NHS
Somerset
Clinical Commissioning Group

SOMERSET
County Council

Somerset County Council and Somerset Clinical Commissioning Group

Joint Commissioning Intentions For Adults with Learning Disabilities

2014-2017

January 2014

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Appendices

1 EXECUTIVE SUMMARY

1.1 Background

This document replaces the Somerset County Council and NHS Somerset Joint Commissioning Strategy for services for Adults with Learning Disabilities that was published in March 2010. It should be considered in conjunction with the wider work currently being developed in Somerset on personalising care and support, and changes in the way all health and social care services are delivered. These commissioning intentions are informed by customer feedback, projections of demand as well as national policies and guidance.

Over the last decade there have been two major national policies that have shaped the development of health, care and support services for adults with learning disabilities – Valuing People (2001-2008) and Valuing People Now (2008-2013). While Valuing People Now has not been replaced with a further strategy, the direction of travel that it sets out has continued to be taken forward at both a national and local level. The 2012 Health and Social Care Act[1] continues to promote the transformation of services to achieve greater choice, control and personalisation as set out in Valuing People Now and Putting People First[2]. This includes customers having a Personal Budget[3] for which the Government's preferred mechanism of delivery, as outlined in its vision for Adult Social Care in 2010, is through a Direct Payment[4,5].

In addition the following two pieces of forthcoming legislation are expected to introduce further change:

- The Children and Families Bill[6] is expected to extend the support that young people receive in relation to an Education Healthcare Plan from 18 to the end of the academic year in which the young person reaches 25.
- The Care Bill[7] is expected to set out a vision for social care moving towards forming a preventative system which helps people to maintain well-being through supporting more inclusive and effective communities, with less reliance on service-solutions. The Care Bill also seeks to provide a single statute for social care, replacing the existing complex framework of legislation.

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[1] http://www.legislation.gov.uk/ukpga/2012/7/contents/enacted

[2] http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118
http://webarchive.nationalarchives.gov.uk/20130107105354/http:/www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081118

[3] A Personal Budget is money "that is allocated to you by your local council to pay for care or budget support to meet your assessed needs. The money comes solely from adult social care" Source: Social Care Institute for Excellence (SCIE), "Social Care Jargon Buster"

[4] Source "A vision for adult social care: Capable communities and active citizens". Available from: http://webarchive.nationalarchives.gov.uk/+/www.dh.gov.uk/en/publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_121508 Page 8, section: The principles

[5] A direct payment is money "that is paid to you (or someone acting on your behalf) on a regular basis by your local council so you can arrange your own support, instead of receiving social care services arranged by the council". They are not yet available for long term residential care Source: Social Care Institute for Excellence (SCIE), "Social Care Jargon Buster"

[6] http://services.parliament.uk/bills/2012-13/childrenandfamilies.html

[7] http://services.parliament.uk/bills/2013-14/care.html

In recent years a succession of national reports, including "Six Lives"[8] and the investigations into Winterbourne View[9] and Budock Hospital[10], have highlighted shortcomings in the ways both privately run and public sector health and social care services are provided to people with a learning disability. These unacceptable shortcomings have contributed to poorer health outcomes, avoidable suffering and death at a younger age than might be expected. These reports have shown that poor quality is not limited to any particular part of the health and social care sectors, and that without appropriate safeguards and quality monitoring arrangements, customers can experience poor quality services and outcomes. As a result, better health and social care services for people with learning disabilities, and taking a "whole life" approach to supporting them, is now a key priority for the both the National Health Service and Local Authorities. Nationally the trends are towards:

- People having more control over their own services through using a Personal Budget
- Supporting people through services such as Supported Living instead of residential care
- Supporting people to get real employment paid at the national minimum wage or above
- Local Authorities commissioning rather than directly providing services

1.2 Where are we now?

It is estimated that there are just over one million people aged 18 and over living in England who have some form of learning disability[11]. Of these people approximately 208,000[12] are estimated to have a moderate to severe learning disability, of which 48,500[13] aged 18-64 are estimated to have the most complex and severe level of learning disability, and are therefore likely to be in contact with specialist health and social care services.

Somerset's demographic data estimates that there are currently 2008[14] people aged 18 and over with a moderate to severe learning disability. Of these, 436[15] people aged between 18 and 64 years are estimated to have a severe learning disability.

Services for adults with a learning disability have been jointly commissioned by the Council and the NHS since the early 1990s, using a pooled budget approach. As demographic pressures have increased, spend via the pooled budget has risen by 15.1% from 2007/08-2012/13, with both SCC and NHS Somerset contributing to the increase.

Unlike other areas of adult social care, Somerset County Council still has a large in-house service that provides for all aspects of customer need and accounts for approximately 46% of the budget. As lead commissioner the County Council also contracts with a wide range of external providers on both a block and spot contract basis for the rest of our service provision. This includes a number of providers who support customers outside of Somerset, with respect to which the County Council and Clinical Commissioning Group will

[8] https://www.gov.uk/government/publications/six-lives-department-of-health-second-progress-report
[9] https://www.gov.uk/government/publications/winterbourne-view-hospital-department-of-health-review-and-response
[10] http://webarchive.nationalarchives.gov.uk/20060502043818/http://healthcarecommission.org.uk/_db/_documents/cornwall_investigation_report.pdf
[11] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).
[12] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).
[13] Source: www.pansi.org.uk (retrieved 21/10/2013). No estimates are available for the 65+ age group.
[14] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).
[15] Source: www.pansi.org.uk (retrieved 21/10/2013). No estimates are available for the 65+ age group.

work together with each customer and their families to indentify the best option for the future in light of the recommendations following the Winterbourne View investigation.

Between 2012 and 2016 the number of people with a learning disability living in Somerset is projected to increase by 2% for all age groups, and 13%[16] for those aged 65 and over. The increase in those aged over 65 is particularly significant as, not only are people in this group likely to have parent carers who have died or are themselves increasingly frail, they are also likely to be suffering from other conditions associated with old age, including Dementia.

1.3 Making Better Use of Resources

The lifetime costs for someone with an autistic spectrum condition and a learning disability is estimated to be £1.23 million[17]. In the light of growing demand for care and the limitations on public funding, it is more important than ever that we make best use of resources in securing the right mix of care and support services for people with learning disabilities. At the same time there are opportunities to secure better outcomes for customers whilst targeting our spending at the right things.

National evidence shows that, by changing the shape of services, we can achieve more for less. This will be secured by reconfiguring provision from traditional services, such as residential care, towards models that promote progression towards independent living, and avoiding new placements outside of Somerset wherever possible. This requires a model of support that concentrates on enablement, opportunity, employment and accessing community supports rather than dependency on institutionalised models of long term care. This will help to control escalating funding pressures due to demographic change, but it will not eliminate them.

1.4 Where do we want to be?

To meet future demand, and to develop services in line with the national and local agendas, this document sets out our vision for services for adults with learning disabilities. This is:

- **People with learning disabilities and their families will have more control over their services**
  - All customers and/or those who represent them, will know how much money they can have to support them and what their services cost;
  - Customers will have more say on who provides their services, how their services are organised and how the money is spent;
  - Customers will be able to choose a Direct Payment, Individual Service Fund or Council Managed Account to pay for their services;
  - There will be increased involvement from customers and carers in designing and developing services;
  - Customers are effectively supported to have improved health and wellbeing;
  - Carers and their families are supported to continue caring for their loved ones.

> **Key target:** 70% of customers to have a Personal Budget by 31/12/2014. Delivered through a mix of Direct Payments, Individual Service Funds and Managed Accounts.

[16] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).
[17] Knapp, M; Romeo, R; Beecham, J ***Economic cost of autism in the UK***, Autism, May 2009 p317-336

- **People with learning disabilities and their families can make more day to day choices**
  - Customers will be able to make more choices about who supports them, when they are supported, and the things that they do;
  - We always try to support people in the community and through services like Supported Living rather than Residential Care.

> **Key target:** A 50% reduction in the volume of residential care commissioned by 2020 with corresponding increases in alternative services, in particular Supported Living and Shared Lives.

- **People with learning disabilities are helped to have the same opportunities as everyone else**
  - We help people be part of the communities where they live, build and keep friendships and family ties, and have opportunities for working, volunteering or joining community groups;
  - We encourage opportunities for people to do things without paid staff.

> **Key target:** 40 additional people into paid employment at the National Minimum Wage or above by 31/12/2014, 20% of people with learning disabilities to be in paid employment or self-employment by 2025.

- **The buildings people live in are high quality and fit for purpose**
  - People have the private living space they need, and more say over who lives with them;
  - Investment in new properties and adaptations to existing properties;
  - There is enough suitable accommodation for everyone who needs it in the future.

