

HIGHLAND LEARNING DISABILITY SERVICES

PARTNERSHIP IN PRACTICE AGREEMENT

2007 - 2010

Highland Council

NHS Highland

January 2008

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PART 1

BACKGROUND

The same as you? A review of services for people with learning disabilities was published in 2000 by the Scottish Executive and was the first major review of learning disability services in Scotland for more than twenty years. The review identified its key aim as helping people with learning disabilities to be included – in community life, in education, in leisure and recreation, in day opportunities and particularly in employment. At the centre was the recognition that there needed to be a major shift to person-centred and needs-led approaches, thus putting the individual at the heart of decision-making.

It was recognised that the scale of a change such as this would be immense and so a new 'Change Fund' was identified to assist local authorities to deliver the new agenda.

One of the 29 recommendations of *The same as you?* was that local authorities and health boards should draw up Partnership in Practice Agreements, also known as PiPs. These are designed to serve as the key vehicles for delivering the aspirations of *The same as you?* and reflect the partnership between Social Work and Health agencies that forms the basis for delivery. This document forms the basis of the third Highland Agreement and covers the period 2007- 2010. The Agreement reports on the progress that has been made thus far and indicates the priorities for action over the next three years.

As with previous Agreements, the new Agreement is consistent with the principles that underpin *The same as you?* :

- Helping people with learning disabilities to achieve a fuller life by participation in mainstream services – employment, leisure, education, day services and community life
- Shifting to a person-centred and needs-led approach
- Providing better information to make informed choices, and to be helped in this through advocacy
- Improving locally-based services and opportunities
- Shifting the balance of services into the community away from hospitals and day centres
- Working towards a more effective partnership between professionals and agencies, including service users and family carers
- Raising awareness among the community at large enabling greater acceptance of people with learning disabilities and reducing stigma and prejudice

INTRODUCTION

The new Partnership in Practice Agreement is informed by the document published by the Scottish Executive in 2007 entitled *The same as you? Partnership in Practice Agreements 2004-07: National Overview and Next Steps*. The aim of the national overview was to provide feedback on the key messages that emerge from a review all the 2004-07 PiPs and takes account of evidence from other sources including the views of specialist practitioners on how well plans address autistic spectrum disorders and meeting the general health needs of people with learning disabilities. The report aims to highlight and share positive developments and practice and inform this latest round of Agreements. Local agencies and partners are therefore asked to consider the key themes in this report and how they sit with locally agreed priorities for future action:

- Health promotion and improving access to health;
- Local area co-ordination;
- Carers;
- Short breaks and respite;
- Autistic Spectrum disorders;
- Direct Payments;
- Day services: further education and employment;
- Supported living;
- Vulnerable adults.

The new Agreement aims to build on the progress made since 2001 in Highland, when the first Agreement was drawn up. It highlights the current challenges which face services for people with learning disabilities and outlines how services will develop during the next three years.

Over the last three years, considerable progress has been made to meet the objectives as set down in the Partnership in Practice Agreement 2004-07 and this is identified and discussed in detail. However, there remains a challenging agenda for service delivery notably influenced by a changing demographic picture with people with learning disabilities living longer, many of whom have very complex needs as adults and who exhibit challenging behaviour. It is quite right that people with learning disabilities and their carers now have higher aspirations and are better able to articulate these. However, the impact on the Highland Council of tighter resource settlements from the Scottish Government than in previous years means that increasingly, services need to be directed to those who are most in need.

The new Agreement has been developed within a fast moving policy context and so takes account of a number of recent national policy directives and guidance:

- ASD Needs Assessment Report – Implementation and Next Steps (2006);
National Overview and Next Steps – PIP Agreements 2004-2007 (2007);

- 'Make My Day' – SAY Day Services Report (2006);
- 'Changing Childhoods?' – SAY Childrens' Services (2006);
- 'Having Your Say?' – SAY Report into Advocacy Services (2006);
- People First Highland PIP Survey (2007);
- Learning Disability Health Action Plan – NHS Highland (2007);
- Health and Happiness Interim Evaluation (2007);
- Highland Independent Advocacy Plan – 2007-2010 (2007);
- Highland Joint Learning Disability Audit (2005);
- Social Work Inspection Agency Report – Highland Council Social Work Service (2007);
- 'Partnership Matters - support for students with additional needs' (2007);
- For Highland's Children 2 (2004-07) – Highland Children's Plan

The statement below, which was agreed by key stakeholders as the guiding values in the first PiP and which was re-stated in the 2004-2007 Agreement remains the basis on which this Agreement is also founded:

We are all individuals with rights and we respect one another's differences
 As citizens we are entitled to fairness, courtesy and respect
 Sometimes we are treated unfairly and we will work together to change this
 We all have a contribution to make to our communities and should have the choice whether to do so or not

The 'Vision for 2020' was also stated in the previous PiP and remains the long-term goal. It is adopted from the organisation named 'Health and Happiness' which has worked since 2002 to improve the health and well-being of people with learning disabilities in the Highlands by promoting local solutions to meet local needs identified by local people:

Our Dream

'The Highlands will be a place where we have control over our own lives and the services we receive. We will be part of our local communities; living here, working here and enjoying leisure, recreation and education here. We will enjoy better health and we will be free from bullying and harassment.'

HOW ARE WE MEETING THE KEY GOALS OF *The same as you?*

1. 'Helping people with learning disabilities to achieve a fuller life by participation in mainstream services'

In practice, this means enabling people to take a full part in the community by using and benefiting from the services used by everyone, including health, education and training, employment, leisure and recreational facilities, voluntary work and other community activities.

Participation in day activities is a key element of this goal, and the SAY National Implementation Group Report of the Day Services Sub Group '*Make My Day*' published in 2006 identified a number of key themes to guide the development of day services including:

- varied and flexible services
- inclusion in and valued contribution to local communities
- purposeful activity
- person-centred approach
- service user and carer involvement in running services
- partnership working with a broad range of stakeholders

In Highland, day services have been adapting and evolving to begin to make the kind of changes suggested by '*Make My Day*'. Already steps have been taken to close one day centre with service users enabled to participate in more mainstream activities. The future of a second day centre being reviewed and a consultation has been undertaken. Although a wider review of the Council's day services is planned, it should be noted that '*Make My Day*' does not advocate the closure of all day centres; rather an approach that is flexible and geared to different individuals is needed.

There is a continuing emphasis on providing employment opportunities for people with learning disabilities. The Performance Inspection of the Social Work Service undertaken in 2006 by SWIA highlighted the failure of the Highland Council to offer employment opportunities in some remote areas. One of its 21 recommendations specifically addresses this which is now being implemented and that implementation. The Social Work Service is working closely with colleagues elsewhere in the Council, notably in Personnel Services to implement a detailed action plan in respect of this and implementation is being closely monitored. However, performance in Highland is better than some areas and examples of successful supporting of individuals can be pointed to. Fifty individuals are currently being supported in part-time and full-time employment in a variety of settings across Highland. The 'Workstep Programme' has made a difference in enabling more people to access employment, whilst the 'SHIRLIE Project' is currently the main voluntary organisation providing job coaches for people with learning disability. 'JobConnect' in Badenoch and Strathspey works with local employers to increase understanding of the needs of

employees and work opportunities. However there is considerable scope for improvement in finding more opportunities in the future.

The 'Leisure Link Project,' which operates in three areas, has successfully promoted access to mainstream activities including an allotment project in Nairn, gym sessions, a drumming project and Joss Street café in Invergordon amongst many others.

The 'People First' User and Carer Survey (2007) which was undertaken for the purposes of informing the new PiP highlights the importance of education and training in enabling people to learn and acquire skills to move into employment and other activities. However both the consultation and the *'Make My Day'* report stress that education and training, whilst being useful in themselves, need to lead to a positive outcome. The Survey quotes: 'For many, college is seen as a merry-go-round.....with nothing tangible on offer afterwards.'

'Partnership Matters' (2007) emphasises the need to work with other agencies to improve the experience of further education for people with learning disabilities, and successful partnership working in the future will be a key driver to improvements in not only education and training but also daily activities, leisure, and recreation.

2. 'Shifting to a person-centred and needs-led approach'

Achieving this goal is reliant on moving away from institutional care to a flexible and individual approach.

The introduction in 2004 of a Single Shared Assessment for people with learning disabilities in Highland has enabled a more person-centred and individualised approach to needs-led assessment and encouraged greater sharing of information between agencies.

A Learning Disability Planning and Review Team was set up in 2003 with finance provided through the Change Fund. This was designed to ensure that people with learning disabilities have properly structured care plans which are reviewed on a regular basis. The aim is to promote the development of Personal Life Plans (PLPs) for as many service users as possible, incorporating a holistic approach to include aspirations, goals and long-term plans as well as health and social care needs. The stated aim in the last Agreement was for an additional 200 PLPs to be in place by 2007. however, progress has been slow as it has been necessary over this period for Planning and Reviewing Officers to prioritise other work including the major Learning Disability Audit which was undertaken within the Service. More recently, one of the Planning and Reviewing Officer has taken on the responsibility for managing the Resettlement Team and will continue in this role until the New Craigs Resettlement Project is complete.

Nevertheless, the Service recognises the key importance that regular reviewing has in ensuring that appropriate levels of service are maintained

and developed. To ensure that greater emphasis is given to the activity of reviewing, the Service is revising its reviewing procedures with a view to these being strengthened. To support this activity at team and area level, the proposals for the restructuring of Community Care Services include the creation of an additional Planning and Reviewing Officer, thus ensuring that there are dedicated resources in each of the three new areas.

Of the 96 service users interviewed for the People First Survey, 54 had a PLP and 81% of those said that it had made a difference to their lives. A similar percentage of those who did not have a PLP said that they would like someone to talk to them about what is important to them and to undertake life plan with them. Once the Planning and Review Team is up to full strength it is proposed that the development and monitoring of PLPs will be promoted in the newly configured teams and new targets discussed and agreed.

