

North Somerset
Adult Learning Disability Service
Joint Commissioning Strategy
2009-2014

Final Copy

CONTENTS		Page
SECTION 1		
Introduction		3
SECTION 2		
The national context for Learning Disability services		7
SECTION 3		
Towards Citizenship and Inclusion		13
SECTION 4		
What might be the needs of people with learning disabilities in North Somerset?		16
SECTION 5		
North Somerset services and the people known to them		22
SECTION 6		
Ways Forward – What we are going to do		37
APPENDICES		
1	Terms of Reference for the LD Strategy Implementation Group	
2	North Somerset Equality Impact Assessment document	
3	North Somerset Learning Disabilities Community Team-Information, Aims and Who We Work With.	
4	Organisations providing residential care and their capacity	
5	Brandon Trust Community Partners and Projects	
6	Priorities for CTPLD 2009/10	
7	Transitions Action Plan	
8	Transitions Resource pack	
9	Supported Living Options Explained	
10	10 Priorities of Good Practice for Commissioners in respect of services responding to challenging behaviour	
11	North Somerset Challenging Behaviour Assessment Tool	
12	Summary of responses to LD Joint Strategy Consultation	

SECTION 1: INTRODUCTION

This joint strategy has been prepared by North Somerset Council and NHS-North Somerset. It covers the years 2009-2014 and tells people with learning disability, their carers and local partner agencies how the identified needs of people with learning disability and their carers could be met within available resources provided by North Somerset Council and NHS North Somerset during the period 2009-2014. The report is divided into 6 sections.

The strategy is joint and has been formally adopted through both Council and PCT processes. Even where objectives look predominantly driven by one organisation (for example, objective 3; increased options to live at home looks like a more “social care” ambition) they are joined as they require joint action (in this example, increased support by community nursing will be required). As part of the action planning arising from this strategy, we will be investigating the impact on all parts of the health and social care system and ensuring a joint approach to delivery.

The strategy is a joining together of two strategies developed within the individual organisations (with consultation with all parties):

- North Somerset Council's Adult Social Care Review
- NHS North Somerset's Strategic Framework (see appendix), which advocates implementing Valuing People and ensuring access to mainstream healthcare, services.

1.1 Status of strategy

This strategy represents the joint ambitions across Health, Social Care and Housing in North Somerset for developing services for people with Learning Disabilities. It will be agreed at the Joint Transformation and Commissioning Board and ratified at through each organisation's internal mechanisms.

Once agreed, detailed annual action plans will need to be developed to prioritise objectives and turn them into realistic costed developments. Some objectives will be cost neutral (such as, some of the moves from residential to non residential care settings), whilst others may require different levels of investment (for example, providing better access in mainstream services may require training resources or, liaison posts for people with learning disabilities). Any new investment in new services will need a fully worked up business case and agreement from the funding organisation(s). Both the PCT and Local Authority are in a tight financial position and any investment in new services will need to come from funding released, either from elsewhere in learning Disability services (as is the case with Objective 3, increased options to live at home) or elsewhere in the health and social care system.

In all cases we will also need to establish the impact on other areas of the Health and Social Care system and will need to develop a service response to

manage any impact. For example we will need to assess the impact on all services of managing an additional 50 people in the community by 2012. These impact assessments will be undertaken during the consultation period of this strategy and where relevant management plans will be built into commissioning intentions where applicable.

The strategy builds on existing work that is focused on improving services for people with learning disabilities. An example of which is the work currently underway to meet the requirements of "Valuing People NOW" which is outlined in the Strategic Health Authority's Self Assessment Framework. These work streams are reflected in this strategy.

1.2 What is a Joint Commissioning Strategy?

A Joint Commissioning Strategy is a plan prepared jointly by North Somerset Council and NHS North Somerset that explains how the identified needs of people with learning disabilities and their carers could be met within the available resources provided by North Somerset Council and NHS North Somerset.

1.3 What is Commissioning?

Commissioning has been defined as:

"the process of translating aspirations and need into timely and quality services for users which meet their needs, promote their independence, provide choice, are cost effective, and support the whole community"

Commission for Social Care Inspection

This means finding out what services people need and then deciding how we can best jointly commission those services. We need to ensure sure that we commission services that provide good quality. We also need to ensure that we commission the best range of services that we can afford with the resources available. This means that we can't purchase everything that we would like to, and we have to decide which services are the most important. We want to make sure that people with learning disabilities, their families and their carers help us to make these decisions.

Good commissioning involves four main types of activity:

- **ANALYSING** - *making sure that you know how things are working at the moment, how much there is to spend, who needs the services and what national policies and guidelines have to be kept to.*
- **PLANNING** - *finding out where the gaps in service are, developing plans for the future and producing a commissioning strategy, which, like this one, is based on both the analysis and the views of everyone concerned, especially the people who use the services.*

- **DOING** - *making sure that the services are delivered as planned and that if problems occur they are dealt with properly.*
- **REVIEWING** - *assessing the services on a regular basis and ensuring that they are still meeting needs effectively.*

These activities operate in sequence, and govern purchasing of services jointly by North Somerset Council and NHS North Somerset.

1.4 An overview of North Somerset

This information is taken from the North Somerset Council Corporate Plan 2008/11.

North Somerset covers an area of 145 square miles on the coast of the South West of England. Two thirds of the area is designated as greenbelt or as an area of Outstanding Natural Beauty. It is part of the West of England sub-region, which also includes the unitary authorities of Bristol, Bath and North East Somerset, and South Gloucestershire.

Urban North Somerset includes the coastal towns of Clevedon, Portishead and Weston-super-Mare. Significant industrial sectors in North Somerset include engineering, manufacturing, food processing, agriculture, hotels and catering. The area is also a popular tourist destination with more than five million tourists visiting each year.

North Somerset has a population of 201,000 and this is expected to increase to 246,100 by 2026. The area is a location of choice for many commuters to Bristol and has traditionally attracted people who wish to settle to enjoy their retirement. The area has a high proportion of both older and young residents. 26% of the population is over 60 and 22% of the population is aged under 19 – both of these figures are above the national average. Unemployment is low, with the majority of the district comparatively prosperous. However, there are significant pockets of deprivation, with two Weston-super-Mare wards being classified as being among the 10% most deprived wards in England.

1.5 Commissioning in North Somerset

This strategy has been developed jointly by North Somerset Council and NHS North Somerset working closely together through the Learning Disability Partnership Board. A Learning Disability Strategy Implementation Group is responsible for planning and implementing the agenda for change outlined in the strategy. Details of the Implementation Group, and its terms of reference are attached as an **Appendix 1** to this report.

This strategy has been developed taking into account the latest national guidance for learning disability services, the views of local people with learning disability, their families and their carers, a detailed analysis of local

need and supply, and a comparison with some similar size areas who have also been reviewing their provision. Our aim is to jointly commission services that:

- Are person centred
- Promote increased choice and control for people
- Encourage greater involvement in peoples own communities
- Maximise a person's independence
- Offer the greatest opportunity for social inclusion
- Achieve best value and the best outcomes for people with learning disabilities
- Promote effective partnership working across agencies, with increasing support available from mainstream services.

North Somerset works with other areas through regional groups within the South West, notably the South West Learning Disability Group; The Regional Valuing People Group, and the Learning Disability South West regional Improvement and Efficiency Partnership (RIEP). Cross-regional work on challenging behaviour, staff training, and outcome based planning will all contribute to the implementation of the strategy in North Somerset.

This strategy will provide the main overall plan for the next 5 years, but each year there will be an expenditure plan to make sure that implementation of the services is done within budget and within the agreed priorities. We will report regularly at the end of each financial year to service users, carers and other people and organisations that are involved in the strategy. The report will summarise our progress against the targets and objectives in the strategy.

SECTION 2 NATIONAL CONTEXT FOR LEARNING DISABILITY SERVICES

2.1 Valuing People - A New Strategy for Learning Disability Services

“Valuing People – A New Strategy for Learning Disability for the 21st Century” was published in March 2001, and was the first White Paper on Learning Disabilities for 30 years.

Valuing People sets out the Government’s proposals for improving the lives of people with learning disabilities and their families and carers, based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.

The Government has set 11 key objectives to support the implementation of Valuing People including enabling people to have more control over their own lives, and supporting carers.

2.2 Valuing People Now

This report was published in 2008 and builds on the 2001 strategy and its core visions of rights, independent living, control and inclusion for people with learning disabilities.

Following extensive consultation it was agreed that many positive things had followed from the publication of ‘Valuing People’ but there were still some outstanding issues nationally that needed to be addressed, namely:

- Most people still do not have choice and control in their lives
- Many family carers are tired and disillusioned
- There are too many poor quality services
- Some staff have not yet understood that that their role needs to change

‘Valuing People Now’ is a three- year cross-government strategy that has six key themes and priorities:

- a) The need for effective partnership boards
- b) The need for better access to healthcare for those with learning disabilities

- c) The need for better housing options including closure of NHS 'campus' beds
- d) The need to embed personalization, ensuring that developments for people with learning disabilities are underpinned by person centred planning
- e) Increasing employment opportunities
- f) Each region will have one additional priority, relevant to its own area.

2.3 Learning Disability and Access to Core Health Services

Valuing People Now rightly identified that People with learning disabilities have higher level of health needs than the general population, many of which are unmet. There is research to show that this is particularly the case with the following key health issues:

- Cancer
- Coronary heart disease
- Epilepsy
- Challenging behaviour
- Respiratory illness

There is evidence to show that many people with learning disabilities do not seek out support from the healthcare system unaided, and that healthcare issues can remain undiagnosed or untreated. Healthcare professionals in primary care have infrequent contact with people with learning disabilities, and few have had specific training. The requirement to offer Health Action Planning to people with learning disabilities to help identify healthcare needs should improve outcomes.

2.4 Services for People with Learning Disability and Challenging Behaviour or Mental Health Needs

This report, chaired by Professor Mansell, (Department of Health October 2007) addresses complex need and challenging behaviour issues in the development of services. It stresses the importance of training and the need to develop the capacity of local services - including specialist services - to support mainstream practice. It suggests that value for money should be demonstrated by low numbers of both placement breakdown and out of area placement. The report urges a re-think on the use of residential special schools and stresses the importance of breaks for families supporting people

with challenging behaviour. Where people are excluded from day services because of their challenging behaviour commissioners should ensure that alternative forms of day care are provided. There is a need for more models of day care.

