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Central Bedfordshire

**JOINT COMMISSIONING STRATEGY FOR ADULTS WITH A LEARNING
DISABILITY
(2011 – 2015)**

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Contents

1. EXECUTIVE SUMMARY
2. VISION
3. PURPOSE AND SCOPE
4. POLICY FRAMEWORK
5. BACKGROUND
6. CHALLENGE OF DEMOGRAPHY
7. HEALTH ISSUES FOR PEOPLE WITH LD
8. CURRENT PROVISION OF LD SERVICES
9. CURRENT PERFORMANCE OF LD SERVICES
10. THE FINANCIAL CONTEXT
11. WHERE DO WE WANT TO BE?
12. DELIVERING THE VISION FOR LD SERVICES
13. RECOMMENDATION
14. ACTION PLAN
15. APPENDIX

DRAFT

EXECUTIVE SUMMARY

The purpose of this strategy for Adults with Learning Disabilities is to outline the commissioning intentions over the next 3 years and the changes in direction which will follow.

This strategy is underpinned by key national policy for health and social care, which places an emphasis on services that:

1. Promote and Enhance Well Being
2. Promote Independence and Choice for Adults
3. Facilitate access to personalised health and social care services

The strategy identifies the main drivers for commissioning, which are:

- **Demand On Existing Services**

There is an increase on the demand on existing services, including the changing nature of services required to meet needs. Changes to the population with learning disabilities – there are increasing numbers of people with a learning disability across all age groups including younger and older age groups and increasingly more people with learning disabilities are also being seen in communities especially those of south Asian origins.

- **Need to Improve Services**

There is an urgent need to find ways of containing demand and meeting needs through new models and approaches to service provision. Linked to the demographic changes and institutional models of service, the costs of supporting people with learning disabilities are increasing dramatically – nationally they doubled between 1995 and 2005 and they are growing faster than any other adult care group.

- **Accelerate Change Post Valuing People Now**

There is now an urgent need to accelerate transformational change to achieve these policy objectives. Above all there is a requirement to ensure change happens. Despite policy, Valuing People, and the actions required to deliver it being clear since 2001, there has been only limited progress in improving lives of people with learning disabilities.

The strategy is aimed at achieving choice, independence and inclusion for people with learning disabilities, tackling health inequalities they experience, delivering more personalised health and social care services, and encouraging partnership working and whole community action to create better opportunities for people with learning disabilities.

The strategy provides information about current and future needs across the county and its districts. It also gives information about current services and the resources behind them and a series of proposed outcomes by which the success of the strategy may be judged.

Commissioning and service development intentions are set out under a number of headings that mirror the national priorities making it clear how Bedfordshire intends to deliver against these:

- **Personalisation, Choice and Control**

The focus of commissioning and service development will be ensuring resources and mechanisms are in place to provide support for people with learning disabilities through personal budgets and improved person centred planning including access to mainstream services. Individualising service delivery through individualised budgets and direct payments will be at the heart of service delivery for people with a learning disability in Central Bedfordshire.

- **Accommodation and Support**

The commissioning priorities focus on ensuring accommodation for people with a learning disability is provided through an independent living model of housing support, re-commissioning services to support the resettlement of those living in residential care homes, and reviewing all current supported housing to ensure they meet best practice standards. We also intend to work with our partners to ensure that in future mainstream housing plans take account of the housing needs of people with a learning disability. We also intend to re-commission support for those people who are currently accessing support outside of the county.

- **Health**

Action to improve access to community based services is needed in order to reduce the dependence of specialist healthcare services for people with a learning disability. The plan is to ensure all people with learning disabilities have access to the same services as everyone else in the county. This requires real partnership working with the NHS and closer working with the emerging GP commissioning consortia to ensure the wider determinants of health and well being for people with a learning disability are addressed.

- **Working and Living**

These commissioning intentions address the opportunities for inclusion of people with a learning disability, of access to mainstream services, what they do during the day and in having meaningful and paid employment work opportunities. The strategy intends to review the resources and the

role of day care services within the wider community to ensure that these are targeted on achieving outcomes.

- **Supporting Families**

Identifying carers, supporting older carers and re-commissioning a mixed model of short term break services that provide building based and a range of community based options are some of the actions key to improving support to families whilst equally improving the quality of services.

- **Integrated Community Services**

The current range of community health and social care services that provide a gateway to people who need services, that responds to people in crisis, and that provides specialist learning disability health and social care services will undergo a fundamental review. The review is likely to result in a continuum of health and social care responses providing a “stepped care model” of support services aimed at enablement and re-ablement, timely and effective responses to challenging behaviour and intensive community support. Key will be the integration of health and social care assessment, treatment and case management services into community learning disability teams.

- **Commissioning Infrastructure**

Health and social care organisations need to assess the fitness for the purpose of the current commissioning infrastructure to develop a competent commissioning system, particularly to support the development of personalised care. Commissioners will have a vital role to play in ensuring that people have got access to information about their rights and options, ensuring an adequate overall supply of services, identifying community’s overall needs and agreeing a strategic direction in partnership with providers and people who use services.

This commissioning strategy has a number of implications for changing the way we currently work. This includes:

- How we organise our commissioning resource across health and social care, and, decision making
- The viability and development requirements for the local social care market
- The function of the council’s Learning Disability services
- The role of the community teams for adults with LD
- Better joint up working between health and social care

The strategy provides the context for the production of a detailed action plan for delivering service changes. These will ensure that services meet individual need and provide value for money. They will identify where we can do more for less whilst, at the same time, understanding and acknowledging the growing population with increasingly higher needs.

VISION

The needs of people with learning disabilities in Central Bedfordshire will be recognised, understood and met across all public services. They will experience the same choice and quality of care as the general population.

All healthcare services, working closely with social care, the independent sector and the wider community, will be dedicated to promoting maximum independence and quality of life for people with learning disabilities. Primary and secondary health services will understand the health vulnerabilities and risks of people with learning disabilities, offer effective health promotion advice, check their health regularly and offer care and treatment sensitively and effectively.

The local vision for health and social care services that is based on fully integrated locality based health and social care teams, centred on local GP Practices providing a wide range of community based interventions with decision making as close to the customer as possible.

Specialist services will be offered in the community, as close to home as possible. They will be able to intervene in an emergency or crisis to help stabilise situations and offer increased support while it is needed.

PURPOSE AND SCOPE

The strategy focuses on adults with a learning disability aged 18 upwards; including those who have additional needs e.g. physical disabilities / sensory loss, mental health issues and autistic spectrum disorder.

The strategy aims to set out a clear vision of how services will develop over the next three years, drawing on national requirements for service provision together with the determination of local need. Central Bedfordshire and its health partners NHS Bedfordshire and Bedfordshire Clinical Commissioning Group agree successful delivery of this strategy can only be achieved through collaboration with all partners, and will work closely with clinicians and colleagues across primary & secondary care, the voluntary sector and individual carers / users to make it happen.

In order for the vision and principles of this strategy to be delivered, a separate commissioning plan detailing the procurement plans specifying the budgets and services the funds will be used for, as well as detailing the intentions for planned service improvements, dis-investments and de-commissioning will have to be produced.

POLICY FRAMEWORK

Joint Commissioning Principles

The NHS Reforms and Vision for Adult Social Care emphasises the need for strong partnerships and brings greater opportunities for closer alignment and integration of services. Joint commissioning arrangements between the local NHS including the Clinical Commissioning Groups, Public Health and the Local Authority will be outcome focussed with greater emphasis on prevention, services that provide choice, meet the required quality standards and are cost-effective.

Commissioning will seek to balance investment in prevention and early intervention, promoting health and wellbeing in order to reduce the cost of future ill health. There will be a stronger focus on commissioning those services and interventions which achieve better outcomes across health and social care through joint working to promote inclusion and address inequalities.

There will be incentives to stimulate the development of high quality services that treat people with dignity and maximises independence, choice and control. Views and aspirations of service users and carers will be taken into account and commissioning of individualised and flexible packages of care will be given high profile.

Valuing People Now

As enshrined in the original Valuing People we affirm that people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens such as;

- Including Everyone
- Personalisation, choice and control
- Having a Life
- People as Citizens
- Making it Happen

Valuing People Now (2009) made it clear that everyone with a learning disability must be included: people with complex needs, people from black and minority ethnic groups and newly arrived communities; people on the autistic spectrum and offenders in custody and the community. There was no new funding identified for the implementation of Valuing People Now, about which Mencap has indicated concern.

The delivery plan lists 6 priorities:

- Partnership Boards
- Health
- Housing

- Employment and voluntary work
- Commissioning
- Personalisation

Micheal's Report

Death by Indifference (2007) reported into the deaths of 6 people whilst in the care of the NHS which led to a report, Healthcare For all (2008), known as 'The Michael's report' after its author, Sir Jonathan Michaels. This was a landmark enquiry into access to healthcare for people with a learning disability. The establishment of the Inquiry followed the publication of Death by Indifference by Mencap and the Disability Rights Commission – an investigation into health inequalities experienced by people with learning disabilities and people with mental health problems. Healthcare for All found convincing evidence that people with learning disabilities have higher levels of unmet need and receive less effective treatment than others.