3. 'Providing better information to make informed choices, and to be helped in this through advocacy'

Having your say? (2006) is the SAY National Implementation Group's report into advocacy services. Its recommendations will inform future advocacy plans and include:

- availability of a choice of advocacy projects
- views of service users taken into consideration when planning
- residential settings must have places where people and advocates can meet in comfort and privacy
- advocacy plans should state how people can get advocacy support on other issues such as transport
- advocacy organisations should be more proactive in seeking wider funding sources
- advocacy projects should reflect diversity
- plans should include how children can access advocacy
- level of service should be measured against standards
- advocacy services should be flexible

Advocacy services in Highland have been strengthened since 2004 with a greater choice becoming available. 'Advocacy Highland' has established itself as the major provider of independent advocacy services and the 'ACE' advocacy service has successfully provided advocacy for all the service users who have and will be leaving New Craigs Hospital to live in the community. 'The Princess Royal Trust for Carers' has provided a similar service for carers. 'People First' provides collective advocacy and is called on to provide an independent consultation service. An example of this was a major survey in 2007 to inform the development of this new PiP. 'People First' was also commissioned to undertake a consultation exercise to inform the development of modernised services for people with learning disabilities in Lochaber and in particular, the future of the Angus Day Centre in Fort William. In 2008, a Citizen Advocacy Service will commence and another Collective Advocacy project is due to be initiated.

167 people have received an advocacy service in 2007. Independent Advocacy has developed strongly in Highland since Advocacy Highland was established in 2004, and service users and carers have confidence in the service being able to reflect their views.

Information about general and specific learning disability services is available to service users and carers in a number of different formats. Leaflets and publications have been developed in accessible and easy-read formats. These include materials that support the work being undertaken to support vulnerable adults and the 'It's My Choice' information brochure published jointly in 2005 by 'Children in the Highlands Information Point,' 'CHIP+' and the Highland Council. This is in the process of being updated and re-issued. The Highland Council and NHS Highland also have websites which are designed to be accessible by service users and carers.

The SWIA Performance Inspection, referred to earlier, specifically sought views from service users and carers about the access to information about Council services. Whilst service users were generally satisfied, it was evident from carers that they found it hard to obtain clear information. The Social Work Service is therefore committed through the Action plan now agreed with SWIA to developing a carers' information strategy and to making significant improvements to its Community Care website. It is also proposed that improvements be made to the website facility for Children's Services.

4. 'Improving locally-based services and opportunities'

The geography of the Highlands makes this an extremely challenging task. In an area which is 200 miles from North to South, and 150 miles from East to West, with scattered and remote rural communities as well as urban centres, and poor public transport, it is not possible to provide the same level of service in every location. In addition it is often the case that it is more difficult to recruit staff in the remoter areas.

However, there is a commitment to ensure that as far as possible, service users in the more remote areas are not disadvantaged. Indeed much has been done in an effort to provide an equitable service provision and to ensure that people in the outlying areas can access services, even if it is not always possible to access the variety available in the Moray Firth basin. For example, in Wester Ross, a support worker assists a service user to participate in a gardening project which otherwise he would have difficulty in accessing, and a supported housing project on Skye provides accommodation and support to 10 people, with a further 3 supported at home by the outreach service.

The 'Health and Happiness' approach has been to allocate resources and decision-making to what were the eight Highland Council areas which has enabled solutions being found which have been tailored to meet local

need. This has been achieved through the development of Local Action Groups, which have met together to identify needs and draw up local action plans. In conjunction with this, the Local Implementation Groups (known as LIGs) have also acted as a means for the Highland Council and NHS to engage with local communities. One example where the LIG has been influential in shaping developments has been in Caithness where it has had a say in the refurbishment of Grant Street Hostel in Wick.

The Highland Council Community Care and NHS Highland Learning Disability services provide a community service for people with learning disabilities in each area, with specific day services being offered in Sutherland, Ross-shire, Skye, Inverness, Badenoch and Strathspey and Lochaber. As part of the major restructure of the Social Work Service, younger adult teams are being created, which will demonstrate an enhanced commitment to and prioritise services in each locality for people with learning disabilities.

One of the major difficulties of geography is being able to recruit, retain and support sufficient specialist care staff to enable people with complex needs to remain in their own homes. Nevertheless, the Social Work Service has been successful in supporting people by means of very complex packages. This is often done through the commissioning of individual, personalised services from partner agencies such as SENSE Scotland. Examples of these can be found in remote areas within Skye, Lochaber and Ross-shire. To sustain individualised packages of this sort is more challenging and more expensive than a cluster model of the sort being developed as apart of the New Craigs Resettlement Project, for example.

Out of area placements are still required and being accessed for both children and adults with complex needs because resources are not currently available in Highland. Some efforts to reduce numbers of children and adults having to move outside of the Highland area have been successful and overall, numbers have reduced. However, the overall position has not changed significantly since the publication of the last PiP. Plans are being considered in each of the three Council areas to rectify this situation by creating opportunities whereby people who wish to come back to live in Highland can do so by the use of alternative ways of providing care packages at home. This will meet the need to provide locally-based services and be more cost-effective.

One of the key recommendations from *The same as you?* was for the recruitment of Local Area Co-ordinators who will 'co-ordinate services and provide information, family support, and funding to individuals and their families'. Thus far it has not been possible to appoint Local Area Co-ordinators in Highland.

Health and Happiness has successfully made a bid to the Big Lottery Fund for a sum of £800,000 to recruit eight Community Connectors whose role will be similar to Local Area Co-ordinators. The bid is supported by

£300,000 from the Change Fund. Recruitment will commence in early 2008, with staff in place by April 2008. The role of community connectors is to work towards reducing the social isolation of adults with learning disabilities across Highland. They will do this by working with individuals, their carers and families to increase their social networks, inclusion in community life and improving access to mainstream services and opportunities. The project will also work to raise self-esteem and confidence, increase awareness of the choices they can make and ability to plan for the future and give them a voice in issues affecting them through improved life skills.

5. 'Shifting the balance of services into the community away from hospitals and day centres'

The same as you? set a target for all long-stay patients in learning disability hospitals to be re-settled in the community by 2005. Following initial delays, including delays in securing appropriate levels of funding and planning and site issues, the New Craigs Resettlement Project is underway and the target is now expected to be fully achieved by the end of 2008. This has been a major priority for the Highland Council Social Work Service and NHS Highland and we are pleased now to be seeing real evidence of progress and its actual impact on individuals and their families. The Project is a major piece of work based on a strong and successful partnership between the Highland Council Social Work Service and NHS Highland who are working closely with housing and care providers, service users and carers to ensure successful outcomes for people who have in many cases lived for much of their lives in an institutional setting. Involvement of service users and carers supported by independent advocates has been key and has notably included full participation in the successful tendering for a care provider and recruitment of staff.

As highlighted in section 1 above, some changes have already taken place in the provision of day services. A review of day services is planned within the next three years based on the recommendations of 'Make My Day' and the People First survey. It is recognised that in the future day services need to be modernised and be more flexible in terms of meeting people's individual needs. The importance of involving services users, carers and staff in what is likely to be a major programme of change is not underestimated as some may find it difficult to accept and move away from traditional models of care. The current restructure of community care services takes this into account in that new resource management posts are being proposed to acknowledge and reflect the importance of strong leadership and supportive management. Appropriate training and development opportunities for staff will also be developed in order to support what is likely to be a major shift in culture and thinking.

6. 'Working towards a more effective partnership between professionals and agencies, including service users and family carers'

Mention has already been made of the successful partnership working that underpins the New Craigs Resettlement Project. Indeed this is acknowledged in the aforementioned SWIA Performance Inspection Report specifically in respect of the key role of service users and carers, supported by individual advocates.

The development of Local Implementation Groups in 8 local areas from 2004 onwards has enabled service users, family carers, statutory agencies and the independent sector to come together to discuss how to implement the PIP and the goals of **The same as you?**

The 2004-2007 PiP detailed the way that LIGs have worked successfully and effectively to plan services locally and to advise on the future direction. It also showed how service users had been given support to participate in and, in several groups, to chair meetings. Some, such as the Inverness and Lochaber LIGs, have thrived and have had a significant representation from service users. Indeed at some meetings they are in the majority. However, this is not universal and LIGs have not all developed in the same way. Unfortunately, it is the case that several have ceased to function.

Since 2001, both the Highland Council and NHS Highland have undergone major re-organisations and Council and CHP areas are now more co-terminous. There is therefore an enhanced opportunity for joint working, including reviewing the LIGs to ensure that their focus is on delivering the priorities identified in the PiP and their progress in terms of achieving outcomes is properly monitored and built on. Joint working between the two main statutory agencies, happens at several levels. At the level of front-line services, there is one Community Learning Disability Team which is based in Dingwall; in Inverness, the Social Workers and Community Learning Disability Nurses are co-located in the Corbett Centre, the day care facility in Inverness; and there is a similar arrangement in Nairn at Corsee. In all the other areas, Health and Social Work staff are located in separate buildings. In future, the creation of Younger Adult Teams within the Community Care part of the Social Work Service will allow the opportunity to build on current good practice and achieve co-location with the NHS wherever possible.

Joint working between the two main statutory agencies, Highland Council and NHS Highland, is at several levels. At the level of front-line services, there is one Community Learning Disability Team which is based in Dingwall, in Inverness the Social Workers and Community Learning Disability Nurses are co-located in the Corbett Centre, and there is a similar arrangement in Nairn at Corsee. In all the other areas health and social work staff are located in separate buildings. The creation of younger adult teams within the community care service allows the opportunity to

build on current good practice and achieve co-location with the NHS wherever possible.

The joint inspection of the learning disability services in the three Ayrshire local authorities in 2007 provides a model for a multi-disciplinary approach to planning services in the future. NHS Highland is already looking at how the model can help with health service provision.

At an operational and planning level, there are a variety of multi-disciplinary groups which meet regularly to progress specific agendas. These include the Learning Disability Health Network, the Re-settlement Team, and the For Highlands Children groups. These groups are actively involved in the planning of services based on the principles of ***The same as you?***

At a Senior Management level, the newly established Joint Community Care Management Group, with representatives from the Community Care Service Managers and CHP Managers, is responsible for the monitoring of learning disability services throughout Highland. The Chief Officers Group is replaced by a Leadership and Performance Board which will provide a strategic lead at the highest level.

There is considerable scope for increasing the level of joint working on the ground with greater use of co-location and integration of services. However consideration of any such developments is not possible until the Highland Council re-structuring of community care services has been completed in 2008.

The development of Health and Happiness is a good example of successful and effective partnership working. The draft independent evaluation of 'Health and Happiness' undertaken in 2007 reports that it works with 42 separate agencies across Highland and its governance is based on a Board and Partners Group both of which have significant Expert representation. Health and Happiness decided at an early stage that people with learning disabilities would be referred to as Experts because they are experts in what they need and want.

