



BEDFORD
BOROUGH COUNCIL



Bedfordshire Clinical Commissioning Group

Joint Commissioning Strategy for People with Learning Disabilities 2013 -2017

December 2013

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Foreword

Many people with learning disabilities in Bedford Borough lead full and rewarding lives with support from family and friends. They enjoy individualised support towards their employment aspirations. Many live in a place of their own with personalised support. Many enjoy and benefit from meaningful day opportunities, attend leisure, culture and sport activities.

However it is also the case that people with learning disabilities and their carers need continuing support to achieve their full potential. Bedford Borough Council and Bedfordshire Clinical Commissioning Group (BCCG) are responsible for commissioning good quality, efficient and personalised health and social care services for people in the Borough. We have a duty to make sure that people with learning disabilities lead healthy lives, work if they want, and have a secure place to live.

You are reading our Joint Commissioning Strategy for People with Learning Disabilities in Bedford Borough. This builds on the previous 2010/13 strategy of BBC and NHS Bedfordshire (which BCCG has now replaced) in reviewing current services and planning for the future. The aim is to help everyone to have as independent and fulfilling life as possible.

We are grateful for the support of all the local people who helped drive this strategy through their involvement in the Learning Disabilities Partnership Board and public consultation events. They helped us understand what is really important to people with learning disabilities in Bedford Borough.

We have produced this strategy in challenging economic times, both nationally and locally. It is therefore important that services are provided in the most effective and efficient way and resources are targeted upon investing in services which have proven outcomes and deliver a measureable improvement to the health and wellbeing of people with learning disabilities.

With challenge comes opportunity. We will take the opportunity to do things differently with the significant resources that remain available to us and we will make changes to transform the way services are delivered over the next four years. This will mean concentrating more on prevention and early intervention for those who are eligible for services.

This strategy is the result of extensive consultation with user and carer groups and the targets within this joint commissioning strategy underline our commitment to providing services which promote health and wellbeing, social inclusion and choice for people with learning disabilities.

Frank Toner
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Executive Summary

This is the Joint Commissioning Strategy for People with Learning Disabilities from Bedford Borough Council and Bedfordshire Clinical Commissioning Group (BCCG). It will be delivered in line with the Strategic Action Plan on pages 42-54. Over the four years of the strategy we will review the Strategic Action Plan annually to incorporate any changes to government policy and/or local priorities. We will continue to invite feedback from local stakeholders.

The strategy demonstrates our continuing commitment to supporting people with learning disabilities to have maximum independence, choice and control in how they live their lives. It will drive commissioning, planning and decision making processes for people with learning disabilities in both Bedford Borough Council and BCCG.

The vision for people with learning disabilities in the Borough is;

‘To provide excellent, safe, sound, supportive, cost effective and transformational services for people with learning disabilities that promote independence, well being, and choice and are shaped by accurate assessment of community needs.’

We will bring this vision closer by improving outcomes for people with learning disabilities in five strategic domains between 2013 and 2017. By 2017 people with learning disabilities should be able to say:

1. I am healthy
2. I can really choose where I want to live
3. I can work if I want to or have variety of alternative opportunities
4. I am supported by excellent and safe services
5. I can make a contribution to checking and planning services

Learning disability is a label. Every person with a learning disability is a person first. Many people with learning disabilities also have physical and/or sensory impairments. Many people with autism also have learning disabilities.

There are approximately 2920 adults with learning disabilities in Bedford Borough. This number will grow in the coming years. Two main factors are combining to produce this. Firstly more children born with very complex needs are surviving into adulthood and secondly life expectancy for people with learning disabilities is increasing.

Many adults with moderate or severe learning disabilities live with a parent. This places a considerable care responsibility upon parents, particularly as they get older with possibly failing health.

Bedford has one of the most ethnically diverse communities in the eastern region and is home to people from an estimated 60 countries, including large Italian and Asian populations.

We have made considerable progress in modernising services for people with learning disabilities since our first Joint Commissioning Strategy in 2010.

- We have modernised day services, short break services, and supported employment services

- We have increased the number of people with learning disabilities living in the community
- We increased the uptake of health checks by people with learning disabilities
- We have introduced learning disability health facilitation team, including an learning disabilities liaison nurse in Bedford hospital
- We introduced a new Transition Protocol and Multi Agency Assessment Tool (MAAT) to help people with learning disabilities move into adulthood with appropriate support in place.

This Joint Commissioning Strategy builds on the progress so far.

We will be implementing this strategy for all people with learning disabilities in our Borough and will monitor carefully the difference it is making for people with learning disabilities from all our diverse groups.

In summary this strategy will drive a partnership approach to developing support for people with learning disabilities in the Borough and sustaining the best possible quality of life for them and their families.

Introduction

This is the Joint Commissioning Strategy for People with Learning Disabilities from Bedford Borough Council and Bedfordshire Clinical Commissioning Group (BCCG). It demonstrates our continuing commitment to supporting people with learning disabilities in ways that maximise their choice and control. It will drive commissioning, planning and decision making processes for people with learning disabilities in Bedford Borough Council and BCCG.

We will strengthen the commissioning relationship between BCCG and Bedford Borough Council to make best use of resources. This will include more integrated commissioning, contracting, monitoring and reviewing arrangements, and the development of constructive relationships between service users and carers, commissioners and providers leading to effective market management.

Vision

The vision in Bedford Borough for learning disability is;

‘To provide excellent, safe, sound, supportive, cost effective and transformational services for people with learning disabilities that promote independence, well being, and choice and are shaped by accurate assessment of community needs.’

Delivery

This strategy will be delivered through annual action plans. During the life of the strategy we will continue to consult and invite feedback to ensure the annual action plans reflect any changes to local or national priorities.

Our challenge is to deliver on specific learning disability requirements and ensure learning disability is included in the delivery of mainstream health and social care services. This will require an integrated approach across all agencies with a role in the health and wellbeing of the Borough. BCCG and Bedford Borough Council have the key roles in driving this strategy forward as active partners in the Bedford Borough Partnership.

However, neither the Borough Council nor BCCG can improve health outcomes and local quality of life alone. A range of public, private and voluntary organisations also need to work more effectively together in order to tackle the challenges facing the Borough, integrating services for the benefit of those that need them. To this end, a wide-range of stakeholders have come together as the **Bedford Borough Partnership** to identify what needs to be done and then take action to make sustainable improvements.

The Bedford Borough Partnership is committed to:

- Increasing healthy life expectancy and tackling health inequalities
- Ensuring access to high-quality health and social care services and enabling people to maintain their independence for as long as possible
- Improving employment opportunities
- Ensuring access to high quality education and promoting skills development
- Tackling poverty
- Encouraging a high-quality natural and built environment
- Tackling drug dependency and alcohol misuse

- Supporting people and communities so that they can play a full part in the cultural, sporting and civic life of the Borough

Bedford Borough's Sustainable Community Strategy (2009-2021), outlines a series of goals organised around seven themes which will be delivered in order to make a step change in people's quality of life¹.

One of the themes, 'A Healthy Borough' sets out the following goal:

“A Borough where everybody has access to high quality health and social care services when they need them and the help they need to lead healthy and independent lives”

This goal is underpinned by six aims:

Aim 1: Increase healthy life expectancy for all across the Borough.

Aim 2: Reduce health inequalities by focussing effort on deprived areas and increasing opportunities for healthier lifestyles.

Aim 3: Improve help and advice to vulnerable adults and people with mental health needs to enable them to continue living in their own homes and so maintain their independence for as long as possible.

Aim 4: Transform adults social care services by improving access, choice, control and advocacy for users and carers through the provision of self directed care.

Aim 5: Improve dementia services by raising awareness and understanding and providing earlier diagnosis, intervention and higher quality of care.

Aim 6: Improve the safeguarding and wellbeing of vulnerable adults and people with mental health needs.

Improving Outcomes for People with Learning Disabilities

Translating the aims of 'A Healthy Borough' into better outcomes for people with learning disabilities needs is what this strategy is all about.

People with learning disabilities in Bedford Borough should be able to say:

- I am healthy
- I can really choose where I want to live
- I can work if I want to or have variety of alternative opportunities
- I am supported by excellent and safe services
- I can make a contribution to checking and planning services

This Joint Learning Disability Strategy complements the Borough's Sustainable Community Strategy, Health and Wellbeing Strategy, the Bedford Borough Adults Services Plan, and the Bedford Borough Children and Young Peoples Plan by providing the

¹ More details about these goals and aims and the work of the Partnership, can be found at www.bedford.gov.uk

strategic direction which the Borough Council, BCCG and partners will follow in order to impact on and improve the health and well-being of people with learning disabilities needs in the Borough.

Definition of Learning Disability

The term learning disability is a label. Everybody who carries that label also carries many other labels - friend, brother, employee, mother and so on. Every person with a learning disability is a person first.

A learning disability means the person will have difficulties understanding, learning and remembering new things, and in generalising any learning to new situations. Because of these difficulties with learning, the person may have difficulties with a number of social tasks, for example communication, self-care, awareness of health and safety.

The words, mild, moderate, severe and profound are also used with learning disability. In the UK, the Department of Health has used the terms moderate, severe and profound. These have been linked to IQ test scores.

Within mental health legislation, the Criminal Justice System, and in relation to Social Security Benefits, other terms may be used to describe people with a learning disability. This means that someone who fits the definition for one piece of legislation may not be covered by another piece of legislation.

Learning disability² includes 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);
- which started before adulthood, with a lasting effect on development.

The presence of a low intelligence quotient, for example an IQ below 70, is not, of itself, a sufficient reason for deciding whether an individual should be provided with additional health and social care support. An assessment of social functioning and communication skills should be taken into account when determining need.

Many people with learning disabilities also have physical and/or sensory impairments. The definition covers adults with autism who also have learning disabilities, but not those with a higher level autistic spectrum disorder who have average or above average intelligence – such as some people with Asperger's Syndrome.

'Learning disability' does not include all those who have a 'learning difficulty' which is more broadly defined in education legislation. Many people who have the label 'learning disability' actually prefer the term 'learning difficulty'.

² Department of Health (2001). *Valuing People*. London: The Stationery Office

Chapter 1: Learning Disability in Bedford

Bedford Borough Demographic Information

- 1.1 Bedford Borough's population rose from 148,100 in 2001 to 157,800 in 2011, an increase of 6.5%. Growth was concentrated in older age groups, including a 26% rise in the number of people aged 80+. Younger age groups increased by much smaller amounts, with 0-19 population rising by just over 4% since 2001.
- 1.2 While the Borough's total population is forecast to increase by approximately 8% between 2011 and 2021, the older population is forecast to increase at a much higher rate with the 65+ and 80+ age groups both rising by almost 30%. This increase is not predicted for people with learning disabilities who are 65+. There will be 17.2% increase of people with learning disabilities who are 65+.
- 1.3 The number of births in Bedford Borough rose significantly in 2008-2011 compared to earlier years, with much of the increase attributable to mothers born outside the UK who accounted for 31.5% of births in 2011.
- 1.4 Bedford Borough has an ethnically diverse population. The 2011 Census indicates that 28.5% of the population was from black and minority ethnic groups (BME), compared to 20.2% nationally (and just 13.9% when London Boroughs are excluded). The BME population increased by 16,400 between 2001 and 2011.
- 1.5 The BME population is extremely diverse and the Borough ranks in the Top 100 of 348 English local authorities in the proportion of its population in 15 of the 17 minority ethnic groupings – the two exceptions are the Gypsy or Irish Traveller and Chinese ethnic group.
- 1.6 The BME population is concentrated in the urban area of Bedford and Kempston with particularly large BME communities in Queens Park and Cauldwell Wards.
- 1.7 In the most deprived areas of Bedford Borough, life expectancy is considerably lower than in the least deprived areas. Inequalities in life expectancy places Bedford Borough in the worst 20% of local authorities in England, and average life expectancy is significantly lower than the East of England average. Vulnerable groups also experience poorer health and lower life expectancy than the average.

