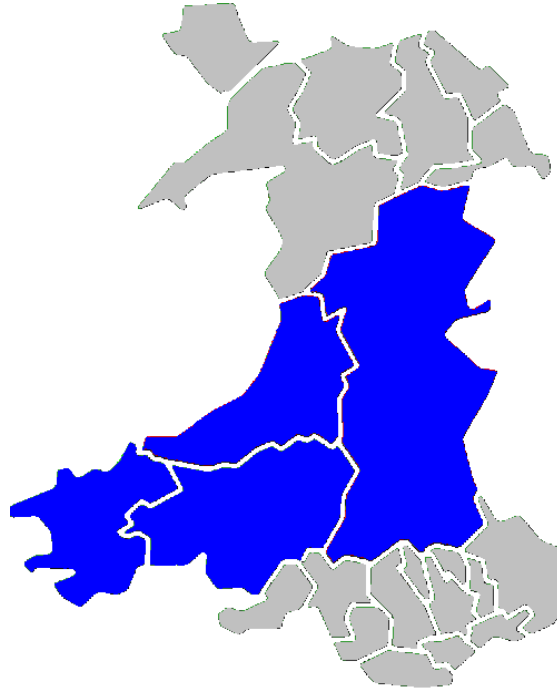


Mid and West Wales Health & Social Care Regional Collaborative Learning Disabilities Partnership



Caring for the Future in Mid and West Wales

Statement of Intent Learning Disabilities Services

October 2014

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Executive Summary

The statement of Intent has been produced on behalf of the Mid and West Wales Learning Disability Partnership (MWWLDP). It builds on the work already underway to improve services regionally for people with a learning disability, including the 'Modernising Learning Disability in Mid and West Wales' project which is funded by the Welsh Government's Regional Collaboration Fund (RCF) .

The desired outcome of Collaboration for the MWWLDP is based on the following shared ambitions for people with Learning Disabilities:

- ▶ To improve community resilience and enablement through choice, self direction and control over decisions that, affect the lives of people with a learning disability in line with The Social Services and Wellbeing Act.
- ▶ Improved quality of life through improved choice for housing and accommodation for people with a learning disability, with the majority being the same as for other people in the community.
- ▶ People with learning disabilities if given more opportunities for personal development and life experiences would have improved wellbeing and a better quality of life.
- ▶ The quality of life for people with learning disabilities would be improved when they are given every opportunity to be independent, exercise and enjoy their rights, and meet their individual obligations.

This Statement of Intent was developed following consultation with all organisations engaged in the MWWLDP via the Learning Disabilities Strategic Board. It is important to recognise that the recommendations made within this document reflect that the care afforded by individual organisations is good and that there is a commitment from staff to work together to make changes and become solution focused in the approach adopted.

The MWWLDP in supporting a transformation programme that develops the commissioning of a progressive model of care, and integration of services and infrastructure where appropriate, will show that it has:

- ▶ The vision and commitment to change and improve care and support to people with a learning disability by making services more citizen and community focussed
- ▶ An understanding of, and the capacity and skills to interpret ,the needs and aspirations of people with learning disabilities and their carers
- ▶ Made best use of all available resources
- ▶ An understanding of the demand and supply and what market resources are available
- ▶ Developed the links between financial planning, service planning and workforce planning
- ▶ Forged relationships and maximised partnership working opportunities.

The Statement of Intent reflects a range of priorities across health and social care and has includes a strategic commitment to work collaboratively over the next three years to address areas of current need.

The Statement of Intent for Learning Disabilities Services has been produced on behalf of Mid and West Wales Health and Social Care Collaborative. This document will set the strategic direction for the next three years and describe the collaborative and integrated approach which is required to transform Learning Disability services in Mid and West Wales. It will enable partner organisations with statutory responsibility for Health and Social Care Services to commit to a transformation programme which has the support of all stakeholders

Oversight of the learning disability programme of work in Mid and West Wales is the responsibility of Mid and West Wales Health and Social Care Collaborative Board. The development of the delivery plan with progress monitoring will be through the Learning Disability Strategic Board.

The aims, objectives and recommendations within this document will be translated into an outcomes-focused delivery plan that is outcomes focused. The learning Disabilities Strategic Board will ensure structured reporting that strengthens the evidence base for future delivery of learning disability services and regional commissioning opportunities to maximise efficiency and reduce duplication.

There are four regional aims set out in this document as follows:

- ▶ To improve community resilience and enablement through choice, self direction and control over decisions that, affect the lives of people with a learning disability in line with The Social Services and Wellbeing Act.
- ▶ To commission services that strengthen quality and value for money across the range of health and social care services for people with a learning disability
- ▶ To reduce health inequalities by increasing access to and take up of universal health, social care and wellbeing services for people with learning disabilities
- ▶ Build community resilience and capacity across a range of services that support people with a learning disability

These regional aims provide 7 objectives which if implemented in line with the recommendations in the statement of intent will deliver cost effective transformation change.

Regional Objectives

- ▶ A defined model of care and support (care pathways) based upon the principles of the progression model.
- ▶ Reduce the number of children and young adults transitioning to residential care
- ▶ Maximise the opportunities from regional collaboration, partnership and integrated working to deliver high quality cost effective services.
- ▶ Regional data collection and use that supports future planning and commissioning decisions
- ▶ A regionally identifiable framework for service delivery that reflects individual personalised care and local need.
- ▶ Reducing health inequalities for people with learning disabilities across a continuum of care (from accessing mainstream health and social care services to specialist care, and prevention of crisis and ill health).

- ▶ Increased access and availability of local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place of their choice.

Each of the regional aims has been mapped against the recommendations for action to set the strategic direction. Under each of the recommendations the actions have been prioritised to identify the initial actions necessary to set the strategic direction in 2014/15. Subsequent actions have been grouped together in a way that will allow the strategic board to develop a short, medium and longer term action plan.

The seven recommendations of the Statement of Intent are

- ▶ Implementation of a Model of Care and Support for people with a learning disability in Mid and West Wales that enables individuals to achieve what is important to them.
- ▶ Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability.
- ▶ Create a regional Quality and Governance Framework that enables effective and consistent monitoring and assurance of the standard of care and safeguarding for services to people with a learning disability.
- ▶ Define the integrated approach to working in partnership that supports collaboration in the delivery of high quality cost effective learning disability services at a regional level:
- ▶ Establish a viable and financially sustainable approach to Joint and regional commissioning for learning disabilities services:
- ▶ Effective Strategic leadership that provides an agreed and persuasive vision with a compelling narrative to describe what collaboration and integration, and partnership can achieve.
- ▶ Develop a regional strategic approach to Workforce, Training and Development

More than one recommendation can be applied to each of the regional aims and objectives and therefore the recommendations should not be seen in isolation as there is interdependency. The recommended structure to deliver this programme is short term delivery groups with clear lines of responsibility for reporting. The strategic board will need incorporate robust strategic leadership into the delivery programme to maintain focus on the vision and end goal. The strategic board will need to ensure this is not based on individuals but on strategic process to maximise the benefits regionally that translate to individual organisations in the form of quality, safeguarding, cost efficiency and improved user service experience.

1 | Introduction

The total number of people on registers with learning disabilities in Wales (at 31st March 2014) were 15,297 people in total, of whom 13,179 (86 per cent) were living in community placements and 2,118 (14 per cent) were in residential establishments. The data shows that 56% per cent of all people on registers (learning disability and other disability registers) were living with parents or family and 16 per cent were in lodgings or supported living.

Across Mid and West Wales there is a strong recognition by both Local Health Boards and Local Authorities of the need to work within a regional footprint to deliver sustainable improvements in the quality, efficiency and outcomes of services for people with a learning disability whilst respecting local ambitions and needs.

The need to take a more robust and immediate approach to the integration of services, has been clearly identified by the Mid and West Wales Health and Social Care Collaborative in the light of 'Sustainable Social Services for Wales: A Framework for Action' and the Social Services and Wellbeing (Wales) Act 2014. There are many examples of partnership working which demonstrate the commitment to this approach.

Learning Disability services were identified as an early priority by the Mid and West Wales Health and Social Care Collaborative Board (MWWHSCCB) and funding was secured to support transformation across the region via the Welsh Government's Regional Collaboration Fund (RCF). Oversight of the resulting 'Modernising Learning Disability services in Mid and West Wales' project, and the wider transformational activity is the responsibility of MWWLDP and its progress is monitored through the Learning Disability Strategic Board. The members of which represent the Mid and West Wales Learning Disability Partnership (MWWLDP).

The Statement of Intent for Learning Disabilities Services has been produced on behalf of Mid and West Wales Health and Social Care Collaborative. This document will set the strategic direction for the next three years and describe the collaborative and integrated approach which is required to transform Learning Disability services in Mid and West Wales. It will enable partner organisations with statutory responsibility for Health and Social Care Services to commit to a transformation programme which has the support of all stakeholders

1.1 Background

The Mid and West Wales Health and Social Care Collaborative (MWWHSCC) originated in 2006 in response to the Welsh Government's Making the Connections agenda which followed the Beecham review of local service delivery. The report places citizens at the centre of services which are efficient, driven by a commitment to social justice and equality; that work closely together rather than wastefully duplicating or competing and which have a strong partnership with their workforce.