> **Key target:** A vulnerable persons' property strategy, including a costed, time limited, plan for any remodelling required, to be completed and signed-off by 30/09/2014.

- **Services are good value for money**
  - People using Direct Payments choose services because they consider them to be high quality and good value;
  - We make sure that the public money spent on people goes further because it is spent wisely;
  - We avoid making unnecessary placements outside of Somerset.

> **Key target:** We will avoid making any new specialist placements outside of Somerset unless there is a clear, evidence based rationale for doing so, that must demonstrate that all options for supporting the customer within Somerset have been exhausted.

1.5 **Next Steps**

These commissioning intentions have a number of implications for changing the way we currently work. These include:

- The services that we commission, and how we commission them as more people make their own choices about their care and support
- The management and ownership of the Council's in-house Learning Disability Provider Services in order to enable it to respond as more people make their own choices about their care and support
- The role and function of Community Teams for Adults with Learning Disabilities

These Commissioning Intentions provide the overall direction of travel in which the Council wishes to see services develop from which detailed action plans for delivering service changes will be produced. These will ensure that services meet individual need and are 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.

2 BACKGROUND

2.1 Introduction

This document replaces the Somerset County Council and NHS Somerset Joint Commissioning Strategy for services for Adults with Learning Disabilities published in March 2010. These commissioning intentions commissioning intentions are informed by customer feedback, projections of demand as well as national policies and guidance. They recognise the commitment of both Somerset County Council (SCC) and the Somerset Clinical Commissioning Group (Somerset CCG) to work in partnership with other stakeholders to commission and develop a wide range of services, which will continue to meet both current and future needs. The way services are commissioned for people with a learning disability[18] continues to evolve, and both the Council and CCG are committed to a person-centred and self-directed approach to commissioning. These commissioning intentions are informed by customer feedback, projections of demand as well as national policies[19] and guidance.

The future of health and social care for adults continues to change at a rapid pace and this is reflected in the planning and development of services for people with learning disabilities. Over the last decade there have been two major main national policies that have shaped the development of health, care and support services adults with learning disabilities – Valuing People (2001-2008) and Valuing People Now (2008-2013). While Valuing People Now has not been replaced with a further strategy, the direction of travel that it sets out has continues to be taken forward at both a national and local level. The 2012 Health and Social Care Bill continues to promote the transformation of services to achieve greater choice, control and personalisation set out in Valuing People Now and Putting People First. In addition the following two pieces of forthcoming legislation are expected to introduce further change:

- The Children and Families Bill[20] is expected to extend the support that young people receive in relation to an Education Healthcare Plan from 18 to the end of the academic year in which the young person reaches 25.
- The Care Bill[21] is expected to set out a vision for social care moving towards forming a preventative system which helps people to maintain well-being through supporting more inclusive and effective communities, with less reliance on service-solutions. The Care Bill also seeks to provide a single statute for social care, replacing the existing complex framework of legislation.

The commissioning and configuration of care and support for people with a learning disability (LD) will be delivered according to the principles set out in Valuing People/Valuing People Now. Our vision for services for people with learning disabilities in Somerset has been developed in conjunction with customers, carers and other key stakeholders.

[18] See Appendix 1 for definition
[19] The Council's responsibilities for adults with learning disabilities are governed by a range of legislation. This is summarised in Appendix 2.
[20] http://services.parliament.uk/bills/2012-13/childrenandfamilies.html
[21] http://services.parliament.uk/bills/2013-14/care.html

2.2 **Principles**

The vision for the future is based on some key principles:

- A shared understanding that changing the way in which we work can improve the outcomes for people with learning disabilities, their carers and families.
- People with learning disabilities and their families have natural authority and are best placed to be their most powerful and enduring leaders, decision makers and advocates
- Families, friends and personal networks are the foundations of a rich and valued life in the community
- People with learning disabilities and their families are in the best position to determine their own needs and goals and to plan for the future
- Individuals and their families will directly commission the support they receive if they wish to
- Communities are enriched by the inclusion and participation of people with learning disabilities, and these communities are the most important way of providing friendship, support and a meaningful life to people with learning disabilities, their families and carers
- The lives of people with learning disabilities are enhanced when they can determine their preferred supports and services and control the required resources, to the extent that they wish
- Partnerships between individuals, families and carers, communities, local government, service providers and the business sector are vital in meeting the needs of people with learning disabilities
- People are supported to gain the skills, development and progression in order to be as independent as possible

By following these principles the services commissioned will be aligned with individual need and value for money.

2.3 **Purpose and Scope of these Commissioning Intentions**

These Commissioning Intentions focuses on adults with a learning disability aged 18 upwards; including those who have additional needs, for example physical disabilities, sensory loss, mental health problems and autistic spectrum disorders.

The Intentions aim to set out a clear vision of how services will develop over the next 3 years, drawing on national policies together with estimated of demand locally. Joint Commissioners intend to develop services that are high quality, based on people's needs and delivered in the wider context of partnership working. The Intentions will provide a framework to support the provision of flexible, responsive and equitable services to respond to a broad continuum of care and support needs, and will inform priorities for joint procurement purposes.

Ongoing engagement with customers, carers and other key stakeholders has informed these intentions through the Somerset Learning Disability Partnership Board.

3 THE CHALLENGE OF DEMOGRAPHY

3.1 The National Picture

Nationally Local Authorities' gross spending on social care for adults (18-64) with learning disabilities is estimated at £5 billion (2012-13)[22]. This is 30% of Adult Social Care spending and represents a spend per head of approximately £30,000.

It is estimated that there are just over one million people aged 18 and over living in England who have some form of learning disability[23]. Of these people approximately 208,000[24] are estimated to have a moderate to severe learning disability, of which 48,500[25] aged 18-64 are estimated to have the most complex and severe level of learning disability, and are therefore likely to be in contact with specialist health and social care services.

National estimates[26] suggest that the extent and pattern of need for social care services for adults with learning disabilities in England is likely to change over the next decade. These changes are driven by three main factors:

- Increased survival rates among people with learning disabilities, especially in older age ranges and among children with severe and complex needs
- The impact of changes in fertility over the past two decades in the general population
- The ageing of people born in the 1950's and 60's, among whom there appears to be an increased incidence of learning disabilities.

These increases are likely to be associated with even greater changes in demand for support due to a range of factors that will act to reduce the capacity of informal support networks to provide care networks that have primarily relied on the unpaid labour of women[27]. These include:

- Increases in lone parent families
- Increasing rates of maternal employment
- Increases in the percentage of older people with learning disabilities (whose parents are likely to have died or be very frail)
- Changing expectations among families regarding the person's right to an independent life

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[22] http://www.hscic.gov.uk/searchcatalogue?productid=13760&topics=1%2fSocial+care%2fSocial+care+expenditure&sort=Relevance&size=10&page=1#top

[23] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).

[24] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).

[25] Source: www.pansi.org.uk (retrieved 21/10/2013). No estimates are available for the 65+ age group.

[26] Emerson, E and Hatton, C ***Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England***, Centre for Disability Research (CeDR)

[27] Emerson, E and Hatton, C ***Estimating Future Need for Adult Social Care Services for People with Learning Disabilities in England***, Centre for Disability Research (CeDR) Research Report 2008:6, Lancaster University, UK.

3.2 The current picture in Somerset

Demographic estimates indicate that there are currently 2008[28] people aged 18 and over with a moderate to severe learning disability living in Somerset. Of these, 436[29] people aged between 18 and 64 years are estimated to have a severe learning disability. Not all people with a moderate to severe learning disability living in Somerset access social care services, with activity data for the 2012/13 financial year showing that a total of 1564 people aged between 18 and 64 and 150 aged 65 and over received a social care[30]. Of the group who are not accessing specialist social care services, some will be in contact with the Council's preventative services, and some will be known to the NHS through contact with their General Practitioner (GP). Others will be living independently and not in contact with, or known to, services.

There are also a number of people currently supported in residential care placements outside of Somerset. In the majority of cases these placements have been made in neighbouring areas, such as Devon and Dorset, as a result of the geographical location of their homes or preferred place to live being close to Somerset's boundaries. However there are also a small number of placements in residential care and assessment and treatment facilities, including 11 placements identified by work to implement the recommendations made following Winterbourne View, respect to which the County Council and Clinical Commissioning Group will work together with each customer and their families to indentify the best option for the future.

In addition to the demographic information above, we are aware there are other people with learning disabilities who live in Somerset who have been placed in care services by other Local Authorities, NHS organisations or whose care is purchased privately. Accurate data is difficult to source as it relates to care and support that the Council and CCG have no involvement in commissioning, but our best estimate is that this equates to up to 600 people at any moment in time. These adults will usually have their care needs funded by the placing organisation or privately, but their health needs are the responsibility of NHS Somerset – for example they are likely to be registered with a local GP.