Policy Context

Nationally, social care services are changing more rapidly than at any time for 40 years. Finances have never been so tight. Individuals and their families have also begun to engage and ask for changes. There is a need to update our plan for Learning Disability Services. In summary the key drivers are:

- A response to Valuing People Now (Jan 2009)
- Our knowledge of the Central Bedfordshire population that have a learning disability
- The need to have good information about young people in transition from Children and Young People Services
- An emphasis on better health care following the Healthcare for All (2008) report, and Death by Indifference
- To look at the campus closure and as an opportunity to build a better future for all
- The requirement from Putting People First (2007) to introduce Personal Budgets
- The need to build/invest in the Big Society so that people who have a learning disability can hope for a life, not just a service

BACKGROUND

WHAT IS A LEARNING DISABILITY

There is a very wide spectrum of needs within the learning disability population. Valuing People (2001) provided the following definition:

“A significantly reduced ability to understand new or complex information, with a reduced ability to cope independently, which started before adulthood, with a lasting effect on development”.

Having an IQ of below 70 is not of itself sufficient – social functioning and communication skills need to be taken into account when determining the need for health or social care support.

An impairment that ‘started before adulthood’ is often taken to mean one occurring before or in the early years after birth. This definition however is of limited usefulness for children, as assessment, identification of needs and appropriate intervention are needed over a period, so children may move in and out of this definition as the child starts school or the environment changes.

CHALLENGE OF DEMOGRAPHY

National Picture

Nationally there are estimated to be approximately 200,000 people aged 18 and over in England who have a moderate to severe learning disability (POPPI and PANSI, 2009). Of these, just over 47,000 people aged between 18 and 64 are estimated to have the most complex and severe level of learning disability (PANSI, 2009). In addition it is also estimated that there are just fewer than 765,000 people who have a mild learning disability.

East of England

It is estimated that there are about 113,000 people with a learning disability in the East of England, of which 21,000 are known to health and social care specialist learning disability services. In the East of England there could be up to 65,600 with Autistic Spectrum Disorders, which are a ‘triad of impairment’s – social communication, social interaction, and social imagination.

Central Bedfordshire

Locally the development of a Central Bedfordshire JSNA to better understand the health and social care clients with LD in Central Bedfordshire has provided evidence to support the commissioning intentions for clients with LD.

The current JSNA is being updated at the time of writing (Autumn 2011) to provide more current data and information which will support commissioners of LD services in Central Bedfordshire.

Central Bedfordshire and NHS Bedfordshire and the newly emerging practice based commissioning consortia have a statutory responsibility to support people with a learning disability. There are approximately 4,002 people between 18 and 64 years with a learning disability in Bedfordshire.

These figures include the following that are known to services: - there are only 537 people with Learning Disability aged 18-64 who are known to services. The figures quoted here are from PANSI which indicates a high number of people with Learning Disability who are not known to services.

Moderate learning disability – 872
 Severe learning disability – 230
 Autistic Spectrum disorder – 1611
 Downs Syndrome – 100
 Downs Syndrome/Dementia – 9
 Learning Disability/Challenging behaviour – 72

Older People

There are 31 people aged 65+ with learning disabilities who are known to services.

Challenging Behaviour

72 people aged between 18 and 64 with a learning disability are predicted to have behaviours which challenge, which is higher than would be expected based on Emerson's (2001) predictions of 24 per 100,000 total population. (in NHS Bedfordshire's Health Needs Assessment for Adults with Learning Disabilities in Central Beds, 2010).

Prevalence

In common with the rest of the country, the prevalence of learning disability in adults aged between 18 and 64 is expected to rise in Central Bedfordshire by about 1% per annum over the next 10 years, to an estimated 4,411 by 2020.

It is expected there will be a growth in the complexity of disabilities due to:

- Improvements in maternal and neonatal care
- Increasing prevalence of foetal alcohol syndrome
- Increasing numbers of England adults from South Asian minority ethnic communities where prevalence of learning disability is higher
- Improvements in general health care for adults which lead to increased life expectancy.

Links to deprivation

Mild to moderate learning disability is linked with poverty and rates are higher in deprived and urban areas. Therefore we can reasonably expect numbers of adults with learning disabilities to be concentrated in Central Beds within

areas of higher deprivation such as Parkside, Tithe Farm, Biggleswade Ivel, Sandy Pinnacle, and Flitwick East. There are currently an estimated 328 adults aged between 18 and 64 with a learning disability living with a parent, 539 are helped to live at home and 128 are in residential or nursing home care.

Transitions in Young Adults

Transition refers to that period from school year 9 (age about 13 or 14) up to 25 years, when young people with disabilities are transferring from 'children's' to 'adult' services. There are a growing number in transition including those with Autistic Spectrum Conditions and/or other complex care needs. In the East of England it is estimated that 70 people per year making the transition, meaning that there are usually 770 people transferring at any one time.

It is also borne out in the increased number of children with complex needs being transferred to Adult Social Services from the Children's Service in Central Bedfordshire. These people become the responsibility of adult services when they become 18. Although it is important to note that this does not necessarily mean that the funding responsibility is picked up then as a number are at residential college.

These young people and their families are coping with a wide range of changes and uncertainties, some of which are mirrored in the wider population, when young people leave school, but are overlaid with concerns and uncertainties regarding future services and funding, risks of greater independence appropriate for adulthood, and disjunctions between services. Aiming High for Disabled Children is a key driver to the improvement work being undertaken in each local area.

In Central Bedfordshire it is estimated that there are 288 young people aged 14-18 years with a learning disability; this includes those not in receipt of services

Minority Ethnic Communities

Around 10% of people living in Central Bedfordshire are estimated to be from ethnic minority communities, 6000 of which are of South Asian original, where the prevalence of severe learning disabilities may be up to three times higher than the general population (Hatton, Akram et al 2002, in NHS Bedfordshire Health Needs Assessment, 2010). These families may experience the following difficulties:

- Little or no informal support from family and friends outside the household due to extended family members living too far away
- Low awareness and uptake of specialist disabilities support services
- Language barriers with services rarely meeting language, cultural and religious needs
- Carers may experience poor physical and mental health themselves, due to distress, depression and anxiety, and are less likely to use appropriate mental health services.

Central Bedfordshire Council and NHS Bedfordshire have both a duty and a commitment to providing services to all of the people living in the authority area regardless of age; disability; ethnic background; and skin colour; faith; gender; health; language; social and economic background; or because they are gay or lesbian.

Offenders

The prevalence of learning disability amongst offenders can be as high as 20-30%, meaning that in the East of England, there are potentially 700 prisoners and 2,000 offenders on community orders who require reasonable adjustments by services, and who are affected by a learning disability.

A recent health needs assessment has been carried out into the health of the prison population in HMP Bedford (January 2010) and it has shown that 20-30% of prisoners have learning disabilities that interfere with their ability to cope within the criminal justice system, and that they are more at risk of re-offending because of lack of identification and therefore support or services, are more unlikely to benefit from programs designed to address offending behaviour, and are targeted by other prisoners in custody.

Social Inclusion

People with learning disabilities are less likely to be able to get paid work – currently less than 7% (Valuing Employment Now) than the rest of the population. In Central Bedfordshire 4.7% of those known to services are in paid employment.

Keeping People Safe

The Mencap Report, *Living in Fear* (2000), found that 88% of people with a learning disability reported being bullied in the previous year, 47% of which had experienced verbal abuse, and 23% physical assault.

Although the principles of safeguarding need to be central to the commissioning of services for these groups, a more concerted effort is required to meet the needs effectively and build in the right capacity to manage the rise in numbers of more “vulnerable” citizens.

Carers

As in all aspects in health and social care, the role of family carers is wide-ranging and, for many people, is their sole source of support. There are approximately 7 million unpaid family carers, nationally, providing care for over 20 hours/week. 50-55% of adults with learning disabilities live with their family, and one third of those are living with carers over the age of 70. 25% of people with learning disability do not become known to services until later in life when their carer either becomes ill or dies.

Central Bedfordshire has a dedicated multi-agency Carers Delivery partnership as part of the HCOP structure and a Carers Forum to support identification and setting of priorities. The Carers forum has strong representation from across all of the customer groups and assists us in building on the expertise of carers themselves. Where possible we will aim to

integrate across Adults and Childrens services to fully support carers, identifying and investigating any inconsistencies in services offered.

Carers suffer more ill-health, and tell us they need proper identification of health needs, emergency plans developed in case they can't continue in their caring role, better information, advice and training, and better short breaks.

Understanding the impact of the growth

Single greatest area of pressure on social services budgets is the increasing demand on learning disability services. This demand represents both an increase in the number of people with a learning disability who will require services but also the nature of the complexity of their needs.

A report to the Association of Directors of Social Services 'Pressures on learning disability services: the case for review by Government' in October 2005 estimated that the increase in costs to Local Authorities is £800 million by 2011. In addition to this will be a large number of people with a learning disability who have lower levels of needs and do not meet Local Authorities' eligibility criteria that are coping independently, or with family support.

However, many of these people will at some point need help with services such as housing, further education or protection of vulnerable adult services. More recently national developments with Supporting People and the hanging role of the Director of Social Services and local developments with the broader public health agenda means that Adult Services now have responsibilities to meet the needs of these people also. This document will need to set out how it will meet the lower levels of needs of people with a learning disability.