7. 'Raising awareness among the community at large enabling greater acceptance of people with learning disabilities and reducing stigma and prejudice'

A variety of different projects and organisations work towards reducing stigma and promoting greater awareness in communities. These include 'Health and Happiness' and 'People First.'

The very fact that more people with learning disabilities are now living in the community and taking a more active part in community life is in itself a positive factor in reducing stigma and increasing public acceptance. Local media, including Moray Firth Radio, handle stories about learning disability

more sympathetically than in the past. There is also positive awareness about the success to date of the re-settlement programme.

An anti-bullying project has been operating in both primary and secondary schools in the Inverness area since 2002. This has involved people with learning disabilities service users talking about their experiences of being bullied as a result of their learning disability. The project was started through the Corbett Centre after service users had been talking about being bullied on buses and when out and about in the city. Key Housing is also involved in this initiative. Although confined to the Inverness area, the project may be extended into Easter Ross in the future.

There are several social enterprises which are run by people with learning disabilities, which provide a public service. These include the Crumpets Café in Inverness and the Caberfeidh Bookshop in Kingussie, both of which promote a greater acceptance of the role played by people with learning disabilities in their community. The Corbett Centre has strong local community links and offers work placements at a local soap manufacturer.

In addition, there are an increasing number of arts projects, including Art TM and the Falcon Project involving music, art, exhibitions and drama which provide a showcase for artistic expression and talent. A number have made DVDs to publicise their work to a wider audience.

‘People First’ Partnership in Practice User and Carer Survey

In the summer of 2007, ‘People First’ undertook a survey of service users and carers in order to ensure that the voice of people with learning disabilities and their carers were taken account of in the new PiP.

A total of 96 service users from across every area of Highland were interviewed and 31 carers responded to a postal survey, The following major issues were identified:

- housing
- employment
- education
- day centres
- health
- friendships and relationships
- leisure
- short breaks and holidays
- life in general

These factors coincide generally with those identified in the ‘National Overview and Next Steps – PiP Agreements 2004-2007 (2007):’

1. Housing

Around 37% of service users interviewed lived with their family, 47% lived on their own, and the remaining 16% were resident in a care home or residential college. The majority of those at home clearly indicated a wish to be in their own home. In general people were fairly happy with their living arrangements but problems identified include: poor transport provision, lack of things to do, arguments with housemates and problems with local children. Support staff and family were seen as helpful in terms of improving living arrangements.

2. Employment

Just over half (50) of the service users interviewed had a job, although only a third were in paid employment. However this meaningful activity was seen as very positive and important in terms of confidence-boosting. Of those who do not currently have employment, nearly two-thirds said that they would like to work. Many indicated that they would need support to do this.

3. Education and Training

Nearly a third of those interviewed attended college, including residential establishments. Some had been attending for a number of years, the average being around 4 years. Most enjoyed it but for many, it was seen as a way of filling in time, with nothing afterwards. Only 40% moved on to employment, the remainder went to day care or did nothing.

4. Day/Resource Centres

Half of those interviewed attended a day centre at least once a week. The average attendance was 3- 4 days per week. Almost all enjoyed going to the centre, particularly the social aspect, but some felt that new faces, more activities, fewer arguments and centre refurbishment would improve their experience. 27 of those interviewed had attended a day centre in the past, but stopped going because they felt it did not offer them anything worthwhile. Carers generally welcomed the approach of the day centres, but some commented on a limited range of activities and resources.

5. Health

Over 90% reported general good health and report a good experience of treatment from their GP. Most felt that they had access to someone they could talk to about health problems, feelings and emotions. Some carers did however express the view that the health system was too time-consuming and complex and could be made simpler.

6. Respite and Short Breaks

90% of those interviewed get breaks or holidays away from home. Of these, a quarter took advantage of respite opportunities offered by Social Work, the rest went on holiday, either within the UK or further afield. Reasons for not being able to take a break more often were not being able to afford it (50%), lack of support or company and poor health.

7. Friendships and Relationships

Half of those interviewed have a partner. A significant number would like to have more information about relationships, including sex, sexually transmitted diseases, babies and contraception.

8. Leisure

Around 90% of those interviewed manage to do the things they want to do in their spare time, including crafts, sports, etc. Many would like to do more, but were prevented by a number of factors, including lack of support and company or money. Carers felt that they had to take full responsibility for taking their relative out and this often resulted in little time for themselves.

9. Worries and Concerns

Over three quarters of carers expressed concern about the future and the happiness and wellbeing of the person they were caring for. Not all the service users felt they had someone they could talk to about their worries and concerns but most had someone, whether a friend, professional or support staff, who they could call upon to help them.

10. Life in General

Personal Life Plans (PLPs) were considered by those who had them to make a difference to their lives. 80% of those who did not have a PLP felt that this would be helpful.

Most of those interviewed were generally happy with the way they were treated at home and in the community, but some indicated that they were treated with a lack of respect or bullied and laughed at. The most important things for the majority were family and friends, independence, accommodation, work and health. One quote from the survey about the most important things: "Living independently, and having the freedom to go out and about, just doing ordinary things"

Carers generally felt they needed more time, more help, more support and opportunities to have a social life. One carer is quoted from the survey: "To be able to give him as much independence and ability to live safely and happily as possible. To make sure people have a proper understanding of his disability – everyone is different, even people with the same disability."

11. And Finally...

The survey concluded with a number of quotes and comments from service users and carers, some expressing concern about lack of services, especially in rural areas and the transition from children's to adult services. Service users expressed a variety of views from optimism about the future to concern about a lack of things to do. Overall, the survey reflected a wide variety of views and concluded that whilst many service users were contented with their lives, there were areas where service provision could be improved.

The Highland Joint Learning Disability Audit

The Audit was carried out on behalf of the Highland Council and NHS Highland by an independent assessor and was completed in July 2005. It was carried out following the recommendation in Scottish Borders Report of 2004 that reviews be carried out to assess the level of risk and determine the quality of service for people with learning disabilities.

The Audit was based on a sample of 207 adults in Highland and addressed: assessment of risk and need; care and protection planning; risk management; monitoring and review; communication, collaboration and accountability; involvement of service users and family members; and skills and knowledge of practitioners.

Twenty key recommendations were made, notably that: assessment of need and risk should be better shared and communicated; capacity for reviewing to be increased; greater access to advocacy; joint assessment and planning for patients at New Craigs Hospital; training to be offered to staff in risk assessment and communication skills; and the promotion of joint quality assurance and sharing of good practice.

An action plan to deliver on the recommendations was developed and agreed by the Chief Officers Group and this was implemented in 2006. The majority of the recommendations have now been acted upon with the remaining actions being followed up.

PART 2

Progress since the last PIP

Hospital Closures

In 2004, the re-settlement programme in Highland had yet to be formally agreed and funding arrangements were not fully identified at that stage. It is now the case that nine long-stay patients have now been successfully re-settled with the remaining 28 due to move to single or shared tenancies in 2008. Many of these properties are newly built and in clusters, with excellent space standards and well-equipped, whilst retaining a domestic, homely feel. Some of the individuals have significant needs which are complex and are therefore supported by very individualised and intensive care packages. An Assessment and Treatment Unit is being developed on the New Craigs Hospital site and this will offer 6 beds. A specialist staff team is also being recruited in order to strengthen the community health service and to provide direct input, support and guidance for people with challenging behaviour.

The experience of those who have moved so far has been very positive and there are good examples to confirm that people are thriving as individuals and becoming integrated into their local communities. One advocate tells us that the person he is supporting "... was shopping for personal items in Inverness without the need for carer support and he took great pleasure in telling me about all the new things he has been doing. It's times like this that make the whole process worthwhile."

Advocacy

All those people being re-settled from the hospital are receiving an independent advocacy service through 'ACE Advocacy.' Their carers and families receive a similar service through the 'Princess Royal Trust for Carers.' As part of the re-settlement programme, a relatives group was set up and led by the New Craigs Advocacy Worker. This group has served to ensure that relatives have been actively involved in the re-settlement planning, received regular briefings from the Project Team and had access to Health and Social Work managers to address any specific issues. Service users and carers were supported by advocates to engage meaningfully in the successful tendering of care services.

Advocacy is available to any person with a learning disability who needs it from 'Advocacy Highland.' This service has been expanded as a result of the Mental Health (Care and Treatment) (Scotland) Act 2003. Carers can access advocacy services from the 'Princess Royal Trust for Carers.' 'People First' is now established as the major permanent collective advocacy service.

A Citizen Advocacy service is being developed by 'Health and Happiness' in partnership with 'Advocacy Highland' and this service is expected to start in 2008. The 'Autistic Rights Group Highland' is also developing a collective advocacy service for people with Autistic Spectrum Disorder. Individuals with

Autistic Spectrum Disorder will also be able to access advocacy through 'Advocacy Highland' from April 2008.

It is proposed that all the funds presently directed towards meeting the advocacy needs of the re-settlement programme will be redirected to other advocacy projects, once the project is complete.

Autistic Spectrum Disorder (ASD)

Adults

With funding from the Scottish Executive, a Project Manager was employed for 2 years from May 2005. Towards the end of this period, a report by the 'Adults with ASD Planning Group' reported to the Chief Officers Group which recommended a re-modelling of existing resources; re-deployment of resources used for out of area placements; investment in housing; and a re-distribution of investment from the voluntary sector to in-house services.

The decision of the 'Scottish Society for Autism' to withdraw services from Highland has released some funding to take work forward. Some discussions have taken place with service users and carers and further consultation will be taking place early in 2008 regarding the priorities for a replacement service. The Social Work Service Work is undertaking work in partnership with NHS Highland with a view to establishing a specialist service for adults with ASD. The restructuring within the Social Work Service to create Younger Adults Teams will in time create greater opportunities for staff to develop specialist knowledge in this area.

Children

Funding from the Children's' Service Funds and the Change Fund has created five new specialist ASD posts for children:

- 1 whole time equivalent Clinical Psychologist
- 1 whole time equivalent Speech and Language Therapist
- 0.5 whole time equivalent Dietician
- 1 whole time equivalent Occupational Therapist
- 1 whole time equivalent Social Worker

The Change Fund has also contributed towards the creation of six Family Keyworker posts

Direct Payments

The number of people with learning disabilities accessing direct payments has increased by 350% since 2004. Highland is keen to promote its Direct Payments Scheme and as such, has the highest number of people in Scotland accessing them. A Direct Payments Officer has been in post for two years and provides essential information and support to both professional staff and those who are considering or been awarded a direct payment.