When developing the Statement of Intent for Learning Disabilities the recommendations from 'Making Connections' still apply and should be considered in the context of regional working. The key recommendations are:

- ▶ Eliminate the shunting of costs and people between organisations. We will support their development by using existing and new legislative powers to strengthen the duties on public bodies to co-operate, removing barriers to collaboration and eliminating any unnecessary bureaucratic requirements on public bodies.

- ▶ Develop the financial and governance arrangements across sectors to make it easier to bring together budgets, staff, facilities and other resources in order to get the best value for people and communities.
- ▶ Local service boards that will build on the valuable experience gained from the Community Strategy Partnerships, to implement a shared programme of action to improve services. They will engage with citizens in shaping future services, identifying a manageable suite of shared priorities to improve outcomes for the community and evaluating performance across a broad range of local services, reporting on performance and citizen satisfaction.

The Welsh Government's White Paper '*Sustainable Social Services for Wales: A Framework for Action*' (Feb 2011) makes clear its view that collaboration and integration are key to achieving the transformation of health and social care in Wales and improvement of outcomes for users and carers. The adoption of the 'Footprint for Public Services in Wales' confirmed the current collaborative footprint for Mid and West Wales to include both Hywel Dda and Powys areas. In response to these developments, membership of the MWWHSCCB was expanded to include both health boards.

The Health and Social Services (Wales) Act will have a further impact on service delivery, with a focus on integrated care and support provision between Health and Social Care. The Act provides the legal framework for improving the well-being of people who need care and support, and for transforming social services in Wales. It aims to address the challenges set out in Welsh Government guidance '*Sustainable Social Services for Wales: A framework for action*' (Feb 2011) These included demographic changes, increased expectations from those who access care and support as well as economic realities.

The Act is intended to transform the way social services are delivered, promoting people's independence to give them stronger voice and control. Integration and simplification of the law will also provide greater consistency and clarity to:

- ▶ People who use social services
- ▶ Their carers
- ▶ Local authority staff and their partner organisations
- ▶ The courts and the judiciary
- ▶ Introduce national indicators that will measure the difference being made

The Act will promote equality, improve the quality of services and enhance access to the provision of information people receive. It will also encourage a renewed focus on prevention and early intervention all of which will have direct implications for learning disability services moving forward.

The report of the Commission on Public Service Governance and Delivery (2014) (The 'Williams Report') made number of recommendations advising that "*governance of and between public sector organisations must be robust and unambiguous.*" There will be a focus from the Welsh government on "*scrutiny in holding organisations to account, improving services and engaging citizens. New models of delivery which focus on prevention, early intervention and demand management through co-production and citizen engagement will be essential.*" The report further suggests that organisational boundaries should help not hinder service delivery and recommends merging Powys Health Board and Local Authority.

There are further recommendations to reduce the number of local authorities across Wales. Both of these recommendations if implemented will create further change within the Mid and West Wales footprint.

The Williams Report suggests there needs to be “*a willingness to challenge and overcome the professional, cultural and behavioural barriers to integrated care both within the NHS and between NHS and Local Government;*” The Regional Collaborative has a role to play in supporting this. Learning disabilities is an area where there are the financial, and efficiency benefits to be obtained from regional working as well as the opportunities it affords to improve the quality and delivery of services across organisational and geographical boundaries.

The proposed changes to social services in Wales should also be seen in conjunction with learning from Winterbourne View in relation to learning disability services. The Department of Health A national response to Winterbourne View (2012) advised there were far too many people with learning disabilities or autism staying too long in hospital or residential homes, and even though many are receiving good care in these settings, many should not be there and could lead happier lives elsewhere.

The report identified that part of the way forward is about promoting a culture and a way of working that actively challenges poor practice and promotes compassionate care across the system. That it should not be acceptable that people are being placed in inappropriate care settings, and this should be seen on a par with people receiving the wrong cancer treatment as the implications for this vulnerable group can be as devastating. Ensuring an appropriate response to the issues emerging from Winterbourne View is one of the current priorities of the Learning Disability Advisory Group, established by the then Deputy Minister for Social Services in 2012, to advise the Welsh Government on learning disability policy and practice. The MWWLDP will need to take any future recommendations from Learning Disability Advisory Group into consideration as part of continuous service improvement.

The diverse demographics in Wales add an additional dimension when considering the strategic approach to service delivery, there are a number of communities where the first language is Welsh. The Welsh Government implemented the Welsh language measure in 2011, with the objective to work with organisations to increase the number of services available in Welsh, providing more opportunities for people to use the language in their day-to-day lives.

The central tenet of the government’s approach in producing the ‘*The Welsh Language Strategy 2012-17*’, is to help Welsh-speaking communities to develop, innovate, prosper and succeed. The Welsh Government’s requirements around Welsh language services in health, social services and social care are set out in its Strategic Framework ‘*More than just words*’.

The Social Services Improvement Agency (SSIA) is a specialist team set up in 2006 dedicated to supporting improvements with the social care system of Wales.

As part of a programme to support the transformation of LD services in Wales, the SSIA commissioned Alder to assess current provision and practice across Wales and identify a sustainable service model for the future. ‘Opportunity Assessments’ were carried out in six demonstrator sites including Pembrokeshire. The initial project found there were a number of opportunities to improve cost effectiveness.

It was recommended that to achieve a progression model or ethos, all stakeholders need to be pursuing the same aims:

- ▶ Have an ethos that people with a learning disability can learn, develop and exercise their skills in a way that meets individual needs.
- ▶ Take the opportunity to move away from traditional services such as residential care, 24/7 staffed supported living that resembles residential care supplemented by day opportunities. To a model that enables people with learning disabilities to access support to live independent, meaningful and typical lives. A model that provides support to access a range of opportunities, community participation and employment.
- ▶ Engage with the wider system that supports people with a learning disability e.g. service users, social workers, health staff, support providers, families and carers. Building on current local engagement processes, adopting and embedding robust processes within the regional service transformation programme.

Following this a more in-depth programme was carried out across the Three Counties of Carmarthenshire, Ceredigion and Pembrokeshire. The Alder work reported that “the key to enabling opportunities to be realised is for the adoption of the Progression Model throughout the wider system of support for people with a learning disability.”

The report from Alder highlighted variance across the 3 counties, it identified that individuals were stuck with additional or unsuitable support for a number of reasons. E.g. reducing perceived risk, support planning focused on maintenance and not learning. The report also recognised areas of good practice in individual local authorities that should not be lost, but built upon as part of future work moving forward.

The Collaborative (MWWHSCCB) identified the opportunity to develop integrated and joint working across West Wales, thereby developing sustainable learning disability services across the three counties within the Hywel Dda University Health Board region. A strategic and operational board structure was established with a number of work streams identified but implementation has been compromised and progress slow, due to organisational change and financial pressures at both local authority and local health board level.

In 2013 the Strategic Board for learning disability services asked for renewed sign up and organisational commitment to the plans for an integrated West Wales Learning Disability Service. The Strategic Board identified that their single biggest priority is to have quality services that are financially sustainable within a three year period.

1.2 Health and Social Care in Mid and West Wales

The Mid and West Wales collaborative footprint is unique in Wales in that it spans 2 health boards as well as four local authorities with a number of particular pressures and challenges for both health and social care organisations.

1.2.1 Health Boards

Powys Teaching Health Board

Powys Teaching Health board is co-terminus with its local authority. It is the largest county in Wales with a population of 133,000 and its large geographical area and its rurality presents a challenge for the provision for health and social care services.

There are approximately 670 people registered with a Learning Disability in Powys. This includes people with a mild to moderate learning disability through to those with a high level of need.

Powys Teaching Health Boards integrated medium term plan has identified Learning Disabilities Services as one of the improvement programmes. An improvement programme is defined as an area with a significant estates, workforce, and finance or partnership dimension.

The model of care is generally recognised as a tiered system.

Tier 1 – largely primary care based with support provided to primary care teams (such as GP and Practice Nurses) to ensure the needs of people with a Learning Disability are recognised by mainstream services. Approx. £1.7M is spent by the Powys Teaching Health Board in partnership with Local Authority on services such as supported tenancy, day services, etc.

Tier 2 – community based services, including some specialist in nature, supporting people with a learning disability to live fulfilled lives within their own homes and communities. The team based care is provided on a multi-disciplinary basis and approximately £1.2M is spent on this tier of service.

Tier 3 and 4 - in-patient care services are no longer provided in Powys as the focus on community services has resulted in fewer clients needing such care. Highly specialist services for clients which cannot safely and adequately be supported at home are procured from specialist centres. The Powys Teaching Health Board currently spends approx. £1.8M on such placements.

Within Powys improvement and integration of services with health and social care also requires collaboration and partnership beyond Mid and West Wales regional boundary (and Wales itself) due to its patient flows being predominantly across border to England and other Welsh regions for acute service provision.