3.3 A Changing picture for Somerset

By the end of 2016 the number of people with a learning disability living in Somerset is projected to increase by 2% for all age groups, and 13% for those aged 65 and over[31]. By 2020 these increases are expected to be 3% and 16% respectively[32]. The increase in those aged over 65 is particularly significant as, not only are people in this group likely to have parents who have died or are themselves frail, they are also likely to be suffering from other conditions associated with old age, including dementia. This change is illustrated in the charts below:

[28] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).
[29] Source: www.pansi.org.uk (retrieved 21/10/2013). No estimates are available for the 65+ age group.
[30] Source: Somerset County Council 2012/13 Referrals Assessments and Packages of Care Return (RAP Return) to Department of Health: Total number of people with LD aged 18+ supported during 2012/13 by age band
[31] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).
[32] Source: www.pansi.org.uk and www.poppi.org.uk (retrieved 21/10/2013).

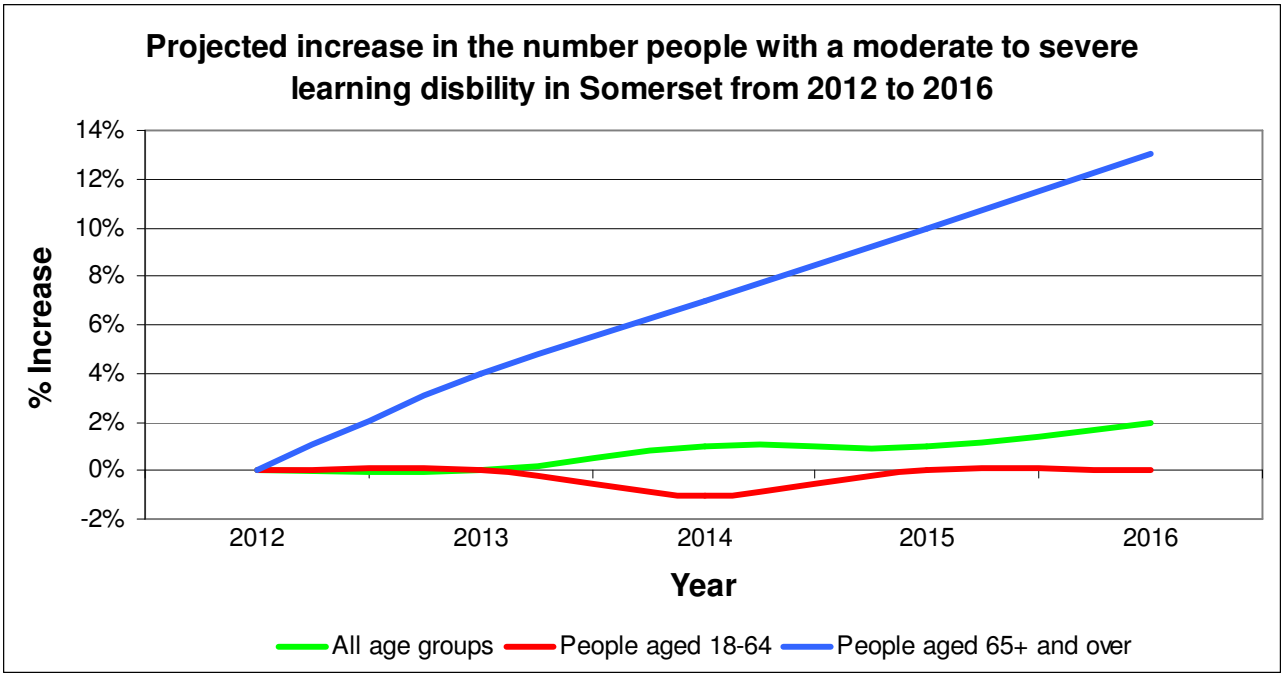

Figure 1: Projected increase in the number of people with a moderate to severe learning disability in Somerset from 2012 to 2016

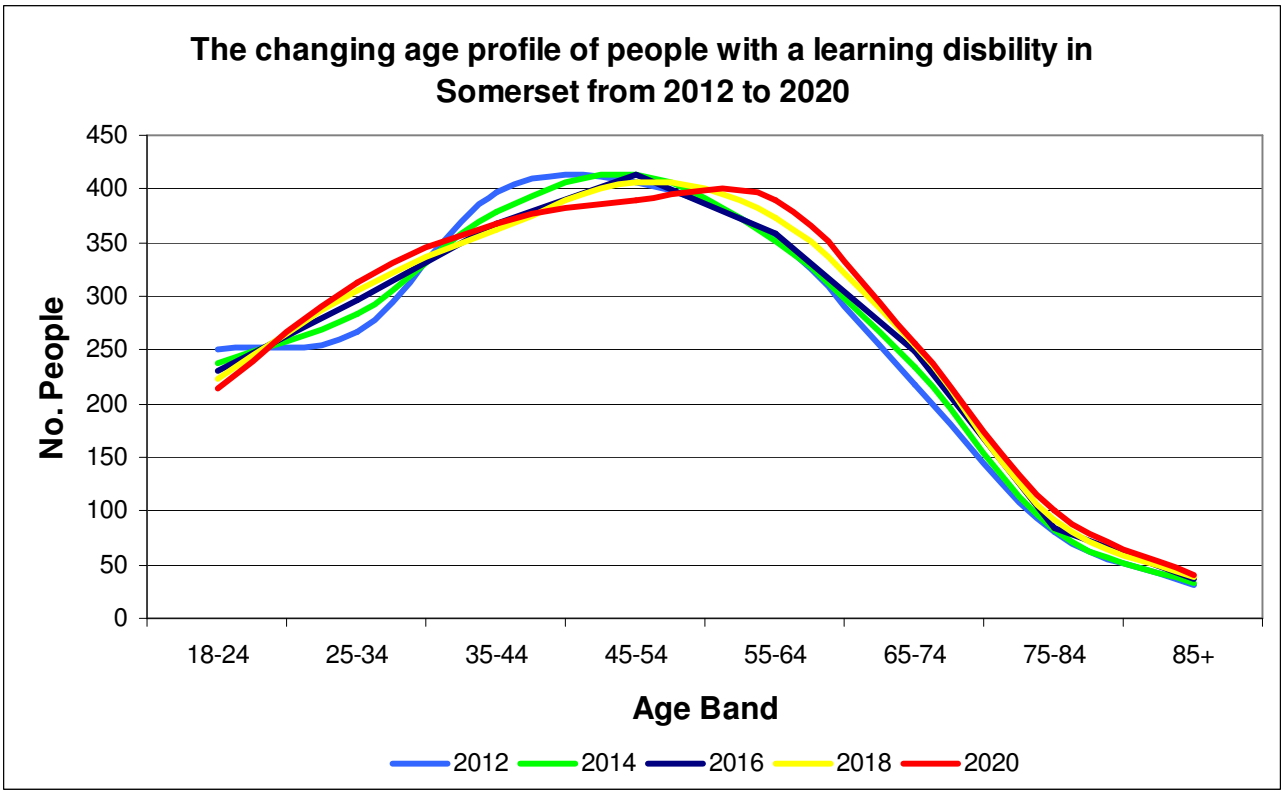

Figure 2: The changing age profile of people with a learning disability in Somerset from 2012 to 2012

Increases in local demand for services come from the following main sources:

- People who had not previously accessed adult services. The most frequent and greatest source of pressure on services from new customers is when young people move from Children's Services. This is because they frequently have severe and complex disabilities that may have made them less likely to survive into adulthood in the past.
- Somerset has had a long history of seeing more people with learning disabilities who need services move into Somerset than ever move out.

- People who have not been previously known to the authority
- People whose needs have increased or who require a significant increase in the level or type of service they receive. Although the needs of some people already in receipt of services will increase each year, thereby necessitating sometimes very significant increases in the care they receive, the most frequent pressure on services from existing customers is where a carer experiences a crisis and is unable to continue to provide the level of support a customer that they have in the past. This is because, as many people with learning disabilities are living longer, the age profile of carers is also changing. Together with the changing expectations of a younger generation of carers, who are less likely to see caring full time for their disabled child as a lifelong commitment, this is one of the main factors influencing the growth in the number of people with a learning disability requiring publicly funded care and support.