Number of People with Learning Disabilities in Bedford Borough

- 1.8 The prevalence of learning disabilities will increase in line with population growth (please see tables 1 and 2). There will also be a growth in the complexity of disabilities due to:
 - Improvements in maternal and neonatal care
 - Increasing prevalence of foetal alcohol syndrome
 - Increasing numbers of adults from South Asian minority ethnic communities where prevalence of learning disability is higher
 - Improvements in general health care for adults leading to increased life expectancy

Table 1 Number of people with learning disabilities between 18-64

Population predicted to have a learning disability by age group	2012	2014	2016	2018	2020
18-24	388	401	400	389	381
25-34	518	535	550	570	585
35-44	542	535	543	554	564
45-54	525	545	559	558	552
55-64	408	411	420	446	469
Total population aged 18-64 predicted to have a learning disability	2,381	2,428	2,473	2,516	2,551

Source: PANSI, 2013

Table 2 Number of people with learning disabilities aged 65 and over

Population predicted to have a learning disability by age group	2012	2014	2016	2018	2020
65-74	292	316	334	345	348
75-84	177	182	184	193	205
85 and over	70	76	84	90	98
Total population aged 65 and over predicted to have a learning disability	540	574	602	628	652

Source: POPPI, 2013

- 1.9 Mild to moderate learning disability is linked with poverty, and rates are higher in deprived and urban areas. Therefore we can reasonably expect numbers of adults with learning disabilities to be concentrated in Bedford Borough within wards of higher deprivation, such as:
- Castle
 - Cauldwell
 - Goldington
 - Harpur
 - Kempston North
 - Kempston South
 - Kingsbrook
 - Queens Park
- 1.10 We expect the population of learning disabled 65-74 years olds to increase by 16.4% by 2020. Overall increase of people with LD over 65 is 17.2% by 2020.
- 1.11 The number of people with learning disabilities aged 75+ will remain small, but the challenge of providing quality service for this group should not be underestimated.
- 1.12 People in Bedford Borough aged between 18 and 85 are predicted to have the following learning disabilities:

Table 3 Complexity of learning disabilities in Bedford Borough

	2012	2014	2016	2018	2020
Moderate or severe learning disability, and hence likely to be in receipt of services	607	625	641	655	667
Severe learning disability, and hence likely to be in receipt of services	142	145	148	151	154
Moderate or severe learning disability and be living with a parent	200	206	210	213	216
Down's syndrome	62	63	64	66	66
Challenging behaviour	44	45	46	46	47

Source: PANSI, POPPI 2013

1.13 Many adults with moderate or severe learning disabilities live with a parent. This places a considerable care responsibility upon parents, particularly as they get older with possibly failing health.

Transitions from children services to adult services

1.14 Managing transitions from children's to adult services is critical to minimising new residential placements as significant demand is anticipated in the next few years.

1.15 The Learning Disability Partnership Board reports that 69 children with LD aged 14-18 are expected to move. The Learning Disability to adult services i.e. a minimum of 14 per year for the next 5 years (2011-2016).³

1.16 Of these, 22 are currently supported in specialist residential educational settings. These are at high risk of becoming new high cost residential clients unless their transitions are carefully planned and managed.

1.17 Forward planning for transition is already critical and this must remain a priority for the future.

What is the Joint Strategic Needs Assessment (JSNA) telling us?

1.18 Key issues affecting people with learning disabilities include discrimination; poverty; low choice and quality of housing; social exclusion; low education and employment opportunities; difficulties with access to transport and services; lack of support for independent living; lack of support with parenting and caring roles.

1.19 The JSNA provides range of recommendations to improve local services for people with learning disabilities. The three top priorities are:

- Improve the health and wellbeing of people with a learning disability and their carers.
- Improve Annual Health Checks, Health Action Plans and Equity of care and treatment in all settings.
- Provide community housing options for people with learning disabilities. This includes strategic local housing planning for young people in transition.

1.20 For full detail of recommendations please follow this link:

³ Learning Disabilities Partnership Board Self-Assessment, 2012

www.bedford.gov.uk/health_and_social_care/bedford_borough_isna/adults_and_older_people/vulnerable_groups/learning_disability/what_is_this_telling_us/what_should_we_be_doing_next.aspx

Learning Disabilities Profile for Bedford

1.21 Learning disabilities profiles are reports for the local area. They are used by planners in health and social services. They are also useful for self-advocates and family carers. The Bedford Borough profile can be found here:

www.improvinghealthandlives.org.uk/profiles/index.php?view=E06000055

1.22 Bedford Borough went through major service redesign between 2010 and 2013 and many parts of the profile are not up to date.

1.23 However, when we apply current knowledge to the set of indicators in the profile, it is still possible to identify areas for improvement:

- Identification of children with learning disabilities at school. This is important to prevent further health and social crisis
- Support and identification of people with learning disabilities within mental health services
- Number of people with LD in employment
- Number of people in receipt of direct payments

Learning Disabilities Partnership Board Reports

1.24 The Bedford Borough Learning Disabilities Partnership Board reported annually on its work since 2010 to the Strategic Health Authority. The most up to date return was completed in 2012, therefore some of the tables below contain 2012/2013 projections. These reports give a valuable summary of work.

- Number of young people (14-17) with a learning disability who are known to the Local Authority social care services as at 31st March 2012:

365 (91 = 24.9% belong to black and minority groups)

- Number of adults (18-64) with a learning disability who are known to the Local Authority social care services as at 31st March 2012:

504 (103 = 20.4 % belong to black and minority groups)

- Number of people 65+ with a learning disability who are known to the Local Authority social care services as at 31st March 2012:

35 (0 from black and minority groups)

1.25 Adults aged 18 and over with learning disabilities (known to social care) have a personal budget:

2009/10	2010/11	2011/12
81	105	165

The total number of people with learning disabilities and their carers who are receiving personal budget in 2012/2013 is 315 (59.8%). The number is correct at the time of writing this document.

- 1.26 How many adults with learning disabilities were eligible for an annual health check, and how many received one:

Year	2009/2010	2010/2011	2011/2012
Eligible	408	303	549
Received	29	204	449

Where people live

- 1.27 There has been a clear national policy drive away from residential care for people with learning disabilities. The Borough has 166 people placed in residential care, 54 are placed in residential care outside of the Borough of Bedford.
- 1.28 The number of people with learning disabilities living in their own home or with family.

2009/2010	2010/2011	2011/2012
290	290	316

The number of people in settle accommodation in 2012/2013 is 353 (67.1%). The number is correct at the time of writing this document.

Employment

- 1.29 Working as a paid employee or self-employed and not in unpaid voluntary work

16 and less hours	2009/2010	2010/2011	2011/2012
	10	20	12

16 and more hours	2009/2010	2010/2011	2011/2012
	5	0	16

- 1.30 In unpaid voluntary work only

2009/2010	2010/2011	2011/2012
5	40	31

1.31. The outcomes for 2012/2013 (at the time of writing this document) were at 4.18% of adults with learning disabilities know to local authority in employment.

Number of LD Clients in Paid or Self Employment = 4.18%	Number of clients	Breakdown of hours	Current Paid or Self Employment
Currently in Paid or Self Employment	22	LD - Paid Emp 0-16 hours pw	15
Currently in Unpaid Voluntary	49	LD - Paid Emp 16 + hours pw	7
Total Number of LD Clients	526	Total	22

Source: Bedford Borough Council Adult Social Care Dashboard

National Commissioning for Quality Learning Disability Health Self Assessment

1.32 The Health Self Assessment Framework is a list of questions that help areas check how their health services are meeting the need of people with learning disabilities and their family members. It is completed annually.

1.33 The questions are split into 3 standards. These are:

Access to Health

- making sure we have the right information about people and that people are being supported to manage their own health.
- questions about whether services are making reasonable adjustments

People With Complex Needs

1.34 This is about those people who might need a lot of support to lead their life. This includes:

- People who have profound and multiple learning disabilities.
- Autism
- Challenging behaviour
- People who use mental health services
- Older adults
- People with dementia
- People in the criminal justice system

Safeguarding, Governance, Assurance and Quality

1.35 This section is mostly for commissioners – people who plan services. The 2012 self assessment identified actions to be taken in the following areas:

- Identification of people with LD across health system and public health screening programmes
- To improve the engagement of people with a Learning Disability in recruitment, training, and monitoring of services

1.36 Conclusions of future annual self assessments will be integrated with the annual action plans and complement this strategy.

Alder Review

1.37 In 2012 Bedford Borough Council along with all other local authorities in the East of England took part in the Alder housing review exercise supported by the Strategic Health Authority.

1.38 The main recommendations of the Alder review for Bedford Borough Learning Disabilities Strategy were:

- Reduce the use of residential and other 24/7 staffed models of supported living
- Develop a range of cost effective community based alternatives to 24/7 support
- Further review high cost packages to ensure packages of care are “right sized”
- Review contracts to minimise double funding for care home residents who also attend day care
- Deploy assistive technology more widely
- Continue to seek access to Continuing Health Care funding for individual cases where appropriate

1.39 The Alder review also introduced the “progression pathway” (please see Figure 2 for details). To develop and deliver a “progression” focused strategy it is vital to ensure that:

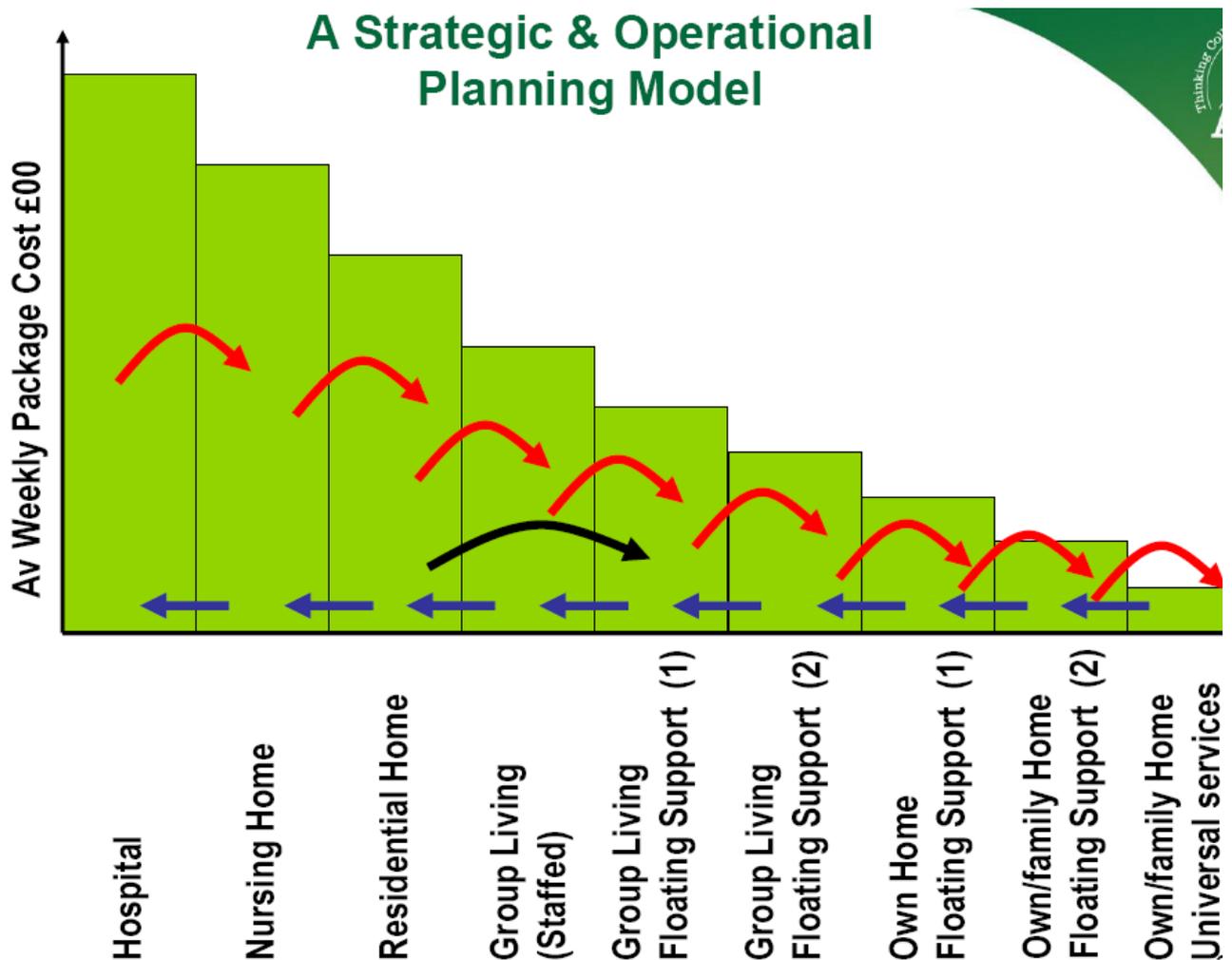
- Strategy is evidence based. This implies a “step” change in the quality of financial and activity information that is available.
- Services that form the pathway to independent living are adequately resourced and consistently deliver “progression” focused support.
- Professional practice and culture always focuses on how to help individuals to progress and to become more independent.

1.40 Main principles of the progression pathway for Bedford Borough are:

- Imaginative and positively challenging care planning which promotes independent living
- Focus on goal setting and evaluations of agreed goals to encourage people with learning disabilities to “move on”
- Strategic transitions planning preventing residential admissions
- Strategically shaped market for accommodation and support services
- Imaginative use of assistive technology
- Care reviews promoting independence leading to opportunities for people with learning disabilities to progress
- Positive risk taking which prevents over servicing in residential and supported living models

The Alder review recommendations and progression pathway have been integrated into the Strategic Action Plan on pages 42-54.

Figure 1: Progression Pathway



What people with Learning Disabilities and their carers are saying?