HEALTH ISSUES FOR PEOPLE WITH LEARNING DISABILITIES

Many people with learning disabilities have a higher level of health needs than in the general population.

- **Epilepsy** occurs in about one third of people with learning disabilities and the likelihood of seizures increases with the severity of the learning disability. Often seizures are complex and difficult to control and specialist input is required. Anti-epileptic drugs often have side effects, particularly with long term use, and require regular review.
- **Autistic disorders** also occur very frequently with learning disability and this additional disability will have a considerable effect on the functioning and the needs of the individual. People with autism have impairments in communication, social behaviour and imagination.
- **Mental health problems**, including challenging behaviour, occur in up to 50% of people with learning disabilities. Depression and

withdrawal are frequently not diagnosed or treated. Mental health conditions may go undiagnosed or treated. The prescription of psychotropic medication should be based on the advice of a psychiatrist with special knowledge of learning disabilities.

- **Particular conditions**, such as Down's syndrome, carry an increased risk of certain health complications such as cardiac disorders, respiratory problems, thyroid disorders and hearing impairment.
- **Older people** with learning disability are particularly at risk of dementia, especially of Alzheimers disease if they have Down's syndrome.
- Up to one third of people with learning disabilities have an associated **physical disability**, most often cerebral palsy. This may put them at risk of postural deformities, hip dislocation, chest infections, eating and swallowing problems, gastro-oesophageal reflux, constipation and incontinence.
- People with learning disabilities experience a high rate of under-detection of **visual and hearing problems**. About one third of people with learning disabilities have poor eyesight. Over 40% have a problem with hearing and the prevalence of both visual and hearing loss increase with age.
- People with a learning disability are likely to suffer from **poorer physical health** than the rest of the population. People with learning disabilities are more likely to be obese, suffer cardiovascular disease, have higher rates of respiratory disease and a higher risk of oral health problems, including gum disease, gastrointestinal problems and cancer.
- **Communication difficulties** are present in up to 90% of the learning disability population, and are key in poor recognition of health needs. Sight, hearing and epilepsy problems are common, as are problems with swallowing.
- People with learning disabilities are **less likely to access screening programmes** and develop health issues such as diabetes, asthma and mental health difficulties because of unmet health needs. People with learning disabilities find it difficult to identify symptoms of illness and to navigate the health system, and consequently these problems make it more difficult for health professionals to deliver effective treatment.

The priority is to drive change to meet the needs of people with learning disabilities ensuring hospital wards, G.P Practices and any other Community Service is fully accessible to people with learning disabilities and high quality care is delivered to all

CURRENT PROVISION OF LEARNING DISABILITY SERVICES

A wide range of services is provided in Central Bedfordshire from a range of providers including both Social Care and Health Services. The Independent Sector the Voluntary Sector and Housing Associations are major providers.

The range of learning disability services offered by all providers – public, private (for profit) and 3rd sector (not for profit) includes:-

- Information & Advice
- Care Management
- Housing Support (Respite, Supported Living, Homecare etc)
- Employment
- Day opportunities & Social Activities
- Health
- Carers
- Other – including universal services

Key providers for these services include:-

- Central Bedfordshire Council
- NHS Bedfordshire
- SEPT
- Housing associations (including Aragon, Aldwyck, Hanover, Housing 21)

There is also an increasing recognition of the vital role carers play in enabling vulnerable people to live in the community with as much dignity, quality of life and independence as possible.

Services to people with learning disabilities have changed and improved in recent years with an emphasis on supporting individuals to live life in the community with support. The mapping of services in Central Bedfordshire demonstrates that significant improvement has already been made with plans in place to achieve more services based around the needs of service users and carers. Preventative Services that support people to maintain their independence are at the heart of this strategy.

People who fund their own care

Analysis of independent provider data in Central Bedfordshire suggests that only approximately 37% of residential and nursing care is publically funded with the remainder self funded. This means that careful consideration needs to be given to ensuring that people who fund their own care are taken account of in planning market developments.

The Council has a responsibility to ensure that information and advice are available as "a universal service" for everyone needing care and support, whether they are using a personal budget or their own funds. The government's [vision for social care, published in November](#), also

acknowledged "that people funding their own care have a particular need for information and guidance to help plan how their care needs are met".

Accommodation and Support

Housing support comprises a number of different services including:-

- Supported Living
- Supporting People
- Residential Care
- Nursing Care
- Domiciliary care (as an enabler supporting people to live at home)

The council's investment priorities for supported housing and non-accommodation based support services are aligned, in principle, with those of the Joint Commissioning Strategy for Adults with a Learning Disability. These are to move away from spending on higher cost institutional services, towards more spending on services which enable independence and prevent their users from falling into higher level care and support needs. This is in line with Central Bedfordshire's Early Intervention and Prevention Strategy 2010-2015.

NHS Campus Closure Programme

The NHS Campus Closure Programme was awarded £11m NHS Capital Funding for Bedfordshire and Luton to re-provide accommodation for people with learning disabilities, the bid was placed as a strategic bid to fit with other learning Disabilities service re-design such as the re-provision of the LD Hostels and the re-provision of the Day services as Hubs.

The capital is about building new homes mainly as housing but it is also about how the services are run and the needs of the individuals. The team has worked with care providers to create new services with an emphasis on services that enable, make use of Assistive Technology and reduce expensive and intrusive care.

These new services improve independence, reduce reliance on care home beds, and reduce void and vacancy rates because of flexibility and cut costs whilst delivering more personalised care by challenging the market to provide more flexibly and challenging the culture of care to be more responsive to individual service user potential.

The Campus Closure and redevelopment programme will entail the development of around 60 new units of accommodation and support. The people living in the new units have spent their adult lives in disabling, institutional environments. There is an expectation that as people spend more time in the new accommodation, their independence will develop and they will move from needing higher level care and support into lower level support. Further, younger residents coming into the schemes will tend to not to have such high needs.

Telecare

This is an area of great opportunity for investment to be recycled out of higher level care and into support linked to the housing support programmes. The model of lower-level support would probably need to include Assistive Technology alarms and Telecare, with regular housing support, with varying hours depending on the person and their circumstance.

Telecare also allows the nursing team the opportunity to safely respect individual needs for privacy and dignity whilst maintaining a safe and supportive environment.

The technology will promote the concept of person centred planning by providing an opportunity for each person to have greater independence whilst ensuring they are safe as the technology will alert carers should the need arise. The introduction of the right technology will also reduce the risk of harm or discomfort that can arise with individuals who have specific health or social needs such as those with epilepsy or incontinence.

Reducing Out of Area Placements

The council has developed a framework to investigate the opportunities to support individuals to step down from private hospitals and out of area placements into a local service and also move nearer to their relatives, rather than living in a high cost out of area service.

Day Service Modernisation

Central Bedfordshire Council has three day centres which are attended by adults with learning disabilities where a variety of activities can be experienced, including some limited access to the community. Many customers have used these centres for a number of years.

The services which are currently provided could be seen to be restrictive in the range and choice of activities offered and do not give any support for evening and weekend activities. One of the buildings is old and another is based in the middle of an industrial site. For these reasons, the current services are not attractive to young customers coming into Adult services.

As part of the personalisation journey, all customers can be given a personal budget to be supported to access a range of activities of their choice, on a day and at a time to suit them and with people they choose to be with. Opportunities need to be identified and developed with new customers as well as those who currently go to the existing day centres to give experiences which are meaningful to the individual and these should include training for work and volunteering. It is recognised that the modernisation of day services will have an impact on people who currently attend the centres, and their family carers, and Central Bedfordshire Council is committed to ensuring that they will be appropriately supported to ensure a smooth transition through any changes that take place

The challenge for the NHS and the Council in the life of this strategy is to identify the model of service(s) which achieves the best spread of provision for the available money across the commissioning priorities identified for Learning Disability.

CURRENT PERFORMANCE OF LEARNING DISABILITY SERVICES IN CENTRAL BEDFORDSHIRE

CQC Ratings

The Care Quality Commission Annual Performance Assessment (2009-10) indicated that Central Bedfordshire is making good progress in all key priority areas identified and has sought to fully involve and engage with stakeholders, especially people who use services and their carers.

Moves from institutional care towards independent living will also improve performance on national indicators 136: People supported to live independently through social services, and 145: Adults with learning disabilities in settled accommodation.

Self Assessment for Learning Disabilities

In 2009, 2010 and 2011 PCTs in the region have undertaken self assessments of how well their local health system is meeting the needs of people with a learning disability. The Vision for Better Health and Well Being for People with a Learning Disability and their Families 2011-21 was published in April 2011 with a real focus on mainstream health services better meeting the health needs of people with a learning disability and those with autism so that equality of access and of health outcomes are achieved. Acute hospital services are a particular focus.

Following completion of the regional annual health self assessment for 2011, the following headline health needs of people known to services were identified:

- Assurance that screening is being accessed with appropriate support
- Health services to implement flagging systems to identify people with a learning disability in health pathway
- Health Facilitators are being appointed to provide education across all healthcare providers
- Review of specialist services is being undertaken to ensure that they are appropriate, based on evidence and meeting the needs of the local population
- Quality standards for services for people who challenge are being developed to improve services

It is critical that this document supports improved performance against the old and new performance regimes. An integrated performance framework for Learning Disability services is essential to underpin the implementation of this strategy.

