

AGENDA MANAGEMENT SHEET

Name of Committee **Adult Social Care and Health Overview and Scrutiny Committee**
Date of Committee **23rd February 2011**
Report Title **Learning Disability Strategy**

Summary The attached consultation and communications plan sets out a programme of activity over three months to inform and consult a wide range of stakeholders on the Learning Disability Strategy.

Through the use of material taken from the original consultation workshops with service users and carers, we will demonstrate a positive response to the outcomes people have defined as important to them. This lends itself to the personalisation agenda and supports the concept of individual choice and control.

Using a range of mediums and techniques including the use of easy material, a robust programme of consultation and communication is detailed in the attached documents.

It is proposed that a final report, detailing the analysis of the consultation process, is prepared and presented to Cabinet in June 2011.

For further information please contact:
 Chris Lewington
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Would the recommended decision be contrary to the Budget and Policy Framework? No.

Background papers Valuing People Now, DH 2009
 Valuing Employment Now
 Putting People First Concordat
 Think Personal Act Local
 Using person centred information in commissioning, DH

CONSULTATION ALREADY UNDERTAKEN:- Details to be specified

Other Committees

Local Member(s) Not Applicable

- Other Elected Members Councillor L Caborn, Councillor D Shilton,
Councillor S Tooth, Councillor C Watson,
Councillor C Rolfe, Councillor R Dodd
- Cabinet Member Councillor I Seccombe
- Chief Executive
- Legal Alison Hallworth, Adult and Community Team
Leader
- Finance Chris Norton, Strategic Finance Manager
- Other Chief Officers
- District Councils
- Health Authority
- Police
- Other Bodies/Individuals Michelle McHugh, O&S Manager

FINAL DECISION NO

SUGGESTED NEXT STEPS:

Details to be specified

- Further consideration by
this Committee
- To Council
- To Cabinet 16th June 2011
- To an O & S Committee
- To an Area Committee
- Further Consultation

Adult Social Care and Health Overview and Scrutiny Committee – 23rd February 2011

Learning Disability Strategy

Report of the Strategic Director of Adult, Health and Community Services

Recommendations

The committee are asked to consider the draft joint commissioning strategy for adults with a learning disability 2011-14, and make recommendations to Cabinet as appropriate.

1. Introduction

- 1.1 This Learning Disability Joint Commissioning Strategy refresh has been developed in recognition that there needs to be a significant cultural shift in the way services are commissioned and delivered if the vision and principles set out in Valuing People Now, Valuing Employment Now and Putting People First are to become a reality for people with a learning disability living in Warwickshire.
- 1.2 The strategy focuses on creating a more coherent strategic direction to the way services for people with a learning disability and their families are delivered to ensure the best use of limited resources.
- 1.3 It will create a more enabling and individualised approach, reduce dependency on high cost solutions and give people more choice and control to make informed decisions about how they live their life.

2. Commissioning Intentions

This strategy aims to change the traditional pattern of commissioning and states that:

In future we will commission less:

- residential care and more individual housing including support arrangements.
- residential respite care and more short breaks
- residential care out of Warwickshire and spend more on local services to develop local capacity.
- building based services and more community based daytime opportunities.

We will increase:

- the number of people with a Personal Budget

- the number of Direct Payments
- the use of Telecare and Telehealth

We will also:

- Through better commissioning, reduce the use and need of social care support
- Develop the use of individual service funds, person centred contracting and framework agreements
- Work with providers to develop more creative solutions that reduce the use for paid support.
- Work with the social work team to introduce self directed support as part of a new pathway for learning disability services.
- Improve availability of information advice and support brokerage developing the role and working with the voluntary and independent sector.

Model of Engagement

It will be important to create a comprehensive programme of informing and consulting service users, carers and key stakeholders. Importantly, we will need to establish the areas where we are providing information only and where formal consultation begins and ends. In addition, we want to continue in the spirit of co-production which has already firmly underpinned the development of this strategy. Below is an abbreviated version of the ‘ladder of participation’.

1. Levels	2. Description
Level 1 - Informing	At this level you are telling people about the decisions that have already been made. They cannot influence the decisions at this level.
Level 2 - Consulting	At this level you are asking users, carers and the wider public for their views and opinions so that they can influence the decisions made.
Level 3 – Working Together	At this level you are asking users, carers and the wider public to work with you and be an equal partner in all aspects of planning and decisions making.
Level 4 – Users Leading	At this level you are asking users, carers and the wider public to take a leading role and control key decisions about how the services will be planned and delivered.

In using these levels we will be clear with people about what they can and cannot influence.

There are three areas for consideration which form this engagement process. They are:

1. **Informing and consulting** on the learning disability in particular the five commissioning areas; choice and control, a fulfilled life, a place to live,

- supporting family carers and good health.
2. **Consulting** on the move away from building based day time support
 3. **Informing and working together** on raising awareness around personalisation and self directed support

For each of these groups, we will continue to use the Dept of Health's 'Working Together for Change – using person centred information for commissioning' to engage and consult.

Range of materials to be used

A range of material, including the use of a DVD of the key messages, and an easy read questionnaire (attached as appendix 1) will be the primary medium for informing and consulting service users. The use of the DVD is to capture the key messages contained in the strategy in a format that can be used repetitively with service users. This will be important for people who need time to assimilate information and/or who may need to hear the messages several times. An online questionnaire will also be developed for each of the key groups, service users, carers and stakeholders. Advocacy support will be commissioned through New Ideas.

For carers, a series of workshops will be planned where a DVD of the original messages that service users gave will be used as a scene setting tool. An on line questionnaire will be available as well as the opportunity to become actively engaged in the implementation through the co-production group.

Providers will also play a significant part in the consultation process. A wide range of partners, including; health, district and borough councils, the independent and private sector, the voluntary and community sector as well as the public will be invited to express their views, again primarily through the use of an on line questionnaire. For key stakeholders 2 workshops will be held.

3. Implications and Impact

Implementation of the learning disability strategy includes radical change to the way services are organised and delivered. The most contentious area is likely to be the reduced use and possible closure of the large day centres that are currently used within learning disabilities. A separate report is being progressed about the co-location of some reduced services for people with profound and complex needs and people with complex physical disabilities. It is anticipated that a joint venture with health will be pursued. Importantly the use of community resources needs to underpin the future shape of day time activities.

Evidence suggests that the impact of any proposed closures will adversely affect family carers. This raises concerns as some of this anxiety may transfer to service users themselves.

The consultation will need to ensure that it properly records the impact of any possible closures hence the need to create a 2 staged process to the consultation itself.

A risk matrix will be completed prior to consultation.

4. Consultation and Communication Plan

Attached, as appendix 2, is the consultation programme. It is proposed that the consultation process is held over a three month period because of the complexities of a) sharing the key messages and b) working with people with a range of communication needs. It is proposed to commence in March and complete early June.

Also attached, as appendix 3, is the communication plan.

A detailed analytical report of the outcomes of the consultation will be presented to Cabinet in June 2011.

WENDY FABBRO
Strategic Director of Adult,
Health and Community Services

Shire Hall
Warwick

January 2011

'A Good Life for Everyone'

Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability 2011-2014



*Working for
Warwickshire*

**Warwickshire Health and Social Care Commissioning Strategy
Refresh for 2011-2014**

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PART ONE
Our Vision
And
Commissioning Intentions

Warwickshire Health and Social Care Commissioning Strategy Refresh for 2011-2014

Introduction

Valuing People states that “Like other people, people with a learning disability want a real say in where they live, what work they should do and who looks after them...”

This Learning Disability Strategy refresh has been developed in recognition that there needs to be a significant shift in the way services are organised and delivered if the vision and principles set out in Valuing People Now, Valuing Employment Now and Putting People First are to be realised here in Warwickshire.

We know that services in Warwickshire remain traditional in their approach. As an example at the moment, there is a higher than average use of residential care, too few people with a learning disability are supported to find and keep a job. We also know that we need to move away from large building based day services to community based support.

This strategy will focus on creating a more coherent direction to the way services for people with a learning disability and their families are delivered to ensure the best use of limited resources. It will create a more enabling and individualised approach which reduces the dependency on high cost solutions that do not deliver the choices and preferences individuals with a learning disability should be empowered to take.

This Strategy will make clear the commissioning priorities for the next four years. It will be based on what we know about the needs of the local learning disability population and their families and what people with learning disabilities and their families have told us they need.

The Strategy must be delivered using the Directorates ‘Principles for Change’ which are:

- We must look to deliver quality services at the lowest possible costs.
- We must look to help people regain or attain independence outside of social care services, wherever this is possible.
- We must aim to share services with local partners either neighbouring local authorities or with health partners or both together, where this offers the best solutions.
- We will help people to use their own resources where this is feasible. We will no longer offer subsidies for services for those who through a means test can demonstrate they can afford to pay for those services.

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Our Vision

We will change how we do things. Starting with the person at the centre, thinking about what they do well, what they like to do, what their hopes and dreams are.

We will support them and help them look at ways to have control and make good choices about getting a 'good life' for themselves.

Our Aim

Our aim is to promote the rights of adults with a learning disability to live locally as equal citizens, to maximise their independence through the provision of a range of services including, good information and advice, access to employment, leisure and learning opportunities.

Our Objectives

1. We will help people with a learning disability to direct their own support, offering a personal budget so that they have maximum control and through self directed support ensure everyone who is eligible for social care has real choice and control over their lives and the services they use.
2. Through better commissioning, ensure people with a learning disability and their carers have access to a range of housing and support options which promote independence and wellbeing,.
3. By promoting active citizenship and community connections ensure people have access to valued opportunities such as getting a job, being included in their local communities, accessing leisure and learning opportunities and engaging in meaningful activities during the day, evenings and at weekends.
4. Ensure people have access to good health, through better health promotion, timely access to primary and secondary care including access to professional and skilled staff in peoples own homes, preventing admission to institutional care, where this is possible.
5. An emphasis will be placed on supporting people who are least heard, for example, people with profound and complex needs, people with autism and/or people from minority communities to make decisions and choices for themselves.

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6. Support family carers, particularly older family carers, to enable them to continue in their caring role where they are able, and to plan for the future of the person they care for when this is needed.
7. To have an effective governance structure that promotes joint working and ensures delivery of this strategy, including an effective and efficient learning disability partnership board.

This strategy is the local response to national policy initiatives and to what people with a learning disability have told us in Warwickshire about what they need and want in order to have a good life and improve the outcomes that matter to them the most. It also describes what we need to do to help make this happen.

It is based on information that has been gathered in 3 different ways:

- Information from talking to adults with a learning disability, parents and carers and other stakeholders about what outcomes they want and what action needs to be taken.
- Information from the Joint Strategic Needs Assessment and other local data.
- Information in Government policies and strategies that describe what we need to do for people with a learning disability and their carers.

COMMISSIONING INTENTIONS FOR 2011-2014

The report **Getting to grips with commissioning for people with learning disabilities** (Care Services Improvement Partnership, 2007) found that despite a doubling of spending by Local Authorities on adults with a learning disability in the last ten years, the *proportion* spent on enabling people to live in the community as opposed to residential or nursing care remains relatively low. The report concluded that receiving support in community settings had better quality of life outcomes and better value services for public money.

As illustrated earlier, the budget spend for people with a learning disability in Warwickshire is dominated by traditional residential support which serves 28% of people receiving a social care service. There is an urgent need to look at how we commission more flexible and individual service options to ensure that the services commissioned are good value for money, serve more people and produce better quality of life outcomes for people with a learning disability and their carers.

This strategy aims to change the traditional pattern of commissioning.

In future we will commission less:

- residential care and more individual support arrangements.
- residential respite care and more short breaks
- residential care out of Warwickshire and spend more on local services to develop local capacity.
- building based services and more community based leisure and daytime opportunities.

We will make sure that:

- everyone has a Personal Budget
- more people will use Direct Payments
- and more people will use Telecare and Telehealth

We will also:

- Through better commissioning, reduce the use and need of social care support
- Develop the use of individual service funds, person centred contracting and framework agreements
- Work with providers to develop more creative solutions that reduce the use for paid support.
- Work with the social work team to introduce self directed support as part of a new pathway for learning disability services.

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- Improve availability of information advice and support brokerage developing the role and working with the voluntary and independent sector

Below are the outcomes that people with a learning disability and their family carers have told us are important to them in order to have a good life. Through workshops with people with a learning disability, carers and providers these outcomes have been agreed and will be used to inform all of our commissioning intentions. These outcomes were also agreed at the Learning Disability Partnership Board..

1. More Choice and Control

Outcomes

People with a learning disability want to have choice and control over how they live their life. In particular, they want to have choice and control over:

- How their money is spent.
- Who supports them in the day time and at night.
- Any changes made to the way they are supported.
- What college courses or work they do.
- What they eat and when they eat it.
- What household jobs they take part in, for example, cooking, cleaning and shopping.
- How they travel and spend their leisure time.
- Where they go on holiday and who with.
- Who they spend their time with.
- What relationships they develop and decisions about marriage, civil partnership and children.
- Having a pet to look after.
- When to have a bath, what time to get up and what time to go to bed.
- Taking risks

Commissioning Intentions

We will support people and their carers by:

- Making sure everyone can take up self directed support so that they can be in control of their own support.

We will:

- Provide good information and advice so people can make better and more informed decisions.
- Introduce self directed support.
- Over time give everyone a Personal Budget

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- Support lots of different people, including people with a learning disability and carers, to do support planning and brokerage.
- Introduce different ways of managing a Personal Budget, such as through a Direct Payment, a council managed account or an Individual Service Fund.

2. A Fulfilled Life

Outcomes

People with a learning disability want to live a fulfilled life. In particular, they want to:

- Enjoy their leisure time and get involved in a range of activities.
- Have and keep a job they want and enjoy and be able to take acceptable risks in the workplace.
- Be able to travel independently.
- Undertake voluntary work.
- Learn new skills at college.
- Have relationships and make friends.
- Be free from harassment and discrimination.
- Have opportunities to set up social enterprises
- Get the right benefit entitlement.

Commissioning Intentions

People with a learning disability want a fulfilled life; they want to have more independence, get a job if they want and have access to other opportunities outside of social services.

We will support this by:

- Looking at how we can help people to get paid jobs in public services,
- Plan how in house day opportunities services can be re designed to focus on meeting individual outcomes
- Help people to travel more independently so that they can access work, learning and social opportunities.
- Develop information, advice and brokerage to help people to access other opportunities that do not rely on day centres and other social services.

3. A Place to Live

Outcomes

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People with a learning disability want a safe and secure place to live where their needs can be met. In particular they want to:

- Decide where they live and to make it homely in the way they choose.
- Decide how they live and what they do.
- Decide who they live with.
- Be close to local shops and services.
- Be as independent as possible.
- Be able to have a pet to share their home with.
- Have options about where they live.
- Live in a safe and inclusive community free from anti-social behaviour.
- Long term security in their home.

Commissioning Intentions

To support people with a learning disability to have their own home we will commission future models of accommodation and support based on robust needs assessment, supply and gaps analysis and sound financial information. We will also:

- Look at lots of ways we can support people to get a home of their own with support if needed such as:
 - Renting or buying instead of residential care for new people
 - Living with friends or alone
 - Living closer to family and friends locally
 - Moving from hospital or residential accommodation
 - Promote assistive technology as a means of enabling people to be more independent and safe within their home

We will support a mixed market of housing options and invest resources in the development of new supported living options, so we will:

- Work more closely with the community and independent sector to develop more housing options.
- Promote shared ownership as a model of good practice
- Develop the use of family capital to develop housing options (including home extensions).
- Enable people to take over the tenancy or ownership of parental homes.
- Invest in shared lives schemes (adult placement)
- Review the services of people currently living out of county with the aim of building local capacity so that they can return if they wish
- Reduce residential care provision to refocus on supported living options which give housing rights and provide better quality outcomes in terms of independence, choice and inclusion

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4. Good Health

Outcomes

People with a learning disability want to be healthy and well. In particular, they want to:

- Learn about healthy eating and have a balanced diet.
- Prepare food and drink when and where they want to.
- Be a healthy weight.
- Have a positive experience when going to the GP or hospital.
- Get advice about men's and women's health and well-being issues, including sexual health.
- Have healthy eyes, teeth and gums.
- Be active and get exercise.
- Engage in social and leisure activities to improve their well-being.

Commissioning Intentions

Everyone has a right to good health and to feel healthy and safe. To support people with a learning disability to have good health and well-being we will:

- Commission the Health Access Team to:
 - Support GP's to undertake annual health checks for all people with learning disabilities, including young people in transition.
 - Improve the patient experience in a hospital setting.
 - Provide training to staff within primary and secondary care on effective communication with people with a learning disability.
 - Collect health data for future service planning and development.
- Respond to the findings of the Six Lives survey jointly with Solihull & Coventry and ensure that improvements are made to performance across health and social care.
- Develop a new approach to the provision of assessment and treatment services in Warwickshire to ensure they are more community based to prevent crisis, hospital and residential care admissions. This will include 24-hr outreach support which enables people to keep living with their families and own homes.
- Ensure the Health Access Team identify people who are autistic or have Asperger's syndrome.