It is predicted that these national and local demographic changes will result in a significant increase in the numbers of older people with learning disabilities and young people with complex needs and learning disabilities requiring support, usually from birth. For example, nationally:

- There were 729,674[33] births in England and Wales in 2012
- Just over 7%[34] of all births in the UK are premature, or just over 1 in 14 babies. This equates to 51,077 births in 2012.
- Of these, 1 in 10 are born before 26 weeks. Those bon before 27 weeks and are likely to have varying degrees of disability identified by the age of 6[35]:
    - 22% - Severe disabilities. This equates to 1123 births in 2012.
    - 24% - Moderate disabilities. This equates to 1225 births in 2012.
    - 34% - Mild learning disabilities. This equates to 1736 births in 2012.
    - 20% - No disability

3.4 **Meeting Health Needs in Somerset**

Many people with learning disabilities have a higher level of health need 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 needs of the individual. People with autism have impairments in communication, social behaviour and imagination
- Mental health problems, including behaviour that challenges services, occur in up to 50% of people with learning disabilities. Depression and withdrawal are frequently not

[33] Source: http://www.ons.gov.uk/ons/rel/vsob1/birth-summary-tables--england-and-wales/2012/stb-births-in-england-and-wales-2012.html
[34] Source: http://www.tommys.org/page.aspx?pid=387
[35] Source: http://www.tommys.org/page.aspx?pid=387 referencing EPICure (2008), ***Survival after birth before 27 weeks of gestation***, at http://www.epicure.ac.uk/overview/survival

diagnosed 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 Alzheimer's disease if they have Down's syndrome
- Up to one third of people with learning disabilities have an associated physical disability, frequently including 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 increases with age

4 THE FINANCIAL CONTEXT

4.1 National

Although no estimate is available for the total cost to the UK economy of supporting people with learning disabilities, the estimate for adults with an autistic spectrum condition, of which 55%[36] are estimated to also have a learning disability, is £25 billion. The lifetime cost, after discounting, for someone with an autistic spectrum condition and a learning disability is estimated to be £1.23 million[37].

4.2 The Financial Context for Somerset

SCC has operated a pooled budget arrangement with the NHS for adult learning disability services since the early 1990s. The health element of funding originally transferred over under Section 28A of the NHS Act (1979) to meet the Health and Social Care needs of those people moving out of long-stay hospital accommodation. It now meets that element of the health costs for those accommodated in a social care setting.

Financial information based on out-turn 2012/13

Split	**£**	**Total £**
LD SCC Total Spend	41,068,700	
CCG Total Spend	15,983,332	57,052,032
Income from care charges under means-testing	5,902,988	5,902,988
TOTAL SPEND ON LD		**62,955,020**

[36] Baird G, Simonoff E, Pickles A, Chandler S, Loucas T, Meldrum D, Charman T ***Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)***. The Lancet, 368 (9531) July 2006, pp. 210-215.

[37] Knapp, M; Romeo, R; Beecham, J ***Economic cost of autism in the UK***, Autism, May 2009 p317-336

Table 1: 2012/13 pooled budget

A comparison of the Council's spend on social care for adults with learning disabilities to its statistical nearest neighbours for the 2011/12 financial year is illustrated in figure 3, below:

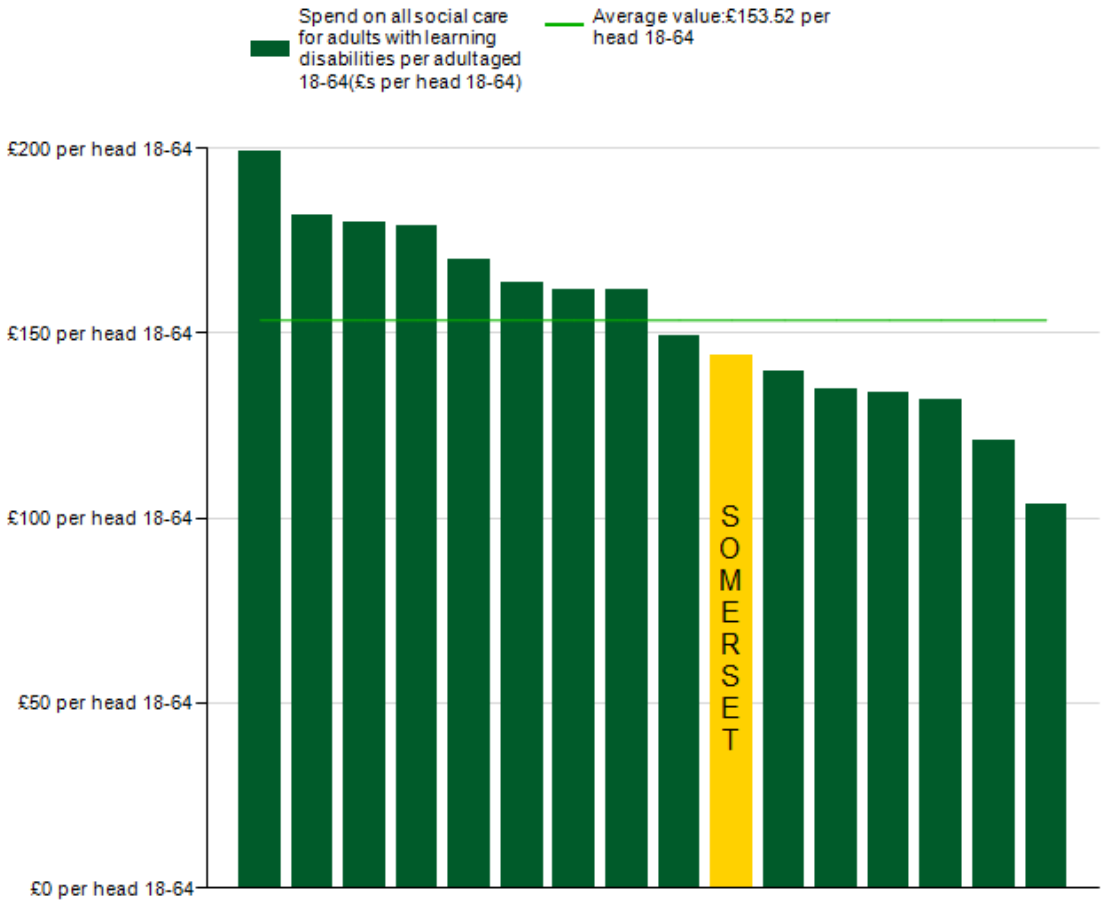

Figure 3: Comparison of Somerset County Council spend on social care for adults with learning disabilities to its statistical nearest neighbours.[38]

4.3 Meeting the needs of a growing number of people in Somerset

As numbers have increased so has the demand on the budget. The pooled budget has grown from £49,560,745 in the 2007/08 financial year to £57,052,032 in 2012/13, an increase of 15.1%.

Nationally, NHS learning disabilities budgets and associated commissioning responsibility for all social care for adults with learning disabilities transferred to local authorities in March 2010. This did not include resources for healthcare (whether general or specialist) or forensic/offender services, which remains with Clinical Commissioning Groups. The purpose of this change was to allow the NHS to focus fully on its primary learning disability responsibility which is to ensure the delivery of equal access to good quality healthcare and well being. However, both Clinical Commissioning Groups and local authorities will continue to need to work together to commission services to ensure good outcomes overall for people with learning disabilities who need support. In Somerset both the County

[38] Source: http://profiles.audit-commission.gov.uk/_layouts/acwebparts/NativeViewer.aspx?Report=/Profiles/VFM_Standard&EntityID=15680&EntityGroupID=189&GroupID=172&SelectedCategoryID=7434&TopLevelCategoryID=7422&DescriptorID=42168

Council and Clinical Commissioning Group remain committed to funding services through the pooled budget arrangement.

Many of the properties utilised, including most of those managed by Registered social Landlords (RSL's), were originally purchased through funding made available by the NHS when long-stay hospitals closed, against which a legal charge was made for repayment of this investment should the properties ever be sold. The total value of these assets is approximately £17.13m[39], including a Section 28A investment of £10.3m, and the NHS will continue to maintain a legal charge on the properties so that the asset or the capital value, if disposed of, continue to be utilised for the benefit of individuals with a learning disability.

4.4 Making Better Use of Resources

In the light of growing demand for care and the ongoing limitations on public funding, it is more important than ever that we make best use of resources in securing the right mix of care and support services for people with learning disabilities. This includes ensuring that the services that we commission within Somerset are able to support the needs of our residents, thereby enabling us to work with people currently placed outside of Somerset and their families to agree the best option for the future, and avoiding all but the most specialist new placements being made outside of Somerset.. At the same time there are opportunities to secure better outcomes for customers whilst targeting our spending at the right things. National evidence shows that, by changing the shape of services, we can achieve more for less. This will help to control escalating funding pressures due to demographic change, but it will not eliminate them.

These Commissioning intentions address:

- Promoting Independence
- Changing the balance of care and support services
- Improving health
- Supporting carers

5 WHERE ARE WE NOW?

In this Section information is given about how we currently support people with learning disabilities, where they live and the services they use.

