registered and converted to supported living, and plans are in progress to replicate this in another 2 residential homes.
Rotherham	<ul style="list-style-type: none"> ➤ There are 45 supported living schemes (including 2 we purchase out of authority) supporting 122 tenants with learning disabilities and 4 vacancies under active consideration (126 places in total). This includes 2 new schemes commissioned in 2009 / 10 for a total of 8 new tenants, 4 of whom have complex needs.
N/Yorkshire	<ul style="list-style-type: none"> ➤ Harrogate and Craven ➤ We are reworking the Housing Application Guide. An accessible booklet to help people fill in a form to ask for a house or flat. ➤ We are reworking the Housing Choices Booklet. An accessible guide to information about Housing choices and support ➤ North Yorkshire and its partners have invested significant time and monies to provide housing options for people with a learning disability. The key areas of progress include: <ul style="list-style-type: none"> ➤ Each locality having a database which captures existing and projected need (up to 5 years). ➤ Maximising the opportunities afforded through Supported people monies. ➤ Ensuring that all people with a learning disability register for housing, if it is their choice to do so. ➤ Buying into “housing options” as a specialist advice organisation ➤ Ensuring that the needs of people with a learning disability are reflected the local housing strategies. ➤ Making as much information regarding housing in “easy read”. ➤ Ensuring that each locality Partnership Board has appropriate membership on their Housing Task group. ➤ Ensuring that all self advocates understand their potential Housing options including Choice Based Lettings.

Providers

Bradford	<ul style="list-style-type: none"> ➤ Process currently underway in establishing a framework and an accredited provider forum which will ensure quality, value for money training needs, partnership working, capability to map future demand, establish bench marks, enable collaborative working and gather person centred intelligence
North Lincolnshire	<ul style="list-style-type: none"> ➤ Approved Provider list
Kirklees	<ul style="list-style-type: none"> ➤ Six lives – Each contracted statutory provider has produced an agreed action plan to facilitate them meeting

	all requirements.
N/Yorkshire	<ul style="list-style-type: none"> ➤ A Provider Forum was set up in August to work to the principles of 'Valuing People Now' and deliver services in line with the Personalisation Agenda. Attendance at this meeting is increasing and it is seen as a place to share information and to network. The involvement of residential services in the partnership is growing.

Employment

Barnsley	<ul style="list-style-type: none"> ➤ The Employing and Volunteering Service has been operational since June 2008.
East Riding	<ul style="list-style-type: none"> ➤ Supporting People Money has been used to create ten jobs within the council that were ring fenced for people with learning disabilities. ➤ Worklink has enabled an additional 10 people with learning disabilities into paid employment. Worklinks contribution towards the PSA16 NI146 target has achieved almost 13% of the LD population into work and are now working in partnership with Job Centre Plus.
Calderdale	<ul style="list-style-type: none"> ➤ Calderdale have focused on creating job opportunities for people with learning disabilities within health and social care
Leeds	<ul style="list-style-type: none"> ➤ An employment strategy for people with learning disabilities in Leeds is being developed and there will be a focus on employing people with learning disabilities in public sector organisations. Leeds City Council are using 7 days constancy from NDTi over 9 months for small employment projects to be developed in each locality within Leeds, these projects will be managed by the day services managers and linked to the Day Services Modernisation Programmes.
North East Lincolnshire	<ul style="list-style-type: none"> ➤ Getting a Life project – pilot site ➤ Supported employment and vocational training for individuals with a learning disability has been enhanced in North East Lincolnshire by linking to local economic regeneration monies designed to focus on tackling worklessness in the form of Working Neighbourhoods Funding. These initiatives have brought together key local partners in North East Lincolnshire from both the public and third sector in linking into employment opportunities for people with a learning disability. Along with this work, the ownership of employment support is shifting to a partnership of providers and is making a real difference to the local community.
Kirklees	<ul style="list-style-type: none"> ➤ Supported Employment agencies are working in close partnership with education and mainstream employment partners (Nationally recognized work) ➤ Developing a town centre supported employment shop
Wakefield	<ul style="list-style-type: none"> ➤ Through the Employment delivery group various schemes have been commissioned/supported in response to identified gaps in supported employment schemes and local need
Hull	<ul style="list-style-type: none"> ➤ We are embarking on a journey to increase the employment of individuals in local statutory services including

