DERBY CITY COMMISSIONING STRATEGY

A JOINT COMMISSIONING STRATEGY FOR ADULTS WITH LEARNING DISABILITIES

2006-2011

December 2006 Version 2

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EXECUTIVE SUMMARY

Introduction

This is Derby's first Adult Learning Disability Commissioning Strategy. It aims to establish the current situation in terms of people who are accessing services, and what the future demand may be. It also outlines some agreed commissioning priorities. What has become clear during the consultation already undertaken for this strategy is that service users, family carers and staff have a lot to tell us about what they think is required and they would welcome ongoing involvement as the strategy is implemented. It has therefore been agreed that we will undertake further consultation during 2007.

The Derby City Joint Commissioning Group will be the vehicle for implementing this strategy. The strategy provides a clear picture of current service use and potential future need. The service developments highlighted in chapter 4 will go a long way toward meeting the service gaps. Further work needs to take place in order to develop a robust financial plan to underpin the strategy. This work will be done alongside the consultation during 2007.

Work is also underway to develop outcome measures that can be associated with performance measures. This will ensure that the commissioning approach becomes more outcome focused.

Outline of the strategy

The strategy is set out in chapters. Chapter One is the introduction which outlines the policy context and purpose of the strategy. Chapter two outlines the current position, highlighting the infrastructure that is available to implement the strategy. It goes on to examine current service provision and demand for services.

Chapter three examines future demand for services and service gaps. In order to gain a full understanding of these gaps, two types of information have been used:

- The commissioning data on future demand for services. This is in the form of numbers of people expected to use the service
- Information gathered from open ended questionnaires distributed to family carers, health and social care staff, and information from a group exercise with service users who are members of the Valuing People Partnership Board

This chapter also outlines some key commissioning priorities, including:

- People placed out of area
- People in transition from children's to adults services

- People in need of housing and support
- People living with older carers

Chapter four outlines a number of key service developments that are planned and will help deliver our commissioning intentions. These include day service modernisation, development of culturally appropriate services, NHS Campus re-provision and development of the local provider market.

Chapter five contains the budgets for health and social care, Chapter 6 is the performance management framework and chapter seven is key action points. Appendices appear at the end of the report.

CHAPTER 1 INTRODUCTION

1.1 Policy Context

The White Paper 'Valuing People: A new strategy for learning disability for the 21st Century' was published by the DoH in 2001 and established the direction of travel for Learning Disability Services through 4 key principles:

- Rights
- Independence
- Choice
- Inclusion

The White Paper identified eleven key objectives (see Appendix 3) and called for the establishment of Valuing People Partnership Boards to oversee the implementation of the strategy.

In 2005 a report called 'The Story So Far' was published by the Valuing People Support Team. It commented on progress toward implementing the 2001 White Paper, highlighting areas where good progress had been made, and where there was still room for improvement.

Additional national guidance that complements the themes of 'Valuing People' has come in the form of:

- Learning Difficulties and Ethnicity (DoH March 2001)
- Choosing Health White Paper (November 2004)
- Improving the life chances of disabled people (Strategy Unit, January 2005)
- Our Health, Our Care, Our Say (January 2006)
- A variety of National Service Frameworks (NSFs)
- Healthcare Commission Draft three year strategic plan for adults with learning disabilities 2006-2009 (November 2005)

A range of policies/strategies local to Derby City are also useful in facilitating implementation of the Valuing People agenda. For example:

- Supporting People Strategy 2005-2010
- Improving Our Health in Derby: A Public Health Strategy for Derby (2005-2010)
- Derby City Partnership: 2020 Vision

1.2 Purpose of this strategy

The Commissioning vision for Derby City is:

'To provide lifelong opportunities, enabling people with learning disabilities to achieve their desired outcomes and to participate fully in the community'

In order to achieve this vision commissioners need to:

- Consult with people with learning disabilities and their family carers to establish what they need
- Ensure quality and cost in service delivery, and best value is secured
- Develop the local provider market

The purpose of this initial Derby City Commissioning Strategy is to provide a clear picture of:

- Who currently accesses learning disability services
- Which services they access
- What future demand for services might be
- Where there are gaps in our ability to meet demand
- How we might fill the gaps

There is an ongoing challenge for commissioners, providers and people who use services, when trying to accommodate the needs and wishes of service users, alongside the demand for and costs of the services they use. The Association of Directors of Social Services published a report in October 2005 which called for urgent action to be taken in order to avoid the time-bomb that is the future cost of, and demand for, learning disability services.

Changing the way we commission services and what we commission is key. We know that people with learning disabilities are living longer into old age and that more premature babies are surviving at birth. We also know that the people coming into adult services are increasingly presenting with ever more complex needs. The challenge to commissioners is to deliver person centred services within finite resources, whilst assuring quality and choice.

This strategy outlines proposals for the way in which Derby City will meet this challenge.

CHAPTER 2 THE CURRENT POSITION

2.1 Commissioning Structure

Derby City has a Joint Commissioning Group which is chaired by the Director of Commissioning for Derby City Primary Care Trust (PCT). The group has membership from across the City and County, with Social Services and the Provider Mental Health Trust represented on the group along with the City and County PCTs. The group meets jointly as a City and County group one month then separately as a City-only or County-only group the alternate month.

The Joint Commissioning Group (JCG) has clear terms of reference which incorporate the role of Programme Board for a range of projects across health and social care. The JCG also receives reports from each of the Valuing People workstreams, as there is a strong link between the Valuing People Partnership Board and the Joint Commissioning Group.

2.2 Commissioning Information

A commissioning development worker joined the learning disability commissioning team earlier in the year. The post-holder has spent several months gathering commissioning data to inform this strategy and future commissioning.

2.3 Service provision and current demand for services

There are currently 890 people known to Derby City Corporate and Adult Social Services Learning Disability Service. They fall into the following broad categories:

Table 1 – Service user categories

Category	Number of people
Learning Disability only	586
LD/Physical disability	103
LD/Challenging behaviour	70
LD/Autism	56
LD/Mental Health (dual diagnosis)	55
LD/Dementia	9
LD/Parent	11

Current service provision can be summarised as follows:

Table 2 – Current services provided (some people receive more than one service, other people are not in receipt of a service but are an open case)

Service	Number of people receiving the service
In-House residential care	13
Independent sector residential care	139
Nursing Care	28
Independent Hospital	18
Supported Living	53 (some included again in the 61 below)
Domiciliary support at home	In House – 129 Ind Sector - 61
In-House day services	248 (33 high support, 33 complex behavioural issues, 182 moderate needs)
Independent sector day services	163
NHS campus	20
Respite, including adult placement	103

Table 3 – Breakdown of service users by ethnicity

Please note – this data was collected from a source that shows only 674 service users known to the adult service. The new commissioning database shows 890. This data needs to be reconciled.

Asian or Asian British - Bangladeshi	
Asian or Asian British - Indian	17
Asian or Asian British – other	7
Asian or Asian British – Pakistani	22
Black or Black British – African	
Black or Black British – Caribbean	19
Black or Black British – other	2
Dual heritage – other	
Dual heritage – white and black African	
Dual heritage – white and black Caribbean	7
Not declared	1
Not declared/not known	9
Not recorded	7
Other	1
Other – Chinese	
White - British	568
White – Irish	7
White – Non European	
White – other European	7
Total	674

2.4 Funding

There are a total of 148 people receiving some form of health funding - 63 people are 100% health funded and 85 people are partly health funded. The rest are 100% SSD funded. Most of the people who are fully health funded are people who are ex-long stay hospital patients, in a current NHS campus or in Independent Hospitals. Those who are partly health funded are those receiving some nursing care or continuing care funding. Further details of expenditure for health and social services are contained in chapter 5.

There are 16 adults with learning disabilities in receipt of Direct Payments and 41 in receipt of Independent Living Fund.

2.5 Advocacy and Person Centred Planning

Advocacy

A total of 189 people with learning disabilities receive some form of advocacy service in Derby City. There are 100 people receiving short term or crisis advocacy support and a further 81 people are supported in a group setting through 18 advocacy groups in the City. Additionally there are 8 long term 1:1 partnerships in the City.

The Advocacy service also provides ongoing support to Speak Out who are a sub group of the Valuing People Partnership Board, with a Quality remit.

Person Centred Planning

There are a number of people who have had a Person Centred Plan (PCP) facilitated by Health or Social Services facilitators trained in Essential Lifestyle Planning. In addition, service users living in Supported Living Services are supported by their support providers who ensure that each service user has a person centred plan. Derby City has now produced a set of criteria for measuring whether something really is a Person Centred Plan. This will be useful for both in-house services and independent sector commissioned services.

A database of trained facilitators now exists, along with a waiting list system for anyone requesting a PCP. Courses have also been run for family carers. Helen Sanderson Associates (HSA) have been commissioned to provide training to staff across health and social care, both in the statutory and independent sector. This ‘Good to Great’ training is something HSA are running nationally with a number of organisations. It aims to more firmly embed person centred planning approaches in all services, through the use of PCP coaches.

CHAPTER 3 FUTURE DEMAND FOR SERVICES AND GAP ANALYSIS

We know that in order to meet the future needs and wishes of people with learning disabilities, and in order to implement the aims and objectives of Valuing People, services need to change. People with learning disabilities and their carers want flexible and responsive services (see section 3.8 for more detail on what they have told us). We need to ensure that they are the people helping us to shape future services.

We now have information in two ways that will help us establish how we need to change. We have some projected numbers of people who will need our help in the future and we have the results of discussions and surveys undertaken with service users, family carers and health and social care staff.

3.1 Prevalence of learning disability

There are a number of studies that suggest prevalence figures for people with learning disabilities, however they somewhat differ. The Valuing People White Paper gave a figure of 5 people with learning disabilities per 1,000. Emerson and Hatton (2005) suggest a figure of 10 people per 1,000 of the overall population.