Powys Health Board currently spends £1,269,990.8 on learning disability services.

Hywel Dda University Health Board

Hywel Dda University Health Board provides all NHS healthcare services for Carmarthenshire, Ceredigion and Pembrokeshire. Covering a quarter of the landmass of Wales, Hywel Dda is the second most sparsely populated Local Health Board area. 31.4 per cent, 47.9 per cent, and 20.7 per cent of the population live in the local authority areas of Pembrokeshire, Carmarthenshire and Ceredigion respectively.

With 13% of Wales' population in Hywel Dda, the area's age and sex profile is similar to that of Wales as a whole but there are notable differences with fewer people aged 25-44 and more people aged 55-79. In rural Pembrokeshire and Ceredigion, there are relatively high numbers of older people.

Hywel Dda has challenges in relation to financial constraints, pockets of deprivation with significantly lower health outcomes than other areas and a combined rural and urban mix of geography impacting on the delivery of health and social care services.

The Hywel Dda annual plan 2013-14 sets out a strategic priority to provide 80% of NHS services locally, through primary, community and social care teams working together. In order to deliver this vision the Health Board has identified the need to deliver integrated care.

The Health Board has adopted six overarching principles of integrated care:

- ▶ The patient voice must be at the heart of all provision;
- ▶ General practice must be the 'locus of integrated services';
- ▶ Consultant opinion is an essential component of effective integrated services;
- ▶ The delivery of integrated services will require extended roles for nurses and allied health professionals for successful delivery;
- ▶ Integrated services must incorporate partner services such as social care and the 3rd sector;
- ▶ Future integrated services should bring together the full range of primary care.

Achieving the principles of integrated care will require:

- ▶ Working across boundaries
- ▶ Managing chronic diseases
- ▶ Support patients in the community
- ▶ Promoting self care

Hywel Dda spent £6,758,000 on learning disability services in 2013/14

Both Powys and Hywel Dda have a recognised need that a proportion of the services will need to be delivered in areas predominantly Welsh speaking this will provide an additional challenge that may benefit from consideration regionally.

1.2.2 Local Authorities

Carmarthenshire

Carmarthenshire has an area of approx 2370 km² and a population of 184,317. Carmarthenshire County Council '*Better Outcomes, Improved Efficiency*' identified ten strategic priorities for 2014/15:

- ▶ Safeguard people at risk from harm, abuse and neglect and raise awareness that safeguarding is everyone's business
- ▶ Support and equip our workforce to innovate
- ▶ Improve information, access to services and engagement
- ▶ Streamline and strengthen Assessment and Care Management
- ▶ Develop more early intervention and prevention services
- ▶ Reduce dependency and promote independence
- ▶ Strengthen services to support serviced users and their carers
- ▶ Continue to improve accommodation options
- ▶ Build on our strong track record of collaboration, integration and joint working with our partner organisations

- ▶ Implement our Budget Strategies for each service area to deliver greater efficiency and ensure the long-term sustainability of services

In 2013 the employment rate in Carmarthenshire was 67.4%. Representing the eighth lowest amongst the 22 Welsh local authorities.

The rate of older people supported in the community in Carmarthenshire has consistently been below the Wales average since 2005-06 and was at its lowest in 2009-10.

Carmarthen Council budget plans show intended spend of £17,600,000 on learning Disability services in 2014/15.

Ceredigion

Ceredigion has an area of approx 1,783 km² and a population of 75,900 (2011 census). The single integrated plan 'Ceredigion for all' identifies the priority outcomes as being:

Supporting Families

- ▶ Families in Ceredigion have the opportunity to thrive and reach their potential

Economy and Place

- ▶ People in Ceredigion have the skills and support to secure employment
- ▶ Ceredigion's communities are resilient and its natural environments are valued

Independent Living

- ▶ People in Ceredigion live in safe and affordable homes and communities
- ▶ People in Ceredigion are able to live fulfilled lives

In 2013 the employment rate in Ceredigion was 62.8%; this was the second lowest amongst the 22 Welsh local authorities.

Ceredigion's rate of older people supported in the community was one of the highest in Wales up to 2009-10. There was a sharp drop in 2010-11 and Ceredigion's rate has remained below the Wales average since then.

Ceredigion Council intends to spend £6,441,712 on learning Disability services in 2014/15.

Pembrokeshire

Pembrokeshire has an area of approx 1,590 km², with a population of 122,400 (2011 census).

Pembrokeshire county council have developed a Joint Statement of Intent with Hywel Dda health board which sets out the strategic priorities as follows:

- ▶ People are safeguarded
- ▶ A single point of contact for all
- ▶ Working as one team, aiming to get things right first time
- ▶ Delivering in partnership with the NHS

- ▶ Early intervention and prevention, hearing the customer voice- listening and acting with good professional information and advice
- ▶ A single customer record, with real time recording
- ▶ and other key stakeholders
- ▶ People with specialist needs are supported by appropriately skilled staff

The strategic commissioning framework will reflect and support the Adult Social Care transformation principles, with an emphasis on building community capacity, prevention and self help, maximising people's independence by ensuring integrated rehabilitation and re-ablement services and where people require longer term care ensure they have a greater voice in how they wish their needs to be met

In addition, the Supporting People programme will continue to support the following service user groups

- ▶ People affected by Domestic Abuse
- ▶ People with a Learning Disability
- ▶ People affected by Substance Misuse
- ▶ People who are Homeless or at risk of being Homeless
- ▶ People who are affected by HIV or Aids

In 2013 the employment rate in Pembrokeshire was 69.5%; this was the eleventh lowest amongst the 22 Welsh local authorities.

Pembrokeshire's rate of older people supported in the community steadily increased between 2005-06 and 2010-11 before falling again. The rate was slightly below the Wales average in 2013-14. Pembrokeshire Council spent £12, 528,390 on Learning Disability services in 2013/14 and have a planned budget for 2014/15 of £12,546,420.

Powys

Powys has an area of approx 5,179 km², with a population of 133,000. The 'One Powys Plan' presents the Councils priorities for improvement. These are:

- ▶ Integrated health and adult social care
- ▶ Children and young people
- ▶ Transforming learning and skills
- ▶ Stronger, safer and economically viable communities
- ▶ Financially balanced and fit for purpose public services

In 2013 the employment rate in Powys was 75.9%; this was the highest amongst the 22 Welsh local authorities.

Ensuring people with a learning disability have improved opportunities for valued occupation including paid employment has been identified as a strategic priority for learning disabilities in Powys as part of the development of the local learning disabilities strategy.

Powys Council intends to spend £14,845,770 on learning Disability services in 2014/15.

2 | Where are we now: the Collaborative Work Programme for Learning Disability Services

The regional collaborative have a number of work programmes under way. Learning disabilities is one strand of the adult services programme. Appendix A sets out the work programmes areas currently prioritised by the Regional Collaborative.

The strategic efficiencies for learning disabilities should not be viewed in isolation when considering the strategic way forward. There are a number of other work programme strands that could have an impact on learning disabilities and should be seen in conjunctions with the Statement of Intent, these are:

- ▶ Complex Needs (young people with complex needs and transition)
- ▶ Procurement hub
- ▶ Integrated assessment (Older People)
- ▶ Mental Health

Progress against each of these programmes and the impact for learning disability services will need to be considered in conjunction with the strategic approach in this Statement of Intent for Learning Disabilities. Sharing work plans, progress reporting and learning from projects, on agreed cross over areas, will prevent silo working or duplication and ensure changes do not have unintended consequences elsewhere for people with a learning disability accessing the care they need. This will support a whole system approach to learning disabilities moving forward.

2.1 Strategic Efficiency for Learning Disabilities

The purpose of the Mid and West Wales Learning Disabilities Efficiency Partnership, sitting within the MWWLDP, is to drive through a programme of transformational change for developing and delivering sustainable Learning Disability Services across four local authorities and two health boards. This will provide an opportunity to establish a regional approach to services based on a framework approach that sets standards and processes that are consistent but allows for variation in delivery that meets local needs. It is intended to support incremental changes over time.

The learning disabilities strategic efficiency proposal identified the following areas that could deliver integration of all learning disability services:

- ▶ Implementation of a consistent approach to the use of eligibility criteria for health and social care learning disabilities services.
- ▶ Integrated governance arrangements for all LD services
- ▶ The Accommodation and Efficiency Programme
- ▶ Integrated workforce development
- ▶ Complex needs (challenging behaviour and mental health)

- ▶ Transition
- ▶ Autistic Spectrum Disorder

There is no evidence of a clear delivery programme or engagement with stakeholders for the individual work areas identified in the original bid to the Welsh Government's RCF to deliver the Modernising Learning Disability services in Mid and West Wales' project. The strategic board and the operational group, identified there is currently a perceived lack of direction, prioritisation and leadership in relation to learning disabilities from any of the partner organisations. Further analysis of the issues raised around transition within learning disabilities identified that the complex needs work stream would address most of the issues raised.