WHERE DO WE WANT TO BE?

The priority for local health and care services is to reshape the financial profile away from residential care and reliance on secondary acute services to more community based and independent living options to help people to live at home is a priority within this strategy. Over the lifetime of this strategy we will be realigning investment away from NHS campuses and residential care to supported living and helping to deliver the priorities defined in the local NHS QIPP plans.

The local QIPP plans for LD set out a clear programme for addressing the inequalities and helping to improve quality outcomes. The QIPP plans has a focus on prevention, care closer to home and choice. It sets out how we can deliver our ambitions for health services in a far more challenging financial climate. It is about how the whole health system can work together to improve the quality and efficiency of services and deliver better health outcomes.

The main driver for the QIPP plan includes a requirement for more collaborative working between organisations, breaking down barriers between acute care, community services, primary care and social care, so patients get the right care at the right time and in the right place.

Commissioning Intentions

In order to achieve the local vision for local LD services we have set out the following commissioning priorities. The amalgamation of the vision for LD as set out in the document and the gaps analysis helped to set out the priorities for LD commissioning. (see appendix 3).

1. Residential Care

In order to reduce the reliance on out of area residential placements we need to provide better local provision of services for people with higher complex care, this would mean an improvement in the range and quality of local services would be needed. More training and awareness would be required for staff working in the local LD services, so they understand the need for moving people from residential care to an independent living setting.

The use of assistive technology should be used as a first line option for those that have been identified for “move on” options. This should include the use of Telecare to enable this to happen.

In order to create and sustain excellent quality we need to develop a quality accreditation scheme and a training programme for all local providers of LD services in CBC, this would help increase the quality of service provision.

2. Supported Housing

In order to provide a wide range and variety of housing options we need to develop a comprehensive list of current available options, and help stimulate the market to bring in additional providers for provision of housing options for

LD clients. We also need to develop a better advice and information schemes to enable those that want to enter the housing market to be able to do so.

Key to delivering the health and social care aspirations highlighted in this strategy is the need to develop better move on accommodation options to help LD clients out of long term residential care placements towards a more independent living option.

In order to best meet the housing needs of LD clients we have to be confident that the housing options meet the necessary minimum quality requirements and for this a piece of exercise to develop a quality assessment tool is required.

3. Adult Placement Schemes

As part of the commissioning intentions to help provide support and respite to carers we need to further develop the adult placement scheme, and also investigate other options that would help provide a better support outcome for LD clients and their carers.

4. Re-ablement Services

In order to promote better independence for LD clients we need to investigate options for providing better support and care to clients in their own homes. This should also include the options for the provision of emergency short term respite services that are available to clients and their families in Central Bedfordshire.

Linked to the improvement in re-ablement services is the need to address the issues surrounding improvement to acute services including mental health services. This means that we need to investigate the options of achieving access to the widest choice of mainstream services.

5. Day and Evening Opportunities

We need to provide a better selection and variety of meaningful opportunities for LD clients to be engaged with in Central Bedfordshire. This would require revisiting the modernisation plans for current day centres and looking at how best to diversify the options for clients where we are able to enhance and improve choice and access to a wider range of activities. We would need to link this to the personalisation agenda and look at use of capital receipts etc.

6. Services for Young People and Transitions

More needs to be done to ensure better planning and smoother transitions take place for those clients that are moving from young people to adult services.

7. Community Based LD Services

In order to achieve better integration between health and social care the main priority will be to develop an integrated approach to delivering community based LD services. Therefore the priority must be to investigate the development of integrated care pathways and looking at joint funding options.

8. Safeguarding

We need to embed the concept of safeguarding as a central key objective within all service related contracts. An LD safeguarding strategy may also be required to help inform this area of work.

9. Health Services

In order to achieve better health outcomes and address the health inequalities found in clients with LD we need to look at a programme of work across which would deliver:

- Training to g.p.'s and their staff on learning disability awareness and other health settings, e.g. pharmacies, dentists, etc.
- Better guidance for people with learning disabilities on how to get an annual health check with their g.p.
- Better support for clients with LD to develop Health Action Plans or Profiles if they wish to have one, to help them access the full range of healthcare services throughout Central Bedfordshire.
- A Review of specialist services available to people with learning disabilities, and look at improving the care pathways so there are more options and services available in a community setting and we also need to deliver a better performance delivery matrix to help bring the NHS and social care services together

10. Carers

It is important that we meet the needs of carers and therefore we need to commission better support services for carers in Central Bedfordshire. This would include providing better options for respite and better information and support services.

11. Equitable Service Provision

All services in Central Bedfordshire need to be equality proofed to ensure that they are accessible for all sections of society including BME and Offenders and Ex-offenders. In Central Bedfordshire we need to ensure that all service providers are required to proactively promote and meet the needs of these marginalised and vulnerable groups. The issue of equitable access should be a key performance indicator in the performance management framework.

DELIVERING THE VISION IN CENTRAL BEDFORDSHIRE

Learning Disability Partnership Board

The Learning Disability Delivery Partnership Board is one of the 8 Delivery Partnership Boards identified in the Healthier Communities and Older People Partnership Strategic Framework. It is co-chaired by a person with learning disability and the Strategic Framework has identified key priorities in the area of learning disabilities (See Appendix 4).

KEY THEMES

There are six key areas that have been identified to deliver the vision for Learning Disability Services in Central Bedfordshire.

1. MAKING CHANGE HAPPEN

'Valuing People Now' has identified that one of the biggest challenges ahead is ensuring that the Valuing People policy is delivered across all of England to ensure that all people with a learning disability benefit from the changes set out within it. In recognition of this the strategy has identified that the major priority of the document focuses on making it happen.

In order to achieve this it has identified the following areas for focus:-

- Local and national leadership and support.
- Better Commissioning.
- Getting better at checking how we are doing.

2. MORE CHOICE AND CONTROL- Making Personalisation a Reality for People with Learning Disabilities

Adult Social Care Portfolio in Central Bedfordshire signed up to an ambitious programme of change to support the transformation of social care. The national strategy states that all Councils in England must now implement personal budgets in order to give people greater control of their social care.

Telecare is proving to be an excellent tool for giving greater independence to service users with a Learning Disability. This success in relation to service users themselves is enhanced by the positive impact on the lives of carers as well, who find that they too gain independence that they never thought they would experience again.

The current system of social care is based upon Local Authorities matching a limited range of services to people's assessed needs. Demographic pressures are leading to spiralling costs particularly in placements and there is a widespread belief that there needs to be a fundamental rethink of how we provide social care services, to address the increased pressures on budgets as a result of demography and increased expectations on the services by people who use them.

3. HOUSING AND SUPPORT FOR PEOPLE WITH A LEARNING DISABILITY

According to national benchmarks Health and Social Care currently invest over 60% of their total budgets for learning disability in accommodation and support. This area of expenditure is the highest risk of all the elements of learning disability activity in terms of spiralling costs. According to national

CIPFA benchmarking Health and Social Care teams spend more on residential care than average with a higher gross cost per placement. All placements that are away from the local area cost approximately 25% more than their in-county equivalents.

4. BETTER HEALTH FOR PEOPLE WITH A LEARNING DISABILITY

Commissioners are charged with assessing need and planning services for the whole community. The acid test of each local health service is not whether it works for people who are generally healthy but whether it benefits those with the shortest life expectancy, the greatest problems accessing services and the biggest risk that poor health will stop them taking part in society. Meeting these health needs is about targeting scarce resources where they are most needed; to ensure early intervention prevents avoidable ill health and crises later, by building into contracts the requirement that providers take the simple, low or no cost steps that enable excluded groups to access services easily.

5. LIVING WITH A LEARNING DISABILITY

This strategy will prioritise the transformation of existing in-house and externally purchased day services to support the delivery of the policy objectives set out in 'Valuing People Now' which supports people to live the lives that they want as equal citizens in their community. This will be a major programme of work and a key priority of the whole strategy.

The national message is quite clear that services should be shaped by individual needs and wishes and not by traditional service patterns or availability.

It is not just a case of replacing large day centres with smaller ones and it is not enough to simply integrate with other services and groups within the community. The focus of service delivery must change dramatically, particularly the way in which staff resources are deployed, to ensure that what people do with their time changes and that they have access to a range of opportunities, beyond existing day centre hours, that supports individuals needs and aspirations and where specialist provision for people with complex needs is incorporated within the wider community and not as a segregated service.

6. DELIVERING THE STRATEGY

This commissioning strategy has a number of implications for changing the way we currently work. These will include our approach to commissioning and market development and the roles and tasks of all those involved in making arrangements for health and social care within Central Bedfordshire. This will assist in achieving services that are fit for the future and are cost effective.:

RECOMMENDATIONS

As part of the development of this strategy it has been acknowledged that the wider vision and aspirations contained in this document need to inform the production of the commissioning plan that will determine spending on learning disability services for the next 3 years. The plan will identify the services that need commissioning and ones that can be decommissioned.

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ACTION PLAN

There are six key areas that have been identified to deliver the vision for Learning Disability Services in Central Bedfordshire. The action plan takes into account the actions from the Valuing People Now 2010 -13 plans. NOTE – This plan needs finalizing with Rag ratings and timescales and leads.