Derby City has a population of 221,708 of which 52,337 are under 18 years of age. If we use the figure of 890 adults known to Corporate and Adult Social Services Learning Disability Service this gives us a prevalence rate of 0.52% or 5.2 adults with learning disabilities per 1,000 in Derby.
(221,708 – 52,337 = 169,371 then 890/169,371 = 0.0052)

3.2 Future Demand Projections

Last year from April 2005 to April 2006 Corporate and Adult Social Services Learning Disability Service received a total of 12% initial new referrals. After assessment this reduced to 4.5% in new referrals accepted by the Learning Disability Team. This 4.5% equates to 40 new cases that year, and this pattern was replicated in the previous two years. If an increase of 4.5% per annum was to be repeated in future years, growth would be as outlined in the table below. The table also includes the addition of known transitions.

Table 4 – Projected demand

LD service user number projections							
Year	2006	2007	2008	2009	2010	2011	2012
Starting number	890	931	988	1046	1114	1189	1267
4.50%	40	42	44	47	50	54	57
Transitions	1	15	14	21	25	24	33
C/f number	931	988	1046	1114	1189	1267	1357
Annual increase	4.6%	6.1%	5.9%	6.5%	6.7%	6.6%	7.1%
Total increase over 6 years							52.5%

The table above uses previous levels of increase as the basis for future levels. This means that we have not reflected an increase for the trend of people living longer into old age, or more people surviving at birth and so the figures may be an underestimate in that sense. However, we have added in all of the people we know are coming through in transition and some of those would previously have already been included in the 40 new referrals, so we may have overestimated in that sense. The result should be that this balances out.

3.3 People placed out of area

We know that 124 people are placed outside Derby City. Of those people we know that 25 could possibly return to Derby. Of the 25, 8 are currently living in low secure provision. A project is underway in partnership with Derby City Housing Department to establish the housing needs of people with learning disabilities who we know may need housing and support in the future. One of these groups is people placed outside Derby.

3.4 Housing Survey

A Housing Survey is being undertaken with people with learning disabilities from certain groups who are likely to require housing and support in the future. They are:

Table 5 – Housing survey categories

Group	Number being surveyed
Core Houses (NHS campus)	20
People in transition	30
People living with carers	98
People who could return to Derby	25
People known to want to move	10-15
Total	**183-188**

The survey will be completed by February 2007 and will be used to inform the Housing Strategy and Housing Corporation Bids.

3.5 People in transition from children's to adults services

The service has a dedicated transitions team. A database identifies the number of young people from age 14 that will remain the responsibility of Derby City. There are currently 138 young people aged 14 to 19 on the database due to come into adult services between 2006 and 2012.

We now know that the pattern of demand for people in transition to adult services between 2006 and 2012 is likely to be as follows:

Table 6 – Transition projections

Year	Number of people
2006	6
2007	15
2008	14
2009	21
2010	25
2011	24
2012	33
Total	**138**

We also know the type of service that people are likely to need:

Table 7 – Transition service user categories

Service	Number of people needing the service
Learning Disability only	22
LD/Physical disability	31
LD/Challenging behaviour	9
LD/Autism	24
LD/Mental Health	0
LD/Dementia	0
LD/Parent	0
Awaiting assessment	52
Total	**138**

3.6 People living with older carers

We know that there are 98 people known to Corporate and Adult Social Services Learning Disability Service who are living with family carers. It is estimated that of this number, 54 people have carers over the age of 60. These figures need to be further validated.

3.7 What we can assume from the current position and estimated future demand

The demographic data above allows us to draw some conclusions that assist with planning for service provision. Namely, that:

- Our service users have a wide range of needs and therefore individualised planning is key
- We have a lot of people using residential care and large day centres. This identifies a need to develop a varied range of services offering alternatives to and enhancement of, our current provision
- We have people living in NHS campuses and this needs to change by 2010
- We have 16 people in low secure independent hospitals out of area. Local low secure step-down or specialist services should be developed
- We need to commit more resources to Person Centred Planning
- We will have an increase in demand of between 4.6 and 7.1% each year over the next 6 years
- We need to plan to bring people back from out of area if they want this
- We need to continue to identify housing need and work alongside the housing department and supporting people teams because we have already identified between 183 and 188 people who will need housing
- We need to plan for the 138 people coming into adult services over the next 6 years through transitions, and make provision for them close to home
- We need to do further work with the 98 people living with family carers in order to plan for future need
- We will need to look overall at how we are going to finance these changes
- We need to develop the local provider market

These figures only tell us part of the story however. To complete the picture we asked key stakeholders what they think are the service gaps.

3.8 What stakeholders have told us

As part of the development of the commissioning strategy (see Appendix 2 for project plan), a number of stakeholders were consulted in order to ascertain what they perceived the gaps in service provision to be. Staff, service users and family carers were either interviewed, asked to complete a questionnaire, or were part of a group discussion.

Health and Social Care Staff

Sixteen questionnaires were distributed to health and social care staff and thirty three professionals responded (this is because for some areas the whole team completed a questionnaire). Those surveyed were:

- Head of Local Authority Learning Disability Service
- Social Services Service Managers
- Day and Residential Modernisation Project Manager
- Approved Social Workers
- Speech and Language Therapists
- Psychology
- Psychiatry
- Assessment and Treatment Outreach Service
- Occupational Therapy
- Physiotherapy
- Community Nursing
- Valuing People Implementation Support Officer
- Out of Area Liaison Nurse
- Clinical Assessment Team

Service users and family carers

Service user consultation is ongoing through the Speak Out group. However some consultation with service users and family carers has been completed through the advocacy service and a number of events. The events held were:

- A PATH mapping day held on 9th November and facilitated by Derby City's Person Centred Planning facilitator. This event was attended by 5 family carers and 5 people with a learning disability
- Valuing People Partnership Board (VPPB) meeting on 29th November. At this meeting a group workshop exercise was undertaken with the 5 service users who are elected to the VPPB
- Carers Forum meeting held 1st December. Twelve family carers worked in three groups to complete the questionnaires

The Questionnaire

The questionnaire asked the following open ended questions:

1. In your view what do our services currently do well?
2. In your view what problems do we currently experience in delivering services to people with learning disabilities?
3. In what areas do you think we need to develop new services?
4. What level of need do you feel there is for these services?
5. How do you think we could improve the way in which we use current services to meet people's needs?
6. If improvements were made as you suggest, what do you feel would still be the services we need to commission?

The results – what people told us

Health and Social care staff:

The responses to the questionnaires indicated the range of services that are required to meet need. The table in Appendix 6 is a summary of responses from health and social care staff. It must be noted that almost unanimously those who responded highlighted the need for joint health and social care eligibility criteria. Staff also highlighted a need for services to meet a wide range of needs including forensic, autism, complex and profound multiple disabilities, dementia and challenging behaviour. Employment opportunities and flexible transport also featured highly.

Service users and family carers:

On the PATH day held in November, service users and family carers explored two questions:

- What life is like now
- Our dreams

What they told us appears in Appendix 6. Some key points were:

- Respite options
- Hydrotherapy facilities
- Right level and type of support
- Places for socialising in the evening
- Jobs and courses

Valuing People Partnership Board:

At the Valuing People Partnership Board meeting an exercise was undertaken which asked the service users on the board to consider two questions:

- What do you think is going really well with the services you currently receive?
- What changes would make life better for you?

The Board broke up into three groups to consider these questions. Feedback was as follows:

What's going well
I like gardening, work, answering the phone, reception, cooking and English
College caters for wheelchairs
Person Centred Planning and having this as a commissioning expectation of all providers
Supported Living for people with Prader Willi syndrome
Drop in centre there when I want to – reliable
I like living in a group home
Independent Living Skills Course
Everyone is accessible at all levels
Access to Psychologist
Partnership Board is starting to improve
Community Team – different people
Key workers
Good key workers
PATH work
Work of the modernisation team
Being able to speak out at Valuing People Partnership Board
Speak Out Group and advocacy service

What's not going so well
Too much hanging about
Too many priorities at once – we need to prioritise 4 key topics
Don't like arguing
Lack of transport to help people do things and lack of choice about how to travel, other than minibus
Lack of employment
Lack of evening/weekend activities
Lack of choice about where to live and lack of information about options
Information for service users and families
Accessible toilets

Valuing People Partnership Board service user representatives:

The VPPB service User representatives met separately following the VPPB meeting at which they worked in small groups. At this separate meeting they considered their views on commissioning for the future. They would like:

- Somewhere to go for a coffee, such as a drop in centre
- New day centre, but also used by the public
- Paid work in centres
- College courses at centres
- Hydrotherapy pool
- Specialist residential care- own flat with 24 hour support
- Chance to live with boyfriend in own house
- Good public transport
- Door to door wheelchair friendly transport
- Cafes that cater for diets with lots of choice
- Chances to do sports, exercises and join gyms and clubs
- Clubs and pubs to go to at evenings and weekends and someone to go with
- College courses that get real qualifications and or help to get a job
- Get paid for going to meetings
- Having a job that gives you satisfaction
- Someone to make information “easy read”
- More training for Partnership Board reps
- Someone to take notice. We are asked what we think, but people don’t take any real notice.
- Freedom and Independence

Carers Forum:

Carers at the Carers Forum worked in groups to complete the questionnaire. A summary of what they said is needed follows:

Not enough out of hours activities provided – places to go and staff to go with people
More flexible services to give family carers some respite – evening and weekend activities
Hydrotherapy services needed
Staff flexibility so that people can stay up/out late
User led services that match need and ability
Better communication
Activities that develop day to day skills such as shopping

Education after the age of 19
Brand new day centre in a more central location, of good quality
Services that meet need
Good understanding of carer needs
More funding
Specialist services for people with autism including day services
Support and pathways into employment
Long and short term residential services
Listen to people and meet their needs
Services for carers

It is clear from analysis of the responses across all groups that there are some broad areas of agreement between service users, family carers and professionals about what is required. One of the actions for early in 2007 will be to further engage with staff, service users and family carers to inform some priority areas for development, using a 5 year plan.

CHAPTER 4

PLANNED SERVICE DEVELOPMENTS TO MEET CHANGING NEED AND FILL SERVICE GAPS

While work is clearly ongoing to agree some priority areas, others are clear and a variety of service developments and changes to the services we commission are being planned. These are described in this chapter and further action is highlighted in chapter 7.

Many of the service developments will require working closely in partnership with the Human Resources and Training Departments within Corporate and Adult Social Services. This is for two reasons:

1. The changes may affect staff directly or indirectly
2. There may be changes to the services provided by the department and a new range of skills may be required

There is a Workforce Development Plan in place.