Section 2.3 of this document sets out the current project in relation to the young people with complex needs/ transition work stream. There is currently no cross reporting from this work stream to the learning disabilities strategic group and no evidence from individual organisations that staff responsible for transition into adult learning disability services are aware or engaged in this work.

Accommodation and Efficiency (right sizing - residential and supported living)

The Accommodation and efficiency work programme is the only work area that has clear evidence of progression from the identified list of priorities set out in the initial proposal.

The Accommodation and efficiency work programme is based on the Alder report (2011) "*Assessment of opportunities to improve the cost effectiveness of learning disability services*". The Alder report demonstrated an increase in spend on learning disabilities of 63% compared with a 32% increase in adult social care overall in Pembrokeshire.

Pembrokeshire, Ceredigion, Carmarthenshire and Powys all demonstrated a reliance on residential care above the Welsh average of 27%. The four local authorities were ranked 3rd (Pembrokeshire) 6th (Ceredigion) 8th (Carmarthenshire) and 9th (Powys) respectively as having the highest reliance on residential care out of 22 Welsh local authorities. The report identified that changes to the approach to care environments would have a significant impact on wider health and social care delivery and can only be sustainable with a whole system approach.

The accommodation and efficiency project plan is intended to make person-centred accommodation services for people with learning disabilities financially efficient and sustainable. The aim of the project is to ensure that packages of care are based on an assessed need and that the services are commissioned to meet that need. This project has been in recognition that accommodation services accounts for the largest expenditure for community based NHS and local authority budgets. The work of the procurement hub has increased awareness of provider costs. However there has been limited scrutiny of best value of placement to support effective contracting. There is recognition that review processes have not been joined up resulting in:

- ▶ A long history of financial inefficiency and inconsistency in the way services have been commissioned in the past
- ▶ A lack of commerciality in much of the approach to commissioning services
- ▶ Services have historically operated within a largely risk averse culture

- ▶ A lack of challenge to providers

The project was initially implemented Carmarthenshire and has subsequently been rolled out across Mid and West Wales using a framework approach that allows for local variation to support implementation.

There has been significant learning from this project in relation to processes, with the initial programme set in the three counties. The work stream commenced in Carmarthenshire informing later implementation and the more structured framework approach implemented by Pembrokeshire currently in the process of being adopted in Ceredigion. Powys used a local framework and adapted the implementation to fit with local structures.

2.2 Procurement Hub work stream

A virtual unit, that is responsible for procuring and contracting some health and social care services (predominantly high cost, low volume placements for learning disability and mental health services) and will continue to assist the delivery of key priorities for the various work streams. Currently each Local Authority and Health Board has its own costing model and negotiates individually with providers.

Within the procurement hub work stream there is an opportunity to improve this process. The project will address the following areas with its fundamental aim being to ensure that each of the work streams or priorities for action taking place across the Collaborative region are applied in an even and informed manner avoiding policy or procedural contradictions:

- ▶ a consistent and co-ordinated approach to the management and negotiation of fees in the older person's care home sector through common methodology
- ▶ a consistent and co-ordinated approach to procuring placements and obtaining efficiencies in the learning disability, mental health and substances misuse sector by underpinning the work of the these service area work streams e.g. LD Strategic Efficiency Programme
- ▶ The identification of procurement and tendering opportunities and/or priorities across local authorities and/or respective Health Boards.
- ▶ a contracting and procurement infrastructure to develop joint contracting documentation and with clear business support systems to achieve administrative efficiencies

2.3 Young People with Complex Needs / Transition Services work stream.

The complex needs and vulnerable people project commenced in 2013 and is running in parallel with the learning disabilities transformational programme.

Three key priority areas have been identified based on risks for disabled young people aged 11-25:

- ▶ Effective transition between Children's and Adult's Services has consistently been identified as a high risk and priority area locally, regionally and nationally. A Mid and West Wales regional position statement was produced in response to Sustainable Social Services which highlighted the key area for development across the regions. In addition the Social Services (Wales) Bill 2012 highlights that the current legislative frameworks for Children and Adults further compounds the issue through their different criteria and outcomes. Set against this is an ever increasing demand for high cost residential provision which is unsustainable and does not address the young person's needs in the long term.
- ▶ Children and young people with complex needs represent a small cohort of individuals but represents a significant cost to each partner agency commissioning services for these individuals. There are huge risks associated with children and young people with complex needs being placed out of county and not being a part of their local community. The Social Services bill (2012) places additional duties on meeting children with complex needs within children services to the age of 21.
- ▶ The third priority for this project relates to vulnerable adults. The Social Services bill also introduces the term 'vulnerable person' and proposes significant changes as to how needs are assessed and support delivered. This will have a major impact on social care services especially Adult's services. This project aims to enable partners to explore how these changes can best be addressed regionally and locally.

This Project will produce a report that identifies current and projected needs and service implications across the region for young people with complex needs, ASD and 'vulnerable young people'. *This will include clear shared data across all partner organisations (including Education and Youth services) ensuring that data is consistent and comparable and transferable across the partners, to inform joint planning/sharing of practical commissioning. This will also include issues around workforce development.*

It will develop a regional commissioning plan based on an agreed cohort of individuals who are at risk of receiving services from outside of the region. *This will require a sound evidence base for what is effective and will be based on a progression model. It will utilise some current examples of good practice as well as maximising the use of economies of scale.*

The project will ensure that there is a consistent and effective (person centred) assessment and planning process (a Regional Framework) in place across the partners, particularly focussing on the Transition phase. In response to the social services and well-being act it will be flexible enough to meet local needs with clearly stated individual outcomes.

Children and young people with a learning disability will form a significant proportion of the cohort of individuals with a complex need (including those identified as "vulnerable"). It is anticipated that timelines to ensure timely transition arrangements are in place for social care, health and continuing health care in adult services. The quality and style of joint assessments will be reviewed to move away from assessments that are risk adverse and often based on the wishes of parents without the supporting evidence of the young person's need. All of these elements will have an impact on the learning disability pathway for adults and should not be seen in isolation.

3 | Where are we now: the Partner organisations

A desktop review of information available and stake holder engagement exercise was undertaken across Powys and Hywel Dda Health boards and Carmarthenshire, Ceredigion, Pembrokeshire and Powys local authorities.

The Statement of Intent recognises that different approaches have been used to date by local authorities and health boards with respect to improving services for people with a learning disability. There is specific reference to the work Alder work undertaken between 2011-2013 which provided valuable data to the three counties and supported the implementation of the accommodation and efficiency work stream.

Powys has undertaken a local needs assessment and commenced work on a joint health and social care learning disabilities commissioning strategy which will set the local direction and priorities.

This section of the document will not look at individual areas but focus on examples of good practice that demonstrate that things are changing as well as themed areas for improvement that will set the context for the recommendations for the statement of intent.

3.1 Good Practice:

As part of the stakeholder engagement, examples of good practice currently in place were identified. The Coastal Project part funded by the European Social Fund, as part of the 2007-2013 West Wales & The Valleys Convergence Programme is a Regional Strategic Project, covering the 6 local authority areas including Carmarthenshire, Pembrokeshire and Ceredigion. The project was intended to provide a strategic, consistent and equitable regional approach to the delivery of services to support individuals with serious and enduring illness and/or disability to gain their maximum potential in respect of skill acquisition, employability and economic activity. Appendix B provides examples of how the programme has supported people (with learning disabilities) to gain skills, training, volunteering with a view to achieving longer term employment.

The department of Health good practice project (2013) reviewed a number of examples of good practice relating to learning disability services. Appendix B provides a summary of a number of these examples that would be relevant to the areas of improvement identified as part of the stakeholder engagement process for this Statement of Intent. The following relates to local examples of good practice that have provided care and support to individuals with a learning disability to live independently and access health and social care services when they have the need.

3.1.1 Daytime Opportunities

The promotion of independence, self direction and control in decisions that enable wellbeing at whatever level possible is as important for people with a learning disability as it is for the rest of the community. In order that people with a learning disability are encouraged and supported to make meaningful decisions about how to take control over their lives, they have to be supported to understand the balance between having rights and having responsibilities.

Promoting independence, self direction and control over the decisions for people with a learning disability at any level will support and contribute to this principle.

The model adopted in Powys called 'Daytime Opportunities' has been established to support people to make realistic choices, take up opportunities for training, employment, build relationships. The delivery model identified that being considered as having a valued role in society will mean that people with a learning disability will feel less socially excluded and more likely to become an active part of their community, decreasing dependence on traditional services and moving away from traditional.

A daytime opportunity offers a range of meaningful activities and employment for people of working age, examples of which include:

- ▶ Bakery
- ▶ Firewood Company
- ▶ Goat farm
- ▶ Candle making

3.1.2 Hospital Way Finding

The project used symbols to make a difference to patient experience and way finding in an acute hospital. This award-winning project puts patients at the centre of redesigning signage to improve how they find their way around the hospital. With patients having the final say on the colour and signage used.

Symbols and colouring for departmental zones is planned to be incorporated onto information and letters sent out from the hospital.