However given the need to fund direct payments from mainstream Community Care and Children and Families budgets, there is a likelihood that the current rate of increase could affect services overall in the long-term.

Employment

Numbers of people accessing employment in its widest sense continues to increase. The activity generated by 'Health and Happiness,' the 'SHIRLIE Project,' the Highland Council Supported Employment Project and by the day and resource centres provide a wide variety of opportunities.

The 'People First' survey found that only about a third of those interviewed worked for more than 16 hours per week and a similar proportion were paid. The majority however found that employment made a great difference to their self-esteem and self-confidence, whether or not they were paid or full-time. It is also significant that around two-thirds of those interviewed who were not working said that they would like a job. The survey also found that people generally did receive the support they needed to continue working from job coaches, day centre staff, volunteers and professionals.

Local Area Co-ordination

Although Local Area Co-ordination has still not yet been developed in Highland, the action plan commissioned as a result of the last PiP has been implemented and eight 'Community Connectors' will be recruited by 'Health and Happiness in the Highlands' in 2008 to provide a local service. Funding has been obtained from the Big Lottery Fund, supported by £100,000 committed from the Change Fund.

'Health and Happiness' has generated considerable expertise over the last five years in the development of local projects and its experience will be essential to the successful introduction of local co-ordination.

Information and Awareness

The Highland Council website has been expanded to reflect changes in policy and service provisions and further development improvements are planned.

A new CareFirst information system was introduced for Social Work staff in September 2007 and will ensure a better collation of information about people with learning disabilities for planning purposes in the future.

The 'Its My Choice' leaflet was published in 2005 and is currently being updated and expanded, to be re-issued in November 2007. The 'Love is...' policy was published in October 2007 and includes an easily accessible leaflet as well as advice and guidance for service users, carers and staff about relationships and sexuality.

Involvement in Planning

In 2004, at the time of the last PiP, Local Implementation Groups were becoming established and in general, particularly in Inverness and Lochaber, they have had strong representation from service users and carers as well as the statutory and independent sector agencies. LIGs have acted as a useful forum for planning, consultation and looking at how the principles of ***The same as you?*** are taken forward into practice. Unfortunately, the early enthusiasm for LIGs has not been sustained in all areas and the current restructuring of Highland Council provides an opportunity to review and restate the role of LIGs and to revitalise them in areas where they have stopped meeting.

'People First' have been actively involved in consultation exercises to assist planning, in particular in 2007 conducting the PiP survey discussed earlier and a consultation in Lochaber regarding the future of the Angus Centre in Fort William. The organisation is currently involved in an exercise reviewing the impact of the Highland Council's 'Fair Access to Community Care' policy on people with learning disabilities.

'Health and Happiness' has strong service user representation (experts) on its board and within the Partners Group and the new Community Connectors project will be managed by a Board with two expert members.

Day Services

Since 2004 the Wellington Centre in Wick has closed and changes to the provision offered by the Angus Centre in Fort William are being proposed other premises. The 'People First' survey and '*Make My Day*' have highlighted the direction that day centre services may need to go during the next three years and will inform the review of day services which is planned.

Personal Life Plans (PLPs)

The target of an extra 200 people to have Personal Life Plans (PLPs) by 2007 has not been met. The Planning and Reviewing Team has not been at full strength and due to their specific expertise, members of the Team have been called upon to support key initiatives for periods of time. This has included support to the Learning Disability Audit and the Re-settlement Programme. Re-establishing regular and robust reviewing and strengthening the Planning and Reviewing Team is a priority of this PiP. The 'People First' survey emphasised the value of PLPs people as a way of ensuring that people's long-term goals and aspirations could be planned for.

Social Inclusion

The Re-settlement Programme will have succeeded in re-settling 38 long-stay patients from New Craigs Hospital into the community by the end of 2008 and the experience of those who have already moved into their own homes has been positive in terms of social inclusion and realising potential.

Organisations such as 'Health and Happiness,' 'People First,' and 'Key Housing' are all working in a variety of ways with local communities to overcome the barriers to social inclusion, as is the Highland Council in its resource centres and other establishments. The anti-bullying project in Inverness is a key example of this.

There has been a 10% increase in the number of people being supported to live in their own tenancies through Supporting People funding since 2004. However, there are still 20 children and adults in out of area placements, and 132 adults with learning disabilities in care homes. Since 2004 the number of out of area placements has reduced significantly, whilst there are eight fewer adults in care homes.

Training

Since 2004, over 500 people have completed training in the Crisis and Aggression Limitation and Management (CALM) technique, and over 3000 have undertaken the Vulnerable Adults training.

The 'Love is...' programme, which provides training and guidance to staff in the new policy about relationships and sexuality is also nearing completion.

Vulnerable Adults

The Highland Vulnerable Adults procedure was launched in 2003 and was revised in 2005, with a major training programme to raise awareness of the policy. It is being updated to reflect the provisions of the Adult Support and Protection (Scotland) Act 2007.

A post of Senior Mental Health Officer (Learning Disability) was created in 2005 with a remit to provide advice and guidance to staff about the use of legislation to protect vulnerable adults and to promote good communication and liaison among the agencies. This has proved extremely beneficial in terms of ensuring specialist input and support.

The 'Love is...' policy, as referred to above, was launched in September 2007 and includes advice and guidance on the protection of adults with learning disabilities who may be subject to sexual exploitation and abuse.

Challenges during the next three years

Much has been achieved since 2001 and the Highland Council Social Work Service and NHS Highland are keen to build on the progress that has been made. A number of significant challenges have been identified for the next three years and beyond and the main priorities for action between 2007 and 2010 are summarised as follows:

1. Monitoring the hospital closure programme

The hospital closure programme is entering its final phase and progress will be monitored to ensure that all the patients who were long-term residents in hospital have successfully managed the transition to living in the community. For those who have already moved, progress has so far been positive.

2. Reducing the number of out of area placements

There are still a significant number of children and adults in out of area placements and this position has not improved since 2004. The current restructuring of Highland Council provides the Service with an opportunity to address this position by looking at innovative ways of providing an alternative service in the community closer to home.

3. Services for adults with Autistic Spectrum Disorder (ASD)

Currently there is no specialist service for adults with ASD in Highland. The immediate priority during the next six months is to develop a plan based on the work of the ASD Planning Group and work in consultation with service users, carers and partner agencies towards the provision of a specialist service in 2008. Funding will be freed up at the completion of the Re-settlement Programme to support new developments.

4. Transition from children's services to adult services

Work is currently underway to develop robust guidance, policy and procedures to ensure smooth transition for individuals between children's and adult services. The aim is to provide a clear pathway which clarifies who is responsible and accountable for ensuring the service user knows what he and she can expect from the services and that the experience of transition is as seamless as possible. This will involve ensuring the interface between children and adult services is effective at strategic operational and individual case level.

5. Day services

It is proposed to undertake a review of day services during the life time of this PiP agreement. The review will specifically look at the role and function of day services informed by the 'Make My Day' report and the 'People First' survey and involve full consultation with service users, carers and others, and look at the connections with school, further education and employment.

6. Personal Life Plans (PLPs)

It is proposed to strengthen the Learning Disability Reviewing Team in 2008 following the completion of the re-settlement programme with the aim of increasing the number of people with PLPs to meet the target of 200 by

2010. The Reviewing Team will work closely with service providers and Council and NHS staff to achieve this. Funds released from the end of the re-settlement programme will be used to enlarge the Team

7. Local Implementation Groups (LIGs)

The future of the LIGs is currently under review in each of the three new Council areas with the intention of revitalising areas whose LIGs have ceased meeting, and reviewing the function and effectiveness of existing LIGs. This process will be completed in 2008.

8. Social Inclusion

The statutory agencies will continue to work with partner agencies including 'People First,' 'Health and Happiness' and 'Key Housing' to increase awareness in the community to enable greater acceptance of people with learning disabilities and to enable service users themselves to take a full part in community activities through day services and increased opportunities in education, training and employment.

9. Health Services and Health Promotion

The Learning Disabilities Health Action Plan will be implemented. This will include: access to health services, and specialist multi-disciplinary services in particular; provision of community-based services to meet the needs of adults with challenging behaviour and profound and multiple impairment and to address health inequalities.

10. Older People with Learning Disability

Work will be taken forward to ensure that those who provide mainstream services have a greater specialist knowledge and understanding of the particular needs of people with learning disability who also have dementia.

11. Short Breaks

In accordance with the PiP National Overview and Next Steps (2007), work towards addressing the lack of provision for emergency respite and short breaks and for people with complex and profound disabilities and challenging behaviour. Given the geography of Highland and the current financial climate, the Social Work Service recognises the challenges it faces in planning for and achieving this aim.

A total of 117 service users took advantage of community short breaks in 2007. The need for emergency respite is affected by the amount of planned short breaks available and also the support available at home.

12. Supported Living

Staff will continue to work in partnership to develop care packages to enable people to live in their own homes wherever possible by ensuring the most cost-effective use of resources and innovative ways of providing support. The National Overview emphasises the need to provide support to enable people to live as independently as possible in single or shared tenancies as part of a person-centred approach and Highland will capitalise on its learning and experience of adopting a “cluster” model for resettlement for future planning.

The National Overview also recommends that increasing priority is given to supporting older people in a community setting and the Council’s wider “Older People’s Strategy” needs to take account of the demographics as they pertain to the increasing numbers of older people with learning disabilities. The development of older adult teams in 2008 will also enable a focussed approach to meeting this priority.

13. Employment

The existing strategy for supported employment is being reviewed and will take account of the ‘*Make My Day*’ report and the ‘People First’ survey to ensure that there closer links with further education and training and the transition from school and day services is properly taken account of.

14. Local Area Co-ordination

The Council looks forward to working with ‘Health and Happiness’ to develop the innovative ‘Community Connectors’ programme in 2008. Eight ‘Community Connectors’ will be recruited early in 2008.

15. Vulnerable Adults

The Adult Support and Protection (Scotland) Act 2007 when it comes into force in October 2008 and the Service is working to develop revised Vulnerable Adults Procedures and a training programme to support the implementation the new legislation.