1. MAKING CHANGE HAPPEN

OBJECTIVE	OUTCOME	KEY ACTIONS	TIMESCALE	LEAD	RAG RATING
Local and national leadership and support	<p>In Central Bedfordshire it is critical that the Learning Disability Partnership Board becomes the key delivery vehicle for this document and that this strategy forms the basis of the work plan for the Learning Disability Partnership Board.</p> <p>We will need to strengthen the governance of the Board so that it is accountable for its delivery into the Local Strategic Partnership.</p>	<p>Review the Learning Disability Partnership Board in accordance with the new guidance that will be issued by the DH to support the local implementation of 'Valuing People Now' from Progress to Transformation. This includes the membership, structure of the subgroups and governance in terms of reporting.</p> <p>Develop an Annual Work Plan from the Learning Disability Partnership Board which will provide the delivery framework for the commissioning and decommissioning priorities within this document.</p>	<p>The Delivery Partnership was set up in accordance with the CBC Governance Structure and taking into account the DH guidance November 2009. Members reviewed in December 2010</p>		

		Identify the Commissioning Priorities within this strategy where we can enlist the support of the Valuing People Support Team.			
Better Commissioning and better checking of how we are doing	<p>Strong Commissioning is at the heart of our ability to deliver change over the next three years for both the PCT and County Council.</p> <p>We will ensure that all staff working within commissioning will have the competencies to do so.</p>	<p>We will develop a detailed costed annual commissioning plan that is linked to the Local Authorities Medium Term Financial Planning Process and the PCTs Local Delivery Plan. We will ensure that our relationship with the Voluntary and Community Sector accords with Corporate CBC Policy for the Voluntary and Community Sector.</p> <p>A commissioning skills audit to be undertaken and subsequent action plan developed</p> <p>Develop a commissioning competency framework to help train commissioning staff, in order to ensure the staff have</p>	<p>OCT 2011</p> <p>JAN 2012</p> <p>JAN 2012</p>		

	<p>The PCT and the new emerging GP consortia and LA will work in partnership to join up World Class Commissioning and the Social Care Competency Framework</p> <p>We will develop a robust contracting and procurement procedure to ensure that services are delivering on the agreed care plan, meeting the needs of services users and are efficient. We will do this by –</p>	<p>the right skills to carry out this work.</p> <p>The Joint Commissioning Strategic Framework to be used as the template for any commissioning planning activity</p> <ul style="list-style-type: none"> • All contracts are reviewed and are realigned to deliver the vision detailed in this strategy • Ensure a contracts database is in place connected to the service user database (SWIFT) and provides updated information on contracts. • Provide trend and fee data analyses for interrogation. Reconcile and link contractual information with finance 	<p>JAN 2012</p> <p>JAN 2012</p> <p>JAN 2012</p> <p>JAN 2012</p>		
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		<p>and care planning.</p> <ul style="list-style-type: none"> Record, report and update vacancy levels, particularly with block contracts. <p>Develop and implement care and supported living contracts for Providers of Learning Disability services.</p>	<p>JAN 2012</p> <p>JAN 2012</p>		
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2. MORE CHOICE AND CONTROL

Making Personalisation a Reality for People with Learning Disabilities

VALUING PEOPLE NOW	OBJECTIVE	ACTION	TIMESCALE	LEAD	RAG
<p>CHAPTER TWO PERSONALISATION</p> <p>All people with learning disabilities and their families will have greater choice and control over their lives and support to develop person centred plans.</p>	<ul style="list-style-type: none"> Personalisation agenda to be embedded within all local authority services and developments for people with learning disabilities and their family carers Person centred approach to planning 	<ul style="list-style-type: none"> Delivery Partnership to review person centred planning strategies Individuals and families to be involved in designing the services they want Commissioners, providers and service users to work together to understand the type of support people 		LD Delivery Partnership/ Personalisation Team	

	<p>services around the needs of the individual</p> <ul style="list-style-type: none"> • Providers to work differently by setting up services around individuals rather than groups • Commissioners to develop a market which provides a wider range of options for people to choose from 	<p>want – Provider forum to enable this</p> <ul style="list-style-type: none"> • Look at how assistive technology could help to support people in their independence. • Personalisation Strategy to be drawn up 			
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3. HOUSING AND SUPPORT FOR PEOPLE WITH A LEARNING DISABILITY

OBJECTIVE	OUTCOME	KEY ACTIONS	TIMESCALE	LEAD	RAG
HOUSING AND SUPPORT FOR PEOPLE WITH A DISABILITY	<p>Overall we need to reduce the numbers of people in out of county placement by 10% against the position set out in this strategy and by the end of this strategy 70% of all social care accommodation and support will be delivered through a supported living model.</p>	<ul style="list-style-type: none"> Systematically apply the South East Centre of Excellence Costing Model to all new placements and reviews. Complete review of all high cost residential care placements (over £1000 per week) securing greater contracting efficiencies through the use of the Fairer Pricing tool against all spot purchased 	<p>JAN 2012</p>		

		<p>placements. Move-on accommodation needs identified.</p> <ul style="list-style-type: none"> • Review and re-tender existing domiciliary care services which must support the development of a spectrum of services (must address the development of a spectrum of services from people with mild and moderate needs to people with much more complex). • Develop some specialist Extra Care Housing for older people with a learning disability. • Controlled disinvestment in a proportion of current beds to free up funding for personal 	<p>MAR 2012</p> <p>MAR 2012</p> <p>MAR 2012</p>		
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		<p>budgets that enable more choice and control to sit with service users and carers e.g. options to have respite in Adult Placement setting</p> <ul style="list-style-type: none"> • Establish an outreach service with a workforce that is trained and able to support complex service users to remain in their home • Deliver decommissioning of larger ill designed homes and move towards commissioning smaller supported living homes or small clusters of homes, of no more than 4 people. • Disinvestment from 	<p>MAR 2013</p> <p>MAR 2013</p> <p>MAR 2013</p> <p>2013</p>		
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		<p>Inpatient Beds and to reinvest funds into enhancing community based services</p> <ul style="list-style-type: none"> • Commissioners to ensure that the needs of people with learning disabilities are reflected in the Local Area Plan and the Central Bedfordshire Housing Strategy • Care Management teams to link with colleagues in the Housing Department to manage the “housing needs” list and to enable people with learning disabilities to access Choice Based Lettings • People to have more 	<p>2011</p> <p>2012</p> <p>2012</p>		
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		choice about the type of housing they would like to live in, giving more independence if that is their wish			
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4. BETTER HEALTH FOR PEOPLE WITH A LEARNING DISABILITY

OBJECTIVE	OUTCOME	KEY ACTIONS	TIMESCALE	LEAD	RAG
BETTER HEALTH FOR PEOPLE WITH A LEARNING DISABILITY	Four targets have been set in relation to this area covering health inequalities and dedicated and specialist health services. These include:	<ul style="list-style-type: none"> Improve access to mainstream health services including community based such as dentists, pharmacists, physiotherapists, etc enabling those with more complex 	MAR 2013		

	<p>All people with a learning disability on a practice based Learning Disability register receive an annual health checks,</p> <p>That the average length of stay for assessment and treatment is reduced by at least 50%,</p> <p>Reduction of Out of Area Treatments by half by the end of this Commissioning Strategy based on the 2011 baseline.</p> <p>And the commissioning of an Autistic Spectrum Disorder Care Pathway for CBC</p>	<p>needs to remain in their own home or continue with care and support packages</p> <ul style="list-style-type: none"> • Increase the range of health promotion and prevention activities to people with learning disabilities • Develop a costed model to commission community based primary care services for people with a learning disability. • Ensure that all service level agreements with NHS providers include a clear statement that they expect the local 	<p>MAR 2013</p> <p>MAR 2012</p> <p>MAR 2012</p>		
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		<p>service to work with people with learning disabilities.</p> <ul style="list-style-type: none"> • Commission and roll-out disability equality training through the Learning Disability Partnership Board and into regular training slots for the primary care practices so that everyone from receptionists, to practice managers to GPs shares and understands the responsibility for providing equal treatment. • To roll-out support to GP practices and practice nurses to complete annual health checks for people with a 	<p>MAR 2013</p> <p>MAR 2012</p>		
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		<p>learning disability with the aim that 100% of GP practices are offering annual health-checks by the end of this strategy (PCT Operating Plan Target)</p> <ul style="list-style-type: none"> • Increasing the uptake of the Learning Disability LES in Central Bedfordshire with a target of 95%. (PCT Operating Plan Target) • 100% of people with an learning disability to have health checks. (PCT Operating Plan Target) • People with a learning disability to have full access to 	<p>MAR 2012</p> <p>2012</p> <p>MAR 2013</p>		
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		<p>the primary care based Psychological Therapy Services provided by the PCT under the improved access to psychological therapies.</p> <ul style="list-style-type: none"> • Roll out the Green Light toolkit across all secondary care providers to ensure that the services become more accessible to people with learning disabilities • To obtain an agreed pathway for Autistic Spectrum Disorders by having stakeholder events to map any existing service and identify new model for CBC (PCT Operating Plan Target) 	<p>MAR 2013</p> <p>MAR 2012</p>		
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		<ul style="list-style-type: none"> • Health Facilitation Project going live • Continue to monitor the Self Assessment for Learning Disabilities <p>During the planning and implementation phases of this strategy further work will be undertaken to identify and develop opportunities to continually improve health services to better meet the needs of people with learning disabilities. This will include formalising their obligations to tailor services to ensure ease of access for people with LD by utilising levers in the contractual</p>	<p>MAR 2012</p> <p>?</p> <p>ONGOING</p>		
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		mechanisms.			
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5. LIVING WITH A LEARNING DISABILITY