5. Support to Family Carers

Outcomes

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Carers want a more fulfilled life of their own. They want confidence to know that any services provided to the person they care for are of the highest quality. Carers of people with a learning disability want to:

- Get support and advice as and when they need it.
- Have piece of mind that adults with a learning disability are well cared for.
- Have breaks from caring.
- Be respected and listened to by professionals, especially in hospitals.
- Know and be happy with the plans for their cared for should anything happen to them.
- Have opportunities to socialise and share experiences with other carers.
- Be able to work.
- Be able to contribute to the work of the Learning Disability Partnership Board in a meaningful way.

Commissioning Intentions

To support this we will:

- Give all carers good information and advice about the range of universal services available to support them throughout their caring role.
- Increase the overall numbers of carers who have a Direct Payment
- Look at other different ways of supporting carers, including creating more innovative ways that carers can access short break.
- Work with older carers to plan for support in the future.
- Ask carers to work with us to develop better ways of providing respite, such as; shared lives schemes and/or assistive technology.

PART TWO

**Financial Framework
Needs analysis
and
Creating a sustainable market**

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FINANCIAL FRAMEWORK

In Learning Disability services costs have increased nationally by approximately 7% per year in recent years and the cost pressure associated with Learning Disability is considered to be a bigger risk to local authority budgets than the cost relating to the increasing elderly population. This is reflected in the fact that expenditure on LD services as a proportion of total local authority expenditure has been increasing. In Warwickshire, net spending on LD service packages increased by 7.9% from 2008/09 to 2009/10 (7.0% the year previously), which roughly reflects the national average.

LD Transfer

In 2010/11 a transfer of £13.8m was made from Warwickshire PCT to Warwickshire County Council to cover the transfer of commissioning responsibility for approximately 300 customers with learning disabilities. This figure has now been reduced to £11.4m.

The gross budget for LD services before the transfer totalled £30m in 2009/10. However, with the learning disability transfer of services from health, the spending base for LD services has increased to £41m for 2010/2011, excluding the cost of local provider services day care. There was also a transfer of property, predominately used for residential care services valued at £8m which will be transferred with the rest of property to Resources.

It should be noted that there are opportunities to save as a result of the LD transfer where local authorities apply better commissioning practice but at the same time there will be offsetting cost pressures. For example if a package of care has not been appropriately reviewed for years a revised package might cost less because of better commissioning, but it could also end up costing more because needs have increased over many years but have not been met, or are now being met by the provider but not charged or paid for because neither provider or commissioner has reviewed the service or its costs. Therefore the intrinsic potential for further costs or savings from the LD transfer are not yet clear, but it is a fact that customer base has increased by £11.4m and the pressure from demand for LD services now applies across a wider base.

Real Terms Price Increases

Real terms price inflation within the LD market is a significant issue nationally. Estimated increases relating to need and headcount fall far short of the 7% per year increase in LD spending that has been occurring in recent years. The additional elements which make up the difference are general price inflation plus real terms cost increases driven by the LD care market. Key pressures on the LD care market are how changes in demand impact upon it combined with the very specialist nature of some of the services which increase provider power over prices.

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This pressure is estimated to amount to 2.45%. Appendix 3 sets out a method of estimating this pressure for LD that puts together information known about headcount, need, general inflation, and overall cost increases which enables an approximate cost of real terms price increases to be estimated.

Use of Resources

Analysis of expenditure for 2008/09 for Adults with learning disabilities aged 18-64 years.

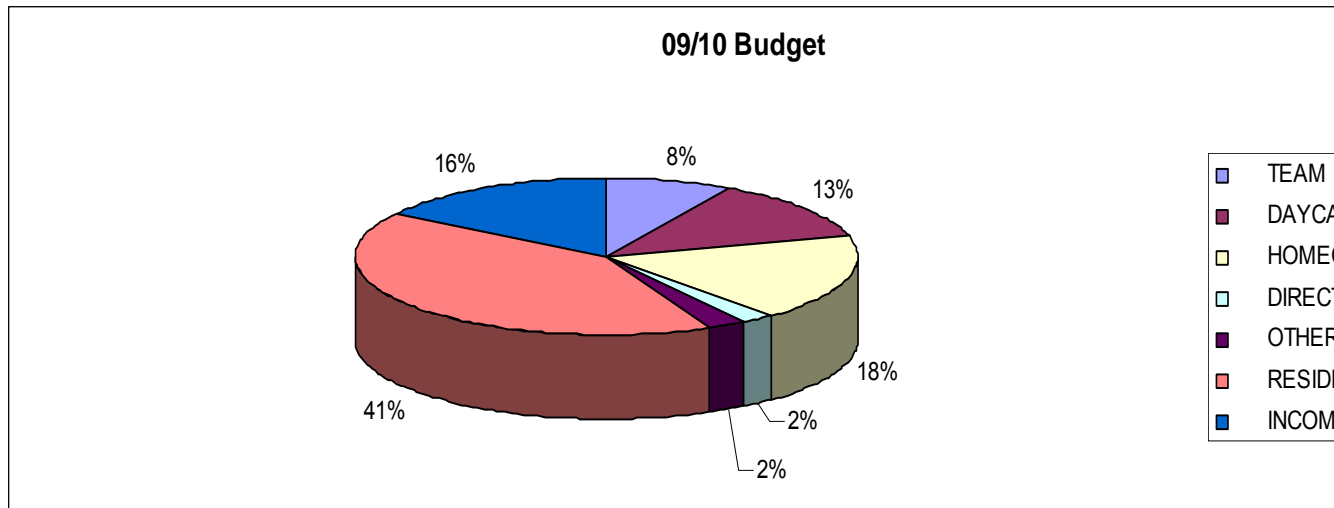
This analysis looks at how activity and costs in Warwickshire compare with England. The analysis uses data published by the Information Centre for health and social care. The most recent national data is for 2008-09. The conclusions need to be used with care, because the spending figures are for adult social care, and exclude spending by the NHS and through the Supporting People budget. The overall picture this shows is that Warwickshire spends less than other councils, but supports fewer people at a higher cost per person. Compared to other councils, more money is spent supporting people to live in residential care, on home care and on day care. But fewer people are supported to live with their families or in their own homes. Fewer people have paid jobs or take part in voluntary work. Key findings for the year 2008-09 include:

- Warwickshire spent 7% less than average on social care for adults with learning disabilities, but supported 20% fewer people in residential care and 25% fewer people in the community.
- 47% of the budget was spent on residential care, compared with an average for England of 43% and best in class of 15%.
- The share of the budget spent on residential care has reduced more slowly in Warwickshire than in England as whole.
- Less than 1% was spent on supported accommodation, compared with the average of 9%.
- 6 % was spent on assessment and care management, just below the average of 7%.
- 3% was spent through direct payments, compared to an average of 4%, although the number of people with direct payments was increasing.
- Spending on equipment, home care and day services were above average.
- Unit costs of residential care were above average.
- 25% of people known to the council were in settled accommodation, compared to the average of 33%.
- 2% of people known to the council were in any form of work, compared with an average of 3%.

The actual spend for learning disability services for 2009/2010 generally continues to reflect this pattern of spend. However further work needs to be

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completed to ensure that better financial analysis including modelling can support and underpin this strategy.



Through this strategy Warwickshire is committed to:

- Reducing the spend on residential care to under 20% of its overall learning disability services budget.
- Increasing the number of people with a direct payment
- Ensuring that everyone eligible for social care support has a personal budget by 2013.

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National Priorities

Since 2001, national policy has consistently emphasised the need for people with a learning disability and their families to achieve meaningful social inclusion, choice and control. It expects learning disability services to be local, non institutional, personalised, and user led. The current policy outlined in 'Valuing People Now' (2009) and 'Putting People First' (2008) emphasises early intervention and prevention together with self-directed support via personal budgets or direct payments.

The coalition agreement confirms that this policy direction will continue:

"The Government will ... accelerate the pace of reform... Ensuring:

- Services are personalised to individual needs, with personal budgets offered by all councils ...;
- Preventative support is given to people when they most need it..
- Carers are helped .. with direct payments and other support".
- (Queen's Speech May 2010)

Valuing People Now has four guiding principles;

- Rights
- Independent Living
- Control
- Inclusion

'Valuing People Now' is also strengthened to ensure that it **includes everyone**, in particular those who are least heard or marginalised for example people with profound and complex needs, people with autism and people from black and ethnic minority communities. Additionally there is a **commitment to personalisation**, empowering people to shape their own lives and the support they receive allowing for flexible use of resources to respond to lifestyle.

'A good life for everyone' is about getting to do the things that most people take for granted and getting access to good:

- **Health**
- **Housing**
- **Work & education**
- **Relationships and family**

To support this people need the right level of support, information and advice so that they can be active citizens in their local communities.

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NEEDS ANALYSIS

National Projections

Research in 2008 by the Centre for Disability Research suggested an outlook of a 1.04% increase in headcount annually for LD people with critical and substantial needs. It is also noted that if moderate needs are included the rate of increase in headcount would be 7.9% per year.

According to the DH PANSI dataset, Warwickshire's overall learning disability population 18 + is projected to increase cumulatively by 3.61% over the next five years.

Projected number of Clients with moderate to severe learning disabilities.						% increase of projected number of clients from 2010				
2010 Baseline	2011	2012	2013	2014	2015	2011	2012	2013	2014	2015
2,077.0	2,089.0	2,105.0	2,120.0	2,157.0	2,152.0	0.58%	1.35%	2.07%	3.85%	3.61%

Source: PANSI.

Whilst not all of these people will need adult social care, due to the moderate nature of their disability, it is important that we are aware of potential future demand on services as their needs change over time.

Comparing this overall national projection with current users of adult social care services (those with substantial and critical needs only), the table below illustrates a pattern of growth by district, who may be eligible for social care support over the next five years.

Table 2: Snapshot data from 31 March 2010 - population projections of people with LD from 2010 Baseline

District	2010 Snapshot Data			2015 Projection				
	18-64	65+	Total LD Clients	18-64 % Change	65+ % Change	18-64	65+	Total LD Clients
<i>Out Of County</i>	70	4	74					
North Warwickshire	125	14	139	0%	18%	125	17	141
Nuneaton and Bedworth	258	23	281	1%	16%	259	27	286
Rugby	135	10	145	3%	16%	139	12	151
Stratford	179	20	199	2%	18%	183	24	207
Warwick	204	34	238	11%	12%	226	38	264
Grand Total	971	105	1076	4%	16%	1010	122	1131

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Warwick District has the highest predicted growth for 18-64 years age group with an average increase of 11%. But the most significant rise is in the 65+ years age group showing 16% across the County.

Scrutinising this further and comparing PANSI data for the number of people predicted to have a severe learning disability in 2010 and 2015, across England and the West Midlands with Warwickshire shows a higher number of older clients with learning disabilities in 2015. The population of people aged over 65 year with a Learning Disability is predicted to increase in Warwickshire at a greater rate than in the West Midlands and England generally. Conversely Warwickshire is predicted to see smaller increases in the number of people with a Learning Disability in the younger age brackets, particularly those in the 18-24 and 25-34 age brackets. The predictions strongly suggest that the number of older people with Learning Disabilities will increase at a greater rate than the average across the country and region, and the number of younger people with LD will increase at a slower rate. Given that this data was based on a report written in 2004, there is a note of caution about the robustness of these projections. However, it does correlate with local data based on existing clients.

	% Change between 2010-2015			Biggest Increase	Smallest Increase
	England	West Mids	Warks		
18-24	-3	-4	-3.0	WM	Warks/E
25-34	14	15	13.5	WM	WARK
35-44	-8	-13	-9.7	WM	ENG
45-54	7	7	8.0	WARKS	WM
55-64	1	-1	-1.5	ENG	WARK
65-74	14	11	15.5	WARKS	WM
75-84	8	9	11.8	WARKS	ENG
85 and over	13	14	14.8	WARKS	ENG
Total population aged 18 and over	4	2	3.5	ENG	WM

Current Client Profile

As at 31st March 2010 there were 1,076 people with a learning disability who were eligible and using adult social care services, including 75 people placed out of the county. Combining health and social care data this figure rises to 1686. However, the note of caution here relates to the lack of robust information about the definition used by health, for example, this figure is likely to include any person they have seen via their services e.g. could be people having allied professional services (OT , speech therapy, psychology,) or input from a Community Learning Disability Nurse, psychiatrist etc.

The table below confirms that the majority of people entering into adult social care are those aged between 18 and 24 years. It also shows that the numbers of people coming into the service for the first time at later stages in their life are not as significant as anecdotal evidence would suggest. However it does illustrate a peak around 45 – 55 years suggesting possible break down of caring roles as the health of both the service user and the carer begin to diminish.

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Table 6: Age group of clients with LD at the start date of their first adult package

Age group at start of first package	Financial Year					Grand Total
	2005/6	2006/7	2007/8	2008/9	2009/10	
Under 18	3	3	4	1		11
18-24	28	28	39	19	21	135
25-34	3	5	7	3	3	21
35-44	6		4	3	4	17
45-54	5	3	3	6	6	23
55-64	3	1	4	5	1	14
65-74	2			2	2	6
Over 74		1	1			2
Grand Total	50	41	62	39	37	229

This data relates to service users with LD starting their first adult package between 2005/6 and 2009/10.

There are 115 older people with a Learning disability aged over 65 years in the county.

20% of the learning disability population known to us have Downs syndrome¹. In this population there is a higher risk of early dementia, which as the population ages may reflect the need for specialist services for the 50 -65 year group.

Headcount

Research in 2008 by the Centre For Disability Research suggested an outlook of a 1.04% increase in headcount annually for Learning Disability people with critical and substantial needs. It is also noted that if moderate needs are included the rate of increase in headcount would be 7.9% per year.

The external information relating to Learning Disability often considers adults aged 18-64 only, whereas in Warwickshire Learning Disability services supports customers beyond the age of 64. Therefore some of the increase in levels of Learning Disability is contained within the higher figures relating to older people.

The average of the Department of Health PANSI projections and Planning 4 Care data suggests an increase of 0.96% in 2011/12 for Learning Disability aged 18-64. PANSI figures understate the increases because they do not account for the over 65 Learning Disability population, but Planning 4 Care information appears to be higher than the majority of other sources, suggesting it is overstating.

More detailed analysis of PANSI age profiled projections indicates that the increases in Learning Disability customers will be occurring as follows:

- Increases in the young age groups, i.e. young people with more complex needs to some degree compounded by an increasing proportion of working adults which reduces capacity for informal care, and;

¹ Warwickshire JSAN 2009.

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- The most significant proportionate increases in the 65+ age groups (i.e. Learning Disability customers developing age related needs in addition to underlying Learning Disability needs, and also people with Learning Disability cared for by ageing carers/parents who become unable to continue to care).
- PANSI projects a fairly stable middle aged population of Learning Disability customers over the next few years.

In any one year there are approximately 40 children with disabilities on the transition list to transition to adulthood. However only a proportion of these will be eligible for adult social care services. In recent years approximately 25 new customers per year are reported to transition to adult social care, which is approximately 2.5% of the total customer base. However if this is reduced to reflect leavers (which will mostly be transition to health services and deceased customers) then the net increase is significantly lower than 2.5%.

An estimate of headcount changes has therefore been taken as an average of the various different sources of projection, simply because they all have various strengths and no one statistic stands out as more sensible than the rest.

Based on the information available the net headcount increase in 2011/12 is estimated to be 0.96%.

Average Need

Internal information about levels of need suggests a pressure of 1.00% from 2009 to 2010. Average need increases for two main reasons (1) because new customers transitioning in have on average more complex needs than the customers who leave, therefore increasing the average need per customer and (2) because the remainder of the customer base that did not change from year to year increase in average age and with age can come higher levels of need, particularly in the higher age brackets.

Autism

Autistic Spectrum Disorders are developmental disorders in three areas referred to as the triad of impairments which are social interaction, social communication and imagination. Aspergers Syndrome is the term usually used to describe people within the Autistic Spectrum who have relatively good expressive skills and average or above average IQ. They can also be labelled as mildly autistic or 'high functioning' but they are a group of people who can have significant impairments in social, occupational and other functional areas of life.

There are varying estimates of prevalence of Aspergers Syndrome. Conservative estimates put the prevalence at 10 per 10,000, whilst another study suggests prevalence is approximately 1 in 300 people.

It is to be noted that some people with Aspergers Syndrome will not require any statutory services, however, the majority of adults need understanding and

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support from the wide range of agencies that they come into contact with. There is clearly a need in some cases for specialist interventions whilst also acknowledging the need for existing services to develop a workforce which can demonstrate the skills, knowledge and capacity to respond to the needs of the local population with Aspergers Syndrome.