Additional specialist multi-disciplinary support teams focused on challenging behaviour are seen as an essential component of modern provision.

Specialist services need to use their skills to help managers in the provider network lead their staff in the provision of effective local services. This requires closer co-ordination between the commissioners paying for services, the managers providing services and the professional specialists advising on the support people need, to ensure that advice is both practicable and is acted upon.

The DoH has developed a “Green light” toolkit aimed at improving this situation. Too often people with Learning disabilities are dismissed as having “challenging behaviour” rather than having access to high quality mental health services. This is true for both functional mental health problems but also dementia.

2.5 Commissioning Person Centred Cost-effective Local Support for People with Learning Disabilities

In this report by Emerson and Robertson (Social Care Institute of Excellence July 2008) there are concerns that a substantial number of people with learning disabilities (over 11,000 in 2006- one third of all people with learning disabilities) are not receiving support in their local area. Instead they are being supported in ‘out-of- area placements’. Some of these placements can be a long way from their families and friends. This knowledge review looked at what is known about out-of-area placements. It identifies factors in the appropriate and inappropriate use of such placements, and also identifies good examples of complex needs being met locally. It notes that those most likely to be in out of area placements are the following groups

- people whose behaviour challenges services
- autistic spectrum disorders (ASD)
- mental health needs
- complex health needs
- complex epilepsy
- people who might offend (get in trouble with the police)

2.6 Putting People First and Transforming Social Care

The Government Report ‘Our Health, Our Care, Our Say’ and also the Green Paper, ‘Independence, well being and choice’ (DOH 2005) signaled the need for major reform in health and care provision. The cross-departmental report

'Putting People First' published in 2007 addressed the need for a system-wide transformation in adult social care and spoke of the need for close co-operation between central and local government, as well as strong strategic partnerships between the NHS and Local authorities.

The Local Authority Circular (*LAC (DH) (2008) 1*) on Transforming Social Care sets out information on how change will be achieved. It lays out the vision of a personalized approach to the provision of care, and the implications, notably the central issue of improving outcomes from the perspective of the service user. The circular also gives details of the Social Care Reform Grant, which will be used to help councils redesign and reshape their services over the next 3 years. Personalisation means that every person who receives support, whether provided by statutory services or funded by themselves, will have choice and control over the shape of their support in all care settings. The proposed Common Assessment Framework will take account of the implementation of personalization and self-directed support. This has major implications not only for the range of services, which are required, but the role of specialists and advisers. Access to good quality advice and advocacy services will be central issues in the design of services and the infrastructure within which they work.

It is important to recognise that this major change of approach in public policy has emerged from the In Control movement. In 2003 Simon Duffy's book 'Keys to Citizenship' was first published and then he and a number of others were involved in the establishment of In Control- a Mencap project, which received support from the Department of Health's Valuing People Support Team.

In Control sketched out a 7-step model of Self-Directed Support. This system was tested and improved by individuals, families and local authorities from 2003.

In 2008 more than three quarters of local authorities in England are involved. More than twenty of those are already working towards using Self-Directed Support as the approach for everyone needing social care support. In June 2008, 6,000 people were directing their own support.

The Personalisation agenda is one of the most challenging aspects of the programme with the expectation that by April 2011 most people eligible for services will have the option of receiving services through some form of self-directed support. A great deal of positive progress has been made in North Somerset and further developments have increased access to Individual Budgets. This is a complex change programme, which has required careful preparation and will have an ongoing impact on the way services are planned and commissioned in the future.

2.7 Transforming Community Services

Transforming Community Services (TCS) is a radical NHS ambition to look at

different ways in which Community Services are both organised and deliver a bigger range of Community based services. It sets out a vision in which Community services are continually separated from PCTs as Commissioners of health care; investigates how we can better commission services on the basis of pathways and outcomes and how we can invest in developing community services to manage more care outside acute hospitals.

A key aspect of TCS is how community services can be exclusive and meet the needs of all service users. This includes people with learning disabilities.

2.8 Aiming High for Disabled Children (AHDC)

Every Child Matters has been the government's overarching agenda for change in children's policy since 2005. AHDC, launched in May 2007 is the transformation programme for disabled children's services. The government's aim is that all disabled children are seen as a priority, and this is also reflected in the NHS Operating Framework, and the Children's Plan. One key area for change has been the need for improved transition, and the responsiveness of the adult care system to this priority is therefore a key issue for the North Somerset Learning Disability Strategy.

2.9 Definitions

The Learning Disability Taskforce, established to champion development within the field, following the publication of Valuing People, defines Learning Disabilities as including the presence of:

- A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with;
- A reduced ability to cope independently (impaired social functioning or adaptive behaviour);
- Which are present from childhood with a lasting effect on development.

Historically, local services have adopted a working definition that adults with learning disability are those who have an assessed IQ of less than 70.

A person's IQ has often determined what services they will receive and from what source. In many cases, this leads to services being provided on the basis of what is available from within learning disability services, rather than being based on a package of support drawn from a number of sources and agencies. In considering these definitions care needs to be taken to ensure that planning of services and access to them is sufficiently flexible to help those who have borderline needs.

This strategy, in line with Valuing People, is based on the belief that people with learning disability are people first. Commissioned services must be needs

led, and based on individual assessments. In order to achieve this, a different approach to commissioning will be required. At a strategic and planning level, there needs to be greater partnership working between departments within health and social services, and between specialist services for people with learning disability and 'mainstream' services.

Throughout this Joint Commissioning Strategy, the phrase "Learning Disability" is used; in the main the commissioning intentions are focused on providing services for those that meet the eligibility criteria for the Community Team for People with a Learning Disability's (CTPLD) (see appendix 3). Whilst everyone referred to the team is assessed on an individual basis to see if they meet the eligibility criteria; it is anticipated that those who meet the criteria will have a significant Learning Disability affecting their functioning to a moderate and/or severe and that they will have substantial or critical needs.

The CTPLD is a joint team and offers health and social care services to people with a learning disability, it is important to note that primary health care such as nurses, physiotherapist and occupational therapists are "free to all" at the point of access and as such, are not subject to an eligibility criteria assessment.

If a person with a Learning Disability does not meet the CTPLD eligibility criteria, there are services available from other social service departments, third sector services and voluntary services that can support an individual and their carers/family with their needs around their Learning Disability and associated issues.

In cases where an individual with a Learning Disability or Difficulty does not meet the eligibility criteria, the CTPLD will support them and their family by offering advice and information on other appropriate services that could help them.

SECTION 3: TOWARDS CITIZENSHIP AND INCLUSION

3.1 Introduction

This section of the joint strategy deals with the main values and priorities that inform the work of both North Somerset Council and NHS North Somerset.

North Somerset Council's Community Plan for 2008-11, and NHS North Somerset's statement 'Making it right for you' provide the overarching aims and values within which this Learning Disability strategy will operate.

Both organisations are committed to:

- Responding to local people.
- Respecting Diversity
- Tackling inequality
- High performance
- Value for money

In the context of strategic partnership two of North Somerset Council's priorities have special significance for people with learning disabilities and their carers:

- Ensuring that older people are adequately supported
- Improving the life chances of vulnerable children.

This Joint Commissioning Strategy is based on the key values and principles that have been agreed by the North Somerset Partnership Board for People with Learning Disability. They reflect the four main principles of the Valuing People report

Rights, Independence, Choice, and Inclusion.

What the strategy intends to achieve as its main outcomes can be summed up as follows:

That people with learning disabilities will have the same opportunities as everyone else to:

- ***Live as independent citizens in their own communities and to use***

the same facilities as everyone else

- *Live in their own home*
- *Receive the same health services as everyone else*
- *Live with whom they choose*
- *Be supported by people they need and to have choices about who these people are*
- *Work and to earn a wage*

These outcomes will be achieved by the key activities and aims described in section 6 of this report.

3.2 What do we mean by Citizenship and Inclusion?

This strategy aims to promote a vision of citizenship and inclusion, where people with learning disabilities are able to enjoy full participation in their local communities, accessing the same services as ordinary citizens.

We will do this through the development of individualised packages of support, which give people greater choice and control over their lives, greater involvement and much more influence over the services that support them.

True social inclusion also requires mainstream services to be able to meet the needs of people with learning disabilities supported, rather than replaced, by specialist services. The North Somerset Partnership recognises that achieving social inclusion requires a fundamental shift in the relationship between the person with learning disabilities and those agencies providing services. It also means changing the culture of service provision. At the heart of this culture shift is the notion of providing Support as opposed to Care.

3.3 Support or Care?

A **supportive** relationship can be described as one where the supporter believes in the person's capacity to acquire competencies, and assists them to do so. Control remains with the individual wherever possible, and people are enabled to develop independent lifestyles. The supporter recognises that their role is one of empowering the person with learning disabilities.

In contrast, a **caring** relationship suggests that the person with a learning disability is in need of *care* and some form of help. In giving help, control is removed from the person, and as such the role of the carer can become a disempowering one. This notion can be applied to the role of an individual supporter/care worker, but equally to an agency providing support to an individual.

Specialist services for people with learning disabilities recognise that their role is one of support, rather than care, where the balance of power rests with the individual, rather than with the service.

An important aspect of providing support is to promote greater choice and control, which may include choosing a range of support services from outside those traditionally provided by health and social services.

3.4 Joint Commissioning and Case Management

Although this strategy is primarily concerned with the commissioning of services at a strategic level, it is based on the premise that such commissioning begins with the needs of the individual.

The traditional role of care managers has been to establish eligibility for funding, provide an assessment, design and cost a care package that meets the individual's needs, and then review it. Packages of care have often been established based on what services are available, and have relied on traditional models of residential care and day service provision. Once in place, there has been little incentive to promote opportunities for moving towards a more independent lifestyle, and little focus on achieving outcomes other than a settled placement. While this has been a national issue, North Somerset has recognized the need to develop more ambitious outcomes, delivered by services that are more flexible and responsive.

Care Managers will have an important role in helping people to lead independent lives. The introduction of individualised funding and self directed support will challenge the care manager to take on a more enabling role, supporting individuals to design effective services to meet their needs. Increasingly, the care manager will support a person to look to a range of services and solutions outside of the traditional learning disabilities provision, and may play a vital role in helping to break down barriers that have in the past led to social exclusion for large numbers of people with learning disabilities.