4.1 Day Service Modernisation

Derby City currently has two Social Services in-house day centres providing a service to a total of 248 people. Both centres provide a service for 50 weeks of the year and are open between 8.30am and 4.30pm Monday to Friday. Wetherby Day Centre provides a service to 148 people and Humbleton View Day Centre provides a service to 100 people. Average attendance is 176 people across the service as not everyone attends 5 days per week. Service user's needs are described below:

Day centre	People with high support needs	People with complex needs/autism/challenging behaviour	People with low/moderate needs	Total
Wetherby	23	12	113	148
Humbleton View	10	21	69	100

194 people travel to the centres using buses which are provided under a contract with Derby City Council. A further 6 people use taxis paid for by the day centre and 48 people find their own way to the centres.

Both centres offer a range of community based activities and services have moved from being purely building based. Partnerships with the National Forest, Parks Department, Adult Education and Enabled Art have allowed the service to develop a range of Community based activities.

One centre (Humbleton View) will be unable to continue as a service base without significant investment.In March 2006 a formal 3-month consultation process began in order to gather views on the vision for the future of day services. The results of this consultation, and what we know about the building, are informing planning for the future.

A team has been recruited to work with these service users on alternatives. There are two project workers who will undertake person centred assessments, and there is an employment development worker and a community resources development worker. The team will be working with current and potential providers of community and work based schemes to expand and develop opportunities. The results of this work will inform commissioning over the next five years.

The plan for modernising day services in Derby City will include:

- Developing pathways to employment
- Developing links with education
- Developing access to community activities
- Services provided from smaller community bases where feasible
- Remodelling the way transport is provided
- Ensuring access to the City

Nottingham City have recently opened a ‘changing places’ public toilet. It has full changing facilities for adults with learning disabilities. If we are serious about ensuring that ‘the community’ is accessible for people with learning disabilities and complex needs, these are the sorts of developments we will need.

There are also a number of independent sector providers of day services who provide a service to a further 163 people. A day service provider forum has recently been formed and both in-house and independent sector providers attend. The purpose is to share information and joint planning opportunities.

Key Actions and outcomes required from recommissioning leisure services:

- To improve person centred planning approaches so we get a real understanding about what people want to do with their time.
- To increase the number of people with a learning disability in paid employment.
- To support people with a learning disability to become part of their communities.
- To increase choice for service users via the take-up of direct payments.
- To reduce the amount of time people have to spend on transport in order to participate in leisure activities.
-

4.2 Residential Modernisation

Derby City has 2 hostel type buildings provided by Social Services. Ashlea offers short break and emergency care, and The Knoll offers residential/extended stay. The Best Value Review in 2001/02 indicated that residential services could be better provided by the independent sector and this is the route Derby City Council Cabinet has decided to follow. We are currently in a 3-month consultation process on the closure of The Knoll. Work is ongoing to take advantage of several new developments, which are happening in Derby. Four of the thirteen residents will have moved out of The Knoll by the end of November 2006.

Ashlea offers 23 short stay and emergency beds. Two of the 23 beds were originally designated for people with challenging behaviour, complex needs, autism and multiple physical disabilities. However, these beds are continually significantly oversubscribed and it has been necessary to integrate the designated beds and specialist staff team into the mainstream service in order to meet the needs of carers who require the service.

94 people currently access the respite service of which 25 people have a high level of complex and vulnerable needs that require at least a one to one staffing ratio. We will eventually need to recommission this service to meet changing need.

Key Actions:

- To ensure that people have a choice about where they live and who they live with.
- To ensure that people are supported to live in appropriate environments

- To implement the Valuing People recommendation that people should not live in large hostel type buildings.
- To increase the amount of short breaks available for family carers.
- To provide specialist, learning disability assessment and treatment beds locally.

4.3 Development of culturally appropriate services

Work is underway through the ethnicity work group to undertake an ethnicity audit. The audit will look at whether our services meet the needs of people from BME communities. An Asian carers Group has also been established in order to raise awareness of services available.

4.4 NHS Campus re-provision

The recent White Paper says that by 2010, nobody with a Learning Disability should be living as an NHS inpatient. In Derby City 20 people still live in an NHS campus. A project group meets monthly and is preparing the Business case for implementing this change. The project group reports directly to the Joint Commissioning Group.

4.5 Hydrotherapy Pool

When Aston Hall long stay hospital closed, the hydrotherapy pool resource that was based there was lost. This was used by people with learning disabilities but also by other service users groups. A project group meets regularly to identify options for the reprovision of this pool and a number of these options are being further explored.

Demand for the pool has been categorised using 4 priority levels. Level 1 denotes a person for whom hydrotherapy is essential to maintain and improve physical function and for whom no other therapeutic medium is as effective. Level 4 is those for whom use of the pool would be recreational.

Derby City has 13 people in priority group 1.

4.6 Further develop quality monitoring systems with providers

In Derby City we need to further develop a set of terms and conditions for specialist providers, along with quality monitoring mechanisms which sit alongside those of CSCI. We also need to ensure a direct link between quality and cost. We are developing this by:

- Involvement in the East Midlands Centre of Excellence High Cost Placement Project
- Embedding Person Centred Planning in Contracts/Service Level Agreements
- Establishing a joint Performance Framework
- Streamlining monitoring arrangements

Work is also underway to ensure that the implications of the recent Cornwall report are understood by providers, as well as the requirements of the Mental Capacity Act.

4.7 Single Point of Entry to Health/Social Services

We need to ensure consistency across Health/SSD for entry and eligibility for LD Services. We also need to ensure seamless transfer to other services e.g. Mental Health/Physical Disability where LD is not considered to be the most appropriate service for the person.

4.8 Establish a system for maintaining joint Health/SSD commissioning data

We need to resolve the information sharing barriers in order to establish a joint database across health and social care. We are able to gather information separately, but without cross referencing it is difficult to establish whether a person is in receipt of services from both, or just one service. For planning purposes it would be useful to be able to see the full range of services received and to ensure there is no double counting.

4.9 Assessment and treatment services/Respite

Derby City has an outreach team for assessment and treatment, but no access to beds where a person requires detention under the Mental Health Act. We need to commission access to a number of beds, currently estimated at between two and four. We also need to review the current outreach service.

We also need to develop further respite services. This has clearly been highlighted by family carers as a need.

4.10 Housing, Care and Support

Work has begun in partnership with the housing department on a housing survey to identify future housing and support needs. This work will inform the housing strategy and housing corporation bidding cycle. Work is also ongoing with the Supporting People team to secure funding for some future projects.

4.11 People in transition to adult services

A transition database now exists, enabling forward planning. Person Centred Planning is also being undertaken with people in transition. Further action is required to stimulate the local provider market and ensure that opportunities are available. A particular concern raised by carers and services users is that they want direct payments but they also need to have somewhere to spend them.

4.12 Person Centred Planning

Helen Sanderson Associates (HSA) have been commissioned to provide training to staff across health and social care, both in the statutory and independent sector. This 'Good to Great' training is something HSA are running nationally with a number of organisations. It aims to more firmly embed person centred planning approaches in all services, through the use of PCP coaches.

4.13 Bringing people back from out of area

A project will begin next year to start developing local provision for people who are currently placed out of area, including those in low secure services. Work is being undertaken to establish:

- What type of service is needed for the people who can return to Derby
- Numbers of people coming into adult services that will need a local service and are currently out of area
- The reasons for some people not coming back to area
- Of those who could return to Derby, the type of service required. This includes consideration of how this can best be provided on a value for money basis
- Opportunities for joint commissioning with neighbouring authorities

4.14 Integration

The integration of community learning disability teams across health and social services is ongoing. They are currently co-located in Derby City. What the final full integration will look like is still being debated but the outcomes will include:

- The existence of a joint eligibility criteria
- Single point of entry/managed pathway
- Single line management
- Joint standards/performance measures

4.15 Review provider services

A review of the provided services will be undertaken to ensure that a shared understanding is reached regarding activity, outcome, waiting times, location and volume.

4.16 Access to primary and secondary care

Work will be undertaken to audit against the Better Metrics for learning disability. A Health facilitator post is currently being advertised for Derby City to assist with this work.

4.17 Market development

Clearly the local provider market needs to be developed. This strategy will help enable this as it will be shared with providers. They will then be able to see what our commissioning intentions are. A day service provider forum has already been convened and in February a wider provider forum is being planned.

Derby City is also part of the East Midlands Centre of Excellence (EMCOE) High Cost Placement Project and this may offer opportunities for partnership commissioning.

CHAPTER 5 RESOURCE IMPLICATIONS: Current Health and Social Care spend

DERBY CITY HEALTH AND SOCIAL CARE BUDGETS

		Assessment and Care management	Residential	NHS campus	Respite	Day Care	Hospital care	Hospital Resettlement	Domiciliary support	Employment Support/ Independent Living	Other	LD Management	LDDF	Total
Health	Own Provision -MHT	1,355,564		1,388,775		51,841				103,452	306,666	129,387		3,335,685
	Own Provision -PCT													0
	External provision													
	In area	1,429,466	1,386,506				1,674,983	3,666,065					215,000	8,372,020
	Out of area						743,239							743,239
Local Auth	Own Provision	307,066			1,083,061	2,810,036			66,749	(53,009)	221,092	163,771	2,656	4,601,422
	External provision													0
	In area		1,887,868			90,881			832,795					2,811,544
	Out of area		3,108,094											3,108,094
Total for the City		3,092,096	6,382,468	1,388,775	1,083,061	2,952,758	2,418,222	3,666,065	899,544	50,443	527,758	293,158	217,656	22,972,004
Commissioned Services		1,429,466	6,382,468			90,881	2,418,222	3,666,065	832,795	0	0		215,000	15,034,897
Provided Services		1,662,630	0	1,388,775	1,083,061	2,861,877	0	0	66,749	50,443	527,758	293,158	2,656	7,937,107

Note: The PCT and MH Trust budgets have been notionally split across City/County according to historic apportionments. An agreed formula for final apportionment is yet to be agreed so these values will change with the revised strategy.

