

NHSE North West Regional Office

**Joint Investment Plans for
People with Learning Disabilities**

'Early Learning'

Report on Progress in the North West

**Derek Thomas and M.C. Dunne
January 2001**

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1. Introduction

- 1.1 This report, commissioned by the NHSE North West Regional Office, highlights the lessons emerging from work undertaken to date on developing Joint Investment Plans for learning disabilities in the North West Region. It uses information from
- ➔ A Learning Event held on 5 September 2000
 - ➔ Questionnaires returned to the Regional Office on progress made
 - ➔ Information from a Regional Networking event organised by the Regional Office and the North West Training and Development Team on 10 November 2000.
- 1.2 The September Learning Event and the November Regional Networking Event were facilitated by independent consultants, Derek Thomas and M.C.Dunne with assistance from the North West Training and Development Team.
- 1.3 In July 2000, the Regional Office sent out a questionnaire to Health Authorities, NHS Trusts and Social Services Departments, asking for information on progress made to date on Joint Investment Plans, including an assessment of helpful processes and methods, key obstacles and challenges in undertaking the work. This report incorporates the information emerging from the questionnaires returned from 12 districts.
- 1.4 Invites for the Networking event were extended to all Districts and more than 50 representatives across the North West attended this event.
- 1.5 The report is intended as a progress report and as a reference for districts engaged in work on Joint Investment Plans for learning disabilities. It should also be helpful as local teams revisit their Joint Investment Plans as part of an annual review process.

- 1.6 Section 2 provides information on what a Joint Investment Plan is. Section 3 highlights issues emerging from the Regional Office questionnaire. Sections 4, 5 and 6 highlight key issues around design considerations, the practice of developing Joint Investment Plans and implementation of change. Section 7 summarises key lessons from work undertaken to date and makes initial recommendations for improving the Joint Investment Planning process.
- 1.7 Annex 1 provides information on key service development issues identified in group discussions at the November Regional Networking event.
- 1.8 Annex 2 provides information on contacts for particular areas of work within the Joint Investment Plan process.

2. What is a Joint Investment Plan?

- 2.1 A Joint Investment Plan is a plan that is jointly agreed between two or more publicly funded commissioning authorities, in partnership with key service providers across all sectors. It is intended to indicate what changes will be made over a defined period of time, usually three years, to improve services and systems for commissioning and delivery of services for particular client groups.
- 2.2 It is a plan that sets key strategic goals, and itself is set within a framework of agreed values and principles. It should express jointly agreed objectives and priorities for future development. It should also indicate what criteria are to be used in reviewing outputs and outcomes for people with learning disabilities.
- 2.3 Where services are out of date, or not fulfilling their stated objectives, the Joint Investment Plan should be used as a vehicle to make a commitment to the reconfiguration and redeployment of human and financial resources. It should not simply be about small scale marginal changes.

3. Key Issues Emerging across the North West Region

- 3.1 Twelve districts responded to the Regional Office questionnaire. Most had made some progress in developing Joint Investment Plans. However, only three responding districts (as of September

2000) had made significant progress in developing integrated commissioning. At the time of writing this report, it is anticipated that more districts have made significant progress.

3.2 Sections 3.3 – 3.12 highlight key issues emerging from responses to the questionnaire.

3.3. Partnership working – although this was seen as crucial to the successful development of Joint Investment Plans, it was reported as difficult, in terms of the amount of time needed to develop effective partnership, the commitment needed to develop them and the difficulty in sustaining partnership over time

3.4 Leadership – many respondents reported that it was important to engage people who would be able to provide leadership for the development process. Leadership is needed at middle and senior management levels, from officers and from politicians

3.5 Prioritising investment and disinvestment areas – several respondents reported that they had spent time discussing and considering priorities for new areas of investment and areas for disinvestment. Often this had been undertaken with a wide range of stakeholders in many cases. However, a common problem reported was gaining agreement on decisions about **larger** scale changes

3.6 Infrastructure development – this was reported by many respondents as a pre-condition for the development of a Joint Investment Plan. Both internal and external commitment of time and money was seen as important to facilitating the development process. This might include funding for resourcing external as well as internal project management, to facilitate planning sessions, partnership development and the involvement of users and carers

3.7 Including people meaningfully – this had been a significant challenge for districts, even where there had been strong commitment to ensuring that this would happen. Some districts had developed this involvement through using 'Partners in Policymaking' or 'People First' groups. Others had used local advocacy services. This was seen by many as a crucial element in the planning process requiring further development so that people were really involved in

decision making rather than just being consulted about current services and future aspirations.