OBJECTIVE	OUTCOME	KEY ACTIONS	TIMESCALE	LEAD	RAG
<p><u>CHAPTER ONE</u> <u>INCLUDING</u> <u>EVERYONE</u></p> <p>People with more complex needs</p> <p>The term complex needs describes a range of multiple and additional needs that people with learning disabilities may have and can also include people</p>	<ul style="list-style-type: none"> Families and carers to be involved in designing individualised packages of support Person centred planning, direct payments and personal budgets to support this process Identify systems for meaningful 2-way communication 	<ul style="list-style-type: none"> Commissioners to work in partnership with care management teams and providers to identify suitable opportunities Personalisation agenda to be embedded in all processes Provide training to staff to enable them to offer skilled, individualised support; ie Inclusive Technology Ensure that needs of 	<p>Commissioning/ Care Management</p> <p>Commissioning/ Care Management</p> <p>LD Delivery Partnership/ Commissioning</p>		

<p>whose behaviour presents a challenge</p>	<ul style="list-style-type: none"> Capital Housing Programme to include improvements to properties and/or adjustments to newly acquired properties to enable people with complex needs to have more choice about where they live and the type of accommodation available to them 	<p>people with learning disabilities inform strategic planning and include people with complex needs.</p> <ul style="list-style-type: none"> Joint Strategic Needs Assessment to identify projected housing needs of people with learning disabilities People with complex needs and their carers to have effective representation on the Delivery Partnership and in Advocacy groups. 			
<p>People from black and minority ethnic groups and newly arrived communities</p>	<p>We must ensure that policies and services are culturally sensitive and do not make wrong assumptions about what certain ethnic groups value</p>	<ul style="list-style-type: none"> Equality Impact Assessment to be developed to show how they are implementing and monitoring equalities legislation. Self advocate forum to look at how to reach out to more people, particularly those living in the community who may not 	<p>Commissioning</p> <p>Self advocates/ Advocacy</p>		

		access services. Advocacy to support with this.			
People with autistic spectrum conditions	Results from the consultation undertaken in Bedfordshire early 2009 to be added to the feedback from the National Consultation currently underway to look at how to improve the lives of adults with autism.	<ul style="list-style-type: none"> Working group to be set up to involve people with autism in the planning of services and support which can be provided <p>NHS Bedfordshire to develop a Strategy as one of their Healthier Bedfordshire targets. Scoping exercise to be undertaken in partnership with voluntary organisations and commissioners.</p>	NHS Bedfordshire/ Commissioning		
Offenders in custody and in the community	NHS Bedfordshire is developing an Offender Health Strategy. The needs of people with learning disabilities and the support they need within the criminal justice system are to be reflected in this Strategy.	<ul style="list-style-type: none"> Commissioners to continue to work with health partners to ensure: <ul style="list-style-type: none"> health screening when taken into custody includes identification of a learning disability; and people working in the criminal justice system have received training on how to work with and support people with learning disabilities 	NHS Bedfordshire/ Commissioning		
Family carers and families	<ul style="list-style-type: none"> Family carers to have 	<ul style="list-style-type: none"> Delivery Partnership to ensure that family carers have a voice in their local authority 	LD Delivery Partnership		

	<p>representation on the Delivery Partnership Group and sub groups eg Housing, Health, etc.</p> <ul style="list-style-type: none"> • Carers groups to meet regularly to share news, views and concerns and enable two-way communication between carers and commissioners. • Carers training programme to be further developed 	<p>area plans</p> <ul style="list-style-type: none"> • Central Bedfordshire Carers Newsletter to draw on expertise of learning disability carers • Central Bedfordshire Carers Group to include family carers of people with learning disabilities • Local networks to be developed to enable carers in all areas of Central Bedfordshire to be heard, including older carers • 'Moving Forward' course to continue to support with the transition of the person cared for moving on from the family home, learning new skills, meeting new people. • Work with Jobcentre Plus who are offering support for family carers who want to return to work • Carers to be offered a Carers Assessment and support to get health checks and access short break services and emergency respite. 	<p>Commissioning</p> <p>Commissioning</p> <p>Carers Development Worker</p> <p>Carers Development Worker/ Commissioning</p> <p>Care management team</p>		
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	<ul style="list-style-type: none"> The needs of carers to be identified by means of a Carers Assessment 				
<u>VALUING PEOPLE NOW</u>					
<u>CHAPTER THREE</u>					
<u>HAVING A LIFE</u>					
<p>Work, education and getting a life</p> <p>People with learning disabilities and their families to have a fulfilling life of their own, including opportunities to work, study and enjoy leisure</p>	<ul style="list-style-type: none"> Care management teams will actively support people into employment, training and work based activities. 	<ul style="list-style-type: none"> Engage with local employers and JobCentre plus to help people with job coaching and support for people who have been unsuccessful in previous employment opportunities Link with local colleges and schools to support meaningful Post 16 learning and training which could progress to employment Make contact with local college 	<p>Commissioning/ Care management</p> <p>Commissioning</p>		

<p>and social activities.</p> <p>Look at opportunities for evening and weekend activities – building relationships within the local community</p>	<ul style="list-style-type: none"> Young people from the age of 14 to be helped to identify areas of work or training that they aspire to for their future when they leave school Day and 	<p>special needs co-ordinators to find ways to encourage college attendance with courses which lead to real qualifications</p> <ul style="list-style-type: none"> Young people with learning disabilities to have a transition review to help plan future training before they reach the age of 18 The Partnership Board should have a transition champion to make sure plans include young people approaching their adult life Leisure opportunities to form part of someone’s person centred plan, enabling them to build their own social networks with the people of their choice Evaluation of current training opportunities and resources. Consider development of social enterprises and Project Search Implementation of local plan 	<p>Commissioning</p> <p>Commissioning</p> <p>Partnership Board</p> <p>Commissioning</p>		
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	<p>evening activities to be explored within mainstream facilities, with the appropriate support</p> <ul style="list-style-type: none"> • Development of local employment strategy to link with newly launched national strategy 		<p>Commissioning and Direct Services</p>		
<p>Relationships and having a family</p> <p>People with learning disabilities should be able to choose to have relationships and become parents and</p>	<ul style="list-style-type: none"> • Commissioners to look at ways to support parents who have learning disabilities to ensure that 	<ul style="list-style-type: none"> • Childrens and Adults Services will need to join up in assessing the needs of the parents and children concerned so that the appropriate support plans can be put in place 	<p>Commissioning/ Care management</p>		

be supported to do so.	families are able to stay together.				
<u>VALUING PEOPLE NOW</u>					

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<p><u>CHAPTER FOUR</u></p> <p><u>PEOPLE AS CITIZENS</u></p> <p>Advocacy</p> <p>People with learning disabilities can speak up and be heard about what they want from their lives. If they need support to do this, they should be able to get it</p>	<ul style="list-style-type: none"> • Further promote and develop joint working with advocacy groups and service user forums • Link to generic advocacy service so that people from all service areas can work together on common local issues 	<ul style="list-style-type: none"> • Continue to support links with service user groups and involvement in Delivery Partnership and its sub groups • Service user to act as Co-Chair of Partnership Board • Service users to be included in consultation on plans and developments in services 	<p>Commissioning</p> <p>LD Delivery Partnership</p> <p>LD Delivery Partnership</p> <p>Commissioning</p>		
<p>Transport</p> <p>People with learning disabilities to be able to use public transport safely and easily and feel confident about doing so</p>	<ul style="list-style-type: none"> • LD Delivery Partnership to link with local transport plans to ensure effective 	<ul style="list-style-type: none"> • Service user forum to review local transport provision and report to Partnership board. Working group to link with transport providers to share recommendations of group 	<p>Commissioning</p>		

	<p>inclusion of people with learning disabilities.</p> <ul style="list-style-type: none">• Accessible information should be provided to make it easier for people with learning disabilities to use public transport				
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<p>Being safe in the community and at home</p> <p>People with learning disabilities will be able to lead their lives in safe environments and will feel confident that their right to live in safety is upheld by the criminal justice system</p>	<ul style="list-style-type: none"> • Ensure that the workforce are competent and confident in implementing Safeguarding procedures • The People in Partnership 'PIP' programme is to continue to be rolled out to more people with learning disabilities. 	<ul style="list-style-type: none"> • Ensure that adequate safeguarding training is in place for all those working with people with learning disabilities • "Keep Safe" card to be made widely available. • PIP will build on links made with the emergency services and communities to raise awareness about hate crime and how to reduce it. <p>The LD Delivery Partnership to engage with local crime and disorder partnerships and find a "hate crime lead" to link with the local Safeguarding Board.</p>	<p>Commissioning</p> <p>Commissioning/ People in Partnership</p> <p>LD Delivery Partnership</p>	
<p>Access to justice and redress</p>	<p>People with learning disabilities are less likely to make a complaint or seek legal redress if unfairly treated or if they experience poor practice.</p>	<ul style="list-style-type: none"> • The Delivery Partnership will ensure that accessible materials to help people with learning disabilities and their families understand their rights and how to complain are made available. • Care providers to have a robust complaints procedure 	<p>LD Delivery Partnership/ Commissioning</p> <p>Commissioning</p>	

		which is accessible to people who use their services and their families.		
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6. DELIVERING THE STRATEGY