- 1.41 Bedford Borough Learning Disability Partnership Board brings together people with an interest in achieving better lives for people with a learning disability and their families.
- 1.42 The Board's role is to deliver current national strategy for learning disability and local priorities and to take positive steps to ensure that people with a learning disability have the best possible chance to live safely and independently in the community. Learning Disability Partnership Board meetings are open to all interested people.
- 1.43 Throughout the last three years a series of topics have been discussed and stakeholders have been asked to share their views on each area.
- 1.44 The main areas of interest and discussion were:
 - Employment service and supported employment strategy
 - Access to health services, specifically access and quality of health checks
 - Continuing health care for people with learning disabilities
 - Transport arrangements for people with learning disabilities

- Respite care – what people like, what it should look like in the future
- Charging for services
- Housing – options, selection, accessibility, overcoming loneliness
- Day opportunities – access, form, future
- Transitions from children services to adult services
- Budgets and savings the council need to make
- Autism and autism strategy, services for people with Autism and Learning Disabilities

1.45 All the discussions are available here:

www.bedfordboroughpartnership.org.uk/?iID=1&siID=33&aID=110&preview=y

Messages from the discussions and conclusions have been integrated into this strategy and action plan.

Chapter 2: Current Context

Legal Basis

- 2.1 Local Authority's duties to all residents in its area including people with learning disabilities are set out in the following Acts.
- 2.2 **National Assistance Act 1948**
The National Assistance Act 1948 states that: 'it shall be the duty of every local authority to provide residential accommodation for persons who, by reason of age, illness, disability or any other circumstances, are in need of care and attention which is not otherwise available to them'. Section 22 allows the local authority to charge individuals for accommodation costs according to their ability to pay.
- 2.3 **Chronically Sick and Disabled Persons Act 1970**
Under this Act local authorities were given a duty to assess the individual needs of everyone who fell within section 29 of the National Assistance Act – to qualify for services under this section individuals must be 'aged 18 or over who are blind, deaf, or dumb, or who suffer from mental disorder of any description, and other persons aged 18 or over who are substantially and permanently handicapped by illness, injury, congenital deformity or such other disabilities'.
- 2.4 Under this Act, local authorities were given a duty to assist with: practical support in the home; provision of meals at home or elsewhere such as community centres; provision or assistance to obtain radio, TV, library or other recreational services; provision of recreational and educational activities outside the home; provision of services or help in accessing travel to and from the home to participate in these activities; arranging home adaptations to meet people's needs.
- 2.5 **Disabled Persons Act 1986**
The Disabled Persons (Services, Consultation and Representation) Act 1986 strengthened the legislation laid down in the Chronically Sick and Disabled Persons Act. Section 4 of the new act gave local authorities the duty to assess people with disabilities for services if asked to do so by the individual, their representative, or carer.
- 2.6 **NHS and Community Care Act 1990**
This legislation replaced and brought together several pieces of law and placed a responsibility on local authorities to undertake an assessment where a person may be in need of such as a result of illness, disability or impairment (s47), the local authority has a duty to provide services if the needs are assessed as eligible.
- 2.7 **The Local Government and Public Involvement in Health Act 2007**
This Act places a joint statutory duty on upper tier local authorities and Primary Care Trusts (soon to be replaced by Clinical Commissioning Groups) to undertake a Joint Strategic Needs Analysis for their area. The Joint Strategic Needs Analysis is a process that identifies the health and wellbeing needs of the local population over a three to five year period. It informs the Sustainable Community Strategy, NHS Commissioning and Bedford Borough Council strategic priorities and targets set by the Local Area Agreement and NHS Operating Plan.

2.8 The Joint Strategic Needs Analysis provides the evidence for agreed commissioning priorities that will improve health and social care outcomes and reduce health inequalities. In the process of undertaking the Joint Strategic Needs Analysis partners are required to work together to design interventions that will meet needs and produce better outcomes for local health and social care. The joint design of these interventions is reflected in Joint Commissioning Strategies including the Joint Commissioning Strategy for People with Learning Disabilities 2013 -2017.

2.9 **Health and Social Care Act 2012**

The Health and Social Care Act 2012 introduces Clinical Commissioning with a greater role for doctors in managing the system and a greater voice for service users in how priorities should be set and services delivered.

Safeguarding from abuse, maltreatment and neglect.

2.10 Safeguarding vulnerable adults from abuse, maltreatment and neglect is our number one priority. It is a vital part of the council's core responsibilities and also an essential function of health services.

2.11 Safeguarding is about more than just adult protection, it is about enabling vulnerable people to choose lifestyles and services to support their needs which ensures their independence, health, safety and wellbeing. Services need to deliver flexible support based on the principles of human rights, dignity and independence.

Safeguarding is "all work which enables an adult who is or may be eligible for community care services to retain independence, well being and choice **and** to access their human right to live a life that is free from abuse and neglect"

*Safeguarding Adults, A national framework of standards for good practice and outcomes in adult protection work
ADSS 2005.*

2.12 Abuse comes in many forms – physical, sexual, psychological, financial, neglect or discriminatory abuse. Institutional abuse happens in services where poor care is delivered. These forms of abuse can be deliberate or the result of ignorance, lack of training, non compliance or management oversight.

2.13 Safeguarding across Bedfordshire is monitored by the multi-agency Safeguarding Adults Board. Membership includes service users and carers alongside key statutory, voluntary and private agencies.

2.14 The Safeguarding Adults Board sets priorities for improvement in policy, practice and performance. It continually strives to reduce the occurrence of abuse by taking a 'lessons learnt' approach to prevention. A detailed improvement action plan is in place and regular monitoring reports will continue to be provided to the Board.

2.15 The key priorities for the Safeguarding Adults Board in 2012/2013 are:

1. Prevention / raising awareness
2. Workforce development
3. Partnership working
4. Quality Assurance

5. Involving people in development of safeguarding services
6. Outcomes and improving people's experience

National Drivers

Valuing People Now ⁴

- 2.16 The vision remains that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens.

Principles

- 2.17 Valuing People Now reaffirms the four guiding principles that apply to both individuals and services.
- 2.18 **Rights** - People with learning disabilities and their families have the same human rights as everyone else.
- 2.19 **Independent living** - This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.
- 2.20 **Control** - This is about being involved and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.
- 2.21 **Inclusion**- This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the support to do so.

Valuing Employment Now⁵

- 2.22 The employment rate of disabled people in Britain overall has risen steadily to about 48%, but employment of people with learning disabilities is much lower – just 10% for people receiving adult social services.
- 2.23 Valuing Employment Now sets out the goal to radically improve employment opportunities for people with learning disabilities in England, and particularly for people with moderate and severe learning disabilities.
- 2.24 If real disability equality is to be achieved, work needs no longer to be seen as optional for people with moderate and severe learning disabilities. The default must be that everyone will have the chance to get a job. There should be choice about what work people do, just as for non-disabled people.

⁴ Department of Health (2009). *Valuing People Now*. London: The Stationery Office

⁵ Department of Health (2009). *Valuing Employment Now*. London: The Stationery Office

2.25 People with profound and complex disabilities should not be excluded from the world of work. We know from international evidence that it is possible for people with severe disabilities to make an economic contribution. We will continue to review whether some of the resources we use for adult day services should be re-directed towards supported employment.

Personalisation

2.26 In recent years there have been many publications relating to local authority and health service reform. A fundamental re-think of the relationship between citizens and public services runs through:

- *Improving the Life Chances of Disabled People,*
- *Our Health, Our Care, Our Say,*
- *Putting People First,*
- *Vision for Adult Social Care- Capable Communities and Active Citizens 2010*
- *Think Local, Act Personal 2011- Sector wide commitment to moving forward with Personalisation and community based support*
- *'Caring for our future: reforming care and support' White Paper*

2.27 The main messages are very clear. We must provide a personalised approach, where citizens

- are empowered to have more say and control in all aspects of public life and participate as active and equal citizens.
- have maximum control of their own lives, including control of their own health and social care
- are supported to live independently, stay healthy and recover quickly.
- have choice and control so that any support they may need fits the way they wish to live our lives.

Winterbourne⁶

2.28 In 2012, the government published its final report into the events at Winterbourne View Hospital and has set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with best practice.

2.29 The final report into the events at Winterbourne View Hospital states that staff routinely mistreated and abused patients and management allowed a culture of abuse to flourish. The warning signs were not picked up and concerns raised by a whistleblower went unheeded.

2.30 The report also reveals weaknesses in the health and social care system's ability to hold the leaders of care organisations to account. In addition, it finds that many people are in hospital who don't need to be. People with learning disabilities or autism, who also have mental health conditions or challenging behaviour should be given the support and care they need in the community, near to family and friends.

⁶ Department of Health (2012). *A national response to Winterbourne View Hospital final report*. London: The Stationery Office

National actions required include:

- by spring 2013, the Department of Health will set out proposals to strengthen accountability of boards of directors and senior managers for the safety and quality of care which their organisations provide
- by June 2013, all current placements will be reviewed, everyone in hospital inappropriately will move to community-based support as quickly as possible, and no later than June 2014
- by April 2014, each area will have a joint plan to ensure high quality care and support services for all people with learning disabilities or autism and mental health conditions or behaviour described as challenging, in line with best practice

2.31 These actions and all the other recommendations from the Winterbourne report are included in our action plan.

East of England – Vision for Better Health and Well Being for People with a Learning Disability and Family Carers⁷

2.32 The Vision for Achieving Better Health and Well Being for People with a Learning Disability and their Families in the east of England (please see figure 3 for summary) set out a clear framework for the transformation of health services over the next 10 years so that people are supported through better health to achieve the lives they want.

2.33 People with a learning disability have a right to as good health as possible, comparable to the general population. They need good health so that they can live the fullest life that they can in the way they choose. They should be able to make informed decisions and have more control over the different choices and options for their lives. They should also be supported to participate in all aspects of the community.

⁷ NHS Midlands and East (2012). *East of England – Vision for Better Health and Well Being for People with a Learning Disability and Family Carers*. Available at: https://www.eoe.nhs.uk/page.php?page_id=2123 (Accessed on 05/03/2013)

Figure 2: EoE vision for Health and wellbeing services for people with learning disabilities 2011-2021⁸