SECTION 4 WHAT MIGHT BE THE NEEDS OF PEOPLE WITH LEARNING DISABILITIES IN NORTH SOMERSET?

The Department of Health's Projecting Adult Needs and Service Information (PANSI) and Projecting Older People Population Information (POPPI) systems were used to enable us to understand current prevalence, and future potential numbers of people with learning disability in North Somerset.

As well as being able to make use of this model to establish prevalence, we also have information about those receiving services in North Somerset, including their age, ethnicity, and location within the area. Putting this information together enables us to obtain a good overall picture of both prevalence and needs in North Somerset.

4.1 Prevalence of Learning Disabilities in North Somerset

The PANSI model suggests that approximately 2.5% of people in England have a learning disability, though this figure varies with age. This equates to 2,996 people aged 18 - 64 in North Somerset.

Not all people with learning disabilities need specialist learning disability health or social care services. The prevalence of moderate or severe learning disabilities, i.e. people likely to be in receipt of specialist learning disability services, is approximately 5 people per 1,000 of the overall population. For North Somerset this figure is 683 people aged 18 -64.

Nationally, the majority of people with learning disabilities live within the parental home. The Valuing People Support Team estimate this figure to be approximately 50%, which in North Somerset would equate to just over 1,500 adults with any form of learning disability living at home with their parents. Of those with a moderate to severe learning disability the estimate would be approximately 340 people.

Specific circumstances within North Somerset have resulted in higher than average figures for people with moderate/severe learning disability. A key factor in this has been the previously high number of long-stay hospitals in the Avon area, the closure of which resulted in a high number of people with a learning disability now living in the community.

4.2 Future Projections for North Somerset

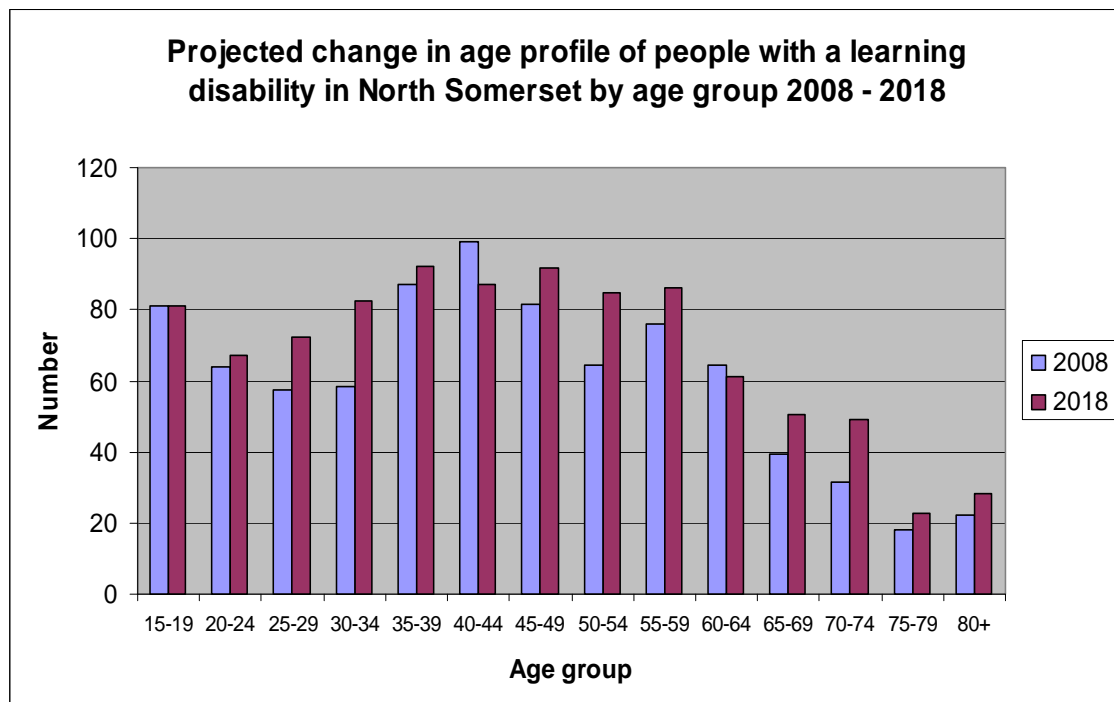
Nationally there is clear evidence that the number of adults with learning disabilities is increasing. However, in North Somerset demographic changes are happening more rapidly than the national average.

There is likely to be a 15% (2996 - 3445) increase in the number of people with learning disabilities in North Somerset in the decade 2008 – 2018. These figures include an estimate of the ‘hidden’ numbers of people with predominantly mild learning disability not known so well to services as those with moderate and severe disabilities. Nonetheless they may also have significant needs with significant disadvantage against the general population.

A very similar pattern is predicted for the number of people with moderate or severe learning disability in North Somerset, i.e. those most likely to be in receipt of services. There is likely to be a 13% (683 - 772) increase in the number of people with learning disabilities in North Somerset in the decade 2008 – 2018.

However, these overall figures mask very marked changes in the age profile of people with learning disabilities. Although many people with learning disability still experience problems in accessing health care and have a greater chance of premature death than the general population, they are living longer and will also now have to contend with the increased health problems associated with old age. These factors will need to be taken into account in the planning of future services, notably in the design of day care and the type of living accommodation offered.

The number of people likely to be known to services in North Somerset, broken down by age group, is shown in the graph below. It contrasts the estimated age profile of people using learning disability services currently and in ten years time.



We predict that there will be:

- A 25% increase in the number of young people with a learning disability age 20 to 34 (from 180 -222) as more young people with severe and complex disabilities survive into adulthood.
- A 6% increase in the number of people aged 35 – 64 with a learning disability (from 473 to 503).
- A 35% increase in the numbers of over 65s with a learning disability (from 111 to 150) as the current 'baby boom' generation of people with a learning disability grow older coupled with the effects of improved mortality. For some people, for example those with Down's syndrome, this brings added risks of pre-senile dementia.

The *Valuing People* White paper suggests that one third of all adults with a learning disability living at home do so with carers aged over 70 years of age. Evidence from elsewhere shows that many older family carers have had little contact with statutory services in the past, and many do not make plans for the future. Support for older family carers to plan for their future will be needed to avoid the risk of family care breakdown.

4.3 Specific Populations

Down's syndrome is the most common inherited cause of learning disability and affected individuals are more prone to infections, leukaemia, congenital heart disease, thyroid dysfunction and Alzheimer's disease. Prevalence rates would suggest a figure of 82 people aged 15 to 64 living in North Somerset with Down's syndrome. Numerous studies have shown that people with Down's syndrome are at increased risk of Alzheimer's disease and many develop dementia as they reach older age. Best practice is for learning disability services to develop the skills to meet people's changing needs in familiar settings, including making best use of specialist health support.

The prevalence rate of adults with a learning disability whose behaviour presents a serious challenge to services is 24 per 100,000 total population. This represents approximately 32 people with learning disabilities in North Somerset (aged 15-64). As explained in the previous section on national policy, commissioners are now encouraged to find more local solutions and rely less on residential schools. The suggestion is that the better use of investment may be to develop local special services, which can support mainstream practice in health, education and social services. Similarly commissioners are urged also to ensure that good support and breaks are made available to those caring at home with people in this group. Clearly an increase in numbers alongside these policy drivers will mean the need to develop services, which can deliver a change of approach.

Autistic Spectrum Disorders (ASD) is a term used to describe individuals who are affected in their ability to understand and use non-verbal and verbal communication, and to interpret social behaviour which in turn affects their ability to interact with others, and how to think and behave flexibly. Recent

studies suggest that the number of people having ASD is increasing and that the highest proportions are in the younger age ranges. It is important that there is a sufficiently wide and flexible range of services in the community which can meet the needs of people with ASD.

4.4 Diversity Issues Relating to Learning Disability in North Somerset

Limited information has been available about the ethnicity of those with learning disability in North Somerset. While current information suggests a very small number of people from black and other minority ethnic groups with learning disability known to services in the area (5 Black British people, 1 person of mixed race, and 2 Chinese people) there is a need to develop a fuller picture. The Community Team and Partnership Board have an agreed Action Plan for 2009/11, which will address the need to clarify SWIFT data, review compliance with the legislation and carry through training with the work force. The work is being undertaken with the Somerset Racial Equality Council. An Equality Impact Statement has also been prepared for the overall change programme for Learning Disability and this is attached as **Appendix 2**.

North Somerset has a higher ratio of male to female people with learning disability using services than most areas, and this is the result of the historical factors associated with hospital closure.

4.5 Consultation with People with Learning Disabilities and their Carers

A consultation exercise was undertaken in 2007 with people with learning disabilities, their families and support staff. This included forum meetings, individual interviews, and the results were fed back to approx 250 people who attended a Conference, Fulfilling Lives, in July 2007.

The main findings from the consultation suggested that people with learning disabilities, their families and their support staff in North Somerset want some very similar things:

- There is general agreement about the importance of employment. Many people want paid jobs, and all parties agree that there should be more job support. In fact, support staff talked about their own roles perhaps moving over more towards supporting employment. In terms of jobs, the new employment projects which have started up in North Somerset were also seen as very positive. People would like more opportunities like the Pottery, and the Barcode Café, and were very happy to have employment advice.
- Another common theme was community. Parents wanted activities and bases to be local, people themselves wanted to get out more and do things that other people do. And support staff also saw their jobs as moving into the community.

- In order to get community support right, people need person-centred plans (PCP). This was a particularly strong theme from parents. But people with learning disabilities and support staff also wanted services to become more 'person-centred'. The Learning Disability Community Team plans as a result to undertake intensive work on PCP in 2009/10 with providers, care managers and young people in transition. This work will be commissioned using funds which the Partnership Board has agreed from the Learning Disabilities Development Fund (LDDF)
- One to one support workers were seen as important. Parents particularly wanted support workers that they could know and trust. People themselves wanted the right support, so that they could choose what they wanted to do in their lives.
- Friendships and relationships were seen as vital. People with learning disabilities wanted to socialise, to make new friends, to have relationships and to learn more about sex. Their families also wanted people to have friends, and support staff were aware of the importance of friendships.
- As people with learning disabilities do more things in the community, the wider public will become more aware of them and of what they have to offer. But support staff were especially aware of the ignorance and discrimination that is sometimes out there. And people with learning disabilities themselves called it 'bullying' and 'hate crime'. They would like social services to help them tackle this problem.
- No one wants to throw away the progress that has already been made. By and large, people were happy with a lot of things that are happening now in North Somerset, like the Scotch Horn Centre. The task is to build on the good things, and to keep working together - with families, support staff and with people with learning disabilities themselves.