CHAPTER 6 PERFORMANCE MANAGEMENT

6.1 Performance framework

There are no specific performance indicators for learning disability services, therefore a framework to be used locally will need to be developed which pulls together the indicators in relevant guidance. For each performance measure there should be a related outcome, and these are also in development. The framework will include the measures contained in:

- Valuing People
- National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005-2008
- Better Metrics for Learning Disability Services
- Delivery and Improvement Statement/PAF Performance Indicators relevant to Learning Disability services
- Lessons learned from the recent Cornwall investigation

The outcomes to which these performance measures will be related are those outlined in the Social Care Green Paper 'Independence, well being and choice (March 2005). The paper set out seven clear outcomes for social care:

- Improved Health
- Improved Quality of Life
- Making a positive contribution
- Exercise of choice and control
- Freedom from discrimination or harassment
- Economic well being; and
- Personal Dignity

Commissioners will be developing a joint set of standards for Health and Social Care Learning Disability Services. Until these have been developed and incorporated into contracts/service level agreements, the standards being used by providers are those contained in their existing contracts/SLAs.

It is important that commissioners themselves have a performance management framework against which they are able to monitor their own progress, in addition to monitoring provider performance. It is envisaged that commissioners will be one of a range of stakeholders who are performance measured. Against each performance measure in the new joint set of standards, it will indicate who is to be measured for that standard and how. For example:

Performance measure	Measurement method	Applicable to
Admission of supported residents aged 18-64 to residential/nursing care	Numbers reported	Social services Commissioners
Number of people receiving a Direct Payment	Numbers reported	Social Services Commissioners
All GP practices have a system for identifying patients who have a learning disability	Reports to PCT	PCT Commissioners GP practices
All patients with learning disabilities have a Health Action Plan that has been initiated or checked by a primary care professional and is based on a comprehensive health check	SLA reviews	MH Trust Community Nursing service PCT Commissioners GP practices
Number of people with a Learning Disability aged 18-64 in paid work	DIS	Social Services Commissioners
Number of people in NHS accommodation who are medically fit for discharge	DIS	Social Services PCT Mental Health Trust

Appendix Three outlines current performance measures and includes an action plan for commissioners to implement Better Metrics.

CHAPTER 7 KEY ACTION POINTS

A great deal of work is already underway in order to implement this strategy. Overwhelmingly what people are telling us is that we need to further develop the local provider market in a range of areas. These include housing and support options, alternatives to traditional day services, accessing employment and leisure opportunities and provision of respite and assessment and treatment services. They are also telling us that in the future, flexible services available outside of the traditional weekday, daytime slots is what they want, and this includes transport. The PATH day held with family carers, service users and staff suggested that 'martini transport' was needed – anytime, any place, anywhere.

The table below identifies key action points, many of which are already underway.

1. We have a commissioning structure to support implementation of the strategy but we need to review and enhance this

2. We now have a commissioning database from which we are able to draw accurate, up to date information about future need. We need to develop a joint database across health and social services to ensure there is no duplication

3. We know how much money we are spending across Health and Social Services and where we are spending it. This helps us to establish commissioning and decommissioning priorities

4. Person Centred Planning needs to be central to our commissioning. One of the aims of the revised commissioning strategy is to move from using language about commissioning services, to language that reflects commissioning for better lives and outcomes for people.

5. We have too many people placed out of area and we need to develop the local provider market

6. Nearly 200 people could have a housing need over the next few years and we need to plan for this. We need to continue to identify housing needs and work closely with the housing department and supporting people teams

7. We need to develop more culturally appropriate services

8. One hundred and thirty eight people will come from children's services to adult services between 2006 and 2012. They do not necessarily want the services we currently offer and they have a diverse range of needs and wishes. Individualised planning is key

9. Ninety eight people live with family carers, 54 of whom are over the age of 60 and we need to plan with them to meet future need

10. Twenty people live in NHS campuses and this must change by 2010. We need to complete the Business Case work that is underway.

11. Sixteen people live in independent hospitals out of area. We need to provide services locally for these people

12. A lot of people currently use residential services and day centres. We need to develop a range of services offering alternatives to, and enhancement of, current provision. We now have a team in place to work on this, particularly on access to employment for people

13. We need joint performance measures across health and social services and for in-house and independent sector commissioned services

14. We need a joint eligibility criteria across health and social services and ideally a single point of entry

15. We need to look closely at what we do commission and how we can work with providers to make changes

16. We must work with GP practices and the MH Trust to improve access to primary and secondary care for people with learning disabilities. This includes measuring ourselves against the Better Metrics indicators for Learning Disability

17. An Asian Carers group has been established and we have started to gain an understanding of what their service needs/wishes might be. This needs to be continued and the ethnicity audit needs to be completed

18. Ensuring strong links are established with partners in other parts of the council and with the non-statutory sector

19. Completing the day and residential modernisation within Social Services. Direct payments and Individualised budgets need to be a central plank for this major change

20. Derby City needs to commission access to assessment and treatment beds for people who need to be detained under the Mental Health Act

21. Working jointly with the Mental Health Trust to review service provision

22. Ensure that activity can be shifted from secondary to primary care where appropriate

23. Undertaking work toward establishing the baseline for Better Metrics

24. Continuing to provide support to carers

25. Commission Hydrotherapy services

26. Ensure that the model for integration helps to deliver the commissioning intentions

27. Further consultation with stakeholders

28. Consult with service users and family carers about communication methods

Next steps

This commissioning strategy clearly outlines the commissioning priorities for the next five years. The action plan in chapter 7 outlines this in more detail. Once the underpinning financial plan and further consultation have been completed in 2007, a revised strategy will be produced. In the meantime, the direction of travel is clear and the service developments in chapter 4 are moving forward. The action points will be ordered and prioritised by the Joint Commissioning Group who will need to identify what is achievable, appropriate and affordable within the constraints of available budgets.

A timed implementation plan will be produced by 1st April 2007. It will indicate who is the lead for each priority area once priorities have been agreed.

APPENDIX ONE - REFERENCES

- Valuing People: A New Strategy for Learning Disability for the 21st Century. Department of Health (DoH) 2001

- The Story So Far…Valuing People: A New Strategy for Learning Disability for the 21st Century. 2005

- Learning Difficulties and Ethnicity. A report to the DoH. Full report available at website: www.dh.gov.uk

- Improving the life chances of disabled people. Final report January 2005. Prime Minister's Strategy unit

- Our Health, Our Care, Our Say: A new direction for community services. DoH January 2006

- Choosing Health White Paper: Making healthy choices easier, 2004

- NSFs (See www.dh.gov.uk)

- Supporting People Strategy 2005-2010 (Derby City)

- Improving our Health in Derby City Council

- Derby City partnership: 2020 Vision

- Leaders in Social Care, Report for Association of Directors of Social services(ADSS) – Pressures on Learning Disability Services: the case for review by Government of current funding, October 2005

- National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005-2008. DoH.

- Green Paper: Independence, Wellbeing and Choice (March 2005)

APPENDIX TWO – PERFORMANCE MEASURES

1. Valuing People

There are 11 objectives in Valuing People:

- Maximising opportunities for disabled children
- Transition into adult life
- Enabling people to have more control over their own lives
- Supporting carers
- Good Health
- Housing
- Fulfilling lives
- Moving into employment
- Quality
- Workforce training and planning
- Partnership working

2. National Standards, Local Action: Health and Social care Standards and Planning Framework

All services provided by the Derbyshire Mental Health Services NHS Trust will be measured by the standards set out in 'National Standards, Local Action: Health and Social Care Standards and Planning Framework 2005-2008'. This document organises the standards into seven domains that are described in terms of outcomes:

- Safety
- Clinical and Cost Effectiveness
- Governance
- Patient Focus
- Accessible and Responsive Care
- Care Environment and Amenities
- Public Health

Within the 7 domains there are two types of standard: core and developmental. Meeting the core standards is not optional. The Trust must meet these standards and will ensure internal measurement against them. The focus of attention will be on progress toward the developmental standards.

The Healthcare Commission will review the Trust annually against the standards, and this report will be made available to commissioners by the Trust. However the Trust will also measure itself internally against the standards on an ongoing basis, using a traffic light system. The results of this audit will also be made available to commissioners. The full set of standards can be found in the original DoH document (see appendix one), however a summary appears below.

DOMAIN	CORE STANDARDS	DEVELOPMENTAL STANDRARD	DOMAIN OUTCOME
Safety	C1, C2, C3, C4 a-e	D1	Patient safety is enhanced by the use of healthcare processes, working practices and systemic activities that prevent or reduce the risk of harm to patients
Clinical and Cost Effectiveness	C5a-d, C6	D2a-d	Patients achieve health care benefits that meet their individual needs through health care decisions and services based on what assessed research evidence has shown provides effective clinical outcomes
Governance	C7a-f C8a-b C9 C10a-b C11a-c C12	D3 D4a-c D5a-b D6 D7	Managerial and clinical leadership and accountability, as well as the organisation's culture, systems and working practices, ensure that probity, quality assurance, quality improvement and patient safety are central components of all the activities of the health care organisation
Patient Focus	C13a-c C14a-c C15a-b C16	D8 D9a-b D10	Health care is provided in partnership with patients, their carers and relatives, respecting their diverse needs, preferences and choices, and in partnership with other organisations (especially social care organisations) whose services impact on well-being
Accessible and responsive care	C17, C18, C19	D11a-d	Patients receive services as promptly as possible, have choice in access to services and treatments, and do not experience unnecessary delay at any stage of service delivery or of the care pathway

Care Environment and Activities	C20a-b C21	D12a-b	Care is provided in environments that promote patient and staff well-being and respect for patients' needs and preferences in that they are designed for the effective and safe delivery of treatment, care or a specific function, provide as much privacy as possible, are well maintained and are cleaned to optimise health outcomes for patients
Public Health	C22a-c C23 C24	D13a-d	Programmes and Services are designed and delivered in collaboration with all relevant organisations and communities to promote, protect and improve the health of the population served and reduce health inequalities between different population groups and areas

3. Better Metrics for Learning Disability Services

8. LEARNING DISABILITIES

National Director of Implementation, Valuing People: Rob Grieg

The document ‘All Means All’ provides the source and/or rationale for many of the metrics provided in this section and is available at www.doh.gov.uk/vpst

Contact name: Debra Moore (email: debra.moore@dh.gsi.gov.uk)

LEARNING DISABILITIES – The Proposed Metrics

• Data is ‘currently possible’ (eg tools are available, possible through records review or other audit)

As explained in the main introduction, the ‘data source’ section is prefaced with the following classification:

• Data is ‘currently available’ (routinely collected or equivalent)

• Data is ‘currently unavailable’ (eg requires new tool development; aspiration that this will be done)

8.01 Theme: Equity and access

Description of Metric: Number of people with learning disabilities known to GP practice but not yet coded using a locally agreed and appropriate Read code.