5.1 Current Service Provision

5.1.1 Health

All people with a learning disability should be registered with a GP and since 2009/10 all GPs in Somerset have been able to sign up to provide an enhanced service for people with LD. This is designed to encourage practices to identify patients aged 18 and over with the most complex needs and offer them an annual health check. The objective of this service is to target people with the most complex needs and therefore at highest risk from undetected health conditions (usually people with moderate to severe LD). To this end regular health checks are now available to ensure that the LD population receive appropriate diagnostic

[39] As at 22/02/2012. Any difference in value between the original Section 28a investment and current valuation includes where the there is part ownership by RSLs.

and treatment services. During the 2012/13 financial year just over 65%[40] of people eligible for an annual health check received one.

Further work is required to ensure that health inequalities for people with learning disabilities are reduced. This will include reporting on, and improving as necessary, cervical and breast screening rates and ensuring regular hearing and vision checks.

Specialist services for people with LD are provided through the Somerset Partnership NHS Foundation Trust, working in an integrated way through integrated Community Teams for Adults with Learning Disabilities (see below). There will be opportunities to re-focus the work of the Somerset Partnership service over the life of these Intentions, emphasising even further the need to ensure full and effective access for people with a Learning Disability to all other mainstream health services.

5.1.2 **Community Team for Adults with Learning Disabilities**

Community Teams for Adults with Learning Disabilities (CTALD's) are integrated health and social care teams which provide assessment, care management/care co-ordination, therapeutic intervention and health professional support for people with learning disabilities. Somerset Partnership Foundation NHS Trust employs the health staff who work within the teams, and the County Council employs all other team members.

The four CTALD's support approximately 1703[41] people with a learning disability at any one time.

The Rapid Intervention Team (RIT) has been established to provide expert professional support, advice and guidance on complex cases. It is a community-based assessment and treatment team whose main aim is to support people to remain in their own home whilst experiencing a crisis. Within Somerset we do not have any specialist learning disability Mental Health facilities. The RIT, along with support from the CTALD, enables people who are experiencing a mental health breakdown to use local mainstream Mental Health Services.

5.1.3 **Carers**

CTALD members are also responsible for Carers Assessments. The outcomes of these have implications on service provision. Within Somerset we have 7 voluntary lead carers who run Carers Forums who are supported by a paid Carer Coordinator. There are also a small number of local groups run by Mencap and an independent countywide group – the Parent Carers Alliance

In addition to the Carer Coordinator the County Council and CCG also commission a universal carers support service called Compass Carers, that all carers of customers with a learning disability have access to. Compass Carers offers information, advice and guidance as well as emotional support, signposting, training for carers and telephone support service.

[40] 1407 out of the 2198

[41] Source: Somerset County Council 2012/13 Referrals Assessments and Packages of Care Return (RAP Return) to Department of Health: Total number of people with LD aged 18+ supported as at 31/03/2013 by age band

5.1.4 **Scope of Care and Support Provision**

Services for adults with learning disabilities are provided in various ways. The Council directly delivers 48% (52% by financial value) of care and support through the SCC in-house LD service. This covers:

- Residential care
- Domiciliary Care/Supported Living
- Short residential breaks
- Emergency support
- Day Services (including volunteering)
- Employment support
- Shared Lives

We buy the other half of care services from a range of voluntary, not-for-profit and private sector suppliers.

5.1.5 **Supported Living**

In comparison with many of our nearest statistical neighbours, SCC has historically supported a larger proportion of people with learning disabilities in supported living arrangements rather than residential care. However this is changing as nationally the trend is towards only considering a residential care where a customer has nursing or near nursing needs due to the increased choice and control that the Supporting living model facilitates**.**

The Supported Living model has helped us to achieve better outcomes for individuals by promoting more independence, while also controlling escalating costs as those in supported living can access a range of housing–related benefits that sit outside the pooled budget. However, many of the existing properties do not offer the correct facilities required of the service in today's environment. Some of the properties are 8-10 bed properties. Few supported housing properties have an appropriate balance between private and communal space within the buildings or the type of self contained accommodation that is favoured by many young people.

5.1.6 **The Balance of Care and Support**

Despite the good performance that Somerset already achieves in the balance of supported living and residential care there is still scope for improvement. In order to achieve this we will increase the proportion of people who have their needs met in the community, reducing our reliance on long-term residential care. This will require us to look at improved access to housing, enhancing supported living arrangements and home care, with an emphasis on building independence, whilst extending the use of Shared Lives. In addition we will need to enhance crisis response services and respite support. Day and evening opportunities will also be reshaped to ensure that there is appropriate respite/support for carers that enable people to continue to live at home, if that is their choice.

We will also make changes across all services to ensure a stronger focus on promoting independence, through access to learning and skills development, work, social inclusion and short-term support and/or care that delivers reablement and reduces the need for long-term care involvement. Where people require long term care or support we will proactively

promote the use of Personal Budgets to give people more choice and control over their services

6 WHERE DO WE WANT TO BE?

6.1 Our Vision

To meet future demand, and to develop services in line with the national and local agendas, this document sets out our vision for services for adults with learning disabilities. This is:

- **People with learning disabilities and their families will have more control over their services**
  - All customers and/or those who represent them, will know how much money they can have to support them and what their services cost;
  - Customers will have more say on who provides their services, how their services are organised and how the money is spent;
  - Customers will be able to choose a Direct Payment, Individual Service Fund or Council Managed Account to pay for their services;
  - There will be increased involvement from customers and carers in designing and developing services;
  - Customers are effectively supported to have improved health and wellbeing;
  - Carers and their families are supported to continue caring for their loved ones.

> **Key target:** 70% of customers to have a Personal Budget by 31/12/2014. Delivered through a mix of Direct Payments, Individual Service Funds and Managed Accounts.

- **People with learning disabilities and their families can make more day to day choices**
  - Customers will be able to make more choices about who supports them, when they are supported, and the things that they do;
  - We always try to support people in the community and through services like Supported Living rather than Residential Care.

> **Key target:** A 50% reduction in the volume of residential care commissioned by 2020 with corresponding increases in alternative services, in particular Supported Living and Shared Lives.

- **People with learning disabilities are helped to have the same opportunities as everyone else**
  - We help people be part of the communities where they live, build and keep friendships and family ties, and have opportunities for working, volunteering or joining community groups;
  - We encourage opportunities for people to do things without paid staff.

> **Key target:** 40 additional people into paid employment at the National Minimum Wage or above by 31/12/2014, 20% of people with learning disabilities to be in paid employment or self-employment by 2025.

- **The buildings people live in are high quality and fit for purpose**
  - People have the private living space they need, and more say over who lives with them;
  - Investment in new properties and adaptations to existing properties;
  - There is enough suitable accommodation for everyone who needs it in the future.

> **Key target:** A vulnerable persons' property strategy, including a costed, time limited, plan for any remodelling required, to be completed and signed-off by 30/09/2014.

- **Services are good value for money**
  - People using Direct Payments choose services because they consider them to be high quality and good value;
  - We make sure that the public money spent on people goes further because it is spent wisely;
  - We avoid making unnecessary placements outside of Somerset.

> **Key target:** We will avoid making any new specialist placements outside of Somerset unless there is a clear, evidence based rationale for doing so, that must demonstrate that all options for supporting the customer within Somerset have been exhausted.

6.2 Person Centred and Outcome Based Commissioning

Historically, most commissioning activity has been based on the contractual requirement to provide defined input, such as the number of hours or type of service to be provided.

Measuring the real benefits of services to customers in this way has proved difficult – it can provide information on the volume of activity that was delivered, not what difference it actually made to customers. There is now a shift in emphasis towards commissioning for specific outcomes that services will help people to progress and achieve individual outcomes, as well as those “whole service” outcomes that we expect services to meet for all customers.

We also need to consider opportunities for the personalisation of services, thorough the uses of personal budgets, in everything we do, and we have therefore set a target of 70% of customers having a personal budget by the end of 2014. This will be applied across all services for customers with learning disabilities with the exception of residential and nursing care. For those services where we cannot currently offer a personal budget we doe everything we can to maximise choice can control for the customers who use these services.

A Personal Budget is the total amount of funding that is available to meet a persons assessed, eligible, needs. This can be spent in one or more of the following ways:

- As a Direct Payment. A Direct Payment is where a person receives a payment into a bank account to be used to pay for the care and support they need to meet their eligible needs. The person can manage this themselves, ask friend or relative to do so for them

or pay an organisation to manage it on their behalf. However, they remain responsible for how the money is spent.