- 3.8 Making links across areas of work** – several respondents identified this as an important yet difficult aspect of Joint Investment Planning, including links with Local Authority Best Value studies, Welfare to Work, Health Improvement Programmes and related initiatives. A further challenge was linking the Joint Investment Plan work with a significant degree of organisational change being undertaken around, for example, NHS service reconfigurations. However, it was recognised that this presented positive opportunities for the development of a Joint Investment Plan with the ability to change and develop responsive and joined up local services.
- 3.9 Agreeing joint objectives, driven by shared values** – this was seen by several respondents as crucial, as without a clarity of direction, the planning goals would be in danger of being only pragmatic and short term.
- 3.10 Access to commonality of finance and activity data** – achieving compatibility of systems, policies and procedures across agencies was reported by many respondents as very difficult. Many agencies record information differently and operate differential accounting mechanisms
- 3.11 Facing and achieving significant change** – using the Joint Investment Plan as a foundation for action, not just a document to fulfill the requirements of the Department of Health
- 3.12 Keeping the whole process person-centred!** - some districts had undertaken reviews of all care packages to ensure a full picture of need would be informing the planning process. However, this needs to be complemented with projected needs analysis and estimation of unmet need in people not currently receiving support or care from services.

4. Process Design

- 4.1 The Department of Health has published a useful workbook on developing Joint Investment Plans for learning disabilities. On the whole, however, it seems that many authorities are still facing

difficulties with the process of Joint Investment Planning – sometimes this is being pursued through the establishment of project officer posts and working groups without a great deal of design thinking. When the participants at the September Learning Event and the November Regional Networking event were asked to reflect on what good design of a Joint Investment Planning process might look like, they described a number of key elements and steps as important.

- 4.2 They believed there needs to be clarity amongst those sponsoring the work and those undertaking it about what a Joint Investment Plan is for, its scope and the key challenges it needs to confront:

“we need to be clear ourselves and with others about desired outcomes”

“we need to understand that it is not just about putting together everyone’s wishes but about agreeing negotiated priorities”

*“it should be an action plan that indicates what needs to be done **and** how, with a clear identification of lead people and groups undertaking the work”*

- 4.3 They stated that time should be taken at the outset to comprehensively design the planning process with clearly assigned project roles, identification of other roles needed and the estimated time commitments and additional financial resources required for activities such as data collection, information analysis, needs analysis and stakeholder events. This should also take account of both local and national policy mandates.

- 4.4 At the centre of the process, there needs to be an agreed joint philosophy that states the values and principles that guide the plan and its implementation. If this agreement had not been reached, time needs to be committed to achieve this agreement and clarity where differences in core beliefs exist.

- 4.5 Accurate and relevant mapping of current resources and services is needed, together with an appraisal of the impacts of these investments. Therefore clarity is needed about how various kinds of

mapping are to be undertaken. In addition, all resources available need to be carefully identified. Participants identified a wide range of funding sources that could be utilised in service development, including:

- ❑ Quality Protects
- ❑ Carers' grants
- ❑ Partnership grants
- ❑ Healthy Living Initiatives
- ❑ Primary Care Groups/Primary Care Trusts
- ❑ Supporting People
- ❑ New Opportunities
- ❑ Single Regeneration Budgets / New Deal for Communities
- ❑ Lottery funding
- ❑ Further Education Funding Council
- ❑ European Social Fund
- ❑ Preserved status – changes
- ❑ National Health Service Plan – new money
- ❑ Independent Living Fund / Direct Payments

4.6 Key challenges in resource mapping include challenging people to use existing resources differently, not just looking for additional resources; informing other people about the needs of people with learning disability to improve access to their resources.

4.7 The group also believed that a successful Joint Investment Plan was likely to be one that:

- Ensures Chief Officers and senior managers are on board from the start
- Ensures that the planning process involves people from a wide range of agencies, not just NHS or Social Services. Links should be made with key partners such as housing, leisure, regeneration, and independent and private sector providers
- Uses external consultants in a knowledgeable and competent way
- Is committed to involve those who use services and carers, being clear about how best to do this

4.8 **Finally**, it was emphasised that:

- Planning around finance should be integral to the process from the beginning, not added at a later stage in the process

- Time should be spent designing the launch arrangements for the plans.

The whole process should be designed to:

- Promote leadership of various kinds
- Seek the right kind of support internally and externally.