Adults with Aspergers Syndrome continue to be excluded from accessing statutory health and social care because they do not 'fit' the current ways of thinking about disability or, even if they meet eligibility as defined under Fair Access to Care Services, they may not fit within the defined service user group for a given service and therefore experience difficulties in accessing appropriate services. In addition 65% of adults with Aspergers Syndrome have not received a Community care assessment (Barnard et al, 2001). The government does not consider Aspergers Syndrome a Learning Disability in its truest sense because individuals with this diagnosis usually have average or above average IQ scores (i.e. above 70). A quote from Valuing People: A New Strategy for Learning Disability for the 21st Century, Department of Health, 2001, says, "This definition [of Learning Disability] covers adults with autism.....but not those who may be of average or even above average intelligence, such as people with Aspergers Syndrome".

A separate strategy has been developed for people with autism. Through the delivery plan, we will ensure that key outcomes are achieved and reported through the learning disability partnership board governance.

Profound and Multiple Learning Disabilities (PMLD).

People with PMLD are frequently excluded and remain some of the most disadvantaged people within our society. For this to change there needs to be better understanding of their distinctive needs. People with PMLD have specific communication needs and many have complex health needs. Nationally there is very little data on the population of people with PMLD. However figures that do exist demonstrate a rise in the numbers of people with PMLD, and show that their needs are becoming more complex. Better data is crucial to inform planning to ensure that all people with PMLD and their families are able to access appropriate support and services.

Warwickshire continues to use peer advocacy as a way of ensuring that people with profound and complex needs have a voice. In addition people with profound and complex needs are also supported to be involved in the learning disability partnership board ensuring that there continues to be a focus on this marginalised group of people. Further work however does need to be done with health colleagues to make sure that the right services are being commissioned.

Transitions

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In any one year there are approximately 40 children with disabilities on the transition list to transition to adulthood. However only a proportion of these will be eligible for adult social care services.

In recent years approximately 25 new customers per year are reported to transition to adult social care, which is approximately 2.5% of the total customer base. However if this is reduced to reflect leavers (which will mostly be transition to health services and deceased customers) then the net increase is significantly lower than 2.5% suggesting that on the whole learning disability services are a static group.

Family Carers

The vision for social care states that: *'Carers are the first line of prevention. Their support often stops problems from escalating to the point where more intensive packages of support become necessary. But carers need to be properly identified and supported. Councils should recognise the value of offering a range of personalised support for carers to help prevent the escalation of needs that fall on statutory services.'* The guide to emerging evidence: Carers and Personalisation – improving outcomes 2010, reinforces this and states that: *If we are to achieve this, there is a need to:*

- *recognise the expertise of, and work in genuine partnership with, carers at all levels of service design and delivery;*
- *enable carers to design and direct their own support, have access to direct payments and be engaged in the support plan of the person they care for and the assessment where appropriate;*
- *wherever possible, establish whole family approaches that ensure there is integrated support planning that benefits everyone involved;*
- *develop a range of support options and opportunities to match the diverse needs of carers*

Many carers of people with a learning disability experience a lifetime of caring. Negotiating the health, education and social care systems through infancy, childhood and adulthood is a daunting task but can also mean that family carers may have decades of experience. For carers of people with learning disabilities, having a break, finding support and getting the best and most appropriate services must be seen in the context of this lifetime of caring. Carers who have a learning disability themselves also have their own specific needs.

As at December 2010, 517 carers of people with a learning disability were recorded on Care First.

Over half of these carers live in the North of the County.

Carers Age Groups spilt by District

Carers Age Group split by District

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Client Address District	Carer Recorded	Carer Age				Not Recorded
		18-64	65-74	75-84	85+	
North Warwickshire	80	47	15	8	3	7
Nuneaton and Bedworth	157	94	28	18	7	10
Rugby	93	47	21	12	5	8
Stratford	85	50	13	7	5	10
Warwick	86	49	10	7	4	16
Out of County	15	11		2		2
Unknown	1	1				
Total	517	299	87	54	24	53

A significant proportion of these are elderly carers, 218 over the age of 65 years and 24 over 85 years old. Specific attention needs to be given to elderly carers so that better commissioning decisions and improved outcomes can be achieved for both the service user and their carer.

Another of our commissioning intentions will be to review current respite provision with a view to move from traditional forms to more creative ways of providing respite to carers, such as the use of shared lives schemes and/or the use of assistive technology.

Conclusion

Significantly against this backdrop, there is no local information source, for example a Learning Disability Register or database, which captures the range of needs information and the housing choices people may make, required for planning now. This will become more significant as we move towards personalisation and people become commissioners of their own support. There is no mechanism to capture unmet need or increases in demand.

Currently there is a dependency on Care First and information directly from local teams. There are gaps in the information available and some local information may not be reliable or may not scope the Learning Disability population adequately.

There are no joint data systems between housing, health and social care and information is so dispersed the only method of capture is to gather data from a range of sources including providers.

There is a need to improve the needs analysis information in particular housing and health needs of people with a learning disability, older carers, people with autistic spectrum disorders and people with low to moderate needs and people with complex or profound and multiple disabilities.

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A more thorough strategic needs assessment would help us develop a better understanding of need in our local population. The next and subsequent iterations of the Joint Strategic Needs Analysis will provide the framework to deliver this. But current data collection systems need to be more robust and include a wider range of people than those who are FACS eligible for social care services to ensure confidence in the data.

It is clear that there are gaps in needs and supply data and that some local information may not be reliable or may not scope the Learning Disability population adequately. There is a need to improve the needs analysis information in particular relating to housing and support needs, the health needs of people with Learning Disability, employment, older carers, people with autistic spectrum disorders and people with low to moderate needs.

DRAFT

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MARKET INTELLIGENCE AND MANAGEMENT

Managing the Market

With the introduction of personalisation and in particular the growing shift from public sector commissioning to a more individual approach to purchasing services the government has stimulated a change in the way services will be procured. It states that: *Traditional councils have purchased services on behalf of their communities, tendering out contracts for provider to bid to deliver services or spot purchasing services already available in the local market. The transformation of social care demands that councils now ensure the supply of the types of services support that people need and want to buy, without the same degree of comfort from contractual arrangements.*

For some providers this may well be a welcome shift but for others, perhaps smaller organisations, this creates some fragility to their sustainability, particularly at this economic time, when they will now have to compete for individual business.

Commissioning within this framework will be a challenge and calls for greater partnership between providers, requiring councils to be more transparent about their commissioning intentions and providers more willing to work together with councils to create a vibrant innovative market for people with a learning disability and their carers. A more ambitious approach needs to be taken in the commissioning and procurement of services if a sustained and vibrant market is to be achieved that will support people to live independently and to have a fulfilled life.

Most services provided to people with a learning disability are commissioned through the independent and voluntary sector, using either ; a block or spot contracts or the more recently introduced framework agreements.

We acknowledge that the framework is not working well in Warwickshire so one of our immediate actions will be to review this. In addition, we will introduce Individual Service Funds (*ISF is the term used to describe a personal budget that is held and managed by a service provider at the request of the person needing support.*) which will enable providers to work much more flexibility with service users, turning contracted hours into flexible funds that will be used to meet peoples individual outcomes.

ISFs Explained

ISF is the term used to describe a personal budget that is held and managed by a service provider at the request of the person needing support. It is a way of enabling someone who does not want to or cannot manage their own funds.

Individual Service Funds will have the following characteristics:

- The budget is held by the provider on behalf of the service user
- The support plan is the key document between the service user and the provider

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- The service user remains in control of how the money is spent

This means that an individual's personal budget (or proportion of that budget) will be lodged with the chosen provider. The service users support plan will dictate how the money is used, the outcomes they want to achieve and the way that the provider is to support them to achieve these outcomes.

Commissioned Services

Currently there are three areas of commissioned services with the external market;

1. Residential Care
2. Community Support
3. Voluntary Support

Residential Care

The LD provider market is characterised by Residential Care and Supported Living Services. Regional benchmarking indicates a disproportionately high amount of residential care. Supported Living commissioning is below average. This has led to an underdeveloped Supported Living provider market with variances in quality.

Regional benchmarking indicates that Warwickshire are currently paying a higher than average price per unit for LD Residential Care services.

Residential Care

Provider	Number of Placements	Number of providers	Average weekly cost per client
In- County	263	18	c. £1029
Out of County	72	50	c. £1279
Top 10 (by number of clients)	236	10	c. £929

There is some evidence that the top 10 res-care providers (who are all in-county) are already responding competitively in terms of cost, with a number of CFC reviews pointing to a fair price being delivered.

In contrast, early indicators from price management work point to a wide disparity in prices amongst complex needs providers, with varying overhead costs and profit margins. Prices for autism services vary widely; whilst there is a range of providers, competition is limited. This could be improved by:-

- Continuing scrutiny of pricing structures (CFC)
- Improved systems to monitor outcomes.

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Improvements have already been evidenced by the willingness of a number of these providers to reduce costs, in acknowledgement of increased scrutiny across the demand market, including other authorities and health trusts.

Prices could be driven down further by:-

- Demand management- Rigid application of FACS to determine the level of support within packages.
- Improved long-term planning and transitioning

Supported Living

In terms of Supported Living services, the above points are crucial; current framework agreed rates limit the capacity to renegotiate pricing structures; cost-effective supported living services are dependent on sustainable housing options which require effective long-term planning.

Market-rate historical increases

Whilst market rates may have risen above inflation in recent years due to increases in statutory quality requirements, finding evidence linking this rise to improvements in the delivery of client's outcomes is difficult.

It can be evidenced that in some instances costs incurred by providers haven't necessarily risen above inflation whilst profit margins have increased.

One element of market management activity will be developing and improving systems which link provider performance (and costs) to delivery of outcomes. The aim will be two-fold;

- tie our demand for services more closely to delivery of outcomes
- tie price control activity more closely to delivery of outcomes.

As at December 2010 adult social care supports 412 people in residential and/or nursing care spending in excess of £15 million.

Geographical Area	Numbers
Nuneaton and Bedworth	98
Kenilworth/Warwick/Leamington	63
North Warwickshire	61
Rugby	72
Stratford upon Avon	70
Plus people recently transferred from health	48
TOTAL	412

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Below is an analysis of the age range of existing clients. The largest proportion of people currently in residential care are under the age of 60 years and living in the Nuneaton and Bedworth area.

Clients with LD in Residential/Nursing Care

	18-59			60+		
NORTH WARWICKSHIRE DISTRICT	22	16		8	8	
NUNEATON & BEDWORTH DISTRICT	38	28	1	13	6	
RUGBY DISTRICT	24	26		11	6	1
STRATFORD DISTRICT	35	6		13	7	
WARWICK DISTRICT	32	9		9		
NO ALLOCATED DISTRICT	8	4	1		4	
Total	159	89	2	54	31	1

As stated earlier Warwickshire spends over 44% of its total learning disability budget on residential care. Comparing this to the best in class which is in the region of 10-15% confirms that Warwickshire needs to urgently review how it commissions support in the future.

One of the key commissioning intentions will be to increase the range and availability of housing options including related support and for those people who are currently in residential care support them to move to more independent living.

In addition, Warwickshire will continue to use the recently introduced Care Fund Calculator as a means of securing a fair equitable price for residential care costs.

Care Fund Calculator explained

The Care Fund Calculator supports local authorities in managing costs of residential care and supported living for adults with learning disabilities. It also helps providers to understand the process of negotiation. The CFC is helping local authorities to tailor packages more closely to the needs of clients

Respite Care

As at December 2010 learning disability services were providing respite support to 247 people costing in the region of £675,000.00

Respite is a significant support service to people who use services and their carers and families. Warwickshire has recently tried to recruit more respite providers to the County through a framework agreement. Currently four providers are registered with the council but further work needs to be done to stimulate a more vibrant and diverse market for respite provision.

One of our key commissioning intentions is to review the current respite provision and stimulate alternative more innovative services that respond to individual situations and circumstances.

Community Services Framework

There are currently 44 providers of community support in Warwickshire. The framework includes a wide range of providers offering a mixture of; domiciliary care, day time activities, one to one support.

Commissioned Voluntary Sector Services

Advocacy Support .

Two organisations provide advocacy support for people with a learning disability. New Ideas provides a valuable focus on self advocacy and peer support. One of its key roles is to support people with a learning disability to be active members of the partnership board. In addition, Independent Advocacy provides citizens advocacy to both service users and carers. Independent Advocacy also provide some element of appointeeship but further work needs to be done to ensure sufficient support is available across the County.

Both services focus on people who are FACS eligible. Therefore there is no access to advocacy for people with health needs or people falling below the FACS eligibility threshold.

Carer Support Services

Warwickshire has a higher than average elderly population of carers. Whilst significant support is given by providers of services, concerns have been expressed at the lack of support and work with families and carers to let go and move on.

The voluntary and independent sector provide valuable support. For example Guidepost in the North and Carers Support in the South provide a range of low level support through information, support groups, training, emotional support and access to organised activities, Other independent providers, such as Mencap also provide support to carers, through group activities or through one to one relationships. These relationships have been cited as very valuable to most carers.

There are also two specialist carers support workers appointed in each of the frontline teams who are responsible for the assessment and support to eligible carers. Each worker is seen as a resource for the teams and have in depth knowledge of the range of services available locally to support carers.

Through the assessment process, eligible carers are also supported to access more formal forms of support, such as Take a Break which enables carers to have some time off from caring.

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Internally Provided Services

Warwickshire Adult Social Care currently spends in the region of £5.5 million on day time support. It has a number of large traditional day centres across the County. Over recent years and as part of its modernisation programme some of these services have migrated to small satellite units within local community settings. However the larger buildings remain.

Currently over 590 people access internal day time support, 460 of which are paid for by the local authority. This assumes that the remaining 130 are people who pay for their own care or is paid for by another local authority.

Currently internal day provision comprises of:

Service	Base2	Managers	Deputies	DCOs	Support workers	Admin	Customers
North Warks	3	1 (1)	1 (1)	4 (3.5)	18 (11.8)	1 (0.8)	58
Nun & Bed	10	2 (2)	4 (3.8)	16 (13.3)	36 (24.2)	3 (1.1)	136
Rugby	5	1 (0.9)	3 (2.6)	8 (6.2)	24 (18.4)	3 (1.5)	113
Warwick	5	1 (0.75)	3 (2.9)	11 (8.3)	51 (37.3)	2 (1.6)	104
Stratford	4	1 (1)	3 (2.5)	6 (6)	32 (24.7)	1 (0.4)	100
WEST	2	1 (1)	0	6 (5.6)	2 (0.6)	1 (0.7)	79
TOTAL	29	7 (6.65)	14 (12.8)	51 (42.9)	163 (117)	11 (5.7)	590

121 of these people are also currently living in residential care. There are also a number of people who use day time support who are also living in supported accommodation who should be better supported to access mainstream services.

From our commissioning intelligence, including transitions information, it is likely that there will be two pressure points over the next five years; firstly from elderly carers, Warwickshire has a higher than average growth of elderly carers – 16% over the next five years and secondly a growth of younger people with more complex needs which is around 11% growth over the same period.

Through visioning days and workshops, service users and carers have said they want:

Opportunities to do more things, fishing, shopping, eating out, go on holiday.

choice and the ability, to say for themselves, what they want to do.

Do more things in their own local communities and integrate better including having access to better transport arrangements.

Have a range of opportunities to socialise, meet their friends, make new friends.

The right to access employment and education just like everyone else.

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All of the things people with a learning disability have told us confirms that the best way of achieving this is through personal budgets. Therefore a key outcome of these changes will be the introduction of personal budgets for everyone ensuring that people with a learning disability have access to a range of alternative opportunities, for leisure, occupation, educational and social activity. Some may be provided by mainstream services but others may need to be developed in the market place provided in the future by the voluntary and independent sector.

To do this means that everyone needs to be confident in working in a personalised way. Part of these changes will require service users, carers and staff to understand the values and principles of the personalisation agenda which is at the core of what adult social care delivers.

To deliver these changes we must:

- Give people better information about personalisation
- Put in place ways of enabling people with a learning disability and their families to use self directed support which includes support planning and brokering services for themselves.
- We need to give people information about all of the different things that they could use their personal budget on
- We need to have high standards in place to make sure that all of these services are of the highest quality and work in a person centred way

It will be important that throughout these changes and into the future that we continue to support people with a learning disability and their families to live a fulfilled life. Knowing that the 'outcomes' achieved, through personal budgets, are those of the person with a learning disability (individual outcomes) will be a key to this. This information will also be important for any future commissioning that adult social care does on behalf of people with a learning disability and their families.

Warwickshire Employment Support Team (W.E.S.T.)

A key component of day time activities is getting and keeping a job. For people with a learning disability this is no different to everyone who aspires to find a job that fills their time positively and provides a wage.

