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# 'Making a Big Difference'

## An integrated commissioning strategy for Learning Disability Services in Barnet

### 2007 – 2010

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Developed in partnership by:

Barnet Learning Disability Partnership Board

Barnet Primary Care Trust

London Borough of Barnet Council

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## Executive Summary

### Introduction

This is the first three year Integrated Learning Disability Commissioning Strategy for Barnet.

The document sets out the commissioning and decommissioning intentions of Barnet PCT and the London Borough of Barnet for 2007-2010 for adults with a learning disability who are resident within the boundaries of the London Borough of Barnet to deliver the vision of Valuing People and to implement the Barnet Learning Disability Partnership Board's 'Small Plan to Make a Big Difference.'

It provides a framework to support the provision of flexible, responsive and equitable services to respond to a broad continuum of health and social needs to support us to meet national and local key targets.

### What the Strategy is about

The scope of the this Commissioning Strategy

The Strategy identifies the commissioning and decommissioning intentions over the next three years for adult Learning Disability Services, within the following;

- Specialist Learning Disability Services within the NHS
- Access to general healthcare services
- Housing and Support Arrangements
- Daytime opportunities
- Carers Support including Respite Care
- Advocacy and service user empowerment
- Direct Payments and Individualised Budgets

This Commissioning Strategy identifies current information on needs supply and performance and sets targets to achieve a shift towards targeted services that enhance independence and support community based provision. This strategy is the formal statement of plans for securing, specifying and monitoring services to meet people's needs at a strategic level. It applies to services provided by the NHS and Local Authority, other public agencies and the private and voluntary sectors.

Therefore this commissioning strategy is a plan which will:-

- Effect change in the overall configuration of learning disability services to meet the needs of the adult population of Barnet
- Provide a statement of commitment about the way in which the commissioning agencies intend to purchase services for the population in the future
- Set out a clear direction of travel for providers of learning disability services.

### Vision for Learning Disability Services during 2007 to 2010

In Barnet we will ensure our money is spent on services that support our vision of improving health and wellbeing. We will:-

- Give people more choice and a louder voice to take greater control over decisions about the way they want to live their lives and the services they need to support them

to do this. We want to do this through giving people their own budget to meet their needs

- Do more to tackle inequalities and social exclusion that people with a learning disability face
- Ensure that all services are person centred helping people to realise their full potential and become active citizens within their local communities

## Improving Outcomes for People with a Learning Disability

In Barnet we will ensure that all commissioned services support the delivery of service outcomes, which originate from the White Paper Our Health, Our Care, Our Say. These outcomes combine health and social care aspirations and support the principle of provision of integrated local services. The seven outcome areas are set out below with measures used to set out how progress will be demonstrated in learning disability services.

### ***Improved health and emotional well-being – ‘I am as healthy as I can be’:***

People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

### ***Improved quality of life – ‘I am able to live a fulfilled life’:***

Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.

### ***Making a positive contribution – ‘I can participate as a full and equal member of my community’:***

People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.

### ***Exercise of choice and control – ‘I have the same life chances as other adults’:***

People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets

### ***Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:***

Action is taken against maltreatment, neglect and exploitation including hate crime. More people report reduced discrimination, harassment and abuse. Opportunities to build and sustain valued relationships and raise a family.

### ***Economic well-being – ‘I am financially stable and have as much control as possible over my money’:***

More people have access to financial information, welfare benefits and employment opportunities.

### ***Maintaining personal dignity – ‘I feel valued by others’:***

More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## 'One Hand Can't Clap' - Involvement of people with a learning disability and carers

Barnet Learning Disability Partnership Board has adopted the phrase 'One Hand Can't Clap' to signify the Board's commitment to involving people with a learning disability in all aspects of service modernisation and service delivery. People with a learning disability and carers are 'experts by experience'. Their perspectives are not only essential to the planning and delivery of their own care and support, but also required in all aspects of service planning, development, delivery and evaluation of services. The implementation of successful involvement of people with a learning disability and carer involvement is identified as a clear policy imperative in Valuing People.

The Learning Disability Partnership Board is co-chaired by a person with a learning disability and each of the 6 workgroups to take forward the Small Plan to Make a Big Difference have active involvement of people with a learning disability and carers supported through self-advocacy groups and a carers development worker for learning disability services.

This strategy is committed to the meaningful and effective involvement of people with a learning disability and carers

### Involvement of people with a learning disability and their carers - a strategic approach

The achievement of effective involvement requires the development of structures and processes to ensure that the principles of partnership are embedded within this document. This strategy will support the development of a structure which will ensure the delivery of several key outcomes:-

- Involvement in planning decisions to ensure that services, systems and structures meet the needs of people with a learning disability and carers
- Involvement in service developments
- Participation in service review and audit
- Representation in the overall Governance agenda
- Contribution to, and influence of, the education, training and research and development agenda
- Involvement in staff recruitment and induction and training
- Increasing the numbers of people with a learning disability and carers in paid employment
- Involving people with a learning disability and carers in evaluation and feedback

This strategy is committed to overcoming the barriers which prevent meaningful participation and will ensure that:-

- A structural framework is developed to ensure that the outcomes identified above are achieved and services commissioned to ensure that this takes place.
- That people with a learning disability and carers will be supported in their involvement through appropriate training, expenses, induction and access to administrative resources.
- People with a learning disability and carers will receive the information and support they require to carry out their role effectively.
- Representation of people with a learning disability and carer representation will also include the needs and interest of minority groups

### Involvement of people with a learning disability and their carers - a care planning approach

People with a learning disability and carers as well as being involved in the planning, design and development of services also need to be partners in the planning and delivery of their own care and support.

A number of national policy directives will be implemented over the life-time of this strategy which will have a significant impact on how we commission services. Delivering choice cannot simply be bolted onto existing services, it requires fundamental changes to the way those services work and investment in support systems to enable people to make informed choices about their care. As commissioners we will have to demonstrate how people have more choice over their own care. A number of mechanisms are already available to people to help support the delivery of these objectives, some are already being implemented, and others will be adopted throughout the life of this document. The commissioners are committed to the following:-

## Partnership

- Both carers and people with a learning disability receiving services rights are established through an assessment of their needs. We will ensure that all people have a person centred plan and that carers are supported to develop their own carers personal plan in partnership with Barnet Carers Centre.
- That all people with a learning disability have access to independent support and advice at the time of assessment and review.
- All carers of people with a learning disability of someone who has a Community Care Assessment will be eligible for an assessment of their needs.
- All people with a learning disability in receipt of services and their carers will receive a signed and agreed copy of their support plans, stating clearly their needs, who the partners to the agreement are and who will take responsibility for particular elements of the service response and will include a detailed crisis plan

## The Importance of Equalities

Public Sector organisations have a statutory responsibility to promote race, disability and gender equality. The development and implementation of this strategy provides a real opportunity to address equalities issues as they relate to learning disability services.

We know that disabled people experience disadvantage in many aspects of their daily life. Compared with non disabled people, disabled people are:-

Public Sector organisations have a statutory responsibility to promote disability equality. The development and implementation of this strategy provides a real opportunity to address equalities issues as they relate to physical and sensory impairment services.

We know that disabled people experience disadvantage in many aspects of daily life. Improving the Life Chances of Disabled People highlighted this starkly. Compared with non-disabled people, disabled people are:

- more likely to live in poverty – the income of disabled people is, on average, less than half of that earned by non disabled people
- less likely to have educational qualifications – disabled people are more likely to have no educational qualifications
- more likely to be economically inactive – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people
- more likely to experience problems with hate crime or harassment – a quarter of all disabled people say that they have experienced hate crime or harassment
- more likely to experience problems with housing – nine out of ten families with disabled children have problems with their housing
- more likely to experience problems with transport – the issue given most often by disabled people as their biggest challenge.

The barriers that disabled people of all ages face and which can prevent people from playing a full part in society are generally grouped into four areas – attitude, the environment, the way society is organised and language.

**Attitude** - This is the way other people view or treat disabled people. This can come from prejudice, ignorance, a lack of education, fear, and lack of confidence. People failing to see disabled people as individuals results in assumptions about abilities and qualities.

**The environment** - Roads, pavements and buildings are designed and created without thinking about the needs of different people. Physical access to shops, leisure facilities, workplaces and public transport can immediately disadvantage disabled people.

**The way society is organised** - This relates to the way organisations and people making policies, laws and decisions ignore, exclude or make money out of disabled people. It includes things such as companies charging more money for accessible holiday accommodation, disabled people being portrayed in a negative way in newspapers and on TV.

**Language** - Language can create a very powerful barrier, especially when joined together with ignorance, disrespect and power. The words we use can stereotype, dismiss and label people. All of us can take responsibility for using language that is respectful and empowering.

These areas of inequality are compounded in some areas for people with a learning disability. The Disability Rights Commission in September 2006 published a report entitled 'Equal Treatment: Closing the Gap' following a formal 18 month investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems. The report highlights the scale of inequalities they face and calls for urgent action on a range of fronts. The evidence of inequalities is overwhelming as a result of systemic problems. The introduction of the Disability Equality Duty in December 2006 offers a key opportunity to ensure that all public sector organisations promote equal opportunities for, and do not discriminate against, people with a learning disability.

A report published by the DH in 2001 on ethnicity and learning disability concluded that Minority ethnic communities face substantial inequalities and discrimination in employment, education, health and social services. The higher prevalence of learning difficulties in South Asian communities has been linked to high levels of material and social deprivation. People with learning difficulties from minority ethnic communities experience simultaneous disadvantage in relation to race, impairment and, for women, gender. Negative stereotypes and attitudes held by service professionals contribute to the disadvantage they face.

To address this race inequality, service planning and provision need to take account of the particular needs and values of people from different minority ethnic communities and to support this partnerships with minority ethnic community groups is needed to influence service planning, monitoring and evaluation and to meet local needs.

This strategy has looked at the needs of our local population and shows that there are significant inequalities within Barnet for the learning disability population. This strategy must not be solely a blueprint for action for health and social care services but needs to be taken forward across all council departments, through voluntary and community groups to promote disability equality.

The implementation of this strategy will require equality impact assessments to be undertaken before we make change so that we can target our resources into reducing inequalities in learning disability services and the broader inequalities that people with a learning disability face in Barnet. While the scope of this will extend well beyond health and social care services, it will play an important role in maximising people's independence, choice, control and inclusion. This is because it will increase people's access to mainstream opportunities and services and hence reduce dependency on specialist health and social care services. It is of course important to note that disabled people have multiple identities and can be subject to other forms of discrimination for example race discrimination.

Over the coming years Social Services and Barnet Primary Care Trust through the Learning Disability Partnership Board will work closely with other Departments and

agencies to address this new duty and to assess and address the implications of the proposed Single Equality Act, which is likely to bring about significant changes in the rights and opportunities of disabled people.

## The Case for Change

In Barnet we will ensure that the provision of learning disability services and the way we commission learning disability services supports locally the implementation of national policy. Our challenge over the lifetime of this strategy is to not only deliver on the learning disability specific requirements but more critically to ensure that the needs of people with a learning disability are mainstreamed into the broader health and social care agenda in order to ensure equal access and equal treatment.

### The Centrality of Commissioning to Drive Improvement

Commissioning competence for the first time is now formally being assessed. Across both health and social care, there is an increased emphasis on the role of effective commissioning to drive improvement and change.

- For the NHS, these changes are being driven through the policy of 'Commissioning and Patient Led NHS' and the introduction of practice based commissioning and payment by results. Commissioning will be shaped by clinical pathways across primary, secondary and social care services. This is expected to have limited applicability to specialist learning disability health services throughout the duration of this strategy.
- For social care, the new Social Care outcomes framework has commissioning as one of the seven areas of focus. Local authorities will be assessed for commissioning competence including having an agreed commissioning strategy, and challenging local authorities on the management of the local social care market.
- For health and social care commissioning competence will be assessed against Joint Commissioning and Contracting frameworks to underpin 'Our Health, Our Care, Our Say'. These will be published early in 2007.

The development of individualised and personalised services is a key theme of learning disability policy and entails a shift of emphasis from structures to people, but if personalised care is to be made a reality, current ways of commissioning services will have to change. New commissioning mechanisms are being established and a competent commissioning system will need to demonstrate use of these. The most relevant of these for learning disability are:-

#### Individualised Budgets

- Changes the way in which social care packages are costed and managed through providing an individualised budget from which services are commissioned
- Power shifts from the Council to the individual to manage the social care market with the support of effective information, advice and brokerage systems
- Individualised budgets can include other streams of funding including supporting people, independent living fund, access to work in addition to social care budgets.

#### Partnership Agreements (Section 75 agreements of the 2006 NHS Act)

- Enables health and local authorities to delegate responsibility to either party.
- The three flexibilities of integrated provision, pooled budgets, lead commissioning can be used on their own or in combination to integrate services.
- The flexibilities enable the establishment of clear governance arrangements for integration underpinned through a legally binding agreement.
- Health and social care will be monitored on their use of Health Act flexibilities.
- Expectation that the Local Authority leads any partnership arrangement with the NHS for learning disability

## Local Area Agreements

- Provide the opportunity to set out whole system targets to support improvements in health and well-being
- Within Barnet, the Local Area Agreement will include targets related to direct payments and individualised budgets.

## Local Drivers for Change

The following are some of the key factors and challenges that need to be addressed in looking at future services for people with a learning disability in Barnet:

### The Sustainable Community Strategy for Barnet – 2006 – 2016

Developed by the Local Strategic Partnership this sets out 4 themes with 13 ambitions for action over the next 10 years. Three of these ambitions have direct relevance for learning disability services as set out below:-

- **Ambition – Affordable and Decent Housing.** This clearly identifies the link between poor housing and poor mental health and states that 'in order to improve the quality of life for all residents in Barnet we must ensure that everyone has access to a decent home'
- **Ambition - Access to Good Quality Health Services.** This acknowledges that often those with greatest need have poorest access to health services. This ambition seeks to use public health information to improve access to disadvantaged groups particularly within primary care and dentistry.
- **Ambition – Health and Social Care provision is targeted at the most vulnerable specifically people with mental health needs and disabilities.** This states that it is important that health and social care services join up to enable people to lead healthy and dignified lives with targets related to integration of health and social care to support people with long term conditions and increased take-up of direct payments and individualised budgets.

### Strategic Direction for Health Services in Barnet

Barnet Primary Care Trust's strategic vision for health services is to ensure that people receive the 'right care, in the right place at the right time.' Central to delivering this is to continue to shift the balance of provision from secondary care to primary and community services and promoting choice for the service user.

Over the next three years, there will be a greater use of the independent sector and third sector to provide health care services as all services will be subject to the test of contestability. GP practices through practice based commissioning will be encouraged to develop more services in primary care settings whilst secondary care providers will have greater opportunities to attract patients from outside of their traditional geographical boundaries. The direction is one of a commissioning led NHS, with informed patients exercising choice in partnership with their local GP.

### Vision for Adult Social Care

Adult Social Services has developed a vision for social care in Barnet for the next 10 years based on supporting people to exercise choice and control over their services through the provision of an individualised budget. To make this happen adult social services will need to transform the way in which needs are assessed, care packages are costed and services are arranged.

The implementation of the vision over this period will see the substantial majority of people in receipt of an individualised budget. Adult Social Services will have a key role to play in directly managing social care services for a small minority of service users on the basis that they require an immediate crisis service to manage their urgent needs. The development of individualised budget also supports increased levels of Direct Payments. Both individualised budgets and Direct Payments form a stretch target in the Barnet Local Area Agreement.

A discussion document published by the Commission for Social Care Inspection in 2006, entitled 'Relentless Optimism, Creative Commissioning for Personalised Care' sets out the commissioning challenges in making the shift towards personalised, self directed care. These can be summarised as

- *Shaping the Market for the whole Community* – This means closing the gap in commissioner's knowledge and understanding about what people want and what they think of the services on offer. Requires a new approach to needs analysis, building a picture of the service that people need over the course of their whole lives and social marketing to ask people how people want to live through engagement and discussion
- *Balancing strategic commissioning and individual purchasing* – To support a move to self-directed care, commissioning effectiveness needs to be linked to the outcomes achieved for an individual rather than a prescribed method of service delivery. Strategic commissioning needs to support individualised purchasing through its work with communities on outcomes, Councils should be in a position to know what type of services exist, what needs to be developed and to 'pump prime' the development of new services.,
- *Collaborative and flexible commissioning with providers*. Councils and providers need to give people more information about the options that are available. Providers need to be helped to collaborate more and form strategic partnerships to address key issues such as workforce. Council's cannot overlook the importance of housing and that relationships between the Council and providers need to be based on trust and a shared commitment to personalised services.
- *Developing Partnerships with Other Commissioners* – The challenge of aligning outcome-based commissioning in social care with commissioning for clinical pathways in the NHS
- *Implications for regulation and performance assessment* – With more people purchasing their own care, work will be needed on assuring the quality and safety of services purchased by individuals.

## National Drivers for Change

Learning Disability Policy Context – Key messages/ themes

Valuing People - A New Strategy for Learning Disability for the 21st Century, DH, 2001

Published in 2001, this is the Government's plan for making the lives of people with learning disabilities and their families better. It was the first White Paper for people with learning disabilities for 30 years covering from cradle to grave and is based on people having:

- their rights as citizens
- inclusion in local communities
- choice in daily life
- real chances to be independent

Valuing People sets out clear requirements for the implementation of person centred planning, the modernisation of day services and accommodation with support together with improvement in health service delivery to mainstream health care provision for people with a learning disability.

Valuing People: The story so far... A New Strategy for Learning Disability for the 21st Century, DH 2005

- Sets out the priorities for the next five years of Valuing People.
- These are focused on Choice and Control especially self-directed care, Better Lives – addressing health inequalities, getting more people into paid work, making a reality of housing choice, stopping people being sent away from their local communities and improving transitions

Improving the Life Changes of Disabled People, Prime Minister's Strategy Unit, 2005

- Very similar to Valuing People.

- It says that all disabled people will be able to have 'individualised budgets' by 2012 (like the Valuing People 'In Control' programme).
- Other commitments include ones about improving chances for disabled children, for young people going through transition, for increasing the voice of disabled people and getting more people into jobs.