	<p>Hull City Council, NHS Hull and Humber NHS Trust. The bid will link a model embedded within mental health services 'positive assets' the scheme has been very successful in gaining local employment for people with mental health support needs.</p>
<p>Rotherham</p>	<ul style="list-style-type: none"> ➤ MENCAP are working in partnership with the Co-operative. Local stores have employed 3 of our service users in Rotherham, a further 2 are on work trials to hopefully lead into paid employment. Last year, nationally the Co-operative employed 90 of MENCAP clients through offering work trials that lead into paid work. They offer fantastic opportunities and support and have pledged to continue working with Rotherham this year. Pathways have built good relationships with local store managers and senior managers to identify further opportunities. ➤ Access All Areas' is a scheme which provides 30 day work placement opportunities to disabled people which can be worked either as 6 full weeks or over a longer period on a part-time / flexible basis depending on the needs of the individual and the Department. There are currently 46 placements available across RMBC and our partner organisations. Someone who has not worked for some time may find it harder to gain employment – due to factors such as lack of confidence in their own abilities, having a gap in employment, not being able to evidence competency against person specification criteria, not having a named person / organisation to use as an employer reference. ➤ The 'Move-on to Employment' project is designed to break down this barrier by providing work experience placements and, where possible, paid employment opportunities. ➤ The Project Coordinator will establish a 'move on' pathway which will allow individuals to graduate from unpaid work experience opportunities to 'Move-on to Employment' temporary paid employment. We will work with partners to ensure that individuals are supported to move on to longer term employment. ➤ The Coordinator will seek a variety of job roles in which to offer placements and employment opportunities to individuals. These roles could be with either Rotherham MBC or partner employers in the Borough. Working with partners will help us to maximise placement and employment opportunities. AD-PRO demonstrates some of the progress made by the service to support employment and training. AD-PRO supports people in taking the next step into VOLUNTARY and PAID employment, providing on the job training within a realistic working environment, on the Project 400 gardening project, the Adventure Print workshop an office based project and the Community Catering project. Some of our training is provided by other partners to enhance a person's opportunities and personal development. We work with the local college, Workers Educational Association and the MENCAP pathways to work.
<p>N/Yorkshire</p>	<ul style="list-style-type: none"> ➤ We held a workshop in May – 'Give me a chance to show what I can do!' for people with learning disabilities to talk about the things that were important to them and about the barriers they face in getting employment. Over 90 people came along. ➤ We held a 'Better off in work?' – Benefit myth busters' workshop in March. Over 100 people came to find out about what help and support is available to find and keep work, what financial help is available and how benefits are affected.

Advocacy

Bradford	<ul style="list-style-type: none"> ➤ 2 self advocacy groups have been paid to draw up a job description and person specification for the post of co-chair to the board
Leeds	<ul style="list-style-type: none"> ➤ The Partnership Board funded a place for a self advocate on Partners in Policy Making last year.
North Lincolnshire	<ul style="list-style-type: none"> ➤ Talking Lincs user network, Time for Action peer advocacy group
Kirklees	<ul style="list-style-type: none"> ➤ Kirklees Involvement Network is the self advocacy group funded by the LDDF to ensure all local people with learning disabilities have their say. The network is consulted with on a wide number of issues. The network works primarily within the objectives of VPN. The network decides what is important to them and what they want to look at. Reps from the network sit on the PB Sub Groups and have real input into the decision making and service development.
Wakefield	<ul style="list-style-type: none"> ➤ Your voice advocacy has established two pilot areas, a self advocacy group for parents with learning disabilities and a peer advocacy scheme for people with complex needs to ensure that they are better represented at the Partnership Board.
Hull	<ul style="list-style-type: none"> ➤ The Partnership Board funds ongoing support of the Self Advocates Forum using learning Disability Development fund to employ support workers .The Forum have accessed and participated in a number of training and leadership events during this period of time this has included use of Drama and role play . The members are encouraged to use their skills and develop them wherever possible through the Partnership Board, sub-group meetings and ad hoc events such as focus meetings, consultations and open days. The Self Advocates Forum has a standing slot on every Partnership Board agenda and always present their work to the board they also produce written reports to evidence their work.
Rotherham	<ul style="list-style-type: none"> ➤ Speakup have developed a 'Works 4 Me' toolkit and programme to support employment related opportunities with social firm partners in England for people with learning disabilities as an alternative to traditional day services. The project will include work placements, taster sessions and vocational training around health promotion, occupational guidance, confidence building, motivation and the expectations of employers which in turn will give people with learning disabilities the skills and tools to help them gain and maintain employment. ➤ Speakup have developed the 'Right to Choose' project that has brought together information, advice and links to parent support services in a friendly, informative and accessible format for parents with learning disabilities. This will help to address the inequalities some parents with a learning disability face when accessing services. ➤ A further project that Speakup have developed is 'Decisions-Decisions'. This will improve understanding of the second test for capacity, as outlined in the Code of Practice Mental Capacity Act, informing people with learning disabilities of the 'important to ask questions' raised in the Code of Practice through the production of