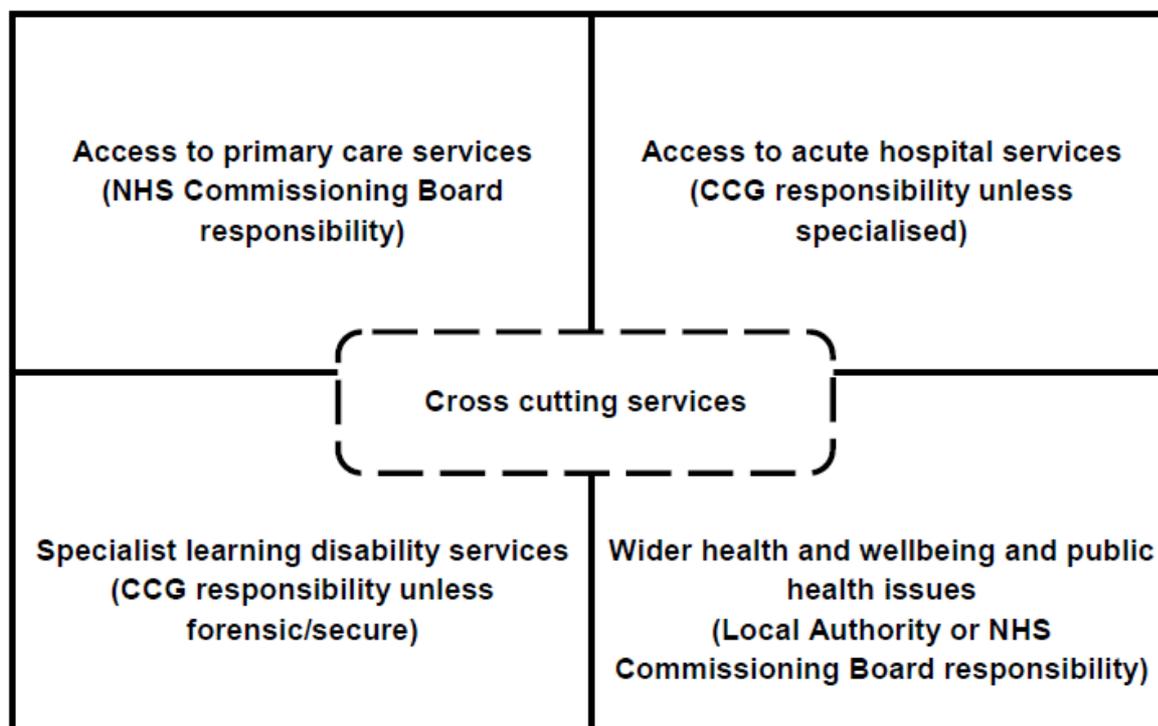
Prevention	Diagnosis and Screening	Supports and Plans for People's Lives		
		Personalisation	Care, Support and Life Planning	Specific Services
<p>Prevention of environmental causes</p> <ul style="list-style-type: none"> Staying Healthy: lifestyles and teenage pregnancy Maternity and New Born pathways and networks Information, education and advice Alcohol consumption Infections during pregnancy Early teenage and late conceptions Professionals, the general population and at risk groups 	<p>Accurate and early assessment and identification of needs</p> <ul style="list-style-type: none"> Maternity and New Born pathways and Networks Multi-disciplinary team Appropriate referrals for tests and screening Available pre and post birth <p>Better health outcomes</p> <ul style="list-style-type: none"> GP registers Annual health checks Appropriate referrals for tests, screening and services Outcomes linked with Health Action Plans Health Facilitators Pathways to get help if needed Information on learning disability health needs readily available Applicable to people in transition to adulthood 	<p>Access to mainstream health services</p> <ul style="list-style-type: none"> Disability Equality Duty Board Champions for learning disability Full range of reasonable adjustments Strategies and skills to meet peoples' communication needs Contracts and performance frameworks Acute hospital liaison nurses Implementation of national Dementia Strategy Mental Health NSF / New Horizons implementation Applicable to people in Transition to adulthood <p>Partnerships with people with a learning disability and family carers</p> <ul style="list-style-type: none"> Learning Disability Partnership Boards: active engagement and local health leadership People at the centre of evaluating services People at the centre of designing pathways and services People at the centre of designing how their own health needs are met 	<ul style="list-style-type: none"> More choice and control for people in their lives and their healthcare More self management of health Health Action Plans Health education / information Telehealth / telecare A focus on people with profound and complex disabilities Access to person centred planning Person centred approaches the norm in services Applicable to people in transition to adulthood <p>Childhood</p> <ul style="list-style-type: none"> Coordinated health services Partnership with schools education and social care Clear pathways within Childrens health services <p>People being safe</p> <ul style="list-style-type: none"> Joint systems and approaches in place Focus on people exercising choice and control with safety Mental capacity and risk Social attitudes and culture <p>Family carers</p> <ul style="list-style-type: none"> Health needs are identified and met Provided with information and emotional / physical supports Emergency plans in place Applicable to people in transition to adulthood <p>Palliative and end of life care</p> <ul style="list-style-type: none"> Choice and control Bereavement counselling Reasonable adjustments Learning Disability Palliative Care and End of Life Network <p>Relationships and good sexual health</p> <ul style="list-style-type: none"> Accessible information and advice Access to mainstream sexual health advice services, supported by specialist learning disability services Joint guidance and training for staff <p>Parents with a learning disability</p> <ul style="list-style-type: none"> Children's and Adult Health and Social Care services working together Joint understandings of needs and risks for parents and child Joint training 	<p>Adult Learning Disability Services</p> <ul style="list-style-type: none"> Provide expert advice and support to range of services. Central role of community learning disability teams Health Action Plans More self management of health Health education / information Telehealth / telecare People whose behaviour challenges supported in the their homes as far as possible ATS capacity is part of a community focused service Implementation of national Autism Strategy Implementation of national policy for offenders with a learning disability <p>Services for transition to adulthood</p> <ul style="list-style-type: none"> Wide strategic partnerships Joint planning and working Services jointly commissioned Health checks, screening and health promotion Health Action Plans Support for mainstream schools Person centred approaches are the norm
<p>Partnerships with other services</p> <ul style="list-style-type: none"> Planning and commissioning arrangements with Local Authorities Operational partnerships with Adult Social Services Strategic and operational partnerships with the full range of key agencies Joint focus on full lives with the best health possible Inclusion of people with profound and complex needs and people from black and minority ethnic communities 	<p>Workforce development</p> <ul style="list-style-type: none"> For staff in all Health organisations, and pre-and post-qualifying courses People with a learning disability and carers involved in designing and delivery training Information on health needs, communication and personalisation Values: person centredness, human rights, individualisation Joint training with other agencies People with a learning disability as employees 	<p>Planning information</p> <ul style="list-style-type: none"> Evidence about reducing health inequalities for people with a learning disability: <ul style="list-style-type: none"> Referral rates Use of services Health outcomes Joint Strategic Needs Assessment reflects learning disability needs Regional analysis and benchmarking Inclusion of people with profound and complex needs and people from black and minority ethnic communities 		

⁸ The figure 2 is reproduced from the East of England – Vision for Better Health and Well Being for People with a Learning Disability and Family Carers document as picture, therefore it is hard to read.

Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups.⁹

- 2.34 People with learning disabilities have often been invisible to mainstream health services and health professionals. Many people with learning disabilities experienced considerable life changes with the closure of learning disability hospitals. While some moved to much more inclusive community living arrangements, others moved into new forms of institutionalised care.
- 2.35 This practical guide is designed to support Clinical Commissioning Groups (CCGs), with Local Authorities and Learning Disability Partnership Boards, to commission health services in ways that achieve better health outcomes for people with learning disabilities in a challenging financial climate.
- 2.36 Whilst Local Authorities will lead commissioning for a considerable proportion of services, CCGs must take responsibility from PCTs for leading the commissioning of specialist and general health services for people with learning disabilities.
- 2.37 A comprehensive learning disability commissioning strategy needs to address access to primary care, access to acute hospital services, specialist learning disability services, and wider public health issues. This Bedford Borough Council and Bedfordshire Clinical Commissioning Group Joint Commissioning Strategy for People with Learning Disabilities addresses access to the whole spectrum of health care for people with learning disabilities in Bedford Borough.

Figure 4 Spectrum of health care for people with learning disabilities



⁹ Learning Disabilities Observatory (2012). *Improving the Health and Wellbeing of People with Learning Disabilities: An Evidence-Based Commissioning Guide for Clinical Commissioning Groups*. Available at: <http://www.improvinghealthandlives.org.uk/publications/1134/> (Accessed on 05/03/2013)

Primary care

- 2.38 CCGs will not commission primary care services, but will support quality improvement in primary care, which plays a key role in co-ordinating care for people with learning disabilities. Annual health checks for people with learning disabilities detect unmet health need and are one important 'reasonable adjustment' that general practices can make to tackle health inequalities. Public services are required by law to put reasonable adjustments in place. CCGs will need to assure themselves that primary care services have robust strategies to implement reasonable adjustments.

Acute care

- 2.39 There are still problems with the identification of people with learning disabilities in hospitals. Unless people can be identified, it is not possible to put in place the reasonable adjustments they need.

Specialist learning disability services

- 2.40 CCGs will often commission specialist learning disability services in partnership with Local Authorities. The current Specialist Learning Disability services are provided by a health based inpatient and outpatient intensive support services covering medical, nursing and therapeutic based interventions, in a range of settings.

In Bedfordshire, Specialist Learning Disabilities Services are based at Clinical Resource Centre, Twinwoods, in Clapham. The services include: Intensive Support Team (IST), Occupational Therapy Service, Arts Psychotherapy Service , Psychology, Speech and Language Therapy, Dietician, Physiotherapy, Learning Disability Liaison Nurses, Health facilitation Service, Sensory impairment Service , Specialist Medical Services and Forensic Community Treatment Team.

Wider health and wellbeing and public health issues

- 2.41 People with learning disabilities should be able to access health promotion and screening services in the same way as the general population. The NHS Commissioning Board will commission screening services, and Local Authorities will commission health promotion. CCGs will need to work with Local Authorities and others to address the social determinants of poor health.

Local Driver – Health and Wellbeing Strategy

- 2.42 Bedford Borough's Health and Wellbeing Strategy identifies priorities for promoting health and wellbeing in the Borough.

VISION	<p>All children and young people are able to lead healthy, safe lives, and are provided with opportunities to realise their full potential.</p> <p>and</p> <p>All adults have the support they require to lead healthy and independent lives, and timely access to high quality, appropriate health and social care services.</p>
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CHILDREN	Teenage Pregnancy		We will reduce the number pregnancies in young women aged under-18 and improve outcomes for teenage mothers.
	Looked After Children		We will improve the health and educational outcomes of looked after children through high quality health, and social care support.
	Mental Wellbeing	ADULTS	We will improve mental health in children and adults by providing high quality, effective services which identify mental disorders and intervene early.
	Healthy Lifestyles: Tobacco Control Alcohol Consumption Healthy Weight		We will further reduce smoking prevalence by preventing people from starting to smoke and helping people to stop smoking. We will promote sensible drinking and increase the number of people receiving effective and timely support for alcohol related problems. We will maintain or increase the number of people who are a healthy weight, by providing a range of evidence based interventions.
	Safeguarding		We will safeguard children by introducing multi-agency early interventions. We will safeguard adults through elimination of maltreatment, neglect and abuse, including prevention of avoidable pressure ulcers.
	Wider Determinants of Health		We will address wider determinants of health focusing on educational attainment, reducing the number of people who are fuel poor and those young people who are not in education, employment or training.
	Independence		We will maximise independence in older people by improving stroke care and rehabilitation services, preventing falls and reducing preventable hospital admissions.
End-of-Life Care	We will provide high quality care and support for people at the end of their lives and their carers, including increasing choice and control over where people wish to die.		
CROSS-CUTTING PRINCIPLES FOR ALL SERVICES EQUITY – ACCESSIBILITY – INTEGRATION – EFFECTIVENESS – SUSTAINABILITY- SAFEGUARDING			

Local Driver - Autism Strategy

2.43 There is a developing body of evidence that adults with autism, and their families, face many barriers in their everyday lives and in accessing the services and support that they need, including:

- their condition being overlooked or misunderstood by professionals and by society (mental health profession included).
- difficulties with the services and support they need to live independently within the community.
- difficulties in gaining long-term, meaningful employment.

2.44 Recent years have brought new statutory duties to local authorities and NHS bodies through;

- The Autism Act (2009)
- Fulfilling and rewarding lives - the national strategy for autism (2010)

- Statutory guidance for implementing the national strategy (2010)

2.45 Difficulties that people with autism experience, mental health problems included, is such an important issue that a separate autism action plan, Fulfilling and Rewarding Lives in Bedfordshire, was developed with five main priorities:

- Increase awareness and understanding of autism among frontline staff across the whole community (including mental health professionals).
- Develop a clear consistent pathway for diagnosis in every area, which will be followed by the offer of a personalised needs assessment and considerations for appropriate community services. Mental health service must be fully inclusive and able to support mental health needs of adults with autism.
- Plan in relation to the provision of services to people with autism in transitions.
- Enable local partners to plan and develop appropriate services for adults with autism to meet identified needs and priorities.
- Help adults with autism into work

Local Driver – Carers Strategy

2.46 Families are usually the main source of care and support for children and adults with learning disabilities. This is especially the case for people with complex needs. Even when people leave home, they do not leave the family. Families continue to offer a lifetime of involvement, support and advocacy.

2.47 Sometimes family members can disagree. When this is the case it is important that everyone's views and perspectives are understood and respected. Where there is clear and continued disagreement between people with learning disabilities and their families, they may need support to resolve their differences of opinion, including independent advocacy to support the person with a learning disability.

2.48 It is vital that family carers are recognised and valued as key partners in the delivery of this strategy. Bedford Borough Council and BCCG recognise the importance of carers in their Joint Carers Commissioning Strategy and Carers Partnership Board.