Equal Treatment: Closing the Gap - A formal investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems, Disability Rights Commission, 2006

- Found that people with a learning disability have poorer health than other people
- More people with learning disabilities are overweight, have poor access to breast screening, have not had their health needs identified and treated and do not have a GP
- That current practice is not in line with the Disability Equality Duty placed on the NHS
- Recommended establishing a strategic lead in each PCT / SHA area to lead on addressing health inequalities of people with a learning disability

Better Services for People with Autism, Department of Health, 2006

- Sets out what the Government expects for people aged 16 and over with an autistic spectrum disorder, their families and service providers. It states that the following should be in place
- People should get support from the part of the service system that understands their needs best. They should not be sent from one place to another because services disagree about whose job it is to help them and there should be joint working protocols and should be passed between departments or sent for extra assessments like IQ tests
- Services need to be local, so people with an ASD can stay close to friends and family. This is especially important for people who find it hard to make new relationships or adapt to new places.
- Services need to think about how they support people to be included in society and how they will make it happen. If it is to work well for people with an ASD they must be included in things they like and not forced to do the same things most other people like to do – they may not want to.

Mainstream Health and Social Care Policy Context

Strong and prosperous communities - The Local Government White Paper (DCLG, 2006)

- Sets out a new direction for Local Government, with a strong emphasis on the Local Authority being a 'place shaper'
- Places a statutory duty of co-operation with non LA partners particularly in relation to planning, consultation and the creation of a Health and Well-Being Partnership to deliver joint Local Area Agreement targets
- Encourages greater use of individualised budgets for Local Authority services
- Local Authorities should with PCTs appoint and hold accountable Directors of Public Health

Our Health, Our Care, Our Say White Paper (DoH 2006):

- sets a new direction for health and social care community service systems
- focuses on providing services closer to people's homes or work places,
- requires health and social care services to integrate to meet people's needs at different stages of their lives.
- helping people to help themselves and involving people in shaping local services.

## ChangeUp: 2002

- This is the cross-Government framework on capacity building and infrastructure in the VCS.
- The role of the voluntary sector is pivotal in the delivery of learning disability services as the 'third sector', hence implementation of the ChangeUp framework will be required to support the development of the VSO's..

## A New Deal for Welfare – Empowering People to Work (DWP, 2006)

- Aims to end benefit dependency and deprivation.
- Target to reduce the number of people on incapacity benefit by one million

## Mental Capacity Act – 2005

- Assumes that all people are able to express their view about their services. It says that people should have support to help state their wishes.
- The Act puts in place ways of supporting people to express views and then make advocacy available
- This along with the recent 'Bournewood' judgment, are important for people who are not legally detained and who are in remote, inappropriate services.

### Key Messages

The learning disability agenda is predominantly a whole community agenda, focused on rights, inclusion and choice, moving away from specialist service provision towards facilitating access to mainstream services with a strong focus on addressing inequalities.

Personalising services through individualised budgets is the key local and national policy drive. It will be important that learning disability services have a strong focus on the outcomes being achieved for people and not solely on inputs and outputs.

Health inequalities of people with a learning disability must be addressed through concerted work in primary care with strong strategic leadership linked to the statutory responsibility of the NHS to promote Disability Equality.

Health and social care organisations need to assess the fitness for purpose of the current commissioning infrastructure to develop a competent commissioning system particularly to support the development of personalised care. Commissioners will have a vital role to play in ensuring that people have got access to information about their rights and options, ensuring an adequate overall supply of services, identifying community's overall needs and agreeing a strategic direction in partnership with providers and people who use services.

Access to housing, opportunities for paid employment and stopping people being placed away from their local communities will be key performance areas for the implementation of Valuing People for the duration of this strategy

Individualising service delivery through individualised budgets and direct payments is the vision for the delivery of Adult Social Services in Barnet

## Current Performance of the Learning Disability Service

### Organisational Performance for 2006/07

Health and Social care organisations for both commissioning and provision are monitored against a set of key performance indicators which impact on their corporate performance ratings.

## Health Performance

Healthcare Commission 'Annual Health Check' Results for the period 2005/2006 was announced in October 2006.

Organisation	Quality of Service	Quality of Resource
Barnet PCT	Weak	Fair
Barnet, Enfield and Haringey Mental Health Trust	Fair	Weak

Learning Disability services did not form part of the Annual Health Check for the PCT or the Mental Health Trust who provide medical staffing and psychology services for people with a learning disability.

## Local Authority - Adult Social Services Performance

The Commission for Social Care Inspection has rated Adult Social Services as being a one star authority, serving Some People Well with promising prospects for 2005/06. This represents a stand still position against 2004/05 star rating for Adult Social Services.

Priorities for improvement include:-

- Strengthening joint commissioning arrangements and consideration of the use of the Health Act flexibilities to support the strengthened partnership arrangements between health and social care services
- Demonstrating value for money in care purchasing
- Helping more people to live in their own homes and not in registered care.

The Joint Area Review of Services for Children and Young People, undertaken in 2006, identified the need to strengthen commissioning arrangements for people with a learning disability who approaching adulthood. To address this, the Joint Area Review recommended the following action:-

- Ensure that all care leavers have a named key worker and that access to educational, training and employment is improved.
- Improvements in the post 16 education, employment or training outcomes for looked after young people with learning disabilities.
- Improve arrangements for supporting young people with learning disabilities to make transition from children's services to adult services especially those with complex needs.

## Learning Disability – Current Position

An integrated performance framework for Learning Disability services is essential to underpin implementation of this strategy. Set out below are some of the key performance areas that this strategy needs to address as priority areas linked to the vision set out in this document. The specific learning disability health and social care indicators below impact on the organisational performance above.

Performance Indicator	Target	Target source	Who owns the Target	Target	Traffic Light Performance
To have in place for April 06 alternative community replacement services for all		Valuing People	PCT	0	4 people left to be placed.

individuals living in long stay learning disability hospitals				
The practice care produce a register for people with a learning disability (4 points)	QOF LD1.	PCT		New for 06/07
Number of people helped to live at home – C30	PSS PAF – C30	LBB	National ‘Good Banding’ 2.5 > 3	
Carers Services	PSS PAF – C62	LBB	National Good Banding 9 >12	
Permanent admissions (aged 18-64) to residential or nursing care	PSS PAF C73	LBB	National Good Banding 1.5 > 2.5 = 6 new admissions for LD per year.	
Intensive Home Care as a percentage of intensive home and residential care	PSS PAF B11	LBB	National ‘Good banding’ 20> 27	NB – to be disaggregated for Learning Disability
Percentage of people receiving a statement of their needs and how they will be met	PSS PAF D39	LBB	National ‘Good Banding’ 96>100	NB – to be disaggregated for Learning Disability
Clients receiving a review (% of total number of people receiving a service in any one year)	PSS PAF D40	LBB	National ‘Good banding’ >60 (acceptable only)	NB – to be disaggregated for Learning Disability
Clients in receipt of a Direct Payment	PSS PAF C51	LBB	National ‘Good Banding’ 90>100	

The Learning Disability Partnership Board s ‘Small Plan to make a Big Difference’ sets out how Barnet will deliver the White Paper Valuing People. The plans 6 big ideas are underpinned by a series of performance targets which this commissioning strategy will support the delivery of by 2009

Indicator from the Small Plan to Make a Big Difference	2006 (current performance)	2007	2009
<b>How well are we doing at involving users?</b>			
Number of people who get a Direct Payment	37	50	75
<b>How well are we doing at supporting Carers?</b>			
Older Carers(65+) who have had their needs assessed	2	60	70
Younger Carers (18-64) who have had their needs assessed	25	75	100
<b>How well are we doing at supporting people into paid work?</b>			
Number of people with a learning disability known to Barnet Learning Disability Services in paid work during the year	42	61	100
<b>How well are we doing at developing more local housing?</b>			
People in supported housing compared with residential care	21% = supported housing 79% = residential care	28% = supported housing 72% = residential care	34% = supported housing 66% = residential care

<b>How well are we doing at helping improve health?</b>			
GP surgeries with a system for identifying people with a learning disability	6%	78%	100%
Number of people with a Health Action Plan	70	150	300
<b>How well are we working in partnership to help improve the lives of people with a learning disability?</b>			
Number of people who have received Disability Equality Training through the Partnership Board	155	275	400

### Key Messages

This integrated commissioning strategy has to address:-

Improvements in health and social care performance indicators which impact on the PCTs and the Council's organisational performance

Service change will need to be directly linked to improved performance against identified national and local priority areas and targets

Commissioners and the Learning Disability Partnership Board have a key role to play in using performance information to monitor delivery against the strategy

Priorities for improving performance need to focus on improving value for money, shifting the reliance on residential care to services that will support people to live in their own homes, promoting individualised, personalised care and strengthening Joint Commissioning and contracting through formal partnership arrangements.

Priorities for improving performance need for health services must focus on improving access and health outcomes for people with a learning disability ensuring that support is effectively co-ordinated across primary, secondary, social, voluntary, independent and informal care settings

## Understanding Local Needs

A range of factors are influencing the levels of prevalence of learning disabilities within the population including age profile, being a member of a minority group, and advances that being made in science and medicine. Undertaking a thorough needs population of the London Borough of Barnet is necessary to enable commissioners to establish the following:-

- How many people are likely to need learning disability services
- The level and type of service response required to meet clinical and social need
- Whether the available resources are targeted in the right places

This is done through looking at national prevalence data, national and local epidemiological studies, statutory returns and activity against existing service provision as a proxy measure of need.

### The National Picture of Learning Disability Needs

The definition of learning disability includes the presence of:-

‘A significantly reduced ability to understand new or complex information, to learn new skills, (impaired intelligence) with; a reduced ability to cope independently (impaired social functioning); which started before adulthood, with lasting effect on development’. (Valuing People 2001)

- Advice issued by the Department of Health in connection with the White Paper, “Valuing People” leads us to expect 5 people with learning disabilities for every 1,000 people in the total population.
- This is much higher than previous prevalence information which is usually in the range 2.8 – 3.4 per thousand. However, a more recent estimate suggests a prevalence of 10 per thousand population. (Emerson and Hatton, 2005)
- This estimate of 10 per thousand is based on the recognition that many people with moderate disabilities are not known to services, but nevertheless have unmet needs. The example the researchers have quoted is people with Asperger syndrome, who may function well intellectually, but who have impaired social functioning which can make them vulnerable.
- The Department of Health figure of 5 per thousand population is based on a true increase in the prevalence of severe learning disability.

#### Understanding reasons for growth

Both locally and nationally, the population of people with a learning disability is growing much faster than the general population. This is because of:

- the survival beyond the neonatal period of increasing numbers of children with severe and complex needs
- decreasing mortality rates in the older age range
- a higher prevalence rate among some immigrant population groups, such as those originating in South Asia.

This means that the people requiring services, as well as increasing in numbers, will be experiencing needs for services which are both highly specialised and designed to match individual needs.

The rate of increase in the population with learning disabilities is a particular challenge. A study by Emerson and Hatton of one authority over the period 1981 – 2001 showed that the numbers of children (5 – 14 years old) with severe and complex needs had more than doubled during that period. Similarly, the numbers who were non-ambulant had increased by well over 50%. Pressures on adult services in Barnet are already being experienced as the increased number of children with complex needs reaches the teenage years and makes the transition to adult services.

Emerson and Hatton’s report, issued by the Association of Directors of Social Services in October 2005, argues that the true number of people with a learning disability is always greater than the number of people known to services. This is because a large number of people are likely to have lower levels of need, and may be coping independently, or with family support. However, many of these people will at some point need help with services such as housing, further education or protection of vulnerable adults. Both national developments (e.g. Supporting People and the role of the Director of Adult Social Services) and local developments (e.g. broader Public Health agenda) have given Adult Services responsibilities in these areas, so that the true population of people with a learning disability is of real concern.

The ADSS report (2005), estimates that the increased cost to local authorities of demographic changes to the learning disability population will be £800 million by 2011. It is unrealistic to expect this level of growth in funding to be made available nationally. Therefore addressing the underlying service and funding issues related to it is unavoidable.

#### Local Population Profile

Barnet is the second largest London Borough by population, with an estimated population of 326,760 (source ONS 2004).

It has a younger population than the national profile and is much more diverse. Barnet is the 20<sup>th</sup> most ethnically diverse area in England with 26% of population belonging to a black or minority ethnic group. It is the 2<sup>nd</sup> most religiously diverse Borough in the country with 14.8% population being Jewish.

## Population Growth of Barnet

The Greater London Authority has predicted that from 2001-2016, there will be an overall growth of 10% in population of London as well as a significant change in age structure<sup>1</sup>. The predicted changes are as follows:

- 9% more children aged 0-15
- 4% fewer persons aged 16-29
- 20% more persons aged 30-49
- 25% more persons aged 50-59
- 3% more persons over the age of 60, mainly those over 75.

The age structure changes amongst adults mainly reflect the relative sizes of past birth cohorts and the population structure of London at 2001. The age structures of the migration flows into and out of London fine-tune the changes.

Over the next 10 years it is projected that there will be a population increase of 33,000 due to regeneration and incremental development. This will result in 16,000 new households and is predicted to attract a younger and more diverse population. This growth is bigger than the rest of London (14.4% versus 10%). With changes in age structure of the local population as well as population growth, there will be a much larger cohort of adults aged 30-59 living in Barnet by 2016. The service design and planning should reflect these change if it is to address the need of the new and changed population.

## Relating population figures to national prevalence data

Using the most recent population figures for Barnet, it is possible to map out the national prevalence information on learning disabilities to Barnet population. The population figures for Barnet taken from the 2001 census have been used within the Emerson and Hatton model for predicting future needs and growth in the population of people with a learning disability. This looks at the those people known to use services and all people with a learning disability including mild and moderate who will not be in receipt of statutory services.

This model shows a real increase in the number of people known to services of 16% over a 20 year period with a 22% growth in the learning disability population within Barnet over the same period based on 2001 figures. This is set out in the tables below.

Table showing the anticipated growth in the number of people with a learning disability in Barnet

	2001	2011		2021	
	Estimated total prevalence in Barnet with LD <sup>2</sup> (no. of people)	Projected % increased based on Emerson and Hatton model	Projected actual increase from 2001	Projected % increased based on Emerson and Hatton model	Projected actual increase from 2001
20-59	3866	8%	309	9%	348
60-79	971	41%	398	62%	602
80+	293	56%	164	22%	64
<b>Total</b>	<b>5130</b>	<b>16%</b>	<b>821</b>	<b>22%</b>	<b>1129</b>

<sup>1</sup> Data management and analysis group. GLA Round Interim 2005 demographic projection.

<sup>2</sup> Based on a prevalence rate of 2.17 per 1000 of the population.

Table showing the anticipated growth in the number of people with a learning disability known to specialist learning disability services in Barnet

	2001	2011		2021	
	People known to services (estimate)	Projected % increased based on Emerson and Hatton model	Projected actual increase from 2001	Projected % increased based on Emerson and Hatton model	Projected actual increase from 2001
20-59	718	7%	50	8%	57
60-79	154	36%	56	59%	91
80+	7	58%	4	98%	7
<b>Total</b>	<b>879</b>	<b>12%</b>	<b>105</b>	<b>16%</b>	<b>141</b>

However we know that Barnet's population will grow as set out above, and we should expect for the numbers in the 20-59 category to be increased by 10% over and above the Emerson and Hatton population projections shown above. Adult Social Services statistics are bearing out this trend as shown in the table below

	2003/04	2004/05	2005/06
Number of assessments for new clients	17	36	49

(Source RAP Data)

Emerson and Hatton consider the presence of three main factors, leading to changes in the prevalence rates for adults with learning disabilities. These are

- The increase in the number of young English adults who belong to South Asian minority ethnic communities
- Increased survival rates among young people with severe and complex disabilities and
- Reduced mortality among older adults with learning disabilities.

The increase in the number of young English adults who belong to the South Asian minority ethnic community has been reported by a number of studies which report a significantly higher prevalence (and especially more severe learning disabilities) among younger people from primarily Pakistani and Bangladeshi minority ethnic communities.

Increased survival among young adults with severe and complex learning disability is seen as not being an issue of significant increase in prevalence, but of an increase of complexity of need. See section below

Reduced mortality rates among older adults have been recorded in the population overall and this will impact on the population of adults and older adults with a learning disability. The research carried out by Emerson and Hatton suggests that between 2001 and 2011, there will be an increase of between 10% (aged 50-59) 34% (aged 70-79).

Overall, Emerson and Hatton suggest that 'Increased demand in the older age groups is of particular significance for the strategic planning of services since older adults with learning disabilities are significantly more likely than younger adults to rely on public funding for supported accommodation. On the basis of ...estimates we can predict that (assuming the level of rationing of residential and support remains constant) public agencies in England will need to provide out-of-home residential support for an additional 12,000 older adults with learning disability by 2011.

#### Ethnic Minority Communities and Access to Learning Disability Services

The total number of service users with a learning disability who contacted Adult Social Services in Barnet between April 04 and March 05 and who were an open case was 353.

Barnet Council and Barnet PCT have both a duty and a commitment to providing services to all of the people living in the Borough of Barnet regardless of age; disability; ethnic background; and skin colour; faith; gender; health; language; social and economic background; or because they are gay or lesbian.

	open cases	2001 population	Open cases per 1,000 population
White British	181	111883	1.62
White Other	35	25019	1.40
Asian/Asian British Indian	25	18562	1.35
Black/Black British African	15	8609	1.74
White Irish	11	7437	1.48
Any other Ethnic Group	23	5954	3.86
Chinese	2	4657	0.43
Asian/Asian British Other	2	4317	0.46
Black/Black British Caribbean	6	2814	2.13
Asian/Asian British Pakistani	5	2491	2.01
Mixed White and Asian	1	1480	0.68
Mixed - other	0	1441	0.00
Bangladeshi	0	956	0.00
Mixed White and Black African	1	765	1.31
Mixed White and Black Caribbean	0	636	0.00
Black/Black British Other	5	560	8.93
Not Recorded	25	0	
Not Stated	16	0	
Total	353	197581	1.79

These are open cases expressed as a rate per thousand of each ethnic group's 2001 population aged 18 to 64. The high rates for Black Other and any other ethnic group could be connected to how self-completed monitoring forms are used to identify ethnicity and may explain the apparently high rates amongst those groups. However, in areas where the rates of self-reporting are low, there may be unacknowledged or unmet need.