4.6 Consultation with service providers

This consultation was also undertaken in 2007. It identified uncertain Learning and Skills Council funding as a service gap, as well as community day services closing at set times.

The main priorities for development were seen as:

- Better communication needed between 'Home' and Day Centre.
- Less restricted choice in day opportunities.
- Better, and more flexible, transport.
- The need for other ways of accessing funding to support people with learning disabilities in day activities.

- The need for a range of activities which are continuously available and don't stop at the end of term.
- The need to develop job opportunities, especially jobs which have value and offer some prospect of progression.
- The need to develop more integrated non-specific support groups which would be inclusive of people with learning disability.
- A wider range of leisure opportunities with more support and befriending – especially evening and weekend activities.

SECTION 5 CURRENT NORTH SOMERSET SERVICES AND THE PEOPLE KNOWN TO THEM

In this section information is given about the current position in North Somerset, in terms of the numbers of people with learning disabilities, where they live and the services they use. This information is used to identify the main changes which will be needed- both changes in the type of services, and the gaps which need to be filled.

5.1 Where do people with learning disabilities live in North Somerset?

The majority of people with learning disabilities live within the parental home. The Valuing People Support Team estimate this figure to be approximately 50%, which in North Somerset would equate to just over 1,500 adults with any form of learning disability living at home with their parents. Of those with a moderate to severe learning disability the estimate would be approximately 500 people.

The Community Team for Learning Disabilities provides support packages to people living at home with parents. Of those known to the team, 90% who live with an older carer are care managed. The *Valuing People* White paper suggests that one third of all adults with a learning disability living at home do so with carers aged over 70 years of age. Other population surveys suggest that approximately 40% of those adults living at home will be living with carers aged over 60 years. In North Somerset this would equate to approximately 1,500 adults with any form of learning disability or 460 adults with moderate/severe learning difficulty living with an older carer at home. Approximately 56 people seen by the Adult Learning Disability Team in Social Services are known to be living with an older carer in North Somerset.

Estimated Population in North Somerset living at Home with Carers	No. people 2008	No. people 2018
Estimated Population (18-64) with Learning Disabilities	2996	3320
Estimated LD Population (18-64) in touch with services	683	790
People in touch with the CTPLD (team integrated data base)	798	
People actively in contact with the CTPLD (integrated data base)	701	
Estimated number living in Parental home (Total LD Population)	1498	1660
Estimated number living in Parental home (Total LD Population) who are aged 70 and above.	499	553
Estimated number living in Parental home (LD Population in touch with services)	341	395
Estimated number living in Parental home (LD Population in touch with services) with older carers who are aged 70 +.	113	131

Estimated figures are based on PANSI population estimates and estimates within the Valuing People White Paper.

Specific circumstances within North Somerset have resulted in higher than average figure for people with moderate/severe learning disability and this has represented a major challenge to service providers in North Somerset. The key factors have been the previously high number of long-stay hospitals in the Avon area, the closure of which resulted in a high number of people with a learning disability now living in the community. Responsibility and funding for residential and day care services for this group is jointly managed under the pooled budgets resulting from the annual agreement under Section 31 of the 1999 National Health Service Act. Much more information is available about this group, who are well known to services than about those who are with family carers, and who are not accessing services.

This has meant that services have had to be targeted to those most in need, as determined by the council's Fairer Access to Care Services (FACS) policies, and set out in the criteria for the Community Team for Learning Disabilities (see **Appendix 3**).

Since the development of the Learning Disability Housing Strategy, the Council has committed capital and revenues resources to an ambitious housing delivery plan to increase housing options for people with Learning Disabilities, to focus on the practical delivery of the aims set out in the Learning Disability Housing Strategy and to respond to the specific local pressures in North Somerset.

Currently there are:

- 23 people ear marked for housing in the next two years
- 10 people will be housed in 4 separate projects by the summer of 2009 and
- 2 people with complex needs moved into their new home in March 2009.
- 4 people are looking at shared ownership opportunities, supported by "My Safe Home".

These figures do not include those living at home with older carers.

The following table shows, for those where records are held, where People live by accommodation type:

Dwelling Place for those working with the CTPLD	No of People 2008
Living at home with Carer(s)	Not Recorded
Living at home with Older Carer(s)	56
Residential Care ¹	213
Nursing Care ²	55
Of which, the number of out of County placements	63
Supported Board & Lodgings*	8
Independent Living (Shared House)*	22

¹ Includes both 18-64 and those over 65 years of age,

² Includes both 18-64 and those over 65 years of age

* Excludes people who may have been referred to a Supporting People service by CTPLD but are not being care managed by the team and includes some supported living developed outside of the supporting people funding regime.

Dwelling Place for those working with the CTPLD	No of People 2008
Independent Living (Self Contained including Extra Care Housing)*	21
Shared Ownership	1
NHS retained	5
Residential colleges (out of county)	14
Total	395

Source: A combination of CTPLD records and the SWIFT Social Care data base – July 08

We have recently developed two new move-on services with local providers and have worked closely with the Supporting People partnership and Housing Association's to establish a Keyring service in Weston that currently supports seven people.

Given the large amount of people requiring supported living (*see Appendix 9 – 'Supported Living Options Explained'*) in the next five years a wider variety of options is essential to meet higher levels of demand, especially for accommodation which makes independent living possible. Standard social housing does not routinely provide housing to the specification needed to meet the needs of people with physical and learning disabilities. As such, the housing department continues to work proactively to source suitable affordable housing through supported Homes and Communities Agency (HCA) bids. All houses, bungalows, and ground floor units are to follow Joseph Rowntree Foundation Lifetime Homes Standard consistent with the Code of Sustainable Homes, with 10% of all houses, bungalows, and ground floor flats in all new schemes to be built to mobility standards and reasonable endeavours to provide wheelchair housing integrated into all schemes. To ensure housing is suitable to a range of people with different support needs including learning disabilities and other supported housing groups.

Comprehensive planning for housing need is now part of standard practice within the CTPLD and Housing Strategy and Commissioning Team. This work has shown that people want to live in their own local communities and that housing should to be dispersed across North Somerset. We are encouraging the use of private rentals but to date, families have been concerned about the long term security of these options.

In North Somerset, Learning Disabilities is a priority category under Choice Based lettings (CBL). The newly established CBL team called HomeChoice have agreed protocols to ensure people with Learning Disabilities get more support from the housing department to follow the required processes.

During 2008, North Somerset Council commissioned an independent review of services for people with learning disabilities, the report identified that North Somerset relies heavily on residential and nursing care, far more than the average for England or the South West. This report indicated that there is a need for more community based choices and less reliance on residential and nursing home care. North Somerset currently spends 77% of its budget on residential and/or nursing home costs. This is considerably higher than comparative authorities, and relates to the high numbers of people who were in long stay hospitals supported in care.

A significant aspect of this high use of residential and nursing home expenditure is the high use made of out of area placement. Current figures indicate that of 62 such placements 43 were in adjacent areas but 19 were significantly further away, with several in the North of England and several in the South East.

5.2 North Somerset expenditure on Learning Disability Services 2008/09

2008/9 Predicted Net Spend	£
Assessment & Care Management	430,340
LD Care in the Community 18-64	12,703,761
LD Care in the Community 65+	641,032
LD Care in the Community PSI	188,163
LD Care in the Community MH	19,265
Supporting People for LD	1,407,992
Other Services	
North Somerset People First	6,770
Community Support	670
Mencap Family Advisor	11,750
Development Officer	61,780
Worle Parkway (estimated)	91,715
	15,563,238

	Expenditure	Income	Net Total
Residential	10,171,638	(891,691)	9,279,947
Nursing	2,611,125	(216,773)	2,394,352
Purchased Home Care	252,435	(10,205)	242,230
In House Home Care	-	0	-
Extra Care Housing	-	0	-
Day Care	297,114	(16,789)	280,325
Respite	18,782	0	18,782
Supported Living	594,123	0	594,123
Direct Payments	771,017	(135,272)	635,745
Other LA Placements	106,717	0	106,717
	14,822,951	(1,270,730)	13,552,221

As is noted earlier North Somerset spends a higher proportion of its resources on residential and nursing care than many comparable areas. Some other key aspects of North Somerset's use of resources are as follows:

- North Somerset has had a low level of expenditure on assessment
- There has been a high and increasing use of out of area placements
- There has been a relatively low level of expenditure on supporting people in accommodation or home care.

- There is no Adult Placement Scheme.
- Figures from 2006/07 for net expenditure per capita on Learning Disability give a national average of 92.16, a south-west average of 94.53 and North Somerset as 85.75

5.3 Further analysis of North Somerset use of Residential and Nursing Home services

In recent years North Somerset's use of residential care has been on an upward trend at a time when there has been a downward trend in the South West region as a whole. As is noted earlier over three-quarters of the total expenditure on learning disability is used on residential care and this includes a significant use of out of area placement. Relevant historical factors have been the need to place those leaving the care of a decommissioned long stay hospital; the high level of residential provision in the former Avon Local Authority, and the extent to which North Somerset has been seen as a prime area for private residential care development because of its location, relatively cheap property and the availability of development land.

A review of North Somerset's use of residential and nursing home provision undertaken in July 2008 provides the following information:

- A total of 268 people were in residential care, of whom 55 were in nursing care
- Of these, 60% were men.
- The biggest age range group was 40 to 64, accounting for 52% of service users
- 103 people had been admitted to residential care between the years 1980 to 2000, and 149 between 2001 and 2008 with 61 admissions in 2002. These numbers in recent years, and the 'bulge' in 2002 are related to the closure of the Farleigh Hospital in Long Ashton. As indicated earlier this is the main reason behind North Somerset's atypical use of residential placement.
- 63 people were placed out of county, of which 34 were placed in the neighbouring authorities of Somerset, Bristol and South Gloucestershire.