	<p>a broadcast standard informative and accessible DVD and Decision Game.</p> <ul style="list-style-type: none"> ➤ On behalf of the Neighbourhoods and Adult Services Directorate, Speakup consulted with our service users about personalisation and helped develop a competencies framework against which all staff within the service and other social care staff within RMBC will be measured against in their performance and development reviews (attached). ➤ Rotherham Advocacy Partnership deliver specialist advocacy and offer support to parents with learning disability, they are to undertake the scoping project regarding communities from BME. ➤ The Principal Community Involvement Officer from the Chief Executive's Office is one of the representatives for the BME communities on the Partnership Board. ➤ Self advocates have delivered training to doctors in a local hospital and to library staff throughout the area. This was to increase understanding of the support people need and increase awareness of communication needs. The library work was done because the libraries are to be Hate Crime reporting centres and want to work in partnership using easy read forms etc. This has the added bonus of increasing library membership and community presence!
N/Yorkshire	

Family Carers

Bradford	<ul style="list-style-type: none"> ➤ The People as Citizens working group presented a project called Carers United which has now been taken up by the People as Individuals workstream for delivery. This project brings together a series of existing and new initiatives in a coordinated and well managed way that provide the best possible outcomes for carers. ➤ Bradford has a Carers Advocate, who is providing an issue based advocacy service for carers ➤ Bradford has a carers development worker who provides day to day signposting and who is creating the Carers Café's. ➤ A pilot of Bradford Plan, where Carers have formed their own organization to create circles of support and enable future planning.
Leeds	<ul style="list-style-type: none"> ➤ The Partnership Board funded a place for a self advocate on Partners in Policy Making last year. ➤ Carers are involved in the commissioning of services, including drawing up the service specifications, short-listing and interviews. ➤ A Carers Emergency Plan scheme was set up in June 2006, it provides a comprehensive service including care workers for up to 72 hours and emergency planners. This compliments the existing family placement service provision which offers carers short break services which can include unplanned care and support. ➤ Carers support workers
North East Lincolnshire	

Sheffield	<ul style="list-style-type: none"> ➤ The Older Families Planning Project (OFPP) is a multi-disciplinary partnership between the Joint Learning Disability Service and Sharing Caring Project which supports older families to get the support they need now and to plan for emergencies and the long term future.
Kirklees	<ul style="list-style-type: none"> ➤ The Carers project officer is currently working with the Board and the Carer Subgroup to develop and agree a clear plan to ensure that family carers of people with a LD are included and engaged with all aspects of local work in the implementation of the national Carers Strategy.
Wakefield	<ul style="list-style-type: none"> ➤ The emergency carer alert scheme has been implemented in learning disability services and numbers accessing the service are increasing. ➤ A delivery group is in place currently focusing on employment for carers and in the process of producing information for carers about the support available in accessing and retaining work and is also developing exemplar employer guidance as it relates to carers. ➤ Carers Directory, assists carers to navigate their way through services and support the transitions process. ➤ E-version of the directory: http://www.wakefieldpb.org.uk/WorkOfBoard/CarersGroup/OtherInformation/Default.htm
N/Yorkshire	<ul style="list-style-type: none"> ➤ A leaflet showing the “Top Ten Tips” on planning for the future was developed and has been very successful. ➤ A “carers list” was established to identify older carers and ensure regular contact was made by the project worker.

Transition

Rotherham	<ul style="list-style-type: none"> ➤ Person Centred Planning (PCP) continues to be at the centre of transitional planning for young people and carers. Quarterly transitional planning meetings involve partners to ensure robust arrangements. Improvements are: ➤ PCP training has extended into Children and Young People's Services (CHYPS) and families and carers. ➤ One special school has now embedded PCP in the curriculum from nursery to 19+ and this model has been expanded into 2 further special schools. ➤ Progress has been made in working more effectively together with CHYPS which has resulted in a combined Person Centred Looked After Children review process being devised leading to young people having more control of their lives. ➤ Joint working with education now leading to personalised service design to prevent exclusion and re-direct from traditional services. ➤ PCP transitional reviews, more than doubled to 20 in 2008 / 09. 40 outcomes being sought including
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	Direct Payments, employment, housing and health options.
N/Yorkshire	<ul style="list-style-type: none"> ➤ Set up friendship group for young people ➤ Held Transition information evenings ➤ Every 17-19 year old in special needs school offered a person centred plan ➤ From the age of 14 every child in mainstream school offered person centred plan ➤ 14 people either have or are in the process of person centred planning ➤ Mapping of social groups and activities for young people