Given the prevalence rates, referenced above, in South Asian minority ethnic communities, it would be reasonable to expect to see higher numbers among those groups in the population of people approaching the social services for support. It is necessary to consider how access to learning disability services needs to be improved for this population group.

Transition Services – future levels of need arising from children with a learning disability

Estimates in relation to numbers of children with learning disabilities up to the age of 15 are more difficult to determine. Estimates have been made nationally by Emerson and Hatton in relation to those aged between 15-19 which show increased numbers (5% in 'known to services' and 7% in true prevalence) between 2001 and 2011. The most important factor for local authorities is an increase in numbers of children with severe and complex needs. One study of a local authority case register by Emerson and Hatton from 1981-2001 showed an increased prevalence in the population over the period of 111% of those aged 5-14 of those with severe and complex needs and 57% of those who are 'non-ambulant'.

Whilst this information is based on a survey of a single local authority and is the only authoritative data available, the trend it identifies is supported by the NSF for children, young people and maternity services and the experiences of the Valuing People Support Team in relation to children with high support needs. It is also borne out in the increased number of children with complex needs being transferred to Adult Social Services from the Children's Service in Barnet.

To support improvements in transition planning for young people, a Transition Improvement Group across children's service and adult social services has been established. This group receives local information on the number of young people in transition drawn from SEN registers and Connexions from which we can estimate future demand and ensure that appropriate local provision is available. Continuing to develop this data set is a priority area for improvement through the development of a clear joint commissioning approach across children and adult services within the strategy for young people in transition.

## The Health Needs of People with a Learning Disability

People with a learning disability are known to be amongst the most vulnerable and socially excluded in our society. They also have greater health needs than the rest of the population. Although their life expectancy is increasing, it remains much lower than the rest of the population. Life expectancy is shortest for people with learning disabilities who are least able. People with learning disabilities are more likely to die some twenty years earlier; some of this is a direct result of the inequalities they face within the health service. Not only are the health needs of people with learning disabilities greater they also have a different pattern of health need.

The problems of health inequalities faced by people with learning disabilities, has been highlighted in a recent formal investigation carried out by the Disability Rights Commission (DRC, 2006). This paints a gloomy picture as we have a population that faces inequalities when accessing health services, and have additional and different health needs to that of the general population.

### Learning Disability and Mental Illness

Studies into the prevalence of mental illness among adults with a learning disability have shown a wide range (between 10% and 39%, depending on the sample) of illnesses. The definition of psychiatric illness varies, as some studies have not included behavioural disorders, pervasive developmental disorders, Rett syndrome and dementia. The diagnostic criteria and methods used also vary. This is a higher prevalence of mental illness than the general population and it is essential that there is effective access to specialist mental health services for people with a learning disability.

### Learning Disability and Chronic Illness

Chronic illness or disability such as epilepsy, diabetes, circulatory disease, sensory problems and coronary heart disease and stroke as well as the other age related disabilities are 2.5% more common than in the general population. Lack of early intervention/detection results in deterioration of health problems and contributes towards shortened life expectancy.

- Respiratory Disease is the leading cause of death in people with learning disabilities – 46% - 52%
- Coronary Heart Disease is the second most common cause of death (14-20%) and related to congenital heart disease.
- There is an increasing incidence of Gastro-oesophageal reflux disorder and Dysphagia and gastrointestinal cancer
- Epilepsy (30 – 50%) and Mental Health problems are more common in people with learning disabilities
- Sensory Impairments are more prevalent rates of 40% reported to have a hearing impairment
- People with learning disabilities are much more likely to be either under weight or obese in comparison with the general population

- In addition people with learning disabilities are known to lead sedentary lifestyles; in a recent study over 75% of the sample were leading lifestyles that were commonly seen in a person of the age of 70.
- People with learning disabilities are admitted to General Hospital services more frequently (26%) when compared to the general population (14%)

## Learning Disability and Aging

The number of people with learning disabilities living to old age is increasing as shown in the demographic model shown earlier in this section. Therefore age related problems are increasing, for example, early dementia is expected in 45% of people with downs syndrome.

### Key Messages

An overview of Barnet identifies that the general population are healthier and living longer, it is expected this trend is will be reflected in the learning disabled population, as a result:

There will be an increase in the number of young disabled individuals with complex health needs who are being identified through the children's service and transition as a result of people with complex disabilities surviving childhood and as a consequence of population growth. The number of people with Learning Disabilities will rise in the coming years, as will the complexity of needs and, as a consequence, the cost of care packages. Services will need to meet the needs of more diverse groups of people and to accommodate services users accessing services through direct payments and individualised budgets.

In Learning Disability Services this will mean identifying service users at a young age; assessing need and preferences; maintaining input at a level that supports independence and responds to choice and providing services that are responsive and flexible; to a growing population of people who are presenting with higher need; from a wider community base and are increasingly aware of their rights.

There will be an increase in the number of older individuals or individuals with conditions associated with older age who will require services appropriate to their needs.

Health as well as social care services will need to ensure access to preventive health services is available so that chronic health problems, associated with learning disabilities, can be reduced and or treated effectively.

It will be equally important to develop services sensitive to the needs of older people with a learning disability given the increased likelihood of dementia type illnesses in people over the age of 64.

The increased levels of demand in the absence of significant growth in budgets will require alternative patterns of service delivery to be established.

## Relating Supply to Need

A wide range of services are provided in Barnet a range of providers including both Social Care and Health Services. The Independent Sector the Voluntary Sector and Housing Associations are also major providers. Also, often acting in an unpaid capacity, a significant amount of high quality daily care is provided by carers.

Services to people with Learning Disabilities have changed and improved in recent years with an emphasis on supporting individuals to live life in the community with support. The mapping of services in Barnet demonstrates that significant improvement has already been made with plans in place to achieve more services based around the needs of service users and carers.

The analysis of the market is set out under the following headings

- Accommodation with Support ( Registered Care (residential and nursing), Supported Living - accommodation with support and Floating Support)

- Meaningful Days (Day Service provision, Employment and work based services, Community Access)
- Statutory Services - Health Services (In-patient and forensic beds, Mental Health services, Community Learning Disability Services, Continuing Care) and Adult Social Services
- Services for Carers (Respite Care, Carer Support)
- Self-directed care support services (Direct Payments, Advocacy)

## Accommodation with Support

Constituting 63% of investment by Adult Social Services and the PCT (registered care and supporting people), accommodation with support is the largest area of spend in Barnet. A detailed Housing and Support strategy has been developed by the Barnet Learning Disability Partnership Board to set out an ambitious modernisation programme focussed on increasing choice around housing with support options. Government Guidance suggests that: "A level of provision of housing and support services is required that is equivalent to between 1.55 places and 2.35 places per 1,000 of the adult population." (*Housing and Support Options for People with Learning Disabilities* (2002), P15)

Based on the census figures of an adult population of 243075, at the lower estimate of need this results in a figure of 377 places and at the higher level 571 places required for Barnet.

The actual supply of places in Barnet is set out below:-

	<b>Total Places</b>	<b>Purchased by LA</b>	<b>Purchased by the PCT</b>
Residential Care (in-house)	14 places	14	0
Residential Care Voluntary and Private (In Borough)	253 places	300	117
Residential Care (out of Borough)	Not Applicable		
<b>Total Residential Care places</b>		<b>314</b>	<b>117</b>
Supported Living places	69	69	0
<b>Total All Places</b>	<b>336</b>	<b>397</b>	<b>117</b>

In addition to the above, Barnet Learning Disability has agreed a housing quota of 16 flats per annum to support people move into their own homes. People are supported in their own homes through the use of Floating Support. At the end of 2006 there were 63 people supported by floating support in their own homes through Supporting People funded floating support.

The figures above demonstrate that Barnet is purchasing accommodation with support for 514 individuals in line with the suggested levels of provision set out above, although at mid to upper quartile of the suggested range. Of the accommodation with support schemes, 13% of this is for Supported Living schemes compared to 87% for registered care. Including the number of people receiving floating support living in their own flats this raises the split to 21% supported living 79% registered care as reported in the 'Small Plan to Make a Big Difference' against which targets have been set to increase the proportion of people living in supported living across all the groups.

The number and age profile of people with a learning disability in a permanent residential setting funded across health & social care as at 30 September 2006 was as follows; The age profile between the clients funded by the LA and PCT is characterised by the PCT supported clients being older in age. This reflects the fact that these placements are for people resettled

by long stay hospitals. The PCT retains funding responsibility for these individuals. However this funding is for this cohort of individuals only and is affected through this group getting smaller as a consequence of aging.

Age range	LA	% of LA clients	PCT	% of PCT clients	% of combined LA and PCT
18-25	33	10%	2	2%	8%
26-40	97	31%	10	9%	25%
41-54	105	33%	50	43%	36%
55-64	43	14%	28	24%	16%
<i>Total under 65</i>	<i>278</i>	<i>89%</i>	<i>90</i>	<i>76%</i>	<i>85%</i>
65-74	21	7%	21	18%	10%
75-84	12	4%	4	3%	4%
85 +	3	1%	2	2%	1%
Total over 65	36	11%	27	24%	15%
Grand Total	314	100%	117	100%	

In looking at the balance of residential care and supported living, it is important to look at the age profile of people living in registered care. Out of the 431 Barnet placements 43, 15% are for people aged 65+ (15%). The split of residential care to supported living for people with learning disabilities under 65 is 15% supported living, 85% registered care

The Community Care statistics published in March 2006, reported that there were 300 people with a learning disability supported in registered care in Barnet. This was the highest in the Outer London group which is the Audit Commission comparator group for Barnet. There is an oversupply of residential care homes and underdeveloped supply of self contained housing with 24 hour support. This strategy aims to reduce the number of people in registered care over the duration of this strategy through provision of intensively staffed supported living services, accommodation with floating support and direct payments.

#### Support at Home Services (Home Care)

Barnet Council provides Home Care through external contracts with 14 providers for clients of Adult Social Services. Of those, eight providers are on block contracts with a further 6 on spot contacts. Barnet Council does not have any block contracts with domiciliary care providers for learning disability, however home care services are commissioned on a spot basis, with prices being negotiated on a case by case basis. At December 2006, home care services were provided for 150 service users in a variety of settings including supported living, and services users own homes. It is expected that this figure will alter when Direct Payments figures rise, year on year.

There is a need to review the contracting arrangements for home care services for people with a learning disability through joint work with the home care provider forum so that people with a learning disability are not excluded from the block contracts for home care through a partnership approach with community learning disability services and providers. Developing this market will be essential to support people moving out of residential care homes into self contained accommodation and is a priority for action within this strategy.

#### Planned Improvements in accommodation with support services

Out of the 314 people funded by the LA over the next 18/24 months robust plans are in place for 23 people to move from residential care to supported living - a 7% reduction.

Out of the 117 people funded by the PCT over the next 12 months robust plans are in place for 9 people to move from residential care to supported living – a 7.5% reduction.

Overall this represents 32 people moving from residential care to supported living over the next 24 months and is equivalent to a 7.4% reduction. This improvement will enhance C30 (number of younger adults with a learning disability helped to live at home) performance.

However, further improvement is needed if service users and carers are to achieve higher levels of inclusion and independence promoting services.

Quality of registered services is monitored through inspection reports and from the Local Authority Market Analysis report produced by CSCl. This showed in 2006 that practice, in Barnet's in-house residential services in relation to assessment, decision making, education and community links, was below standard (73% for Barnet's in-house provision as opposed to an overall rating of 80% across all residential care homes for people under 65). An improvement plan has been developed, services are being reprovided into new buildings and a local performance target has been set requiring in-house services to achieve a 'good' rating following inspection. Work will be undertaken during 2007 with providers on areas of quality through the developing provider forum for Younger Adults social care services.

During 2007/08 work will be undertaken with Supporting People through the refresh of the Supporting People strategy to develop floating support and supported living services to meet the following areas of need

- Young People 18-25 – Transition from Children & Families to Adult Social Services. This will be an accommodation with support based scheme
- Asian customers living at home with older carers or in residential care. Supported living has been identified as the preferred model
- Challenging behaviour/Complex needs including Autism.
- Customers living at home with older family carers.
- Customers with early on-set dementia.
- People with Aspergers – high functioning and crossing LD and MH service criteria.
- Customers that meet the LD service criteria although only have low/moderate needs under Fair Access to Care Services and housing support is critical to maintaining independence.

## Meaningful Days (Day Services, Employment, Community Access)

### Day Services

Valuing People set out a challenge to modernise day services for people with learning disabilities. Traditionally, day services were provided in large congregated and usually segregated settings. But ideas about day services have been changing, with a wide range of alternative approaches being introduced, including employment opportunities, access to adult continuing education and 'centreless' services, based wholly in community settings. A strategy for modernising day services has been agreed by the Barnet Learning Disability Partnership Board focused on developing individualised and flexible services, which help people develop their skills and enhance their employability, and which are designed and managed in ways which assist local communities to welcome people with learning disabilities. This is a significant area of investment in Barnet, with over £3.5million spent per annum on day care for people with a learning disability supporting 367 people.

Type of Day Service received	Age Range					
	15-19	20-29	30-44	45-64	65+	TOTAL (all ages)
Local Authority Run day centre	0	26	111	76	5	218

Privately run Day Service	1	38	54	11	11	149
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(Source Day and Employment Strategy, Barnet Learning Disability Partnership Board)

Day services are provided through the voluntary sector, colleges and local authority managed services and serve a high number of people, see tables below. The day services provided by the Local Authority are being modernised through the provision of high quality new buildings from which to develop specialist service provision to meet the needs of people with very complex disabilities and autistic spectrum disorders. Service delivery will be much more outward facing, with services delivered in a variety of settings and not limited to a buildings based service. New service specifications underpin this change.

As part of the drive towards self directed care, this strategy aims to see a reduction in day care places and an increase in use of direct payments, with community support team promote community participation and presence. This strategy however is mindful that for many families and carers day services often provide a crucial form of respite away from providing support to their family member. The challenge here is to begin to look at and recognise what role day services are providing to a person and family as a whole, we must be careful not to undermine the need for respite whilst at the same time, not allow the needs of a family to overpower the need for an individual to have opportunities during the day that are meaningful and encourage inclusion in the community.

Day Services provided by the London Borough of Barnet

Current Service	New Buildings based capacity	New Building Completion Date
Flower Lane Autism Service	30	October 2006
Rosa Morrison	40	October 2006
Broadfields	45	January 2008
Barnet Community Gardening Project	10	Not part of the reprovision project
Stables Project	10	
Barnet Allotment Project	10	
<b>TOTAL</b>	<b>145</b>	

Day Services provided by non statutory services within Barnet

Service Name	Managed by
Tamarisk Opportunities Network	Tamarisk Trust
Community Opportunities Project	Barnet Mencap
St Joseph's	St Joseph's Pastoral Centre
Creative Connections	Creative Connections
Community Focus	Community Focus
Kennedy Leigh & Ravenswood Deli	Norwood
Larches Trust	Larches Trust
Anna Wall Centre	(SENSE)
Banyan Centre	Care Aspirations
Oakmere	Caretech
Mill Hill Transport	(Transport Provider)

Education and Training Services – What's available now in Barnet (Post 16)

Service Name	Managed by
Pre Vocational Skills	Barnet College
Skills Builder	Barnet College
Springfield	Oaklands College

Pre Entry Catering	Barnet College
Mind the Gap	Barnet College
Embrace	Connexions
Kisharon college	Kisharon

Out of Borough Services – What’s being Accessed Now?

<b>Service Name</b>	<b>Managed by</b>
Springfield Focus HSNA	Oaklands College
Springfield Steps Focus	Oaklands College
Springfield YP Skills	Oaklands College
Harrington Scheme	Harrington
Shaw Trust	Shaw trust

### Employment Services

There are five employment projects for people with a learning disability in Barnet, providing work opportunities, education, training and support with finding paid open employment. People attend the employment projects often in combination with the day services listed above. Employment outcomes are not routinely monitored from these services and this is a priority area for this strategy.

Employment Services are provided through;

- Pathway - National Mencap
- Adepta – Learn to Earn
- Shaw Trust – Shaw Trust
- Tamarisk Trust – TON Employment Services

Local Colleges provide a range of courses that feed into employment services as well as supporting young people to develop independent living skills.

There is a need for public sector organisations to review their employment practice in line with guidance issued by Valuing People to support more people to access mainstream employment opportunities and consideration of becoming members of the Mencap WorkRight project. Increasing the number of people in paid employment is a key target within the ‘Small Plan to Make a Big Difference’

### Community Access

Barnet currently funds two community support services aimed at enabling people to access mainstream community provision as an alternative to day care. These services are supporting over 80 people facilitating access to leisure services, community groups, and socialising in mainstream settings e.g. restaurants, pubs. Arising from this has been the need to influence organisations with regards to their duties under the Disability Discrimination Act to make services more accessible to people with disabilities, in particular issues with regards to personal care needs. This will be taken forward through links with the Accessible Barnet group within DAbB and through the Best Value Review of Leisure currently being undertaken by the London Borough of Barnet.

Community Access is facilitated through the Safe and Independent Travel Training project run by the Barnet Learning Disability Service supporting people to access public transport services

across the Borough. Expansion of this service is necessary to support the development of community based service delivery as opposed to buildings based day care.

## Health and Social Care Services

### Health Services for People with a Learning Disability

#### Primary Care

Strategic information pertaining specifically to the numbers of people with a learning disability within each GP practice is now being collected supported by the Community Learning Disability Nursing Service based at Ballards Lane. A programme has been established in partnership with practice nurses and learning disability nurses to offer a health check for people with learning disabilities on practice registers. This is currently offered at two practices out of the total of 77 practices in Barnet. This is identifying physical health care issues which need to be addressed through primary care.

There are 77 practices in Barnet with approximately 200 wte GPs. The practices now form four localities for practice based commissioning (PbC) covering the North, South, Burnt Oak/Colindale and Mill Hill/ Edgware. To date none of the practice based commissioning localities have identified learning disability services as an area for PbC.

Improving the physical health and access to mainstream health services for people with a learning disability is a priority within this strategy.