16. Further Education and Training

An urgent review is required to ensure that the relevant agencies are working together effectively to support people with additional needs to take advantage of further education opportunities in the Highlands. This review will take account of the recommendations as set out in ‘*Partnership Matters*’ (2007). Work is also needed to ensure that there are closer links between schools, day services and employment to ensure better transitions before and after further education.

Summary and Conclusion

Since the last PiP in 2004 there has been considerable progress made towards the achieving the goals set out in ***The same as you?*** Notably, the New Craigs Hospital Resettlement Programme is expected to be completed during 2008 and this has involved a significant amount of work and resources to achieve.

During the next three years, the Highland Council re-structuring will have a positive impact on the way services for people with learning disabilities are delivered and the change to three areas will allow for the major changes in approach that are required.

Key areas for development and review in 2007-10 include services for people with autistic spectrum disorder, day services and the Community Connector service to be managed by 'Health and Happiness.'

This PiP Agreement has focused on the themes highlighted in the 'National Overview and Next Steps' document, including employment, further education and day services. It is evident from the SAY reports, '*Partnership Matters*' and the 'People First' survey that keys area for development in the future are to strengthen the links between children's and adult services and to ensure that there is a closer relationship amongst and between the agencies responsible for day activities, further education, training and employment.

PART 3

Partnership in Practice Agreement 2007-10

Achievements and Aims

1. Advocacy	
<p data-bbox="236 454 766 521">What we have achieved so far and where we are now</p> <p data-bbox="236 562 831 674">Development of collective advocacy project – People First, representing service users views across the Highlands</p> <p data-bbox="236 781 807 999">Development of Princess Royal Trust (PRT) for Carers New Craigs Service to represent carers voice during the re-settlement from New Craigs Hospital PRT also provide a generic service to carers across the Highlands</p> <p data-bbox="236 1039 815 1184">ACE New Craigs Service - independent advocacy for people with learning disabilities affected by the re-settlement programme</p> <p data-bbox="236 1261 815 1476">Advocacy Highland – Generic service including people with learning disability, both adults and children. Extra funding provided in 2005 to meet the requirements of the Mental Health (Care and Treatment) (Scotland) Act 2003</p> <p data-bbox="236 1516 839 1697">Health and Happiness have plans to develop a Citizen Advocacy project in partnership with Advocacy Highland using funds released from the completion of the re-settlement programme</p> <p data-bbox="236 1738 815 1843">Collective advocacy – new development by the Autistic Rights Group Highland (ARGH)</p>	<p data-bbox="865 454 1302 488">Outcomes we are aiming for</p> <p data-bbox="865 562 1430 743">A strengthened collective advocacy service with People First continuing to obtain views from service users, carers and others and represent these in the planning process</p> <p data-bbox="865 781 1449 887">Advocacy for carers to continue for 3 months beyond the completion of the re-settlement programme in 2008</p> <p data-bbox="865 927 1267 960">A continued generic service</p> <p data-bbox="865 1039 1469 1220">Advocacy for service users to continue for 3 months beyond the completion of the re-settlement programme in 2008 Funding will be re-directed towards the Citizen Advocacy project.</p> <p data-bbox="865 1261 1437 1366">Continued development of advocacy services for all adults and children with learning disabilities who need advocacy</p> <p data-bbox="865 1516 1469 1583">Introduction of a Citizen Advocacy service in 2008/09</p> <p data-bbox="865 1738 1461 1805">Continued development of this service by ARGH in 2008</p>

2. Autistic Spectrum Disorder (ASD)	
<p>What we have achieved so far and where we are now</p> <p>Services for Adults An ASD project officer was employed for 2 years from May 2005 to analyse need and to draft plans for future development of the service. The project highlighted the marked increase in numbers of adults with ASD in the Highlands. The Adults with ASD Planning Group reported to the Chief Officers Group in December 2006 with outline recommendations as follows:</p> <ol style="list-style-type: none"> 1. Re-model existing resources to develop ASD services 2. Redeploy existing resources through return of those from out of area placements 3. Capital investment in housing 4. Redistribute investment in the voluntary sector to establish in-house provision <p>The Scottish Society for Autism service provided training for staff and advice and guidance for service users and carers until its contract came to an end in September 2007, following the recommendation of the planning group.</p>	<p>Outcomes we are aiming for</p> <p>Development of a specialist ASD service in 2008 following consultation with service users, carers, advocacy groups and others, based on the work of the ASD planning group. Options for funding include utilising resources currently funding the Re-settlement Programme from New Craigs Hospital which comes to an end in mid-2008 and a partnership agreement with NHS Highland. It is envisaged that the service will provide specialist support and advice and training for staff. The National Overview and Next Steps paper highlighted the need for recognition of the key role of local authorities and health boards, and the need for local authorities to develop ASD friendly services and incorporate ASD awareness and accessibility into mainstream services such as leisure and recreation. The proposed specialist service will take this into account.</p> <p>Clients of the service have been offered support by the Highland Council Community Care service until the specialist service can be developed</p>
3. Support for family carers	
<p>What we have achieved so far and where we are now</p> <p>Short breaks and outreach support are available to carers and siblings of children, young people and adults</p> <p>Carers are offered a Carers Assessment and a Carer Support Plan.</p>	<p>Outcomes we are aiming for</p> <p>An assessment during 2008 of the need for emergency respite and short breaks for people with profound disabilities and challenging behaviour.</p> <p>Completion of the Carers Strategy in 2008 to inform future services.</p>

<p>The Princess Royal Trust for Carers provides advocacy for carers of people being resettled from New Craigs Hospital and for carers generally in the Highlands.</p>	
<p>4. Services for Children</p>	
<p>What we have achieved so far and where we are now</p> <p>4.1 Transition from Children's to adult services A Transitions Co-ordinator has been in post since 2005 Following extensive consultation with young people, a policy, guidance and procedures for the transition from children's to adult services is in the process of completion</p> <p>The Highland Council has developed a 'More Choices, More Chances' strategy group to direct projects to ensure greater involvement of young people not currently in employment, education or training.</p> <p>The Change Fund has also contributed towards the creation of 6 Family Keyworker posts</p> <p>4.2 Autistic Spectrum Disorder Funding from the Children's Service Funds and the Change Fund has created five new specialist ASD posts for children: 1 wte Clinical Psychologist 1 wte Speech and Language Therapist 0.5 wte Dietician 1 wte Occupational Therapist 1 wte Social Worker</p> <p>An Autism Pathway has been</p>	<p>Outcomes we are aiming for</p> <p>Improved transition from children's to adult services resulting from the guidance for schools, policy and procedure which will be implemented early in 2008. The procedure will emphasise the need for planning and for adult services to be involved as early as possible.</p> <p>Development and implementation of the strategy in 2008/09 to involve young people in projects to enable them to engage in meaningful activity.</p> <p>That the Family Key Workers assist with the management of transitions planning and ensure involvement of adult social work services where necessary.</p> <p>An integrated multi-agency ASD Children's Team will be based at The Pines – a purpose built centre on the Drummond School site - from late 2008</p> <p>Ensure that families know what to expect</p>

<p>developed to promote the integration of assessment, diagnosis and service provision.</p> <p>Multi-agency training has been delivered for mainstream practitioners, with specialist training on Aspergers Syndrome</p> <p>Early Bird training for parents of pre-school newly-diagnosed children, and training by the National Autistic Society for parents of older children has also been provided</p> <p>4.3 Children and Learning Disability 750 children who have a record of needs have been reviewed and considered for a co-ordinated support plan (CSP). 60 children now have a CSP.</p> <p>The 2005 Additional Support Needs Act was successfully implemented in 2007</p> <p>For Highland's Children (FHC 2) provides for improved services for children with disabilities generally. The planning for FHC 3 is underway</p> <p>A bid has been drafted to enhance child and adolescent mental health services for children with learning disabilities</p> <p>A strategic working group for children with profound and multiple disabilities has been meeting since mid-2007 to identify gaps in services with the aim of completing an action plan to meet needs</p>	<p>of the process and experience equity of provision</p> <p>Continue to build capacity, knowledge and awareness about ASD and children amongst parents and services generally</p> <p>Under the 'Getting it Right for Every Child' (GIRFEC) process, every child with disabilities who requires access to services will have a Child's Plan. Already implemented in Inverness, will be Highland-wide in 2008</p> <p>Demonstrate greater involvement of children in formulating their support plan in 2008</p> <p>Extend dedicated mental health services for children with learning disabilities and/or ASD</p> <p>Gaps identified and action plan completed</p>
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<p>5. Development of local databases for people with learning disabilities</p>	
<p>What we have achieved so far and where we are now</p> <p>No local database has been developed. The learning disability dataset was used to inform the Social Work service CareFirst information system which came into operation in September 2007.</p> <p>A database recording information relating to use of the Adults with Incapacity (Scotland) Act 2000 was established in 2002 and information about the use of the Mental Health (Care and Treatment) (Scotland) Act 2003 has been recorded since 2005. The use of both pieces of legislation in relation to people with learning disabilities is recorded.</p> <p>A survey to identify the number of people with learning disabilities in contact with specialist services was completed in 2006 by NHS Highland. A total of 1056 people were identified across the Highlands. However not all children with learning disabilities were captured in the survey.</p>	<p>Outcomes we are aiming for</p> <p>Collation and collection of specific and accurate information about learning disability services for planning purposes using the CareFirst information system.</p> <p>Continue to ensure that information about the use of legislation is accurately recorded, is fit for purpose and is reviewed regularly.</p> <p>Develop similar information systems to record the use of Vulnerable Procedures and the Adult Support and Protection (Scotland) Act when it comes into force in October 2008.</p> <p>Development of comprehensive information around the number of people with learning disabilities of all ages who may require a specialist service to facilitate planning of future NHS services.</p>
<p>6. Direct Payments</p>	
<p>What we have achieved so far and where we are now</p> <p>The Direct Payments scheme has been fully implemented in Highland, and the number of individuals benefiting from payments overall increased from 55 in 2004 to 194 in 2006, an increase of 250% in 2 years. In 2007 the number of people with learning disabilities receiving payments is 79. In 2006 Highland had the largest number of people in Scotland with learning disabilities receiving payments, and 17% of the total (with 4% of the population)</p> <p>A Direct Payments Support Officer has been in post for two years.</p>	<p>Outcomes we are aiming for</p> <p>Continued development of the Direct Payments scheme and information provided to enable individuals and their families to access payments, in accordance with Scottish Government national guidance which was updated in 2006.</p> <p>Because there is no new funding for the scheme, mainstream Community Care funding has to be diverted to provide the payments, and this may have a detrimental effect on services in the long-term if payments continue to expand at the same rate.</p>