Other Local Drivers

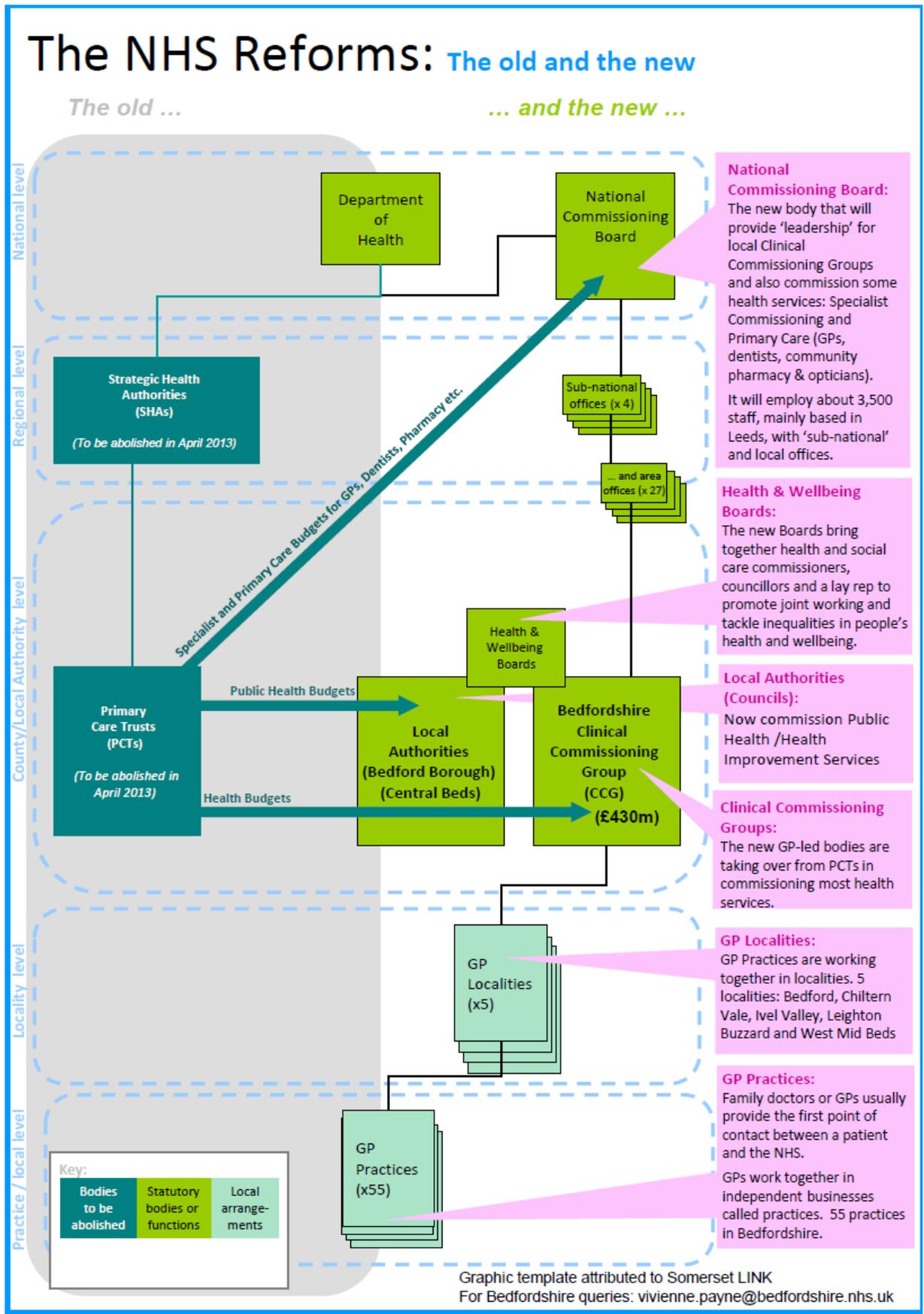
2.49 There are a number of local drivers influencing how we commission services for people with a learning disability.

2.50 **Organisational Change - The Changing Commissioning Landscape**
Equity and Excellence: Liberating the NHS and the Health and Social Care Act 2012 both describe new NHS and local government arrangements. Please see figure 4 overleaf.

2.51 **Service Re-design and Modernisation**- both the Council and NHS need to redesign their services in order to deliver national policy and improved outcomes for service users. In many instances doing this in partnership will result in more effective use of resources and a more streamlined service for users. The **Day Opportunities Policy and Short Breaks Policy** for people with learning disabilities are reflecting Bedford Borough Council's drive towards modernisation. Both policies have action plans which are supported by this strategy.

- 2.52 **The Supporting People Programme** – The Supporting People programme provides housing related support services to help vulnerable people live independently. It is a key contributor to promoting and sustaining the independent of vulnerable people through the range of services it funds.
- 2.53 These include supported accommodation, community alarms, the housing improvement agency and floating support services. Supporting People also plays an important role in preventing premature entry to residential care and reducing the impact of health related problems connected to poor housing conditions.
- 2.54 **The Dementia Strategy** - Dementia is characterised by a collection of symptoms, including a decline in memory, reasoning and communication skills needed to carry out daily activities.
- 2.55 It can affect adults of working age, but is most common in older people. One in six people over 80 years and one in 14 people over 65 years have a form of dementia. The prevalence of dementia will rise significantly with the ageing population, estimated to increase by 16% between 2010 and 2016 in Bedford Borough.
- 2.56 There are estimated to be a total of 1,670 currently living with dementia and 722 people develop dementia each year in Bedford Borough. People with learning disabilities, especially with Down syndrome, are more likely to develop dementia.
- 2.57 The number of people with learning disability developing dementia is growing as the population increases and it gets increasingly older. About 20% of people with a learning disability over 65 will develop dementia, compared with about 2% in the general population. For people with Downs Syndrome, the onset of dementia can be from the age of 35, often accompanied by a rapid deterioration in health. The local dementia pathway must be fully inclusive of people with learning disabilities.

Figure 4 : Current NHS structure



Current Service: Bedford Borough Council

Assessment and Care Management Team

- 2.58 Based at Borough Hall, an integrated team of approximately 18 social workers and learning disability community nurses organised into an intake section and a long term assessment section. The team provide assessments of need and organise care packages.
- 2.59 Packages may involve home care, personal care, short breaks, day opportunities, nursing or residential care, or direct payments. Personal budgets (not requiring a direct payment) have also been implemented within the team enabling the creative use of resources to meet outcomes for people, for example through 1:1 support or complementary therapies.
- 2.60 The nurses in the team offer training and support to providers and carers in epilepsy and dementia. Their training function is a feature they are keen to develop. They are an important source of support to local families and care providers.
- 2.61 The social workers and nurses are all working to the same objectives and bring different skill sets and knowledge to the service. Support for each profession in the form of professional development is important to ensure skills continue to develop.

George Beal House

- 2.62 In April 2012, long stay residents who had been living in this adapted housing moved to new homes and the site was put to a new use. George Beal House is now registered to provide short breaks. There are 3 interlinked bungalows with staff who support adults with multiple and complex physical disabilities and learning disabilities. The service aims to support people at the times they need the service most and is therefore able to operate flexibly.
- 2.63 The service operates on 8 bed occupancy from Monday to Sunday (and bank holidays). However from Friday to Monday the occupancy is raised to 10 beds. The service is registered with the Carer Quality Commission and can extend to 12 beds in an emergency situation to support crisis on an agreed and care managed basis.

Shared Lives Scheme

- 2.64 The Shared Lives Scheme is a registered service run by Bedford Borough Council. The service arranges family placements for people with learning disabilities.
- 2.65 In April 2012, the shared lives scheme relocated to George Beal House to promote joint working alongside the bed based short breaks service. This will encourage joint provision and promote Shared Lives as an alternative to bed based short breaks opportunity.

Huddleston Way Supported Living Project

- 2.66 Huddleston Way is a supported living scheme providing support to 17 service users. The project is run in partnership with Raglan Housing who own the building and carry out housing management.

Bedford Independent Living Team

2.67 This service provides support to people who live with their own tenancies in the community on a needs led basis. The team base is in need of modernisation.

Kempston Centre

2.68 Kempston Centre is a Borough Council owned building where day support is provided to people with a wide range of learning disabilities. It includes a specialist unit for people with complex needs, challenging behaviours and autistic spectrum conditions using TEACCH techniques and a second specialist unit for people with high physical care needs.

2.69 The Kempston Centre promotes independent living skills, regardless of an individual's level of dependency. Access to a range of opportunities in and out of the day centre is promoted as far as possible.

The Centre for Independent Living at Gadsby Street

2.70 As a result of its modernisation work, in 2012 Bedford Borough Council opened The Centre for Independent Living.

2.71 The centre provides premises where people can meet with each other. Support staff are available to help to access community facilities, sustain friendship groups and provide safe services where personal care needs can be met. Up to 40 people per day will use Gadsby Street as a base from which to access community facilities in addition to those who use the facilities to support outreach activities from Kempston Centre.

Supported Employment Team and Projects

2.72 To support the increased emphasis on working, the council created a new supported employment team in April 2011, reinvesting resources previously spent on a shared service that mainly supported existing placements. The new team is able to take referrals from users of day services and people seeking an employment alternative to day services (individuals who are eligible for adult services).

2.73 In support of its aim to promote work in all its forms, the council has established five new projects which aim to become self funding and future social enterprises:

- The Kempston Centre Thumbs Up card project
- A car wash project
- Visitors to Borough Hall are now likely to be escorted to their appointment by members of the "meet and greet" team
- The Kempston Centre catering group
- A small team of people developing their skills as disk jockeys

Specialist Health Services

2.74 South Essex Partnership Trust (SEPT) is commissioned by Bedfordshire Clinical Commissioning Group (BCCG) to provide specialist health services to people with learning disabilities who live in the Borough.

- 2.75 **Health Facilitation Team** - A Nurse led service that works with adults with learning disabilities to enable them to receive equitable healthcare from mainstream services.
- 2.76 **Learning Disability Liaison Nurses** in acute hospitals improve access and the experience of people with learning disability services in acute hospitals.
- 2.77 The acute hospital team is complemented by primary health facilitators based in the community learning disability team who improve access to primary services and promote positive health outcomes for people with learning disabilities.
- 2.78 **Wood Lea Clinic** in Bedford is a low secure unit for people who have a learning disability and who have committed an offence. Clients who are admitted to the unit are engaged in a comprehensive and detailed treatment programme, with the goal of planned rehabilitation and resettlement in the community.
- 2.79 The **Intensive Support Service Team** provides a time limited, person-centred service to adults with a learning disability who are exhibiting challenging behaviours. Support is given through assessment, short-term treatment including behavioural interventions, medication reviews, and cognitive approaches and skills assessments.
- 2.80 **Specialist services**, offered via the specialist community health care team, including psychology, arts, psychotherapies and sensory impairment services. Other assessment and treatment services are available for people with learning disabilities to help them deal with emotional difficulties, communication problems, autism, epilepsy and mental health issues. Clients can be seen at home, at their place of work, or at our specialist clinic at Twinwoods Clinical Resource Centre in Clapham.

Chapter 3: Strategic Outcomes for people with Learning Disabilities

How far have we travelled since 2010?

- 3.1 The first Joint Commissioning Strategy for People with Learning Disabilities in Bedford Borough drove local work in the period between 2010 and 2013. Hard work and a committed approach from all stakeholders involved in improving the lives of people with learning disabilities in Bedford resulted in numerous improvements.

Figure 5: Summary of strategic initiatives in the period between 2010-2013 noted by the Alder Review

Initiative	Positive impact
Review of the contracts it inherited in 2007 as Bedford recognised they were expensive.	Contract costs have been managed down by £1.15m (19%) since 2007.
Review of 72 high cost cases which collectively cost £5.9m p.a.	The costs of these 72 packages have been reduced by £340k p.a. gross and £298k p.a. net. The net savings represent 5% of the original cost.
Since Oct 2009 Bedford has focused on increasing access to Continuing Health Care (CHC) funding which was one of the lowest levels in England.	Bedford has accessed £2m of additional CHC/ joint funding since 2009.
Has a strategic aim to reduce its use of residential care by 50% over 3 years. This recognises that residential care is an inflexible and often expensive care model. The Director accepts this is ambitious and explained it is symbolic to change the culture.	Bedford is already acting positively to limit new entries to residential care i.e. supported living is now <u>always</u> the first choice where possible, but to halve numbers it will also need to relocate people where residential care represents "over servicing".
The authority launched its approach to Self Directed support on 4 th October 2011.	Increases the probability that support will focus on enabling individuals to progress and be more independent, with lower support costs in future.
Other positive actions noted: Bedford has:	
Developed a range of employment based initiatives giving people with LD opportunities to work and have meaningful day activities e.g. the Borough Hall meet and greet service, the park and ride car wash service, a card making service and a coffee shop are employing people with LD.	
Developed a new transitions protocol to improve joint planning by children's/ adult services with a view to ensuring smooth transitions to adulthood and to minimise long term dependency.	
Undertaken a day care review with a view to rationalising and modernising day opportunities. This has resulted in a new hub in Bedford from which people with LD will be supported to access employment and/ or universal day opportunities where possible.	
Undertaken an review of respite and short breaks leading to a merger with the Adult Placements Service. This rationalises management costs and increases the potential role of APS in short breaks.	
Undertaken an accommodation providers survey to gain a fuller understanding about market capacity, market prices etc. in the Borough. When complete this will help Bedford quantify the ordinary residence risk it faces as it pursues its aim to reduce reliance on residential care and replace with supported living.	
Planned how to increase the availability of suitable accommodation e.g. the Orchard House development will have 18 fully DDA compliant flats.	
Introduced health facilitation team to improve access to health services	
Employed Learning Disabilities liaison nurse at Bedford Hospital	
Increased uptake of Health Checks for people with Learning Disabilities	

What do we still need to do?

3.2 The vision remains as set out in Valuing People¹⁰ in 2001:

“That all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens”.

3.3 The key focus of this Joint Commissioning Strategy for People with Learning Disabilities is to build on the progress made so far and deliver even better health and wellbeing for people with learning disabilities.

3.4 When we deliver this strategy, people with learning disabilities, including those with more complex needs, people from black and minority ethnic groups and newly arrived communities will be able to say:

1. I am healthy
2. I can really choose where I want to live
3. I can work if I want to or have variety of alternative day opportunities
4. I am supported by excellent and safe services
5. I can make a contribution to checking and planning services

We will use these statements to structure our Action Plan.