#### In-patient Services – Assessment and Treatment beds

The PCT contracts with Hertfordshire Partnership Trust for assessment and treatment beds, although additional assessment and treatment beds are often purchased as out of area treatments. An analysis of 9 people currently in assessment and treatment beds demonstrates that there are some people who have been inpatients in these settings for over 6 years. There is a need to ensure that these individuals are discharged back into suitable accommodation with support in the community so that locally commissioned capacity at Harperbury Hospital can be utilised for short term assessment and treatment, thereby reducing the need for out of area treatments. This has been identified as priority for action within the Commissioning Prospectus of Barnet PCT.

In addition to the assessment and treatment beds, Barnet PCT commissions from Hertfordshire Partnership Trust, a specialist service. 'Consent' concerning relationship issues, a physical health service and 8 Special Residential Services (SRS) beds, essentially long stay hospital beds. The SRS beds are being decommissioned during 2007/08 and community based alternatives will be commissioned for this group. The Consent service is psychological based service training on all aspects of relationships, especially in relation to sexual relationships. It is used undertake risk assessments and is linked to the work of the work of the Multi-Agency Public Protection Panel. The physical health service provides support to primary health services when physical health is complex and diagnosis is difficult. This service is led by Dr Hall who works in Barnet one day every fortnight.

#### Mental Health Services

A protocol has been agreed between the Barnet Learning Disability Service and Barnet, Enfield and Haringey Mental Health Trust (BEHMHT) for access to four acute inpatient beds at the Denis Scott Unit for people with a learning disability. These beds are often underutilised due to a lack of suitably trained staff that can ensure that the needs of people with a learning disability are met and that people are kept safe. This results in out of area treatments being commissioned. In addition, the protocol does not extend to the use of PICU beds within the Denis Scott unit. This protocol needs to be revisited to ensure that mental health services are able to meet the mental health needs of people with a learning disability within Barnet, through joint working and training across the Barnet Learning Disability service and BEHMHT.

## Forensic and Tertiary Services

Tertiary service sometimes referred to a 'specialist service' are generally services that have the following characteristics – low volume, complex cases with high clinical risk which necessitate a commissioning response that is not defined by a small planning area but a sub-regional or regional approach. Key indicators of undersupply are the increasing number of out of area treatments particularly for secure beds.

Services provided by the North London Forensic Service are accessed via joint working between the Learning Disability service and a lead psychiatrist from the forensic service linked to the MAPP. Tertiary services are commissioned by the North Central London Commissioning Consortia led by Haringey PCT. Work is being undertaken to develop increased access to forensic services for people with a learning disability. Over the duration of this strategy we expect this commissioning to be managed on a pan-London basis as newly developing Foundation Trusts develop niches in specialist tertiary services

## Continuing Care

Continuing Care refers to the funding for healthcare which is available to meet people's long term health care needs. I

In January 2007, there were 29 people subject to a shared health and social care arrangement. 11 people living in Barnet and 18 people living in residential care homes out of Borough. These cases are now subject to review in light of new guidance on how shared care packages should be determined. This strategy is committed to ensuring that Adult Social Services and Barnet PCT should meet the continuing care needs of people with learning disabilities, as far as possible, in their own homes or in small group settings in their own communities. This will require the development of new ways to improve joint working to make sure that local services meet health needs, where possible, outside of registered care settings using the skills and resource of the community learning disability service and broader district other community health based services.

## Assessment and Care planning

### Barnet Learning Disability Service

Specialist Learning Disability covering both Health and Social Care services for Barnet are based together at a single site in North Finchley, Managed by a joint service manager, the teams at Ballards Lane provide a comprehensive multi-disciplinary service offering community care assessments and specialist assessments to address the specific health needs of people with a learning disability. Delivered on a Borough wide basis, the services are not integrated below the joint service manager, with separate assessment processes for health and social care interventions. Work is underway to develop a single assessment process and to bring together health and social care staff into two integrated community learning disability teams covering the East and West of Borough. We are working with other London Boroughs to develop a clear service specification for Community Learning Disability Teams (CLDT) against which we can benchmark the profile of the CLDTs workforce and ensure that the teams have the necessary capacity and skills to provide person centred assessment and care planning which enables people to have real choice in how services meet their needs.

### Community learning disability services (Health)

Community learning disability services are available on a multi-disciplinary specialist basis. Specialist Health Assessments are carried out by PCT/Mental Health Trust staff based within the Learning Disabilities Service at Ballards Lane and includes:-

1 Nurse Consultant, 1 Nurse Team Manager, 1 Senior Nurse Practitioner, 7 Community Nurses, 3.4wte Speech and Language Therapists, 3.2wte physiotherapists, Consultant Psychologist, Counsellors, 2 Consultant Psychiatrists and Team, Psychology and Psychiatrists

are employed by BEHMHT. It is of note that there is no dedicated OT capacity for learning disability within the health team.

The health professionals work in broadly 4 areas:

- Delivery of Specialist Healthcare
- Access to Mainstream Health Services (Health Facilitation in primary care and secondary care settings)
- Education and Training
- Service Development

A review of sub-commissioning arrangements between the Barnet Learning Disability provider arm and BEH-MHT for provision of psychology and psychiatry support will take place during 2007/8.

Community Learning Disability Service (Social Work)

Based on the 2005/06 based statutory RAP return, Adult Social Services provided a service for 700 people with a learning disability aged 18-64 and 75 people with a learning disability aged 65+.

Assessment and Care Management is provided to adults with learning disabilities by 10 wte Social Workers, supported by a senior practitioner and principal practitioner. During 2006, the social work function was split to create a dedicated reviewing team function to support people move from residential care into supported living and to ensure that care package costs represented value for money and were aligned to assessed needs. This consists of three whole time equivalent Social Workers and one Senior Practitioner to improve performance against PAF indicator D40 and ensure reviews are carried out.

The Occupational Therapy Department provides Occupational Therapy Services to Older Adults and Adults with Disabilities, including people with learning disability. This service is based at Barnet House.

Transition Support

There is currently 1 Transition Co-ordinator for the Learning Disabilities team funded for a short term by the LDDF. There is a high level of transition cases and it is questionable as to whether there is capacity in the main stream social work to cope with the numbers of transition cases without this post. Connexions have 2 dedicated officers to support transition in both SEN schools and mainstream school. Mencap have a PA for young people with learning difficulties who are less likely to need personal social services. The voluntary sector, especially Barnet Mencap and IPOP, provide support to a lot of young people, including those on the margins of eligibility and we are keen to strengthen the support to facilitate effective transitions for people with a learning disability. A model for transition support will be developed during 2007/08 taking account of the learning from Barnet's participation in the national 'Brokers for Change' development programme and the outcome of a project commissioned by the Transition Improvement Group, a multi-agency group working across children and adult services.

Over the last two years, 16 person centred review facilitators have been trained to undertake person centre reviews from year 10 onwards. This is an essential foundation for the development of self –directed care for this group, as we seek to provide individualised budgets from which people can implement their person centred plan

Services for Carers

Short Breaks (Respite Care) Services

Residential Respite Care services are provided at;

- Sherrick House; 4 bed registered respite services provided through a contract with Barnet Mencap
- Valley Way, in-house provision; 6 beds with one allocated for emergency admissions.

This totals 3570 respite nights per year for people in Barnet.

During 2006/07, the Valley Way respite service has been reprovided into a new fit for purpose building increasing capacity from 4 beds to 6 beds. This service is working towards accreditation from the National Autistic Society as part of the developments in Barnet of services for people with an autistic spectrum disorder. This service with Flower Lane, autism specialist resource centre is seeking to provide an alternative to registered care for people with Autistic Spectrum Disorder. However the PCT have decommissioned a nursing respite care bed at the Cedars during 2006/07 as part of a review of shared funding arrangements and taking account of low occupancy levels.

Respite care services have recently been developed to support people from minority ethnic communities in their own home as service provision becomes more flexible and sensitive to cultural needs of service users and carers. Funded through the LDDF, the service is provided by Adepta, working closely with Mencap.

Traditional provision of Respite Services assumes all services should be provided outside the service user's home; in a residential setting and on a regular basis. However, there is a need to consider whether this kind of provision will be required by service users in the future and to move to respond to person centred planning and more choice.

Mencap have conducted a national study entitled 'Breaking Point' (2006) to look at the availability of breaks for families with a child or adult with a learning disability. Following this study, Mencap wants every family in need of a short break to get one with an automatic entitlement to short breaks for families in receipt of the care component of Disability Living Allowance (DLA). Every family on higher rate DLA should get a minimum standard guarantee of one break a week. Those on other rates of DLA should also have a proportionate entitlement. Analysis of the people in receipt of respite care in Barnet does not at this time show a correlation between DLA care component and levels of respite nights. This needs to be addressed so that there is greater equity in access and provision to respite care in Barnet.

#### Other Services for Carers

Barnet Council through the Carers Grant have funded a Learning Disability Carers Development worker in a partnership between Barnet Carers Centre and Barnet Mencap. This carers development worker has responsibility for developing support services for families in Barnet including work on

- Carer identification and referral for support
- Piloting self assessment for carers
- Supporting increased take up of carers direct payments
- Providing information, advice and support on the range of carer services available in Barnet.

In addition, the carers grant funds a carers nurse within the Learning Disability service to provide support and guidance for carers on issues relating to their health and well-being.

#### Self-Directed Support Services

##### Direct Payments

Direct Payments are supported by the Council as a way to ensure that people with a learning disability are able to gain access to high quality cost effective services that are flexible and

responsive to their needs. They are an essential part of the Adult Social Services vision which wants to give people with a learning disability more choice and control over their own lives.

The Direct Payments Advisory Service consists of 6wte staff with a dedicated Direct Payments Advisor for learning disability services. This advisor works with the learning disability service to promote direct payments and to ensure that direct payments are considered within the assessment and care planning process.

Increasing the number of people in receipt of Direct Payments is a key objective within the draft Local Area Agreement for Barnet and the number of people in receipt of a direct payment is one of the key targets within the 'Small Plan to Make a Big Difference,' the target numbers are set out below. The revision of service targets, to further increase the take-up of Direct Payments above the targets below will be necessary to support the delivery of the LAA target. .

<b>Dec 06</b>	<b>Dec 2007</b>	<b>Dec 2008</b>
<b>37 = target</b>	<b>50</b>	<b>75</b>
<b>43 actual</b>		

Direct Payments were subject to an Internal Audit in 05/06 and findings clearly demonstrate that service users consider Direct Payments a positive step in gaining and maintaining independence. However, a number of issues were identified for further improvement including;

- staff training and advice;
- access by service users and carers from minority ethnic communities and;
- monitoring and review.

The Council currently has an Action Plan to address these issues and targets to increase the number of local people accessing Direct Payments, year on year.

Across Adult Social Services, Direct Payments costs less than mainstream services achieving a net saving including the cost of advisory service of £210527 per annum (August 2006). This allows the council to achieve value for money and to target the provision of scarce resources to meet the needs of a larger number vulnerable people.

Service users who are in receipt of direct payments have stated that direct payments mean they can access to better quality and more directly relevant services than those provided via mainstream service provision this is illustrated in the case study below.

#### CASE STUDY

Tom lived at home with his family. He was very unhappy and his ambition was to marry to escape what he felt was abuse at home. Tom says his mother would say he would never get married and that his mother told the social worker he had a mental age of five and that he could do nothing for himself.

Tom received support from a learning disability social worker and his key worker at a day centre for people with physical disability and moved from his home into supported living accommodation. His mother told him he would never be able to work but Tom found voluntary work within a respite hospital setting and this is where he met Carol, who was later to become his wife.

At the time they met Carol was living in a residential unit. Carol was severely physically impaired and unable to walk with limited upper body movement. Carol also used a light writer to communicate. She had previously lived in a flat with her mother, but was unable to go out other than for brief periods from the age of 18 – 48 years because there were 18 steps up to the flat.

Carol and Tom's relationship blossomed and they decided they would like to get married. They used Direct Payments, along with Independent Living Fund money to enable Carol to move from Residential Care and Tom from supported living to live together in a flat of their choice.

They used Direct Payment and Independent Living Fund money employ a live-in personal assistant who helped them with all their personal living needs. Tom says that the arrangements worked so well that neither

of them saw the worker as a personal assistant, she was more like a member of their family. Tom felt he was able to recreate a happy life that he felt he'd missed out on, with the help of Direct Payments.

Not only were Tom and Carol able to live independently, they also used the money to pay for care to enable them to visit dance clubs together and to go on holiday in the UK and abroad. This was something that Carol had never been able to do before.

Tom says that because he continues to have Direct Payments to help him with his daily life, he has become happier, more confident and more independent than he would otherwise have been. He said he achieved this ambition; he got married and lives independently. He says Direct Payments made this possible.

## Independent Living Fund

The Independent Living Fund (ILF) is additional income for personal assistance and domestic care to meet service user needs. Their criteria are such that it enables greater choice and access to social opportunities.

The ILF is a fund which enables severely disable people, in receipt of DLA Care Component at the highest rate and Local Authority Assistance of £200 per week, to buy the support they need to live independently in their own homes rather than in residential care.

Work is currently being done in Barnet Council to identify all service users who qualify for ILF, particularly, given the potential to free up resources and increase capacity for more service users to move to community based settings with higher levels of support. The most recent information available suggests that Local Authorities providing Direct Payments make more use of Independent Living Fund monies. This suggests that service users in Barnet could benefit from receiving Assessments and Care Management Service from staff trained to ensure that timely and accurate benefit advice is available.

## Advocacy Services

Advocacy services aim to uphold an individual's human rights. There are a number of different types of advocacy services. There are three providers of learning disability advocacy in Barnet. Self-advocacy is available from Barnet People's Choice and BUG with peer and volunteer advocacy provided by Advocacy in Barnet.

Ensuring that there is access to independent professional advocacy for learning disability is a commissioning priority within this strategy and will be essential to support the proposed changes to the Mental Health Act and the implementation of the Mental Capacity Act (IMCAs) and the delivery of the Adult Social Services vision and the move towards self-directed care.

## Services for People from Black and Minority Ethnic Communities

As referred to above, there are some dedicated services to meet the religious and cultural preferences of people with a learning disability living in Barnet. Specifically, there are specific learning disability and residential, supported living and day care services which meet the needs of the Jewish Community and an Asian respite service providing respite support in people's own homes for Asian families.

An unmet service need has been identified through dialogue with Asian carers regarding the need for accommodation with support that will meet the cultural needs of people with a learning disability. This should primarily be a floating support service although initial discussions have indicated a preference for a single accommodation based service in the West of the Borough as integral to the transition from family home to independent living and from residential care to independent living. There is support from family carers to develop a supported living scheme with advice from the specialist Mencap Asian Worker and building on the Asian Respite Service delivered by Adepta. A service mix is required with increasing numbers over time receiving a floating support. A detailed service specification will be developed during 2007/08 and prioritised as a service priority for learning disability within the Supporting People strategy.

## Key Messages

The model for social care services is very traditional with an over-reliance on registered care fuelled through a high number of registered care places being available in Barnet. More self-contained accommodation is required particularly for young people coming through transition within Borough. Supporting People will have a key role to play in providing housing related support for people with a learning disability.

Day services will continue to become more outward facing and less buildings based. There will need to be an increase in the support to employers to support people with a learning disability gain paid employment. Day service modernisation will be facilitated and accelerated through the development of individualised budgets.

Health and social services need to work together to develop appropriate joint packages of support for people living in hospital based accommodation or delayed transfers of care from assessment and treatment beds.

Barnet has developed some excellent examples of health facilitation in both primary care and secondary settings. There is a need to roll this out across mental health and all GP practices to ensure that people with a learning disability have equitable access to healthcare services.

Access to respite care services needs to be clearly linked to levels of needs so that there is greater equity of provision across Barnet. To provide people with breaks, alternatives to residential respite care will be developed.

## Financial Resources for Learning Disability Services

### Benchmarking Financial Investment

The Programme Budgeting for the NHS enables commissioners to analyse spend by each of the PCTs against programme budget categories. There is a specific category for learning disability which enables us to analyse Barnet PCT's investment in this area over the three year period 2003-2006 against the former 303 PCTs.

#### Learning Disability Investment by the NHS in Barnet

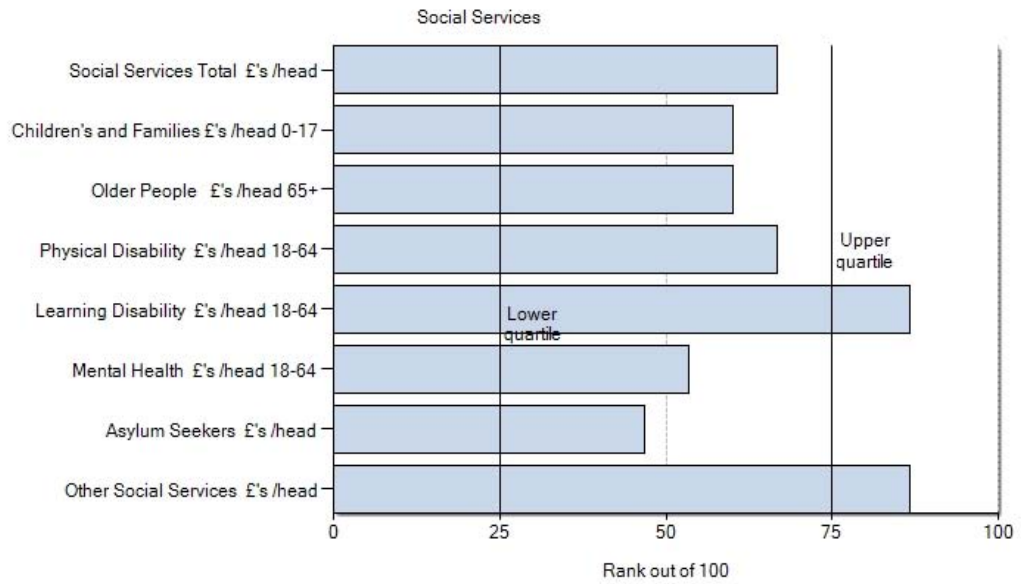
Analysis of the NHS Programme Budget shows a higher than national average investment in learning disability services by Barnet PCT across the three year period 2003 to 2006. The details of this are set out in the table below. In 2005/06 the PCT invested £4862902 per 100,000 of the population, ranking it 112 out of 303 PCTs (where 1 is the highest level of investment). Expenditure by Barnet PCT is above the national and North Central SHA average for Learning Disability programme budget category. The percentage increase however year on year against learning disability expenditure between the period 2003-2006 is lower than the SHA and national average. The reasons for this are unclear. It should be noted that there is a specific programme budgeting category for social care of which some learning disability expenditure may be hidden against. This is national issue and therefore has not been included for comparative purposes.