<p>The Report on Direct Payments to the Highland Council Housing and Social Work Committee in September 2007 recommended continued promotion of the scheme whilst noting the potential impact on existing community care services and how to free up resources for payments in the future.</p>	
<p>7. Employment</p>	
<p>What we have achieved so far and where we are now</p> <p>Highland Council has a contract with Job Centre Plus as a provider for the WORKSTEP programme. 105 clients are on the programme, of whom 42 have learning disabilities. An additional 10 clients are supported by Highland Council Employment Development Workers to obtain employment.</p> <p>The SHIRLIE project based in Inverness employs 30 job coaches throughout the Highlands supporting people with learning disabilities and mental health problems to find employment. 35-40% of their clients move into full-time employment.</p> <p>The Highland Employment Network (HEN) now meets regularly and acts as a forum for employment issues for people with disabilities.</p>	<p>Outcomes we are aiming for</p> <p>Re-development of the Highland Council Supported Employment Service following a review resulting from the Highland Council re-structuring process. Until 2006, there was a full-time Supported Employment Manager employed by Highland Council. This post has been filled temporarily by one of the Employment Development Workers.</p> <p>Continue to develop innovative employment projects as highlighted in 'Make My Day' through more flexible use of day activities provided by Highland Council, developing the role of Community Connectors when they are appointed in 2008, and in partnership with Health and Happiness and the SHIRLIE project</p> <p>Enable closer links between education and training, employment and day services to ensure that there is a more seamless transition between them for service users.</p> <p>Use the People First survey to inform future developments.</p>
<p>8. Further Education</p>	
<p>What we have achieved so far and where we are now</p> <p>Two colleges of further education in Highland offer a variety of education opportunities for people with learning disability.</p> <p>"Moving On" Good Practice Protocol drawn up between Careers Scotland, Inverness</p>	<p>Outcomes we are aiming for</p> <p>To improve access to further education by people with learning disability.</p> <p>Review services in the light of the 'Partnership Matters' (2007), which</p>

<p>College, Inverness Royal Academy Complex Disabilities Unit and Drummond School for transition of young people with learning disabilities from school to college.</p> <p>Supported Learning Advisory Committee meets regularly in Inverness college.</p> <p>Representation from The Highland Council Education and Social Work Services, Careers Scotland, Health and college personnel.</p>	<p>recommends the formation of partnership between local authorities, colleges, the NHS, education and the voluntary sector to improve access and support and ensure better transition before and after further education.</p>
<p>9. Health Promotion and Health Services</p>	
<p>What we have achieved so far and where we are now</p> <p>The Learning Disabilities Health Action Plan 2006-07 (see page 41) details the actions taken by NHS Highland to improve health promotion and health services for people with learning disabilities.</p>	<p>Outcomes we are aiming for</p> <p>To maintain the progress and improvements made through the Health Action Plan and to continue to implement the actions.</p> <p>Creation of a Challenging Behaviour team in 2008 to provide an outreach service to the community to support carers and providers and enable people to remain at home, and reduce hospital admissions and out-of-area placements.</p>
<p>10. Hospital Closures</p>	
<p>What we have achieved so far and where we are now</p> <p>The Hospital Closure Programme will be complete in 2008.</p> <p>Between November 2004 and February 2007, 10 people have been successfully re-settled from New Craigs Hospital into the community. Apart from one person who is now living outside Highland, the others are all in their own tenancies in and around the Inverness area. Support is being provided by Key Housing, The Richmond Fellowship and SENSE Scotland.</p> <p>Service User and Family Carer advocates have been fully involved in planning to ensure that their views are properly represented.</p> <p>In several cases, support needs have been re-assessed as a result of people settling in well, and some support</p>	<p>Outcomes we are aiming for</p> <p>Closure of all long stay beds at New Craigs by 2008.</p> <p>A further 28 people are due to be re-settled in 2008, all to single or shared tenancies, with support being provided by SENSE Scotland. Most of the tenancies are located in the Inverness area. 20 people are moving to new build housing, the remainder to adapted housing.</p> <p>Support is being provided on a one to one basis during the day, with additional support hours overnight depending on assessed need.</p> <p>Alternative arrangements are being sought for one further hospital resident who has not been part of the re-settlement process.</p> <p>A Treatment and Assessment Unit will be</p>

<p>packages reduced.</p>	<p>provided on the hospital site with 6 beds and a team will be recruited to strengthen the community health service and provide direct input, support and guidance for people with challenging behaviour.</p>
<p>11. Information and Awareness</p>	
<p>What we have achieved so far and where we are now</p> <p>Highland Council web-site provides information about learning disability services, policy and minutes of local implementation groups. The 'Love is...' Policy giving advice and guidance to service users, carers and staff about relationships and sex has recently been posted on the web-site.</p> <p>The CareFirst information system was implemented in September 2007.</p> <p>'It's My Choice' information brochure published by Children in the Highlands Information Point + (CHIP+) and Highland Council in 2005 to provide information to children, their families and carers, about the transition from school to adult services</p>	<p>Outcomes we are aiming for</p> <p>A web-site which is accessible and informative and regularly updated to reflect changes in policy and practice and is fit for purpose.</p> <p>Accurate and timely information from the CareFirst system to provide information to inform future planning.</p> <p>The 'It's My Choice' brochure has been expanded and updated and includes information for children with a wider range of disabilities and their families. It was published in November 2007</p>
<p>12. Involvement in Planning</p>	
<p>What we have achieved so far and where we are now</p> <p>Local Implementation Groups (LIGs) came into operation in 2004 and have service user and carer involvement, although this varies from area to area. The voluntary sector is also represented. Meetings of the Inverness LIG can have a majority of service users over other attenders. Not all areas have regular LIG Meetings. The LIGs play a full part in contributing to planning and decision-making.</p>	<p>Outcomes we are aiming for</p> <p>Revitalised LIGs in areas where they have become dormant following a review the role of LIGs in each of the three Council areas, to reflect the objectives of the PIP and <i>The same as you?</i></p>

<p>Children, young people, adults and their families and carers are represented on a variety of other groups including Health and Happiness, the Area Childrens Service Forums, and Highland Carers Forum.</p> <p>People First were commissioned to undertake a major consultation exercise for the 2007 PiP with 96 service users and 31 carers throughout the Highlands (see summary on page 9) Areas covered included: Employment, Education and Training, Day Services, Housing, Health, Respite and Short Breaks, Friendships and Relationships, Worries and Concerns, and Life in General.</p>	<p>Take account of the results of the consultation to inform the current PiP and future planning.</p>
<p>13. Local Area Co-ordination</p>	
<p>What we have achieved so far and where we are now</p> <p>A report in 2004 made recommendations about the development of local area co-ordination which have been implemented, although there is no current local area co-ordination in the Highlands as yet. Health and Happiness have been successful in a bid, supported by £300,000 from the Change Fund, to the Big Lottery Fund for 8 Community Connectors to be recruited in each local area of the Highlands.</p>	<p>Outcomes we are aiming for</p> <p>A fully-implemented local area co-ordination service to be in place by April 2008, managed by Health and Happiness in the Highlands. Community Connectors will work with individuals, their carers and families to increase social networks and inclusion in community life, and improve access to mainstream services and opportunities. The project will also work to raise self-esteem and confidence, increase awareness of the choices they can make and ability to plan for the future and give them a voice in issues affecting them through improved life skills. Community connectors will be a key driver for change, skilled at building bridges, forging networks, and developing improved infrastructures within communities to enable change to happen. They will work with individuals, families, community groups and facilitate rather than provide a hands-on delivery of a specific service - the catalyst to community problem-solving and creative solutions based on the community mapping they will be undertaking and the</p>

	development of information, networks, etc.
14. Modernising day opportunities (Day Services)	
<p>What we have achieved so far and where we are now</p> <p>Highland retains a number of traditional day care centres in every local area except Caithness.</p> <p>The Wellington Centre in Wick was closed in 2007 and service users have been successfully re-directed to other activities.</p> <p>Use of the Wellington Centre building is currently being negotiated by a voluntary service-user led organisation to develop a social firm.</p> <p>People First carried out a consultation exercise in 2007 regarding the Angus Centre in Fort William. Most responders agreed that it would be beneficial to re-locate the centre and its activities. Plans are in the process of being drawn up to determine how to affect this change.</p>	<p>Outcomes we are aiming for</p> <p>A day service which provides meaningful activity and which meets the needs of a wide variety of service users in a more socially inclusive way whilst ensuring that people with more complex needs who may require centre-based services are also catered for. This is an aim which is highlighted in 'Make My Day'.</p> <p>It is proposed to carry out a review of day services in Highland in the next three years in the light of 'Make My Day' and the People First consultation, targeting services at people with complex needs as per the Fair Access to Care policy. 'Make My Day' describes a variety of ways of responding to the challenge of modernising day services, in particular how to avoid closing down services without adequate provision, and how to ensure that services go directly from a building to the streets.</p> <p>Re-locate services provided by the Angus Centre in line with the consultation.</p> <p>Ensure that Day Services are closely linked to Further Education and Training and Employment as well as the transition from Childrens' to Adult services.</p>
15. Older People with Learning Disability	
<p>What we have achieved so far and where we are now</p> <p>There are no specialist services for older people with a learning disability.</p>	<p>Outcomes we are aiming for</p> <p>Future services to take account of the particular needs of older people with learning disability, especially those with</p>