Rationale/evidence base: The identification and registration of patients with learning disabilities in GP practices is a target of the White Paper – Valuing People (DOH 2001) (6:14) Identification will enable appropriate support to enable patients to access the full range of primary care provision and the monitoring of access to a range of routine health screening opportunities such as cervical and breast screening programmes.

N/A

Priority II: Long-term conditions

Seventh domain - Public Health, Fifth domain - Accessible & responsive care

CURRENTLY POSSIBLE:

Objective: All GP Practices have a system for identifying patients who have a learning disability

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Number

Structure / Process / Outcome:

process

Notes:

Description of Metric:

- **Number of people with a health action plan (HAP) (per number offered)**

Rationale/evidence base: The requirement to offer Health Action Plans and Health Facilitation is a requirement of the White Paper –
Valuing People (DOH 2001) (6:15) people with learning disabilities have a higher prevalence than other population groups of some illnesses
and may have undiagnosed and untreated conditions. The need to 'self refer' to a GP can be a barrier for many people with learning disability.

N/A

Priority II: Supporting people with long-term conditions, Priority IV: Patient/user experience

Fourth domain - Patient focus, Fifth domain - accessible and responsive care, Third domain – governance

CURRENTLY POSSIBLE: local audit; or, if metric 8.01 were in place, from GP data*.

8.02 Theme: Health Facilitation – equity and access

Objective: All patients with learning disabilities have a health action plan that has been initiated or checked by a primary care professional and
is based on a comprehensive health check

• Number of people with learning disabilities with or offered (which to be confirmed) a comprehensive health check prior to a Health
Action Plan (per 10 000 of PCT general pop.) in last 3 years

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Number per 10 000 of PCT general pop or per number offered

Structure / Process / Outcome:

Process

Notes: *Unlikely that 8.01 in place for all practices

8.03 Theme: Health Facilitation – equity and access

Description of Metric: Each PCT should have a system for identifying local health facilitators

Rationale/evidence base: The requirement to offer Health Action Plans and Health Facilitation is a requirement of the White Paper –
Valuing People (DOH 2001) (6:15) people with learning disabilities have a higher prevalence than other population groups of some illnesses
and may have undiagnosed and untreated conditions. The need to 'self refer' to a GP can be a barrier for many people with learning disability.

N/A

Priority II: Supporting people with long-term conditions, Priority IV: Patient/user experience

Fourth domain - Patient focus, Fifth domain - accessible and responsive care, Third domain – governance

CURRENTLY POSSIBLE: 'yes/no' question to PCTs (ie new data collection)

Objective: PCT's have a system in place to identify 1:1 health facilitators /navigators to primary care for people with learning disabilities and
their families

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Yes/no

Structure / Process / Outcome:

Process

Notes:

8.04 Theme: Equity & access

Description of Metric: Numbers of patients with learning disabilities who have been invited, in the past year, for a comprehensive health check if they have not visited the GP surgery in the last 3 years.

Rationale/evidence base: Research has demonstrated that many people with learning disabilities have a range of undiagnosed and untreated health problems - Improvement, expansion, reform: ensuring that ‘all means all’ (DOH 2003; see www.doh.gov.uk/vpst).

N/A

Priority I : Improving the Health of the Population

Seventh domain - Public health, Third domain - governance, Fifth domain - accessible and responsive care

CURRENTLY POSSIBLE: question to PCTs (ie new data collection)

Objective: All GPs have a system for ensuring that patients with learning disabilities are invited to attend for health screening if they have not
visited the surgery in the last 3 years

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Number

Structure / Process / Outcome:

Outcome

Notes:

8.05 Theme: In patient care provision

**Objective: All PCTs have a system for reviewing NHS funded hospital beds (in and out of district) where the duration of stay exceeds 12
months.**

**• A system is in place within each PCT to review the treatment plans of patients in NHS funded hospital beds (in and out of district) at
least annually by a qualified clinician.**

**• Percentage of people. with learning disabilities who are in NHS hospital funded beds where duration of stay has exceed 12 months (per
10,000 of PCT general population)**

Rationale/evidence base: Need to encourage an increase in core spending on local community based services and reduce reliance on
hospitalisation and bed based services – Valuing People (DOH 2001) (6:26)

N/A

Priority II: Supporting people with long-term conditions, Priority IV: Patient/user experience

Second domain - Clinical and cost effectiveness, Third domain – Governance, Fifth domain – Accessible and responsive care.

CURRENTLY POSSIBLE:

Description of Metric:

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Yes/no and number per 10,000 of PCT general pop

Structure / Process / Outcome:

Structure

Notes:

8.06 Theme: Local services

Description of Metric: Number of people with learning disabilities in out of area treatment provision - who are assessed by an appropriately qualified specialist clinician as severely challenging or who have a mental health or forensic need

Rationale/evidence base: Need to encourage commissioners to develop a range of local services and community support such as assessment and treatment, assertive outreach etc Valuing People (DOH 2001) (6.26).

N/A

Priority IV: Patient experience, Priority III: access to services

Second domain - Clinical and cost effectiveness, Third domain – Governance

CURRENTLY POSSIBLE: PCTs should know number of people in out of area provision; denominator from Local Authority learning disability register.

Objective: Reduction in the number of people in out of area treatment provision – who are described as severely challenging or who have a mental health or forensic need

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

numbers

Structure / Process / Outcome:

Structure/process

Notes:

8.07 Theme: Equity and access

Description of Metric: The PCT have a system & protocols in place to ensure that people with learning disability and mental health needs are able to swiftly access local mental health services.

Rationale/evidence base: The prevalence of mental health needs in people with learning disability is high. White Paper – Valuing People states that people with learning disabilities and mental health needs are able to access general psychiatric services wherever possible – Valuing People (DOH 2001) (6:23) Need to ensure people with learning disabilities benefit from the standards within the Mental Health NSF.

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

CURRENTLY POSSIBLE: 'yes/no' question to PCTs (ie new data collection)

Objective: An agreed system and protocols are in place that enable people with learning disability and mental health needs to swiftly access
local mental health services

Mental health NSF

Priority III: Access to Services

Fifth domain - Accessible and responsive care

Data Source:

Unit of analysis:

‘yes/no’

Structure / Process / Outcome:

Structure

Notes:

8.08 Theme: Safety

Objective: A system is in place to ensure that patients at risk of dysphagia are screened and assessed to determine vulnerability and that a care plan is in place and reviewed regularly

• How many people with learning disabilities have been screened for dysphagia in the last 3 years?

• How many people have a plan for dysphagia in place that has been regularly reviewed?

Rationale/evidence base: NPSA report (2004) identified that people with learning disabilities are at high risk of dysphagia – this can lead to respiratory tract infections which are a leading cause of death in people with learning disabilities.

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

CURRENTLY POSSIBLE: questions to PCTs (ie new data collection)

Description of Metric:

N/A

Priority I: Improve the Health of the Population

First domain - Safety

Data Source:

Unit of analysis:

Numbers

Structure / Process / Outcome:

Structure

Notes:

8.09 Theme: Patient experience and engagement

Description of Metric: Regular survey to ascertain how easy to understand information provided about their health and treatment was for
patients with learning disability and their family carers.

Rationale/evidence base: NPSA report (2004) identified this as one of the top five priority areas – in particular risks around information
about prescriptions. Also key area raised in the ‘Choice’ consultation.

N/A

Priority IV: Patient/user experience

First domain - Patient safety, Fourth domain - patient focus

CURRENTLY UNAVAILABLE: tool needs to be developed.

Objective: Patients with learning disabilities and their families will be offered easy to understand information about their health

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Mean scores; mean change scores from a baseline survey

Structure / Process / Outcome:

Outcome

Notes:

8.10 Theme: Patient experience and engagement

Objective: Increased strength of the 'voice' of people with learning disabilities and their families through membership of patient forums,
advocacy and annual surveys

• Number of patients with learning disabilities on any patient forums

• Number of people with a learning disability in health provision who are inpatients including long stay and campus provision who are
receiving support from independent health advocacy services.

Rationale/evidence base: To work on strategies to eliminate discriminatory practice and negative patient experiences .

N/A

Priority IV: Patient/user experience

Fourth domain – Patient focus

CURRENTLY POSSIBLE: (bullets 1 and 2) direct questions to PCTs and specialist Mental Health & Learning Disability Trusts (ie new data collection); see notes for bullet 3*

Description of Metric:

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

%

Structure / Process / Outcome:

number

Notes: *Unsure whether Healthcare Commission surveys would clearly identify learning disabilities or encourage them to participate e.g.
written in accessible way and in a range of formats with support to complete if needed etc.

8.11 Theme: Equity & access

**Description of Metric: Acute hospitals have a system is in place to ensure patients with learning disabilities are identified and appropriate
support provided**

Rationale/evidence base: NPSA (2004) – identified that patients with learning disability are more vulnerable in acute hospital settings due
to additional and complex needs .

N/A

Priority III: Access

Third domain – governance, Fifth domain - accessible and responsive care

CURRENTLY POSSIBLE: Direct ‘yes/no’ question to acute Trusts (ie new data collection)

Objective: To ensure people with learning disabilities are appropriately supported during acute care.

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

‘yes/no’

Structure / Process / Outcome:

Structure

Notes:

8.12 Theme: Equity & access

Description of Metric: PCTs have a system is in place to ensure access and take up rates are monitored by the PCT Executive board quarterly
for people with learning disabilities to check and promote equal access to benefits in mainstream services, NSFs and plans.

Rationale/evidence base: Valuing People (DOH 2001) (6.22) states that all NSF's and National Cancer Plan apply equally to people with
learning disability and that they should benefit from all these initiatives People with learning disabilities are at increased risk of particular
conditions such as coronary heart disease and certain cancers.