This project was an NHS Wales Awards Winners in 2013 for Hywel Dda Health Board and recommended as an example of good practice that could be rolled out across Wales.

3.2 Areas identified for improvement

The areas for improvement have been collated into themes and separated into Health Board areas to allow for local variation.

Powys is currently developing a commissioning strategy for learning disabilities setting out their local priorities for 2014-2019. It is recommended that the benefits of regional working are incorporated into this process to maximise the benefits for learning disability services locally.

There is no evidence of a commissioning strategy in development within Hywel Dda for learning disability services and the 2013/14 annual plan does not make any specific reference to learning disability services as a priority area or an area for improvement given that it is a regional priority. It is recommended that a learning disabilities needs assessment and commissioning strategy is developed to provide a baseline analysis of services and local strategic direction. This will need to incorporate regional priorities agreed through this Statement of Intent and subsequent work plan.

3.2.1 Powys

- ▶ Transition services particularly around residential colleges
- ▶ Expansion of the of meaning employment to support people considering retirement
- ▶ Supporting people with complex needs closer to home. (reducing the need for out of area placements due to complex and behavioural needs)
- ▶ Preventing crisis, provision of respite to prevent placement breakdown and increased need for out of area placements.
- ▶ Improved integrated working with mental health services

3.2.2 Hywel Dda

- ▶ Transition services particularly around residential colleges and high cost out of area placements
- ▶ Pathways back to local communities following education and supporting local education and work in communities. (Making the necessary adjustments for people with a learning disability)
- ▶ Move away from traditional day services to a model that offers choice and variety, that is outcome and community based, supporting individual aspirations and social inclusion.
- ▶ Lack of capacity, capability and timing to undertake routine assessment of needs resulting in a reactive assessment to crisis rather than pro-active review processes.
- ▶ Preventing crisis through proactive management and supporting people through episodic crisis
- ▶ Improving the pathway and provision of services for challenging behaviour in children
- ▶ Improved structure to support respite provision
- ▶ Improved integrated working with mental health services

3.2.3 Service User and Carer Engagement

The development of this Statement of Intent excluded specific stakeholder engagement with service users and carers as it is a review of the work undertaken to date through the Regional Collaborative for learning disabilities.

However our findings from the desk top review have concluded that separate mechanisms exist with the Health Board's and the Local Authorities to ensure engagement with learning disabilities service users and carers exists. Some areas have a more formal and structured process than others with all areas predominantly focussing engagement around planned changes to service delivery.

There is limited evidence of routine annual and ongoing engagement with service users and carers. Although there is significant national evidence to suggest that it should be part of strategic planning. This Statement of Intent recommends a structured process is incorporated moving forward. Service user and carer involvement in the transformation programme will be essential if it is to enable service users to have a real say in the services they receive. A service user representative will be required on the strategic board to provide this missing element from the decision making process.

It is recommended that formalised structures are incorporated into the work programme linked to individual work streams and incorporated into a wider communication strategy.

The Social Services Improvement agency have developed a Learning Disabilities Consultation and Engagement Framework which is intended to support organisations to plan consultation and engagement with Carers and Service users over the year. This framework covers all the consultation and engagement exercises throughout the year.

The Social Services Improvement Agency use surveys where appropriate, but are recommend moving towards using more focus groups and person centred approaches to gain the views of carers and service users. This will ensure service users and carers are involved in all areas of learning disability services.

Improvements to user and carer engagement in relation to Learning Disability services will form part of wider enhancements across the Mid and West Wales Health and Social Care Collaborative programme.

4 | Where do we want to be? The Strategic Direction

The transformation programme is based on the work undertaken by Alder with the following key principles:

- ▶ Earlier use of supported living
- ▶ Fewer transitions from children's services into residential care
- ▶ Reduced later life admissions into residential care
- ▶ Supported living that facilitates access to mainstream services

This approach should be underpinned by evidence of high quality care across a range of services that support service users to have a say in maintaining independence, adapt to life changes and where ever possible have a choice about the services they access that meet their needs.

This statement of intent sets out the strategic approach to delivering improved health and social care provision for people with learning disabilities through regional aims and objectives for the MWWLDP. This document also responds with recommendations based on the evidence of the work to date, the desktop review and stakeholder engagement. The table below provides a summary of recommendations that will inform the work streams and actions (set out in section 5 of this document) required to deliver transformation change through collaboration, partnership and integrated working.

Regional Aim	Regional Objective	Recommendation
1 To improve community resilience and enablement through choice, self direction and control over decisions that, affect the lives of people with a learning disability in line with The Social Services and Wellbeing Act.	A defined model of care and support (care pathways) based upon the principles of the progression model. Reduce the number of children and young adults transitioning to residential care Reducing health inequalities across a continuum of care (from accessing mainstream health services to specialist care and prevention of crisis and ill health)	1 Implementation of a Model of Care and Support for people with a learning disability in Mid and West Wales that enables individuals to achieve what is important to them.
		2 Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability.
		6 Effective Strategic leadership that provides an agreed and persuasive vision with a compelling narrative to describe what collaboration and integration, and partnership can achieve.
2 To commission services that strengthen quality and value for money across the range of health and social care services for people with a learning disability	Maximise the opportunities from regional collaboration, partnership and integrated working to deliver high quality cost effective services. Regional data collection and use that supports future planning and commissioning decisions	2 Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability.
		3 Create a regional Quality and Governance Framework that enables effective and consistent monitoring and assurance of the standard of care and safeguarding for services to people with a learning disability.
		5 Establish a viable and financially sustainable approach to Joint and regional commissioning for learning disabilities services
		7 Develop a regional strategic approach to Workforce, Training and Development
3 To reduce health inequalities by increasing access to and take up of universal health, social care and wellbeing services for people with learning disabilities	A regionally identifiable framework for service delivery that reflects individual personalised care and local need. Reducing health inequalities for people with learning disabilities across a continuum of care (from accessing mainstream health and social care services to specialist care, and prevention of crisis and ill) health.	2 Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability.
		4 Define the integrated approach to working in partnership that supports collaboration in the delivery of high quality cost effective learning disability services at a regional level
4 Build community resilience and capacity across a range of services that support	Increased access and availability of local housing and accommodation to enable people with a learning disability to live as independently as possible, in a place	1 Implementation of a Model of Care and Support for people with a learning disability in Mid and West Wales that enables individuals to achieve what is important to them.

Regional Aim	Regional Objective	Recommendation
4 people with a learning disability	of their choice.	2 Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability.
		5 Establish a viable and financially sustainable approach to Joint and regional commissioning for learning disabilities services

4.1 Vision and Model of Care for Learning Disability Service

The progression model has been described by Social Services Improvement Agency (SSIA) as:

“The ability to promote independence through strength based assessment, clear development plans, positive risk taking and outcome based review to transform services”

The strategic board agreed the need to incorporate the ethos by Alder that people with a learning disability *“Can learn and progress and should be given the opportunity to do so”*

In April 2014, the strategic board set out the model of care for learning disabilities based on the progression model. It defined progression as:

“A person centred developmental approach that seeks to help an individual achieve their aspirations for independent living”.

To achieve this health and social care professionals will be required to fully understand an individual's strengths, use assessments that identify very specific development requirements in respect to activities of daily living; goal directed support planning; positive risk taking and outcome based reviews.

This approach is intended to allow individuals to move on and actively manages support in line with individual's achievements. The aim of the approach is to ensure care and support requirements reflect need and are reviewed and amended overtime. As part of the approach statutory care and support services are withdrawn in line with the individual's progress towards greater independence.

At this stage the model is a concept and has not been translated into a clear and robust service delivery model that reflects an individual's life with a learning disability. The model as it stands offers scope for different interpretations even within a single team and there are significant differences in the approach within health and social care. The stakeholder engagement further identified that the 'progression model' terminology is perceived as restrictive by some care groups and representing current practice to other groups. There was however agreement that the principles underpinning model should promote independence and incorporate a greater focus on wider community inclusion and general health and well being.

There will be a requirement to gain understanding from service users, carers and family on their vision of progression model incorporating how this links with individual aspirations and the barriers they experience currently in accessing care and support at the time they need it to support independence and wellbeing.

Further work is required to ensure a model of care and support for learning disabilities is developed incorporating the principles of progression maximising independence.

4.2 Building of the work already achieved regionally

4.2.1 Accommodation and Efficiency Work Stream

The accommodation and efficiency work stream within learning disabilities demonstrates that working regionally can provide significant benefits in terms of finance, efficiency and quality.

There have been a number of areas of learning from this work streams in relation to processes can be applied to other projects particularly around learning from initial implementation in one local authority following a framework model that allows for local adaption whilst maintaining consistent processes and standards.

The initial implementation in the three counties offered an opportunity to test and learn from the delivery model. This approach worked at the time but recognised it would have benefited from a more structured methodology. Powys subsequently implemented a more structured approach to reviewing packages of care within a supported tenancy framework. These slightly different approaches offer an opportunity to formally reflect and share learning from the work stream that can support continuous improvements. Powys have expressed their intention to tender services and update their framework in the near future based on the learning and outcomes of the current work.