<p>It is estimated that there is one premature death per year as a result of people developing Down's dementia. The figures as a whole indicate that people with learning disabilities in the 60-69 age group are five times more likely than the general population to suffer from dementia.</p> <p>Protocol developed for the early detection of dementia for people with learning disabilities</p>	<p>dementia. As a result of better health care people with learning disabilities are living longer as is the population as a whole. Training available for staff in care homes who care for people with learning disability who have developed dementia</p> <p>Revise protocol and provide training for community staff</p>
<p>16. People with high support and complex needs</p>	
<p>What we have achieved so far and where we are now</p> <p>Currently people with the highest support needs are cared for either in out-of-area specialist placements or in intensive home packages. Others are living in care homes within the Highlands.</p> <p>The Care Programme Approach (CPA) has been in place for people with learning disability since 2002 and as of November 2007 there are 43 people who are on CPA.</p>	<p>Outcomes we are aiming for</p> <p>Provision of more local support and specialist care within the Highlands to minimise out-of-area placements and enable families to be closer together. Review of out-of-area placements and a protocol for transitional arrangements to ensure that the transition from Childrens' to Adult Services is smoother. This is currently underway.</p> <p>Continuing use of CPA for those who meet the criteria. Evaluation of the effectiveness of CPA for people with learning disability through the CPOA Management Committee.</p>
<p>17. Ensuring services are delivered in a culturally appropriate manner for people with Learning Disabilities from minority ethnic groups, including Gypsy/Traveller communities.</p>	
<p>What we have achieved so far and where we are now</p> <p>There are no specialist services available for people from ethnic minorities who also have a learning disability. There are no statistics on the numbers of people who fall into this category.</p>	<p>Outcomes we are aiming for</p> <p>Equality Impact Assessment screening for the PIP agreement.</p> <p>Collate relevant information from the CareFirst system as it becomes fully functional.</p>
<p>18. Personal Life Plans</p>	
<p>What we have achieved so far and where we are now</p> <p>In 2004, 149 service users out of 786, i.e.</p>	<p>Outcomes we are aiming for</p> <p>Strengthen the role of the Reviewing</p>

<p>19% had Personal Life Plans (PLPs). The Learning Disability Reviewing Team has a remit to promote PLPs, but this has not been operating at full-strength recently and the number of PLPs has not increased as planned in the previous PIP.</p>	<p>Team following a review and establish new reviewing procedures following the end of the Re-settlement programme from New Craigs Hospital. More active promotion of PLPs to ensure the target from the previous PIP of 25% of all service users with PLPs is met.</p>
<p>19. Short Breaks</p>	
<p>What we have achieved so far and where we are now</p> <p>The development of better provision of short breaks has been identified in local areas throughout the Highlands, but there is still a shortage, particularly in emergency provision, with only one place available.</p> <p>The National Overview and Next Steps recommends that services should promote choice, integration, inclusion and to enhance people's opportunities to develop interests and relationships</p>	<p>Outcomes we are aiming for</p> <p>A flexible service, targetted at those with greatest needs, particularly people with profound and complex disabilities and/or challenging behaviour, provided as locally as possible.</p> <p>Increased availability of emergency provision.</p> <p>The use of Care Plans and PLPs to inform the need for short breaks.</p>
<p>20. Social Inclusion</p>	
<p>What we have achieved so far and where we are now</p> <p>Plans to re-settle the remaining adults who are still in-patients at New Craigs Hospital are near to fruition and will be achieved in 2008.</p> <p>There are still over 40 adults and children who are in out-of-area placements and who are a priority to move back into Highland.</p>	<p>Outcomes we are aiming for</p> <p>Continue to work towards reducing stigma and discrimination through the work of Health and Happiness, People First and others, and by assisting as many people as possible to make use of mainstream recreation, leisure, education, training and employment opportunities. This aim is in line with 'Make My Day' and the proposed review of day services.</p> <p>Monitor the use of the Disability Discrimination Act to ensure that it is being used effectively to help people with learning disabilities.</p> <p>Finalise the re-settlement process and evaluate its successes and failures over the next three years.</p> <p>Find innovative ways of providing individual care packages to enable people currently in care homes and out-of-area placements to live in their own homes.</p>

21. Supported Living	
<p>What we have achieved so far and where we are now</p>	<p>Outcomes we are aiming for</p>
<p>A total of 329 adults with learning disabilities receive support in their own homes with packages provided through Supporting People, an increase of 10% since 2004. Support is given by 9 separate providers including the Social Work Service itself.</p> <p>The Supporting People budget was subject to significant cuts in 2005, and this has resulted in new packages of care being smaller than before and a concentration on providing support to maintain tenancies. People with learning disabilities account for around 15% of the total numbers funded through Supporting People.</p> <p>Aside from the care packages funded through Supporting People, family carers provide the majority of care for children and adults in the community.</p>	<p>All the adults who have been long-stay patients in hospital to be living in the community by the end of 2008 as a result of the completion of the re-settlement programme.</p> <p>Continue to support as many people as possible in their own homes and to reduce the numbers who live in care homes by providing extra support at home. The restrictions on the Supporting People budget do not allow significant expansion in support funding in the immediate future, but the review of the budget has allowed an increase in care packages targetted towards those in most need.</p> <p>The National Overview and Next Steps paper advises that the support needed for independent living is crucial to a person centred approach. In addition, there is an increasing priority to support older people with learning disabilities in the community.</p> <p>Highland Council is currently re-structuring its community care services to reflect the need to prioritise services for older adults generally, and that will include people with learning disabilities.</p>

<p>22. Training</p>	
<p>What we have achieved so far and where we are now</p> <p>Since 2004 the main training initiative has been the Crisis and Aggression Limitation and Management (CALM) training which was delivered throughout the Highlands in 2006 and 2007. A total of over 500 staff have undertaken the training which aims to give staff the skills and expertise to cope with challenging behaviour.</p> <p>The Highland ‘Love is...’ policy which aims to provide advice and guidance to staff, service users and family carers about relationships and sexuality was developed in 2007 and a training programme is due to commence in November 2007 to introduce the policy and guidance to staff.</p> <p>Training in the Procedures for the Protection of Vulnerable Adults has been provided from 2005 onwards and over 3000 staff from all the relevant agencies have received training.</p> <p>Currently the Social Work Training Manager post is vacant.</p> <p>Please see Section 4 for training programmes in children’s services</p>	<p>Outcomes we are aiming for</p> <p>Continued delivery of joint training, to include statutory and independent sectors, and service users and carers wherever possible. Service users and carers will be involved in the planning and delivery of training.</p> <p>Completion of the delivery of the ‘Love is...’ training programme.</p> <p>Training to raise awareness and increase expertise in Autistic Spectrum Disorder to continue as part of the plans to initiate a specialist service for ASD in 2008.</p> <p>A training programme to ensure that staff are aware of the roles and responsibilities contained in the Adult Support and Protection (Scotland) Act 2007 will take place in 2008.</p> <p>Continue to develop the training strategy for learning disability services once the post is filled again. Priorities include person centred planning, Care Management and Joint Future.</p>
<p>23. Vulnerable Adults</p>	
<p>What we have achieved so far and where we are now</p> <p>The Highland Protection of Vulnerable Adults procedure was introduced in 2003 and updated in 2005. The Procedure was agreed jointly by Highland Council, NHS Highland, and Northern Constabulary and applies to the staff of all three organisations. The Procedure has taken account of the recommendations of the ‘No fears as long as we work together’ report and the other reports into services in the Scottish Borders, and joint training in the use of the procedures has been</p>	<p>Outcomes we are aiming for</p> <p>Introduction of new procedures and training in preparation for the Adult Support and Protection (Scotland) Act 2007 which comes into force in October 2008 resulting in greater awareness of the need to work together to protect vulnerable people.</p> <p>Revision of Guardianship procedures in the light of changed AWI legislation which was also contained in the Adult Support and Protection Act.</p>

PART 4 - NHS Highland – Programme Management Activity Reporting

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Activity Plan

R.A.G. Progress Status

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
1. Involving People in Planning Services: The NHS Board and partner organisations effectively support and involve children and adults with learning disabilities and family carers in the planning and delivery of services. (QIS,)	Review current involvement of LIGs and their future following re-structuring of the Council. Audit effectiveness of Health Voices in capturing views of users and carers	March 08	Green	LD Network Gill Keel		
2. Involving People in Planning Services: Adults with learning disabilities and their families, family carers or their representatives are involved in the planning and review of their care across all health services. (QIS, Highland Joint LD audit Rec 9)	Develop a strategy for patient involvement	Dec 2006	Green	G Keel	Strategy complete and launched	Strategy to be forwarded to LD network members

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>3. Access to Health Records: There is a policy on access to health records in primary care, community and hospital services that is accessible to, and can be used by, children and adults with learning disabilities. (QIS)</p>	<p>Develop accessible format for Access to health records policy – for use in CHP's and SSU</p> <p>Develop accessible format for data protection guidelines</p>	Apr 2007	Green	N Hobson	Draft policy under development – expected to network in April for comment – adaptation of NHS Scotland template	

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>4. Complaints : There is a complaints procedure, a freedom of expression policy, and systems in place for recording suggestions and assessing satisfaction to inform service delivery. These are appropriate, available and accessible to children and adults with learning disabilities in primary care, community, and hospital-based services. (QIS, Cornwall Report)</p>	<p>Ensure revised complaints procedure has easy read version and available across CHP's and SSU</p> <p>Establish feedback mechanism for surveys, complaints etc</p>	Apr 2007	Amber	<p>Lesley Ann Smith</p> <p>S Loch/ A Johnstone</p>	<p>'Communication is Everything' team to adapt leaflets and distribute to CHP's and SSU LD leads.</p> <p>To be shared with GP sub committee for comment for adoption in primary care</p>	<p>Leaflets disseminated for the North and Mid but not SSU/SEH due to an issue with the photograph on the back of the leaflet.</p>

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>6. Advocacy: The NHS Board promotes and supports advocacy services through ongoing training and ensuring accessibility to information and services. (QIS, , Highland Joint LD audit Rec 9)</p>	<p>Extend advocacy referral protocol across Highland</p> <p>Extend availability of accessible information about advocacy services across Highland (work already initiated)</p>	Jun 07	Green	L Thompson	<p>Materials and information have been produced through additional monies given to Advocacy Highland. Process of completing and rolling out an advocacy toolkit for training purposes underway – as outlined in draft advocacy plan.</p> <p>Regular monitoring meetings allow exchange of information and opportunity to discuss/raise issues</p>	The toolkit for training is not yet rolled out 23/10/07

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
7. Promoting Inclusion & Well Being Transport Provision (QIS;SAY)	To develop a CHP area transport plan to comply with the Social inclusion sections of the Mental Health Act in partnership with the council	Dec 06	Red	CHP LD Leads	A&B lead to share local transport plan with other CHP leads once agreed by A&B CHP committee	To check with M Paton re transport provision for people with disability
7 (i) Health Information which is Responsive to Culture (QIS;HAL)	Equal Services working Group to produce highland strategy and action plan	Mar 07	Green	M Perera	Draft action plan out for consultation – end date May 2007	