“I am healthy”

3.5 People with learning disabilities are entitled to be treated with the same dignity and respect as any other member of the community.

3.6 Good health begins with promoting well-being and preventing ill-health; healthy active lifestyles have to be the starting point for all. Access to the full range of healthcare services including dentistry, screening, sexual health, maternity, health visiting and end-of-life care is essential in ensuring that people with learning disabilities can take greater control of their health and well-being.

- We will ensure that health professionals, the general population and at risk groups are comprehensively and effectively informed and advised through a range of channels, of the risks regarding learning disability posed by alcohol consumption during pregnancy, maternally transferred infections, genetic causes of learning disability, early teenage pregnancy and late conception.
- We will ensure that BCCG Board, Health and Wellbeing Board and all NHS organisations have a champion for learning disabilities
- We will make sure that the requirement to identify and make appropriate reasonable adjustments in partnership with people with a learning disability and family carers is embedded in all contracts and performance secondary and specialist health services (including mental health services).
- Everybody with a learning disability known to specialist learning disability health services and/or the local authority will have an assessment of their

¹⁰ Department of Health (2001). *Valuing People*. London: The Stationery Office

communication needs and an individual communication strategy with supporting materials.

- We will ensure that there is readily available and comprehensible information for patients with learning disabilities about treatment options, complaints procedures and appointments.

3.7 Bedford Hospital already has a learning disabilities liaison nurse. The Hospital LD forum will continue with quarterly meetings. This is a public meeting attended by service users who have a learning disability, their family carers, paid carers, advocates and hospital staff. This group has helped to make a DVD about what to expect when coming into hospital, easy read information about specific procedures, review of the signage in the hospital to make it more 'patient friendly'. This group is highly valued by the hospital.

3.8 There is an increase in the number of service users, carers and hospital staff requesting the liaison nurse's support. In April 2011- March 2012 the LD nurse supported 157 people in the hospital. From April 2012 to November 2012 the LD nurse supported 253 people.

3.9 Feedback from service users identified the need for a health facilitation service to operate outside of traditional office hours. This is because of the way the acute hospital is changing their practices with 7 day discharges taking place and planned operations at weekends.

- The Health Facilitation Service within SEPT will increase the staffing establishment in the hospital to ensure robust support extending working hours to cover outside of the traditional 9-5 period.
- Learning Disabilities Partnership Board will oversee and receive regular update on delivery of Acute Hospital Learning Disability / Autism Self Assessment Framework action plan.
- The implementation of the National Dementia Strategy across Bedford Borough will effectively incorporate and meet the needs of people with a learning disability.

Primary Care Support

3.10 People with a learning disability are currently not having health outcomes comparable to the general population. Systems for GP health checks need to be fully implemented. Monitoring information on the use of tests and screening is not readily available. Clear links need to be made between Health Checks, Health Action Plans/Personal Health Plans and Health Facilitation.

- We will ensure that primary care registers of adults known to a practice with a learning disability are in place capturing 100% of people known to the local authorities.
- We will ensure that everyone on the primary care register has an annual health check leading to a health action plan.
- We will ensure that people are referred for timely tests, screening programmes and services e.g. dentistry, optometry, podiatry, audiology, memory clinics, acute hospitals, appropriate to their health needs and evidenced through regular monitoring. Particular attention is paid to people with profound and complex disabilities and people from black and minority ethnic groups.

- Data on access to disease prevention and screening by people with learning disabilities compared to general population will be routinely collected and action taken when needed.
- We will agree a protocol with health and social services about how Health Action Plan is shared and acted on by paid care staff.
- Primary Care Registers will be used to flag any key issues in relation to reasonable adjustments and communication needs when referrals are being made to other services. e.g. acute hospitals, dentists, the ambulance service, testing
- There will emergency plans in place for each person who lives with a family carer, particularly a carer aged over 60, in the event that the carer suddenly becomes unable to continue in their role.

Specialist LD services

3.11 Alongside the drive to enable people with a learning disability, as citizens and members of their communities, to access and use mainstream community based services, there continues to be a need for specialist adult learning disability services. These are delivered in partnership with adult social care services, and have the key functions of providing expert advice and support to mainstream services, and delivering specialist services to meet particular needs.

- We will review local specialist LD services, benchmarking against best practice and re-specifying where needed.

Physical Activity

3.12 Concession rates will continue to apply via the free Bedford Leisure Card for people with learning disabilities.

3.13 The Borough offers a range of physical activities for people with learning disabilities including the GP Exercise Referral Scheme (developed in partnership with Bedfordshire Clinical Commissioning Group (BCCG)). All Bedford Borough Leisure Centres are disability adapted and activities offered to people with learning disabilities include;

1. Gentle swim at the Oasis, Robinson & Kempston pools, aimed at older clients.
2. Cardio rehabilitation at Kempston Pool. (Many people with learning disabilities, especially down's syndrome also have heart problems).
3. Mental Health Fitness class at Robinson Pool (people with learning disabilities have a higher prevalence of mental illness).
4. The IFI (Inclusive Fitness Initiative) Gym has equipment specially designed for users with a disability (many people with learning disabilities also have physical disabilities).

- We will increase access to exercise opportunities for people with learning disabilities

“I can really choose where I want to live”

- 3.14 People with learning disabilities and their families should be helped to consider how to match their aspirations, both in the long and short term, with the different sorts of housing and support that can be made available. At the same time, those who plan and commission services need to develop creative solutions to meeting those aspirations. Possibilities include people with learning disabilities being supported to live in their own home as owners or tenants; being supported to share with a group of friends; or living in residential care.
- We will work to define “progression focused strategy” for people with learning disabilities by establishing clear pathway and capacity on the spectrum from hospital to independent living.
 - We will ensure that all practitioners, providers and parents buy into and act to support the “progression model” starting with transitions assessment.
 - We will work with housing associations and lenders to make house ownership a possibility for those who choose it.
 - We will explore how people assessed and funded as needing NHS continuing health care can be supported to stay in their own homes, with intensive health input as required.
 - We will work with Supporting People programme to review how people with learning disabilities benefit from locally planned and delivered housing related support to live as independently as possible.
 - We will work with local authority LD team members to have an increased focus on home ownership and assured tenancies as a model for housing and support
 - We will have a working system in place for transition plans and year 9 reviews to inform future accommodation planning and commissioning

Assistive technology

- 3.15 Technology offers real potential for supporting people to stay in their own homes. Simple gadgets can make all the difference to a persons comfort and feeling of security. Assistive technology covers things like door alarms, pressure mats and room monitors as well as outsize remote controls and devices to help in the kitchen which all help people with learning disabilities to maintain their independence.
- 3.16 Telecare is provided at a distance using information and communication technology to manage the risks associated with independent living. Telecare can help people with learning disabilities be more independent and give carers more personal time.
- 3.17 Telemedicine is monitoring vital signs like blood pressure, and transmitting information to a response centre, where the results can be reviewed by a clinician.
- We will review how assistive technology process (referral, assessment, expertise) supports people with learning disabilities
 - We will add Assistive Technology expertise into the learning disabilities social work team
 - We will publicise some early success stories to staff, carers and service users via Learning Disabilities Partnership Board

“I can work if I want to or have variety of alternative day opportunities”

- 3.18 People with learning disabilities want to lead ordinary lives and do the things that most people take for granted. They want to study at college, get a job, have relationships and friendships and enjoy leisure and social activities.
- 3.19 When done properly, person centred approaches, support planning and personal budgets can make a significant difference in people’s lives.
- We will ensure that all people with learning disabilities are able to access direct payments if they wish to.
 - We will collect regular feedback on ease of access, usage and support with direct payments to improve the experience for people with learning disabilities
 - Learning Disabilities Partnership Board will review the person centred planning in light of the person centred planning best practice guidance.
- 3.20 This strategy emphasises the importance of enabling people with learning disabilities to meet new people, form all kinds of relationships, and to lead a fulfilling life with access to a diverse range of social and leisure activities.
- Learning Disabilities Partnership Board will oversee the full implementation of Day Opportunities and Short Breaks policies

Employment

- 3.21 Work helps to defines us: what will you be when you grow up? What do you do for a living? These are questions we all face from others when people want to get to know us. They are questions seldom directed towards people with learning disabilities. So few people with learning disabilities work and there is little expectation from others that they can.
- 3.22 The goal for this strategy is therefore to increase the number of people with learning disabilities in employment:
- The Learning Disabilities Partnership Board will oversee the full implementation and delivery of the comprehensive supported employment strategy to increase number of people with LD in employment.
 - We will promote the fact that people with learning disabilities can work and have careers from an early age via transition process planning.
 - We will work with local schools and colleges to reinforce work aspirations through good career and skills preparation for younger adults in transition
 - We will ensure the effective use of personal budgets for employment support

Social relationships

- 3.23 People with learning disabilities have the right to have relationships, become parents and continue to be parents.
- We will give sufficient consideration to personal relationships in individual planning and care management processes

- We will review how local safeguarding processes encourage and support positive risk taking, which, if desired, should be a part of everyone's life, including those with more complex needs
- We will review and deliver the training for the local system about supporting people with learning disability with their sexual relationships including contraception
- We will review how local parenting programmes support parents with learning disabilities

“I am supported by excellent and safe services”

3.24 People with complex needs and challenging behaviours are among the most marginalised in our society. However, for some people with highly complex needs, such as those with profound and multiple learning disabilities or who are medically dependent, appropriate and skilled support is required to enable them to participate in community life as fully as possible. They also need support enabling them to lead fulfilling lives with opportunities for growth, relationships, decision-making and self-expression.

- We will work with our care providers to improve the level of expertise to support people with highly complex and profound disabilities
- We will evaluate “circles of support” model for people with learning disabilities
- We will provide access to specialised support and services close to home where needed, alongside more mainstream support or as part of an inclusive and individualised package.

3.25 People with learning disabilities from black and minority ethnic groups and newly arrived communities and their families often face what is called ‘double discrimination’. They experience insufficient and inappropriate services. This may be caused by:

1. policy and services which are not always culturally sensitive;
2. wrong assumptions about what certain ethnic groups value;
3. language barriers; and
4. discrimination

- The Learning Disability Partnership Board will develop and monitor its own equalities scheme to show how it is enabling people with learning disabilities from ethnic minorities to access local health and social services.

3.26 People with learning disabilities and autistic spectrum conditions need support that responds to their individual needs, from staff with understanding and experience of working with them.

- In designing and delivering local services we will address the specific needs of people with learning disabilities and autistic spectrum conditions.
- We will ensure regular updates on delivery of the local autism plan at Learning Disabilities Partnership Board

3.27 A growing number of people with learning disabilities appear to be in contact with the criminal justice system. Good practice guidance is available for people working

in the criminal justice system on how to work with and support people with learning disabilities.

- We will ensure that people with learning disabilities are recognised and properly supported in local criminal justice pathway systems, using principles of *Positive Practice Positive Outcomes: A Handbook for Professionals in the Criminal Justice System working with Offenders with Learning Disabilities* .

Sexual health

3.28 Many people with a learning disability want to have friends and relationships. This may develop into a wish for a sexual relationship with someone, be they of the opposite or the same sex. However, accessible information and advice about relationships, sex, sexual health, contraception, sexual orientation and keeping safe from sexual abuse is not readily available. Bedford Borough Council has already prepared a library of documents about sexual health for people with learning disabilities, carers and professionals.

- We will review effectiveness of jointly agreed guidance and training for health, social care and school staff on relationships and good sexual health along side information for family carers and deliver recommendations.

Winterbourne

3.29 The Winterbourne review revealed systemic problems with the quality and safety of care for people with highly complex needs and challenging behaviour. The report produced recommendations for a) appropriate assessment and treatment services, b) agreed and transparent commissioning arrangements, c) appropriate level of expertise among local providers; and d) local specialist support pathway based on best practice. These recommendations will not enhance only specialist services, but will improve delivery of services for people with learning disabilities in general.

- We will fully implement the Winterbourne Report recommendations in defined timescales

“I make a contribution to checking and planning of services”

3.30 Our aim is that people with learning disabilities will be treated as equal citizens in society and supported to enact their rights and fulfil their responsibilities

3.31 Bedford Borough has a Learning Disability Partnership Board with membership of people with a learning disability and family carers. National research has found that more needs to be done to fully include people with learning disabilities in the Board's participation. The research also supports the fact that the effectiveness of the Boards has been reliant on the commitment of senior managers.

3.32 It is important that the Learning Disability Partnership Board locally links to children's partnerships and networks, including Children's Trust partnerships and Child and Adolescent Mental Health Services (CAMHS) partnerships.