Relevant to coronary heart disease and cancer NSFs

Priority III; Access

Seventh domain - Public health, Third domain –governance, Fifth domain - accessible and responsive care

CURRENTLY POSSIBLE: Direct ('yes/no') question to PCTs (ie new data collection)

Objective: To ensure that a system is in place to ensure patients with learning disabilities benefit from the local implementation and progress
on the targets within the NSF's, CHD, Cancer Plan, etc.

NSF Standard (s) where relevant:

High Level PSA Target:

Standards for Better Health Domain:

Data Source:

Unit of analysis:

Yes/no

Structure / Process / Outcome:

Structure

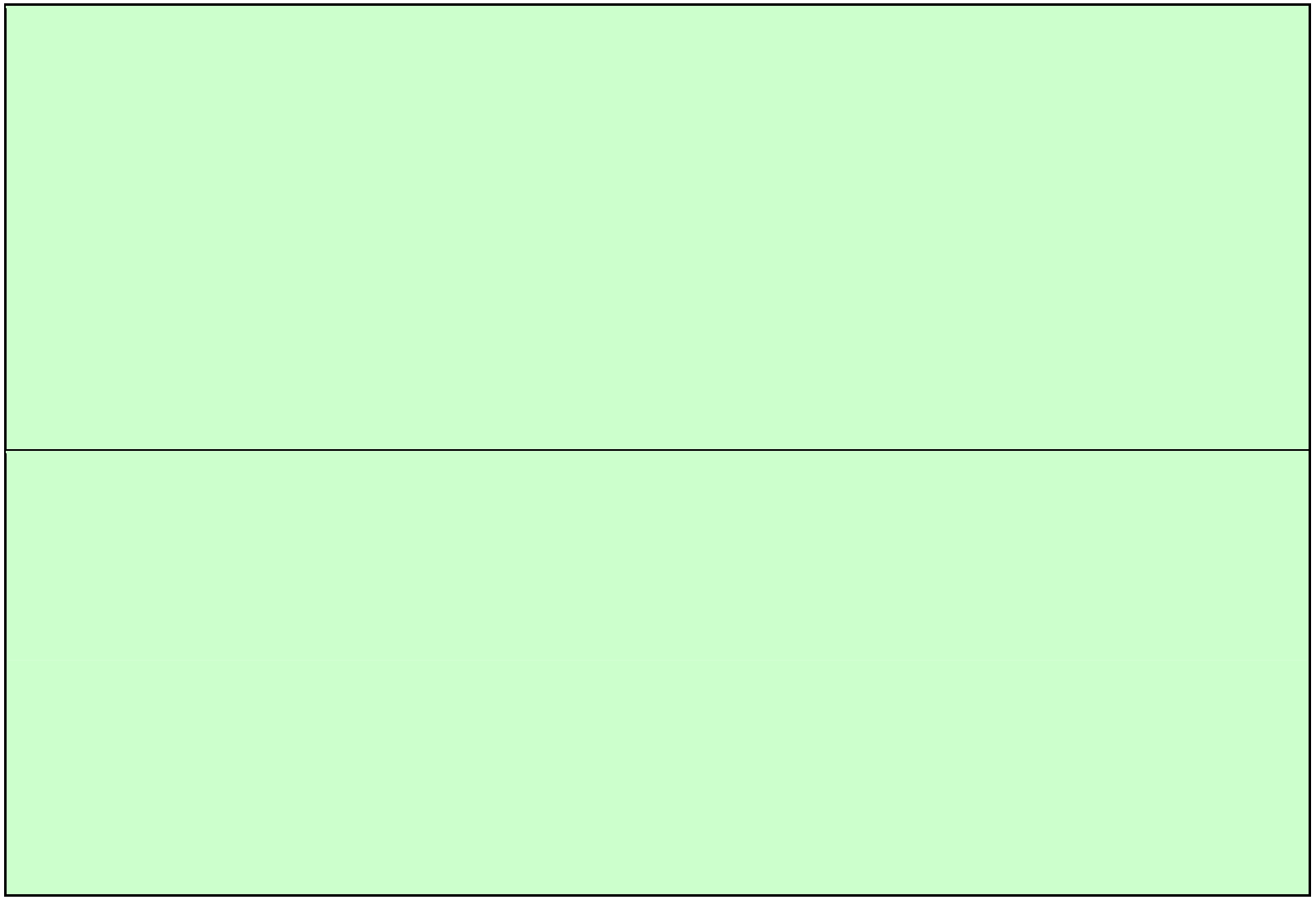
Notes:

3. Delivery and Improvement Statement

Service delivery for learning disabled people

2201 - 2202 : Summary Statement by Director of Adult Social Services.
2201 - Please summarise the strategic vision for social care delivery for Learning Disabled people in 2006/07.

2202 - Please summarise any barriers to the strategic vision for social care for Learning Disabled people in 2005/06 and 2006/07 and the contingencies in place to deal with any risks.



2203 - Number of adults aged 18 and over with Learning Disabilities on the books to receive community-based council funded services at 31 March and those receiving a completed assessment during the year where the intention is not to provide a service.

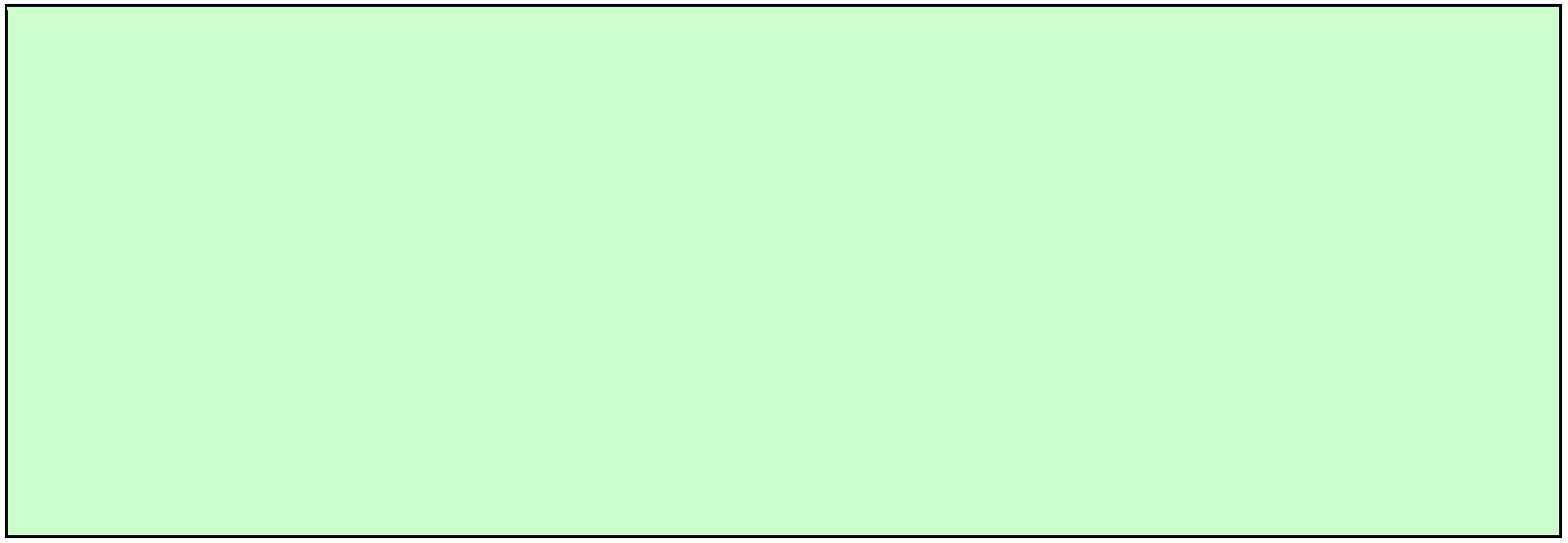
Targets and Performance Indicators : People with Learning Disabilities

2001-02
2204 - The total amount spent by each council on advocacy services Learning Disabled people.
Not applicable
2205 - The total amount spent by each council on advocacy services for learning disabled people per 1,000 of the population aged 18-64.
Not applicable
2206 - Total number of adults with Learning Disabilities who had planned short term breaks in their care plan per 1,000 of the population aged 18-64.
30.00
2207 - Number of carers for Learning Disabled people aged 18 - 64 who have received an assessment or review during the year.
Not applicable
2208 - Number of carers for Learning Disabled people aged 18-64 who have received an assessment or review during the year as a percentage of the adult population aged 18 to 64 / 1000.

Not applicable
2209 – Number of carers for Learning Disabled people aged 65 and over who have received either an assessment or review during the year.
Not applicable
2210 - Number of carers caring for Learning Disabled people aged 65 and over who have received an assessment or review during the year as a percentage of the population aged 65 and over / 1000.
Not applicable

2001-02
2211 – PAF C30 : Number of adults aged 18-64 with learning disabilities helped to live at home per 1,000 population aged 18-64
2.4
2212 - Estimated number of Learning Disabled people aged 18-64 helped to live at home with non care managed support per 1,000 18-64.
Not applicable

2213 - Please provide a summary statement about the non-care managed support funded for Learning Disabled people.



2001-02
2214 - Number of learning disabled people aged 18-64 in paid work per 1,000 18-64.
Not applicable
2215 - Number of learning disabled people aged 18-64 in voluntary work per 1,000 18-64.
Not applicable
2216 - Ratio of the percentage of Learning Disabled adults receiving services that are from minority ethnic groups related to the percentage of the population that are from minority ethnic groups.
Missing

2217 - Number of people with Learning Disabilities who were receiving accommodation and care in a nursing home or residential care provision on a permanent basis funded by the council as at 31 March 2006.

Not applicable

2218 - Number of Learning Disabled adults originating from the council area who remain in NHS patient accommodation but who are medically fit for discharge and are no longer in need of continuing hospitalisation.

Person centred planning and closure of long-stay hospitals

2219 - Please describe the arrangements in place for person centred transitional planning and give examples of effectiveness or best practice.

Total Learning Disability Development Fund

2220 - Total Learning Disabilities Development Fund.

2221 - Amount of LDDF spent promoting further development of advocacy.

2222 - Amount of LDDF spent supporting the wider introduction of person centred planning.

