

Learning Disabilities Commissioning Plan

FAMILIES AND WELLBEING: SERVICES FOR ADULTS



Preface – Think Local, Act Personal: making progress towards personalised, community based support.

The Learning Disabilities Commissioning Plan confirms Wirral Council's commitment to personalisation and community based support, this Plan will reinforce the following principles, which replicate the Making it Real markers –

- Ensuring people have real control over the resources used to secure care and support.
- Demonstrating the difference being made to someone's life through open, transparent and independent processes.
- Actively engaging local communities and partners, including people who use services and carers in the co-design, development, commissioning, delivery and review of local support.
- Ensuring that leaders at every level of the organisation work towards a genuine shift in attitudes and culture, as well as systems.
- Seeking solutions that actively plan to avoid or overcome crisis and focus on people within their natural communities, rather than inside service and organisational boundaries.
- Enabling people to develop networks of support in their local communities and to increase community connections.
- Taking time to listen to a person's own voice, particularly those whose views are not easily heard.
- Fully consider and understand the needs of families and carers when planning support and care, including young carers.
- Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disabilities

This Plan is informed by Think Local Act Personal which is the sector wide commitment to transform adult social care through personalisation and community based support. It committed over 30 national organisations to work together and to develop, as one of the key priorities, a set of markers. These markers will be used to support all those working towards personalisation.

The above provide a framework to guide and reinforce practice and culture that will be embraced by all organisations working with people with disabilities and their parents and carers.

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Introduction

This Plan establishes a clear focus for the strategic development and commissioning of services relating to the learning disabled population. It is a direct result of, and builds upon “Shaping Tomorrow – Wirral Adult Social Care Services, Overarching Commissioning Strategy, 2012-2015”. The framework for commissioning practice and the wider context and needs analysis is detailed within Shaping Tomorrow and this Plan has to be considered alongside that Strategy and two other inter-related Commissioning Plans - Early Intervention and Prevention and Targeted Services.

The clear case for and commitment to a Learning Disability Commissioning Plan is detailed within Shaping Tomorrow and this Plan does not seek to duplicate information contained within that document.

The aim of this Commissioning Plan is to facilitate reform and redesign by providing:

- A response to what people with learning disabilities and their carers said about how their needs should be met now and in the future, drawing upon the co-produced evidence contained within Think Local, Act Personal – **Making it Real**.
- Enabling people with learning disabilities to live as independently as possible and as full and equal citizens of Wirral and their local communities.
- Ensuring that service developments are made public within the context of this Commissioning Plan and delivered within available resources.
- To ensure that resources are used as cost effectively as possible and in line with evidence based practice.
- To give full implementation to relevant and appropriate policy positions that reinforce the principles of modern health and social care that promote choice, person centred services, self management and services in the community and close to home.

Shaping Tomorrow recognises the challenges and complexities confronting Adult Social Care and the context of constrained public services. This Plan provides clarity in relation to one element of a comprehensive approach based upon three complementary Commissioning Plans. By breaking down the challenges ahead into comprehensive, complementary and integrated Commissioning Plans we will strive to implement the vision for Wirral Adult Social Care in a realistic and manageable way.

We recognise that Adult Social Care plays a crucial leadership role in not only delivering targeted services but also undertaking low level interventions, in partnership with others to help people to maximise their potential for continued independent living.

The challenge facing local authorities over the next five years is unprecedented in terms of the changes to services and budgets. The Council has a £100 million budget

gap to address by 2016, against a backdrop of delivering better outcomes and meeting community expectations.

This will mean a radical change and a change in behaviours and culture, not only as a council, but equally in relation to partners, individual service users and their carer's and the wider communities, to harness our collective talents to model services differently to drive resource deployments.

We envisage that this Commissioning Plan will be an essential building block to reflect the new council ethos of teams working together, across departmental boundaries and embracing strategically for the good of the borough. This will be reflected within our delivery plan which illustrates an improvement journey which will include the whole council and partner organisations. As we transform services we will seek opportunities to work in unison with Leisure and Housing colleagues to assure innovative and creative outcomes for people, recognising both the importance of Housing to foster effective community care and Leisure to maximise day opportunities.

To meet this challenge we will put in place, aligned to the Corporate Plan, an approach to Learning Disabilities that –

- **Ensures that strategic and service challenges are identified and addressed.**
- **Systematically reviews services using an evidence base.**
- **Engages with local people and other stakeholders about their priorities.**
- **Sets out how we will address our budget challenges.**
- **Develops a plan to deliver up a contribution to the overall savings by 2016.**
- **Investments and dis-investments will be based upon consultation.**

The Learning Disability Commissioning Plan is dynamic in nature, embracing efficiencies to be achieved and a programme for continuing transformation and the best use of available resources. The Plan will equally reflect the importance of enabling people to remain independent, with the necessary supports to help themselves as a means of developing coordinated local solutions to meeting peoples needs. This Plan should be read in conjunction with the Wirral Autistic Strategy that reflects the national position allied to the development and provision of services for people with autism and their families.