WEST is part of adult social care learning disability provider services. It is a small specialist team who support people with a learning disabilities to access and keep paid employment. It is a countywide service for people with a learning disability who want to work, **and who** meet the criteria for Fair Access to Care Services. We help them to find employment:

- In the public sector
- In the private sector
- Full – time or part – time

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- In some cases support to explore employment / education / having options where appropriate support is not available elsewhere

W.E.S.T. is currently supporting up to 79 people in finding and keeping a job.

Personal Budgets and Direct Payments

What is a Personal Budget?

SCIE define a personal budget as an allocation of money that is to be used to meet the individual's personal outcomes. Key to the personal budget approach is the need to give clear early understanding of the amount of money available, so that they can influence and control how it is spent, in a way that best meets their needs. Personal budgets must be implemented within the framework of self directed support which involves self directed assessment, up front allocation of money and support planning to promote choice and control.

Warwickshire learning disability service is embarking on the introduction of personal budgets including being part of the third wave of In Control for health budgets.

Between April 2009 and March 2010, 148 people with a learning disability had a Direct Payment. The figure below is higher than the actual numbers of people who receive a direct payment (126 clients) as people use a direct payment to purchase more than one service.

DP Subtype	Number of Services	Percentage
Daycare	11	7%
Homecare	46	31%
Other	88	59%
Respite	3	2%
Total	148	100%

Based on data extracted from 1 April 2009 to March 2010

At the moment there is no systematic way of analysing exactly what all Direct Payments are spent on. As reflected above 59% of people spend their direct payment in other ways. Evidence from the evaluation of the Individual budget pilots in 2009 reflected an increased spend on personal assistants, leisure, social and educational services. More information is needed locally to enable us to predict changes in demand for services. We know, for example, from the data that the districts where direct payment users live are Warwick (28%) and Nuneaton and Bedworth (26%), reflective of the higher populations of people with a learning disability in those areas.

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Housing and Housing Related Support

Too few people with Learning Disabilities have the choice and control over where they live and who they live with. This has been recognised in the recently produced strategic housing and housing related support strategy for people with a learning disability which sets out an ambitious programme of change for future housing options for people with a learning disability that underpins and strengthens this strategy

Warwickshire currently places too many people into residential care. At the moment over 40% of people who are eligible for social care support live in residential care. This is too many so over the next four years there will be real focus to firstly stop placing people into residential care and secondly work with people currently in residential care who wish to have a more independent life to find alternative appropriate accommodation with the right level of support for them.

As with any major change, leaving home presents many challenges and needs careful planning. It will be important that service users and carers are involved in choosing the right options.

The type and range of housing options available are varied and has grown over the last few years. However, Warwickshire's investment in housing options for people with a learning disability has been too narrow. To improve the supply and availability of housing a more mixed range of housing options are needed.

This strategy will focus on broadening the choices available and will include:

- Shared supported housing
- Shared lives – (formerly known as adult place schemes where a person lives with a family)
- Extra Care or assisted living schemes
- Community Living Networks such as the Keyring model
- Low cost home ownership – including home ownership for people with long term disabilities, home buy, new build and re-sales of existing schemes, family funded shared ownership
- Home ownership on the open market and support and advice to access
- Public sector rented properties
- Private sector rented properties in particular via housing association leasing schemes
- Family investment and trust funds to set up a range of housing models

Supporting People

The main aim of 'housing related support' is to develop and sustain an individual's capacity to live independently in their home. Each person is an individual and will need different levels of support. Housing related support can include the following:

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- Support to manage money and pay bills
- Support to understand the rights and responsibilities of a tenancy agreement
- Signposting to other agencies
- Support to carry out house hold tasks
- Support to keep safe at home and in the community
- Support to access employment, education or training
- Support in using public transport

In Warwickshire the Supporting People Programme offers two main types of housing related support for people with a learning disability in the forms of:

Floating Support – the support worker travels to the person’s home wherever they live to provide housing related support. If the person moves home then the support worker can visit them at their new home.

Accommodation Based Support – the support is part of the accommodation service, for example supported housing.

Currently 29 Supporting People providers based across the County are providing either floating support and/or accommodation based services to people with a learning disability. The table below shows the number of units provided through Supporting People in each district compared with the learning disability population profile.

District	Accommodation Based Support	Floating Support	Units %	% of LD Population
North Warwickshire		4	4 (5%)	12%
Nuneaton & Bedworth	19	39	58 (29%)	27%
Rugby	19	10	29 (10%)	16%
Stratford on Avon	24	11	35 (21%)	18%
Warwick	36	46	82 (35%)	24%

Source: LD (Draft) Housing Strategy 2010)

Compared to the distribution of LD population across the district most people live in the Warwick(24%) and Nuneaton and Bedworth (27%) districts. The majority of Supporting People funded support is provided in these areas however there may be an under supply in the Nuneaton and Bedworth area currently, based on the total number of units in that area compared with Warwick.

Assistive Technology including Telecare.

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Telecare is a key element of both national and local strategies and cuts across health, social care and housing. The national vision in Lifetime Homes, Lifetime Neighbourhoods and the local vision for the transformation of housing support services in Warwickshire both see telecare as an integral part in the range of housing options as part of a wider and more joined up approach to meeting housing need in order to support people to live independently.

Assistive technology is defined by the Audit Commission as 'any item, piece of equipment, product or system that is used to increase, maintain or improve the functional capabilities and independence of people with cognitive, physical or communication difficulties.' It can help individuals maintain independence, increase safety and confidence and support carers alongside traditional healthcare, social care and housing initiatives.

As at December 2010 only 33 people with a learning disability were recorded as using telecare; 24 in Warwick District, 7 in Stratford and 2 in Rugby.

Learning Disability Teams need to ensure that telecare is an integral part of every assessment otherwise it is unlikely that the benefits, including the cost benefits, of using telecare will be realised.

Initial analysis suggests that there could be a cost benefit for learning disability services. However, further work is required with finance to produce a realistic savings plan. What is important is the significant flexibilities and independence that telecare can bring to peoples lives.

Working with Health

As part of this strategy we need to consider a joint (or at least) a collaborative partnership approach for all people with a learning disability to include those people with complex or profound & multiple needs who are funded by health. To address the challenging and cross cutting issue of continuing health care the LA should be the lead agency for LD and lead assessment and care management.

This would :

- make the best use of resources (ie reduce the current practise of assessing and reassessing people)(perverse incentive to shift cost due to no partnership agreement being in place at moment)
- enable the lead agency to negotiate on care contracts (in particular where both LA & PCT have people with the same provider), therefore making efficiencies across the health and social care economy)
- enable the lead agency to reduce/remove the effects of averaging out costs across clients or an environment by being able to individualise costs (like the current TP contract)Therefore creating ability to move service user within cost (efficiencies for health and social care)

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- Right to Control/ Personal health budgets to include people with CHC funding - individual supports for complex people closer to home.
- reduce the disadvantages to service users who can lose other benefits and funding when they become defined by CHC therefore increasing the cost to SC when they are reassessed.(reduce loss to H & SC economy)
- increase reliability and continuity of funding for care packages (benefit for user, carer and provider)

Safeguarding

It is accepted that there is no single approach that will guarantee the safeguarding of all adults with learning disabilities. So the Department of Health has developed a set of approaches that mean that safeguarding issues are less likely to happen. These are stated in the document "Safeguarding Adults with Learning Disabilities, Information for Partnership Boards". There are 5 key principles to incorporate safeguarding into everyday practice for people working with learning disabilities.

1. Right and Respect - People with learning disabilities have the right to a life free from abuse and neglect and to receive the full protection of the law, in all environments and service settings.
2. Independence - vital we give people with learning disabilities information and support to help them get better at protecting themselves and their friends and peers.
3. Choice - Respecting and understanding choice plays an important role in safeguarding adults. Listening to individual's preferences about issues such as where they wish to live and with whom, can ensure that people with learning disabilities can live alongside others with whom they feel comfortable and safe. This needs to be balanced with taking steps to protect individuals from risks or dangers which they have not appreciated or anticipated.
4. Inclusion - People with learning disabilities must be able to feel safe in their communities to ensure that their concerns are taken seriously. People with learning disabilities should be treated with equal respect by specialist Learning Disability and non- specialist organisations.
5. Collective responsibility - It is essential to recognise our shared responsibility to take sensible and effective actions to better safeguard people. although some agencies and individuals have been given lead roles we all have a part to play in ensuring that people with learning disabilities in our communities are better protected.

The Six Lives Report also places a responsibility on health and social care to ensure that people with a learning disability are treated as equal citizens and receive the same high quality services as anyone else. Together NHS Warwickshire and Warwickshire Adult Social Care services will continue to develop strategies to meet the outcomes of the six lives report.

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PART THREE

Making it happen

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Warwickshire Health and Social Care Commissioning Strategy Refresh for 2011-2014

Making it happen

Adult Social Care has set a challenging target of savings over the next three years. Known as the Transformation Programme, this will be the core activity of the Directorate for the foreseeable future. Central to this transformation programme is the development of the personalisation programme ensuring that the Directorate provides efficient, value for money services that deliver better outcomes and lower cost.

To measure success over the next three years there are a set of quantitative and qualitative measures that will be used, with service users, carers and key stakeholders to evaluate the progress made.

A lot of work has already been done nationally to develop person centred outcomes for how someone lives. These are called the 'Reach Standards'. There are 11 standards and they were developed with people with a learning disability to say what people should get from support at home. They include:

- I choose who I live with
- I choose where I live
- I have my own home
- I choose how I am supported.
- I get good support
- I choose my friends and relationships
- I choose how to be safe and healthy
- I choose how to take part in my community
- I have the same rights and responsibilities as other citizens
- I get help to make changes in my life

In addition central government have recently issued a paper on outcomes and quality. These include:

The number of people who use adult social care services who:

- have control over their own daily life.
- receive self directed support
- have a job
- are supported to be independent and in control of their condition (including people with complex needs)
- are involved in decisions (including carers involved in discussed about the person they care for)
- feel safe and secure

Together these standards provide a good suite of measures that we will use to monitor and evaluate the success of this strategy.

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A number of key quantitative targets have also been defined and will also be used. These are:

1. Choice and Control

- By March 2012 all people with a learning disability who get help from social services will have a personal budget.
- By March 2012 at least 30% of people with a learning disability will have a direct payment
- By April 2011, agree a pathway for learning disabilities that includes revised business processes and structures.
- By April 2011, all clients and their carers will be more knowledgeable and informed about Personalisation.
- By September 2011, all people with a personal budget will have access to a range of support planning and brokerage options
- By March 2012, at least 10% of people with a learning disability and their families will do their own support planning and brokerage.
- By April 2011 customer information on a range of local services will be readily available

2. A Fulfilled Life

- By April 2011, complete a consultation process with users and carers about the future use of building based services with a view to move to more community based support.
- From February 2011, no new people will start using in house day services and transport
- By April 2011, a phased approach will begin to enable people to access universal services instead of building based provision
- By March 2012 everyone currently using day provision will have a personal budget and using universal services.
- By March 2012, 20% of people with a learning disability currently using day provision will be supported to find and keep a job.
- By March 2012, establish a social enterprise of personal assistants for people with a learning disability.
- From April 2011, all new people or those who have been reviewed will receive travel training.
- By April 2011, an information & advice service will be established
- By April 2011, people with moderate needs will no longer access social care support.
- By March 2012 there will be no internal building based day provision for people with substantial needs.
- By Sept 2013 there will be five local community resources jointly commissioned for people with profound and complex needs
- From Jan 2011, support planning and brokerage will be in place for people with a learning disability and their carers.

3. A Place to Live

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- By April 2011 all new people will be supported to live in their own home with support
- By March 2014, 20% reduction in the number of people living in residential care
- By March 2014 the council will spend under 20% (£5 million) of its budget for people with learning disabilities on residential care.
- By March 2014 and using self directed support the average package costs will be 20% lower than in 2010-2011
- By March 2014, 25% of people using services will include the use of telecare in packages of support , including equipment to reduce dependency on other more formal forms of support
- By March 2012 all people living out of county will be reviewed and all people wishing to return are supported to do so

4. Good Health

- By March 2012, all GP practices will be offering annual health checks to people with a learning disability. Part of this health assessment will be to ensure that dental hygiene is actively followed.
- By March 2014 to reduce admissions to health funded accommodation because of a crisis or emergency.
- By March 2014 to increase local capacity to support people with more complex or profound and multiple needs to recue out of county placements
- By March 2011 all people will be discharged from campus accommodation
- By 2012 (x) people will have a personal health budget

5. Support to Family Carers

- By March 2012, ensure that all carers of people with a learning disability have access to information, advice and support to enable them to make informed decisions about their future and that of the person they care for.
- By March 2012, all carers known to the council will have an assessment of their needs and access to services.
- By March 2012, all older carers over the age of 65 years will have a 'plan for the future' in place.
- By March 2012 a strategic review of respite provision will be completed, including looking at more innovative ways of providing respite, such as; shared lives schemes, the use of assistive technology.

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The Learning Disability Partnership Board has a responsibility for ensuring that the local strategy in response to Valuing People Now is delivered and that they know that the lives of local people with a Learning Disability are improving.

Working in partnership with Coventry University and the Learning Disability Partnership Board a group of service users and carers will be trained, by the University, as peer evaluators and by using the standards above will check whether they are being met.

A revised governance structure has been agreed between NHS Warwickshire and Adult Social Care. The revised governance structure places the transformation programme at the heart of these changes but also reflects the important role that the Learning Disability Partnership Board will have in ensuring that all elements of the strategy are delivered..

The Learning Disability Partnership Board will:

- Make sure an action plan is developed with costings. This will set priorities, targets and responsibilities for achieving change, and realistic timescales.
- Provide leadership for the implementation of the plan
- Link with other relevant partnerships, developments and strategies
- Work across all sectors to seek to change culture and raise expectations
- Recognise and communicate success
- Monitor, review and evaluate performance against the plan
- Report to the Learning Disabilities Strategic Group Board and other relevant strategic bodies.

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Choice and Control					
<u>Learning Disability Delivery Plan 2011 - 2014</u>					
				Lead and Supporting officers	
People with a learning disability want to have choice and control over how they live their life. In particular, they want to have choice and control over how they spend their money, do during the day at evenings and weekends, have a job and enjoy friendships and relationships.				Jon Soros. Service Manager for Learning Disability Services	
Lead Organisation					
Action	Start Date	End Date	Activity	Deliverable	Responsible officer and organisation
1. Agree and share vision for new customer journey	Jan '11	March '11	<ol style="list-style-type: none"> 1. Agree definition of Self Directed Support and produce material to communicate 2. Incorporate definition into strategy and communicate widely through consultation 	<ol style="list-style-type: none"> 1. Staff, service users and carers and partners understand the vision and underpinning values for learning disability services 	Jon Soros
2. Understand impact of new customer journey on the role of local care management/commissioning teams and how this will respond to : -enabling citizens -brokerage development -engaging citizens in commissioning -ensuring transparent pricing/value for money -influencing strategic	Jan '11	March '12	<ol style="list-style-type: none"> 1. Review business process for Self Directed Support and impact on locality teams 2. Revise structure and processes of teams. 3. Establish a co-production group 4. Review Carefirst data collection and update method of capturing individual outcomes ensuring this can be extrapolated for commissioning purposes. 	<ol style="list-style-type: none"> 1. Business process mapped, established and working 2. Co-production group in place 3. Revised structures of team implemented 4. Relevant changes to ensure data collection 	Jon Soros

commissioning				are completed	
3. Develop the business processes and mechanisms to ensure people a fair and transparent resource allocation	Jan '11	April '11	<ol style="list-style-type: none"> 1. Agree process for Learning Disability- Self assessment questionnaire 2. Agree Resource Allocation System methodology 3. Agree what Personal Budget can be spent on e.g support planning, brokerage, appointees 	<ol style="list-style-type: none"> 1. Resource Allocation model agreed 2. Self assessment questionnaire and associated tools in place 3. policy including guidelines around personal budgets agreed and in place 	Gill Jowers
4. People with a learning disability have access to the right information, advise, support and training opportunities	Feb '11	ongoing	<ol style="list-style-type: none"> 1. Raise awareness with people with Learning Disability and family carers of the benefits of personalisation and self directed support via training and information events 2. Develop service information for customers including a resource directory of universal services 3. Identify service users and families who want further training on support planning & brokerage 4. Confirm external support planning and brokerage arrangements 	<ol style="list-style-type: none"> 1. information produced and available 2. Resource Directory produced 3. x number of families using support planning and personal budgets to support cared for 4. Brokerage in place 	Christine Lewington
5. Understand the impact of the new customer journey on provider services and	Jan '11	April '11	<ol style="list-style-type: none"> 1. Set up workshops with providers and communicate vision for 	<ol style="list-style-type: none"> 1. Providers aware of customer journey 	Christine Lewington

manage change with suppliers			<p>learning disability services in Warwickshire including new ways of working</p> <ol style="list-style-type: none"> 2. Set up focus group to understand impact of changes on providers 3. Work with providers to implement revised ways of working 		
6. Work with procurement colleagues/providers to develop more personalised and flexible contractual arrangements focussing on outcomes and increasing independence	April '11	March '12	<ol style="list-style-type: none"> 1. Review each of the existing frameworks for; community services, respite. 2. Agree and Introduce Individual Service Funds with existing providers 3. Change core contract to incorporate a more enabling philosophy in all contracted services 	<ol style="list-style-type: none"> 1. Frameworks reviewed and working effectively within defined financial envelopes 2. Increased market capacity including more innovative provision 3. Vision and philosophy of learning disability service implemented across the county by all stakeholders 	Rob Wilkes
7. Ensure that people with a LD have the support they need to make choices and decisions	Jan '11	ongoing	<ol style="list-style-type: none"> 1. Understand the brokerage function and work with voluntary sector organisations to develop access to external person centred support planning and brokerage 2. Identify the future role of care managers/social work teams in new customer journey and in particular support planning to avoid duplication 	<ol style="list-style-type: none"> 1. Brokerage in place and working 2. Wide range of support planning implemented eg; carers, voluntary sector, frontline staff. 	Jill Gowers