	Spend per 100,000 population <sup>3</sup> (Net Expenditure)		% of total expenditure	% increase on LD programme budget	Ranking of LD investment by PCT
	Learning Disability	All Programme Budgeting Categories			
<b>BARNET PCT</b>					
2003/04	4601734	117389593	4%		81
2004/05	4418228	131129256	3%	-4%	117
2005/06	4862902	139392912	3%	10%	112
<b>NORTH CENTRAL LONDON SHA</b>					
2003/04	2996105	110217814	3%		
2004/05	3357879	125335153	3%	12%	
2005/06	3489210	134473895	3%	4%	
<b>NATIONAL</b>					
2003/04	3764900	104524957	4%		
2004/05	4204626	118310908	4%	12%	
2005/06	4465474	128622340	3%	6%	

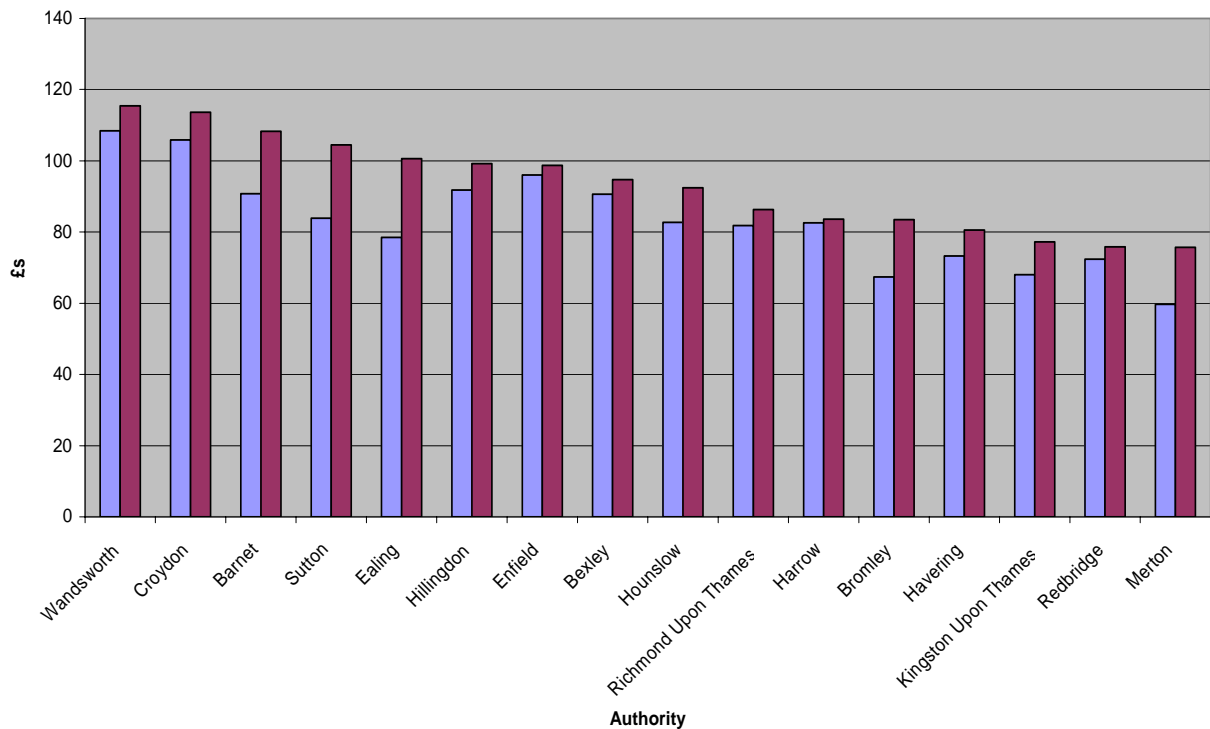
#### Learning Disability Investment in Barnet - Adult Social Services

Adult Social Services in 2004/05 spent £90.80 per head for adults with learning disabilities. This increased in 2005/06 to £108.29. Compared to Barnet's nearest neighbour cluster group the level of spend per head of population 18-64 for Barnet during 2005/06 was high in the upper quartile ranking 86.67 out of 100.

<sup>3</sup>Based on population of 305,168



**Adults with Learning Disabilities £'s/head 18-64 for the years 2004/05 and 2005/06**



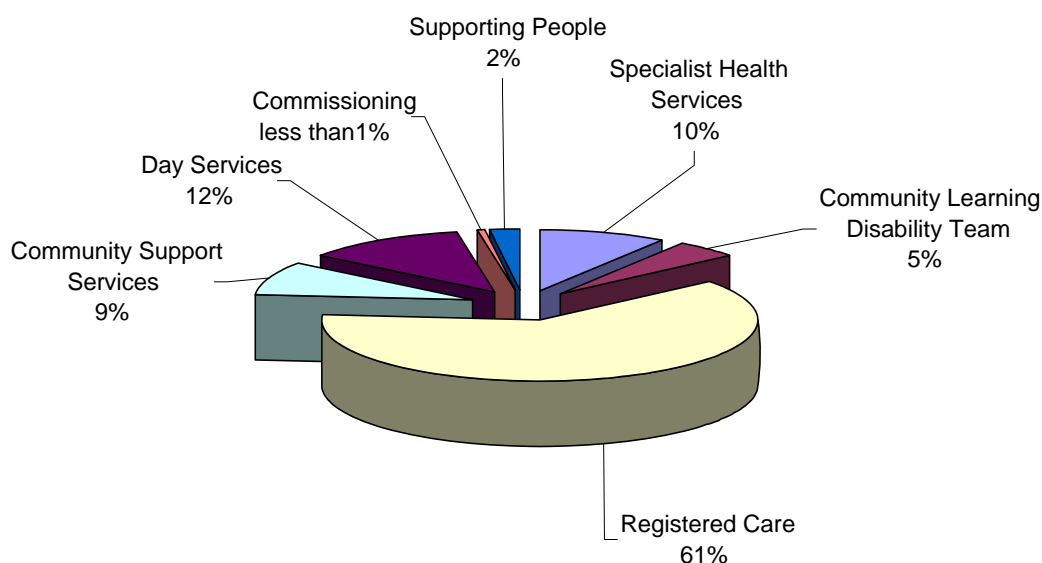
Source: <http://vfm.audit-commission.gov.uk>

### Total Adult Learning Disability Investment – 2006/07

Barnet PCT and the London Borough of Barnet in 2006/07 are investing £40,008,364 in learning disability services. A breakdown of this total spend is shown in the chart below which shows that over 60% of the LA and PCT investment in learning disability services is spent in registered care (residential and nursing homes). This is a very traditional profile of spend reflecting the service profiles typically found following the re-provision of a long stay hospital prior to the publication of Valuing People and increased emphasis on supported living. It is of note the investment level in commissioning for oversight of a budget of £40 million constitutes less than 1% of the total budget. This compares to the commissioning infrastructure for Supporting People of 4% (see chart overleaf) funded through a nationally determined

administration grant. There can be no doubt that to achieve the commissioning objectives set out in this strategy that there will be a need to strengthen the commissioning capacity across health and social care in order to deliver.

**Learning Disability Budget - LA / PCT 2006/07**

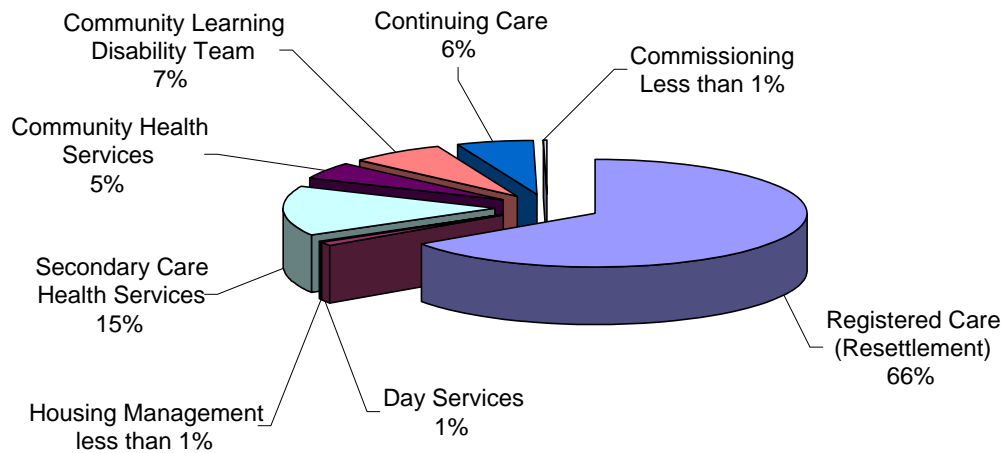


## Health spend

The total PCT budget for learning disability services for 2006/07 is £14,947,000 of which 2/3rds is budgeted for social care services. This distribution of spend reflects the ongoing financial responsibility of the NHS for meeting the needs of people previously living in long stay hospitals.

20% of the total budget is spent with NHS trusts operating primarily from outside the London Borough of Barnet (Brent and Hertfordshire) with the community health staff working in learning disabilities within Borough constituting 7% of the total investment in learning disabilities. Over the duration of this strategy the intention is to increase the level of resources available for health facilitation within Borough to support people with a learning disability access mainstream health services and invest in developing the Intensive Response Service to support community crisis resolution and reduce admissions to admission and treatment services.

### Barnet PCT Budget Splits for Learning Disability 2005/06

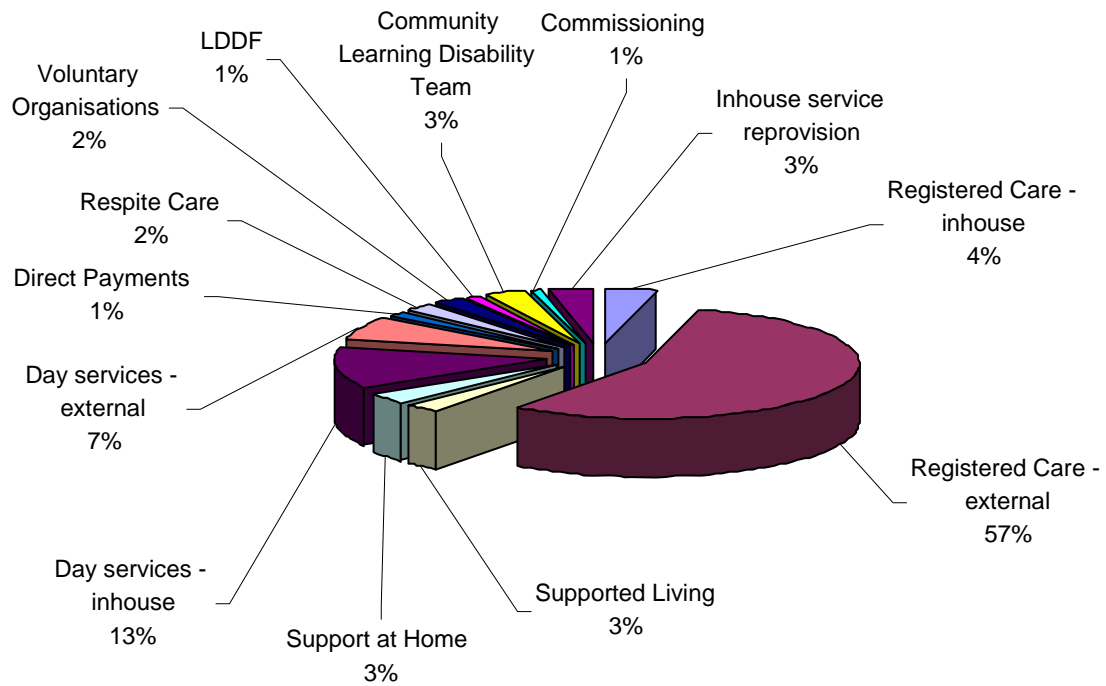


### Adult Social Care Learning Disability Budgets

Learning Disability budgets constitute 32% of the total budget for Adult Social Services. For 2006/07, the budget for Learning Disability is £24,247,785 from mainstream Adult Social Services budgets. The Supporting People Programme spend for learning disability is £839,410. The chart below shows that the majority of expenditure is on registered care (residential care and nursing care), 61%. Support to individuals living in their own homes (supported living, support at home and day care) constitutes 26% of the expenditure. Direct payments, which are a strategic priority for adult social services constitute only 1% of total expenditure within learning disability compared to 19% within physical disability services.

For Adult Social Services and reshaping this financial profile away from residential care to supported living, direct payments and help to live at home is a priority for within this strategy to support improved performance. Adult Social Services will need to work closely with Barnet PCT to achieve this in order to utilise to best effect the supply of registered care in the Borough to meet the needs of people supported by both adult social services and health.

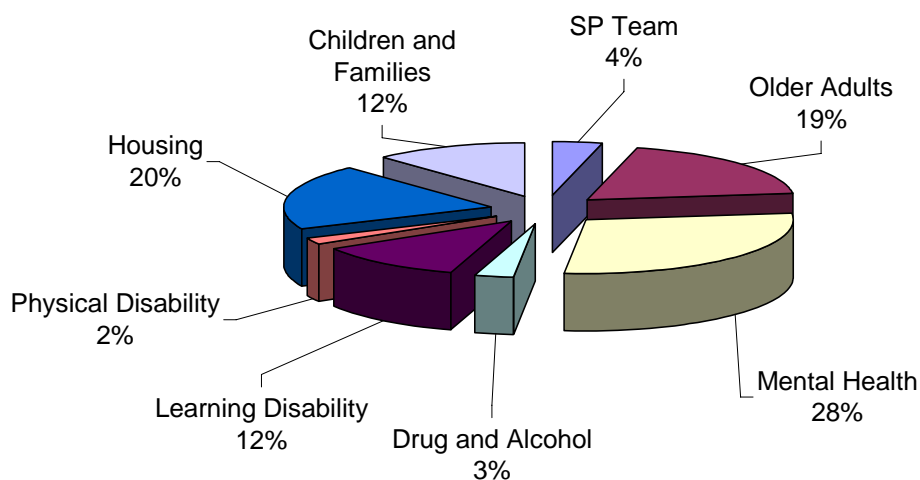
### Adult Social Services Learning Disability Budget Breakdown 2006/07 (excluding Supporting People funding)



The Supporting People programme budget for learning disability constitutes 12% of the programme as a whole with a value of £839,410 per annum. This resource is being remodelled during 2007/08 to support the delivery of supporting people priorities. Recent analyses by the Audit Commission on Supporting People spend for learning disability demonstrates that expenditure on this group is very low compared with the national and comparator group averages.

It is not anticipated that there will be a reduction in the allocation of supporting people funding for learning disability and this strategy needs to inform the Supporting People priorities to use Supporting People as a key funding stream for housing related support. It has been accepted through the Supporting People Commissioning Body that this resource is essential for the continued development of supported living in Barnet for adults with a learning disability in Barnet.

## Supporting People Programme - splits by care group 2006/07



## Future Financial Resources

### NHS and Adult Social Care Investment and Disinvestment

#### Barnet PCT

There are significant financial challenges in the local health economy. PCTs and provider Trusts are being required to put in place robust plans to achieve financial balance in order to reduce overall deficits within the NHS. For Barnet PCT the central allocation for 2007/08 will be top sliced by 3.68% and allocated to the Strategic Health Authority to support the achievement of financial balance across the London Health economy.

There will be a 5% allocation to growth, costing of 4.5% for generics and staffing and 0.5 % for new investment for services. The PCT have committed to funding the following in respect of learning disability –

- Re-provision of the remaining long stay patients at Harperbury and resettlement of people currently within the SRS beds. In 2007/8 it is proposed that the 8 specialist residential services (SRS) beds at Harperbury hospital, that are used by Barnet will be decommissioned and patients will be provided with alternative services.

Further financial risks for the PCT include the need to achieve financial balance on a recurring basis. This requires continued review of areas of spend across the health and social care interface, especially in respect of continuing care arrangements. Throughout this strategy the PCT will want to ensure that health investment is clearly linked to the delivery of health services. For learning disability, this will require close working with the Local Authority to ensure that these interface issues are managed without detriment to the services people with a learning disability receive, especially in relation to people with autistic spectrum disorders and / or behaviours that challenge.

#### Adult Social Services

The Valuing People Support Team carried out a National Survey in August and September 2005. The survey was part of the evidence used by the Association of Directors of Social Services (ADSS) in a report called Pressures on Learning Disability Services. The report states

that 'undoubtedly in recent years there has been encouraging growth in financial support to enable people with learning disabilities to live in their own homes.

Small scale but important changes have happened for some people through direct payments and initiatives such as 'In Control' which match the Government's aspirations in 'Valuing People'. However, the pattern of service improvement and investment in new forms of more individualised service has been very variable nationally. In most parts of the country three quarters of local authority expenditure is still spent on more traditional services – residential, nursing and day care'. Barnet currently reflects this national position.

The projected outturn for 2004/05 at the time of the survey for local authorities Personal Social Services (PSS) budgets was £13,235M, an overspend (above budget) of £100M (0.8%), of which £43.7M was in learning disability services. Sixty-three percent of local authorities projected an overspend on services to people with learning disabilities. Sixty-six percent of local authorities cited cost pressure increases in relation to the nature and volume of demand for care placements for people with learning disabilities.

Barnet Adult Social Services are also expecting an overspend on service to people with a learning disability, especially in relation to residential care.

Barnet Council has developed a medium term financial strategy which covers the period of this commissioning strategy. This medium term financial strategy has been developed to take account of the Council's ambition to deliver a low council tax increase with high quality services. Each of the service areas have been asked to modernise services to achieve efficiency savings and manage pressures within budget. The medium term financial plan for Adult Social Services is closely linked to the vision for the service of personalising care arrangements through individualised budgets, seeking to secure efficiencies through re-organising 'back office' functions, securing contract efficiencies and better use of staff.