Vision for the Future

This Plan is based on a commitment to put people with learning disabilities and their carers in control of important areas of their lives including service and support arrangements. It is designed to meet the needs and preferences of the changing population of adults with learning disabilities in Wirral now and in the future.

We are committed to services that enable people with a learning disability to take up the same opportunities on offer to any other person living in Wirral. This is about people using their rights, making choices, leading independent lives and being included in society.

We are endeavouring to provide a framework to facilitate further discussion and engagement with key parties and stakeholders to enable the development of a Commissioning Plan to provide clarity and transparency as we move forward against a challenging backdrop of growing needs and reducing financial budgets.

The themes identified are not new and reinforce the long standing principles and values underpinning 'Valuing People' which can be summarised as –

- Strategic planning needs to be based upon accurate information about populations; existing services; unmet need; and costs. The challenge remains one of establishing robust information systems required for this and the ability of commissioners to deliver robust intelligence to support proposed change programmes.
- To embrace the concept of 'co-production' and to strive to develop strategies for change by starting engagement at the point of thinking through with all those with an interest in support and services about what is possible and what needs to be done. This could be viewed to be partnership in action and what we have always sought to implement as a process and vehicle for change programmes. This recognises that to 'do nothing' is no longer an option.
- Person centred planning continues to be implemented in a wide variety of ways. Consideration should be given to whether there is a distinction to be made between community care needs assessments and person centred planning processes. In order for person centred support to become widespread it could be argued that commissioners become more proactive in managing the market in social care.
- A range of housing and accommodation options with support and a balanced market position, recognising the demographic needs and trends is a key element of any change agenda as we move forward and will inevitably influence the shape and design of future service provision.
- Modernising day services presents a variety of challenges. Family carers are often wary of changes to provision, and this component of support to both service users and their parent/carers will require careful consideration.
- There remains a need to develop more employment opportunities for people with learning disabilities.
- Many people with learning disabilities have had negative experiences of change in the past. It is important that the desire to improve services is not allowed to override the need to actively involve people with learning disabilities in decisions about changes that affect their lives.

Strategic Outcomes

Obviously the Vision is at the centre of any process of defining outcomes and the Commissioning Plan will strive to model and design services that seek to achieve better outcomes for people and will demonstrate the following –

- **Improved health and emotional wellbeing** – 'I am as healthy as I can be': People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

- **Improved quality of life** – ‘I am able to live a fulfilled life’: Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with good environment and little crime.
- **Making a positive contribution** – ‘I can participate as a full and equal member of my community’: People living, working and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.
- **Exercise of choice and control** – ‘I have the same life chances as other adults’: People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting direct payments and individualised budgets.
- **Freedom from discrimination and harassment** – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’: Action is taken against maltreatment, neglect and exploitation including hate crime. More people report reduced discrimination, harassment and abuse. Opportunities to build and sustain valued relationships and raise a family.
- **Economic well-being** – ‘I am financially stable and have as much control as possible over my money’: More people have access to financial information, welfare benefits and employment opportunities.
- **Maintaining personal dignity** – ‘I feel valued by others’: More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others.

The above strategic outcomes are broadly in line with the initiative captured through ‘**think local act personal**’ and **Making it Real** – marking progress towards personalised, community based support. Making it Real is “A truly honest co-produced product-extremely good practice” Bill Davidson, member of the National Co-production Advisory Group and co-chair of Think Local Act Personal. Making it Real identifies key themes and criteria and is illustrated by “I” Statements from those people who use services, including self-funders and carers. The themed areas and examples of “I” statements, which cross over with the above Strategic Outcomes are

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- **Information and Advice** – “I have the information and support I need in order to remain as independent as possible”; “I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date”
- **Active and supportive communities** – “I have access to a range of support that helps me to live the life I want and remain a contributing member of my community”, “I have a network of people who support me – carers, family, friends, community and if needed paid support staff”.

- **Flexible integrated care and support** – “I am in control of planning my care and support”, “I have care and support that is directed by me and responsive to my needs”.
- **Workforce** – “I have good information and advice on the range of options for choosing my support staff”, “I have considerate support delivered by competent people”.
- **Risk enablement** – “I can plan ahead and keep control in a crisis”, “I feel safe, I can live the life I want and I am supported to manage any risks”.
- **Personal budgets and self funding** – “I can divide the kind of support I need and when, where and how to receive it”, “I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it’s my own money, direct payment or a council managed personal budget)”.