2223 - Amount of LDDF spent developing supported living approaches for learning disabled people living with older carers.

2224 - Amount of LDDF spent completing the re-provision of the remaining long stay hospitals.

2225 - Amount of LDDF spent modernising Day Services.

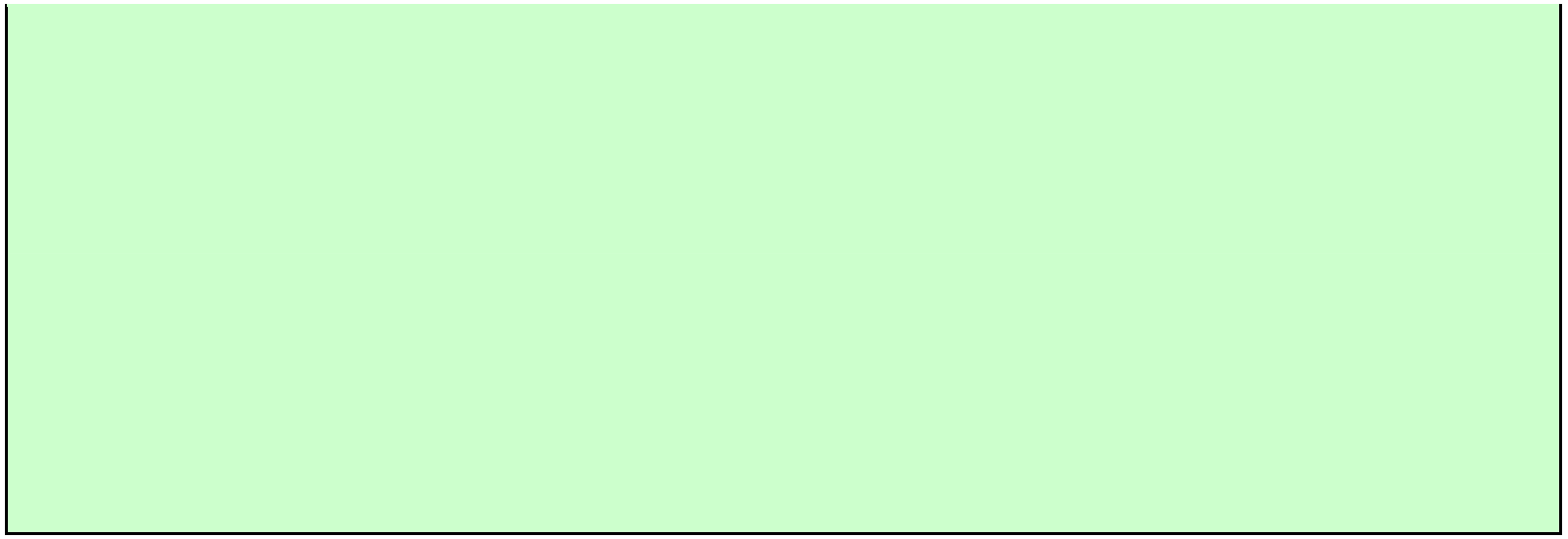
2226 - Amount of LDDF spent enhancing leadership in learning disability services.

2227 - Please give examples of how the LDDF has contributed to improved outcomes for Learning Disabled people and their carers.

2228 - Describe the needs analysis undertaken to identify all adults with profound Learning Disability and multiple Physical and Sensory Disabilities and describe the range of services that support independent living for these groups.

2229 - Please describe the involvement of Advocacy services for Learning Disabled people.

2230 - Please describe the Social Services contribution in supporting programmes that engage service users and carers and give an example of best practice.



APPENDIX 3 - LIST OF TABLES

Table 1 Service user categories for people known to adult LD services

Table 2 Current services provided

Table 3 Breakdown of service users by ethnicity

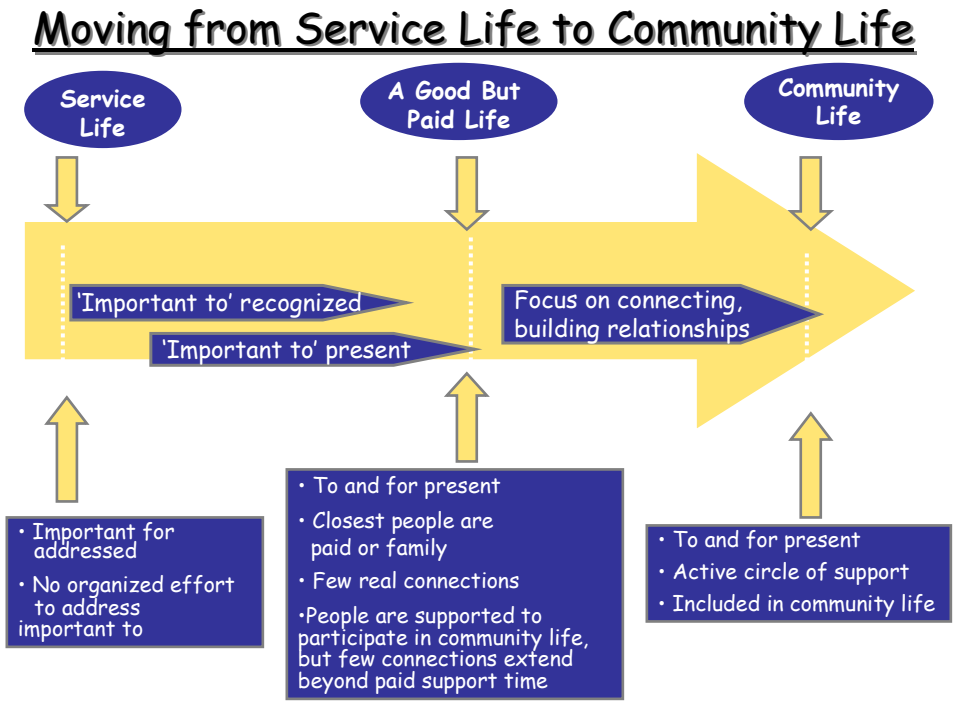
Table 4 Projected demand

Table 5 Housing survey categories

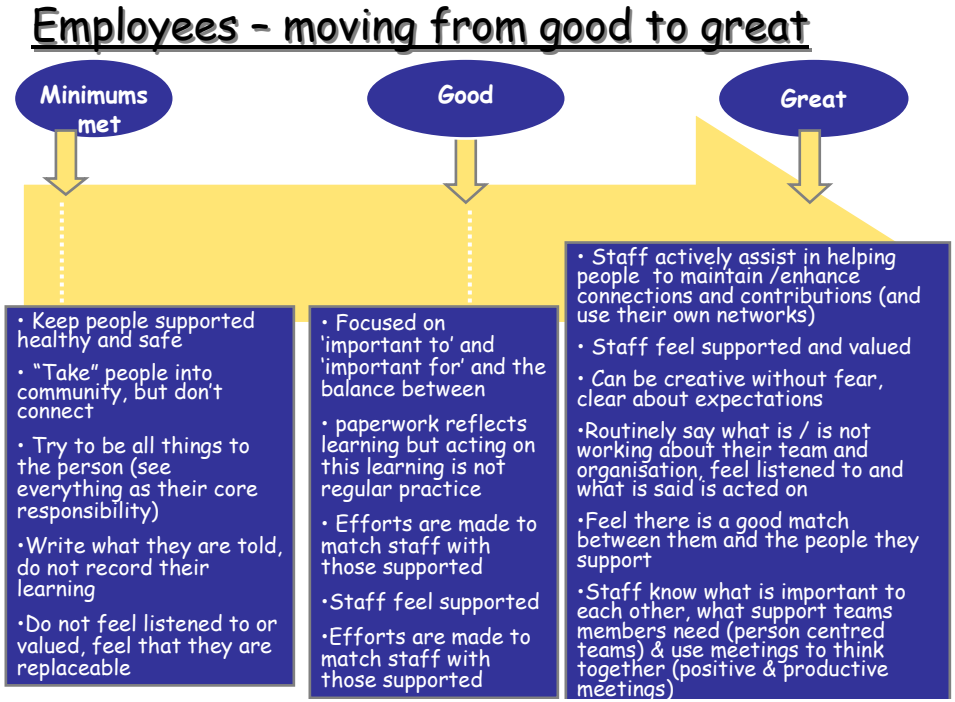
Table 6 Transition projections

Table 7 Transition service user categories

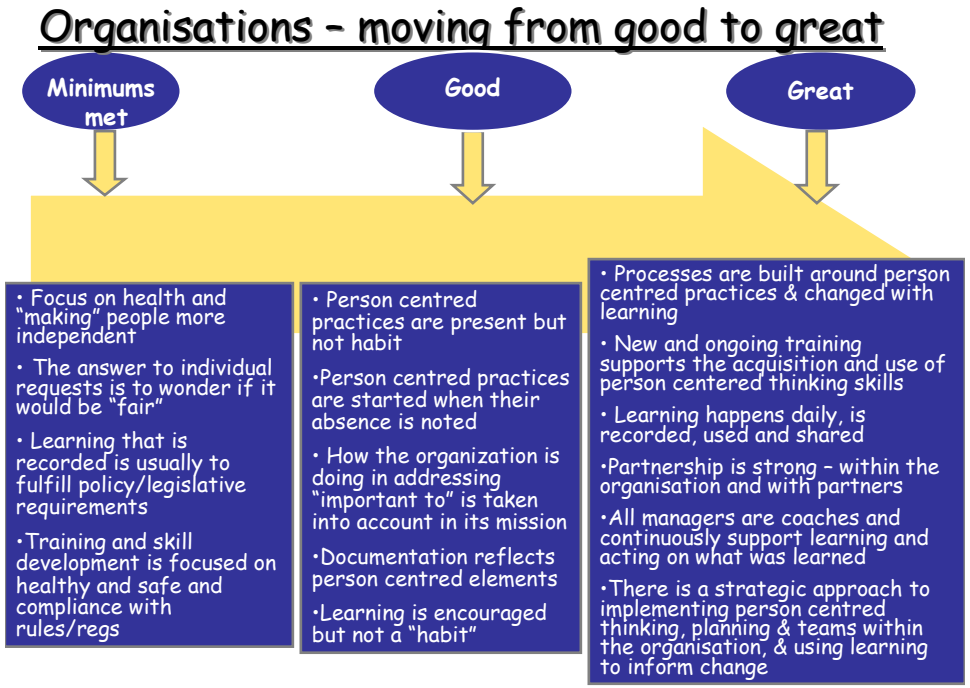
APPENDIX 4 – DERBY CITY GOOD TO GREAT PERSON CENTRED PLANNING PROGRAMME