This commissioning strategy has a number of implications for changing the way we currently work. These include:

- How we organise our commissioning resources and decision making
- The role of the Community Teams for Adults with Learning Disabilities
- The function of the councils in-house LD services

OBJECTIVE	OUTCOME	KEY ACTIONS	TIMESCALE	RAG
DELIVERING THE STRATEGY	<p>Decisions about the detailed implementation of this strategy will be considered with the Learning Disability Partnership Board. It is co-chaired by a person who has a learning disability.</p> <p>The membership includes:</p> <p>NHS</p>	Put in place the relevant governance arrangements to deliver the strategy	JAN 2012	

	<p>Bedfordshire Central</p> <p>Bedfordshire Council</p> <p>People with learning Disabilities</p> <p>Family Carers</p> <p>Voluntary Organisations for service users and carers</p> <p>Bedford Borough Local Involvement Network (LINK)</p>			
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APPENDIX 1

This table sets out the numbers of service users accessing different types of care and support as at 30/3/2010

Type of Service	Current Service Users
Supported housing combined care	85
Home care	Current data combines this in to the above figure
Adult placement	4
Direct payments	103
Individual budgets	Current data combines this in to the above figure
Work prep	Will check with Sue Belton
Paid work at national minimum wage	Will check with Sue Belton
Day services	277
Professional support (service users with an open case but no services on SWIFT)	83
NIS 145 – Adults with LD in settled Accommodation	293

NIS 146 – Adults with LD in paid work	0-4 hrs = 9 4-16hrs = 3 16-30 Hrs = 7 30+hrs = 2 Total = 21
Long-term residential care Total service users	175
Number of service users aged 65 & over	18 55-64 = 64
Number of service users who have received short term breaks this year	Will check with Tim Wilkins
Number of service users who have received respite care this year	10
Numbers of service users in supported housing split by In-House provision & independent sector	In House = 35 Independent = 105
Number of people in residential/nursing care split by In-House provision & independent sector.	Res. In House = 12 Res. Independent = 177 Nursing Independent = 0

Number of people in receipt of day services split by In-House provision & independent sector	Total = 213 Inhouse = 162 Independent = 45
Number of people in receipt of work preparation, taken from Balanced Score Card	No information
Number of out-of-county residential/nursing placements	Total = 64 Res Care = 53 Nursing = 11

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Appendix 2 - Gap Analysis

Gap analysis is a very useful tool for helping Commissioners decide upon marketing strategies. The first step is to decide upon how you are going to judge the gap over time. This Section, therefore, addresses the gaps between Where We Are Now and Where We Want to Be.

An overarching aim throughout the following analysis is to have a shared vision of future service development with service users and their carers.

Where Are We Now?	Where Do We Want to Be?	Gaps
Residential Care	Residential Care <ul style="list-style-type: none"> • Reduction in residential placements by 2014 	<ul style="list-style-type: none"> • Provision for people with complex / high level challenging behaviour to reduce no. of OOC resources being used. • Cost analysis needs to be undertaken Residential vs Home Care Support. • Adequate planning, support and training to be in place to help people move from residential care to more independent living • Provision for younger people with dementia with nursing • Bringing high quality specialist providers into the area who offer VFM services

	<ul style="list-style-type: none"> • Specialist residential/nursing care for those under 65 • More uptake of older peoples' services 	<ul style="list-style-type: none"> • Consider localities that enable people to be part of a community. • Improved access to CHC • What are the needs – what are the expected outcomes to 2014. Training programme for providers to ensure staff are equipped to deliver specialised care and maintain quality standards • Will need to be promoted to our older people within Central Bedfordshire and outcomes monitored. •
<p>Supported Living: Housing:</p>	<ul style="list-style-type: none"> • Higher number of people taking up the shared ownership option • Increase use of mainstream housing 	<ul style="list-style-type: none"> • Scheme providers and opportunities to be identified. 3rd party support may be needed. ○ More work with our housing partners on strategy and needs

	<ul style="list-style-type: none"> • Smaller group living opportunities • Wider choice of landlords delivering 	<p>of customers who can have a home. Work with housing partners to ensure that Choice Based Lettings scheme is accessible for our customers and support is available to support them to access private tenancies</p> <ul style="list-style-type: none"> • Housing providers to be signed up to partnership working re: future need and shared ownership options • Wider range of options in the north / mid areas • Need to consider economies of scale, potential use of sheltered housing model for LD ○ Specific to Learning Disability – who are our stakeholders? Links to be made via our housing colleagues to build relationships with providers and landlords with general housing stock
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	<ul style="list-style-type: none"> • move-on facilities • Reinvestment in priority areas CBC owned or 28a funded properties • All properties fit for purpose • A variety of providers that meet quality standards above 'Good or Excellent' – specialist and mainstream delivering care and support to adults with LD across ability and behaviour ranges 	<ul style="list-style-type: none"> ○ Investment in short term placements to support people in transition to supported living from residential care ○ To identify options for Section 28a funded customers. <p>Rigorous monitoring to ensure that properties not fit for purpose are decommissioned, clarity on who does this needed</p> <ul style="list-style-type: none"> ○ More joint meetings with Private and voluntary sector. Joint working with housing colleagues within CBC with expertise in this area, as well as Housing Associations
Adult Placement Scheme	<ul style="list-style-type: none"> • The Adult Placement Scheme will develop a marketing strategy to enable this Service to become part of the Universal Offer to all citizens within CB • An Adult Placement Scheme would deliver: 	<p>Current lack of carers approved in CBC, with resultant lack of flexibility. Could prove to be a very successful alternative option for respite.</p> <ul style="list-style-type: none"> ▪ Consider commissioning external partner in partnership with neighbouring authorities, will increase VFM

	<ul style="list-style-type: none"> ○ Supported Lodging placements for all client groups in a family setting ● Personal care for all client groups in a family setting 	<p>Placement/Shared Lives scheme to offer support through respite, short and long breaks, as well as transition and emergency arrangements. Development of a range of support options within this scheme through marketing approaches to carers within the area.</p> <ul style="list-style-type: none"> ● Review current respite provision and develop wider options to link with above.
	<ul style="list-style-type: none"> ● Short residential breaks ● Short residential breaks for people currently living with family carers as transition to a permanent move ● Day/evening opportunities - 7 days a week 	
<p>Emergency Assessment short residential break and planning Services:</p> <ul style="list-style-type: none"> ● Number of service users who have received short term breaks this year ● Number of service users who have received respite care this 	<ul style="list-style-type: none"> ● Respite and short breaks available for people with complex needs and challenging behaviours who live with families/carers ● Access to emergency services whilst in hospital and 	<ul style="list-style-type: none"> ● Analyse cost of providing holidays to destinations vs Respite ● Need brick based respite service in north of the county

<p>year</p> <ul style="list-style-type: none"> • % of the purchased care for short residential breaks and emergency support provided by in-house service 	<p>appropriate in reach or outreach services to facilitate discharge</p> <ul style="list-style-type: none"> • Ensuring there is sufficient emergency accommodation and support available to avoid the use of residential and nursing care in crisis situations • Some building -based services that can support the families with the most complex needs • De-investment in a proportion of current beds to free funding for Personalisation - with options to have respite in Adult Placement settings • Access to emergency accommodation at less than 12 hrs notice • A workforce that is trained and able to support complex service users to remain in their home • A service that can support failing care providers 	<ul style="list-style-type: none"> • Developing re-enablement service to ensure – no block beds facility to be provided jointly with health. • A register of available beds/places with current contracted providers, with flexibility to use vacant beds at short notice within an agreed criteria • Link to day service modernisation? Support to be designed to ensure that emergencies/crises can be avoided* • Need clarification. <p>See above *</p> <ul style="list-style-type: none"> • Developing outreach services to provide this.
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	<ul style="list-style-type: none"> • A step-up step-down service that can prevent the admission to Acute Mental Health units and support afterwards • A Service of Last Resort which can: <ul style="list-style-type: none"> ○ Support failing providers ○ Prevent admission to Acute Mental Health units by providing a step up/step-down service. • Work alongside Crisis Mental Health Teams and Support Time Recovery workers. • Respond to emergency situations and/or provide accommodation at less than 12 hrs notice 	<ul style="list-style-type: none"> • Work closely with Contracts Compliance team and CQC – Sharing good practices/schemes. • Link with re-ablement team and specialist health facilitators • Link with re-ablement team and specialist health facilitators • To be developed. • Link to Adult Placement and Shared Living Schemes
<p>Day and Evening Opportunities</p> <p>Day services: ?</p> <p>? % of the purchased care for day services provided by In-House service</p>	<ul style="list-style-type: none"> • Commission day/evening opportunities for services users, which would provide a respite service for carers to ensure, where possible, people can live at home 	<p>Modernisation plan – to include provision to increase care management budget until resources are released.</p> <ul style="list-style-type: none"> ○ Look at our current resources.