There are 26 “I” statements in total to support the above themed areas with supporting guidance/criteria to inform commissioning and service delivery. As explained the broad outcomes highlighted within the Plan are allied and do resonate with Making it Real.

Challenges Confronting Services

Services within Wirral will be similar in make up to the range of services provided elsewhere, characterised by common themes which challenge commissioners, providers, service users and carers. These challenges can be described in broad terms as follows.

Issues to address –

- Poor access to routine health checks and services leading to preventable illness and early death. Health assessments and treatment services that offer little choice and require lengthy stays in hospital. Options could focus upon modernisation of health promotion and health screening to be more accessible and prevent health breakdown. Modernisation of specialist assessments and treatment services to develop community based options.
- Overuse of traditional models of care with many people living in care homes and having to live away from Wirral to receive services. High use of traditional day centres and poor access to mainstream social activities and few work opportunities. Options could involve a review of all people living in care homes to identify those ready for independent living, together with the range and balance of accommodation and housing options including residential care. Re-provision of local authority day and respite services to address issues of quality, choice, community integration and independence. Services to prevent adults and young people being placed outside of the Wirral. This position is illustrated by comparative cost per head spend on such services, Wirral currently spend £35.39 per head compared to the average of £26.37 on day care; £5.23 per head 18-64 on nursing care placements compared to the average of £3.40 per head 18-64; and £56.01 per head 18-64 on residential care placements compared to an average of “26.08 per head 18-64.

- Little connection between services for children and adults with learning disabilities resulting in little continuity in meeting needs. Options would include effective transitions planning for young people and their families.
- A growing population and changing demography of people with learning disabilities that is enjoying much greater life expectancy than before and includes the greater survival of people born with very complex needs. Options could include services for older people with learning disabilities/dementia and development of services for carers to extend their ability to continue to care.
- Significant budget pressures in meeting the current and expected growth in demand for services against a reduction in public finances. The need to profile budgets to understand the balance of people living in care homes/supported living situations and those continuing to be supported by parents as primary carers. Options would be to modernise services to make better use of current resources especially arising from high cost social care and health placements. Building upon information illustrated above, currently Wirral unit costs for adults aged 18-64 with learning disabilities receiving day care are £449 compared to an average of £380; and the unit cost for nursing care of £1,387 compared to an average of £978
- Little say or control over many aspects of their lives. Lack of dignity and respect in the way people are treated. Options would include Self Directed Services including individual budgets and Person Centred Planning.

Shaping Tomorrow

Shaping Tomorrow has established the overarching context for the development of robust complementary Commissioning Plans to provide ownership of the direction to be taken in relation to the shape and design of services. The framework for commissioning will move away from the narrow focus on people most in need, the segregation of people with learning disabilities into services for most of their needs, the making of plans on people's behalf rather than based on the aspirations and over protection that does not allow people to learn through taking managed risks. People with learning disabilities will be enabled to take their place, as independently as they can, in the general community in where they live and how they spend their time. Opportunities of all kinds will be opened up and made more accessible.

In carrying through any programme of change the Department will work in partnership with individuals with learning disabilities and their carers, rather than make plans on their behalf. Both looking after a person's health and providing care and support will be seen as requiring the resources of the people with learning disabilities, their families and the local community as well as those of public services.

Learning Disability Commissioning Plan – Re-focussing the Approach and the Way Forward

The overall aim of the Commissioning Plan is to enable people with learning disabilities, however defined, to take their place, as independently as they can, in the

general community particularly in where they live and how they spend their time. Opportunities of all kinds will be opened up and made more accessible. The Commissioning Plan would aim to reverse the trend away from institutional models of service to ones promoting independence and integration where appropriate. The pace of change will be affected by the ability to maintain current services whilst more cost effective alternatives are developed and the degrees of partnership working that exists.

The Commissioning Plan will require the following –

- Commissioning of health and social care services based on good information on changing needs and preferences in how needs are met, anticipating changes rather than reacting as needs are found.
- Identifying strategic partners from the outset to implement each area of change, jointly sharing the risks and addressing the obstacles.
- Encouraging local communities to build networks of mutual support especially through partnerships between public and independent sectors.
- Full use of new technologies to complement support and personal care packages to keep people safe.
- Ideally a joint financial framework to underpin the Commissioning Plan.
- Recognition that inevitably the Commissioning Plan will reflect work currently in train that is seeking to reshape the way that services are provided. Such differing positions will have a range of drivers, whether budgetary, policy and practice or the preferences and aspirations of people themselves. As such we need to establish transparency to enable a coming together of the different positions to build a common platform going forward.