Personalisation

Bradford	<ul style="list-style-type: none"> ➤ The overall strategy is to move from Person Centred Planning as a separate funded activity to a whole system approach that embeds Person Centred Thinking and planning in all activities, and enables person centred information to be used to inform contract monitoring, quality and commissioning processes. ➤ The creation of a one page profile as part of assessment and ongoing services and support ➤ New Independent Person Centred Review team. ➤ Development of Day Services - 13 pilot projects in progress, all exploring alternative and better ways of delivering day services ➤ Transformation programme is currently underway to roll out the government led personalization initiative within Bradford. Bradford now track month by month progress by area and client group.
East Riding	<ul style="list-style-type: none"> ➤ A 'listen to me' course has been developed (in conjunction with HAS). This course is to enable people to say what is working and not working in their lives and how they want to make a change. This course is co-facilitated by a person with a learning disability who are able to say how their lives have changed by being in control.
Leeds	<ul style="list-style-type: none"> ➤ Outcome based specifications have been developed in partnership with people with learning disabilities and family carers. These specifications reflect information from person centred plans. ➤ Contracts include clear statements on person centred planning. Where individuals are happy to share their plans the quality is assessed during contract reviews and, more importantly, outcomes monitored. ➤ People with learning disabilities are involved in all commissioning activity from reviewing tenders to being on the decision panels. This has included the modernisation of day services grants which aim to develop the market to offer people with learning disabilities more choice about what they do during the day, evenings and weekends. ➤ There have been extensive consultation processes for the Independent Living Project and the modernisation of day services and the result of these have shaped the strategies to take the work forward.

North Lincolnshire	<ul style="list-style-type: none"> ➤ Involvement in “Big Conversation” day, commencement of work to establish a user led organisation.
North East Lincolnshire	<ul style="list-style-type: none"> ➤ People with a Learning Disability are included on an “Experts by Experience” Group: working in partnership with the Care Trust (Transformation Team), and other users to develop services and consult local communities on local transforming care programme ➤ Information collected via person centred plans will all feed into the planning and commissioning of services. ➤ Planning to have a quarterly report that will be submitted to commissioning detailing how information from plans will be collated and communicated to commissioning.
Hull	<ul style="list-style-type: none"> ➤ Hull is following the transformational programme established within the Helen Sanderson delivery of person centred thinking programmes. The person centred reviews are beginning to become embedded and are helping individuals; their carer’s and services to think more creatively about how individual packages of support can be configured individually as opposed to being service dependent.
Rotherham	<ul style="list-style-type: none"> ➤ A number of personalisation visioning days were held in 2009/10, for example, the Personalisation College provided an opportunity for customers to learn about personalisation and how it will affect them. ‘The Ape in the Room’ visioning event held in March 2009 provided an opportunity for over 200 staff and customers to meet and shape the personalisation plan and guiding principles. ‘Selling the Sizzle’ focused on choice and control and during two days in May Learning Disabilities staff attended visioning events exploring changes and how personalisation affects job roles and relationships with customers.
N/Yorkshire	<ul style="list-style-type: none"> ➤ A Person Centred Planning and Bridge Building Team of 4 ➤ Mapping of community facilities and support services available in our area ➤ Craven & Harrogate area chosen as a pilot site for the introduction of personal budgets ➤ Getting the support consistent through Essential Life Planning has led to a huge reduction in one woman’s anxiety and related behaviours. Living with autism made some daily routines essential, and the support team took this information from the plan condensing it into a check list. She has over time stopped self-harming and her hair is healthy. ➤ Some support teams have developed a system of monitoring the activities some people undertake, measuring the outcomes for the person and making the required changes e.g. the team learnt that one woman did not like to go to swimming when children were in the pool. She now goes to an adult only facility.

Workforce

Barnsley	<ul style="list-style-type: none"> ➤ Learning Disability Awareness Training offered to all GP practices, training for A&E staff and also to the End of Life Team
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	<ul style="list-style-type: none"> ➤ PCP Training
Leeds	<ul style="list-style-type: none"> ➤ A five day training programme 'Induction Award and Supporting People with a Learning Disability' is available to all new staff from all sectors and gives a level 2 qualification. ➤ 4 Workforce development programmes ➤ Managing critical instances training
North Lincolnshire	
North East Lincolnshire	<ul style="list-style-type: none"> ➤ Workforce Development Database- demographics and an analytical tool being synchronized with the Learning Disabilities Register. can move towards becoming a more predictive service by; ➤ Identifying elderly carers at critical ages ➤ Preparing the workforce for new challenges as cohorts move forward ➤ Enabling succession planning for the coming years, and ➤ Matching that planning to the cohorts entering adult services ➤ Intensive Support Team
Sheffield	<ul style="list-style-type: none"> ➤ Learning Disability Induction Award. Generic training delivery across all care services areas which includes general awareness raising and specific modules on supporting people with learning disabilities.
Kirklees	<ul style="list-style-type: none"> ➤ A 2 day Person Centred Thinking programme has been developed
Hull	<ul style="list-style-type: none"> ➤ Established an innovative approach to workforce strategy and development promoting community cohesion and understanding project called (Intanoo) ➤ Focus on access to wider services, developing a communications Charter across the City (partnership with the speech and language therapist, who have employed individuals with a learning disability to help deliver the awareness training. The project is funded by the LDDF. ➤ All new job descriptions from April 2010: to reflect the transformational changes in the way that people wanted to be supported . Continue to expand innovative workforce plan that addresses the need for greater understanding, reasonable adjustments and flexible workforce.
Rotherham	<ul style="list-style-type: none"> ➤ An example of the commitment to training undertaken by staff in services in Rotherham is Treefields a respite centre for people with learning disabilities. In 2009 the entire staff team successfully completed their NVQ Level 2 in Customer Service, evidencing the commitment to proving excellent outcomes for their customers. Treefields have delivered 21 years of excellent services to adults with learning disabilities as confirmed by their excellent CQC rating over this period. ➤ We also gather workforce information via SDDS001 from our establishment HR system, which details age, ethnicity, qualifications, full employee information such as payroll, length of service, training undertaken, absence, etc. A report can be printed when requested to provide details of current workforce. ➤ Speakup worked with NHS Rotherham and the Learning Disability Strategic Health Facilitator / Acute Liaison Nurse to deliver "My Health" training to all GP Practices signed up to offering the Directed Enhanced Service to people with learning disabilities in Rotherham. Over 300 health professionals including GPs, Nurses and Receptionists have attended this training. The training focused on communication, diagnostic overshadowing