- As an Individual Service Fund. An Individual Service fund is where the person asks the Council to pay the money needed to meet all or some of their eligible needs directly to a provider that they choose. The money is held by the provider on the person's behalf, and they decide how it will be spent. The provider is accountable to the person and they commit to only spend the money on their service and any management and support necessary to provide that service. Individual Service Funds are a relatively new concept and we are currently looking at how they will work through the Planning the Future Together" project
- As a Council Managed Account. A Council Managed Account is where the person asks the council to arrange and contract for services on their behalf.

In the light of growing demand for care and the limitations on public funding nationally and locally, it is essential that these Intentions reflects the need to do more with less whilst, at the same time, securing better outcomes. This will be achieved by reconfiguring provision from residential care to more independent living which will require a model of support that concentrates on enablement, opportunity, employment and accessing community supports rather than dependency on institutionalised models of long term care. This will free-up some of the necessary resources to continue to support those with the most complex, long term, needs and help the demographic and ageing increases in service demand.

These Commissioning Intentions in the following areas:

- Promoting independence
- Changing the balance of care and support
- Improving Health
- Supporting Carers

The following sets out our main commissioning intentions for change in each of these areas, which we expect form part of an integrated Strategy with Children & Young People's services to define the appropriate structures required to support people with learning disabilities thought their whole life.

6.3 **Promoting Independence**

The whole ethos of provision for adults with learning disabilities must be about maximising independence. This needs to be done in a very person centred way that focuses on progression, not a "one size fits all" approach. There are barriers that prevent this, one being the incidence of hate crime and the insecurity this brings with it. Research conducted by Mencap in 2010 indicates that incidents levels of hate crime against people learning disabilities is may be significantly higher than statistics currently suggest[42].

[42] Sanah Sheikh, Robert Pralat, Chris Reed and Dr Chih Hoong Sin, ***Hate crime research for Stand by Me campaign, Office for Public Management***, June 2013. Available from: http://www.mencap.org.uk/sites/default/files/documents/Stand%20by%20me%20research%20report.pdf

6.4 **Being Safe**

- Promote the needs of people with learning disabilities within wider work on Community Safety for example, Avon & Somerset Police 'Safe Places' imitative that will be launched in February 2014, anti-bullying initiatives and awareness of Police Community Support Officers (PCSO's)
- Service outcomes to include developing 'Safe Places' skills and awareness
- Promoting a positive risk taking culture among all stakeholders, supported by appropriate commissioning and contracting arrangements
- Commissioned services to have appropriate regard to safeguarding, including appropriately trained staff, policies, and procedures as identified through commissioning and contract arrangements

6.5 **Employment Support**

Approximately 75% of employment support is currently directly provided by Somerset County Council though the Aspire service, with the remainder delivered by Dimensions, and specialist expertise on self employment delivered by the Foundation for people with learning Disabilities.

Over the last 18 months we have remodelled employment support services to ensure that they are focussed on supporting people to achieve and sustain employment and self employment following the development of an Employment Strategy in July 2013. This remodelling was undertaken after a significant gap between the "work preparation" model previously utilised and that which national evidence identified was needed in the future to enable people to both obtain and sustain employment.

The aspirations of young people in transition are very different from those of people with learning disabilities who have historically been supported through day services. This includes an expectation by young people in transition and their carers that they will be supported to obtain paid employment, and realise the benefits that this brings. There is also a significant number of people who currently receive services, whose aspiration is to obtain paid employment.

Nationally, research has identified that access to support to enable people to obtain and retain employment is the area of greatest unmet need for adults with learning disabilities[43]. By taking an enablement approach, the following types of outcomes are likely to be achieved, as employment can:

- Help people to be better off financially;
- Help develop self esteem and self reliance, a sense of pride;
- Give people value in the eyes of others – status;
- Provide structure, routine and direction;
- Encourage independence;
- Enable people to learn new skills;
- Reduce reliance on specialist services;
- Enable people to contribute to the economy, and society;

[43] Department of Health. ***Valuing employment now - real jobs for people with learning disabilities.*** Department of Health, 2009

- Support self direction, choice and control over other parts of peoples lives;
- Increase opportunities for inclusion;
- Promote the development of social networks and relationships;
- Promote physical and mental well being – health gain;
- Support active and responsible citizenship;
- Create social capital.

In terms of outcomes for family carers, employment can:

- Develop a sense of pride in the person they care for;
- Reduce dependency on family carers;
- Improve their physical and mental health;
- Help them see the person they care for in a different light;
- Reduce their fears about the future.

The overall target of the strategy is for 20% of adults with learning disabilities to be in paid work of 16 hours or over a week by 2025[44]. However, we recognise that this represents a very significant increase over a long period of time and, therefore, a number of milestone objectives will be developed within the Delivery Plan including targets to support them.

We expect the type of work people enter into, their working patterns and the split between employment and self employment to reflect the working patterns of Somerset, but as a first step we are working towards the following targets for achievement by 31/03/2014:

- 40 adults with learning disabilities, or young people entering adult services through transitions to have obtained employment by 31/03/2014;
- 18 adults with learning disabilities, or young people entering adult services through transitions, to have identified and established a self employment opportunity by 31/03/2014.

6.6 **Transport**

People with learning disabilities have limited access to public transport. This needs to change if we are to follow our aim of promoting independence and access to community resources.

- We need to support services that increase individual's independence in travel
- We need to continue to support travel training to promote independence and enable people to access work and services

6.7 **Community access and participation**

To enable people with learning disabilities to have an independent life, we must increase community access and participation. We will commission services that:

- Deliver an increase in numbers of people accessing community resources
- Realign the capacity and configuration of building-based day services as the number of people accessing them changes over time.

[44] Department of Health. ***Valuing People Now: a new three-year strategy for people with learning disabilities.*** Department of Health, 2009.

- Work with public health to ensure that 'Universal' community resources are accessible - for example, leisure, Active Living Centres

6.8 Relationships and Having a Family

People with learning disabilities have a right to friendships and relationships. This increases independence and reduces reliance on publicly funded services.

The following are key areas of development:

- An integrated Strategy with Children & Young People's services to define the appropriate structures required to support people with learning disabilities throughout their whole life, including parents with learning disabilities and their children.
- Ensure that individuals with a learning disability have equal access to mainstream services which support them in developing their relationships and help them maintain optimum sexual health
- Ensure existing family and relationship support services are accessible to people with a learning disability
- Ensure providers can offer support on relationships
- Consult to find out parents' experiences of services and being a parent with learning disabilities
- Support parents with a learning disability to help them to continue to live independently with their children
- Provide a supportive environment and networking opportunity for parents with a learning disability
- Work to support people to build circles of support around them so that they are less dependent on services

7 CHANGING THE BALANCE OF CARE AND SUPPORT

We will continue to increase the proportion of people who have their needs met in the community and reduce our reliance on long-term residential care. This will include:

7.1 Improve Access to Housing

Our Intentions for Supported Living and Domiciliary Care are to:

- Develop a housing strategy in partnership with District Councils for people with learning disabilities and other vulnerable groups. This will have it it's heart a recognition that the full spectrum of housing options, from owner occupation to private landlords can be considered rather that our historical reliance on options delivered RSL's.
- Work with District Councils and other stakeholders to expand the range of housing options available in Somerset, and improve the support and information available to help people access those options, and specifically those people with high support needs
- Increase access to mainstream housing
- Consider the benefits of, over time, remodelling Supported Living services to self contained accommodation and, where a shared living environment, no more than 4 people sharing. This could include homes may be within a small housing complex
- Promotion of Assistive Technology to enable more independence

- Ensuring there is sufficient options for emergency support in the event of an emergency or crisis for timely move-on, and which avoid the use of residential and nursing care in these situation due to the impact that admission to these services can have on peoples housing prioritisation.

7.2 **Supported Living and Domiciliary Care**

Our Intentions for Supported Living and Domiciliary Care are to:

- Increase capacity in Supported Living services by between 15-30% to reflect new demand and reductions in residential and nursing care capacity
- Commission support for individuals to enable them to remain in their own homes through a competitive, flexible market that can deliver both quality and value for money.
- Develop a framework approach to commissioning specialist domiciliary care providers to meet the needs of adults with learning disability with complex needs. This will include at its heart a service model that:
    - Is centred on the customer, including both their day to day needs *and* their aspirations for the future.
    - Responds to peoples needs flexibly and proactively
    - Embeds enablement and progression in everything it does
    - Encourages people to access community resources
    - Encourages people to build circles of support around them, and to reduce their reliance on care and support services
    - Avoids the use of prescriptive approaches to delivery including inflexible shift patters and minimum time blocks.
- Increase the knowledge and skills of staff delivering services - particularly in relation to people who challenge services and/or who have with ASD and challenging behaviour
- All commissioned services to have outcomes targeted that include emphasis on developing independence, progression, community integration and the development of circles of support to reduce reliance of paid services.