Whilst we need to work in partnership with individuals and their carers, rather than make plans on their behalf, the extent of planned changes to service provision is significant and includes:

- The reshaping and re-focusing of day opportunities.
- The reshaping of residential respite care services.
- The review of the Community Learning Disability Team.
- Consultation in relation to a national Service Specification for Specialist Learning Disability Services.
- Strategies to afford greater community engagement as part of the re-provision of day opportunities.
- The expansion and utilisation of personal budgets to increase choice and control.
- Exploration of housing and accommodation options with support as an alternative to residential care solutions.
- The development of a Lifelong Learning Team to embrace young people in transition from Children and Families to Adult Services, recognising synergies allied to portfolio working.

Identifying Commissioning Priorities

A Vision and supporting Strategic Outcomes have now been identified and highlighted in the Plan. These, although fundamental in terms of identifying what in the broadest sense is required, still do not provide enough clarity over what the priorities are for the commissioning of actual service delivery if both the Vision and Strategic Outcomes are to be achieved.

Shaping Tomorrow provides a framework and process that aims to ensure that all Commissioning Plans for Wirral Adult Social Care are developed in a consistent way that incorporate good commissioning practices. Commissioning priorities for this Plan will be determined after completing the following:

- Analysis of need.
- Review of current strategies, services and policies.
- Identifying good practice and/or evidence based practice.
- Capture local knowledge, experience and aspirations.

These priorities will then be used to ensure that the available resources are allocated in a fair and sustainable way to have the biggest impact on achieving the Vision and Strategic Outcomes.

Analysis of Need

The Commissioning Plan is informed by the likely changes to the population of people with learning disabilities requiring health and social care services over the period 2012 to 2030. The data presented here is drawn from the ‘Projecting Adult Needs and Service Information System’ (PANSI). It is intended as a guide and will be kept under annual review but equally cross referenced to local activity and trends in service provision.

The following projections for the Learning Disabled populations of the Wirral are based on prevalence rates in a report by Eric Emerson and Chris Hatton of the Institute for Health Research, Lancaster University, entitled Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, June 2004. The following position for people aged 18 to 64 to have a learning disability, by age is as follows –

| Predicated to have a learning disability by age | 2012 | 2015 | 2020 | 2025 | 2030 |
|--|-------------|-------------|-------------|-------------|-------------|
| 18 - 64 | 686 | 636 | 564 | 562 | 612 |
| 25 - 34 | 872 | 961 | 991 | 919 | 859 |
| 35 - 44 | 914 | 835 | 860 | 1,006 | 1,044 |
| 45 - 54 | 1,045 | 1,044 | 945 | 813 | 841 |
| 55 - 64 | 906 | 901 | 964 | 979 | 886 |

| | | | | | |
|--------------------------------------|--------------|--------------|--------------|--------------|--------------|
| | | | | | |
| Total population aged 18 - 64 | 4,422 | 4,377 | 4,323 | 4,279 | 4,241 |

The above projections represent greater similarities to that of the general population profiles than would have previously been expected. In that with improved medical and health technologies and the ability to respond proactively to the needs of the learning disabled population and parent carers we are experiencing greater life expectancy and a growing older learning disabled population. This will require active consideration for service configurations to respond appropriately to a body of younger adults with coexisting complex needs involving multiple and profound disabilities, a growing body of middle aged adults, now living with parent/carers, who are in themselves much older and adults who themselves are much older and for someone with a learning disability this can be over 55 years and not the normal retirement age, which will be up lifted in the fullness of time.

Therefore we are seeing a significant change in the learning disability population, with rising numbers aged 60 or over who are likely to require services. As health care standards of living improve, the life expectancy of the population with learning disabilities is moving towards that of the general population although many will experience the problems of ageing earlier than their counterparts in the general population and there is still an increased risk of early death. (Ref: Hollins et al 1998; Carter & Jancar, 1983, Jenkins et al 1994). About a third of people with a severe or profound learning disability using services have an autistic spectrum disorder (Ref: Harker and King 2004). Equally people with learning disabilities have an increased risk of early death compared to the general population (Ref: Hollins et al, 1998, McGuigan et al, 1995) and health screening shows high levels of unmet physical, sensory and mental health needs (Ref: Barr et al, 1999, Howells, 1986).

Key messages from Wirral’s Joint Strategic Needs Assessment – People with a Learning Disability (Chapter Seven) highlights the following trends/factors:

- People with learning disabilities are more likely to have a long term health problems than other people, and less likely to live long lives.
- But people are living longer and in the future more people with a learning disability will probably live into old age.
- At the moment there are about 4,500 people with learning disabilities in Wirral, mostly with mild to moderate learning disabilities. Out of these, about 1,000 are using the social services provided by the Council.
- In Wirral the numbers of people with learning disabilities will probably stay the same over the next 20 years, but people will live longer. There will be a large increase in the numbers of older people with learning disabilities.
- The JSNA identifies three specific groups of people for consideration – those from black and ethnic minorities, those with autism and those with complex needs.
- In terms of those with autism it is estimated that there are 2800 people, of which 500 of these have a learning disability.