	<p>and best practice guidance relating to reducing health inequalities. 232 people took part in an impact assessment identifying gains in knowledge and areas for further development. This was collated into a report written in partnership with Sheffield Hallam University. This report will allow NHS Rotherham and the Learning Disability Service to plan training for the future.</p> <ul style="list-style-type: none"> ➤ Learning Disability Awareness training has already taken place with 62 staff from Job Centre Plus, 15 staff within RMBC Human Resources and 51 professionals from the Hospital Foundation Trust. ➤ BME Engagement and Service Scoping Project <ul style="list-style-type: none"> ○ Project Duration: 3 months ○ Aim of project: <ul style="list-style-type: none"> ▪ To identify culturally acceptable and appropriate models for delivering support to BME people with a learning disability and their families. ▪ To work with communities in Rotherham to agree what support they need and how they would like it delivered. ▪ To develop links between the Joint Service and BME communities and BME people so that dialogue can continue and people and their families engaged in services. ➤ Rotherham Joint Learning Disability Service has commissioned a piece of work which will assist the service in engaging with service users and carers from Black and Ethnic Minorities regarding the provision of appropriate services and support. Rotherham is home to people from a wide range of different racial and cultural backgrounds and people with different religious beliefs. ➤ All NYCC staff as part of their induction has to undertake the LDAF training. The partnership boards will be expected to involve family carers and people with learning disabilities in all work force issues as part of the development of the workforce plan.
N/Yorkshire	

Hate Crime

Barnsley	➤ Nationally commended for work around Hate Crime
Bradford	➤ A training programme has been developed by Bradford People First, Bradford Council and the Police
Calderdale	➤ Calderdale is one of 2 national pilot sites *run by ARC) for a project around 'Mate Crime'
Leeds	➤ Hate Crime event with Mencap and WY Police and Crown Prosecution service
North Lincolnshire	➤ Service users Keeping Safe project will inform hate crime to localities plan to be put together by development manager. The group is working with a local police cohesion officer who works with minority groups and with safer neighbourhood teams.
	➤ Hate Crime DVD

Kirklees	<ul style="list-style-type: none"> ➤ Recently accessed Home Office Victims Fund money
Hull	<ul style="list-style-type: none"> ➤ Humberside Police announced the launch of a new Hate Crime campaign in Hull, the Hate Crime Network gave a pathway for local, regional and national work and the Self Advocates Forum underpinned the key messages with statistics and personal case studies.
N/Yorkshire	<ul style="list-style-type: none"> ➤ The following example describes how a member of the Learning Disability Partnership Board acted as a catalyst for a significant piece of work. It effectively illustrates the potential of choice, control and influence: <i>A Partnership Board member raised the of his experience of bullying at a Board meeting. This prompted the Board to hold a public event at which more than 60 people with a learning disability shared their experience of bullying and harassment. In turn, this led the Board to make links with the local Community Safety Partnership, with Board members joining the partnership. Money was secured to produce harassment and hate crime reporting pack, including easy read information, a keep safe card and a reporting form. The reporting form was adopted by the District Councils. Each of the Councils now has a procedure for dealing with receipt of a form. The work on developing the pack, and the partnership involved, have been recognised nationally</i> ➤ Working with local libraries to promote keeping safe ➤ Self advocate member on the Police Advisory Group ➤ Strong links with Community Safety Police Officer ➤ Self advocate member on the North Yorkshire Community Involvement Panel for the Crown Prosecution Service. ➤ Hate Crime lead who has met the Attorney General at the House of Lords and been interviewed on radio and TV ➤ Hambleton & Richmondshire: We have been successful as a Board in being chosen as a training provider working with Inclusion North to deliver Hate Crime training across Yorkshire and Humberside. We are developing a training team of self advocates and others to deliver this training from March 2010.