5. Emerging Practice – Early Learning

- 5.1 Participants shared their practical experiences in undertaking Joint Investment planning.
- 5.2 The key issues many participants reported as important were:
- Mapping resources, need and spend – often for the first time
 - Identifying gaps between need and resources deployed
 - Stakeholder consultation and involvement
 - Having dedicated workers to ensure the work is valued and completed
 - Having a realistic timetable
 - Ensuring data analysis is managed by someone who knows what they are doing
 - Having skilled facilitators with a clear brief
 - Ensuring there is senior officer engagement with the work and that there is a long term commitment
 - Ensuring there is clarity about budgets and that there is evidence for any need for increased expenditure.
- 5.3 Important early learning themes emerging include partnership working, inclusion of people with learning disabilities and carers, links between specialist and generic services and use of evidence in Joint Investment Planning.
- 5.4 **The Joint Investment Plans are intended to promote joint investment and joint working at their centre.** Participants at the November Regional Networking event reported that what had worked well in terms of partnership working had included:
- Holding Stakeholder Conferences at the beginning of the Joint Investment Planning process, ensuring representation from people with learning disabilities, service commissioners and service providers from both generic and specialist services

- Designing and running conferences specifically for people with learning disabilities, families and carers – these may include formats where professionals attend but with a listening remit or having a panel of professionals to answer questions raised by people with learning disabilities
- Developing small working groups on particular issues, such as transition, employment, day services and planning
- Ensuring that a wide range of partners are involved in the planning process, such as housing, education and leisure to make links across wider services than just health and Social Services
- Undertaking partnership visioning exercises and generating objectives and priorities across agencies
- Using any previously agreed strategy as a springboard for joint action planning on future investment and service configuration, checking with stakeholders about **how** they want to take strategy forward into action
- Creating strong links to other strategies or agreed programmes of work such as the Health Improvement Programme and the Service and Financial Framework
- Using formats such as promise sheets, whereby professionals committed to action and checks could be undertaken to ensure those actions had been done
- Developing a distinct joint commissioning team for people with complex needs to ensure joint planning and working
- Appointment of joint commissioning managers to take a lead in developing partnership working
- Finding champions for joint working in areas needing development such as in primary or secondary care.

5.5 Participants reported that what felt different about the above approaches to joint working was that people with learning disabilities and carers were involved in the planning process from the outset and that the model of consultation was much more inclusive than usual consultation undertaken.

5.6 Another key difference was that the approach to joint working in developing the Joint Investment Plan was beginning to change thinking about how services should be commissioned and provided. This had also been positive in that it entailed going beyond organisational barriers.

- 5.7 A further key difference was that Local Authorities were beginning to take more of a lead role in Joint Investment Planning which also encouraged wider partnership working.
- 5.8 Finally, these approaches were beginning to encourage and promote greater transparency around budgets, resources, ways of thinking and solutions to problems.
- 5.9 Participants reported that despite the positive changes in joint working highlighted above, some aspects could be done differently in their areas. These included grasping the challenge of identifying appropriate leadership: allocating sufficient planning time: identifying development monies to support the process: ensuring politicians and senior officers were fully informed of the process and priorities emerging from the Joint Investment Planning: establishing a joint board across agencies to direct the work and ensuring ongoing and meaningful consultation and involvement of people with learning disabilities and carers.
- 5.10 **There is evidence that the Joint Investment Planning process is helping people to consider generic as well as specialist services.** The following approaches have been reported as working well:
- 5.11 Identifying and using available resources than just health or Social Services, such as those within Primary Care Trusts, initiatives such as Sure Start, Quality Protects, Healthy Living Centres, Single Regeneration Budget schemes and National Service Frameworks, for example Coronary Heart Disease and Mental Health.
- 5.12 Moving specialist staff to generic teams was reported as positive in ensuring links across specialist and generic services. Additionally, it was reported that combining skills and teams across specialist and generic services was positive in developing capacity to meet a spectrum of need. Developing facilitating skills for staff was also reported as positive in preparing them for how they will work in the future.
- 5.13 Appointing someone to look at external funding opportunities was positive in identifying links across specialist and generic services.
- 5.14 In terms of what could be done differently, it was reported that more work should be undertaken in looking at reinvestment in particular areas, which might include exploration of alternative

funding for future services. There also needs to be work undertaken on explicitly stating how quality standards in other generic services should be established and monitored. It is also essential to ensure that strategy planning and action planning for the Joint Investment Plan was proactive rather than reactive.