- Only a small number of people with learning disabilities are in paid work. In Wirral only 1 in 25 people with learning disabilities known to Social Services have a paid job.
- People with learning disabilities are much more likely to die before the age of 50 than other people.
- About 1 in 3 people with a learning disability is very overweight.
- Heart disease is a serious problem.
- Problems with breathing are higher for people with learning disabilities than other people.
- Nearly half of people with learning disabilities have a problem with hearing and many have difficulties with their eyes.
- People with learning disabilities have more mental health problems than other people.
- People with learning disabilities have more problems with their bones.
- Epilepsy is 20 times more common in people with learning disabilities.
- About 1 in 4 of all people learning disabilities are admitted into hospital each year.
- People with learning disabilities don't get the chance to exercise as much as other people. They don't have the same chance to eat healthily.
- People with learning disabilities find it harder to explain pains and other things that might be wrong with them.
- They find it harder to deal with professionals that they need to see.

Current Service Take Up

The range and scope of Learning Disability Services within Wirral is reflective of those provided within Local Authorities elsewhere. The range of services seeks to respond to the needs and wishes of services users and their families and support services include residential and nursing home care, a range of day opportunities, supported living services to promote and sustain independent living, shared lives services, which support people to live as part of a family, Direct Payments and Personal Budgets that promote individual choice and control, Specific carer support services and bespoke support services for those with complex needs.

Wirral spends 31% of its adult social care budget on Learning Disability services which is commensurate with both the national budget (30%) and regional comparator councils (30%) – NASCIS Expenditure Report for Wirral 31st January 2013.

However within these overall spending patterns, comparative analysis demonstrates a number of variations in relation to the comparator average as illustrated by the following tables:

Table one – Per head of 1000 population

| People with Learning Disabilities known to Wirral Department of Social Services | CIPFA comparator group |
|---|------------------------|
| 5.1 | 4.6 |

| | |
|--|--|
| | |
|--|--|

Wirral provides services to a higher than average number of clients with Learning Disabilities per 1000 population. There is no evidence to determine whether this is due to the Borough's demographic profile or the Council's assessment process.

Table two – Types of Learning Disability specific care delivered in Wirral per 1000 population

| Service | People with Learning Disabilities known to Wirral DASS | CIPFA Comparator Group |
|------------------|--|------------------------|
| Nursing Care | 0.1 | 0.1 |
| Residential Care | 1.0 | 0.9 |
| Home Care | 1.8 | 1.0 |
| Day Care | 1.5 | 1.6 |
| Direct Payments | 0.7 | 1.0 |
| Total Clients | 5.1 | 4.6 |

Table three – Learning Disabilities expenditure per head overview

| Service Area | Wirral | Comparator Average | Net Cost per head difference |
|-----------------------------------|--------|--------------------|------------------------------|
| Nursing Home | £4.90 | £2.70 | +£2.20 |
| Residential Care | £52.00 | £47.00 | +£5.00 |
| Supported and Other Accommodation | £48.40 | £38.20 | +£9.80 |
| Home Care | £3.80 | £23.30 | -£19.50 |
| Day Care | £30.80 | £24.70 | +£6.10 |
| Direct Payments | £7.70 | £11.50 | -£3.80 |
| Equipment and Adaptations | £0.30 | £0.10 | +£0.20 |
| Meals | £0.50 | £0.00 | +£0.50 |
| Other services | £8.50 | £3.50 | +£5.00 |
| Supporting People | £0.00 | £1.73 | -£1.73 |

Analysis of Wirral's performance allied to national performance indicators demonstrates the following key messages –

Table four – key performance messages

| Indicator | Period | Rank |
|--|---------|--------------------|
| Unit cost of adults aged 18-64 with learning disabilities receiving day care | 2011/12 | In the highest 20% |
| Unit cost of adults aged 18-64 with learning disabilities | 2011/12 | In the lowest 5% |