An outcome of the current accommodation efficiency work stream is to have a single data base of all packages of care. The work to date suggests this will be in place for individual local authorities. Evaluation of the data at a regional level would allow the learning disabilities strategic board to consider opportunities for future joint commissioning plans.

As a result of the work of the accommodation and efficiency project, issues were identified relating to quality and safeguarding that needed to be addressed before the core elements of the project could be undertaken. This had an impacted on the timescales of the project, with some work still outstanding which will need to be considered in relation to the wider strategic plans for service delivery and monitoring for changing learning disability services.

Expansion and clarity of the remit of the current accommodation and efficiency work stream, moving forward, should lead to implementation of clear policies that support care management. These could be developed at a regional level setting clear standards but allowing for local implementation within the agreed delivery framework.

There should also be further implementation of regional data collection to share ongoing learning and embed the delivery framework to allow benchmarking to commence and challenge localised risk-averse practices.

The evidence so far suggests there is little or no use of Assistive Technologies to support people with complex needs which should be considered as part of future service development opportunities.

4.2.2 Other regional work streams

The procurement hub provides a service that will impact on a number of work streams. Ensuring a clear coordinated approach will be essential moving forward to ensure ongoing procurement of accommodation and placements meets the needs set out in the changing learning disability model of care.

Consideration will need to be given to the regional strategic approach to procurement in driving forward innovative contracting models which would benefit learning disabilities transformation.

It is recognised that the children with complex needs and transition work stream is at the early stages of implementation; however it could be argued that it will have the most significant impact on learning disability services moving forward if a co-ordinated approach is adopted. It will be necessary to understand the impact changes in children's and educational services will have on the adult pathway. Effective engagement with adult transition services and communication with the Learning Disabilities Strategic Board will be essential, with consideration given to merging elements of the respective projects where appropriate.

Whilst the mental health work stream has not been reviewed as part of this evaluation there are some clear cross over areas with learning disabilities that should not be overlooked by either work stream.

The Regional Learning Disability Strategic Board should ensure that in refocusing on clear strategic priorities they are communicating effectively with the collaborative board. This will ensure they are strongly positioned to benefit from new funding and grants as they become available. As new funds become available at short notice, with rigorous requirements about how they are used and the need to provide evidence of the outcomes achieved; the Strategic Board need to articulate how a cohesive approach to learning disabilities across Mid and West Wales is contributing to addressing issues and implementing change. This is especially true of funds which support further integration in addition to those funds already in place for example; the Intermediate Care Fund (ICF) whose primary target area is older people and the Regional Collaborative Fund (RCF), both of which will drive forward integration opportunities.

5 | How do we get there? Next Steps

5.1 Statement of Intent recommendations

This section describes the steps that will help deliver the required transformation across learning disability services. It sets out key actions within priority work streams that will allow the strategic board to achieve its aims and objectives as set out in section four of this document.

Plans may need to be changed if something unexpected happens, for example, new government guidance or a change in funding allocation but the principles and approach to transformation should remain consistent.

The following recommendations reflect the elements of the statement of intent that will delivery change. They are intended to provide a regional direction and approach but with the flexibility to allow for local variation in delivery to meet the needs of the local population.

Within each of the recommendations there is an assumption that the principles and outcomes agreed as part of a delivery plan will be adopted by each of the partner organisation.

There are two areas that should be applied across all the work streams on the strategic board work plan moving forward.

- ▶ Service user, carer and stakeholder engagement. The model for delivery, implementation and monitoring will need to be co-produced with service users and carers to really achieve aims and objectives of this document.
- ▶ Regional data sets were recommended by Alder and this report supports that and suggests that agreeing an initial regional data set that is presented reviewed and used by the strategic board will be essential to build an evidence base, challenge variations in quality and inform regional business planning.

There are seven *Statement of Intent* recommendations:

Recommendation 1 Implementation of a Model of Care and Support for people with a learning disability in Mid and West Wales that enables individuals to achieve what is important to them

Building on the initial work in 2014 to set out a vision for learning disability services in Mid and West Wales; Define the vision and commitment to change and improve services by making them more community focussed, reflect that individuals will have more independence to look after themselves but are held by services when they need additional support.

Understanding of the needs and aspirations of people with learning disabilities and their carers to define pathways of care based on the principles of the progression model that supports independence, self direction and control.

Actions

High Priority Action

The translation of the vision for the “Progression Model” into a regional model of care and support for learning disabilities will need to be the first priority of the strategic board.

The translation of the vision will set out the principles of the regional model. It will incorporate an ageless approach to learning disabilities.

It will need to include common language that is understood by all (and where there are difference a glossary).

The model will be ageless approach and provide a lifelong pathway that defines the integrated approach at points where transition from one service to another is required based on assessment of need.

Agree the actions that need to be taken to move from a defined delivery model to implementation and embedding. This will need to include a programme of monitoring progress.

To undertake a stakeholder event with service users and carers around the principles of the progression model their ambitions for independence as well as current barriers they experience to inform the model adopted regionally and make recommendations for defined pathways

Subsequent Action: Mapping Process

There are a number of mapping exercises both locally within health boards and then regionally that would be of benefit to set a baseline for the current position, identify gaps and enable planning for areas that regional work would be of benefit.

Review of the end to end service user journey including the consistency of advice / information and potential opportunities to enhance universal offers increasing quality and consistency of service delivery.

Undertake an analysis of the current pathways, gaps and blockages that would prevent delivering change both locally and regionally. 4 key priority pathway areas identified as:

- ▶ Routine review and follow up assessment process to move from a reactive to a proactive delivery model.
- ▶ Crisis episodes
- ▶ Complex case management and out of area placements (what is required to deliver

services locally/ regionally)

Building on the work already in progress, undertake a community mapping exercise of service provision across all partner organisations in order to better understand the range of services that are currently available to meet individual needs.

Undertake gap analysis of provider market based on the mapping exercise of current pathways.

- ▶ Housing and support provision for complex needs across the region to offer choice and flexibility.
- ▶ Specialist support for psychology and behavioural management services

Subsequent Actions

Identify alternatives to traditional day services for people with disabilities in other areas across the region.

- ▶ Learn from the work already undertaken, areas of good practice and changes implemented in Powys, and the Coastal Project across Carmarthenshire, Ceredigion and Pembrokeshire.
- ▶ A Mid and West Wales approach to Shared Lives with consideration by Powys to join the regional scheme
- ▶ Assess the need to Welsh speaking services across the region to further develop community opportunities
- ▶ Consider options for people no longer able to actively work to prevent social isolation

Subsequent Actions: Alignment with other workstreams

Alignment of the complex care and transition work stream to ensure improved transition arrangements are in place to support a young person with a learning disability moving from children to adult services that enables access to the local community.

- ▶ Clear cross over working from the learning disabilities and transitions work stream within the collaborative
- ▶ Alignment of the transition model of care with the adult learning disabilities model of care that promotes independence and self care at the time of transition and into adulthood, increasing choice and optimising individual outcomes.

In line with the model of care and support develop a robust framework for adult transition to older persons 'services incorporating how service users needs and aspirations may vary at different times in their lives

Action: Data Collection

Regional analysis of expenditure to facilitate discussion on commissioning priorities at a regional level.

- ▶ Regional data collection on needs for learning disability services based on reviewed pathway
- ▶ Identification of potential shifts in investment areas. This will need to be linked to commissioning and procurement hub work stream.

Recommendation 2 Engage with Service users, Carers and their family to co produce individual support that enables access to services, inclusive delivery models and monitors outcomes for people with a learning disability

The Statement of Intent recommendations and actions are based on an analysis of information available at the time of the review and stakeholder engagement. This piece of work is an assessment of the current position and as such did not include service user and carer experience.

In reviewing the current position the Statement of Intent recognises the need for service user and carer engagement in all learning disability work streams moving forward. Co- production of service delivery models will be essential to ensure that services are commissioned and delivered in a way which is sensitive to the diversity present within the communities based on local need.

Actions

High Priority Action

The Strategic Board require a formal structure to work alongside service users, carers, on the co-production, planning, monitoring and provision of learning disability services at a regional level.

Action: A process for ongoing service user and carer engagement

Develop a communication strategy for service users, carers, staff and communities to share the work undertaken and proposals for changes to learning disability services.

Conduct an audit of the effectiveness and value for money of current engagement processes.

Ongoing engagement processes that provide an understanding of aspirations of people with a learning disability and the current barriers that prevent access to mainstream services, work and meaningful activities.

Recommendation 3 Create a regional Quality and Governance Framework that enables effective and consistent monitoring and assurance of the standard of care and safeguarding for services to people with a learning disability.

Set baseline quality standards specific to learning disabilities for implementation across the region. Set improvement targets that deliver changes in the quality standards for Health and Social Care Services.