5.15 **Another important consideration in the development of Joint Investment Plans for learning disabilities is the inclusion of people who are supported by services and carers in the planning process.**

The elements identified as working well in ensuring meaningful inclusion include

- Establishing and running stakeholder groups with participation from people with learning disabilities and carers in identifying priorities for change and action planning
- Training people who are supported by services to participate in the planning process, including participating in meetings, running stakeholder events and presenting in various forums
- Using independent agencies where relevant
- Developing work across specialist and generic agencies to ensure inclusion is on a wide agenda

5.16 In terms of what feels different about the work undertaken around inclusion, an important point identified was that new funding systems mean agencies have to demonstrate their commitment to work together on an inclusion agenda to enable resources to be made available to them.

5.17 Participants identified several aspects of work around inclusion that could be done differently to ensure efficacy in developing inclusive Joint Investment Planning. These include:

- A requirement to ensure involvement of ordinary citizens
- Ensuring total communication systems in place
- Achieving consistency in systems and standards developed around inclusion
- Making sure issues around learning disabilities are represented in wider forums
- Ensuring training is made available for staff to ensure awareness and commitment to inclusion
- Recording examples of good practice and publicising these.

- 5.18 A final key issue identified around the practice of developing a Joint Investment Plan is to ensure that effective evidence is used in the planning process.** At present, evidence-based planning is not a feature in much organisational planning. There is a need to develop outcome measures and performance indicators against which progress can be monitored. Initial work needs to be undertaken to ascertain exactly what evidence is needed in terms of decisions being made and action planning being undertaken.
- 5.19** Many participants reported effective use of evidence in the development of Joint Investment Plans. These include promotion of honesty about what providers can do, ensuring investment in developing relationships across agencies, using advocacy and working with 'Partners in Policymaking', developing systems and registers of evidence including data on particular groups of people living with elderly carers, children transitioning into adult services, people and employment opportunities and usage of non-traditional day services
- 5.20** In terms of what could be done differently, key issues identified include:
- ❑ Filling in gaps in evidence, for example, those people with learning disabilities not known to statutory agencies
 - ❑ Collating and assessing evidence around the transition of specialist services to generic services
 - ❑ Increasing awareness of issues in primary care and access for people with learning disabilities – one example cited of how to address this was to establish a health care post
 - ❑ Ensuring there is a systematic processes for measuring quality, and ensuring standardisation of monitoring
 - ❑ Gaining clarity about the differences between quality and satisfaction
 - ❑ Making use of the North West quality audit tool
 - ❑ Working across a broad range of partners – for example, education, leisure, housing, ensuring there is corporate commitment to change.

6. Implementation and Change

6.1 The key issues that came out of discussions on **implementation** of Joint Investment Plans and the change agenda are as follows:

- Recognising that the Joint Investment Plan is an end point – a consensus of business plans
- Ensuring that agendas are explicit and include priorities of all stakeholders
- There is a mechanism for cascading the planning process
- Mechanisms are established for carer and user involvement
- Re-prioritisation is timetabled in at the draft stage of planning
- Plans are shared – common goals, negotiation, strategy and synchronisation
- Formal structures are utilised to push the Joint Investment Plan forward – to go all the way through organisations (from the top to the bottom)
- There is clear delineation of responsibility for undertaking the work
- There is clarity about who directs the implementation / change process
- It is clear who people are accountable to and they have a definite remit and clear role
- Plans need to be specific and near to people rather than being woolly
- Look at numbers in some areas - allow room for flexibility but avoid managing down targets
- Identify responsible person / board to drive the process forward
- Use opportunities to be creative and have a long term vision
- Identify project managers – there is a need to engage people who:
 - Go beyond traditional organisational boundaries
 - Have delegated authority from partner agencies to get things done
 - Have authority and the scope of remit to change things
 - Can build on multi-professional management
 - Have clear roles that are achievable
 - Can meet criteria such as bringing newness to the work, capability and interest, who can performance manage processes
- Establish a Board or Integrated Commissioning Group which has:
 - Clear goals, targets and agendas
 - The ability to work in a zone of 'proximal development' - pushing forward developments
 - A process that can be legitimised yearly to provide structures to project manage performance
- The Board and project managers need to:
 - Share information
 - Keep appropriate people briefed with respect
 - Have a well designed and facilitated process
 - Be open and not protectionist
 - Be honest

- Recognise that the Joint Investment Plan is a national strategy and can be used to drive the change agenda
- Organisations working on the Joint Investment Plan need to:
 - Develop trust
 - Work within a 'no blame' culture
 - Share the responsibility
 - Acknowledge the process needed and gain support from leaders
 - Buy in at all levels – from users and carers' involvement to the involvement of board directors
 - Ensure there is fair participation from all key stakeholders
 - Increase the confidence of contributors
 - Manage the change process in a joined up way, with relevant people informed and kept up to speed
 - Ensure there is some separation between planning and implementation so that the vision is not clouded by things going wrong on an individual level.