Commissioning

Barnsley	<ul style="list-style-type: none"> ➤ Joint Commissioning Framework
Bradford	<ul style="list-style-type: none"> ➤ People with learning disabilities and carers are now involved in the commissioning cycle at every level i.e. Procurement, specification development, reviewing and quality checking. Systems to capture outcome based intelligence are being developed as part of the People as Individuals project. ➤ Revised service specifications for specialist LD Health services now include quality and performance indicators which will allow the realization of LD programme benefits to be tracked and measured.

Leeds	<ul style="list-style-type: none"> ➤ Learning disabilities strategy- framework
North Lincolnshire	<ul style="list-style-type: none"> ➤ *Plans proceeding to employ and "Expert by Experience" into the Strategic Commissioning and Performance Section of Adult Social Services.
North East Lincolnshire	<ul style="list-style-type: none"> ➤ Intensive support team ➤ Commissioning of Health trainers to ensure that all people with a Learning Disability are working towards having an Health Action Plan, G.P practices have been encouraged to sign up to the learning disability LES which enables people to have access to full health check. ➤ We have a developed a market shaping group who will focus on the main commissioning priorities, transition, bringing people back out of area, and developing a joint commissioning plan with supporting people. ➤ Changing lives and Partnerships continue to be a priority of development. ➤ We have developed a third sector preferred provider list in which good quality services will only be commissioned and all new services will be commissioned by the individuals person centred plan.
Kirklees	<ul style="list-style-type: none"> ➤ Learning Disability Database identifies important information about people with a LD known to adult services. ➤ Analysis of the data on a yearly basis provides an excellent source of data on trends. ➤ Close working partnerships with gateway Workers who support people who are not Fair Access to Care services eligible (FACS) provides key information on the types of non FACS eligible services people needs and highlight any gaps in service provision ➤ Adult Services Commissioning Strategy includes the market shaping strategy which is key in implementing major changes to the way care services are provided
Wakefield	<ul style="list-style-type: none"> ➤ A multi-agency autism delivery group has been established and a local needs analysis has been commissioned to inform future commissioning. ➤ Your Voice Advocacy has been commissioned to undertake a review of advocacy services for the BME communities, the report identifies gaps and recommendations for service improvements ➤ Integrated approach to supporting people wit LD and ASC's into employment. Based on continually reviewing in the context of nationally and locally commissioned services.
Hull	<ul style="list-style-type: none"> ➤ Learning Disability Joint Commissioning Executive which includes carers and service user representatives ➤ A tool that informs care management /other community staff on the support they should be looking for when making a placement decision. This followed concerns that inappropriate rushed placements were leading to unhappy individuals and significant concern in placement break down. This also increased the risk of out of area placements being made in crisis. ➤ Access to wider funding has significantly enhanced service development and awareness on the needs of people with a learning disability e.g. Aiming High funding improvements in transitional support , neighbourhood renewal developed a social enterprise to increase employment opportunities .Carers funding to increase range of short breaks and emergency respite support .
Rotherham	<ul style="list-style-type: none"> ➤ Health: A commissioning post, with responsibility for learning disability was created in the joint commissioning team (based at NHS Rotherham) in late 2006. The post is now part of the wider Mental

<p>N/Yorkshire</p>	<p>Health and Learning Disability programme team in NHS Rotherham.</p> <ul style="list-style-type: none"> ➤ H&R One self advocate interviewed the Health commissioners about why yearly health checks were not happening for everyone (They did start in Oct. 09) and their film is on our website. All questions were from self advocates. ➤ The Head of commissioning heard a number of key themes to be reflected in the Counties commissioning strategy: ➤ The need to progress the transformation of day services in the light of VPN; ➤ The need for further work on Pathways to employment now ➤ The issue of hate crime and the need for places of safety ➤ 4) The need for more people to feel they can shape their personal services.
<p>York</p>	<p>Appointment of a Monitoring Office means that that Council has enhanced its ability to monitor services through consultation with customers, carers and other key individuals. Hoping this role with help York re-shape service provision both now and in the future.</p> <p>➤ Also appointed a Contracts manager to specifically evaluate residential care placements, this again looks at the quality of the services and the support individuals receive alongside a 'value for money' review. It is intended that information gained from the reviews will inform the Council's commissioning strategy for long term placements and the need to look at alternative locally based accommodation solutions.</p>

Quality Assessment

<p>Barnsley</p>	<ul style="list-style-type: none"> ➤ The in-house Supported Living Service was successful in securing LDDF monies to train a number of service users to Quality Check services against REACH standards.
<p>Bradford</p>	<ul style="list-style-type: none"> ➤ Contracts with new and existing providers are now outcome focused, therefore creating accountability and ownership for improved services.
<p>Calderdale</p>	<ul style="list-style-type: none"> ➤ A new post has recently been added to the compliance team, there is now a monitoring assistant employed by the local authority who has a learning disability, it is hoped that this post will give greater insight into the quality of service delivery.
<p>Leeds</p>	<ul style="list-style-type: none"> ➤ Independent Living Project ➤ Leeds People First qualitative monitoring of day services modernization projects ➤ Annual stakeholders questionnaire
<p>North Lincolnshire</p>	<ul style="list-style-type: none"> ➤ The strategic commissioning and performance section are employing 5 experts by experience one of which will be someone with a learning disability and one a family carer. Their roles will include assisting the service on ways to improve citizens in quality monitoring.