| | | |
|--|---------|----------------------|
| receiving home care | | |
| Unit cost of adults aged 18-64 with learning disabilities receiving nursing care | 2011/12 | In the highest third |
| Number of adults with learning disabilities aged 18-64 receiving direct payments per 1,000 adults aged 18-64 | 2011/12 | In the lowest 20% |
| Number of adults aged 18-64 with learning disabilities receiving home care services | 2011/12 | In the highest 25% |
| Number of weeks residents aged 18-64 with learning disabilities spent in nursing placements | 2011/12 | In the highest third |
| Number of weeks people with a learning disability aged 18-64 spent in own provision residential placements | 2011/12 | In the highest 5% |
| Number of weeks residents aged 18-64 spent in placements provided by others | 2011/12 | In the highest 20% |
| Spend on day care and day services for adults with learning disabilities per adult aged 18-64 | 2011/12 | In the highest 20% |
| Spend on home care for adults with learning disabilities 18-64 | 2011/12 | In the lowest 20% |
| Spend on nursing care placements for adults with learning disabilities 18-64 | 2011/12 | In the highest 20% |
| Spend on residential care placements for people with learning disabilities per adult aged 18-64 | 2011/12 | In the highest 5% |

This Plan aims to reverse the current pattern of spend from institutional models of service to one where people with learning disabilities will be enabled to take their place as independently as they can, in the general community, particularly in where they live and how they spend their time. This will though be within the financial context of transformation to make best use of available resources.

Future Service Priorities and Commissioning Intentions

This section gives the key priorities for delivering the vision set out above and the commissioning intentions for the change in services.

Improved health and well-being:

To ensure there is appropriate diagnosis and treatment of health needs that arise directly from a person's learning disability and better access to mainstream health services. Specifically –

- To review registers for people with learning disabilities held by GP practices to support implementation of health checks. To review access to mainstream sight and hearing services, mental health and dentistry in terms of awareness and accessibility.
- Information leaflets will be developed for people growing older with learning disabilities. There will be a special emphasis on support for people with dementia.

Improved quality of life:

To work with Housing Strategy Leads and Supporting People Leads to expand the range of housing available within Wirral to respond proactively to the broad spectrum of needs within the learning disabled population. This will include

- rental, shared ownership and full ownership.
- small congregated/clusters of and dispersed housing.
- a network of extra care sheltered housing and Key Ring housing.
- adult family placements and Home Share.

This will be within a balanced spectrum of provision which would include residential/nursing care home provisions. This would be underpinned by support and guidance for individuals and families to maximise housing opportunities promoting independence with tailored support.

Through a review and reassessment programme, people living in care homes will be given the opportunity to live more independently with changes on the basis of person centred planning.

There will be a systematic move to prevent people having to live out of area including young people in transition also the development of services through strategic partners to enable people living out of area to move back to the Wirral.

Consolidating the Accredited Providers List of independent support and care providers to maximise expertise in meeting the needs of all people with learning disabilities including those with complex and behavioural needs.

Expansion of the use of Assistive Technology to support people to live more independently.

Making a positive contribution:

Adult Social Services, in conjunction with service users, carers and partner organisations implement the review of Day Services. Services will be re-designed to make better use of resources that are person centred and flexible, whilst acknowledging the important role they play in providing a break for carers.

Adult Education will operate more inclusively including targeting people with learning disabilities to develop greater personal and independent living skills. Working with Community and Leisure Services support will be given to user led, voluntary and community groups to take a lead role to provide a fuller range of day opportunities.

Exercise of choice and control:

The Council and Health will jointly improve assessment and care planning to assure greater control and choice for people with learning disabilities over directing their own services using individualised budgets. A programme of reviews and re-assessments will be established for all service users to ensure individuals are appropriately placed in quality safe services that promote independence and ensure choice. This process will balance empowering people to take appropriate risks and ensuring robust safeguarding practice is embedded to assure individual safety.

Users and carers will be more involved to influence and drive how services are improved at all levels. There will be further expansion of Person Centred Planning Services.

Further enhancement of transitions from child to adult services for young people with learning disabilities and their families from ages 14 to 25 years, underpinned by person centred planning and access to information to make important decisions about the future.

Freedom from discrimination and harassment:

Support for people with learning disabilities to exercise their rights to form personal and social relationships. Again such a position will be mindful of personal safety, risk to self and others and a regime that balances personalisation and safeguarding.

Services will be sought within generic older people's services where this is more appropriate for older people with learning disabilities. Care will be taken to ensure that individuals are not marginalised.

Work will continue with Merseyside Police to tackle hate crime.

Economic well-being:

Adult Social Services will ensure that the evolving Early Intervention and Prevention Commissioning Plan will ensure there is a network of services available locally for adults with learning disabilities who do not need an assessed health or social care service.

Adult Social Services will ensure greater control for individuals over their care packages and finances with the further development of individualised budgets to purchase services and the promotion of Direct Payments.

We will revisit our strategy to promote and enable people to prepare for and gain paid employment. Opportunities will be identified across all sectors to improve employment for learning disabled people.