7. Key Lessons and Recommendations

- 7.1 The key lessons and recommendations emerging from the work undertaken to date on developing Joint Investment Plans for learning disabilities are:
- Start early! – the process needs time, particularly if partnership development needs to be nurtured and made into a real part of the process
 - Engage key partner agencies at the outset
 - Include people with learning disabilities and carers in ways that capitalise on their experience and hopes
 - Identify all the resources needed to support the planning process, preferably as dedicated resources and time rather than 'add ons' to already overloaded work remits
 - Identify what local obstacles are likely to get in the way of a smooth process and identify supports and methods for overcoming these
 - Gain and sustain the commitment of senior officers and politicians to the process, to ensure that blocks to the planning process are prevented and overcome; briefing of key leaders is also crucial to ensuring a smoother process
 - Ensure the involvement of people with learning disabilities and carers in the production of an active Joint Investment Plan geared towards real improvements in services – this involvement will help to keep the process and planning person centred

- Identify appropriate people to undertake particular roles and work on specific components various of the planning process, for example, finance, resource mapping, needs analysis and facilitation of stakeholder and 'time out' sessions
- 7.2 A crucial factor influencing the success of the JIP planning process is the identification of leads, both at senior and middle management level, to ensure the process is robust and sustained.

<p style="text-align: center;">Regional Networking Event 10 November 2000 Discussion Group Report</p>
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The discussion groups were asked to look at what they wanted to achieve within the topic area, identifying what progress had been made, what was stopping progress and/or would help things to progress, and what action had been implemented. The following is a record of the notes taken by each group. In some cases, they simply list issues, in others they follow the above sequence of questions.

Topic	Issues reported
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Direct Payments	<ul style="list-style-type: none"> ❑ Links between DP and DLA – monitoring of provision ❑ Best value and review of DP ❑ Ethics of monitoring how DP are used ❑ Conflict between empowering people and monitoring public money ❑ Public liability – how to manage employer and employee rights – principles affected by using agencies to manage care ❑ How will services still manage to provide services if care falls down? ❑ DP underpins person centred planning – develops choice ❑ Want to move to creative person centred planning and flexibility in care planning that could be supported by DP ❑ Wonderful vision – does it reflect what users actually want and do they want the responsibility? ❑ Need to invest more in advocacy but be aware of conflicts between advocacy groups ❑ Person centred planning needs to look at long term issues and not just immediate to mid-term
Advocacy	<p>Is it a major topic? On paper yes but concern around rhetoric</p> <p>What do you want to achieve?</p> <ul style="list-style-type: none"> ❑ Individuals – show evidence of choice and change ❑ Groups – get people involved in policy groups in effective way ❑ Service – make sure people who need them get them – establish priorities for the person ❑ Strategy / policy – ensure advocacy is central to policy – that people’s views do not adversely affect decisions about policy and plans for individual support ; make sure complaints are dealt with