Sheffield	<ul style="list-style-type: none"> ➤ We are in the process of recruiting a person with a learning disability to the job of Quality Development Advisor. Their role will be to liaise with people who use services about the quality of their support. This will inform our monitoring processes as well as improve the inclusion and participation of people with learning disabilities to their choice and control to direct and improve their own services.
Hull	<ul style="list-style-type: none"> ➤ The VP Board has funded a project called 'My Life ' this formally reviews the lives of individuals living in or receiving services. The feedback report has highlighted some significant issues and has changed commissioning practice. In one incident, a service was de-commissioned as a result of 'My Life 'project. ➤ The partnership board has recently funded and asked the local self advocates forum to become involved in some mystery shopping within access centres, and GP practices. The forum have undertaken similar work and produced excellent formal feedback to the board.
Rotherham	<ul style="list-style-type: none"> ➤ Example activities across the Learning Disability Service include reality check monitoring (reception / telephone), customer access point observations, mystery shopping, service standards test and exit polls with customers. Our Customer Inspection Service made up of real customers; carry out customer to customer surveys within day centres to ascertain levels of satisfaction and areas for development. Outcomes from the Customer Service Excellence framework include 'Platinum' rated services awarded by our customers. Satisfaction Surveys ➤ There is a self advocate 'mystery shopper', who checks shops and businesses who advertise a hearing loop and checks that it is working.
N/Yorkshire	

Including Everyone

East Riding	<ul style="list-style-type: none"> ➤ East Riding have developed a group called 'Our Say' which is a group of people with a learning disability (membership 40+). The Partnership Board has been re-structured to ensure that there is adequate time for Consultation with 'Our Say' to ensure that peoples voices are heard
Calderdale	<ul style="list-style-type: none"> ➤ PB reviewed in September 09. There is now a graphic facilitator at each meeting
Leeds	<ul style="list-style-type: none"> ➤ The Partnership Board also has representation from Rootoots - an African Caribbean self advocacy group tackling issues of double discrimination. ➤ Equality Impact Assessment are used for projects to ensure the best outcomes for all groups. ➤ Technology is used to meet the needs of people with complex needs, for example the use of interactive smart boards. ➤ Several community based projects have been commissioned to meet the needs of communities who may not access traditional services.

North East Lincolnshire	<ul style="list-style-type: none"> ➤ Getting a Life project
Sheffield	<ul style="list-style-type: none"> ➤ Changing Places – Sheffield remains at the forefront of this initiative and has been earmarked as the national example of best practice as it continues to introduce new facilities with more Changing Places than London or Scotland.
Kirklees	<ul style="list-style-type: none"> ➤ Welcome pack to inform people attending the board what the job of the board is, a section on the history of disability, and guidance on including people with a learning disability. ➤ The Partnership Board has recently developed a website. ➤ Partnership Board outcomes monitoring framework that will enable the board to monitor the key recommendations and actions set out in national policies and reports
Hull	<ul style="list-style-type: none"> ➤ The Partnership Board is a member of the Hull Local Inclusion Network (LINK) through the Self Advocates Forum and individual members of Carers Voice. Family carers are involved in the Six Lives Action Plan (Hull's response to Mencap's Death By Indifference) through strong membership of the Better Health sub-group. ➤ The Forum are now able to open and expand their membership to the inclusion of people with profound and multiple needs in the work of the Board as their confidence has increased through supported attendance at quarterly open days. Minority communities, including people that are traditionally excluded, are accessed as membership of the Self Advocates Forum progresses in a City that is increasingly diverse in its ethnicity and identity. ➤ We have a scheme called SCENE that facilitates individuals with a range of high support needs to access social and recreational opportunities. The scheme is a partnership with Hull City Council and The Humber Trust. All of the sessions facilitate nursing support to ensure there are no exclusions as a result of changes in health or behavioural deterioration.
Rotherham	<ul style="list-style-type: none"> ➤ Rotherham is the first Council to be awarded the Customer Service Excellence Standard. This standard is a tool for driving customer-focused change within services so that we continue to be a more efficient, effective, excellent, equitable and empowering service that always has the customer at the heart of decision making. The standard tests in great depth those areas that are a priority for customers with particular focus on delivery, timeliness, information, professionalism and staff attitude. There is also emphasis placed on developing customer insight, understanding the user's experience and robust measurement of service satisfaction. ➤ We are using the case register and other sources to identify and prioritise for planning using the groups identified by Valuing People <ul style="list-style-type: none"> ○ People with carers aged 70+ ○ People with profound disabilities (DoH definition) ○ BME groups ○ Young people in transition to adult life