Over the three year period of the medium term financial plan, learning disability specific investment will change as set out below. This does not include the standard inflation uplift of 2.5% applied to non staffing budgets and excludes supporting people as detailed above. The medium term financial plan will be reviewed on annual basis and priorities within this document will inform reviews of this plan.

<b>Investment / (Disinvestment) Area</b>	<b>2007/ 08 £000</b>	<b>2008/09 £000</b>	<b>2009/10 £000</b>
Day Service Modernisation	(30)	(45)	(500)
In House Services Management		50	(50)
Fairer Pricing Tool Implementation - In-house services			(176)
Supporting Self-Advocacy	24		
In Control Project Management (All ASS)	100		
Learning Disability High Cost Placements - The impact of demographic growth	876	694	330
Reducing the cost of learning disability placements		(500)	(919)
Refocusing voluntary sector contracts	(150)	(100)	
<b>Total</b>	<b>820</b>	<b>89</b>	<b>(1215)</b>
% Changes including assumed 2.5% uplift on base budget	5.9%	2.85%	-2.1%

The changes to the learning disability budgets within Adult Social Services set out in the Medium Term Financial Strategy are derived from the Adult Social Services Vision, to contain the growth in cost of learning disability placements through greater efficiencies and individualised budgets whilst taking account of demographic changes. The significant investment in learning disability services in years 1 and 2 will enable the service to put in place the necessary infrastructure to deliver the savings in 2009/10.

The table above shows the % increase/decrease for the learning disability social care budgets and constitutes a 6.65% growth (including inflation) against the learning disability budget over the three year period. This growth will support the Council in bringing learning disability spend per head into the middle to upper middle quartile of investment assuming other Councils continue to invest at previous levels.

### Key Messages

Learning Disability spend across health and social care for learning disability services is above the national and comparator group averages, however supporting people investment in learning disability services is below average.

Across health and social care budgets 2/3rds of the spend is spent on registered, residential and nursing home placements. This is a high risk area both in terms of cost containment and performance against key Valuing People and national performance targets

For the NHS, 2/3<sup>rd</sup> of spend on residential care is directly linked to funding the costs of the reprovision from Harperbury. There is a need to secure this investment longer term for learning disability as the population resettled decreases.

Within the Council's medium term financial plan there is 6.65% growth over the three year period. This is an inflationary uplift of 2.2% per annum but frontloaded to enable service modernisation in years 1 and 2.

For health, investment is planned for year 1 to reprovide accommodation services provided by the NHS to supported living but with no further dedicated growth monies for learning disability. The increase in complex cases of young people coming through transition will need to be met through securing greater efficiencies in learning disability spend.

## Moving Forward - Our Priority Areas for Action

### Making Change Happen

The biggest challenge that lies before us is how to provide for increasing demand whilst making services person centred and keeping them within the resources available and on a path of steady performance improvement.

Doing this within an expanding budget would be challenging; doing it within a budget that will only rise by 2.2% over the three years of this strategy (which is what we must assume) requires a radical approach. Merely expanding services to meet demand whilst making them more person-centred is not an option. We must significantly change what we provide and the way we provide it. This strategy therefore proposes a radical redesign of how services are provided

The ADSS report (2005) on 'Pressures in Learning Disability services' states 'More expenditure should not be directed to institutional forms of care. There is urgent need to establish better commissioning of more flexible and individualised support to people with high needs and for people where there is a risk of their no longer being able to continue living in the community. The importance of support to family carers and the availability of respite are integral to this approach. The focus must be on both better outcomes for people and better value for money'

We must change the focus of our service provision from being one which reacts to people's needs as they arise to try to fulfil them, to one which plans ahead so people know that they will get what they need when they need it in advance. We want to achieve this through the introduction of individualised budgets across the learning disability service.

In Barnet, we are committed to delivering person-centred services. Person centred services means person centred commissioning for individuals, groups and whole services. It means each person having services planned around them. Given that people coming through transition present the biggest budgetary pressure, we need to ensure our commissioning around these people is much better planned.

This means freeing up capacity in community learning disability team (health and social care) to do more detailed forward planning, and linking this into the commissioning and re-commissioning of services and in order to free up resources we need to ensure the cost of a service is clearly linked to the level of need of the people they support.

This strategy proposes the following shifts in provision over the duration of this document. The spectrum of services needs to change in the following way:

#### We need less of

Residential care services, especially high cost (over £1000 per week) out of Borough placements

Monday to Friday, 9am to 5pm day services

#### We need more

Individualised budgets and direct payments so that people can exercise more choice and develop more flexible, creative care packages

Flexible short break provision for family carers

Development of alternatives to residential care including Adult placement, supported accommodation with flexible levels of support

24 hour accommodation and support for people with complex health and social care needs

Supported accommodation for people with challenging behaviours / forensic need

Travel training

Work and employment opportunities for people with a learning disability

The Barnet Learning Disability Partnership Board's 'Small Plan to Make a Big Difference' provides the framework for setting out the commissioning and decommissioning intentions contained within this strategy and these are set out below. A detailed three action plan will be developed from this strategy setting out lead responsibilities, milestones and resource assumptions led by the Joint Commissioner for Disabilities

## Big Idea One - Including everyone to have a real say. Rolling out Self Directed Care for people with a learning disability

### Case for Change

The budget for individually commissioned accommodation and support comprises the area of greatest financial pressure. The pressure is largely a result of the demographic changes alluded to and the level of expectation from families when the disabled person reaches transition and needs adult services. Barnet is implementing measures to try and contain pressures such as use of the Fairer Pricing tool.

This strategy is committed to implementing an ambitious programme to provide self-directed care and individualised budgets for people with a learning disability and has examined the approach adopted by West Sussex one of the first six pilot sites for individualised budgets to ascertain the impact for service modernisation and cost containment. On 15 January 2007 Cabinet approved Choice and Independence – a Vision for Adult Social Services which sets out the aim of Barnet ASSD to move to the provision of individualised budgets for the majority of its customers over the next eight years.

The ambition is that over that period around 70% of people eligible for services from the Council will receive an individual budget that they themselves can spend on support rather than having services arranged for them, and that any member of the public seeking social care services, irrespective of eligibility for local authority funding, will be able to access information, guidance and support to identify, self-select and commission personalised services, accountable to them as individuals for achieving the outcomes determined in their own self assessment. Individualised budgets and direct payments have therefore been included as a stretch target within the draft Barnet Local Area Agreement.

For learning disability services, comprehensive application of the In Control methodology is the starting point for implementing individualised budgets and Barnet are members of the national In Control programme. This is the driver for change; it constitutes a fundamental adjustment in the way in which people enter the service, and the way we allocate resources to them.

At the heart of the In Control methodology is the following:

- brief assessment and banding based on need;

- resource allocation determined by banding;
- self (or family led) support planning supported by brokerage;
- disbursement of personal budget to realise the support plan (this can be through a direct payment).

The West Sussex pilot worked with people with very high support needs and admittedly based on a very small sample- begun to indicate that this approach can deliver person centred, cost effective services. The maximum rate paid per person, for this very dependent group, was £72K/year. Preliminary evidence from elsewhere in the country indicates the same. Phase 2 of the national project is now beginning with 54 authorities across the country signed up.

## Proposal and Target

That Barnet implements the In Control approach and establishes individualised budgets for people with a learning disability in a phased way over the duration of the strategy and that by the end of the strategy 30% of people receiving support from Adult Social Services have an individualised budget.

This will support the delivery of the actions under Big Idea One 'Including Everyone to have a real Say – 'One hand can't clap' which identifies the need for people to have the opportunity to have an individualised budget and to develop information in more accessible formats so that people can make more choices for themselves.

## Commissioning Implications

### Year One

- Pilot individualised budgets using the In Control methodology for up to 10 young people coming through transition from the Children's Service to Adult Social Services.
- Work with the Children's service to develop a joint commissioning approach and model for young people coming through transition which clearly identifies the role for statutory services and the voluntary sector.
- Develop a model for brokerage through Core Remodelling Programme and learning from the Brokers for Change programme.
- Invest in advocacy services to support people manage an individualised budget
- Promotion of Direct Payments and Individualised Budgets with guidance provided to carers on setting up User Independent Trusts to take on some of the more complex tasks in operating the systems.
- All people with learning disabilities meeting the FACS threshold for services will be offered a Person Centred Plan to ensure that their aspirations are integrated into their Care Plan and their needs are met.
- Work with providers to review costing models for services to support commissioning and purchasing on an individual level by people with a learning disability.
- Direct payments promoted as an alternative to residential respite care

### Year Two

- Roll-out individualised budgets for all young people coming through transition and for day care services

- Individualised budgets are the default for all new referrals and where there are significant changes in the circumstances (change in needs, increase in fee rates etc) of individuals requiring accommodation and support or other significant community packages.

### Year Three

- Care package conversion targets set for switch to individualised budgets.
- Joint work undertaken with Supporting People and the Department of Work and Pensions to include supporting people funding and access to work within individualised budget allocation
- Introduce the Resource Allocation System for all non-residential packages. Only in very exceptional cases would this be disallowed (and in any case, most of the likely candidates would be that very small number of people in need of inpatient or registered residential care for health and safety or legal reasons). The above needs to sit alongside the project now in place to “bring back” Barnet people from out of county wherever appropriate and possible. (see commissioning intentions under Big Idea 4)

### Anticipated Impact on Performance

We expect that this shift towards individualised budgets will impact positively against the following key target areas:-

- Performance against C30 – The number of adults with a learning disability supported to live at home
- LAA targets and the Small Plan to Make a Big Difference target in relation to direct payments.
- Financial balance – we expect that this approach will support cost containment

Furthermore individualised budgets if implemented well we enable demonstration against the outcome framework for social care especially against

- **Improved quality of life – ‘I am able to live a fulfilled life’:**  
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.
- **Exercise of choice and control – ‘I have the same life chances as other adults’:**  
People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- **Making a positive contribution – ‘I can participate as a full and equal member of my community’:**  
People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.

## Risks

An approach such as In Control cannot simply be imposed. It runs counter to much accepted wisdom (and accepted practice) in social care, and its success to date has been largely the result of strong families and enthusiastic change-agents throughout the system. Its further success is therefore premised upon deep organisational change. This will be supported through the Core Remodelling programme being undertaken within Adult Social Services.

If the Resource Allocation System is simply imposed, without the cultural change needed, it could be viewed as rationing by any other name, and lead to contention and complaints. Adult Social Services build on the strong links with service user and care organisations to facilitate this change and ensure that commissioning and brokerage functions are well resourced to help develop alternative solutions to current methods of service delivery.

## Big Idea 2 – Supporting Family Carers

### Case for Change

Carers play a valued and vital role in helping people with a learning disability live well in the community often at the expense of themselves. Families provide the bulk of support for men and women with learning disabilities in Barnet and are pivotal in enabling people with learning disabilities to live in the community. It is estimated that 60% of adults with learning disabilities are living with their family, with a third of these living with a carer over 70 years old. (Mencap 2000) with a significant number not known to the Barnet Learning Disability Service. This is being addressed through a carer identification project with a target to support and additional 40 family carers who were unknown to services by July 2008.

The National Mencap study entitled 'Breaking Point' (2006) demonstrates the impact that a lack of carer support can have for the carer and the cared for person including high levels of stress, marital breakdown, isolation, financial impact and it is essential that if we are to realise our aim of people living in their own homes and not in registered care, that effective carer support is provided. In addition in the light of demographic trends of an ageing population, the support for older family carers needs to be urgently addressed. Although older carers share many characteristics with their younger counterparts, there are also important differences, which have an impact on their need for services and support. In addition there is some evidence from research, both in the UK and the USA that indicates that up to 25% of people with learning disabilities do not become known to services till later in life. Often this is because their family carer is no longer able to care for them due to ill health or death.

At the point of Valuing People publication, a separate report entitled 'Family Matters – Counting Families In' (DH 2001) set out the key issues relating to family carers. Families have an important and unique contribution to the discussion of the future direction of services for men and women with learning disabilities. They are the only people who will have a continuous relationship with the person with a learning disability from childhood to adulthood. This contribution needs to be acknowledged, valued, listened to, and acted upon.

Many parents describe the transition period from children to adult services as *the great unknown*, 'falling off the cliff into a great chasm' or the 'great abyss'. Many parents feel that they have not been adequately prepared for this transition and the change comes as a profound and unwelcome shock. Within Barnet, there remains a real lack of choice for young people with learning disabilities leaving the education system with options focused on day services and registered care. It is at this point that young people can become 'lost' to services.

*'We are a new generation of parents and we want more for our children than is on offer.'*

*A lot of our children have been to mainstream school and they want the same things as anybody else. The transition to so called adult services has been a real shock'*  
(taken from Family Matters- Counting Families In, DoH 2001)

Far-reaching consultations with carers conducted by the Kings Fund Centre have led to the development of the Carer's Compass (1998). The Compass is a useful tool to help services understand the eight key areas that carers have identified as important to them. These are

- A voice
- Full information
- Recognition and their own health and well-being taken into account
- A life of their own
- Quality services for the carer and the person cared for
- Time off (breaks - relaxation day, day
- Emotional support
- Training and support to care
- Financial security

Within Barnet, we have sought to increase the support and resources available for family carers through the appointment a carers development work, a carers nurse and through an increase in respite care options including an Asian respite service. However the proportion of spend from the carers grant on family cares for a learning disability is low, less than 10% in contrast to learning disability services constituting 32% of the total Adult Social Services budget. The commissioning priorities set out in this document for family carers relate to ensuring that there is support across the 8 areas of the carers compass with a particular focus on ensuring the effective support is available to support older carers, transitions and greater equity in accessing short breaks.

## Proposal and Target

That Barnet implements the In Control approach and establishes individualised budgets for short breaks over the duration of the strategy and that by the end of this strategy, the proportion of the carers grant spent on support for family carers of people with a learning disability has increased by 50%.

## Commissioning Implications

### Year One

- Develop and introduce a fairer system for allocation of short breaks for family carers. This will be facilitated through extended use of Direct Payments direct to the service user for breaks and direct payments and respite care vouchers for carers. This will be based on a fixed allocation of short break hours linked to levels of need.
- At least two specific workshops for older carers on forward planning including, social work advice, development of crisis / contingency plans and dedicated legal advice will be commissioned which will be followed up by an action planning session
- Increase the access to emotional support and counselling services for carers through the PCT review of counselling services and the role of psychology service at Ballards Lane
- Develop the specification for a transition support service in partnership with the Children's Service , and Education and family carer groups through the Transition Improvement Group which will support the delivery of individualised budgets as set out in Big Idea 1.
- Commission the development of a comprehensive resource directly for people with a learning disability and family carers.

## Year Two

- Residential respite services to be directly commissioned by people with a learning disability and their family carers through utilisation of direct payments and vouchers.
- Recruit and pay family carers to support the roll-out of individualised budgets across learning disability services utilising the resource toolkit for family carers developed by the In Control programme and Home Farm Trust
- Through the BME working group of the Learning Disability Partnership Board, utilise the 'Cultural competence in Family Support: A Toolkit for Black, Minority Ethnic and Faith Families' to ascertain that carer support services are culturally appropriate for BME communities within Barnet.

## Year Three

- Establish a dedicated brokerage service for carers, which enables family carers to have access to range of information, advice and support on accessing services and resources so that they can get a life for themselves linked to a personalised budget for carer support.

## Anticipated Impact on Performance

We expect that this shift towards more flexible and accessible short breaks will impact positively against the following key target areas:-

- Performance against C62 – 'Services for Carers'
- The Small Plan to Make a Big Difference target in relation to carer's assessments and carers assessments for older carers
- Increase in the number of carers in receipt of a carers direct payment

Furthermore we will be able to demonstrate improved outcomes for carers against the social care outcomes below.

- ***Exercise of choice and control – 'I have the same life chances as other adults':***  
People, who use services and their carers, have access to a service they think will be responsive to their individual needs. Reliable information and advice available in accessible formats and more people getting Direct Payments and Individualised Budgets
- ***Maintaining personal dignity – 'I feel valued by others':***  
More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others
- ***Improved health and emotional well-being – 'I am as healthy as I can be':***  
People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.
- ***Economic well-being – 'I am financially stable and have as much control as possible over my money':***  
More people have access to financial information, welfare benefits and employment opportunities.

## Risks

The risks are similar to Big Idea One. An approach such as individualised budgets / allocations for short breaks cannot simply be imposed. Success is dependent upon strong families and enthusiastic change-agents throughout the system. Furthermore greater utilisation of the carers grant for family carers of people with a learning disability will have an impact in other parts of the social care system as this is a finite resource. .

If the new allocation system for entitlement to short breaks is simply imposed, without the cultural change needed, it could be viewed as rationing by any other name, and lead to contention and complaints. It will be necessary to develop this approach through the carers subgroup of the Barnet Learning Disability Partnership Board and in partnership with Barnet Carers Centre and learning disability parent organisations to help develop the model and deliver alternative solutions to current methods of service delivery.

## Big Idea 3 -Day Opportunities and Employment

### Case for Change

We have a strategy for a comprehensive modernisation of day services (Day Services and Employment Strategy covering Work, Education, Leisure and Life). The first stage of implementation has been to deliver the New Choices project to reprovide three buildings based day care services managed by the Local Authority into new purpose built facilities from which community opportunities can be accessed and complex health and social care needs addressed in partnership between the agencies.

It is the contention of the Adult Social Services Vision and this strategy that the combination of supported living and individualised budgets will mean that large day centres will eventually wither on the vine as individuals make other choices. However it is essential that a range of employment and community options are developed to support this without resulting in a loss of capacity across the system as a whole whilst this transition takes place. This will actively be facilitated during years 1 and 2 of this strategy to allow for a reduction in day care places from year three onwards e.g. Mencap Pathways Support acting as facilitators

The proposals in this section are premised almost entirely on the co-operation –and to some degree the resources- of others (employers, leisure providers, the LSC and colleges etc). Sign-up will need to be achieved through the Day Service subgroup of the Partnership Board and through the Local Strategic Partnership. At this point in time we do not have the comprehensive sign-up we need from those partners, though it is anticipated that the new “community leadership” *function of Adult Services will help in this regard.*

There is a genuine commitment and enthusiasm from day service staff to implement key areas of Valuing People. This would include:

- Supporting job opportunities
- Leisure, community opportunities
- Individualised plans/lifestyle opportunities
- Opportunities to develop and maintain friendships

For the foreseeable future there will remain a need for provision of specially equipped and staffed units for people with complex needs and profound and multiple learning disabilities. However, these should continue to make use of community resources and provide social inclusion.