Actions

High Priority Action

Set out regional data collection and benchmarking as baseline and incorporated into future changes to service delivery. (E.g. current number of out of area placements. Project plan and projection of reduction of current long term placements by defined date)

Agree reporting and monitoring processes that will make effective use of data to support regional business planning and local decision making. E.g. start with complex care cases requiring out of area placement.

Report compliance on regional standards to the collaborative and individual organisations to improve quality and consistency

Subsequent Action: Quality Assurance and Safeguarding

Ensure information governance and data sharing agreements support collaborative and regional working,

Scrutinise current regional and associated local governance and accountability structure to ensure clarity of roles, accountability and best use of resources

Align the quality framework for learning disabilities with regional safeguarding, deprivation of liberty processes and procedures currently under review

Action: Link data and information to wider agenda

Utilising work through procurement hub to improve quality of current contracting, service specification and future contracting arrangements.

Review and monitor assessment processes against national standards for assessment of need for health and social care services. Set annual regional performance standards.

Ensure link with national wellbeing statement and National Outcomes Framework

Recommendation 4 Define the integrated approach to working in partnership that supports collaboration in the delivery of high quality cost effective learning disability services at a regional level:

Regionally agreed priorities for integrated working that support the vision and model of care and support for learning disabilities, but respects the local sovereignty of organisations in terms of their accountability and statutory duties.

Actions

High Priority Action

Define the principles for integrated working that reflect a range of delivery models and “does not dictate that one size fits all approach is adopted ”

Agree the priority areas for integrated working to deliver the learning disability pathways that reflect the regional model of care and support.

Define outcomes and service user experience benefits to be achieved as the basis for integrated working.

Subsequent Action

Identify appropriate level of integration for different aspects of learning Disability services and this action plan

Focus on organisational integrated working processes as part of an agreed pathway of care (health, social care and 3rd sector services)

Define roles and responsibilities as part of an integrated approach to delivering a seamless pathway of care

Recommendation 5 Establish a viable and financially sustainable approach to Joint and regional commissioning for learning disabilities services:

Robust commissioning requires a comprehensive evidence base of local need and the outcomes required of any services commissioned.

Understanding demand and supply, what resources are available, the links between financial planning, service planning and workforce planning at a regional level will support the delivery and future commissioning of high quality learning disability services.

Actions

High Priority Action

Set out regional data collection and benchmarking as baseline and incorporated into future changes to service delivery.

Agree reporting and monitoring processes that will make effective use of data to support regional business planning and local decision making aligned with commissioning cycle.

Agree a collaborative approach to commissioning services and where pooling those resources, perhaps in new ways, is of benefit services enabling roll out of good practice across the region and linking with the wider Commissioning work stream within the region

Subsequent Action: Agree a range of commissioning actions and priorities

Review of the contractual models for individual placement, service level and regional commissioning being used in the region with identification of variations and benefits, sharing best practice.

Consider a region wide approach to co commissioning by partnering with voluntary and third sector providers to co produce models of care that can be implemented to meet the needs of local learning disability service users.

Agree a regional approach to targeted health promotion and screening.

Consider commissioning a business case for the implementation of assistive technology, including the potential of innovative 'at scale' funding models

Recommendation 6 Effective Strategic leadership that provides an agreed and persuasive vision with a compelling narrative to describe what collaboration and integration, and partnership can achieve.

Ensure that strategic leadership have agreed a persuasive vision with a compelling narrative that describes what collaboration and integration can achieve.

Actions

High Priority Action

Agreement of a memorandum of understanding that sets out:

Each organisations commitment to working collaboratively and in partnership to achieve mutual benefit in delivering improvements in learning disability services.

Is consistent with the commitments to collaborative working at Collaborative Board level

Defined reporting structures through the collaborative and into individual organisations to maintain a focus on learning disability services.

Action

Clear identification of priority work areas, lead organisation and associated leadership for individual work streams.

Agreement on lead organisations for regional work streams linked to local priorities and delivery plans. (learning disabilities commissioning strategy)

Review terms of reference for strategic group, membership and representation from third sector providers and service users and carers.

Dissolve the current operational group and set up short term delivery groups aligned with individual work streams.

Recommendation 7 Develop a regional strategic approach to Workforce, Training and Development

Agree a regional strategic approach and prioritisation of workforce, training and development that will create a sustainable workforce for the future delivery of services. Provide a strategic regional direction that enhances and extends local workforce training and development initiatives, recognises the role of carers and the voluntary sector as part of the whole system.

Actions

High Priority Action

Consider the work force implications as part of the development of the regional model of care and support.

Incorporate actions that will provide the best approach to deliver cultural change that supports improved and innovative delivery models

Action

Conduct a regional workforce review to identify the future skills and capacity requirements to support local service delivery.

Assessment of specialist skills and services required to support complex care needs, identifying where there is benefit of a regional approach.

Undertake the above in alignment with the wider Workforce Development work stream within the region

5.2 Delivery Programme and Measuring Progress

The current governance structures, processes and reporting framework do not provide the necessary delegated accountability, ownership and reporting on progress against the agreed objectives and plans. This has resulted in a lack of decision making and progression to agree and implement changes required at a regional level in relation to learning disability services.

The transformation approach and priorities set out in this statement of intent require approval from the partner organisations thereby accepting a commitment to take forward the action delivery plan from this document that is developed at strategic board and submitted to the collaborative.

Following sign up to the Statement of Intent it is proposed that a memorandum of understanding is drawn up that will set out regional and local collaboration with a framework that will support decision making, risk management and delivering agreed milestones through the strategic board.

A delivery programme for the learning disabilities work stream will require an analysis of capacity and skills to deliver the defined areas of work from the plan. This will support both local planning within organisation with lead responsibility and effectively utilising the skills and expertise from within the current collaborative resource.

As part of the delivery programme the Strategic Board will need to identify resources to take forward the recommendations in the Statement of Intent agreed priorities. In relation to commissioning, leadership and workforce this will require linking cross –service programmes at regional level to ensure that priorities for learning disabilities are addressed

It may also offer the opportunity to seek additional funding in the future through the collaborative, grants or other government initiatives.

Section 5.2 sets out the timescale for taking the Statement of Intent document from strategic outline to a delivery programme that will set the agenda for the Learning Disabilities Strategic Board from 2015.

5.3 Statement of Intent Delivery Timescale

Action	Deadline
Presentation of draft Statement of Intent to Strategic Board Mtg	19 Sept 2014
Initial review and accuracy check by partner organisations	17 Oct 2014
Strategic Board workshop	13 Oct 2014
Completion of final version	24 Oct 2014
Sign off – (Virtually- by email)	31 Oct 2014
Sign off – partner organisations	21 Nov 2014
Final discussion prior to collaborative sign off	8 Dec 2014
Sign off- collaborative board	11 Dec 2014
Draft 3 year Learning Disabilities Delivery Plan	Oct - Dec 2014
Draft Memorandum of Understanding and outline delivery plan	Dec 2014 – Jan 2015
Agree delivery plan and project initiation documentation for individual work streams	Strategic Board Mtg - Jan 2015

Appendices

Appendix A | Mid and West Wales Health and Social Care Collaborative Structure

Appendix B | Good Practice Examples

Good Practice Examples

The Learning Disabilities Good Practice Project

The Learning Disabilities Good Practice Project was completed under an action from *Transforming Care: A national response to Winterbourne View Hospital*.

The project team agreed that Good Practice is about what people themselves and families think, and not what the Department of Health or service providers think. This is what made the project unique.

During this project it became clear that the sharing of good examples can generate huge amounts of enthusiasm, and that a “can-do” attitude can make all the difference to the outcomes of a project. Determination, resilience and stamina are very necessary qualities in people who are aiming for and achieving sustainable outcomes.

From all six examples visited in the Project, it was clear that the key to providing successful, effective services and support is co-production (all stakeholders working together as equal partners from the start). Directly involving people with learning disabilities and wherever possible, family members and friends who know them best, in designing and delivering services, should therefore be a commissioning priority.

Recommendations from this project

- ▶ Local areas should engage openly and directly with all stakeholders, including people who use services and their families, when considering how to use the learning from the examples in this report.
- ▶ These examples should not be seen as end goals for good practice, but should be used as reference and inspiration in local areas, with a view to adapting and improving upon them continuously.
- ▶ When developing new services, local areas should build links wherever possible with their neighbours and share ideas, to avoid re-inventing wheels, to learn faster about what works and what doesn't, and to pool resources if this will improve sustainability and maintain quality

A summary of some of the examples from the project are included in this appendix:

Supporting living for people with complex needs

This example was chosen because it shows how an extremely personalised support package can be a good alternative to a more restrictive placement for people with complex needs. The person highlighted in this example, Xenia, had been living in different residential settings, none of which worked well for her, and which had always broken down after a period of time. Xenia now lives in a property that she partly owns under shared ownership with a local Housing Association.

The Advance Support team had begun working some years ago with the Tizard Centre at the University of Kent to try to create better support provision for people in Hackney who have complex needs and behaviour described as challenging. They also worked with local housing providers to help them understand the particular needs of the people they support, and managed to find a suitable property for Xenia that she would not have to share with anyone else.