The Brandon Trust is the biggest provider. It has 14 homes and 3 specialist Nursing Homes providing care for some 70 people in the area, approximately one third of them from other authorities. The Freeways Trust has 3 services which provide care for just over 40 people of whom approximately 30 are from other Local Authority areas. Other large (national) providers, notably Mencap, Craigmoor, and Leonard Cheshire Care have a small number of homes in the area. The remaining homes in North Somerset are provided by small private companies. Full details of all providers and their capacity are given as **Appendix 4** of this report

5.4 Day Services

Most of the day provision in North Somerset is provided by the Brandon Trust through a block contract for 260 people, which has operated from 2001 to 2008. The service is currently in the process of re-tendering.

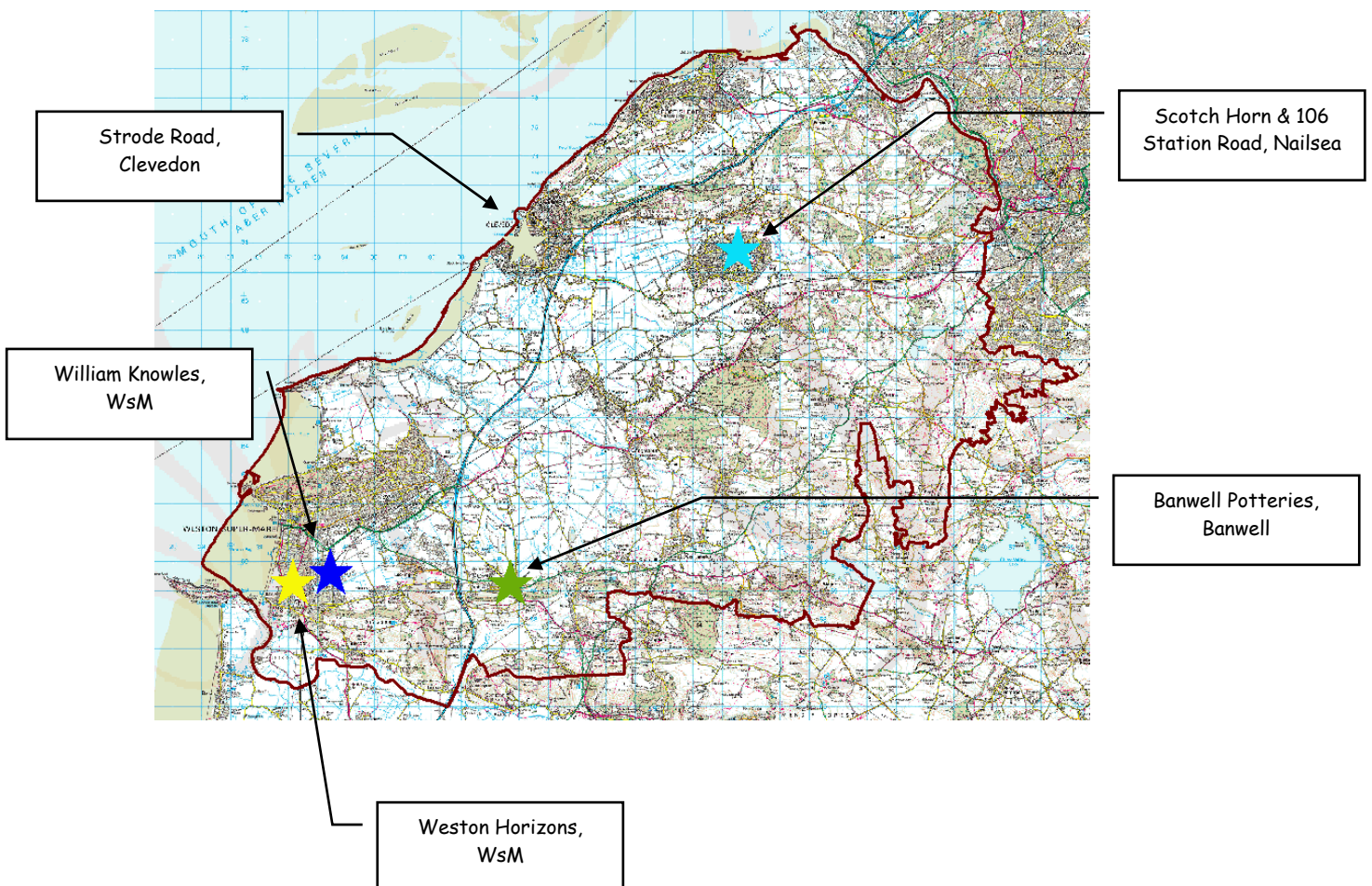
The current service operates across both the North and South areas of North Somerset. Details of the Brandon Trust’s community partners and the range of projects are given in **Appendix 5**

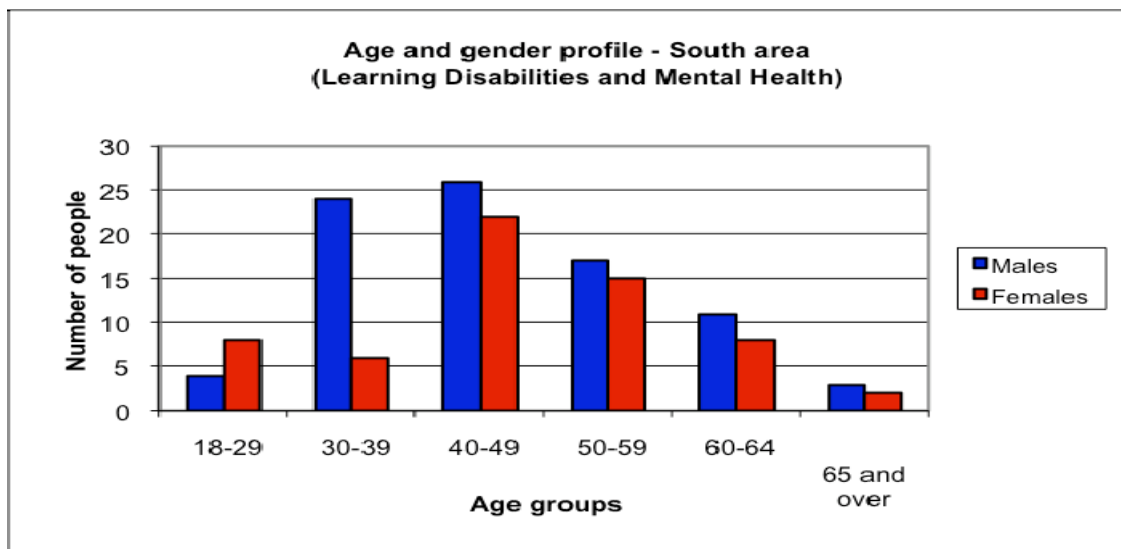
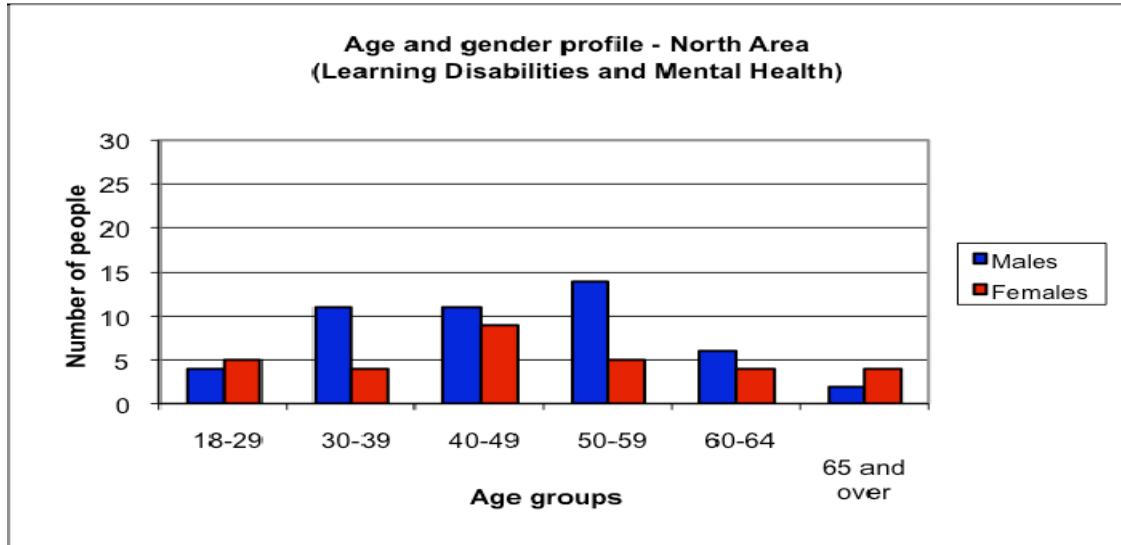
105 people currently use day services in the Nailsea and Clevedon areas and 151 people access services in Weston and Banwell.

Of the 256 people, 219 had a learning disability and 31 had a physical or sensory impairment.

The map below shows the location of the main Brandon Trust day provision centres. For Learning Disability North Somerset is divided into two areas- North and South

The subsequent charts show the North Somerset age and gender profiles of service users across all day provision. They incorporate those with physical or sensory impairment.





In addition there is a Community Teams Block Contract for 32 individuals provided across North Somerset. This provides an individualised day service for people and is usually delivered on a 1:1 basis. There are also spot purchase arrangements with 12 organisations; 6 charities and 6 private businesses who between them provide services to 25 individuals.

5.5 Supporting People

The Supporting People programme was launched in 2003 by central government to provide housing related support, and part of its function has been to help with transition to independent living. People with Learning Disabilities are among the groups that benefit from services provided through the grant; some people with learning disabilities can be helped where they may not receive other help from the Community Team. In North Somerset, supporting people services for people with learning disabilities are ranked second only to Older People services in the amount of the grant allocated.

The most recently available figures indicate that the grant is paid by the Supporting People Team to 8 Providers who in September 2008 provided housing support to 126 service users with learning disabilities. 37 of these service users are on the list of people known to the Community Team suggesting that 89 people with learning disabilities are not. It should be noted that providers include some of the larger providers of residential and nursing care (e.g. Brandon Trust, Freeways Trust).