## Proposal and Target

That we initiate a major programme to modernise day services so that by an end of this strategy, we achieve the target of 100 people known to learning disability services being in paid employment which enables a planned reduction of day care places by the end of this strategy.

Day Service provision for the longer term will be focused on specialist services for people with autism and complex needs serving a smaller number of people. To achieve this will we need to work with partners to develop a mix of employment, further education and community support services. The essence of our task will then be to enable people to access mainstream services and to assist them to progress educationally, into work or in terms of their capacity to live a full life.

## Commissioning Implications

### Year One

- Strengthen and evaluate the outcomes from year one of the Life in the Community Project
- Develop a service specification for the roll-out of community based services in light of the experience of the in-house community team
- To strengthen support for people moving back into employment through
- Spot purchased day services for people living in 24 hour accommodation and support to be reviewed and financial efficiencies achieved through application of the Fairer Pricing Tool for residential care placements.
- To establish as a social firms the Barnet Gardening Project and Stables Project
- To skill up day service staff through a partnership with employment support projects in order to increase the range of vocational, advice, training and employment brokerage support for people in Barnet.
- Secure commitment from statutory and large businesses within Barnet to employ people with learning disabilities in line with the WorkRight model developed by National Mencap.

### Year Two

- In partnership with the community and voluntary sector to deliver increased capacity and options in relation to day time support including employment. Building on the Day Opportunities and Employment strategy create a consortium partnership from a range of providers with a focus on key themes such as Business Enterprise and Employment, Sports, fitness and health, Education and knowledge, Arts and culture and facilitated through BVSC. To be implemented from April 2008.
- Work with the Learning and Skills Council and the Children's Service to develop appropriate education and training opportunities locally within Barnet so as to reduce the number of people placed in residential colleges out of Borough or attending traditional Monday to Friday day services.
- 50% of spot purchased day care to be converted to individualised budgets

### Year Three

- Reduction of 40 day service places commissioned from Barnet in-house services.

## Anticipated Impact on Performance

We expect that this shift towards community based service delivery and increased employment opportunities will impact positively against the following key target areas:-

- Performance against PAD indicator -D51- Direct Payments
- The Small Plan to Make a Big Difference target in relation to paid employment,

Furthermore we will be able to demonstrate improved outcomes for people with a learning disability against the social care outcomes below.

- **Improved quality of life – ‘I am able to live a fulfilled life’:**  
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.
- **Exercise of choice and control – ‘I have the same life chances as other adults’:**  
People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- **Making a positive contribution – ‘I can participate as a full and equal member of my community’:**  
People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.
- **Economic well-being – ‘I am financially stable and have as much control as possible over my money’:**  
More people have access to financial information, welfare benefits and employment opportunities.

## Risks

Most people who use a day centre live with their family and among other things it provides the only real opportunity for a break for families. It will be important that changes to day service provision are set alongside increased support for carers so that their needs can be addressed.

Whilst we now have a good understanding of the profile of people who use day services and the costs involved, this is perhaps the area where we have least detailed knowledge about real tried-and-tested options for the future. It will be important that we continue to link in closely with the Valuing People Support Service and the In Control pilot sites to develop this knowledge and to ensure that change is implemented successfully in Barnet. .

## Big Idea 4 -Housing and Support in Barnet

### Case for Change

Health and Social Care currently invest over 60% of total budgets for learning disability in registered care. The Housing with Support strategy for Barnet has set as a priority the need to shift the investment away from residential care to supported living models of accommodation with support. The current models of service delivery are outmoded and do not support the delivery of an approach which promotes choice and social inclusion of people with a learning disability. This is reflected in low levels of performance against C30 numbers of adults (18-64) with a learning disability helped to live at home.

The number of supported residents by the Local Authority in registered care at the end of March 2006 was the highest in the comparator group of outer London boroughs. As these figures do not include the majority of people in residential care funded by health, it is likely that the position for Barnet was understated in comparison to other Local Authorities.

The PCT are currently reviewing their contracts for residential care for people resettled from long stay hospitals. This contract commitment forms 2/3rds of the PCT spend on learning disability with the majority of placements contracted directly by the PCT. There is concern regarding the contractual model used by the PCT for contracting directly with residential care providers and the need for all people to have a community care assessment and financial assessments made in line with statutory duties. Furthermore there is an opportunity to develop the market jointly between health and social care for accommodation with support

There is an overspend on the placement budgets for 2006/07 for both health and adult social services with significant and ongoing pressures related to requests for increase in fees due to changing needs, continuing care and demographic changes. Additional investment will be made available over the three years of this strategy for demographic growth, however this will not address the current overspend and underlying financial deficit against placement budgets. Our proposals to do this are based on the need to procure services in different ways through individualised budgets, investment in contracting and shifting the balance away from residential care to supported living. Tenancy brings with it an entitlement to welfare and other benefits such as Independent Living Fund and evidence to date is that supported living is less expensive than registered residential care for most people. However, as we have closed homes that are now no longer able to meet needs (as is increasingly the case) we have not seen savings; largely because we have lost the economies of scale inherent in this model. However, this would not apply were we to reduce our purchasing from the independent sector registered residential market, where we tend to purchase on a spot basis. Hence the proposal should realise savings.

Currently in Barnet there are 35 care homes registered with CSCI providing capacity of 265 registered places. The size of service ranges from a 3-place care home to a 22 place care home with the average size being around 6-places. The majority of services are delivered by the not-for-profit sector normally in partnership with a Housing Partner. The long stay hospital closure programme created the demand conditions for significant expansion in conjunction with the availability of capital through health or the Housing Corporation. Placements are funded either through the PCT or LA .Historically, Barnet like other London Local Authorities commissioned external providers outside of Barnet and this legacy remains.

There is also an ageing population in many of the existing care homes and this will require an element of service reconfiguration linked to the development of extra care housing schemes in Older Adults including specialist services for people with a learning disability and dementia.

Barnet do not wish to finance the development of any further residential care and over the three year strategy a significant reduction in registered care capacity will be delivered in partnership with support and housing providers. Social Services and Health will work in partnership with housing providers to develop a comprehensive network of small scale extra care sheltered housing across Barnet. Care and support service providers will be encouraged to outreach their services to where people with learning disabilities are living.

## Proposal and Target

That we continue to deliver our Housing with Support strategy and **over the three year period deliver an average 34% reduction in registered care places in Barnet** with a final predicted figure of 175 beds from 1 April 2010. This is a reduction of 90 registered places based on existing information and represents a reduction of 9 actual care homes. This will include service remodelling into a supported living service, re-provision into supported living flats and straight forward decommissioning of homes that are not fit for purpose. A key part of this process is to identify capital from sale of properties for new investment in supported living flats across Barnet by the Housing Providers to take forward the strategy post 2010.

In addition it is proposed that stretching targets for disinvestment in independent sector registered residential care are set linked to the commissioning intentions under Big Idea 1; where appropriate and possible we bring people placed away from their homes out of Borough back within the Borough of Barnet; and we manage the individual commissioning budget accordingly.

## Commissioning Implications

### Year One

- Commission an accommodation with support transition service within Barnet. Early partnership working with Children & Families in respect of planning person-centred services for young people in transition to develop a brand new transition service in partnership with Notting Hill Housing to provide 7 self contained flats with 24 hour support. This scheme will be completed in early 2008 and will link into Supporting People in terms of Housing Related Support.
- From April 2007 the LD housing Quota is now 16 places and we would look to agree a 25% incrementally increase over the three-year period rising to a quota of 28 from 1 April 2010. This quota will be strategically managed through an Allocation Panel process and will focus on people living in residential care or in a supported scheme now moving into increased independence with their own individualised budget.
- A Housing Options social worker / broker to be in place in 2007/08
- Learning Disability currently receives around £850,000 from the SP Programme and funds a range of accommodation based and floating support services. The portfolio of services will be reviewed and this will require a shift in funding to more Housing related support services delivered on a floating support basis. In order to provide the full range of housing options and to facilitate move on from registered care or from the family home a range of accommodation support services are required on a 2-3 year basis. A number of existing schemes can be remodelled to provide this function and local options to provide move on in a supported way. It is proposed that Barnet identifies two such schemes delivering 12 places. This to take place in 2007/08.
- Complete contracts review of all NHS funded residential care placements and develop revised service specification to increase the re-provision of extra care for older people with a learning disability and supported living.

- Formalise strategic links to ensure that learning disability receive an allocation of housing within the new regeneration projects.
- Complete review of all high cost residential care placements (over £800) securing greater contracting efficiencies through the use of the Fairer Pricing tool against all spot purchased placements. Move-on accommodation needs identified
- Joint Work with Tamarisk Trust to complete the reprovion of two 22 bed home homes into a new registered service for people with dementia and supported living accommodation
- Joint work with Adepta to reprovide a residential care home into supported living flats
- Joint work with Norwood to reprovide a residential care home into supported living accommodation
- Commence plans to reprovide Harwood House to supported living
- Develop an approved list for the development of supported living services with a clearly agreed costing schedule and service specification in partnership with the provider forum
- Commission service users, and carers to develop a model for a potential Adult Placement scheme within Barnet

#### **Year Two**

- 8 supported living flats developed for a supported living service for the Asian community
- Reprovision of Harwood House to supported living is completed
- To agree a S28A agreement in relation to all health funded placements for people living in residential care in order that there is a single commissioner of service and additional reviewing capacity secured commensurate with the increase in duties and responsibilities. To be in place from 1 April 2008 and deliver revised contractual arrangements
- The reprovion of the remaining NHS campus services at Harperbury is required with reprovion completed in the year 2008/09 for 8 people requiring a new community based service in Barnet.
- Recruit a further Housing Options social worker / broker in 2008/09.
- 20% of high cost residential care packages reviewed during 2007/08 converted to individualised budgets

#### **Year Three**

- 40% of high cost residential care packages reviewed during 2007/08 converted to individualised budgets
- A target of 15 people with learning disabilities to have purchased their own home through shared ownership scheme through joint work with a RSL to develop shared ownership arrangements for people with a learning disability in Barnet

#### **Anticipated Impact on Performance**

We expect that this shift towards supported living will impact positively against the following key target areas:-

- Delivery of Valuing People target in relation to closing all long stay learning disability hospital beds

- Performance against PAF target C30 – The number of adults with a learning disability supported to live at home
- Performance against PAF target B11 – Intensive home care as a percentage of intensive home care and residential care
- LAA targets for Direct Payments and individualised budgets
- Small Plan to Make a Big Difference target in relation to shifting the balance of housing with support from residential care to supported living.
- Financial balance – we expect that this approach will support cost containment

Furthermore individualised budgets if implemented well it will enable demonstration against the outcome framework for social care especially against

- ***Improved quality of life – ‘I am able to live a fulfilled life’:***  
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.
- ***Exercise of choice and control – ‘I have the same life chances as other adults’:***  
People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- ***Making a positive contribution – ‘I can participate as a full and equal member of my community’:***  
People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.
- ***Maintaining personal dignity – ‘I feel valued by others’:***  
More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## Risks

There remain complex legal and professional arguments about the appropriateness of supported living for all. In Barnet to date we have taken a middle way and attempted to make it available to most but not all. So the proposal brings some risk of challenge from lawyers and regulators. The second major problem area is the availability of housing – this issue was addressed in the preceding section.

It is likely that this approach will realise significant savings in the medium to long term (five years plus). We currently lack the skill base to make the system change set out: there is a requirement for investment in brokerage (particularly housing brokerage) and re-direction of the focus of care managers.

## Big Idea 5 – Improving the Health of People with a Learning Disability in Barnet

### Case for Change

#### Health Inequalities

Commissioners are charged with assessing need and planning services for the whole community. The acid test of each local health service is not whether it works for people who are generally healthy but whether it benefits those with the shortest life expectancy, the greatest problems accessing services and the biggest risk that poor health will stop them taking part in society. Meeting these health needs is about targeting scarce resources where they are most needed: to ensure early intervention prevents avoidable ill health and crises later, by building into contracts the requirement that providers take the simple, low or no cost steps that enable excluded groups to access services easily.

The Disability Rights Commission (DRC) investigation into Health inequalities faced by people with a learning disability painted a gloomy picture. It found out that people with learning disabilities have higher rates of obesity and respiratory disease, and are likely to die younger than other people. People with learning disabilities who have diabetes, have fewer measurements of their body mass index (BMI) than others with diabetes. Those with stroke have fewer blood pressure checks than others with a stroke. They also have very low cervical and breast cancer screening rates. People with learning disabilities experience 'diagnostic overshadowing': that is, reports of physical ill health being viewed as part of their learning disability, and so not investigated or treated. If problems are missed, people experience ill health and its attendant risks unnecessarily. The report also concluded that access to services is often far from ideal. There are examples of positive practice but many primary care services are not making 'reasonable adjustments'.

The White Paper 'Our Health, Our Care, Our Say (2006)' is clear that this important aspect of health inequality must be addressed: *"People with learning disabilities face particular health inequalities. The NHS has historically not served such people well and the Department of Health has previously committed to introduce regular, comprehensive health checks for learning disabled people. These would help to direct people into the system, from which point onwards they will be better positioned to receive good quality health care. We will review the best way to deliver on this commitment"*.

However much work has been done in Barnet to address the health needs of people with a learning disability through an active Health sub group led by the Lead Nurse for Barnet PCT. This group has developed a clear work plan aimed at rolling out Health Action Plans for all people supported by Barnet Learning Disability Service, training and supporting primary healthcare staff to better identify and meet the physical healthcare needs of people with a learning disability and collaborative working with Barnet and Chase Farm Hospitals Trust to ensure that the needs of people with a learning disability are appropriately met during an inpatient stay for an acute care need. However there is still much more to be done in light of the publication of the DRC Investigation and the statutory responsibilities of Barnet Primary Care Trust in promoting disability equality.

The DRC suggest services need to:

- Identify groups who may need outreach or new service models to ensure they get primary care to the same standard required for everyone.
- Ensure the views of people with learning disabilities are used to drive actual improvements.

- Commission new service models between primary care and the voluntary sector or specialist services.
- Ensure healthy living support is targeted at people with learning disabilities and their families and they are involved in designing their individual health promotion programmes.
- Build robust disability access and quality standards into all contracts with providers.
- Track GP allocation requests to spot any potential discrimination on grounds of disability or race.

This strategy will monitor the provision of mainstream primary health care services for people with learning disabilities against the relevant national standards developed by the Healthcare Commission “Better Metrics – Section 8.” This includes metrics for primary care relating to practice registers, health action planning, health checks, health facilitation, health screening, accessible information, patient involvement and mainstreaming health services for people with a learning disability.

#### Dedicated and Specialised Health Services for People with a Learning Disability

Government policies are very clear about the fact that people with learning disability and family carers can and should:

- Use the same health services as anyone else
- Have the extra support and skills provided by health staff who have knowledge and experience about people with learning disabilities
- Be supported by a health service that is person centred and fair in how it helps people
- Be supported to leave hospital as soon as they can
- Be supported in understanding how many problems faced by people with learning disability are not about illness.

Valuing People is based on a social model of disability. This means that we understand how the problems people have are often created by the way that society responds to their disability. For example by being admitted to hospital when they are distressed, but not poorly, being assessed by 3 or 4 different people and offered different supports that are not joined up or being left living in hospital because local services will not work to help them leave or being offered social care services by the health service because they once lived in a hospital where down the road, someone else is supported through social care, with health staff available when they are needed.

There is a need for dedicated and specialised health services to meet the complex needs of people, particularly in relation to supporting behaviours that challenge, and mental health problems. The Mansell Report commissioned by the Department of Health in 1992 stated that local services needed to develop and expand local services that are able to respond to challenging behaviour these services should be able to support mainstream services and able to directly serve the small group of individuals with the most complex behaviour

Residential services need to be small, work with each person as an individual, and be in the community and change as individuals’ change and specialised agencies need to share skills

and knowledge rather than always trying to do things separately. Primary Care Trusts and others can work with specialised providers to help them share the skills and knowledge they have to improve the opportunities for all people with learning disabilities. This should be linked to the operation of the Partnership Boards 'exclusions' policy.

Within Barnet, there is no clear local vision joined up across health and social care for Health Services for people with a learning disability who have complex health needs. This is demonstrated through evidence of long lengths of stay for people in assessment and treatment beds (in excess of 6 years), limited joined up working to promote hospital discharge and a hitherto lack of clarity regarding shared care funding arrangements for health and social care packages. In addition there are no clear performance measures for dedicated learning disability services other than inputs and outputs. The Department of Health are working on developing guidance and performance standards for specialist health service provision this should be available in 2007 and this will act as a steer to address gaps to be better able to meet the health needs

## Proposal and Target

Two targets have been set in relation to this big idea covering health inequalities and dedicated and specialist health services. These are:-

- By the end of this strategy that all people with a learning disability on a practice based learning disability registers receive an annual healthcheck.
- That the average length of stay for assessment and treatment is reduced by 50% from the March 2006 baseline.

## Commissioning Implications - Health Inequalities

### Year One

- Through Health Action Planning offer people with learning disabilities the option of recording their access needs, then meet them as essential requirements under the Disability Discrimination Act. These could include different appointment lengths, first or last appointments, text or telephone appointment reminders, telephone consultations, or specific waiting arrangements.
- Identify groups who may need outreach or new service models to ensure they get primary care including dental, optometry, to at least the same standard required for everyone (for instance, people in residential care, inpatient psychiatric units and long stay hospital provision need to receive primary care to Quality and Outcomes Framework standards).
- Ensure that all service level agreements with NHS providers include a clear statement that they expect the local service to work for people with learning disabilities and that it will check this is happening.
- Ensure that all care pathways that are developed within the Right Care Project acknowledge, and address the needs of people with learning disabilities.
- To roll-out support to GP practices and practice nurses to complete annual health checks for people with a learning disability with the aim that 100% of GP practices are offering annual health-checks by the end of this strategy
- Reinstate the resources for health promotion for people with a learning disability services by developing a health facilitator position that can work closely with primary

health care to provide health promotion advice and clinical support to the delivery of health checks and health action plans in General Practice.