8. Extend SDS to all new assessments and existing people at time of review	Jan '11	March '12	<ol style="list-style-type: none"> 1. Identify how many people over what time frame e.g focus on transition/new customers. 2. Implement business process for reviewing 3. Establish phased change to provision of service defined by review outcomes for each individual 	<ol style="list-style-type: none"> 1. Everyone has a personal budget 2. Reviewing teams fully implement Self Directed Support 	Jon Soros
9. Relevant local services develop capacity to deliver the kind of personal services that people want to buy (in particular preventative, enabling services)	April'11	March 2014	<ol style="list-style-type: none"> 1. Develop understanding of what people are purchasing and communicate information to market and inform strategic commissioning activity 2. Develop mechanism to aggregate intelligence from brokerage function to inform strategic commissioning activity 	<ol style="list-style-type: none"> 1. Commissioning informed by intelligence 	Rob Wilkes/Andy Sharp
10. Develop a robust quality and performance framework	Feb'11	Mar'11	Outcome based reviews/service monitoring Activity forecasting and financial projections	<ol style="list-style-type: none"> 1. Performance regime in place and working 2. 	Andy Sharp
Key Outputs/Targets			Key Outcomes		
By March 2012 all people with a learning disability who get help from social services will have a personal budget.			Supported to be independent and in control		
By March 2012 at least 30% of people with a learning disability will have a direct payment.			Daily control in their own lives		
By April 2011, an agreed pathway for learning disabilities that includes revised business processes and structures			Self directed support		

By April 2011, clients and their carers are more knowledgeable and informed about Personalisation.	People are involved in decisions
By September 2011, all people with a personal budget will have access to a range of support planning and brokerage options	Supported to be independent and in control
By March 2012, at least 10% of people with a learning disability and their families will do their own support planning and brokerage.	Supported to be independent and in control
By April 2011 customer information on a range of local services will be readily available	Self directed support

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A Fulfilled Life				
<u>Learning Disability Action Plan 2011 – 2014</u>				
People with a learning disability want to live a fulfilled life.			Lead and Supporting officers	
People with a learning disability want to live a fulfilled life. In particular they want to have and keep a job, be able to travel independently, learn new skills, enjoy their leisure time, make new friends and relationships.			Christine Lewington. Service manager Steve Smith. Provider Services Manager Jon Soros. Service Manager LD Localities.	
Lead Organisation				
Action	Start Date	End Date	Responsible Officer/s and Organisation	Additional Notes
Consult users and carers, on moving from building based day services to more community based support and establish a co-production group	February 2010	April 2011	Christine Lewington	
From April 2011 and using a phased approach over 24 months, close all internal day provision.	April 2011	Sept 2013	Steve Smith	
Jointly commission with health services which support people with complex needs to use their personal budgets	March 2012	Sept 2013	Christine Lewington	
Everyone currently using	Jan 2011	March 2013	Jon Soros	

day services will be reviewed, have a personal budget and be supported to access universal services				
Working with The Shaw Trust, capitalise on their expertise and access to national funding to support people with a learning disability to find and keep a job.	January 2011	March 2014	Simon Veasey	
Explore the feasibility and cost benefits of keeping/transferring/or closing the WEST project to Shaw Trust	April 2011	April 2011	Steve Smith	
Increase the number of Personal Assistants for people with a learning disability. (possibly through the development of a social enterprise)	Sept 2011	March 2012	Lesley Kendall	
Work with District & Borough councils to promote access to leisure opportunities	Sept 2011	March 2012	Rob Wilkes (Brokers)	
Utilise existing learning and work environments, and build capacity where none exists within local	April 2011	March 2014	Rob Wilkes Market Facilitation/Brokers	

communities				
Reduce spend on transport by 75%	April 2011	March 2013	Steve Smith	
Support the Directorate development of an Information & Advice service including support planning and brokerage	January 2011	March 2011	Marcus Herron Gill Jowers	
Key Outputs/Targets		Key Outcomes		
By April 2011, complete a consultation process with users and carers about the future use of building based services with a view to move to more community based support.		People are involved decisions		
From February 2011, no new people will start using in house day services and transport		Supported to be independent and in control		
By April 2011, a phased approach will begin to enable people to access universal services instead of building based provision				
By March 2012 everyone currently using internal day provision will have a personal budget and be using universal services.		Self directed support		
By March 2012 20% of people with a learning disability currently using day provision will be supported to find and keep a job.		The number of people who use adult social care services who have a job		
By March 2014 30% of people with a learning disability currently using day provision will be supported to find and keep a job.		As above		
By March 2012, establish a social enterprise of personal assistants for people with a learning disability.		Supported to be independent and in control		

From April 2011, all new people or those who have been reviewed will receive travel training.	Daily control in their own lives
By April 2011, an information & advice service will be established	Supported to be independent and in control
By March 2012 there will be no internal building based day provision for people with substantial needs.	Self directed support
By April 2011, people with moderate needs will no longer access social care support.	
By Sept 2013 there will be five local community resources jointly commissioned for people with profound and complex needs	
From Jan 2011, support planning and brokerage will be in place for people with a learning disability and their carers.	Supported to be independent and in control

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A Place to Live					
<u>Learning Disability Action Plan 2011 - 2014</u>					
				Lead and Supporting officers	
People with a learning disability want a safe and secure place to live where their needs can be met.				Chris Lewington. Strategic Commissioning Service Manager for Learning Disabilities, Carers & Customer Engagement	
Lead Organisation					
Action	Start Date	End Date	Activity	Deliverable	Responsible officer and organisation

Strategic Commissioning principle 1: Commission future models of accommodation and support services based on robust needs assessment, supply and gaps analysis and sound financial information.					
<p>1. Establish a housing and support need and demand database including understanding of:</p> <ul style="list-style-type: none"> • Volume of housing units needed • Location of housing required • Types or models of housing needed <p>And understand what the local baseline is for supported living models</p>	Jan '11	Ongoing	<p>1. Complete a housing needs survey to gather primary data on existing service users</p> <p>2. Target 'housing option' plans with priority groups of people eg:</p> <ul style="list-style-type: none"> • the '75' • people with a learning disability and dementia • people who have housing adaptation needs/wheelchair access • people who live with carers over 75yrs/ at identified risk • people currently in poor quality accommodation/identified need for change (e.g. 	<p>An appetite for change understood and a planned approach in place to respond to it</p> <p>Comprehensive data base of housing needs.</p>	Rob Wilkes/Jon Soros

		<p>campus/residential care)</p> <ul style="list-style-type: none"> • young people in transition or living with carers over 65yrs <p>3. Incorporate Place to Live into Self Directed Support process.</p> <p>4. work with Learning Disability community teams to record baseline information and agree feedback loop</p> <p>5. Establish method of storing data in a way which informs housing and support developments e.g. health needs, ethnicity, housing need, through Carefirst</p> <p>6. Interrogate domiciliary care data and improve recording and reporting of supported living on care first system</p>	<p>Support planning tools to include housing need assessment.</p> <p>A mechanism for recording and reporting housing needs identified and agreed</p> <p>Updated Carefirst 6</p> <p>Complete list of current supported living services and service users and improved recording on Carefirst.</p>	<p>Adam Long</p>
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2. Ensure information about housing and support need/demand is shared with key stakeholders, Increasing stakeholder engagement and awareness in commissioning intention and local vision	June '11	June '11	<ol style="list-style-type: none"> 1. Hold a visioning workshops/events with <ul style="list-style-type: none"> • care managers • district housing • housing providers • Support providers • Children's services(transition) • Supporting People team 	Full range of partners identified to plan and deliver wider housing options	Jon Soros
3. Identify financial resource needed for delivering the strategy (revenue and capital for housing and at an individual level and strategic level)	April'11	Ongoing	<ol style="list-style-type: none"> 1. Current capital funded housing development 2. Funding released from remodelled or decommissioned services 3. Access to shared equity/mortgages 4. Regional Homes and Community Agency affordable housing schemes 5. Private finance or providers willing to invest 6. Supporting people 7. Personal budgets 8. Underused Campus Capital 		Chris Norton/ District housing
4. Develop a comprehensive list of WCC owned property, location and any lease arrangements and identify opportunities to maximise their use with partners	Jan 2011	March 2011	<ol style="list-style-type: none"> 1. Mapping completed 2. Link to recommissioning of services 		Jon Soros/Property Services
5. Develop a vacancy management system for residential care voids and LA/RSL tenancy voids	June '11	Sept'11	Role within community teams	Vacancy management system in place	Jon Soros

6. Develop joint commissioning processes with Supporting people team	Feb'11	Sept '11	1.map current procurement and contractual processes 2. Align processes to offer more effective service delivery	A more effective service delivery with a joint system	Rachel Norwood
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Strategic Commissioning principle 2. Commission housing related support and personal support services which are personalised to ensure they are flexible and enable independence, choice and control for people with a learning disability.

1.Ensure that all stakeholders are informed about personalisation and the local Transformation agenda	Feb '11	Feb'11	- workshops with housing and support providers to be delivered -link with Self Directed Support project to ensure that people who are eligible for funding who need a home with support are involved in designing service solutions to suit their need and circumstances	1. Providers more informed about personalisation and impact.	Transformation team
2.Ensure stakeholders have knowledge of options for housing and support	Feb '11	Dec '11	Update local Learning Disability Partnership Board Housing Options booklet Share information available from other sources e.g District housing VP website Provider information		Chris Lewington
3. Ensure that people with a LD have the support they need to make choices and decisions about housing and support options	Feb '11	ongoing	1. map existing support planning and brokerage resources including: <ul style="list-style-type: none"> • mapping what is happening now • Work out what is missing • Agree priorities for commissioning 2. Scope current spend, providers and users of appointee/deputy of court	1. Publications produced and widely available	Transformation team/SDS project

			services. Identify future need. 3. Link with Choice & Control project		
5. Investigate the available resource to develop a dedicated Pathway to Housing team with a focus on working with housing providers to develop options to respond to identified need/demand	Jan 2011	April 2011	Identify existing resources within Community Learning Disability Team, district housing? 'Housing broker' role?		Jon Soros
Best practice and positive outcomes shared	April '11	ongoing	1. Collate example of good practice and share lessons learnt via the Learning Disability Partnership Board and governance processes. Outcomes/benefits/case studies from individual stories.	A systematic process for aggregating person centred/Self Directed Support outcomes is in place. Outcome focused reviews influence purchasing and commissioning decisions.	Jon Soros/ Customer First Team
Risk enablement policies in place	Jan '11	March '11	Develop a person centred risk approach ie; how we support individual to take positive risks, to ensure safeguarding.	Policy in place and tools available	Self Directed Support Team

Strategic Commissioning principle 3: Commission services which are responsive to changes in peoples need as independence and active citizenship are increased and ensure that the culture within the local workforce promotes this approach					
1. Improve information about housing and support options for people with a learning disability, family carers, housing and support providers and social care professionals, LA housing	Feb '11	Feb '11	-Identify resources available -Develop Accessible information about housing options - Workshops and information events (general and targeted) -Partner with provider	Publication materials workshops completed	Customer First Team

professional			organisations and people with LD to support information and awareness raising		
2. Ensure that social workers and reviewing officers are informed and able to give information on housing options to clients	Jan '11	Feb '11	Staff training and access to local information Community Care Assessments include housing options and consideration of assistive technology	Support planning tools includes housing options Staff informed and able to share housing information	Simon Veasey/Amanda Fawcett
3. Ensure people have just the support they need not more or less	ongoing	ongoing	FACS eligibility is reviewed and support adjusted in response to need Regularly check what over night support does and achieves- money could be better spent when people are awake.	Alternatives to night support (such as Assistive Technology) to reduce individual package costs by 25%	Amanda Fawcett
4. People with a learning disability engaged in individual support planning are able to co design there their housing and support services	ongoing	ongoing	Link with Choice and Control project		Social work teams/providers
5. Community connections and citizenship	Feb '11	ongoing	Alternative ways of providing support that assists the development of relationships and to connect with communities.	Outcomes for service users reflects community connection and participation. Monitoring identified best practice	Elaine Ives
6. No new people go into residential care and where they do ensure that 'admission' into residential care becomes the starting point for planning alternative housing and support options	Jan '11	March '11	Agree policy position with regard to residential care placements going forward Communicate intentions with providers and care management staff.	Policy in place and communicated	DLT decision

7. Co produce service options with current and new providers			See 4 & 5 below		
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Strategic Commissioning principle 4: Support the development of a range of housing with affordable support and care options for people with a learning disability.					
1. Identify the housing need of the people currently living in residential care over next 3 years and other priority groups	Jan'11	Mar '14	Undertake housing options planning work with individuals as identified	Savings target	Christine Lewington
2. Identify any opportunity to develop housing stock for individuals and groups of people with LD (volume /locations matched to need & demand)	ongoing	ongoing	Identify – -WCC and NHSW owned land or property -Development partners -Remodelling current provision	Housing available	Christine Lewington
3. Identify and cost funding requirements based on below list :					
4. Identify the need and demand for:	Feb '11				Jon Soros/Tim Willis
<ul style="list-style-type: none"> Family contribution to mortgages/inherited tenancies 	ongoing		Conduct housing & support options survey with people with LD/Carers to understand current appetite :		
<ul style="list-style-type: none"> Community Networks Core & cluster 			Warwick- the Wharf ?		
<ul style="list-style-type: none"> Housing & Support which responds to Specialist need 			(E.g-dementia, autism, health, needs, people with multiple disabilities)		
<ul style="list-style-type: none"> District housing/Registered Social Landlords 			Share identified housing need with providers and work collaboratively to respond.		