The overall capacity within Supporting People funded schemes categorised as providing support to people with Learning Disabilities for the year 2008 can be summarised as follows:

46 units of accommodation were provided, as follows:

Amberleigh	14
Brandon	4
Keyring	6
Panayiotou	33
Salmon	2

78 units of Floating Support were provided as follows:

Abberleigh	20
Brandon	41
Freeways	14
Mencap	11

Plus 4 joint service units with the Brandon Trust

Making a total of 145 units

During 2006/07 there were a number of new service users categorised as learning disabilities, as follows:

New Users

Male	23 (2 from other areas)
Female	14 (2 from other areas)

5.6 The Community Team for People with Learning Disability

The team is made up of managers and specialist staff including a team specifically responsible for work with challenging behaviour. Its main responsibilities can be summarized as follows:

- Supporting people to have equal rights and responsibilities in society
- Supporting people to be as independent as possible.
- Helping people to speak up for themselves and have more choice.
- Supporting people's inclusion within society.
- Supporting family carers and staff in their caring role.
- Promoting equal access to health care at the point of delivery and through to aftercare.

The service works closely with other providers and with local advocacy services - notably North Somerset People First, and Your Say.

The team has been working to bring the client databases together from health and social services. This recently developed integrated database suggests 798 service users of whom 701 were actively in contact with the team. These figures, set against the estimated numbers for North Somerset earlier in this section suggest that there may be a significant number of people with learning disability not in touch with community based services.

An Equality Impact Assessment was recently undertaken on the Community Team, within the context of the ASC Review. The Assessment suggested a low take-up of people with learning disabilities from the BME population. The team is working closely with Somerset Racial Equality Council to raise awareness of what services can be provided. The service plan includes production of information in a variety of accessible formats. The plan includes proposed improvements to the web site.

Further information about the service, its aims and eligibility criteria is provided at **Appendix 3**.

Appendix 6 gives the team priorities for 2009/10

5.7 Employability project

North Somerset Council & NHS North Somerset, Weston College, Mencap, Brandon Trust, Freeways, North Somerset People First & Connexions have been developing alternative options for young people with learning disability to receive practical work training and life skills learning opportunities via an 'in-county' provision, linking with a local FE college and local organisations. Funding for this programme was obtained from the South West learning Skills Council.

This model links local area partners in Further Education, Social Services, the NHS Trust, and local providers of Day Service activities. The main long term-aim of the project is to provide a major facility for young people connecting education with work focused outcomes.

Building on the success of the first year in 2007/08 the project is now developing a vocational facility, and educational day-to-day provision by the Service Providers. A small residential provision will offer life skills training.

The project has a 3-year strategy to develop local specialist provision that will provide a highly efficient, cost effective and long-term solution for people with learning disabilities. The development plan for the training facility will identify viable business and property planning to provide a dual- location in-county provision (Weston super mare and Nailsea). Weston College & Mencap are leading the joint capital bid for the business facility and residential life skills training facility with full involvement from both North Somerset Council & NHS Trust to ensure their approval as future funders of the students.

5.8 Respite care

North Somerset provides short break respite care. To date this respite care has been largely concentrated in two main residential / nursing care homes at Albert Road, and Abberleigh House. In March 2009, 45 people with learning disability were using this provision.

26 of these were male (58%) and 19 female (42%). As to age range, the biggest group of service users were aged 18 to 30 years- (44%) and then 13 aged 30 to 40 (29%) and 11 aged 40 to 50 (24%)

More recently, Carers Grant has been used to provide 17 people with alternative short breaks option through one-off Direct Payments. This has been used to provide respite at home to give a break to carers and provide holiday breaks for service users.

In 2009, we will be opening a dedicated respite facility in the North of the district and will start a new adult placement (shared lives) scheme which will offer short breaks for people with learning disabilities. These initiatives will mean that we can offer a wider range of short break options and can move away from providing respite in existing care homes.

As will be clear from the service development proposals in section 6 a further development of day services, and a reduction in residential care will mean an increase in demand for respite care, notwithstanding the development of the Adult Placement Scheme

5.9 Parenting initiative

A special interest group was formed some time ago in North Somerset following professional concerns about the lack of 'joined-up' working on parents who have learning disability or a learning difficulty. Members of this group include professionals from the Community Team, children's services, social care, children's centres, schools, midwifery services, and support workers. The group's brief is to make links with other key professionals and to try to develop plans for service delivery that enable staff to utilise their skills in this setting as well as influencing practice and policy.

The main recent focus of the work has been planning for and setting up a parenting project for parents with a learning disability or difficulty. This work has been supported by a development worker and the relevant lead worker from the Community Team. 8 presentations have been made to a variety of teams such as the intake team, family support workers, health visitors, and casework teams.

The project has two aims:

1. To provide a supportive environment and networking opportunity for parents with a learning disability or difficulty.

2. A consultation exercise, to find out parents experiences of services and being a parent with learning disabilities or difficulties

The initial signs from the project are encouraging, in terms of referral and attendance at sessions.

The project will be evaluated later in 2009.

5.10 Service user and carer involvement

Good progress has been made to develop an effective carer network, with appropriate representation on strategy and planning groups. There is a regular newsletter and occasional conferences are facilitated to share information among the carer group - a recent example was a conference on autism.

There are currently 21 family carers involved in the planning, development and monitoring of services, mainly through the Learning Disabilities Partnership Board and the sub-groups of the Board. Carers also participate in consultation events such as the Fulfilling Lives Conference 2007, the 2008 Conference and a recent Health Self-Assessment day 2009. Carers have also been consulted closely on the development of the Transition Pack, which is referred to later in this section.

Consideration is being given to additional use of carer grant funding to support carers receiving additional breaks from their caring role.

For service users there is a standing group, but North Somerset, with the involvement of People First wishes to further develop its service user involvement as a priority, and this is reflected in the proposals outlined in section 6.

5.11 North Somerset's Health Self-Assessment and the implications for the Learning Disability service.

This assessment covered all health provision, and during the review a number of issues have been identified about improving service provision for those with learning disabilities. An assessment using the South West England Learning Disabilities format was completed in January 2009.

Some key areas for improvement were identified as follows:

- A need to put in place systems of identification on GP Registers for those with learning disability, by ethnicity and including carers.
- Improvements in Health Action Plans for those with learning disability.

- The importance of obtaining data on those with learning disability who need access to disease prevention, and health promotion. Plans will then need to be put in place, to ensure that services are delivered accordingly, and to the same level as the general population. (This collection of data will be collected as part of a wider team review of data collection, storage and use).
- Improved engagement by the primary care community in addressing and promoting the better health of people with learning disability. Training on these issues is shortly to be provided to GPs in North Somerset.
- Improvements in safeguarding policy.
- Improved experiences for people with learning disabilities and their carers when accessing acute services including consent, safe discharging procedures and preventing unplanned admissions.
- Better planning for the needs of older people with learning disability.
- Improvements in data collection on young people and adults within the autism spectrum, and better transition planning- a strategic inter-agency group has been set up in North Somerset to take this agenda forward.
- Improvements in the capacity of agencies to retain individuals with challenging behaviour within their services. At present data on this needs to be collected and a specific strategy will then need to be put in place to meet the needs of those with challenging behaviour.
- Improvements in access to mental health care of those people with learning disabilities who need specific mental health intervention.
- Improved work force planning.

Transforming Community (Health) Services (TCS) is a major objective for the Primary Care Trust (PCT) in 2009/10 and is one of the five work streams of the Joint Transformation and Commissioning Board. TCS aims to achieve an improvement in community services through a combination of service redesign (e.g. looking at care pathways or specific conditions); reviewing the range of services that could be provided in the community; reviewing particular service areas, and making recommendations about the future organisational structure of community services. The summary of this work will be published in a commissioning strategy for Community Services.

The Community Learning Disabilities team is currently an integrated service between health and social care and therefore is a significant part of the TCS agenda, Neither the PCT nor the local authority want TCS to interfere with progress made on service integration but TCS is an overarching strategic process that may influence the future structure and direction of all community

services including learning disabilities. Further details on TCS can be obtained via NHS North Somerset.

These identified issues are of great importance to the present strategy and should inform the proposals for the future identified in section 6 of this Commissioning Strategy.

5.12 Transitions

As identified earlier the need to improve transition from young people's services to adult provision is already well-recognised in North Somerset. An inter-agency Transitions Sub-Group has worked to identify a number of key priorities, which will need to be taken account of in implementing the Commissioning Strategy. The priorities for 2008/09 are:

Priority 1 *To obtain information about ethnic minority people with learning disability, and their carers, who will be in transition to adult services*

Priority 2 *To ensure that Health Action Planning is an integral part of each young person's transition.*

Priority 3 *To hold a Conference on transitions in North Somerset (this took place during 2008, and is to be followed by an annual Transition Road show)*

Priority 4 *To provide accessible information about transition (A Transition Pack and DVD are now in hand and will be launched in September 2009)*

Priority 5 *To develop within North Somerset services for young people with challenging behaviour who are currently placed out of area.*

Other areas of work include the following:

- A jointly funded post between Children and Young People's Services and NHS North Somerset to lead on work with children in special schools and their family or carers so as to promote awareness of housing options for young people with a learning disability.
- Work between the Children and Young People's Service and Connexions to develop a joint strategy on Person Centred Planning, Housing, Personalisation, employment and social activities.

A copy of the Transitions Action Plan is given as **Appendix 7** and the Transitions Resource Pack is **Appendix 8**

5.13 Challenging Behaviour

The issue of improving service responses to Challenging Behaviour needs to become an important priority within North Somerset. Policies and good practice guidance have been developed by the specialist services and other

key stakeholder groups across the region for dealing with relationship breakdown, and the North Somerset Community Team has also produced an Assessment Tool for implementation of good practice, which is reproduced as **Appendix 11**, together with a good practice checklist for Commissioners (**Appendix 10**). These initiatives, and others, need to be accompanied by planned and well-informed commissioning practices to ensure that local services meet national standards.

The Community Learning Disability Team maximises its available resources to work supportively with service-user's carers and providers to respond to challenging behaviour. Whilst the Team clearly has an important role to play in supporting local services to develop the competence to reduce placement breakdowns, prevent out-of-county placements and support individuals (already placed out-of-county) to return to North Somerset, it currently lacks the capacity to do so effectively. Investment in the Community Team needs to be prioritised (e.g. the Challenging Behaviour Team) to support the development of improved service competencies and increase the capacity of local services to respond to challenging behaviour.