- BCCG will, with their local authority partners and Learning Disability Partnership Board, review and agree the role of the Partnership Board in relation to the Health and WellBeing Board.
- We will ensure that the Learning Disability Partnership Board has links to partnerships for Children’s Trusts and CAMH Services
- We will review/prepare ‘Engaging People with a Learning Disability and Family Carers’ policy so that people are positively supported to contribute to the work of BCCG and Local Authority
- In particular, we will improve the engagement of people with a Learning Disability in recruitment, training, and monitoring of services
- We will work with our local advocacy providers to ensure that all people with learning disabilities are aware of the advocacy support
- We will review local transport provision in the context of best practice - Inclusive Mobility – A guide to best practice on access to pedestrian and transport infrastructure
- We will work with local police on regular updates on hate crimes against people with learning disabilities to inform local services

How will we measure delivery of our strategy?

3.33 We will use appropriate indicators from three national frameworks:

- [NHS Outcomes Framework](#) (NHSOF)
- [Public Health Outcomes Framework](#) (PHOF)
- Adult Social Care Outcomes Framework (ASCOF)

3.34 The main indicators that will be reported on are:

1. Proportion of adults with a learning disability in paid employment (former NI 145, ASCOF 1.D, PHOF 1.8, NHS OF2.2)
2. Proportion of adults with a learning disability who live in their own home or with their family (former NI145, PHOF 1.6, ASCOF 1.G)
3. Permanent admissions to residential and nursing care homes, per 1,000 population (ASCOF 2.A)
4. Overall satisfaction of people who use services with their care and support (ASCOF 3.A)
5. Overall satisfaction of carers with social services (ASCOF 3.B)
6. The proportion of carers who report that they have been included or consulted in discussions about the person they care for (ASCOF 3.C)
7. The proportion of people who use services who feel safe (ASCOF4.A, PHOF 1.19)
8. Proportion of physically active and inactive adults (PHOF 2.12)
9. Access to cancer and non-cancer screening programmes (PHOF 2.21)
10. Take up of the NHS Health Check Programme – by those eligible (PHOF 2.22)
11. Patient experience of primary care (NHSOF 4.a)
 - GP services
 - GP Out of Hours services
 - NHS Dental Services
 - Patient experience of hospital care (NHSOF 4.b)
 - Friends and family test (NHSOF 4.c)

3.35 Local indicators:

- Proportion of people with LD accessing direct payments

- Proportion of people with LD accessing CHC
- Proportion of carers accessing carers' assessments
- Mystery shopping on experience of direct payments

<p>3. We will make sure that the requirement to identify and make appropriate reasonable adjustments in partnership with people with a learning disability and family carers is embedded in all contracts and performance of secondary and specialist health services (including mental health services).</p>	<ol style="list-style-type: none"> 1. Review all local NHS contracts for identification and the need for reasonable adjustments for people with learning disabilities 2. Adjust local NHS performance and quality reporting schedules to capture access to services and feedback about services from people with learning disabilities and their carers 	<p>April 2015</p>	<p>BCCG commissioners responsible for local contracts</p> <p>BCCG Head of MH and LD Commissioning</p>
<p>4. Everybody with a learning disability known to specialist learning disability health services and/or the local authority will have an assessment of their communication needs and an individual communication strategy with supporting materials.</p>	<ol style="list-style-type: none"> 1. Review how local authority and specialist Learning Disabilities health services' assessment forms support the individual's communication needs 2. Adjust assessment forms if required 3. Ensure that individual communication strategies and supporting materials are in place for all known individuals with learning disabilities 	<p>April 2014</p> <p>April 2015</p> <p>April 2016</p>	<p>Service Manager for LD and MH</p> <p>SPLD Manager</p> <p>Head of Review and Quality Standards</p>
<p>5. We will ensure that there is readily available and comprehensible information about treatment options, complaints procedures and appointments for patients with learning disabilities.</p>	<ol style="list-style-type: none"> 1. Identify all places where the information would be useful 2. Review availability of information 3. Prepare new information or modify exiting information 4. Distribute the information 	<p>April 2014</p> <p>April 2015</p>	<p>Health Facilitation Team Manager</p>
<p>6. The Health Facilitation Service within SEPT will increase the staffing establishment in the hospital to ensure robust support by extending working hours to cover outside of the traditional 9-5 period.</p>	<ol style="list-style-type: none"> 1. Conduct a feasibility study and resource impact analysis of extending liaison service working hours 2. Secure necessary resources for extending the service 3. Put out of hours support in operation 	<p>April 2014</p>	<p>Health Facilitation Team Manager</p> <p>BCCG Head of MH and LD commissioning</p>
<p>7. The Learning Disabilities Partnership Board will oversee and receive regular updates on the delivery of Acute Hospital Learning Disability / Autism Self</p>	<ol style="list-style-type: none"> 1. Ensure Acute Hospital Action Plan is on the agenda of the Learning Disabilities Partnership Board with agreed timescales 	<p>June 2013</p> <p>From June</p>	<p>Chair of LDPB</p> <p>BCCG Head of MH and LD Commissioning</p>

Assessment Framework action plan.	2. Updates provided as agreed	2013 onwards	
8. The implementation of the National Dementia Strategy across Bedford Borough will effectively incorporate and meet the needs of people with a learning disability.	<ol style="list-style-type: none"> 1. Establish regular updates and consultations on the delivery of dementia strategy at the Learning Disabilities Partnership Board 2. Ensure that Dementia Steering Group has a representative from health facilitation team/ learning disabilities dementia support team 	<p>June 2013</p> <p>April 2013 on-going</p>	<p>BBC and BCCG commissioning managers responsible for dementia strategy</p> <p>Health Facilitation Team Manager</p>
9. We will ensure that primary care registers of adults known to a practice with a learning disability are in place, capturing 100% of people known to the local authorities.	<ol style="list-style-type: none"> 1. Establish baseline 2. Ensure robust information sharing protocol is between local authority and BCCG 3. Review local logistics of data exchange between BCCG and the Local Authority 4. Report annually about GPs registers capturing people with learning disabilities known to the Local Authority 	April 2014	<p>BBC Commissioning Officer</p> <p>BCCG Head of MH and LD Commissioning</p>
10. We will ensure that everyone on the primary care register has an annual health check leading to a health action plan.	<ol style="list-style-type: none"> 1. Monitor data on health checks 2. Review and monitor the quality of health checks – e.g. mystery shopping 3. Deliver recommendations of on-going monitoring of health checks quality 	April 2013 - ongoing	<p>BCCG Head of MH and LD Commissioning</p> <p>Learning Disabilities Partnership Board</p>
11. We will ensure that people are referred for timely tests, screening programmes and services e.g. dentistry, optometry, podiatry, audiology, memory clinics, acute hospitals, appropriate to their health needs and evidenced through regular monitoring. Particular attention is paid to people with profound and complex disabilities and people from black and minority ethnic groups.	<ol style="list-style-type: none"> 1. Review all referrals mechanisms for health services people with learning disabilities 2. Deliver adjustments as recommended by the review 3. Monitor levels of referrals 	April 2016	BCCG Head of MH and LD Commissioning
12. Data on access to disease prevention and	1. Establish baseline across all screening	April 2015	BCCG Head of MH and

screening by people with learning disabilities compared to general population will be routinely collected and action taken when needed.	programmes 2. Review data collection process and identification mechanisms of people with learning disabilities accessing screening programmes 3. Deliver recommendations of the review		LD Commissioning Public Health Manager
13. We will agree a protocol with health and social services about how Health Action Plans are shared and acted on by paid care staff.	1. Prepare protocol in consultation with social care providers 2. Implement the protocol and framework 3. Monitor the impact of implementing the protocol	April 2015	BCCG Head of MH and LD Commissioning BBC Commissioning Officer
14. Primary Care Registers will be used to flag any key issues in relation to reasonable adjustments and communication needs when referrals are being made to other services. e.g. acute hospitals, dentists, the ambulance service, testing.	1. Review all referral mechanisms for health services for people with learning disabilities 2. Deliver adjustments as recommended by the review 3. Monitor the levels of referrals	April 2015	BCCG Head of MH and LD Commissioning
15. There will be emergency plans in place for each person who lives with a family carer, particularly a carer aged over 60, in the event that the carer suddenly becomes unable to continue in their role.	1. Annual social services reviews will concentrate on ensuring that emergency plans are in place	April 2015	BBC Head of Review and Quality Standards
16. We will review local specialist learning disabilities services, benchmarking against best practice and re-specifying where needed.	1. Review local SPLD services 2. Deliver recommendations of the review 3. New SPLD service in operation	April 2014	BCCG Head of MH and LD Commissioning
17. We will increase access to exercise opportunities for people with learning disabilities.	1. Establish the baseline 2. Work with local leisure and sports development officers on development of new opportunities 3. Support organisers of Bedfordshire Sport Games for People with learning disabilities to ensure games sustainability	April 2014	BBC Sports Development Officers BBC Commissioning Officer

Strategic priority 2: “I can really choose where I want to live”	Objectives	Due date	Responsible
1. We will define a “progression focused strategy” for people with learning disabilities by establishing a clear pathway and capacity on the spectrum from hospital to independent living.	1. Define the principles of a progression model for people with learning disabilities in Bedford Borough 2. Establish clear logistics for delivery of the progression model 3. Shape the local market to support the model 4. Deliver the strategy	April 2014 April 2015 April 2015 onwards	BBC Head of Commissioning BBC Service Manager for LD and MH
2. We will ensure that all practitioners, providers and parents buy into and act to support the “progression model” starting with transitions assessment.	1. Clear communication and engagement strategy during defining of progression model is in place 2. All key stakeholders are identified and engaged from the onset 3. The Learning Disabilities Partnership Board is regularly updated about the preparation of and implementation of the framework	April 2014	BBC Head of Commissioning BBC Service Manager for LD and MH
3. We will work with housing associations and lenders to make house ownership a possibility for those who choose it.	1. Review local availability of house ownership for people with learning disabilities 2. Research example of best practice 3. Work with local providers and lenders to adjust local arrangements for house ownership for people with learning disabilities	April 2015 April 2017	BBC Head of Commissioning BBC Service Manager for LD and MH
4. We will explore how people assessed and funded as needing NHS continuing care can be supported to stay in their own homes, with intensive health input as required.	1. Monitor national implementation of Personal Health Budgets 2. Work with BCCG to prepare local protocols on usage on Personal health Budgets 3. Build local market expertise	April 2014 April 2015 April 2015 onwards	BCCG CHC manager BBC Service Manager for LD and MH

	4. Monitor usage of personal health budgets to support individuals at home		
5. We will work with the Supporting People programme to review how people with learning disabilities benefit from locally planned and delivered housing related support to live as independently as possible.	<ol style="list-style-type: none"> 1. Review all Supporting People contracts which support people with learning disabilities 2. Produce recommendations 3. Deliver recommendations of the review 	April 2015	BBC Head of Supporting People BBC Head of Commissioning
6. We will work with local authority LD social work team members to have an increased focus on home ownership and assured tenancies as a model for housing and support.	<ol style="list-style-type: none"> 1. Learning disabilities social work team to be identified as one of the partners in defining and delivering the progression model 2. The training needs analysis on how the team can be supported with clear understanding of a progression model and housing options is delivered 3. The training is delivered 	<p>April 2014</p> <p>April 2015</p>	BBC Service Manager for LD and MH BBC Commissioning Officer
7. We will have a working system in place for transition plans and year 9 reviews to inform future accommodation planning and commissioning.	<ol style="list-style-type: none"> 1. Ensure reports from Multiagency Assessment Tool (MAAT) are produced 2. Create clear procedure about sharing of data generated by MAAT with adult services commissioning 3. Incorporate MAAT data in adult services commissioning planning 	<p>April 2014</p> <p>April 2014</p> <p>April 2015 on-going</p>	BBC Service Manager for LD and MH BBC Commissioning Officer Chair of Transition Steering Group
8. We will review how the assistive technology process (referral, assessment, expertise) supports people with learning disabilities.	<ol style="list-style-type: none"> 1. Conduct the review 2. Produce recommendations 3. Deliver recommendations 4. Monitor impact of the recommendations 	April 2015	BBC Service Manager for LD and MH BBC Commissioning Officer
9. We will add Assistive Technology expertise into the learning disabilities social work team.	<ol style="list-style-type: none"> 1. Prepare options appraisal about increasing expertise of the learning disabilities social work team 2. Deliver preferred option 	<p>April 2015</p> <p>April 2015 on-</p>	BBC Service Manager for LD and MH

	3. Monitor the impact of delivery	going	
10. We will publicise some early success stories to staff, carers and service users via Learning Disabilities Partnership Board.	<ol style="list-style-type: none"> 1. Prepare case studies of early success 2. Consider best way of publicising the outcomes delivered 3. Publicise outcomes delivered 	April 2015	BBC Service Manager for LD and MH