<p>The issue of 'commissioning' needs to be sorted. If customers have personal budgets then surely the market will dictate, therefore a service may be commissioned in advance but there is no guarantee it will be taken up. Also recognise the interface between the carers needs and the customers desires.</p>	<ul style="list-style-type: none"> • Enable new day opportunities to be developed through market shaping • Ensure systems are in place, which can link individuals with similar activity plans, thereby ensuring value for money • Move away from large, resource bases to the commissioning of smaller localised provision, using capital receipts from the sale of assets, to meet individuals needs • Reassessment of all current service users attending Day Services 	<p>Terms and Conditions of employees to start developing. This could include after day care support.</p> <p><u>Consultation with customers</u></p> <ul style="list-style-type: none"> • Link with current and new providers • Develop brokerage support to customers. • Ensure adequate public transport to support access to alternative services ○ Cost analysis needs to be undertaken in relation to resources. Consider use of community facilities. <ul style="list-style-type: none"> • Survey can be carried out at existing day centres in terms of customers aspirations in this area. Use of friendship groups plus work being undertaken by Right Track. • Capital receipts can only be spent once Viability of vision needs to be tested. • Develop strong link with partners to create a hub of expertise, resource and work
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		towards self sufficient customer services.
<p>Transitions</p> <ul style="list-style-type: none"> • How many transition workers across CBC who are all delivering personalised services and Person Centred Plans to services users by their 18th birthday • Links established with CYPD to receive annually updated data on children with disabilities for service planning 	<ul style="list-style-type: none"> • Transition workers supporting the development of Personal budgets Joint protocols with CYPD in relation to ILF and CHC • Joint working with CYPD transition placement protocols at 16+ PCP to be at the heart of all year 9 reviews • Year 9 reviews to focus on employment and use of inclusive services • Year 9 reviews to be outcome-focused 	<p>Joint Assessment tool developed to link Childrens and Adults services to support young people and their families through transition.</p> <p>Person centred reviews in place in schools at 14+ reviews</p> <p>Development of TILT will offer enablement service, need to monitor capacity and outcomes.</p> <p>Need to consider incoming health, education and social care plan.</p> <p>Need to adopt more consisant stronger Think Family approaches</p>
<p>CTALD</p> <ul style="list-style-type: none"> • CTALD supports approximately 	<ul style="list-style-type: none"> • Multi-Agency Learning Disability Joint Community Teams • Better alignment with ASC policy and management 	<ul style="list-style-type: none"> ○ To ensure we understand Health vs Social Funding. Joint assessments meeting Social/health needs and having

<p>1,632 people with a learning disability</p> <ul style="list-style-type: none"> • Support people with complex health and social care needs 	<ul style="list-style-type: none"> • Better use of personal budgets and direct payments • More Carers Assessments • Better use of positive risk taking • Better links with CYPD for people with a learning disability who are parents • Assessments that are outcome-focussed which promote independence • Value for money outcome focused reviews 	<p>understanding of pooling budgets.</p> <ul style="list-style-type: none"> • Pending development of MAAT and lead practitioner training • Pending implementation of TILT
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Appendix 3 –

**Fulfilling and rewarding lives
The strategy for adults with autism in England (2010)
Work Plan**

NHS Bedfordshire and Central Bedfordshire Council

	Identified Action	Key Task	Responsible Body / Named Lead	Timescale
1	<u>To increase awareness and understanding of autism among frontline staff across the whole community.</u> <ul style="list-style-type: none"> • Autism awareness to be included in general equality and diversity training across the public sector. • To develop specialist training for staff in health and social care • Autism awareness training to be an essential part of training provided for staff carrying out community care assessments • There should be advanced training for staff wishing to pursue careers focusing on working with adults with autism 	To develop a training plan with tiered training packages.	Central Bedfordshire Council/NHS Bedfordshire	December 2011
2	<u>To develop a clear consistent pathway for diagnosis in every area, which will be followed by the offer of a personalised needs assessment and considerations for appropriate community services</u> <ul style="list-style-type: none"> • To develop a clear and consistent local pathway for 	To complete	NHS Bedfordshire /	December

	<p>diagnosis</p> <ul style="list-style-type: none"> • To ensure diagnosis of autism is recognised as a reason for assessment of individual who may be in need of community care services. • Assessments can be offered to adults with suspected autism without the need of a formal diagnosis • To ensure involvement of individuals in assessing their care needs with the outcome of personalised social care aims • To a lead professional to develop diagnostic and assessment services for adults with autism who will work closely with the specialised commissioning group • Trained practitioners will complete the person centred assessment of need taking into account the communication needs of adults with autism, provide a robust and comprehensive view of the person's condition, a clear description of needs and how it affects them. The assessment can be referred to as required to inform care 	<p>local pathway for diagnosis.</p> <p>To deliver training to all social workers</p> <p>To audit effectiveness of signposting into services</p> <p>To ensure adults with ASC have access to self-directed support and personal budgets</p> <p>To develop Team</p> <p>To develop operational framework for ASC</p>	<p>Central Bedfordshire Council</p> <p>Central Bedfordshire Council</p> <p>NHS Bedfordshire/ Central Bedfordshire</p> <p>Central Bedfordshire Council</p> <p>Central Bedfordshire Council</p> <p>Central Bedfordshire Council</p>	<p>2011</p> <p>December 2011</p> <p>April 2011 onwards</p> <p>December 2011</p> <p>March 2012</p> <p>March 2011 onwards</p>
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	<p>decisions or to support applications for additional services</p> <ul style="list-style-type: none"> To enable adults with autism to access personal budgets and direct payments in line with their assessment of needs To establish a local autism partnership board 	<p>As above</p> <p>To agree governance arrangements with HCOP</p>	<p>Central Bedfordshire Council</p> <p>Central Bedfordshire Council</p>	<p>March 2011 onwards</p> <p>March 2012</p>
3	<p><u>To plan in relation to the provision of services to people with autism in transitions</u></p> <ul style="list-style-type: none"> To improve the transition experience for young people from age 14 to enable the young person to access services they need at the start of their adult life To undertake an audit on implementation of joint assessment tool 	<p>To review transition services for young people with ASC</p>	<p>Central Bedfordshire Council</p>	<p>September 2011</p> <p>March 2012</p>
4	<p><u>To enable local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities</u></p> <ul style="list-style-type: none"> To ensure autism awareness training is available to all staff in the criminal justice sector To ensure that authorities should adequately signpost 	<p>To deliver training to staff in criminal justice sector</p> <p>To develop a</p>	<p>Central Bedfordshire Council</p> <p>Autism in</p>	<p>March 2012</p> <p>December</p>

	<p>people who do not meet the eligibility threshold to alternative sources of support</p> <ul style="list-style-type: none"> • To provide information regarding autism and for resources to be available from the point of diagnosis • To explore how to support volunteer and third sector groups in planning and commissioning services locally • Travel training (Valuing People Now) to be made available for all adults with autism 	<p>local directory of services</p> <p>As above</p> <p>To engage with third sector groups in the development of local service</p> <p>To deliver transport training</p>	<p>Bedfordshire</p> <p>NHS Bedfordshire/ Central Bedfordshire Council</p> <p>Central Bedfordshire Council</p> <p>Central Bedfordshire Council</p>	<p>2011</p> <p>October 2011</p> <p>October 2011</p> <p>March 2012</p>
5	<p><u>To help adults with autism into work</u></p> <ul style="list-style-type: none"> • Develop co-ordinated supported employment service which will be able to support people with autism • Map local training, vocational and voluntary opportunities which support adults with autism into paid work 	<p>Link to review of supported employment service</p>	<p>Central Bedfordshire Council</p>	<p>September 2011</p>

Appendix 4

Learning Disability Delivery Partnership Priorities

This Strategic Framework identifies that carers must be treated and respected as expert care partners, needing access to better information and flexible services, and carers of people with learning disabilities are most concerned about the availability and flexibility of short breaks, and the differences in availability of services between Children's and Adult Services.

In particular, carers want better information and support at transition and better availability of local training and short breaks facilities so their loved ones don't have to leave the area for residential placements.

The Key priorities of the Learning Disabilities Delivery Partnership are to:

- Support the development of this Strategy inline with Valuing People Now and the Personalisation principles
- Develop a work plan to take the necessary actions to address the priorities identified for health, housing, work, education and getting a life (including young people transitioning from Children and Young People's Services), transport, leisure services, social activities and workforce.
- Ensure people have more independence and choice about types of housing and further progress the NHS Campus Re-provision program
- Ensure that services are designed to take account of people with more complex needs, people from black and minority ethnic groups and newly arrived communities, as well as people with autistic spectrum conditions
- The expertise and needs of family carers is integral to service provision
- Support people with learning disabilities to get into paid employment and to access meaningful training. This includes preparation for people aged 14 years and above to prepare for their adult lives
- Ensure that the needs of people with learning disabilities are considered in all aspects of service development in health and social care, adopting a whole systems approach.
- Help people with learning disabilities to access local transport and leisure/social facilities and to enable them to form solid partnerships with the local community – People as Citizens.

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