Courtesy of the Learning Community for Essential Lifestyle Planning



Courtesy of the Learning Community for Essential Lifestyle Planning



Courtesy of the Learning Community for Essential Lifestyle Planning

APPENDIX 5 – QUESTIONNAIRE RESPONSES

1. Health and Social Care Staff

The range of LD provision that an LD service should include according to health and social care staff:

Services that include accommodation	
Residential facilities with nursing care for forensic needs incorporating a low secure and step down units	
Residential services for certain service user groups e.g. people with complex physical and learning disabilities, challenging behaviour, autistic spectrum disorders	
Respite facilities suitable for people with complex physical and learning disabilities, challenging behaviour, autistic spectrum disorders, and adults with general learning disabilities. Respite to enable service users to access places of worship and BME sensitive activities while in respite. Specific residential service for Prader Willi syndrome	
Nursing homes for people with complex and profound multiple disabilities, dementia, challenging behaviour, autistic spectrum disorders. These will need to be smaller units to create a suitable environment but may include a cluster of several homes of a specific type to maintain staffing levels and best value	
Treatment and assessment facility to include beds for periods of assessment and treatment as well as a proactive outreach team. Preventative mental health service as part of the outreach team so that work can be done to reduce the need for crisis intervention	
Residential services for older people with learning disabilities - this could be linked in with elderly care services	

Services for people with Aspergers syndrome and in the higher functioning autistic range	
Specialist services for palliative care	
More supported living options to enable a stepping stone approach, building confidence and enabling moves from residential to more independent provision. This may remove some of the need for people to move into residential in the first place. Service should have a central resource to maintain community involvement with peers but could be provided as cluster/satellite services	
Commission services jointly with other service areas to develop appropriate accommodation (e.g. with dementia services) that will meet the need of people with learning disabilities. This should offer dementia screening	
Develop services for sensory impairment that will provide residential care and be able to provide community services	
Extend the use of Adult placement schemes to more widely include BME population	
Community Provision:	
Day services to be provided in smaller facilities that will meet the needs of individuals based on their interests and aspirations. The focus should be on person centred approaches to inform service development. Day service also to have specialist areas to meet client needs. Day services to allocate some funding provision to enable service user groups to access services in the community e.g. BME service user groups could access BME community centres to enable them to be active within their own community should they wish to. The aim is to promote a wider choice of services	
Community service facilitator/service to explore community provision and facilitate access to local mainstream services and liase with other partners to ensure if someone moves into an area they know about local services	

etc. This would ensure they become part of the local community. Also to facilitate groups to access services such as the theatre/concerts/clubs etc.	
Dial a ride scheme to promote out of normal business hours access to community events	
Bridging service required to support the take up of direct payments and support service users further in terms of recruitment and management and the diversity of how they are used	
Support services for carers to be further developed with a regular meeting place for carers	
Community café to be developed and run by service users to act as a meeting place and drop in resource centre	
Collaboration with education to develop new schemes and training opportunities for people with learning disabilities	
Research to be undertaken into the needs of parents with learning disabilities to develop appropriate services for them in conjunction with children's services	
Community respite facilities to be developed offering a range of environments to receive respite e.g. in their own home or community activity	
More hydrotherapy facilities	
Employment opportunities within community resources to be developed	
Facilitation of a service to enable service users to meet and make arrangements to live together should they wish to and a service to help people when they are experiencing difficulties living with someone	
Specialist domiciliary service to enable people on ILF and direct payments to purchase services independently	
Respite service within the home, or other chosen location	
Development of key ring service or equivalent	
Greater opportunity for housing with support and for people to view accommodation as a means of determining if they would like to move into	

such accommodation. This then to link into independent life skill training. (Stepping stones approach)	
Befriending scheme to be developed	
Funding for the community resource development worker and employment worker to become permanent. Social enterprises and Derby City Partnership to be tapped into	
Further recruitment of adult placement schemes to include BME populations	
Outreach service to be developed for people with mental health difficulties to enable more preventative work to be undertaken	
Introduce mandatory training for service providers	
Link with other services to provide adequate day care services for people with LD who are elderly	
Nurse led clinics e.g. psychiatry, epilepsy. Mandatory training for all LD staff on sexual health matters. Group work health promotion.	
Improving the way we currently work	
Utilise and develop one joint eligibility criteria across health and social services	
Develop services that define the age groups the team work with, the level of needs that will be met	
Ensure appropriate training is provided to all staff	
Determine what assessment method will be used e.g. care program approach, pathway	
Create single point of entry for service users	
Commission research to develop services	
Benchmark with other local authorities	
Ensure we record information to meet performance indicators	
Initiate more preventative work to reduce crises	

More person centred approaches	
Making communication support part of staff job description. Employing staff with the right skills or willingness to require them	
Better client involvement through a more careful, slow approach that is person centred	
Risk management to be developed	
Greater links with other departments e.g. housing, education	
Ensure all staff aware of needs of BME service users. Recruit more staff from BME population.	

2. Service users and family carers

The range of LD provision that an LD service should include according to service users and family carers:

What Life is like now
Support is variable and patchy. There is some good support but a lack of consistency
General support for carers is low
It feels like a battle for everything
Transport is terrible
We are positive about health support
People don't always get listened to
There are limited places to go to during the day and at night
Services are quite structured and routine
Lack of staff and funding means lots of things get cancelled
There are few choices in day services
It is difficult to have time apart from carers
I'm happy – I go to college, have holidays and access the community. It's a big

achievement
There are few opportunities for paid work
It’s a long process to get work
There is no opportunity to plan for when my parents are no longer around
There is no help when parents and carers are ill
People aren’t valued for what they do
I’m happy with the current service but uncertain about the future
Red tape feels like banging your head against the wall
Consultations appear fake and decisions seem already made
Transitions are improving
Life is quite stressful
Day services aren’t always meaningful
We rely on our families to avoid social isolation
Some families don’t believe things will change ‘We’ve been consulted before’
The Speak Out Group are doing good work, as is the Valuing People Partnership Board
Its difficult to get everyone together at the right time
Services working together can be patchy
There is poor acceptance of people with learning disabilities

Our Dream
Respite options
In Control
Individual budgets
Holidays
Not being told how to lead our lives
People having confidence to ask for what’s different. To try new things and get excited. Help to make it happen

Hydrotherapy for people if they need it
Help when you need it
Well paid, well trained, motivated staff teams
Sensory facilities for everyone that needs them
The right support for carers – 4 weeks annual leave
The right level of support – services geared and answerable to the person
Right balance between independence and support
Risk in the right place
Support to have loving relationships
Stamp out bullying and hate crime
Social worker for life if you want one
Respite not just around buildings
People with learning disabilities and their families leading training
People who have difficulty saying what they want still have a voice
New day centres for those that want them
People paid for the jobs they have been volunteering in
Martini transport – any time, any place, anywhere
Choice of good services you can buy with direct payments
More family placements – short flexible respite
Continuity of service. Consistent support for life
Having skills valued. Being able to update them. Activities with award or reward
People supported to have natural relationships with their families
Places that people can safely socialise in the evening. Choices of things to do day, night and weekend. Good quality places to go. Choice of places to spend money
Friendships
Home
Families and relationships
Better access to public buildings
Jobs and new courses, educational opportunities

Being accepted
Help for people to complain and make things better
Better sharing of resources across areas e.g. City and County
Respite to allow me to go to the hairdressers, shopping, gardening, holiday, buy a computer – flexibility
Families voices are heard. Meaningful consultation. Families influencing policy
People included in their community
Open, honest, ongoing communication. Newsletter?
Being told what's happening so people can make choices
People knowing how to be healthy and having the right to help if they need it
Having a personal trainer at the gym
Sticking to what should happen
Really good transition processes for young people

Appendix 6 - Derby City PATH produced by service users and family carers is shown below.

What's life like now?
Support is variable and patchy.
There is some good support → consistency
Services are quite structured and routine.
Lack of staff + funding means lots of things get cancelled
General support for carers is low. People don't have carers assessments
Have to appeal for everything → Battle.
Limited place to go, during the day and at night.
People don't always get listened to
Transport is terrible
Positive about health support.
I'm happy, holidays, college, I access my community - big achievement
Few choices in day services
No time apart from carer.
Social aspect of day centres is good.
Lack of information
Not always honest communication
Few opportunities for paid work
Long process to get work
No help when parents and carers are ill.
No opportunity to plan for when parents aren't around.
People aren't valued for the work they do.
Happy with current service. Lots of uncertainty about the future.
Red tape - "Bringing your fund against the wall"
Consultations appear fake, decisions already made
Transitions improving.
Lifes quite stressful.
Days services aren't always meaningful
Some families don't believe things will change "We've been consulted before"
Speak Out group are doing good work. As are the Partnership Board reps.
It's difficult to get everyone together at the right time.
Help on families to avoid social isolation.
Services working together can be patchy.
Poor awareness and acceptance of people with learning disabilities

Our Dream
Holidays
Hydro therapy for people if they need it
help when you need it
The right level of support
Right balance between independence and support
"Red tape" would not get in the way
Risk in the right place
People who have difficulty saying what they want still have a voice
Martini transport
Any time, any place
Respite not just around buildings
More family placements, short flexible respite
Continuity of service. Consistent support for life
Social worker for life if you want one
BULLYING HATE CRIME
People are supported to have natural relationships with their family.
Places that people can safely socialise in the evening
Choices of places to spend your money
Good quality places to go and spend time
Work + jobs
Relationship
Accepted
Friendships
Homes
Families
People fully included in their community
? Talks
? Newsletter
Help for people to fight and complain to make things better
Better sharing of resources across areas, City – County and agencies
Choice of things to do during the day, night and weekend
Ongoing communication
People knowing how to be healthy and having the right help if they need it
People having a personal trainer at a local gym
Really good transitions processes for young people