<p>Links into primary care</p>	<p>Is it a major topic?</p> <ul style="list-style-type: none"> ❑ Has been acknowledged as a major issue ❑ North Merseyside appointed HV to work with PHCT on Learning disability issues – protocols drawn up to raise awareness and making staff in Learning disability services aware of wider primary care agenda ❑ Joint finance schemes <p>What do you want to achieve?</p> <ul style="list-style-type: none"> ❑ Proactive service within individual GP practices, targeting at risk patients ❑ Accurate health profiling systems in GP practices which inform workforce planning ❑ Ensure link with and existence of specialist health services ❑ Effective database / recall systems <p>What stops this:</p> <ul style="list-style-type: none"> ❑ Staff attitude / prejudice ❑ Representation on JIP group / ownership ❑ Existing quality of primary care ❑ Time intensive ❑ Need for protected time ❑ Shortfall in general services ❑ Lack of information ❑ GPs lack of awareness of patients with learning disability <p>Action / implementation:</p> <ul style="list-style-type: none"> ❑ Use JIP to get people involved ❑ Involve secondary care in JIP process ❑ Make JIP relevant to primary and secondary care ❑ Investment from both sides to create pathways of care ❑ LD services gain credibility with GPs and PHCTs ❑ Engage people in their language ❑ Find solutions to fit local infrastructure ❑ Target practices ❑ Development of GP databases informed by LD services ❑ Cross boundary issues – registered vs. resident population
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<p>Day service 'shifts'</p>	<p>Is it a major topic in the JIP?</p> <ul style="list-style-type: none"> ∫ Social inclusion agenda ☐ Prevention agenda ☐ Real opportunities for development for individuals ☐ Potential to access external funding ☐ Current services based on historical patterns ☐ Mandate for change! <p>What do you want to achieve?</p> <ul style="list-style-type: none"> ☐ Maintain positive attributes in alternative structure (no day centres) ☐ Broaden aspirations of service users and carers ☐ Provide adequate support to meet realistic aspirations of people ☐ Broaden range of wider opportunities ☐ Quality and best value to be considered and included <p>What progress has been made?</p> <ul style="list-style-type: none"> ☐ Careers support for school leavers ☐ Cultural shift from historical patterns of thinking ☐ Good examples of moves to dispersed day opportunities ☐ Younger parents with high aspirations ☐ Development of advocacy and self advocacy ☐ Acknowledgement that adults with Id can work <p>What is stopping / what would help</p> <ul style="list-style-type: none"> ☐ Resources to pump prime new models ☐ Fear of families and carers – need to build relationships ☐ Political will at local level – brief local politicians ☐ Change public perceptions – needs time ☐ Benefits trap – need welfare reform ☐ Lack of employment focus in Id service community – skills, knowledge, values, culture, expectations ☐ Need comprehensive career planning for adults <p>Action / implementation</p> <ul style="list-style-type: none"> ☐ Review of current services – day centres and sheltered placements ☐ Pursue information and education for employers, service users, carers, families and the public
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<p>Children and transition</p>	<p>What do you want to achieve?</p> <ul style="list-style-type: none"> ❑ Invest more in multi-agency approach when people are younger <p>Ring fenced funding attached to individuals from childhood – link to direct payments</p> <ul style="list-style-type: none"> ❑ Integration of services for families – e.g. welfare to work JIP ❑ In children’s services put more specialist resources into children with disabilities rather than just child protection ❑ Strategic planning from child to adult <p>What has / would help:</p> <ul style="list-style-type: none"> ❑ Education ,education, education – mandatory involvement of in transition planning ❑ Partners in policymaking course → better carer involvement for change ❑ Integrated training of all care workers <p>What local implementation:</p> <ul style="list-style-type: none"> ❑ Joint registers from age of 14 ❑ Transition teams <p>5 JIP as engine for significant rather than marginal change</p> <p>Challenges</p> <ul style="list-style-type: none"> ❑ To get JIP into mainstream planning processes (eg.HimP,SAFF) ❑ Use of generic eligibility criteria can disadvantage people with LD, especially around ability to attract resources) ❑ Major organisational change, especially in health (absorbing the agenda) but could be an opportunity / catalyst for change and service improvement ❑ Large proportion of existing budgets are fully committed and potential for change is limited without bridging resources <p>What is working well</p> <p>Where JIP is linked to other major initiatives e.g. Single Regeneration schemes</p> <p>What makes a difference</p> <ul style="list-style-type: none"> ❑ Overspending in some areas has pushed for radical change ❑ Identifying resources in total has raised the profile of LD ❑ Using best value linked to JIP process – can be engine for real change in existing services ❑ Performance indicators – if locally developed and owned – could be used to move processes on – can focus senior officer and elected members interests
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Some Contacts for Particular Areas of Joint Investment Planning for Learning Disabilities
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Note: this information is correct as of December 2000.

Area of Work	Contact Details
Stakeholder consultation	Nick Moray, Rochdale SS Mary Lawrenson, Lancaster SS Sandy Bering, Halton
Integrated Commissioning	Nick Moray, Rochdale SS Don Rowbotham, Lancashire SS
Mapping resources	John Webb, Halton SS Chris Ferns, Liverpool
Needs analysis	Sandy Bering, Chester & Halton Community Trust
Implementation plans	Steve Gross, Blackpool SS
Partnership development	Steve Gross, Blackpool SS John Webb, Halton SS
Review of services	Dean Donalds, Tameside Social Services
User friendly documents	Phil Dand, Salford Community & Social Services Helen Munroe, Rochdale Gateway