Offenders with a Learning Disability

Barnsley	<ul style="list-style-type: none"> ➤ There are close links with the Criminal Justice Liaison Team and people going through the criminal justice system are screened. Since April 09 people with learning disabilities are being tracked by the Criminal Justice Liaison Team.
Calderdale	<ul style="list-style-type: none"> ➤ The CLDT maintains contact with people who are detained with the criminal justice system. Strong links have enabled the CLDT to make robust plans for 2 people on their release from prison in 2009. This work has included developing a link with 2 local landlords who have been willing to provide tenancies in suitable areas of Calderdale.
Hull	<ul style="list-style-type: none"> ➤ There is a learning disability nurse funded by NHS Hull working within the local prison service and undertaking a needs analysis, In Hull prison, this work links with East Riding who are undertaking a screening exercise in Everthorpe and Full Sutton. ➤ There are also two practitioners within CTLD trained to deliver the Sex Offender Treatment Programme (SOTP), which has been adapted to support people with learning disabilities and is being offered in partnership with the probation service.

Miscellaneous

Barnsley	<ul style="list-style-type: none"> ➤ BAISS (Barnsley Assessment & Intensive Support Service) team who offer specialist support to adults with a learning disability who present severe challenging behaviour. ➤ Active Health Week which took place in the summer of 2009. Over 100 service users took part in walks, football and other sporting activities in a structured week of activities supported by local elected members and locally based sporting personalities such as Dickie Bird and Clinton Woods. This programme had the aim of introducing the concept of exercise to service users daily routine with the desired outcome being to promote healthy living and involvement.
East Riding	<ul style="list-style-type: none"> ➤ Stagecraft Workshop Group are part of Castaway Music Theatre Group.
Calderdale	<ul style="list-style-type: none"> ➤ There is now an Approved Mental Health Practitioner within the CLDT which has improved the teams ability to respond to people suffering an acute episode of mental health and seek the correct medical support.
North Lincolnshire	<ul style="list-style-type: none"> ➤ Access to Leisure ➤ The Valuing People Partnership Board funded a post to increase the accessibility into leisure opportunities for

	<p>people with learning disabilities. The outcomes for this project has been to enable 52 individuals to access a healthy weight loss course, sport in both sports clubs and voluntary settings, training to be sports leaders and hosting keep fit cafe. The role is also educational, working with individuals and their families and carers about the importance of taking part in activities.</p>
North East Lincolnshire	<ul style="list-style-type: none"> ➤ Planning4Care pilot site (strategic planning)
Wakefield	<ul style="list-style-type: none"> ➤ there is a BME development worker whose role it is to improve the BME Community's access to services and the cultural competency of the services that are provided. A key success is the take up of direct payments with 50% of people from the BME community having now taken them up. ➤ Person Centred Plans use equality monitoring to ensure equal access to the service. The 'What's important to and for' tool allows cultural needs to be considered as part of planning and in order to understand the deeper meaning of information provided, cultural issues are considered.
Rotherham	<ul style="list-style-type: none"> ➤ June will be our 'Having Friends' event with an event on 25th June where service users will learn about relationships, how important they are, about friendships and what extra support a person might need to make friends and how to be a friend. Understand their right have a relationship. We will support service users to understand the meaning of consent and social boundaries, and the different kinds of friendships and relationships. They will find out how to increase their social network opportunities and where to go and how to meet friends safely. They will know what a safe relationship is and when they should talk to someone in confidence if they are concerned. Also learn about face book and internet chat rooms and the risk they may hold. ➤ Services for people with Autism- REACH Day Services and Healthy Easting Project ➤ A significant development of the Rotherham Learning Disability Partnership Board has been the development of the Board's Performance and Improvement Group which meets between Partnership Board meetings and is responsible for the monitoring of the work of the Board. This has resulted in more effective leadership and monitoring of Valuing People Now. The group comprises of the Co-Chairs, our service user and family carers, the lead officer, the Partnership Board Support Officer and a small number of service staff who are co-opted onto the group for specific pieces of work.
N/Yorkshire	<ul style="list-style-type: none"> ➤ At the start of 2009 the Community Lives Task Group (CLTG) took the role of monitoring the impact of changes to day services largely arising from the closure of Ashlands Day Centre.
York	<ul style="list-style-type: none"> ➤ A comprehensive payment system for volunteers involved in the work of both the Partnership Board and its groups.

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