Personal dignity:

Adult Social Services as part of the Early Intervention and Prevention Commissioning Plan will work to configure services to have greater focus on promoting self-advocacy, empowering people with learning disabilities to speak for themselves and make a valued contribution.

Adult Social Services will ensure that a range of advice, training and information services for carers will be commissioned.

IMPLEMENTATION and ACTION PLANNING

The process will be driven by a clear delivery plan that will be overseen by the **'Making it Real Disability Partnership Board'**. This will guide the commissioning of new services and the de-commissioning of services that are no longer required or fit for purpose. The needs of people with a learning disability will also be integrated into the other complementary strategies allied to Early Intervention and Prevention and Targeted Services.

The focus of staff, agencies and the use of resources will be kept on measurable outcomes, agreed with service users and their carers, and set out in spending programmes, service level agreements, contracts and care plans. These outcomes will be systematically reviewed for their contribution to the agreed direction for meeting needs.

LEARNING DISABILITY DELIVERY PLAN

| Goals | Actions | Outcomes |
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| To progress the modernisation of Learning Disability Day Services to make better use of available resources in line with the Council's efficiency programme for 2013/16. | <p>To complete options appraisal for hoe services will be configured going forward.</p> <p>To undertake further consultations with all interested parties.</p> <p>To implement Transitional Plan to remodel the range of day service opportunities for learning disabled adults.</p> <p>To undertake individual service user reviews for those currently receiving day services.</p> | To establish a model of day service opportunities going forward that makes best use of available resources and delivers positive outcomes for people. This reflects a rolling programme of key milestones spanning financial years 2013/14 to 2016/17. |
| To progress the modernisation of residential respite care services currently provided by Wirral Council. | <p>To rationalise the current residential physical asset base following consultation with interested parties.</p> <p>To implement change programme to enable efficiency targets to be met.</p> <p>To undertake individual service user reviews.</p> <p>To explore alternatives and complementary services to profile respite care opportunities.</p> | A residential respite care service within available resources provided in an efficient and effective manner. Residential respite services will be remodelled during 2013/14 and a Commissioned Framework established that affords a range of alternatives to support choice and control by December 2013. |
| To review all existing supported living contracts to determine value for money, noting the evolving Market Position Statement. | <p>To profile existing accredited provider list to ensure clarity of focus and purpose.</p> <p>To benchmark current local market position against LA comparators.</p> <p>To review current service specifications and benchmark against those operating elsewhere/allied to best practice.</p> <p>To develop procurement schedule to facilitate market testing.</p> | Revised contractual operating framework – standard pricing, terms and conditions. Market testing and procurement will be implemented to establish new contractual regime by October 2013. |

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| | <p>To determine approach to contracting ie block/spot/framework.</p> <p>To let new contracts to assure best use of available resources and the spectrum of needs.</p> | |
| <p>Review and develop a specialist fee rate for residential and nursing care home placements.</p> | <p>Profile current residential/nursing care home placements.</p> <p>Complete individual service user reviews to profile needs of those in residential/nursing care to inform the range of care and support provision going forward.</p> <p>To scope range of local, regional and national residential/nursing care home providers.</p> <p>To explore ability to work collaboratively across local authority boundaries.</p> <p>To cross reference to the regional MPS work.</p> <p>To review existing contracts and service specifications.</p> <p>To develop procurement schedule to enable market testing.</p> | <p>To achieve consistent pricing model to make best use of available resources. This work will follow the Fee setting exercise for Residential/Nursing Care Homes for Older People and be undertaken during August/September 2013 for implementation effective December 2013.</p> |
| <p>In line with the transformation of LA Day Services to develop an external day services outcome based commissioning framework.</p> | <p>To explore the range of existing providers in borough within the independent, voluntary and private sectors.</p> <p>To map services that currently exist, complementary to local authority provisions.</p> <p>To engage with service users and their carers to understand their aspirations.</p> <p>To develop alternative service specifications.</p> <p>To develop a procurement schedule to enable market testing.</p> | <p>A range of complementary Day Service Opportunities. This work is linked to a wider Day Opportunities review programme embracing all needs groups and the outcome will be a Commissioning Framework to be implemented from April 2014.</p> |