7.3 **Shared Lives**

Somerset has a thriving and successful Shared Live scheme, which mainly supports people with a learning disability. This will be further developed to provide good quality, cost-effective care in the following areas:

- By increasing capacity in Shared Lives services by between 15-30% to reflect new demand and reductions in residential care capacity
- By expanding the Shard Lives services to include other customer groups
- Short breaks currently delivered in residential care environments
- Emergency and crisis support where customers do not have health, behavioural or mental health needs that require a residential care environment – or example in the event of family carer illness.
- Transition support prior to a permanent move to independent living for people currently living with family carers
- Day and evening opportunities, including at weekends
- A service model that is that:
    - Is centred around customer, including both their day to day needs *and* their aspirations for the future.

- Responds to peoples needs flexibly and proactively
- Embeds enablement and progression in everything it does
- Encourages people to access community resources
- Encourages people to build circles of support around them, and to reduce their reliance on care and support services

7.4 **Residential Care**

In future we will only consider commissioning a new residential care placement where:

- A customer has complex behaviour which challenges services
- Where Deprivation of Liberty prevents them living in other types of provision
- People with complex medical health needs who are under 65 years

Our target is for a 50% reduction in specialist residential care provision for people with learning disabilities across Somerset by 2020. Where customers are over 65, and their primary need does not relate to their learning disability, then our normal approach will be to commission generic residential and nursing care in the same way we would for any older person rather than from specialist providers.

In order to achieve this change we will:

- Assess all customers currently living in residential care in or out of Somerset
- Develop a strategy for decommissioning existing residential care services, prioritising larger, ill designed homes, and move towards commissioning smaller supported living homes or small clusters of homes, of no more than 4 people.
- To develop the market to ensure providers can respond quickly to support people with complex needs, including those who might have been placed outside of Somerset in the past.
- To work in partnership to develop the existing nursing home market to make the reasonable adjustments needed to be able to support people whose primary care need is not their learning disability in a non specialist environment.

7.5 **Short Residential Breaks and Emergency Services**

Emergency assessment and support services are currently delivered, in the main, by the Councils in-house services. Support is primarily delivered from a single establishments sited in Taunton, although people may sometimes move between this and short break accommodation depending on their circumstances and care needs.

Future delivery of Short Residential Breaks will be on the following basis:

- We will continue to commission sufficient building-based services to support the cares and families of people with the most complex needs. However, we will no longer offer a short break in a residential care home for customers who are living in the community and have needs that could be supported in a different way, for example Shared Lives or domiciliary care. This is because of the impact that such a placement can have on their independence, and our desire to offer people beaks in the least restrictive environment possible that can meet their needs.
- We will continue to pursue a controlled decommission of a proportion of current commissioned capacity

- Once access to a residential short break has been agreed, customers and their carers to be able to book short-stays directly with providers

Future delivery of emergency support will be on the following basis

- Establish an outreach service with a workforce that is trained and able to support customers with the most complex needs to remain in their home whenever possible and ensure that an emergency admission is only considered where appropriate
- We will work with all stakeholders to improve timely move-on to a long term arrangement from emergency accommodation to ensure appropriate use of this specialist capacity. This will include integrated working between health and social care staff to ensure that people are supported to transition to an appropriate long term arrangements with the minimum of delay.
- Integrated working with health services to provide a step-up/step-down approach with to Acute Mental Health services and support afterwards, including access to Crisis Mental Health Teams and Support Time Recovery workers

7.6 **Placements outside of Somerset**

While relatively few customers are currently placed outside of Somerset, or locations close to it's borders, the County Council and CCG strongly believe that any placement in another part of the United Kingdom should only be considered where a customers needs are so specialist that they cannot be provided for within Somerset. We will therefore:

- Avoid making any new placements outside of Somerset unless there is a clear, evidence based, rational for doing so that must demonstrate that all options for supporting the customer within Somerset have been exhausted.
- Maintain those placements made in neighbouring Local Authority areas due to the geography of Somerset for as long as these remain appropriate and are the customer and their family's choice.
- Work together with each customer currently placed outside of Somerset or a neighbouring Local Authority area, and their families to indentify the best option for the future in light of the recommendations following the Winterbourne View investigation. These may include:
    - Working in partnership to facilitate their return to an appropriate placement within Somerset
    - Working in partnership to transfer of the commissioning of their care and support to the area in which they are placed to facilitate the local commission and monitoring of their package where they do not wish to return to Somerset

7.7 **Day and Evening Opportunities**

The traditional, professional, view is that Day Services has been a form of respite for carers, as well as a service to individuals with learning disabilities. However, customers and carers view this differently. Whatever the view, it is recognised that Day Services provide opportunities for social interaction, development of skills and community access that is valued by all.

However, with an increasing number of customers wishing to seek employment and better engage with communities these services cannot remain static. To reconfigure Services for the future, we will:

- Enable new day opportunities to be developed through market shaping. These will include a focus of skill maintenance/development and progression towards employment
- 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 more localised, person centred, provision.
- Increase access to volunteer opportunities and greater use of "universal" services, such as leisure centres
- Consider options for commissioning day/evening opportunities for customers, which would provide a respite service for carers to ensure, where possible, people can continue to live at home

7.8 **Improving Health**

- Improve access to mainstream health services, enabling those with the most complex health needs to remain in their own home or continue with care and support packages
- Work with GP surgeries, hospitals and other health services to ensure that the particular needs of people with a Learning Disability are taken into account in their services, for example by providing longer appointment times and appropriate signage.
- Ensure that all adults with a learning disability have the opportunity to have a Health Action Plan completed with assistance from a health facilitator if required
- Ensure that eligible adults with a learning disability have an annual health screen provided by their general practice
- Ensure timely access into mainstream mental health services for adults with a learning disability and concurrent mental health problems
- Provide support to those adults with a learning disability who require pre- planned hospital admission
- Increase range of health promotion/disease prevention programmes tailored to the needs of people with learning disabilities
- Ensure that the wider primary care community (dentists, pharmacists, physiotherapists, podiatrists, optometrists etc) is demonstrably addressing and promoting the better health of people with a learning disability
- Ensure that people with learning disabilities and their families/supporters are supported to fully contribute to and participate in discussion as well as in the planning prioritisation and delivery of services generally
- Facilitate access to mainstream services whilst in hospital and appropriate in-reach or outreach services to facilitate discharge
- Provide an appropriate service response to support people with early onset dementia
- Provide an appropriate service response to support parents with a learning disability
- Develop opportunities for the introduction of Individual Health Budgets, enabling greater choice and personalised care and support for individuals and families.

Further work will also be undertaken to identify and develop opportunities to 'fine tune' health services to better meet the needs of people with LD. Parallel work with mainstream health providers will include formalising their obligations to tailor services and ensure ease of access for people with LD by developing existing contractual mechanisms and incorporating specific requirements to make reasonable adjustments to services.

As the service model changes to meet the requirements of these Intentions the wider health community, including specialist, primary and community health services, will need to adjust their working practices to accommodate the changing service model. The extent and nature of such adjustments will be the subject of further work aligned to these Intentions.

7.9 **Coproduction**

The County Council and the Clinical Commissioning group values the important role played by both customers and their carers who support and advocate for them, and we will continue to provide the support that carers have told us is vital in order to enable them to continue in their role.

To ensure that both customers and carers continue to influence future commissioning we will proactively work with both customers and carers to coproduce the strategies, service specifications and outcomes frameworks that will be developed from these intentions. This will include working with young people who are not yet customers as the forthcoming Children and Families Bill is expected to extend the support that young people receive in relation to an Education Healthcare Plan from 18 to the end of the academic year in which the young person reaches 25.

We will also work with existing and new providers to help shape services in the future, including working with us collaboratively to achieve these intentions

Appendix 1: Definitions of Learning Disability

The term 'learning disability' has a range of definitions, and covers a range of both social and health care needs. It includes people who need some day-to-day support to manage daily living to people with complex and profound learning and physical disabilities and complex healthcare needs. The formal definition of 'learning disabilities' or 'intellectual disabilities' includes the presence of:

"A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with reduced ability to cope independently (impaired social functioning); which started before, during, immediately after birth or pre-school age, with a lasting effect on development."[45]

This definition encompasses people with a broad range of disabilities. The presence of a low Intelligence Quotient (IQ), for example an IQ below 70, is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support. The definition covers adults with autism, who also have learning disabilities, but not those with a higher-level autistic spectrum condition, who may be of average or even above average intelligence, such as some people with Asperger's Syndrome.

The definition of a "Learning disability" does not include all those who have a "learning difficulty", which is more broadly defined in education legislation."