The scheme took three years to set up, and it was hard to find a suitable property. Deputyship took a very long time to set up. It also took a long time explaining the shared ownership concept to Xenia's family, and the work involved with the housing association.

The longer term intention of Advance Support and Hackney Council is that more people in Hackney who have complex needs will have shared ownership, which will empower them to lead an independent life, but with support. Xenia feels safe and secure in her home, and it was clear that Xenia was leading an interesting life. Advance is also promoting shared ownership. They told our Good Practice Checkers that they have a very good relationship with the health team and other professionals in Hackney.

Advance is always learning, does not take anything for granted, and will keep on refining their service as necessary. Xenia's support needs will change, and her support will be adapted to suit her. The methods used to record Xenia's mood and response to activities enables staff to understand what she likes and dislikes. When there is a change in her behaviour, the incidents are referred by staff for discussion with the behaviour specialist at Advance who has had training in positive behaviour support techniques from the Tizard Centre. They then observe and carefully analyse the possible causes of the change. For example, Xenia began to show distressed behaviours about a year ago, and staff found that there was often a rush to get home by 2pm when the staff handover between shifts happened. They tried changing the shift handover time to 6pm and this worked much better for Xenia, as it meant that there was less interruption to her activities or outings during the daytime.

Xenia's sister has been very pleased with Xenia's progress. And Xenia's positive behaviour has been commented on by members of the public who knew Xenia before she moved into her own home, as they can now approach Xenia in public places.

The cost of supporting Xenia so far has fallen by £30,000 a year, mainly because Xenia no longer requires two people to support her in the community. She sleeps through the night, and her behaviour has become less challenging. Xenia is happy and has a good social life. Xenia attends college and her daily activities have enriched her life.

Xenia knows who is supporting her – she chooses the staff herself. The staff ensure that Xenia is engaged in activities she likes. Xenia is told the night before and she is reminded again in the morning. The staff check her behaviour as they are reminding her again, and they know if Xenia really wants to do an activity. This approach has reduced behaviour that can at times be described as challenging.

Advance is known for their work with disabled people, people with a mental health condition or people with a learning disability. They work across England to support many different people to live the life **they** choose, however varied or complex that life may be.

Advance has subsequently joined with an organisation called KeyRing who also works with local authorities to support independence in local communities with sustainable solutions.

Below are some examples of how KeyRing has saved money for one local authority by supporting members to be more independent.

- ▶ SP was in 24 hour care before coming to KeyRing. SP initially had 38 hours additional support per week but within 6 months this went down to 12 and in one year additional support has been totally stopped.

- ▶ SD joined KeyRing after living with her mother. SD initially had an extra 24 hours support per week. This was gradually reduced to no additional hours. SD has required no additional support for the last 2 years and has now got a job.

The Loft, Community Learning Disabilities Team

Warwickshire Partnership Trust

This is a short listed example of good practice that relates to health rather than social care. It was not fully evaluated by the project to provide the level of detail of the other examples but is worth considering in relation to improving health outcomes for women with a learning disability.

The Top to Toe women's group was set up by community learning disability nurses 4 years ago to support women with a mild to moderate learning disability, with an emphasis on accessing health screening and enabling them to meet their own health needs using personalised health diaries.

The group is outcome focused and encourages women to set their own achievable health goals. This is facilitated using accessible information and resources working in partnership with other professionals and agencies. Some participants have also been supported to co-present on subsequent Top to Toe groups. Top to Toe is now county wide and has been shortlisted for a Health Service Journal award.

The Buddy Group was set up as a response to the women's request for on-going support. The group meets on a weekly basis at a community café and is led by the women themselves with some support from a health support worker.

360° Quality Checking

Gloucestershire County Council, NHS Gloucestershire and Gloucestershire Voices (a self-advocacy organisation)

The Quality Checking project in Gloucestershire is co-produced by Gloucestershire Joint Commissioning Team and Gloucestershire Voices user-led organisation.

The project has the support of people and organisations who provide services, as well as people who commission services and people who use services.

The quality checking process has 3 parts to it:

A "Q360" survey, which is a voluntary questionnaire offered to people who use care and support services, asking what they think about the support they get. Questionnaires can also be completed by other people who know the person well, such as family members and friends, staff working in the services they use, people they meet with regularly in the community, and so on. By doing this, the council collects lots of feedback from different points of view about the quality of the person's life, and gets an insight into how well service providers are fulfilling their contracted responsibilities.

- ▶ A programme of quality checking visits by Gloucestershire Voices, who have trained people with learning disabilities who use support themselves to be experts by experience, to ask people in residential services what they think is good about where they live, and what might be better.
- ▶ Unannounced visits by Gloucestershire Joint Commissioning Team, to find out if people are being supported and cared for properly at all times, including at night.

The people who are Quality Checkers for Gloucestershire Voices talked about having increased their confidence, and being proud of the work they do because it can change people's lives. They "always look for the good in the services" they check. They said it was quite easy to recruit new quality checkers, as they were often asked by people living in the settings they were checking about how they could get more involved.

The providers who presented their views at the visit said that they were impressed by many aspects of the process. For example, they said it was "the first time there has been a chance to empathise" with people and they felt they were learning together. They said that the quality checking framework addresses lots of angles and that it helps them to think about "quality of life, not just quality of service". They said that at first, the staff perceptions of the checking process were very diverse, but that they get a useful report "way beyond CQC compliance". They also commented that "without someone checking, we wouldn't ever know how to get better".

The commissioners are very positive about the effectiveness of the quality checking and they believe that over time, the accepted standard will become higher. They see the quality checking process as an investment which gives them the evidence they need to carry on commissioning good services that people want, and helps providers to keep on improving their services. Other initiatives are developing from the learning about what people said needed improvement, such as inviting people's circles to get involved in the quality survey. Knowing more about peoples' social networks means that people who may have limited community connections can be identified, and referred to an organisation that has been commissioned to address social isolation. The Joint Commissioning Team strongly believes that being socially isolated is 'high risk', so this is a key part of the quality programme

Coastal Project 2009-13: Promoting Employment and Training Opportunities

The Creating Opportunities And Skills Teams, ('COAST's), were set up in 6 local authority areas and work in collaboration with a range of external service providers, as part of the Creating Opportunities And Skills Teams Alliance ('COASTAL'), to achieve a strategic, consistent and equitable regional approach to the delivery of services to support individuals with serious and enduring illness and/or disability to gain their maximum potential in respect of skill acquisition, employability and economic activity.

A process of detailed and comprehensive assessment of need will be offered to each individual participant. This will result in an Individual Programme which will detail the support required in order to assist the participant to overcome the identified barriers to their engagement in learning, training and employment. Project staff will then provide, or organise access to, the required support to meet the participants needs, including access to appropriate education/skills training, supported employment or work experience, support with job applications, CV writing, interview skills etc. The support will continue for as long as the participant requires it, up to a maximum of 12 months post employment.

Carmarthenshire

There are a number of employment opportunities through the Coastal Project in Carmarthenshire two examples are provided for the purpose of this report:

Chanslet View: woodwork

Chanslet View is a small wood company employing 6 permanent staff. They produce all kinds of woodwork. The business was set up to supports people coming out of the criminal justice system, or following rehabilitation through mental health and learning disabilities or substance misuse pathways to go back to mainstream society by access training and employment.

The recent report on the project identified it has supported 12 people (including people with a learning disability) to gain experience in the workshop, increases their socialisation through a structured working environment and build self confidence when working as part of a small team. In addition they gain skills and work experience to enable them to move onto longer term employment.

Blas Myrddin and BA31: Cafes

Both cafes offer catering opportunities to individuals interested in gaining catering experience in the hope that participants will go on to have employment or further training.

Again this project focuses on building skills and confidence that will help them moving forward. The project offers an initial 12 week training scheme, if the individual's have enjoyed the experience they may access further training at the other cafe site. There is also the opportunity for some people to access a traineeship through the cafes meaning they access paid employment during their training.

Pembrokeshire

The Coastal work in across the 3 counties offer a range of opportunities in Pembrokeshire the example chosen for this summary relates to training opportunities.

- ▶ HB training in Beauty Therapy offering work experience and leading to NVQ qualifications.
- ▶ The Anchorage SAC offering training in serving customers, food preparation, food hygiene and health menu planning. All of which are valuable experience when looking for longer term employment in catering and the food industry in general.

Port Talbot

Coastal Project Participants in Neath Port Talbot have been operating the staff canteen on the Bouygues UK Leadbitter construction site. The site, which is constructing the new University of Wales, Swansea, Bay Campus is one of the largest knowledge economy projects in the UK and is amongst the top 5 in Europe. Every day from 5.30 a.m. onwards, COASTAL participants, now employed as part of the COASTAL Site Canteen social enterprise, (established with the support of Social Firms Wales), provide a wide range of catering provision for a hungry workforce of over 200 workers on site.

This example shows how an idea to offer work experience, skills and training can grow and be translated into longer term employment as part of the wider community.

Appendix C | References

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