<ul style="list-style-type: none"> Private sector leasing 			Private rented sector solutions/links within housing & HB with private landlords		
<ul style="list-style-type: none"> Adult Placement/shared living scheme 			Determine need for scheme and how this could be achieved		
<ul style="list-style-type: none"> Ownership/part ownership 			My Safe Home		
<ul style="list-style-type: none"> Extra Care 			Note ops TW extra care Bedworth (x units) Bidford		
5.Reshaping/decommissioning current provision			See below Contractual negotiations		
6.Re-registration of residential care as supported living			Identify where this is possible and support provider change		
7. Investigate the use of the campus capital beyond campus discharge for alternative housing options for transferred NHS clients			Make the case and joint application to DOH to reinvest funds not spent and if successful identify how investment can be maximised		SPF
8. Develop Costed and realistic delivery programme to widen range of housing and support options and increase capacity over next 5 years					CL

Strategic Commissioning principle 5: In the shorter term work with current providers to review current models of accommodation and support services in line with strategic fit and support them to remodel service provision so that it is cost effective, and meets current and future demand for service where this is possible..					
1. Work with residential care provider and Housing association in Stratford district to reshape traditional residential provision	Jan'11	March '11	Close one underused residential home in X and remodel existing home in X to create 4 x 2 bed flats Support x people to move to		Sharon Padley Frazao/John Hopper

			supported living from residential care		
2. Review service provision of the largest provider in Bedworth/Nuneaton with a view to reshaping or decommissioning some provision in line with strategic direction and demand	Jan '11	March '11	Plan and Undertake review to identify: Housing need of x people People in supported living/day care who could have Personal Budgets or Individual Service Funds Future use of Telecare/Assistive Technology to reduce cost and increase independence Value for money for residential care cost (Care Fund Calculator) Put contracts in place		Sharon Padley Frazao/John Hopper
3. Re-registration of residential care as supported living	Jan '11	Mar '12	Identify where this is possible and support provider change		Jon Soros/Sharon Padley Frazao
4. As part of contract review process identify where providers can maximise opportunity to remodel services or/and improve their offer with regard to residential care which promotes independence	April'11	ongoing	Identify cost savings which can be reinvested into alternative approaches. Work with providers to identify service gaps e.g. transition for young people, older peoples services, short term support/assessment in response to crisis Identify where assistive technology can promote independence and reduce costs negotiate re-provision of residential care which is rated adequate or poor.		Jon Sorros/Sharon Padley Frazao

			Reduce the spend on residential care by renegotiating existing contracts and /or using care funding calculator, investing in Assistive Technology. Link to Care Fund Calculator project		
6. Work with procurement colleagues and providers (including in house)to develop more personalised and flexible contractual arrangements focus on outcomes and increasing independence	Jan '11	March '12	Identify provider partners to trail the approach E.g. Individual Service Fund contracts Core and flexi block contracts Look to personalise block contracts using the core and flexi approach?	A systematic process for aggregating person centred /SDS outcomes. Outcome focuses reviews influence purchasing and commissioning decisions	Paul White/Sharon Padley Frazao
7. Work with high cost and out of area provider to deliver value for money/efficiency savings			Care Fund Calculator savings targets- link with CFC project		Jon Soros
Key Outputs/Targets			Key Outcomes		
By April 2011 all new people will be supported to live in their own home with support			Reach Standard: I have my own home		
By March 2014, 20% reduction in the number of people living in residential care			Reach standard: I have my own home		
By March 2014 the council will spend under 20% (£5 million) of its budget for people with learning disabilities on residential care.			Reach standard: I have my own home and choose how I am supported		
By March 2014 using self directed support, the average package costs will be 20% lower than in 2010-2011			Efficiency savings		

By March 2014, 25% of people using services will include the use of telecare in packages of support , including equipment to reduce dependency on other more formal forms of support	<p>Feel safe and secure</p> <p>Supported to be independent and in control</p>
By March 2012 all people living out of county will be reviewed and all people wishing to return are supported to do so.	<p>Feel safe and secure</p> <p>Supported to be independent and in control</p>

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Good Health					
<u>Learning Disability Action Plan 2011 - 2014</u>					
People with a learning disability want to be healthy and well.			Lead and Supporting officers		
			Sally Eason. NHS Warwickshire. Lead Commissioner for Mental Health and Learning Disabilities.		
Lead Organisation					
Improving the health and wellbeing of people with a learning disability					
Action	Start Date	End Date	Activity	Deliverable	Responsible officer and organisation
1. Develop a comprehensive needs assessment of numbers and health needs of people with a learning disability in Warwickshire	Dec 2010	Nov 2011	<ol style="list-style-type: none"> 1. Secure funding post April 2011. 2. With support from the Health Access Team ensure all people with a Learning Disability are identified on GP registers and GPs offer annual health checks. 3. Monitor take up of annual health checks via vital signs 4. 3 Feedback prevalence and need data into commissioning. 5. Ensure GP's have robust electronic systems & processes in place to collect health data about 	<ol style="list-style-type: none"> 1. Health Access Team project plan 2. Reliable health data for people with Learning Disability contained in the Joint Strategic Needs Assessment 	Sally Eason Public Health Sheryl Gaskell & Warks Intelligence

			<p>the LD population.</p> <p>6. Ensure GP's have systems in place to Read Code people who have a diagnosis of Autism. Ensure this data is captured through GP reporting mechanisms through Warwickshire Intelligence.</p>		
2. Primary , Acute and community health settings	Nov 2010	Nov 2011	<p>1.. Ensure people with a learning disability have access to health and wellbeing information & advice services.</p> <p>2. Support the role of secondary care interface within the Health Access Team. Provide a framework for strategic, operational and individual levels of health facilitation.</p> <p>3. Deliver the local action plan in response to '6 Lives' to respond to the health inequalities facing people with a learning disability and profound, multiple needs</p> <p>4. Deliver training and raise awareness with providers and health staff of the health needs of people LD</p>	<p>1. Health action plans and health passports in place for those with the most complex needs.</p>	<p>Health Access team</p> <p>All providers</p> <p>Community Learning Disability Team</p> <p>Health access team</p>
<p>Ensure availability and access to specialist health care service locally to support mainstream practice and service a small number of people (early intervention, prevention inpatient)</p>					

<p>3. Agree an individualised pathway of care for people with a learning disability</p>			<ol style="list-style-type: none"> 1. Agree clinical outcome measures (based on need clusters) 2. Health Gain measure 3. process measures (based on care pathway process) 	<p>Suki needs to input</p>
<p>4. Review the role of the Multi Disciplinary Community Learning Disability Team and commission to service specification which responds to need</p>			<ol style="list-style-type: none"> 1. Develop knowledge and capacity to team to respond to those people with: <ul style="list-style-type: none"> • Complex needs • Profound and multiple needs • Complex health and mental health needs 2. investigate how the role can be developed to respond to crisis and outreach support to avoid admission to inpatient care 	<p>tbc</p>
<p>5. Emergency support/short term intervention for family carers</p>			<ol style="list-style-type: none"> 1. Look at alternative community solutions – link with a Place to Live project 2. Skilled family centred support options developed (Self Directed Support) 	<p>Tbc SE/CL?</p>

<p>6. Agree an appropriate role for inpatient admission for assessment and treatment which is highly focused includes an exit strategy and is closely defined with mental health needs</p>			<p>1. Agree the principle that hospital inpatient admission will only be an option where learning disability services can no longer sustain or manage the individuals needs in their current environment/community setting. Inpatient care should only be viewed as a small part of the individuals journey through services. Services delivered locally and in the current environment should remain the preferred option.</p> <p>2. develop service specifications and performance monitoring arrangement</p>	<p>1. Agreed service specification in place</p> <p>2. outreach/crisis intervention team, in place</p>	<p>CEC decision? tbc</p>
<p>Effective Commissioning of Specialist community services</p>					
<p>3. Agree and establish lead commissioner/define the commissioning role for both specialist community health and social care for people with learning disabilities</p>			<p>1. Agreement in place for joint commissioning (collaborative or partnership approach)</p> <p>2. Seek to reduce the</p>	<p>Agreement in place for lead commissioning (collaborative or partnership approach) Agreed principles for</p>	<p>DLT/CEC? Decision will inform who will lead commissioning activity on behalf of health (Primary Care Trust)</p>

			<p>disadvantages to individuals funding defined through Continuing health Care (e.g. loss of Disability Living Allowance /ndependent Living Fund) and maximise resources to health and social care community by exploring the use of personal health budgets, pooled budgets for this client group.</p> <p>3. review the cost effectiveness of health care packages and refocus on more individualised and local support.</p> <p>4.</p>	<p>CHC funding that promote (i) shared funding responsibility (ii) ordinary life service solutions and (iii) quick decision making</p> <p>4 people with a personal health budget</p> <p>Mechanisms to support self directed support in place (link to Choice and Control project group) and 4 people with a LD will have a personal health budget</p>	Gaby Reeves
4. Understand the needs of people with a learning disability within the health context	Jan 2011	April 2011	<p>1. Audit need in relation to people with:</p> <ul style="list-style-type: none"> -complex needs (including behaviour that challenges, autistic spectrum disorders, forensic) -profound and multiple disability -Additional Dementia -Learning Disability and mental health 	<p>1. data included in the Joint Strategic Needs Assessment</p> <p>2. Responsibility for assessment of people with autistic spectrum disorders agreed.</p> <p>3. Protocols for joint work</p>	To be confirmed

			<p>2. Audit service provision including:</p> <ul style="list-style-type: none"> -Young people in transition from school -People in services out of county -People living with carers -People in county funded by other authorities/Primary Care Trusts 	<p>with mental health services agreed (green light tool kit completed) to improve access to mental health expertise</p> <p>5. Responsibility for assessment, planning and case management of people with Continuing Health Care need and those sectioned under Section 117 Mental Health Act agreed</p> <p>6. Plan in place to develop and expand capacity of local services to respond to current/future need</p>	
5. Complete discharge of people with learning disabilities currently living in NHS campus accommodation.			1. Re-commission services based on individual support and housing needs	Discharge completed by March 2010	Sharon Padley Frazao
6. Agree approach to reviewing out of county placements for specialist provision with a view to		March 2014	<p>1. complete scoping exercise review (including as above)</p> <p>2. Link with Place to Live</p>	1. Identified list of people who could and wish to return to the local area	To be confirmed

developing local capacity and reinvesting in more innovative services to meet need.			project	2. Identified financial resource available for reinvestment	
7. Increase local capacity to deliver effective service solutions to people with complex needs			1. Work with local residential providers to identify approaches to emergency admission to Out of County Placements and Assessment & Treatment beds	Increased local capacity to support people with more complex needs or profound and multiple needs to reduce out of county placements	To be confirmed
Seek regional opportunities to commission collaboratively for low volume, highly specialised services			1.(e.g. local forensic beds, Assessment & Treatment, Move on services for complex need Link to West Midlands Ardentia data base		Sally Eason/To be confirmed
Ensure availability and access to community facilities to support people with complex or profound and multiple needs and their families					
8. Ensure access to innovative day time resources in particular for those with complex needs and those that may be excluded or unable to access traditional day services			1. ensure a community base adapted to meet the most profound need 2. Explore individualised solutions with Self Directed Service approaches 3. Work with provider partners to develop the market in response to gaps 4. Link with fulfilling life		Christine Lewington/Sally Eason

			project	
9. Ensure family carers have access to short term breaks to support the caring role			<ol style="list-style-type: none"> 1. Promote Self Directed Support as an alternative to traditional respite provision 2. work with provider market to develop innovative options to meet need 3. work with family carers as experts of supporting people with profound and complex needs to co-produce solutions for the future. 	Christine Lewington
10. Access to mainstream services eg; housing leisure education, primary care			<ol style="list-style-type: none"> 1. Link with health and wellbeing board to raise awareness of needs of people with profound need in terms of equipment need and Disability Act responsibilities with key partners 2. Health budgets to focus on a wide variety of interventions as an alternative to 'specialist' responses. 	Christine Lewington/Gabby Reeves
11 A place to live with support as needed			1. Link with the place to Live project to develop a	Christine Lewington

			range of options to meet the needs of those with profound or complex needs		
Key Outputs/Targets			Key Outcomes		
By march 2012 all GP practises will be offering annual health checks to people with a Learning Disability.			Reduce inequalities to health		
By March 2013 to reduce admission (by how manyxx) to health funded accommodation because of a crisis or emergency			Reduce number of (NB- we do not have baseline yet) admission to Assessment and Treatment and Out of county placements		
By March 2014, all people with a learning disability known to health & social care will have an annual health check- improve the health and well being of people with a LD			Improved health and wellbeing Reduced inequality & access to health care		
By March 2014 to increase local capacity to support people with more complex or profound and multiple needs to return from out of county placements			X increase in local provision available to those with copmelex and multiple need Increase choice and control		
By March 2011 all people will be discharged from campus accommodation			No eople to be living in hospital accommodation		
By March 2012 (xx) people will have a personal health budget			Increased choice and control		
By March 2011, have an agreed joint arrangement for continuing health care.			Better integrated working/efficiency savings		

Supporting Family Carers					
<u>Learning Disability Action Plan 2011 - 2014</u>					
				Lead and Supporting officers	
Carers want a more fulfilled life of their own. They want confidence to know that any services provided to the person they care for are of the highest quality. Carers of people with a learning disability want to				Elaine Cook. Carers Development Manager	
Lead Organisation					
Action	Start Date	End Date	Activity	Deliverable	Responsible officer and organisation
1. Provide information & advice to carers about the range of universal services available to support them	April '11	March '14	<ol style="list-style-type: none"> 1. Re-tender of carer support service contract 2. build on existing resource directory for Breaks for Carers and make this sustainable for service users as well. 	<ol style="list-style-type: none"> 1. Trained staff in the voluntary sector to give information 2. Carer information champions recruited in localities 3. Carer led training with Confidence implemented across the county 4. Carer signposted to specific condition voluntary orgs eg; mencap 	Elaine Cook
2. Enable carers to be better informed of the	Feb '11	ongoing	<ol style="list-style-type: none"> 1. Produce clear information/material 	<ol style="list-style-type: none"> 1. Booklets, web pages, flyers, leaflets 	Elaine Cook/Amanda Burn

benefits of personalisation			<p>for use in communicating and promoting personalisation</p> <ol style="list-style-type: none"> 2. Set up 6 x workshops across the county with carers to promote the benefits of personalisation 3. provide regular update and case studies of positive examples of impact of personalisation 	<ol style="list-style-type: none"> 2. increase in the number of carers better informed of personalisation 3. Newsheets/flyers distributed 	
3. Identify carers willing to become active members of the co-production group	Jan '11	ongoing	<ol style="list-style-type: none"> 1. Set up co-production group 2. Identify carers willing to participate 3. Establish regular meetings and terms of reference 4. Agree ways of working and enabling carers to influence the LD strategy outcomes 	<ol style="list-style-type: none"> 1. Identified carer group 2. Group established including terms of reference 3. Carers competent and willing to engage with stakeholders to promote benefits of personalisation 4. Carers influencing strategic outcomes 	Amanda Burn
4. Implement the revised business process for assessing carers	April '11	March '12	<ol style="list-style-type: none"> 1. Hold training sessions for frontline teams 2. Confirm budget allocation for each team to support carers 3. Revise and update policies, procedures and guidance 	<ol style="list-style-type: none"> 1. Staff more informed and knowledgeable about the assessment of carers 2. All eligible carers 	John Soros

			for staff on browser	assessed	
5. Review and increase the range of respite provision for families	Sept '11	March '12	<ol style="list-style-type: none"> 1. Establish review project group including terms of reference 2. Agree review methodology including carer co-production 3. Complete desk top exercise including literature review 4. Complete survey of key stakeholders 5. Hold focus groups with key stakeholders 6. Produce revised model for respite provision 	<ol style="list-style-type: none"> 1. Best Practice defined 2. Carers co-producing 3. In depth survey completed 4. Revised model established which includes wider methods of providing respite, such as assistive technology, shared lives, natural breaks and short term breaks etc. 	Elaine Cook
6. All elderly carers have 'plans for the future' in place and both carer and cared for and supported to put these plans in place when necessary	April '11	March '14	<ol style="list-style-type: none"> 1. Identify dedicated team (or people/person) to lead 2. Identify resource/finances required for project 3. Establish business process for assessing and planning with all carers over the age of 65 years 4. Agree method of enabling planning for the future to be completed 5. Agree timescales for completing all plans 6. Establish business process to record and monitor ensuring process enables plans to be actioned as relevant 	<ol style="list-style-type: none"> 1. Team or person in place 2. Business process agreed 3. Plans for the Future in place for all carers over the age of 65 years and recorded 4. Timely execution of plans completed 5. Improved satisfaction with respite provision 	tbc

Key Outputs/Targets	Key Outcomes
By March 2012, ensure that all carers of people with a learning disability have access to information, advice and support to enable them to make informed decisions about their future and that of the person they care	Carers feel they are able to make informed decisions about their future and that of the person they are for.
By March 2012, all carers known to the council will have an assessment of their needs and access to services.	Carers feel the assessment was helpful in meeting their needs and feel satisfied with services provided.
By March 2012, all older carers over the age of 65 years will have a 'plan for the future' in place.	Carers are confident that plans meet their 'peace of mind'
By March 2012 a strategic review of respite provision will be completed, including looking at more innovative ways of providing respite, such as; shared lives schemes, the use of assistive technology.	Carers feel they have access to a wider range of appropriate respite. Carers are satisfied with the respite they use.

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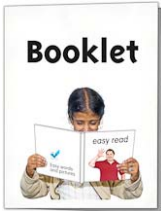
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'A Good Life for Everyone'

Warwickshire's Joint Commissioning Plan for Adults with a Learning Disability 2011-2014

Easy Read Version - DRAFT





What Information is in this booklet?

1. Introduction Page 3
2. What is the learning Joint Commissioning Plan for adults with learning disabilities? Page 4
3. Our Vision and Values Page 6
4. Our Aim - what we want to achieve Page 7
5. Our objectives - how we want to do this Page 8
6. Warwickshire Learning Disability Partnership Board Page 10
7. What people with learning disabilities have told us they would like/want and - Page 12
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1. Introduction

HM Government
Valuing People Now: The
Delivery Plan
"Making it happen for everyone"



Valuing People Now says that "Like other people, people with a learning disability want a real say in where they live, what work they should do and who looks after them..."



The learning disability partnership board want to make sure that real changes happen in the lives of people with learning disabilities and their family carers.



This Plan will have clear aims and priorities for the next three years.

It is based on what people with learning disabilities and their families have told us they need.

2. What is the Joint Commissioning Plan for adults with learning disabilities?



This joint commissioning Plan is our big plan for improving the lives of people with a learning disability and their carers who live in Warwickshire.



This plan tells you how services will work together to make sure people with a learning disabilities in Warwickshire have the same chances and choices as everyone else.