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>8. General Health Needs Assessment and Care Planning (SSA, Personal Life Plans, Care Plans) (QIS;HSNA;PHSI, Highland Joint LD audit Recommendations 1,2,3,4)</p>	Develop training programme for New Craigs and community teams including GPs with special interest	October 2006	Green	J Gray/ G Robertson	Initial training programme ongoing for New Craigs staff. Plans to be developed for ATS. Training programmes for GpwSI being developed	
	Ensure all clients registered with GPs as having an LD receive a SSA and a resulting PLP or HAP – will be audited in annual documentation review	April 07	Green			
			September 2006	Green	CHP LD Leads	

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
10. Transitions: There is continuity of healthcare through age-related transitions from pre-school to school, primary to secondary education, youth to adult learning disability services and adult to older people's services. This is ensured by liaison between paediatric services, primary care, education services and other specialists. (QIS;HSNA;SAY)	Continual implementation of SSA	October 2007	Amber	M Campbell D McKenzie	Implementation of Additional Support Needs Act replacing Record of Needs with Co-ordinated Support plans by October 07. Development of integrated assessment framework and GIRFEC.	
	Continual implementation of co-ordinated support plans Ensure transitions with education into adulthood involve adequate NHS involvement Ensure transition protocols implemented and audited	October 2007	Amber	S Illiffe B Alexander D Mackenzie		

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>12. Specialist Services: Adults with learning disabilities have access to specialist multidisciplinary/multi-agency community services. (QIS;HSNA;SAY)</p>	Implement SEH CHP Development plan involving recruitment of AHPs, Clinical Psychology and specialists in Challenging behaviour.	Jun 08	Green	J Baird / CHP LD Leads		
	North and MID CHP to develop similar plans	Dec 06	Green	North and Mid CHP LD leads	Completed October 06. To be submitted for Board for PPP Operational Policy complete for ATS complete	Funding still to be identified Investment in SEH to support development of expertise across NHSH
	Complete recruitment plan for A&T unit and outreach	Jun 08	Green	J Agnew/ J Gray		

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>14. Services for Adults with Challenging Behaviour: There are community-based services to meet the needs of adults with challenging behaviour. (QIS;HSNA;SAY, Cornwall)</p>	<p>Recruit and establish teams during 06-08 specifically to address Challenging behaviour Role in specific case work as well as developing skills across all providers</p>	<p>Mar 08</p>	<p>Green</p>	<p>J Gray</p>	<p>Recruitment progressing within organisational change policy</p>	
<p>14 (i) Services for Adults with Challenging Behaviour: Management and treatment of challenging behaviour is practiced, and approaches used have proven, evidence-based effectiveness and social validity. (QIS;HSNA;SAY)</p>	<p>Protocols developed by emerging teams Consultation and implementation phase</p>	<p>Jan 08</p>	<p>Green</p>	<p>J Gray</p>	<p>Operational policy for challenging behaviour services developed and due to go to consultation Nov 06.</p>	<p>Consultation process complete 12.01.08</p>

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>15. Services for People with Offending Behaviour: There is a service to meet the needs of people with learning disabilities with offending behaviour. (QIS;HSNA;SAY)</p>	<p>Working with Criminal Justice and Highland MDO group develop plans for adequate access to inpatient provision and appropriate secure provision</p>	Mar 07	Amber	M Perera/ J Gray	<p>Highland forensic planning group now includes LD representation. Any developed highland service will support general LD services caring for offenders with LD needs.</p>	<p>CJA now established. Links being established with local representatives. National meeting on 19th January. Criminal Justice services locally are reviewing current cases for appropriateness for identified risk. Northern Constabulary chair group and meet June 07.</p>
	<p>Develop multi agency ICP</p>	Mar 07	Red	M Perera/ J Gray		

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>17. Services for People with Autistic Spectrum Disorder: The assessment and treatment needs of children and adults with learning disabilities who have an ASD are met in accordance with national guidelines. (QIS;HSNA;SAY)</p>	<p>Development of lead person for people with ASD Identify issues from care plan audit to establish if needs of those with ASD are being addressed</p>	Dec 07	Amber	JP Sieczkarek	<p>2 year project reported in December 2006. LIGs will now develop plans in response to recommendations accepted by COG. ASD planning group continue to plan but no resources identified as yet. Awareness raising training sessions continue.</p>	<p>JP Sieczkarek completed scoping exercise with CHPs to determine level of current service. The ASD Planning Group is no longer operational. We need to revisit how we progress this jointly.</p>
<p>18. Services for People with Dementia: There is an appropriate range of services to meet the needs of people with dementia.</p>		Mar 08	Amber	M Perera	<p>Dementia protocol completed and to agreed by network for implementation</p>	

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
19. Services for Older People with Learning Disabilities (QIS;HSNA;SAY)		Apr 07	Green	J Baird/ CHP LD Leads	Nursing staff trained in use of screening tools for dementia K Earnshaw and J Gray developing training programme for unqualified carers.	
20. Services for People with Profound and Multiple Impairment: There is an appropriate range of services to meet the needs of children and adults with profound and multiple impairment and their family carers. (QIS)	Produce discussion paper examining feasibility of implementing posture clinics, eating assessment team, sensory integration service, improving access to neurology assessment and services.	Jan 08	Green	J Gray/ A Johnstone / M Perera	Sub group established,	AJ already taking forwards, pathways being prepared with a discussion paper going to the Network in December

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>20a. Services for people with complex needs Services should ensure multi-disciplinary co-ordination of complex cases involving people with learning disability where more than one agency is involved.(Borders Audit)</p>	<p>Develop ICP for this client group</p>	<p>Group established for item 20 will draft ICP</p>	<p>Green</p>	<p>A Johnstone</p>		

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>21. Services for People with Learning Disabilities and Epilepsy: Services for children and adults with learning disabilities who have epilepsy are available. (QIS)</p>	Develop plan for provision of Epilepsy clinics?	Apr 07	Amber	Dr I White / J Gray	Specialist Epilepsy nurse and clinics part of development plans awaiting securing of funding.	
	Complete review of Epilepsy training strategy. Complete joint protocols in non-healthcare settings		Amber	Dr I White / J Gray	Managed Care Network agreed with NHS Grampian now ceased, replaced with a neurological pathway.	
	Epilepsy info to be developed in accessible format		Green		Raigmore has appointed a Neurologist Paper produced. Business case for nurse specialist developed.	

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
22 (i). A review of record keeping for cases where there is multi-agency involvement. (Borders Audit, Cornwall report, Highland Joint LD audit Rec 12)	Undertake highland review of case records	Apr 07	Amber	M Morrison / D McKenzie	Audit completed. Data base for clients at risk, transfer between practices is now organized via Adult Support and Protection Bill recommendations.	
22 (ii). Review existing policy and provide clear procedures and guidance to medical staff and community nursing staff on the transfer of information between primary health care teams when patients move. (Borders Audit, Cornwall Report, Highland Joint LD audit Rec 13,16)	Review existing mechanisms and prepare draft policy	Jun 07	Green	CHP Leads		

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
23. Wheelchair and Seating Services (QIS;PHSI)	Waiting time targets to be identified Develop a dedicated wheelchair clinic to meet patient requirements			S Loch	<i>Waiting times:</i> The Scottish Exec. have recently responded to the Review of Wheelchair Services stating that they endorse the recommendations but not providing any additional funding to implement them (the Review estimated that an additional £16M per year was required throughout Scotland). Further discussions between the SE and the Wheelchair Services are ongoing!	<i>Wheelchair Centre:</i> We are still awaiting the formation of a Design Team
24 (i) Seek agreement from Estates Department for normal sign replacement programme to take signage into account(QIS)			Amber	D Seago/ J Baird		

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>26. Daily Life: In line with the National Care Standards, the NHS Board/Community Health Partnership ensures people with learning disabilities are supported to make choices and decisions about day-to-day aspects of their life, and about how to spend their time. (QIS;HSNA;SAY, , Highland Joint LD audit Rec 9)</p>	<p>Implement the 'Activities are Anything' training programme across Highland Continue 'Communication is Everything' training across highland.</p>	Ongoing	Green	CHP LD Leads	<p>60 people trained across Highland. Trainers to provide 3 courses per month aiming to train over 400 staff on 2007. All patients in touch with services are working towards individualised life plans</p>	<p>All training ongoing at 3 courses per month, evaluations after each session and looking at an audit. Person Centred Active Support training delivered through OT.</p>
<p>27. Strategic Health Improvement and Needs Assessment:: Health improvement strategies take account of the needs of adults with learning disabilities and their family carers. (QIS;HSNA;SAY)</p>	<p>PHP's to prepare plans for CHP LHP's</p>	Apr 07	Amber	CHP LD Leads	<p>Public Health Practitioners to lead on this in SEH CHP, Mid and north CHP</p>	

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A – Amber = unexpected delay, issue arising or on horizon

G – Green = activity running to plan, no problem with timescale

Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>27 (i). Strategic Health Improvement and Needs Assessment:: Joint Partnership Boards have processes in place that address health inequalities in services for adults with learning disabilities in line with the NHS Health Scotland LD Needs Assessment report. (QIS;HSNA;SAY)</p>	<p>Prepare and implement LD Health Action Plan.</p> <p>Monitor same.</p>	Apr 07	Green	J Baird	LD health Action Plan agreed and is being implemented	

Learning Disabilities Health Action Plan 2007 - 2008

Activity Plan

R.A.G. Progress Status

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Quality Standard	How this will be done	Timescale	Status	Lead	Progress	Other Info
<p>29. Healthcare Planning: The NHS Board has healthcare provision plans for adults with a learning disability. These plans inform the Partnership in Practice agreement (PiP) and other strategies. (QIS;HSNA;SAY, Cornwall)</p>	Health Action Plan to be implemented		Green	J Baird/ D McKenzie		Actively working with Bill Cook
<p>29 (i) Healthcare Planning: Workforce planning and the education and training needs of staff are identified and addressed in collaboration with NHS Education for Scotland. (QIS;HSNA;SAY, Cornwall, , Highland Joint LD audit Rec 17,18,19)</p>	LD service needs to form part of NHS highland workforce plan.		Green	J Gray/ P Cremin	Workforce plan submitted to SEHD.	