### **Year Two**

- Develop a specification for a Local Enhanced Service, to ensure regular health checks are provided for people with learning disabilities by General Practitioners/Practice Nurses with the support of the health facilitator.
- Roll-out disability equality training through the Learning Disability Partnership Board into regular training slots for the primary care practices so that everyone from receptionists, to practice managers to GPs shares and understands the responsibility for providing equal treatment. This should include counteracting 'diagnostic overshadowing' and improving attitudes and understanding.
- Targeted training and awareness programme on physical health and health inequalities delivered for housing with support providers including registered care homes

### **Year Three**

- Learning disability is included in practice based commissioning priorities in the four practice based commissioning clusters to deliver social care on prescription for people with a learning disability that do not meet FACs criteria (critical and substantial) as part of the social care preventative agenda.

## Commissioning Implications - Dedicated and Specialist Services

### **Year One**

- Develop a vision for learning disability dedicated and specialist health services in Barnet together with an 'exclusions policy for health services' which is embedded across the local NHS. This policy will state how health and social care will reduce the number of occasions when local services cannot cope with people's particular needs (exclusion) e.g. dual diagnosis
- To complete the shared care reviews for continuing care and ensure that health care needs are being met within a model for long term conditions management
- To remodel the existing IRS (intensive response service – health led) into a multi disciplinary service that is available to support people on an intensive basis with specialist knowledge around behaviours that challenge. This will avoid hospital admission or people moving to specialist services outside the Borough and will also develop the skills of the local workforce. This development should be jointly funded and be multi disciplinary.
- To agree a protocol between learning disability and mental health services in relation to PICU beds and appropriate levels of support within acute care beds. This will include joint agreements about how staff who have a special interest in learning disability can work with mental health services to support patients properly
- Agree discharge plans for the 9 people currently in assessment and treatment beds awaiting discharge into community based settings. This will be led by the wishes expressed within their person centred plans

- To commission a survey of children with complex needs within the Borough of Barnet, identify complexity of problems and numbers to enable a strategic plan to be developed to meet these needs. This work should be carried out in close partnership with the leaders within children's services

### Year Two

- As part of the work on the NSF for Long Term Conditions, ascertain the need to establish joint clinics are between the neurology department (who are specialists in things like epilepsy and Parkinson's disease) and learning disability staff who work in the dedicated learning disability service.
- Develop closer relationships with mental health services and develop local agreements with regard to the provision of crisis resolution. This will require the development of new skills and will require the support of Learning disabilities service. The re-modelled Intensive Response and crisis resolution should work in partnership to ensure people are provided with the best solutions at times of greatest need.

### Year Three

- Crisis resolution and home treatment and early intervention in psychosis teams within the Mental Health Trust provide services for people with a learning disability with direct referral and access from the Barnet Learning Disability service.

### Anticipated Impact on Performance

We expect that the commissioning intentions in respect of health service will impact positively against the following key target areas:-

- QOF targets for learning disability services in relation to practice based registers
- Better Metrics Targets for Learning Disability, Healthcare Commission
- LAA targets for reducing health inequalities and standardised mortality rates
- Small Plan to Make a Big Difference targets in relation to number of practices with a learning disability register and health action plans
- Delivery of Local Delivery Plan trajectories for crisis resolution and home treatment
- Financial balance – we expect that this approach will support cost containment
- Performance against PAF target C30 – The number of adults with a learning disability supported to live at home

Furthermore transaction of the commissioning priorities for health will enable demonstrated against the following outcome areas

***Improved health and emotional well-being – 'I am as healthy as I can be':***

People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

***Exercise of choice and control – 'I have the same life chances as other adults':***

People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and

advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets

***Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:***

Action is taken against maltreatment, neglect and exploitation including hate crime. More people report reduced discrimination, harassment and abuse. Opportunities to build and sustain valued relationships and raise a family.

***Maintaining personal dignity – ‘I feel valued by others’:***

More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## Risks

The implementation of these health commissioning priorities will need to be owned by primary care and incorporated into the PCT's primary care development plans and practice based commissioning priorities. Strong leadership for learning disability services has come from the dedicated learning disability health team but to date limited interest has been shown by primary care practices.

For dedicated and specialist services it will be imperative that there is clear agreement between health and social services on the implementation of continuing care packages and protection of learning disability investment within health services to facilitate the shift towards community based service delivery.

## Big Idea 6 - Working in Partnership

### Case for Change

The whole focus of this strategy is on delivering inclusion, opportunities, choice and well-being for people with a learning disability and their family carers. This requires organisations to work together effectively to achieve this and tackle the significant inequalities that people with learning disabilities face. The evidence of this has been demonstrated in this document.

Health and social care organisations in Barnet have a bigger role than simply fulfilling their statutory responsibilities for commissioning and providing specialist services. As place shapers, through the Local Strategic Partnership, they have a responsibility to develop and facilitate broader partnerships across Barnet to address the inequalities that people with a learning disability face. The priorities within this section will depend upon health and social care fulfilling this role.

As leaders of this agenda, it is essential that health and social care services can demonstrate at a provider and commissioner level that they are able to work together in partnership. Failures to achieve this resulted in national scandals regarding the social care services provided inappropriately by the NHS for people with a learning disability in both Cornwall and Sutton and Merton. We have established joint commissioning arrangements and service integration (health staff and social workers) at the service manager level, but community learning disability services are still managed separately without a single assessment of need. This must be addressed so that we can meet people's needs holistically and reduce the number of assessments that people face. Furthermore the joint outcomes framework and underpinning performance framework for health and social care to be published in 2007 will expressly state a requirement for health and social care to enter into formalised partnerships.

Partnerships are equally important with providers of learning disability services so that we can deliver quality services which are integrated with mainstream services and can respond flexibly to people's preferences and choices. We know that we have not always involved providers of services as much as we should have in care planning at an individual level nor through developing cooperative approaches to employment of staff or sharing of resources. There are examples across the country of providers through partnership boards developing a shared approach to recruitment and marketing for staff which is helping retain staff and manage pay.

Under the 'Working in Partnership' section in the 'Small Plan to Make a Big Difference', a key area to strengthen is in relation to community safety. Too often people with a learning disability face hate crime and harassment on a daily basis. People with a learning disability can find it hard to speak out and get their voices heard. It is essential that the courts and the police take people with a learning disability more seriously and help them to speak out. The Learning Disability Partnership Board has identified this as an area for partnership working so that we can create the right environment for people with a learning disability to live in Barnet free from discrimination and harassment.

## Proposal and Target

Establishing a target for this wide ranging priority area is difficult. Given the importance of the leadership role of health and social organisations in promoting and modelling partnerships to deliver improved outcomes for people with a learning disability, the target relates to the integration of health and social care services. Therefore by the end of this strategy the target is that there is a formally governed partnership between health and social care for the provision and commissioning of learning disability services which embeds the involvement of people with a learning disability at all levels of the partnership.

## Commissioning Implications

### **Year One**

- To develop a service specification for integrated community learning disability teams providing single line management of health and social care staff and a single assessment process
- To explore the establishment a partnership agreement for the provision of integrated learning disability services between Barnet PCT and Barnet Council
- To develop a performance management/SLA approach with the joint health and social care provider service following integration. This links in with the remodelling of social work and core remodelling.
- To achieve a clear separation between commissioning and the provision of in-house learning disability services by Barnet Council through contracting with the in-house services through a SLA approach from April 2007
- Establish a disability equality award through the Learning Disability Partnership Board for organisations that have made the biggest improvements in promoting equality for people with a learning disability.
- To have a cross-organisational campaign to address hate crime for people with a learning disability using resources from the Learning Disability Development Fund.
- To work with the safer communities board to ensure that the revised community safety strategy for Barnet includes specific commitments to improving community safety for people with a learning disability.

- To embed an updated quality assurance framework in partnership with providers of learning disability services through the Learning Disability Provider Forum

## Year Two

- To explore the establishment of a partnership agreement for commissioning learning disability services between Barnet PCT and the London Borough of Barnet
- To establish the in house learning disability services within Barnet Council as a separate business unit within the Council at arms length from Adult Social Services to enable it to operate as an independent provider
- Through the provider forum to develop and implement a joint recruitment and retention strategy for staff working in learning disability services

## Year Three

- To establish with Transport for London, a programme to assist people use public transport in Barnet in line with the model developed in Greenwich
- Work with education colleagues to run a specific programme on discrimination towards people with a learning disability
- Commission a self-advocacy group and Public Health to undertake a review of to ascertain whether this strategy has made a difference to the lives of people with a learning disability against the seven outcomes listed in this strategy.

## Anticipated Impact on Performance

This priority area will deliver improved performance against health and social care performance indicators. Specifically it will have a key role in helping demonstrate how we are working across agencies to deliver improved outcomes for people with a learning disability against the outcome measures below. We will build these outcome measures into the performance measurement framework for each of the commissioning intentions listed above

### ***Improved health and emotional well-being – ‘I am as healthy as I can be’:***

People living longer and with better physical, mental and emotional health. More people living healthier lifestyles.

### ***Improved quality of life – ‘I am able to live a fulfilled life’:***

Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.

### ***Making a positive contribution – ‘I can participate as a full and equal member of my community’:***

People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.

### ***Exercise of choice and control – ‘I have the same life chances as other adults’:***

People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive

technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets

***Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:***

Action is taken against maltreatment, neglect and exploitation including hate crime. More people report reduced discrimination, harassment and abuse. Opportunities to build and sustain valued relationships and raise a family.

***Economic well-being – ‘I am financially stable and have as much control as possible over my money’:***

More people have access to financial information, welfare benefits and employment opportunities.

***Maintaining personal dignity – ‘I feel valued by others’:***

More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others

## Risks

The target of integrating the provision and commissioning of learning disability services across health and social care will require both organisations to enter into a partnership in a climate of financial pressures, some competing priorities and organisational change. The development of a partnership agreement is a key way to address these issues however in 2007 there will be a formal requirement for partnership agreements to be considered by the NHS and social care.

Without health and social care entering into this partnership, it will be more difficult for other partnerships to be established. It will be important that the work of the learning disability partnership board continues to be closely linked into the work of the Local Strategic Partnership through the Adult Strategy Group to achieve our objectives.

## Messages for providers – Working together in the future

A robust commissioning and procurement framework is dependent upon having good contract setting and monitoring mechanisms in place to ensure that services meet needs and provide value for money.

Strengthening the commissioning and contracting process for Social Care is a priority within the Adult Social Services Core Remodelling Programme which will enable Adult Social Services to deliver its vision of giving people more choice and control.

The development of new services requires new fit for purpose contractual arrangements to ensure strategic fit and value for money. We want to develop a clear and more consistent approach to contract monitoring so that we can evidence that at an individual and service level we are delivering the seven social care outcomes and addressing health inequalities.

## Contracting and Procurement

A robust contracting and procurement procedure is necessary to ensure services are delivering on the agreed care plan, meet the needs of services users and carers and provide value for money.

Strengthening the contracting and procurement function is being addressed in the Local Authority, through the Core Remodelling Programme as part of an efficiency drive. For

commissioning to function effectively, contracting and procurement needs to provide systems that

- Provide contractual information and advice on a wide range of contracts
- Ensure a contracts database is in place connected to the service user database (SWIFT) and provides updated information on contracts
- Provide trend and fee data analyses for interrogation
- Reconcile and link contractual information with finance and care planning
- Record, report and update vacancy levels, particularly with block contracts
- Develop and implement care and supported living contracts for providers of Learning Disability Services
- Continue to develop and embed a contract monitoring process with all providers of Residential and Supported Living services in partnership with operations.
- Develop and lead a Provider Forum, on a quarterly basis to proactively address service quality, supply and fees.
- Develop a new contractual framework for registered care in line with the Pan London contract which clearly specifies the unit cost linked to service levels and assessed needs. This will be achieved through roll-out of the pan London contract and the fairer pricing tool.

Further, the Contract and Procurement function, needs to ensure that all services meet the strategic intentions of the Integrated Commissioning Strategy to support Adults with a Learning Disability in the mainstream community.

Set out below is headline information outlining new development areas. This information will help our provider colleagues to plan their business in line with the strategic priorities of the PCT and Council over the next 3 years. This information will need to be reviewed on an annual basis to ensure resources are prioritised against health and social care budgets.

Supporting People learning disability services are being remodelled in line with the Supporting People Strategy. This will lead to the development of generic floating support and specialist floating support schemes.

We wish to develop partnerships with housing with support providers to support the move from residential care to supported living services.

Adult Social Services do not wish to purchase any more residential care places. We wish to develop 24 hour supported living accommodation with people having their own self contained flats. New residential care placements will actively reviewed through the review team to support people moving onto greater levels of independence

There will be a move over the duration of this strategy to individualised budgets for social care services. Providers will need to prepare for this to make sure that the services that they provide are those services that individuals will continue to want to buy in the future.

There is a significant opportunity to develop effective information, specialist support and brokerage arrangements to enable people with learning disabilities to utilise an individualised budget.

We want to develop a new partnership with social care providers to look at promoting independence and disability equality as well as discussing quality issues. We will be establishing a provider forum to achieve this.

The Disability Equality Duty applies to all public sector organisations. We have a responsibility to ensure that all providers consider this duty in the provision of services for people with learning disabilities.

We are keen to involve more providers in the work of the Learning Disability Partnership Board.

We will be reviewing all of our contracts against the vision and principles set out in this document. Those services that cannot demonstrate compliance against these will be at risk from future funding.

## Implementation and Review of the Strategy

This Integrated Learning Disability Commissioning strategy with its vision and key objectives is a long term plan to be carried out over the next 3 years. The actions contained within the strategy based on the key priorities to be achieved or commenced throughout the life of this document. It sets specific targets in terms of service, strategic and process developments. The Learning Disability Partnership Board will be the key forum to monitor and review the progress of the implementation of this strategy.

It is recognised that needs and supply within Learning Disability services are ever changing. Accordingly, this strategy will be subject to yearly review overseen by the Learning Disability Partnership Board. The commissioning team will ensure that the outcomes of this review are circulated to all parties to the Strategy and will provide quarterly performance reports on progress.

## Summary

Learning Disability services are a priority area for health and social care services with high levels of investment per head by both the Council and the PCT. Significant investment over the last five years has been made available by both health and social care to modernise services and meet demand, however costs continue to outstrip budgets and a new approach is required to help manage costs and deliver person centred care.

For learning disability commissioners and providers, the challenges of modernisation are as significant as those of 15 years ago with the closure of long stay hospitals. Implementing this strategy will require commitment, clarity of responsibility and real support to address the significant inequalities that people with a learning disability currently face.

The strategy's model of delivering services locally through individualised budgets in community settings with a focus on inclusion, rights and independence we hope meets the aspirations of people with a learning disability and their carers and will enable Barnet to provide fit for purpose learning disability services for the forthcoming years.



## Appendix1 - Methodology for strategy development

This appendix sets out the methodological framework for the development of the Integrated Commissioning Strategy.

### Background

During the period January 2006 to September 2006, the Barnet Learning Disability Partnership Board developed its three year work programme 'A Small Plan to Make a Big Difference.' In addition the Board signed off two underpinning service strategies for Day and Employment opportunities and Housing with Support strategy. These three documents were extensively consulted on and drew upon feedback from 'Have Your Say Days', reports from self – advocacy groups, staff feedback and the working groups of the Partnership Board.

This commissioning strategy aims to set out the response of health and social care to deliver the objectives and priorities contained within these plans.

### Developing the Strategy

This commissioning strategy has been developed over a six month period by the Joint Commissioner - Disabilities. Whilst the document itself has not been extensively consulted on, it draws upon the feedback from the consultation process for the Small Plan to Make a Big Difference and seeks to transact the Vision for Adult Social Services, the Medium Term Financial Plan and the PCT Commissioning Prospectus and Local Delivery Plan into a meaningful programme of work. A key central theme to this strategy is greater use of individualised budgets as an approach towards self-directed care. This was signed up to by a whole systems workshop facilitated by Paradigm on behalf of the Learning Disability Partnership Board to test out the views of people with a learning disability, their carers and service providers on whether Barnet wished to take forward individualised budgets. The response was an overwhelming yes.

A range of data sources were used to develop the strategy, from national reports through to locally held data sets. Where ever possible comparative data has been used with comparator authorities to ensure that our targets are stretching and ambitious whilst taking account of the level of resources and the capacity to effect change.

In developing the commissioning strategy, interviews and group discussions were undertaken with key people across the learning disability service to gather views on the priorities that should be contained within this three year commissioning strategy. These are set out below:-

- Barnet Learning Disability Partnership Board
- David Hart, Deputy Chief Executive of Barnet Council for Voluntary Service
- Dominic Wright, Director of Commissioning, Barnet PCT
- Alison Blair, Director of Primary Care, Barnet PCT
- Alison Pointu, Nurse Consultant (Learning Disabilities), Board Nurse, Barnet PCT and Health Lead for learning disability
- Kate Kennally, Assistant Director, Younger Adults, Adult Social Services and co-chair of the Barnet LDPB
- Richard Harris, Barnet User Group Development Worker and co-chair of the Barnet LDPB
- Andrew Wilkes, Service Manager, Disabilities, Adult Social Services
- Angie Beal, Former Learning Disability Team Manager, Adult Social Services
- Julian Wakefield, Core Remodelling Lead, Adult Social Services
- John Richardson, Direct Payments Manager, Adult Social Services
- Adam Newman-Pring, Commissioning manager, Learning Disability, Adult Social Services and chair of the day and employment sub group of the LDPB
- Transitions Improvement Group within Barnet Council

- Helen Scott, Carers Development Worker, Adult Social Services
- Ramesh Dhokia, Younger Adults Contracts Project Officer, Adult Social Services
- Helen Gardiner, Head of Finance, Community Services, Adult Social Services
- Ray Booth, Chief Executive, Mencap and Transitions Champion
- Dianne Williams, Chief Executive, Barnet Carers Centre

A draft strategy was produced in November 2006 from which feedback was received and incorporated into this final document.