We will look at things like:



- Having choices about your care and support



- Having things to do in the day, evening and weekends

- Having a Job



- Being healthy

- Being safe



- Where you live

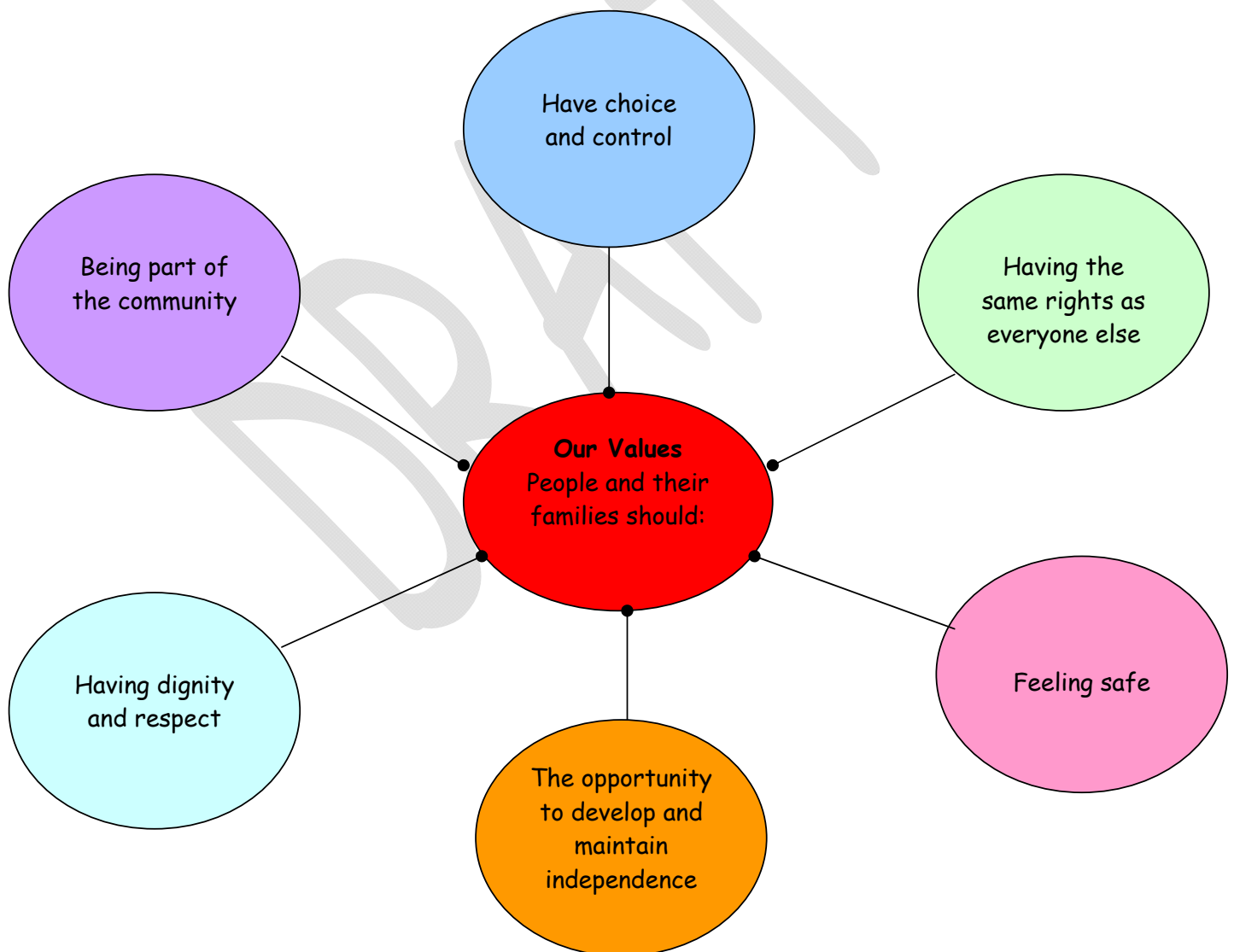
Better services using less money

Over the next few years we will have less money to spend on services. This means we must think of new and better ways of working.

3. Our Vision and Values

We will change how we do things by making sure we have a person centred approach. Thinking about the person, what they do well, what they like to do and what their hopes and dreams are.

We will support them and help them look at ways to have control and make good choices about getting a 'good life' for them.





4. Our aim - what we want to achieve

To promote the rights of adults with a learning disability to choose where they live.

To make the most of their independence through a choice of services.

We will make sure there is good information and advice about these services.

Advice and support for people with a learning disability to get a paid job.

And better access to leisure and learning opportunities



5. Our objectives - how we want to achieve this



- **Through self directed support -**
Making sure everyone who is eligible for social care has real choice and control over their lives and the services they use.



- **Through better commissioning -**
Making sure people with a learning disability and their carers have access to a range of housing and support options which promote independence and wellbeing.



- **More involvement with the local community -**
Making sure people have access to valued opportunities such as getting a job, being included in their local communities. Getting more involved in activities during the day, evenings and at weekends.



- **Make sure people have access to good health -**

Getting help from doctors and nurses in GP practices and hospitals. Getting help from skilled staff in peoples own homes, preventing admission to hospital and residential care, where this is possible.



- **Support for people with complex needs**

Helping other people such as people with profound and complex needs, people with autism and people from minority communities to make good decisions.



- **Support family carers -**

Especially older family carers, to enable them to continue in their caring role where they are able, and to plan for the future of the person they care for when this is needed.



- **To have an effective governance structure -**

Encouraging joint working and making sure the delivery of this strategy.

A learning disability partnership board which is effective and efficient and also make sure that everyone one knows what is happening.

6.

Warwickshire Learning Disability Partnership Board

The members of the Partnership Board include:

Partnership Board



- 7 People with a learning disability
- 3 Family carers
- 14 People from education, health, voluntary organisations, independent provider services, safeguarding, transitions, learning and skills.

What the board has to do:



- The Learning Disability Partnership Board will make sure that the local strategy in response to Valuing People Now is delivered and that they know that the lives of local people with a Learning Disability are improving.

- A revised governance structure has been agreed between NHS Warwickshire and Adult Social Care. The structure places the transformation programme at the heart of these changes but also the important role that the Learning Disability Partnership Board will have in making sure the strategy is delivered.



The Learning Disability Partnership Board will:



- Make sure an action plan is developed with how money is going to be spent. This will set priorities, targets and responsibilities for achieving change.



- The Partnership Board will provide leadership for carrying out the plan.

- Link with other partnerships, developments and strategies.

- Work across all other departments and organisations to look at changing the way we work and raise expectations.



- Monitor, review and evaluate performance against the plan

- Recognise and communicate the success

- Report to the Learning Disabilities Strategic Group Board and other relevant strategic bodies.

The development of strategies and implementation plans will continue to be developed and delivered through the learning disability partnership board subgroup structures.



7. What people with learning disabilities have told us they would like/want:

- More Choice & Control - people with learning disabilities told us:



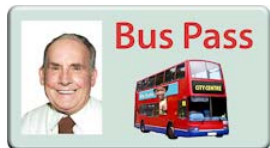
What we like to do:

'I have my own bank account and look after my money.'

'I decide when to have a bath and go to bed.'

'I choose to go bowling'

'I choose what courses to do at college.'



Other things we want to do

'It is important to have a bus pass.'

'I would like to live in a flat in the future but not now.'

'I would like to get married one day.'



What we don't want to do anymore

'Staff decide where I go on holiday'

'I don't have the control over my money'

'I would like to make my own drinks and sandwiches at home'

'I was moved to another support worker without being asked if it was ok.'



More Choice and Control

People with a learning disability told us that they want to have choice and control over how they live their life.

Our Action Plan:

We will support people and their carers by:



➤ We will give information and advice so that people are able to make the right decisions based on this information.



➤ Making sure everyone can take up self directed support so that they can be in control of their own support.

➤ Give everyone a personal budget by March 2012.



➤ Support lots of different people, including people with Learning Disabilities, to do support planning and brokerage.



➤ Introduce different ways of managing a Personal Budget, such as Direct Payments, Council managed accounts or Individual Service Funds.



o A Fulfilled Life - people with learning disabilities told us:



What we like to do

'Relationships are important and people should help us without interfering and support us when it goes wrong.'

'I work in a community café'

'Getting a job - makes me feel great'

'I like socialising and doing drama'

'I enjoy going to the theatre.'

'I am going to Disneyland in Florida.'

'I go to Birmingham and Leamington on a train.'



Other things we want to do

'Meet and greet people.'

'My dream job is to be a farmer.'



What we don't want to do anymore

'Working in a chiller fridge on a cold day.'

'Having to pay lots of money to do college courses because I am not on a certain benefit.'



A Fulfilled Life

People with a learning disability told us they want to live a fulfilled life and get involved in a range of services.

Our Action Plan

People with a learning disability want a fulfilled life; they want to have more independence, get a job if they want and have access to other opportunities outside of social services.

We will support people and their carers by:



- Looking at how we can help people to get paid job.



- Move away from building based day services and instead help people to do things in their communities, such as going swimming, eating out with friends, going to college.



- Help people to travel more independently so that they can access work, learning and social opportunities.



- Put together information, give financial advice and any other advice to help people to access other opportunities that do not rely on day centres and other social services.



o A Place to Live - people with a learning disability told us:



What we like to do

'I live near shops and I can get around independently'

'I live with my family, do the shopping and some house work'



Other things we want to do

'We want to be a couple in a bungalow that we have bought ourselves.'

'To be able to have a cat or a dog in my house'

'A house to live with my friends'



What we don't want to do anymore

'To move out of parental home before my parents are no longer with me. Need to learn independent living skills.'

'Noisy motorbikes'

'Where I live there are some drug takers, it is not a nice place to live, it is frightening.'

'Bad neighbours'





A Place to Live

People with a learning disability told us they want a safe and secure place to live where their needs can be met.

Our Action Plan

To support people with a learning disability to have their own home we will look at lots of ways we can support people to get a home of their own with support if needed such as:



- ✓ Renting or buying instead of residential care for new people
- ✓ Living either on your own or with friends.
- ✓ Living closer to family and friends locally
- ✓ Moving from hospital or residential accommodation
- ✓ Look at new technology and equipment which supports and enables people to be more independent within their home.

We will also invest resources in the development of new supported living options so we will:



- Work more closely with the community and independent sector to develop more housing options.
- Promote shared ownership as a good option for supported living.
- Develop the use of family monies to develop housing options (including home extensions).
- Enable people to take over the tenancy or ownership of parental homes.
- Review the services of people currently living in a different areas with the aim of building local capacity, so that they can return to Warwickshire if they wish.
- Look at people who live in care homes who wish to look at other supported living options.



- Good Health - people with a learning disability told us:

✓ What we like to do

'I enjoy eating healthy foods - yoghurt and vegetables.'

'Going to hospital was ok, staff supported me and explained things so I wasn't worried. I could ask questions.'

'Annual Health Checks are good.'

'Seizures are a worry but I received help and support and medication is good.'

'I enjoy going to the gym, walking and keeping fit.'

'Running - I have won lots of medals.'

'I walk up the town at weekends.'

'People at the club are my friends, they take me out I am happy when I go to new places.'



Social Club



✓ Other things we want to do

'Carry on keeping fit and doing Olympics training.'

'Do more exercise.'

'Need lots of support at hospital.'

'To keep going out and about, to be supported to do this.'

✗ What we don't want to do anymore

'If I have CHC then decisions not made in a timely fashion (i.e. takes months to make a decision)

'If CHC awarded need plan of action (at the start) in the event no longer eligible, need closer working partnership with health and social services.'





Good Health

People with a learning disability have told us they want to be healthy and well and learn about healthy eating and have a balanced diet.

Our Action Plan

Everyone has a right to good health and to feel healthy and safe. To support people with a learning disability to have good health and well-being we will:

Ask the Health Access Team to:



- Support doctors to undertake annual health checks for all people with learning disabilities, including young people moving to adult services.
- Encourage healthy lifestyles, including healthy eating, good dental hygiene and exercise.
- Improve the patient experience in a hospital setting.
- Provide training to staff within hospitals on effective communication with people with a learning disability.
- Collect health information for future service planning and development.
- We make sure that we look at new ways to assess your needs.
- To make sure there are more locally based services to prevent crisis, hospital and residential care admissions.
- This will include 24-hr support which enables people to keep living with their families and own homes.





○ Support For Family Carers - Carers told

What we like to do

- Have access & contact to Carers Support Services

'SWCSS groups work well.'

'Guideposts send out a lot of good information.'

- Have good experiences of health services for cared for person

'NHS Day Centre - works well, good level of support and range of activities. NHS respite - good service, provides continuity of care (staff & surroundings).'

- Enjoy talking with other family/parent carers

'Helped us through transition.'

Other things we want to do

- Have more opportunities to get involved

'Carers should be listened to and not sidelined = partnership'

'Need to enable Carers to make contribution to bodies such as Warwickshire Learning Disability Partnership Board.'

- More flexible and responsive support staff

'Good communication is needed between support staff about the people they are caring for.'

'Need continuity of care on a daily basis.'

'Paperwork is important but don't forget to spend time with the people who need to be cared for.'

- More consistent travel training

What we don't want to do anymore

- Not have joined up working arrangements

'Carers still being asked to repeat information, especially in hospitals'

'Continuity of care - what happens when I am gone? Need to improve change over processes.'

- Have inaccessible information & advice

'Need information on available providers and their quality.'

'Knowing who to talk to, where to go for help.'

- Not able to work due to caring responsibilities
- Experience difficulties with carers assessments

'I would like the person assessing my needs to be open minded and not try to tell me what they think my disability is like - I am an individual with individual needs so would like to be treated as such.'

'Carers assessments - not happening and people don't know about them and whom to contact.'



Support for Family Carers

Carers told us they want a more fulfilled life of their own. They want confidence to know that any services provided to the person they care for are of the highest quality.

Our Action Plan

To support this we will:



- Give all carers good information and advice about the range of services available to support them within their caring role.



- Increase the overall numbers of carers assessed and who have a Direct Payment.



- Look at other different ways of supporting carers, including short break options.

- Work with older carers to plan for support in the future.



- Ask carers to work with us to develop better ways of providing short breaks, such as; shared lives schemes or technology (equipment which enables you to live safely and independently).

8. Helping you to understand the words we use

Accommodation	Somewhere to live
Assessment	Looking at a persons needs as to what they r
Assistive	To help somebody to do something
Commissioning	Buying services
Commitment	promise
Community	Local people that live in your area
Consistent	Steady
Contract	An agreement
Development	To increase and build on something
Dignity	Self - respect
Direct Payment	Having money to buy your own services
Diversity and equality	Different people with different needs and treating everyone equally
Effective	Of use and works well
Efficient	Of use and works well
Eligible	Allowed to have
Enable	allow
Encouraging	To give support and help
Evidence	Proof
Focused	Looking at something with a lot of attention
Fulfilled Life	A life with more opportunities and choices
Governance Structure	The arrangement of groups and people with influence
Implementation	To put into action or carry out
Independently	Without help
Institutional	Organisation
Intention	The things we want to achieve or reach
Invest	To put in (money)

Involvement	Taking part in a group or work
Joint	To work together
Maintain	Keep up
Monitored	To find out things
Objectives	How we want to do things
Opportunities	Having the chances to do things
Outcome	The result of something
Participate	To take part
Person centred approach	Making sure that everything we do has the p involved and at the centre of everything tha happens with them
Priorities	Main aims and concerns
Practical	Sensible and reasonable
Process	The way of doing something
Protocols	The procedures
Preventing	To try and stop doing something
Promote	To help and support
Realistic	In a way that seems real
Respect	To value
Resources	Information available
Responsive	Quick to take action
Self-directed	Able to something by themselves
Services	Help and support which is provided to people
Strategy	A big plan
Transparent	See through
Values	Standards
Vision	An idea
Valuing People Now	The Government has written this document involvement with people with learning disabil and family carers. The paper is about makin that people have the same opportunities as

everyone else and a better quality of life.

Contact Us

Warwickshire Learning Disability Partnership Board



If you would like this information in another language, in large print, or on audio please phone us on 01926 742414

Or email us:
ldpartnershipboard@warwickshire.gov.uk



Go online to our website at:

<http://warwickshire.ldpb.info>

and fill in the questionnaire or
tell us what you think about this plan

You can also call the Partnership Board Office.

The pictures in this plan have been provided from Photo symbols and Valuing people Clipart.

Put delivery plan here

Comment [WCC1]:

DRAFT



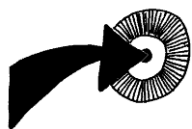
'A Good Life for Everyone'

Warwickshire's Joint Commissioning Plan for Adults with a Learning Disability 2011-2014

Easy Read Version - DRAFT

Your Services Are Changing

Let's Talk



The Learning Disability Strategy 2011 – 2014 sets out the vision for learning disability services in Warwickshire.

It provides clear aims of the things we want to achieve around buying services, over the next 3 years.