The local Challenging Behaviour Team works intensively with service-users, carers and local services to develop sustainable support plans for individuals and also supports a range of service development initiatives such as a Challenging Behaviour training Consortium and strategic working groups relating to challenging behaviour services. Unfortunately the team is unable to routinely respond to urgent referrals and is required to operate a waiting list. This limits the support available to local services to respond to challenging behaviour in a timely and appropriate way. Similarly essential communication work is not being provided by the LD Speech and Language Therapy Team significantly undermining the support that local services receive in understanding and responding to challenging behaviour.

5.14 Summary

In planning future services in North Somerset, which meet the demands of new national agenda it is important that the priorities and gaps in service, which have been identified in this section are used as the basis for future planning. The main issues are as follows:

- ***A planned reduction in the use of residential and nursing care so that North Somerset can enhance its community provision and improve outcomes for more of its people with learning disability.***
- ***A wider and more flexible range of day provision***
- ***Further improvement in the range of housing and employment options for people with learning disability.***
- ***Improved access to mainstream health care***
- ***Improved transition from young people's to adult services***

- ***Improved capacity to cope with challenging behaviour***
- ***Increased support for those within the autistic spectrum, and more training for those in mainstream services***
- ***Better collection and use of data to inform the future planning of services and grater awareness of gaps in access to service, with particular reference to BME people with learning disability and their carers.***

SECTION 6 WAYS FORWARD – WHAT WE ARE GOING TO DO

6.1 Introduction

Earlier in this report the main outcomes which the strategy is intended to achieve were summarized as follows:

That people with learning disabilities will have the same opportunities as everyone else to:

- *Live as independent citizens in their own communities and to use the same facilities as everyone else*
- *Live in their own home*
- *Receive the same health services as everyone else*
- *Live with whom they choose*
- *Be supported by people they need and to have choices about who these people are*
- *Work and to earn a wage*

The proposals for change in this joint commissioning strategy are designed to achieve those outcomes. This report has analysed needs; identified the implications of national policy and research; considered the views of local people, and mapped out current service provision.

The Learning Disability Strategy Implementation Group has used this evidence to plan a number of key objectives which are all designed to help achieve the intended outcomes. Both North Somerset Council and NHS North Somerset are committed to working closely with service providers in an open and constructive way so that change can be achieved as quickly and effectively as possible.

The Learning Disability Strategy Implementation Group is accountable to the Joint Transformation and Commissioning Board and also has a link to the Learning Disability Partnership Board. The Implementation Group includes members who are linked to the Carers and Service Users Groups. It brings together those responsible within the Local Authority and NHS Trust for managing and planning services for learning disability in North Somerset.

In this section, there are several statements of intended action detailed under each objective. These intended actions are the agreed actions that the Strategy Implementation Group will jointly ensure take place.

The key objectives for developing services are as follows:

- Objective 1** A culture change programme within the network of services for people with learning disabilities in North Somerset.
- Objective 2** Earlier and Person Centred Planning (PCP) for those in transition from children's to adult services.
- Objective 3** Increased options for people to live at home that enable a planned reduction in the use of Residential and Nursing Care Homes.

These are ambitious objectives, but change is needed to improve North Somerset's provision in line with national policy and recognised good practice.

North Somerset spends approximately three quarters of its budget on residential and nursing care, and there is evidence from other authorities that a significantly lower proportion is possible, enabling a transfer of resources into improved care within the community. A planned reduction will need to be accompanied by development of new services, and the extension of some current initiatives. The rest of this section outlines the key objectives in more detail and outlines the main implications for change.

Objective 1 - A change in the overall culture and approach within the network of services for learning disabilities in North Somerset
--

This aim is over-arching and requires the development of a more integrated service. The culture of the modernised service will need to reflect the new rights and responsibilities for people with learning disability and their carers embodied in the change to individual budgets and increased personal choice.

Key issues will be the extent to which workers from different agencies can combine to deliver integrated care, and the willingness of specialist workers to support the performance of mainstream agency workers when they are dealing with people who have a learning disability.

Nationally and locally there is evidence that people with learning disability are disadvantaged in terms of health access. It will be important for this issue to be addressed as a priority within the Learning Disability Partnership. A poorer performance level on learning disability cases by the NHS against key targets is a concern and changing this will be a priority throughout the life of the strategy. We will work closely with the advocacy and advice agencies to ensure that service users and carers are aware of health and other issues and that they are supported in accessing key services.

NHS North Somerset Strategic Framework

This key action area for NHS North Somerset is set out in NHS North Somerset's Operational Planning process and set out in the NHS North Somerset Strategic Framework. The section for people with learning

disabilities is included below, the full document can be found on the NHS North Somerset website as follows:
<http://www.northsomerset.nhs.uk/Publications/default.asp>

NHS North Somerset Strategic Framework ambitions – Learning Disabilities

Fully implement Valuing People – a new strategy for learning disability for the 21st Century.

Each person with a learning disability will have full access to the physical and mental health care they need. The health care is to be based on a comprehensive annual health check, included in a personal health plan and checked by a primary care professional by 31 March 2009.

95% of general practices will be able to identify the people with a learning disability in the practice population by 31 March 2010.

People with a learning disability will have support to ensure they have the same access to screening services as everyone else. Screening rates for breast and cervical cancer will be increased year-on-year, towards the same uptake rate as the general population of 80% by 2013.

Develop services that actively promote health and prevent ill-health within the learning disability population of North Somerset.

Develop accessible information to ensure that people with a learning disability have fair and prompt access to health care across North Somerset.

Develop a signposting and support service for people with learning disability and their carers, to promote equitable access to the full range of services across North Somerset.

Promoting better self-care and treatment in a community setting or in people's homes to avoid hospitalisation wherever possible.

Challenge discrimination, and ensure equality of access and quality of services received.

Develop, promote and support the development of specific 'Pathways' to access mainstream services.

We will make sure all health staff receive training about supporting people with learning disabilities in a good way.

In January 2009, the Strategic Health Authority required completion of a self assessment of progress against health targets reflected in Valuing People NOW. This identified several areas requiring urgent action resulting in the development of an action plan to improve healthcare services for people with Learning Disabilities.

Significant progress has already been made following the self assessment, in particular in encouraging GPs to take up a Directed Enhanced Service (a service which attracts additional payment) to establish registers of LD clients on their lists and to carry out annual health checks and plans.

Mental Health and Learning Disability

The DoH has recently developed a “Green light” toolkit aimed at improving this situation. All too often people with Learning disabilities are dismissed as having “challenging behaviour” rather than having access to high quality mental health services. This is true for functional mental health problems but also dementia.

NHS North Somerset, the Local Authority and Avon and Wiltshire Partnership Trust conducted a Green Light exercise in June 2009. From this we are developing a specific action plan to meet the needs of people with Learning Disabilities who also have a mental health issue. Issues are similar to those about accessing services more generally and include measures to improve the integration of planning and commissioning between mental health and learning disabilities, better liaison between the two services; improving diagnosis and treatment and delivering a significantly improved patient experience.

The action plan from the Green light day will be incorporated into action plans for this LD strategy

What principles will we use?

- The rights of all people with learning disability must be respected, and similar respect must be shown to the rights of carers.
- ‘Staying where we are’ is not a viable option given Government policy and rising levels of need.
- Agencies and their staff are entitled to appropriate training to support the change process.
- Access to main stream services means that staff in those agencies are also obliged to respond to the needs of those with learning disability without disadvantaging them either intentionally or unintentionally. Such staff are entitled to training which enables them to support this aim.

How will we achieve this?

1. We will brief all stakeholders on the joint commissioning strategy and its implementation.
2. The Local Authority and NHS Trust will work closely together in partnership to implement the plan.
3. We will introduce a standard model of assessment, and a standard Quality Assurance framework.
4. We will commission development of a ‘whole system’ training scheme which will both develop specialist skills on whole system working, and also provide multi-agency training for workers from all relevant agencies operating in North Somerset, including Health, Social Services, and Criminal Justice.

5. We will undertake a self assessment and develop an implementation plan to deliver the recommendations in Valuing People NOW and the Strategic Health Authority's Learning Disability Performance and Self Assessment Framework.
6. We will tender for services against specifications, which require providers to demonstrate a commitment to these changes, and an ability to provide the relevant skill levels and capacity.
7. We will promote the use of personalised budgets supported by strong advocacy services.
8. We will ensure that our structures and decision-making processes all provide a sustained opportunity for service users and carers to influence policy and be part of the change process.
9. We will monitor the strategy implementation process carefully, and seek information about good practice from other areas.
10. We will work with providers in an open and transparent way and promote the development of the service market in North Somerset.
11. We will work to ensure that all other North Somerset strategies and policies take account of Learning Disability and that account is properly taken of Learning Disability in all impact assessment work within the authority.
12. We will ensure all Safeguarding adults incidents involving people with a learning disability in North Somerset are reported, investigated and actions taken as appropriate. We will also encourage providers to take up relevant training to develop best practice and prevention around Safeguarding.
13. We will ensure that information about ALL health services is available in a variety of formats and information about how to complain is available in a variety of accessible formats.
14. We will train all staff in Acute services to improve awareness of the needs of people with learning disabilities.
15. We will ensure that all staff within the Community Health Teams receive Learning Disability awareness training.
16. We will ensure all people with a learning disability are offered a health action plan, (and where appropriate linked to their Person Centred Plan) which has been initiated or checked by a primary care professional and is based on a comprehensive health check.
17. We will ensure people with a learning disability and mental health needs are able to swiftly access local mental health services when needed.

18. We will agree an interagency whole system strategy to address services to people with learning disabilities from ethnic minority groups and their carers.
19. We will ensure better engagement with people from black and other minority ethnic backgrounds to ensure that their views inform the planning and delivery of services for people with learning disabilities.

Objective 2 - Earlier and person centred planning for those in transition from children's to adult services
--

The mapping of services and the needs assessment covered earlier in this strategy suggest that there is potential to improve transition arrangements in learning disability services. Earlier and more effective contact with families by children's services and adult learning disability services should increase the uptake of ILF by service users and encourage better forward planning. This is very important, not only as an improvement to the transition experience for service users and families, but also because it enhances the prospects for community based care packages and reduces the likely need for residential provision.