Strategic priority 3: “I can work if I want to or have variety of alternative opportunities”	Objectives	Due date	Responsible
1. We will ensure that all people with learning disabilities are able to access direct payments if they wish to.	<ol style="list-style-type: none"> 1. Establish baseline 2. Review how easy it is for people with learning disabilities to understand and use direct payments (DP) procedures 3. Produce recommendations 4. Implement the recommendations to ensure the local DP procedure empowers people with learning disabilities to make an informed choice about DP 	April 2014	BBC Service Manager for LD and MH
2. We will collect regular feedback on ease of access, usage and support with direct payments to improve the experience for people with learning disabilities.	<ol style="list-style-type: none"> 1. Support learning disability representation at Users and Carers forum to inform the Personalisation Board 2. Conduct mystery shopping exercises 3. Provide formal feedback to the Personalisation Board to improve the direct payments experience for people with learning disabilities 4. Publicise good example stories 	April 2014 on-going	POhWER support officer BBC Personal Budgets Support Officer
3. Learning Disabilities Partnership Board will review the person centred planning in light of the person centred planning best practice guidance.	<ol style="list-style-type: none"> 1. Research best practice and developments in person centred planning 2. Review local authority person centred planning and reviewing protocols in the 	April 2015	Chair of LDPB BBC Service Manager for LD and MH BBC Head of Review and Quality And Assurance

	<p>context of best practice</p> <ol style="list-style-type: none"> 3. Produce recommendations 4. Implement the recommendations 		<p>Team BBC Commissioning Officer</p>
<p>4. The Learning Disabilities Partnership Board will oversee the full implementation of Day Opportunities and Short Breaks policies.</p>	<ol style="list-style-type: none"> 1. Ensure both action plans are part of Learning Disabilities Partnership Board agenda 2. Establish frequency of updates 3. Deliver updates as per agreed schedule 	<p>April 2013 on-going</p>	<p>Chair of LDPB BBC Service Manager for LD and MH</p>
<p>5. The Learning Disabilities Partnership Board will oversee the full implementation and delivery of the comprehensive supported employment strategy to increase the number of people with LD in employment.</p>	<ol style="list-style-type: none"> 1. Review and update the supported employment strategy 2. Deliver the supported employment strategy 3. Ensure regular updates to Learning Disabilities Partnership Board 4. Monitor the impact of the reviewed supported employment strategy 	<p>April 2015</p>	<p>BBC Service Manager for LD and MH Chair of LDPB Supported Employment Manager BBC Commissioning Officer</p>
<p>6. We will promote the fact that people with learning disabilities can work and have careers from an early age via the transition process planning.</p>	<ol style="list-style-type: none"> 1. Ensure that “employment messages” are fully embedded and used in MAAT – transitions planning 2. Ensure that regular updates on employment interest is fed into adult social services commissioning to shape the local market 3. Ensure that the reviewed supported employment strategy fully considers raising aspiration from the early stages of transition 	<p>April 2013</p> <p>April 2015</p> <p>April 2015</p>	<p>BBC Service Manager for LD and MH Chair of LDPB Supported Employment Manager BBC Commissioning Officer</p>
<p>7. We will work with local schools and colleges to reinforce work aspirations through good career and skills preparation for younger adults in transition.</p>	<ol style="list-style-type: none"> 1. Ensure that “employment messages” are fully embedded and used in MAAT – transitions planning 2. Ensure that regular updates on employment interest is feed into adult social services commissioning to shape 	<p>April 2013</p> <p>April 2015</p>	<p>BBC Service Manager for LD and MH Chair of LDPB Supported Employment Manager BBC Commissioning</p>

	the local market 3. Ensure that the reviewed supported employment strategy fully considers raising aspiration from the early stages of transition	April 2015	Officer
8. We will ensure the effective use of personal budgets for employment support.	1. Develop an information campaign on how personal budgets could be used for employment support 2. Publicise success stories	April 2014	BBC Service Manager for LD and MH Supported Employment Manager
9. We will give sufficient consideration to personal relationships in individual planning and care management processes.	1. Research best practice and developments in person centred planning 2. Review the local authority person centred planning and reviewing protocols in the context of best practice 3. Produce recommendations 4. Implement the recommendations	April 2015	Chair of LDPB BBC Service Manager for LD and MH BBC Head of Review and Quality And Assurance Team BBC Commissioning Officer
10. We will review how local safeguarding process encourages and supports positive risk taking, which, if desired, should be a part of everyone's life, including those with more complex needs.	1. Research best practice and developments in person centred planning 2. Review the local authority person centred planning and reviewing protocols in the context of best practice 3. Produce recommendations 4. Implement the recommendations	April 2015	Chair of LDPB BBC Service Manager for LD and MH BBC Head of Review and Quality And Assurance Team BBC Commissioning Officer
11. We will review and deliver the training for the local system about supporting people with learning disability with their sexual relationships including contraception.	1. Conduct a Training Needs Analysis 2. Identify resources 3. Deliver training 4. Monitor the impact of the training	April 2015	BBC Training and Development Manager BBC Commissioning Officer
12. We will review how local parenting programmes support parents with learning disabilities.	1. Review local parenting programmes 2. Research best practice 3. Produce and deliver recommendations	April 2015	Parental Support Programmes Commissioners

Strategic priority 4: “I am supported by excellent and safe services”	Objectives	Due date	Responsible
1. We will work with our care providers to improve the level of expertise to support people with highly complex and profound disabilities.	<ul style="list-style-type: none"> 1. Review the local market and expertise 2. Produce a service specification 3. Stimulate the local market to establish expertise 4. Produce and deliver local training programmes 	<p>June 2014</p> <p>April 2015</p>	<p>BCCG Head of MH and LD commissioning BBC Commissioning Officer BBC Service Manager for LD and MH</p>
2. We will evaluate the “circles of support” model for people with learning disabilities.	<ul style="list-style-type: none"> 1. Research best practice of using “circles of support” model 2. Produce recommendations for best local implementation 3. Deliver the recommendations 	<p>April 2016</p>	<p>BBC Commissioning Officer BBC Service Manager for LD and MH</p>
3. We will provide access to specialised support and services close to home where needed, alongside more mainstream support or as part of an inclusive and individualised package.	<ul style="list-style-type: none"> 1. Ensure reports from the Multiagency Assessment Tool (MAAT) are produced 2. Create a clear procedure about the sharing of data generated by MAAT with adult services commissioning 3. Incorporate MAAT data into adult services commissioning planning 4. Stimulate local market accordingly 	<p>April 2015 on-going</p>	<p>BBC Commissioning Officer BCCG Head of MH and LD commissioning</p>
4. The Learning Disability Partnership Board will develop and monitor its own equalities scheme to show how it is enabling people with learning disabilities from ethnic minorities to access local health and social services.	<ul style="list-style-type: none"> 1. Develop the scheme 2. Implement the scheme 3. Monitor data and produce recommendations for relevant partners 	<p>April 2014</p>	<p>Chair of LDPB BBC Commissioning Officer</p>
5. In designing and delivering local services we will address the specific needs of people with learning disabilities and autistic spectrum conditions.	<ul style="list-style-type: none"> 1. We will ensure regular updates on delivery of the local autism plan at Learning Disabilities Partnership Board which addresses this requirement 	<p>April 2013 on-going</p>	<p>BBC Commissioning Officer</p>
6. We will ensure that people with learning	<ul style="list-style-type: none"> 1. Identify all relevant partners in the 	<p>April 2016</p>	<p>BCCG commissioning</p>

disabilities are recognise and properly supported in local criminal justice pathway systems, using principles of <i>Positive Practice Positive Outcomes: A Handbook for Professionals in the Criminal Justice System working with Offenders with Learning Disabilities</i> .	criminal and justice system 2. Review local support of people with learning disabilities in the context of the guidance across all identified partners 3. Produce recommendations 4. Implement the recommendations		officer responsible for offender's health
7. We will review effectiveness of jointly agreed guidance and training for health, social care and school staff on relationships and good sexual health along side information for family carers and deliver recommendations	1. Conduct a review 2. Produce recommendations 3. Deliver recommendations and monitor impact	April 2015	BBC Training and Development Manager (Adult and Children Services) BBC Commissioning Officer
8. We will fully implement the Winterbourne Report recommendations in defined timescales.	1. Create a detailed Action Plan 2. Identify relevant partners to deliver the plan 3. Establish a project group 4. Deliver plan as per national requirements	April 2013 April 2013-June 2014 and beyond	BCCG Head of MH and LD Commissioning BBC Commissioning Officer BBC Service Manager for LD and MH

Strategic priority 5: "I make a contribution to checking and planning of services"	Objectives	Due date	Responsible
1. BCCG will, with their local authority partners and Learning Disability Partnership Board, review and agree the role of the Partnership Board in relation to the Health and Well Being Board.	1. Conduct consultation with the Learning Disabilities Partnership Board stakeholders about the LDPB function within the current NHS framework 2. Produce recommendations 3. Define a clear function of the Learning Disabilities Partnership Board in the context of new NHS framework	April 2014	Chair of LDPB BBC Head of Commissioning
2. We will ensure that the Learning Disability Partnership Board has linkage to partnerships for Children's Trusts and Children and Adolescent Mental Health	1. Identify partners from children services who can relevantly support this action plan 2. Establish the most efficient way of their	June 2013	Chair of LDPB

Services.	engagement with the action plan		
3. We will review 'Engaging People with a Learning Disability and Family Carers' policy so that people are positively supported to contribute to the work of BCCG and Local Authority.	<ol style="list-style-type: none"> 1. Map the current engagement processes with people with learning disabilities across the local authority and BCCG 2. Research best practice about engagement with people with learning disabilities 3. Produce recommendations 4. Deliver the recommendations 	April 2015	Chair of LDPB BBC Commissioning Officer BCCG head of MH and LD commissioning
4. In particular, we will improve the engagement of people with a Learning Disability in recruitment, training, and monitoring of services.	<ol style="list-style-type: none"> 1. Map the current engagement processes with people with learning disabilities across providers, local authority quality assurance process and BCCG 2. Research best practice about engagement with people with learning disabilities 3. Produce recommendations 4. Deliver the recommendations 	April 2015	Chair of LDPB BBC Commissioning Officer BCCG head of MH and LD commissioning BBC Head of Review and Quality Assurance Team
5. We will work with our local advocacy providers to ensure that all people with learning disabilities are aware of the advocacy support.	<ol style="list-style-type: none"> 1. The Learning Disabilities Partnership Board to ask local advocacy provider for assurance that robust information campaign is in place 2. Conduct local surveys about knowledge of advocacy services 3. The Advocacy Provider to adjust its processes based on feedback from local people with learning disabilities 	April 2014 April 2015	Advocacy Provider Personal Budget Support Officer
6. We will review local transport provision in the context of best practice - Inclusive Mobility – A guide to best practice on access to pedestrian and transport infrastructure	<ol style="list-style-type: none"> 1. Build on the recent local authority transport review by testing it against the best practice guidance 2. Inform all local transport providers about best practice guidance 	April 2016	Chair of LDPB

	3. The Learning Disabilities Partnership Board will receive regular reports about how identified partners have implemented the best practice recommendations		
7. We will work with the local police to get regular updates on hate crimes against people with learning disabilities to inform local services.	<ol style="list-style-type: none"> 1. Ask Bedfordshire Police for regular updates on hate crimes 2. Conduct a one off annual Learning Disabilities Partnership Board agenda dedicated to learning from presented statistics 3. Create and deliver an action plan if required based on the data received from the police. 	April 2014 on-going	Chair of LDPB

Glossary

Advocacy	Support for people in making their own decisions and ensuring that their views are properly represented
Commissioning	Planning, buying and reviewing of health and social care services
Direct payments	Money paid to you by your local Council so that you can buy your own care and support.
Health Inequalities	Refer to gaps in the quality of health and health care across, racial, ethnic, sexual orientation and socio-economic groups. Despite improvements, the gap in health outcomes between those at the top and bottom ends of the social scale remains large and in some areas continues to widen. These inequalities mean poorer health, reduced quality of life and early death for many people.
Joint Strategic Needs Assessment (JSNA)	BCCG and Bedford Borough Council working together to understand the future health, care and well-being needs of the community
Mental Capacity Act	Provides important safeguards to protect families, carers, health and social care staff, and other people who act and make decisions on behalf of people who lack the mental capacity to make the decision for themselves
PCT/BCCG	Primary Care Trust, known locally as NHS Bedfordshire and responsible for the health of all people living in Bedfordshire. NHS Bedfordshire assess needs, plan services, fund care, deliver patient satisfaction and assure quality. Overall aim is to secure a real improvement in the health of local people. BCCG – Bedfordshire Clinical Commissioning Group- took over NHS Bedfordshire responsibilities in April 2013.
Person centred planning	Putting you at the centre of planning for your life. Family, friends, professionals and services listening to and learning about what you want from your life and working

	together with you to make this happen.
Personal budget	This is the money you get from Bedford Borough Council, Adult Services.
Stakeholder	Any individual or organisation with an interest in health and social care services.
Strategy	Describes the services we have now and how we will develop these services over the coming years.