A learning disability is not a disease, is not an illness and is not acquired in adulthood or as a result of disease. A learning disability will be evident from childhood and, in many cases, the cause of learning disability may not be clear, while others genetics, chromosomal abnormalities or environmental factors may be cited as the cause.

[45] Department of Health ***Valuing People: A New Strategy for Learning Disability for the 21st Century***, 2001, p14

Appendix 2: Adult Social Care – Key Statutory Duties

Statutory duties are responsibilities imposed on local authorities through specific legislation. Councils with Social Services Responsibilities (CSSRs) have a range of inter-related statutory duties in respect of Adult Social Care. Key statutory duties relating to Adult Social Care are summarised in the paragraphs and tables below. It is important to note that a 'service' is only statutory in as much as it meets or helps to meet a specific statutory duty. To describe a service as a 'statutory service' is to assume that it is the only means possible for the local authority to meet its statutory duty, which is rarely, if ever, the case. **Please note that the forthcoming Care Bill is expected to introduce significant changes to this legislative framework.**

Eligibility for Adult Social Care Services

Statutory Guidance concerning Fair Access to Care Services (FACS) was issued in May 2002 as LAC (2002) 13 under Section 7(1) of the Local Social Services Act 1970; it was updated in 2010. FACS provides a framework for local authorities to identify whether a person has 'eligible needs' for funded social care services. Local Authorities must decide what threshold of social care need (i.e. low, moderate, substantial or critical) it deems to be FACS eligible. Once a local authority has determined its FACS eligibility threshold it must meet presenting needs at or above that threshold according to its statutory duties relating to adult social care. How eligible needs are met is a separate issue i.e. local authorities are not required to provide particular services or provide services in any specific format.

Assessing Needs

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
A.1	NHS & Community Care Act 1990 – Section 47(1).	The local authority has a duty to carry out an assessment of need for community care services where a person appears to be someone for whom community care services could be provided *and* a person's circumstances may need the provision of some community care services.
A.2	NHS & Community Care Act 1990 - Section 47(2).	If the Section 47(1) assessment identifies a person as being disabled, that person has additional rights as set out in Section 47(2) which requires local authorities to decide as to the services required under the Disabled Persons (Services and Consultation and Representation) Act 1986 – Section 4.
A.3	Disabled Persons (Services and Consultation and Representation) Act 1986 – Section 4.	Requires the local authority to decide whether the needs of a disabled person require any services provided under the Chronically Sick & Disabled Persons Act 1970 – Section

		2(1).
A.4	Chronically Sick & Disabled Persons Act 1970 – Section 2(1).	Requires the local authority to assess the needs of people who fall within the auspices of National Assistance Act 1948 – Section 29(1), which defines a 'disabled person'.

Assessing the Needs of Carers

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
CA.1	The Carers & Disabled Children Act 2000 – Section 1.	Gives carers, aged 16 or over, who are caring for someone aged 18 or over, the right to an assessment (independent of the cared for person) of their ability to provide, or continue to provide, care.
CA.2	The Carers (Recognition & Services) Act 1995.	Gives carers not covered by the CDCA 2000, i.e. of any age, the right to an assessment when the cared for person is assessed.
CA.3	Disabled Persons (Services Consultation & Representation) Act 1986 – Section 8.	Requires the local authority to consider the ability of the carer to provide care when deciding what services to provide.
CA.4	Carers (Equal Opportunities) Act 2004.	Requires the local authority to inform carers of their rights to assessment under the CDC Act 2000 and the C(R&S) Act 1995.

Providing and/or Arranging Services

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
P&A.1	National Assistance Act 1948 – Section 21(1).	Requires the local authority to provide / arrange residential accommodation to some adults over 18 years who through age, illness, disability or any other circumstances are in need of care and attention which would otherwise be unavailable to them.
P&A.2	National Assistance Act 1948 – Section 29.	Requires the local authority to provide / arrange social work advice and support service and facilities for: • Rehabilitation and adjustment to disability; and /or • Occupational, social, cultural and recreational

		activities.

P&A.3	Chronically Sick & Disabled Person's Act 1970 – Section 1.	Requires the local authority provide information about relevant services.
P&A.4	Chronically Sick & Disabled Person's Act 1970 – Section 2(1).	Sets out the range of services a local authority should provide / arrange to meet the needs of 'disabled people' including practical help in the home; the availability of meals; access to recreational facilities outside the home; help to take advantage of educational facilities; and help with adaptations to the home.
P&A.5 (P)	National Health Services Act 1977 – Section 21. (This is a power not a duty).	A local authority can provide / arrange services for expectant mothers. Schedule 8 identifies the power to provide support for people with alcohol and drug problems.
P&A.6	Mental Health Act 1983 – Section 117(2).	Places a joint duty on the local authority and the NHS to provide after care services for patients formerly detained under other sections of the MHA 1983; to address issues such as accommodation problems, family relationships; or to provide / arrange domiciliary services, day centres etc.
P&A.7	Community Care (Direct Payments) Act 1996 and Regulations 2000.	The local authority is required to offer cash payments for any community care services to all individuals to meet assessed eligible needs of disabled people aged 16 or over or who have parental responsibility for a disabled child or who is a carer aged 16 or over. Individuals must have been assessed as being willing and able to manage Direct Payments (either alone or with support).
P&A.8 (P)	The Carers & Disabled Children Act 2000 – Section 2. (This is a power not a duty).	The local authority can provide services such as physical help, training or counselling for carers.
P&A.9	The Carers & Disabled Children Act 2000 – Section 5.	Extends the duty of the local authority to offer Direct Payments to carers aged 16 years or over who care for a person aged 18 or over.
P&A.10 (P)	Health Services Act 1968. (This is a power not a duty).	The local authority can provide / arrange services that promote the general welfare of older people.
P&A.11	Community Care (Delayed Discharges) Act 2003.	The local authority is required to make payments to NHS

		bodies where a person's discharge from hospital is delayed because care services or services to carers have not been provided.

Mental Health

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
MH.1	Mental Health Act 1983, Section 117.	Requires an Approved Mental Health Professional (AMHP) to assess a person's mental health, along with key health colleagues, when providing aftercare services for people leaving hospital after being detained under certain sections of the MHA 1983.
MH.2	Mental Health Act 1983, Sections 2,3,4 and 7.	Requires an AMPH to assess the person's mental health in association with other relevant professionals.

Safeguarding Adults

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
SA.1	Mental Capacity Act 2005.	Requires statutory agencies to follow an assessment and "best interests" practice framework in relation to people who may lack capacity to make key life decisions, particularly in relation to health, social care and finance. Requires the local authority to commission Independent Mental Capacity Advocacy (IMCA) services to support "un-befriended" people who have been assessed as lacking capacity regarding particular health and social care decisions. Requires the local authority and the NHS to manage Deprivation of Liberty Safeguards (DoLS), where hospitals and care homes are seeking authorisation for practice which might otherwise be regarded as a Deprivation of Liberty.

Public Involvement in Health and Social Care

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
PI.1	Health and Social Care Act 2012, Part 5.	The local authority is required to commission a Local Healthwatch organisation to act as an independent voice of local people as consumers of health and social care services, according to regulations that accompany the Act.

Housing

In a two tier local authority area, District Councils are the Housing Authorities and are required to fulfil the statutory duties that relate to that role. However, following the Supporting People changes of 2003, it is the County Council that holds the budget for commissioning housing related support. The very close inter-dependence between housing and housing related support demands an understanding and consideration of statutory duties in relation to housing.

SCC Ref	Legislative basis of statutory duty	Description of statutory duty
H.1	Housing Act 1977; Housing Act 1996; Homelessness Act 2002. The 'Southwark Ruling' 2009 (Case law).	This body of legislation places statutory duties on local housing authorities (District Councils) to ensure that advice and assistance to households who are homeless or threatened with homelessness is available free of charge. All households that apply for assistance under the Housing and Homelessness Acts are subject to formal 'decisions' as to what, (if any) assistance is provided. A 'main homelessness duty' is owed where the authority is satisfied that the applicant is eligible for assistance, unintentionally homeless and falls within a specified priority need group, including: • Households with dependent children or a pregnant woman and people who are vulnerable in some way e.g.

		because of mental illness or physical disability. • People aged 16 or 17 • People aged 18 to 20 who were previously in local authority care. • People who are vulnerable as a result of time spent in care, in custody, or in HM Forces • People who are vulnerable as a result of having to flee their home because of violence or the threat of violence. The 'Southwark Ruling' provides an exception to the general rule described above by clarifying the statutory duty of County Councils, (as Councils with Social Services responsibilities), to provide both support *and* accommodation to young people aged 16/17 where they have been assessed as homelessness under Section 28 of the Children's Act 1989.