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| <p>To review the existing Shared Lives Service to ensure best use of available resources.</p> | <p>To engage with the current shared lives Provider.</p> <p>To develop Shared Lives Service Specification.</p> <p>To consider Options Appraisal and Interim Change Plan.</p> <p>To implement immediate efficiencies pending revised model.</p> <p>To provide coherence in relation to both DASS and Supporting People approaches to Shared Lives.</p> | <p>To ensure positive outcomes for those receiving a Shared Life and efficient use of available resources. Options appraisal completed May 2013, implementation of revised contractual position effective August 2013.</p> |
| <p>To implement the revised Transport Policy working in conjunction with Children and Families.</p> | <p>To ratify Transport Policy.</p> <p>To review existing transport service users.</p> <p>To operationalize new policy and apply to those requiring transport to access services.</p> <p>To achieve efficiency savings target.</p> | <p>Transport Policy implemented and efficiencies achieved – May 2013.</p> |
| <p>In relation to Day services transformation to review existing incentive payments.</p> | <p>To complete consultation and individual service user reviews.</p> | <p>To cease incentive payments - July 2013</p> |
| <p>Individual Service User reviews to focus upon those receiving 24/7 services, plus additional day service support.</p> | <p>Profile of individuals.</p> <p>Review current support plans.</p> <p>Engagement with current support Providers.</p> | <p>Removal of double funding arrangements – this will be embedded within on going review practice, targeted reviews have now been completed.</p> |
| <p>Profile all young people in transition to understand demographic implications and potential resource deployments.</p> | <p>Transition Team to profile known young people aged 14 years and above in line with Transitions Protocol.</p> <p>To map needs and current service provision.</p> <p>To project future cost implications.</p> | <p>A profile of young people who will transition to adult services and investment strategy to make best use of available resources. This will be completed by September 2013.</p> |

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| <p>To review Housing Options/Solutions for adults with a learning disability.</p> | <p>To profile the existing LD population known to DASS</p> <p>To profile existing LD Housing and Supported Living Providers.</p> <p>To research best practice.</p> <p>To identify range of housing solutions.</p> <p>To engage with corporate Housing Leads.</p> | <p>To establish a Housing Plan complementary to this Commissioning Plan. This work will build upon the existing Housing Plan and timelines will be set by the Making it Real Partnership Board.</p> |
| <p>To review individual care plans involving high cost placements both in and out of borough to assure effective and efficient outcomes for people.</p> | <p>To profile those case work situations involving high cost support packages.</p> <p>To benchmark support package costs in relation to family of Local Authorities/North West Local Authorities.</p> <p>To undertake systematic review of individual placements and support packages.</p> <p>To explore cross Local Authority working to procure alternative outcomes for people.</p> <p>To establish Project Plan to establish meaningful time frame for completion of Reviews defining case work focus.</p> | <p>To complete reviews in relation to high cost casework situations as defined by the Project Plan. This work is in train and will report and complete by September 2013.</p> |

Learning Disability Commissioning Plan on a page

Challenges

- Poor access to routine health checks and services leading to preventable illness and early death.
- Health assessments and treatment services that offer little choice and require lengthy stays in hospital.
- Overuse of traditional models of care with many people living in care homes and having to live away from Wirral to receive services.
- Little connection between services for children and adults with learning disabilities resulting in little continuity in meeting needs.
- Significant budget pressures in meeting the current and expected growth in demand for services against a reduction in public finances.
- Reshaping and refocusing of day opportunities and residential respite care services.

Principles

- Ensuring that people have real control over the resources used to secure care and support.
- Taking time to listen to a person's own voice, particularly those whose views are not easily heard.
- Fully consider and understand the needs of families and carers when planning support and care including young carers.
- Ensuring that support is culturally sensitive and relevant to diverse communities across age, gender, religion, race, sexual orientation and disability.
- Taking into account a person's whole life, including physical, mental, emotional and spiritual needs.
- Enabling people to develop networks of support in their local communities and to increase community connections.
- Seeking solutions that actively plan to avoid or overcome crisis and focus on people within natural communities, rather than inside service and organisational boundaries.

Priority Actions

Priority area one: Making a Positive Contribution

Adult Social Services in conjunction with service users, carers and partner organisations implement the reshaping and refocusing of day opportunities and residential respite care services to make better use of resources that are person centred and flexible, whilst acknowledging the important role of carers.

Priority area two: Exercise of choice and control

The Council and Health jointly improve assessment and care planning to assure greater control and choice for people with learning disabilities over directing their own services using individualised budgets.

Priority area three: Improved quality of life

To work with Housing and Supporting People Leads to expand the range of housing and accommodation options to respond proactively to the broad spectrum of needs within the learning disabled population.

Key Outcomes

Priority area one:

- Making a Positive contribution – 'I can participate as a full and equal member of my community'
- Active and supportive communities – 'I have access to a range of support that helps me to live the life I want and remain a contributing member of my community'

Priority area two:

- Improved health and emotional well-being – 'I am as healthy as I can be' People living longer and with better physical, mental and emotional health. More people with healthier lifestyles.
- Exercise of choice and control – 'I have the same life chances as other adults'
- Flexible integrated care and support – 'I am in control of planning my care and support'

Priority area three

- Improved quality of life – 'I am able to live a fulfilled life' Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being.