What principles will we use?

- Early engagement with Carers and Service Users.
- A holistic approach, which fully involves both the individual and their family.
- Putting the service user at the centre of the planning process to deliver realistic person centred plans.
- Adopting comprehensive planning processes along with a commitment to communicate appropriately and unambiguously.
- Collaborative working between agencies
- Priority for supported living within the community.

How will we achieve this?

1. We will fully engage with Children's services to identify a strategy (and resources) that delivers the shared vision to ensure every young person aged 14 and above has a person-centred plan that identifies their eventual housing option. It is important to recognise that non-disabled young people are tending to stay in the family home for longer than in the past because of financial and housing constraints. This factor needs to be recognised when planning services for young people with learning disabilities to ensure that they are not feeling pressured into making choices about independent living and taking them away from the family home before they are ready for this.
2. We will commence a joint planning assessment in all cases, involving Children's and Adult services, the young person and their family, as soon as possible after their 14th birthday. The plan will be Person-Centred, and will include a full explanation of the options, as well as advice on individualised budgets. The plan will then be reviewed on an annual basis and developed as necessary.

3. Each plan will:
 - Pay special attention to the development of a community- based package of choices.
 - Aim for as much continuity as possible.
 - Deal with accommodation need, education need, training need and employment need.
 - The transition process itself will be timed carefully to suit the individual situation.
4. We will provide a specified worker within the Learning Disability Team who will take the lead on integrated planning in partnership with identified workers in the NHS North Somerset and Children's Service.
5. We will develop services for those within the autistic spectrum, including a training programme for staff in mainstream services. All relevant staff will have the necessary training by the end of 2010.
6. We will ensure that contracts with providers include a specification to respond where required to the needs of those within the Autistic Spectrum.

Objective 3- Increased options for people to live at home that enable a planned reduction in the use of Residential and Nursing Care Homes.

Our learning disability service has relied heavily upon residential and nursing care, both in the NHS and in the council. This has reduced choice for service users. Whilst care homes provide invaluable personal and nursing care, and will continue to do so, the balance of service between registered residential and nursing care, supported living, adult placements and living in their family home needs to be altered within the next three years.

The earlier sections of this report show that many people who live at home depend on the support of older carers, as the ability of those carers decreases over the years, other housing and support structures will need to be in place to enable people to remain living in the community. The plans within the strategy for enhanced and more flexible provision will help, together with a wider range of accommodation and the introduction of the Adult Placement (Shared Lives) scheme. **Appendix 9** 'Supported Living Options Explained' offers an explanation of the various supported living options all of which can be commissioned using a personalised budget.

The needs assessment, market mapping and consultation exercises described within this commissioning strategy point to a need both to modernise and extend day facilities for people with learning disabilities in North Somerset. These aims reflect both government policy and the planned need for an increase in provision stemming from an increase in prevalence and a reduction in the use of residential and nursing home placements.

The Government wishes to see a greater emphasis on individualised and flexible services, which will support people in developing their capacity to do what they want. This includes social contact, skills development for employability and an improvement in support from the wider community. The ultimate objectives must be to provide day opportunities, which enable people to have life patterns similar to other community members. That means such things as employment, education, access to being a volunteer, socialising and a full range of leisure activities. As expenditure in North Somerset on Learning Disabilities has been lower than many authorities, and a high proportion of available resources has been spent on residential placements the need for modernised day opportunities is especially important.

Having more people with learning disabilities living within the community, particularly those with complex needs will inevitably demand additional community health resources. This applies not only to nursing and the provision of equipment, but will also increase the demand for community based speech and language therapy, physiotherapy and occupational therapy services. The national development of personal health budgets and the new guidance (2009) for Continuing Health Care (CHC) may provide greater options for individuals in the future.

What principles will we use?

- Equality of access to mainstream service and the responsiveness of services for people with a learning disability will be a guiding principle.
- Especially as individual budgets are introduced we will regard access to good advocacy services as a key priority.
- Carers and Service users will play a central role in making change possible and will be fully involved in the planning, implementation and running of support networks that are established.
- An emphasis on individual choice within a menu of opportunities, in accordance with move towards direct payment on an individualised basis.
- Availability of information about opportunities, and co-ordinated services.
- Employment is an important option wherever possible, but leisure and a social life are just as important to everyday life.
- We will seek to learn from existing schemes.
- We will jointly plan for any impact on core Health services such as GPs or community nursing on a move to more supported living

In achieving a planned reduction in residential and nursing care some important principles will be followed:

- Decisions will be based on assessed need.
- Within the personalisation agenda the preferences of individuals and their families will be central to decisions on care.
- Individual packages of care will be planned for those moving from residential or nursing care.

- In all cases where consideration is being given to new cases with complex needs the starting point will be the need to develop a community based care plan.

How will we achieve this?

Accommodation

1. In future the learning disability service will only commission residential and nursing care for people with high levels of need where alternative accommodation cannot be developed. We will aim to help more people live in their own homes and have greater choice and control over where and how they live.
2. Evidence would point to a number of people currently in residential care who may not need assistance with personal care as well as individuals in transition and currently living in the family home who could be diverted from traditional models of care. Work will continue to develop and offer individuals alternatives models of accommodation based on person centred principles.
3. We will review all out of area placements to establish whether more local provision or a community placement would be possible for people in residential or nursing homes outside North Somerset.
4. Estimated savings from a reduction in placements in Residential and Nursing Care by 50 people by April 2012 and a further 30 by April 2015 would lead to the savings shown in the table below; the assumption is that on average a care package provided in the community will cost £100 per week less (over time) than a placement in a care home.

Year	Saving
2009/10	*275,000
2010/11	80,000
2011/12	80,000
2012/13	78,000
2013/14	78,000
Total	£591,000

** Includes £200K savings identified in the learning disability Transitions Housing Initiative.*

We will use savings to support people in their own homes and within the community by, for instance, developing an Adult Placement Scheme, increasing the availability of supported living, improving transitions from children's to adults services, and developing home equipment services.

5. We have already appointed a joint Housing and Learning Disability post, within Housing Advice Services. This worker is responsible for raising awareness of options and supporting the development of a different range of housing and supported living options.
6. We will continue to work with established Registered Social Landlords, to make better use of generic housing, extra care housing and shared

ownership schemes, thereby avoiding the financial barriers caused by the Turnbull judgment, which ruled that when support was provided through a third party agency the exemption from the market rate for rent would not apply.

7. We will ensure all housing developments are based on a "life long homes specification.
8. We will work cooperatively with partners to maximise funding streams such as Housing Benefit, Independent Living Fund and Supporting People to ensure value for money and establish good quality supported living.
9. We will build on existing work with Liberata to find solutions to address specific issues around Housing Benefit eligibility for people with learning disabilities e.g. the need for sleep in rooms.
10. Providing appropriate housing for people with a learning disability is a challenge in the current housing market of high demand. Although most people with learning disability will not require significant adaptations to their property, this is necessary for those with higher levels of need who may have physical or sensory disabilities. The Adult Social Services and Housing Directorate will work on an annual joint bid to the capital board for matched funding to the Homes and Communities Agency, and it is expected that this would yield £100,000 per year for a period of five years.
11. We will promote and develop opportunities for private rental schemes where appropriate security of tenure and value for money can be established.
12. We do not currently have an Adult Placement (Shared Lives) Scheme. Other authorities that have reduced their reliance on care homes have stressed the importance of such schemes as an alternative to long-term institutional care. We will invest in the development of a Shared Lives Scheme, modelled on the good practice guidance produced by the National Association of Adult Placement Services (NAAPS).
13. We will implement processes to ensure long term planning of individuals housing needs, at least 5 years in advance, takes place. This will enable accurate mapping of need that will inform the strategic development of the affordable housing programme.
14. We will work with Providers, where appropriate, to change their existing provision to models of supported living, where individuals hold their own tenancies and the care and support is provided to meet individual need. We acknowledge the need to ensure close collaboration with the range of providers in North Somerset to effectively manage the market to avoid destabilisation.

Support to Carers

15. Support for carers is crucially important, and the strategy will build on the improved liaison and co-ordination of recent years by providing more opportunities for respite care, especially for those dealing with challenging behaviour. We will ensure availability of short breaks within the Adult Placement (Shared Lives) scheme and progress the opening of a dedicated respite service in the north of the district.
16. We will further develop the support network for carers, and ensure an extension of respite care and carer breaks.
17. We will develop care planning so that those living at home with older parents have their needs assessed and extra support provided, including any necessary equipment.
18. We will maximise the use of Telecare equipment to maximise independence for service users and carers when planning care packages.

Day Services

19. We will modernise and extend day facilities for people with learning disabilities in North Somerset. Provision will be planned to span a wider range of hours to facilitate the take up of leisure choices similar to that of the general population.
20. We will develop more flexible services, which makes use of mainstream provision whenever possible.
21. We will retain two main centres, one each in the North and South of the area but also develop a range of smaller and diverse community facilities. We will fully involve service users and carers in the planning of these services. The importance of the main centres in providing a respite service is acknowledged and we will maintain this capacity.
22. We will take opportunities to develop day services currently provided within Care Homes that enable people to access meaningful activities during the day as well as social activities within their local communities with the aim of moving away from the traditional day care model.

Training & Employment

23. We will develop and extend the range of employment preparation initiatives, such as work tasters/experience; job coaching, support and other employment related opportunities.
24. We will continue to develop existing and emerging social enterprises, for example the Banwell Potteries, Town Hall canteen, and Hutton Moor Allotments.
25. We will seek development of life skills opportunities within further and community education, and will develop opportunities for people with learning disability to access mainstream volunteering.

Transport

26. We will ensure a greater choice and flexibility in the provision of transport services; we will review the use of public transport, encourage volunteer support to enable wider use of public transport and explore links with the voluntary sector to provide more flexible options for people with learning disabilities.

Health Services

27. We will assess the impact of these changes on core services to ensure management plans are developed where the impact cannot be managed within existing resources.

28. Where service users move to supported living schemes, we will develop protocols with the local GP to register LD clients on their lists and ensure annual health checks carried out and their care pathway are tracked.

29. We will ensure that reasonable adjustments by health care professionals are made to enable services users and carers to access high quality health care services.

30. We will ensure that all staff within the Community Health Teams receive Learning Disability awareness training.