It also tells us in the delivery plans what steps will be taken to make sure that people with a learning disability have a fulfilled life.

VISION



We will change how we do things by making sure we have a person centred approach. Thinking about the person, what they do well, what they like to do and what their hopes and dreams are.



We will support them and help them look at ways to have control and make good choices about getting a 'good life' for them.

AIM

We Want To:



- Promote the rights of adult with a learning disability to live locally as the same as everyone else.
- Make the most of their independence through a choice of services.



- Make sure there is good information and advice about these services.



- Provide support for people with a learning disability to get a job.

- Improve access to leisure and learning opportunities.

Why Are We Doing This?



There are 2 reasons why we are doing this:

1. We need to save £4 million over the next 3 years.
2. We need to deliver better outcomes for people with a learning disability and their carers.



We Will:



- Use self directed support to assess people's needs including their carers.



- Give everyone (who is eligible) a personal budget so that they can decide how this money is spent to support them.



- Use more services that are in the community and less building based services.



- Use less residential care and instead use more supported accommodation.



- Make sure everyone has an annual health check.

- Support carers, in particular elderly carers. This will include reviewing respite services.



- Work with the police and community groups to stop hate crime.

- Work together with health and other people, such as providers and the voluntary sector.

How Will We Do This?

We Will:

Self Directed Support and Personal Budgets



- Train all of our social workers to use the 'My Assessment and Support Plan' tools.



- From April, give people who are reviewed or re-assessed an indicative budget.



- Give training to people, including people with a learning disability, any carers, and/or friends or neighbours, about support planning.



- Put in place a good information and advice service

- Work with providers to put in place support planning and brokers and/or a brokerage service



- Train people with a learning disability, and any carers, to look at how good we are delivering the personalisation agenda.

Daytime and Community Activities

- Find lots of different things that people can do locally and in their communities.



- Reduce the number of big buildings that we use

- Get lots more 'Personal Assistants' particularly those who have lots of experience working with people with a learning disability.



- Work with different providers, to help people to find and keep a job, including working with the council.

More supported housing options

- Give people with a learning disability and their carers information about the range of housing options available to them.





- Stop putting people into residential care wherever possible. But when they are, see this as the beginning of helping them to plan and look at other housing options



- Find lots of different ways of supporting people to live independently with support, including setting up a 'Moving On' team.



- Look at other ways of supporting people, such as shared lives schemes and assistive technology
- Work with district and borough councils and providers to improve the housing options in Warwickshire

Helping people to stay healthy



- Ask the Health Access Team to work with GPs to make sure that everyone with a learning disability has an annual health check



- Give lots of information about healthy eating, dental care and taking lots of exercise to keep healthy and well.



- Working with hospitals, GP practices and other health units to be better informed about the needs of people with a learning disability so that they get the same service as everyone else.

Support for Carers



- Make sure that all eligible carers have an assessment of their own needs so that they can stay healthy and well.

- Get more carers to take a Direct Payment to help them to have a life outside of caring.



- Work with carers to find lots of different ways to support them to take a short break.

- Work with all carers, especially elderly carers to 'Plan for the Future'.

AND FINALLY



We want to know what you think about our plans. You can get a copy of our questionnaire from:

The website: [www. ????????](http://www.?????????)



Calling us on: 01926 746995



Writing to: RRXX-KTSC-XYLA
Customer First Team, Adult Health and
Community Services, Saltisford Office Park,
Ansell Way, Warwick CV34 4UL



Emailing us at: customerfirst@warwickshire.gov.uk



Coming to a meeting and talking to us:
Phone the Customer First Team on 01926 746995 to
find out about dates and times of consultation
meetings.

'A Good Life for Everyone'

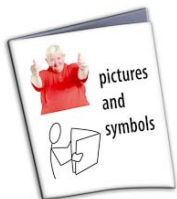


Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability

2011 - 2014



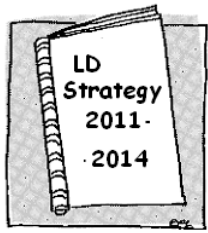
Consultation Summary



This consultation summary is Easy to Read.

Your Services Are Changing

Let's Talk



We want to know what you think about our plan
Warwickshire's Joint Commissioning Strategy for Adults with a learning disability 2011 - 2014.

This is a plan for services over the next 3 years for people with learning disabilities and their carers in Warwickshire.



From **March to June 2011** we will be asking people to tell us what they think about our plan.

You can do this by:

- filling in the questionnaire and sending it back to us at the Freepost address below.
- or
- you can fill in the questionnaire on the computer by going to: www.?????????



You can contact us with your comments and views by:

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- coming to a meeting and talking to us:
Phone the Customer First Team on 01926 746995 to find out about dates and times of consultation meetings.



What is the Joint Commissioning Strategy for adults with learning disabilities?

This Joint Commissioning Strategy is our big plan for improving the lives of people with a learning disability and their carers who live in Warwickshire.



This plan tells you how services will work together to make sure people with a learning disabilities in Warwickshire have the same chances and choices as everyone else.



This plan has been written by staff from Warwickshire County Council, health services, people with learning disabilities and their carers.



Better services using less money

We need to save £4 million over the next 3 years and we will have less money to spend on services.



This means we must think of new and better ways of working.



We will look at things like:



- Having choices about your care and support



- Having things to do in the day, evening and weekends

- Having a Job



- Being healthy



- Being safe



- Where you live



1. More Choice and Control

People with a learning disability told us that they want to have choice and control over how they live their life.

We will support people and their carers by:

- We will give information and advice so that people are able to make the right decisions based on this information.
- Making sure everyone can take up self directed support so that they can be in control of their own support.
- Give everyone a personal budget by March 2012.
- Support lots of different people, including people with Learning Disabilities, to do support planning and brokerage.
- Introduce different ways of managing a Personal Budget, such as Direct Payments, Council managed accounts or Individual Service Funds.





2. A Fulfilled Life

People with a learning disability told us they want a fulfilled life; they want to have more independence, get a job if they want and have access to other opportunities outside of social services.

We will support people and their carers by:

- Looking at how we can help people to get paid job.
- Move away from building based day services and instead help people to do things in their communities, such as going swimming, eating out with friends, going to college.
- Help people to travel more independently so that they can access work, learning and social opportunities.
- Put together information, give financial advice and any other advice to help people to access other opportunities that do not rely on day centres and other social services.





3. A Place to Live

People with a learning disability told us they want a safe and secure place to live where their needs can be met.

To support people with a learning disability to have their own home we will look at lots of ways we can support people to get a home of their own with support if needed such as:

- Renting or buying instead of residential care for new people.
- Living either on your own or with friends.
- Living closer to family and friends locally.
- Moving from hospital or residential accommodation.
- Look at new technology and equipment which supports and enables people to be more independent within their home.



We will also invest resources in the development of new supported living options so we will:



- Work more closely with the community and independent sector to develop more housing options.



- Promote shared ownership as a good option for supported living.

- Develop the use of family monies to develop housing options (including home extensions).



- Enable people to take over the tenancy or ownership of parental homes.



- Review the services of people currently living in a different area with the aim of building local capacity, so that they can return to Warwickshire if they wish.



- Look at people who live in care homes who wish to look at other supported living options.

4. Good Health



People with a learning disability have told us they want to be healthy and well and learn about healthy eating and have a balanced diet.

Everyone has a right to good health and to feel healthy and safe. To support people with a learning disability to have good health and well-being we will:

Ask the Health Access Team to:

- Support doctors to undertake annual health checks for all people with learning disabilities, including young people moving to adult services.
- Encourage healthy lifestyles, including healthy eating, good dental hygiene and exercise.
- Improve the patient experience in a hospital setting.
- Provide training to staff in hospitals on effective communication with people with a learning disability.





- Collect health information for future service planning and development.

- We make sure that we look at new ways to assess your needs.

- To make sure there are more locally based services to prevent crisis, hospital and residential care admissions.

- This will include 24-hr support which enables people to keep living with their families and own homes.





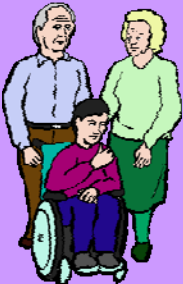
5. Support for Family Carers

Carers have told us they want a more fulfilled life of their own. They want confidence to know that any services provided to the person they care for are of the highest quality.

To support this we will:

- Give all carers good information and advice about the range of services available to support them within their caring role.
- Increase the overall numbers of carers assessed and who have a Direct Payment.
- Look at other different ways of supporting carers, including short break options.
- Work with older carers to plan for support in the future.
- Ask carers to work with us to develop better ways of providing short breaks, such as; shared lives schemes or technology (equipment which enables you to live safely and independently).

Info



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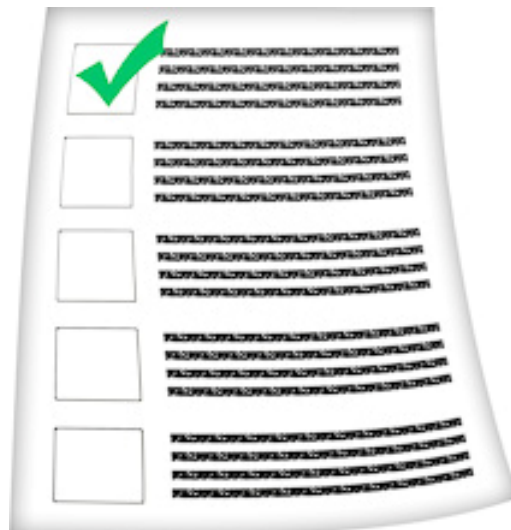
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'A Good Life for Everyone'

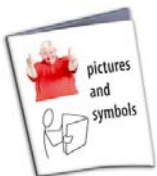


Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability

2011 - 2014

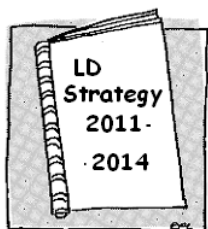


Consultation Questionnaire



This questionnaire is Easy to Read.

Your Services Are Changing Let's Talk



We want to know what you think about our plan
Warwickshire's Joint Commissioning Strategy for Adults with a learning disability 2011 - 2014.

This is a plan for services over the next 3 years for people with learning disabilities and their carers in Warwickshire.

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Phone the Customer First Team on 01926 746995 to find out about dates and times of consultation meetings.







1. More Choice and Control

People with a learning disability told us that they want to have choice and control over how they live their life. (Page 5 of the easy read summary)

Do you agree with what we plan to do?

Please tick () a box below.

 Yes Or No 

Would you like to tell us more?







2. A Fulfilled Life

People with a learning disability told us they want a fulfilled life; they want to have more independence, get a job if they want and have access to other opportunities outside of social services (Page 6 of the easy read summary)

Do you agree with what we plan to do?

Please tick () a box below.

 Yes Or No 

Would you like to tell us more?





3. A Place to Live

People with a learning disability told us they want a safe and secure place to live where their needs can be met. (Page 7 of the easy read summary)

Do you agree with what we plan to do?

Please tick () a box below.



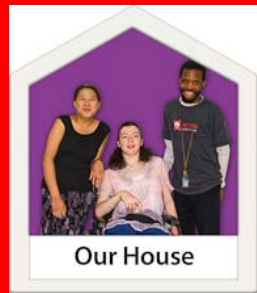
Yes

Or

No



Would you like to tell us more?







4. Good Health

People with a learning disability have told us they want to be healthy and well and learn about healthy eating and have a balanced diet. (Page 9 of the easy read summary)

Do you agree with what we plan to do?

Please tick (☑) a box below.

 Yes Or No 

Would you like to tell us more?







5. Support for Family Carers

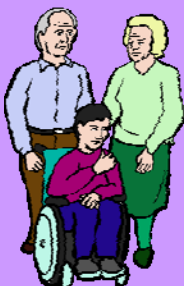
Carers have told us they want a more fulfilled life of their own. They want confidence to know that any services provided to the person they care for are of the highest quality. (Page 11 of the easy read summary)

Do you agree with what we plan to do?

Please tick () a box below.

 Yes Or No 

Would you like to tell us more?





About you

You do not have to answer the following questions, but if you do, it will help us plan better services for people with learning disabilities in Warwickshire.

1. How old are you?

Please tick () a box below.

- 25 or under
- 26 to 34
- 35 to 44
- 45 to 54
- 55 to 64
- 65 or over



2. Are you a:

Please tick () a box below.

- Person with a learning disability
- Carer or parent of a person with a learning disability
- Person who works with people with a learning disability
- Other (member of the public, service provider, voluntary and community organisation etc)





3. Are you:

Please tick (☑) a box below.

Male

Female

4. Do you think of yourself as:

Please tick (☑) a box below.

White British

Asian or Asian British

Black or black British

Mixed

Other

I don't want to answer this question

5. Which area do you live in?

Warwick District

Stratford District

Rugby Borough

North Warwickshire Borough

Nuneaton and Bedworth Borough

None of the above

Please state:

.....



Talk to us:

If you would like to help us by taking part in meetings or talking to us on the phone, or giving us your views about our services, please tell us your name and contact details below:



Name:

.....



Address:

.....

.....



Phone number:

.....



Email:

.....

Data Protection Act 1998

The personal information on this form will be kept safe and is protected by law.

If you would like a copy of this consultation summary in another language, in large print, in Braille, on audio tape or CD, please phone us on **01926 746995** or send an email to **customerfirst@warwickshire.gov.uk**

The pictures in this questionnaire have been provided by Photo symbols and Valuing People Clipart.

Warwickshire's Joint Commissioning Strategy for Adults with a Learning Disability 2011-2014

'A Good Life for Everyone'

Consultation Plan

1. Introduction

Adult, Health & Community Services Directorate have undertaken a refresh of the Strategy which supports a significant shift in the way services are organized and delivered and also supports the vision and principles set out in Valuing People Now, Valuing Employment Now and Putting People First and looks at how these can become realised in Warwickshire.

It is important that service users, carers and key stakeholders, particularly our partners, have a thorough understanding of the vision and philosophy and have a real opportunity to express their views and for those views to be listened to and heard in the final decisions made.

2. 'A Good Life for Everyone.' (2011-2014)

This Strategy will focus on creating a more coherent direction to the way services for people with a learning disability and their families are delivered to ensure the best use of limited resources. It will create a more enabling and individualized approach which reduces the dependency on high cost solutions that do not deliver the choices and preferences individuals with a learning disability should be empowered to take.

The Strategy will make clear the commissioning priorities for the next three years. It will be based on what we know about the needs of the local learning disability population and their families and what people with learning disabilities and their families have told us they need.

Vision

We will change how we do things. Starting with the person at the centre, thinking about what they do well, what they like to do, what their hopes and dreams are.

We will support them and help them look at ways to have control and make good choices about getting a 'good life' for themselves.

Aim

Our aim is to promote the rights of adults with a learning disability to live locally as equal citizens, to maximize their independence through the provision of a range of services including, good information and advice, access to employment, leisure and learning opportunities.

3. Consulting customers, families/carers, staff and key stakeholders

A 3 month consultation period will be undertaken starting from March – June 2011. Existing customers, their carers, frontline staff and key stakeholders need to be aware that Adult Health and Community Services is refreshing the strategy as well as being provided with a range of opportunities to put forward their views on future service provision and influence the decision making process.

For consultation to be effective, meaningful, and to fulfil legal and moral obligations, there are key groups who require consideration for communication, consultation and engagement.

These include:

- People who use our services (adults with a learning disability residing in Warwickshire)
- Their relatives/carers
- Frontline staff
- Key stakeholders – district & borough councils, health, voluntary & community groups, the independent sector & private industry, general public.

4. Objectives of Engagement

The key objectives of the consultation will be to:

- Discuss future commissioning priorities as outlined in the Strategy, exploring alternative options for future day opportunities, including leisure, jobs and education under the following commissioning outcomes.

- *More Choice & control*
- *A fulfilled life*
- *A Place to Live*
- *Good Health*
- *Support to Family Carers*

- Consult with existing customers & their carers/relatives on moving from building based day services to more community based support.

- Raise awareness and promote the benefits of personalisation and self directed support via training and information events.

5. Methods of Engagement

Due to the significant changes (some of which are of a sensitive nature), outlined in the strategy, there will be a variety of methods of consultation used to respond to and engage with each audience group.

Using the 'Putting People First' model 'working together for change – using person centred information in commissioning' will enable us to evidence that the strategy refresh and its commissioning intentions are based on what people have already told us. It provides a positive framework on which to build and '*...focuses on people's strengths, passions, interests and the things that they like to do providing a tremendous starting point for a co-productive relationship.*' This will be a valuable tool that provides a positive platform on which to build discussion and dialogue.

See attached comprehensive and detailed engagement plan, including various methods of engagement. (appendix 1)

i) Adults with a Learning Disability –

In order to ensure that individuals are given the opportunity to have their say on the key objectives. It is vital to provide a variety of consultation/communication methods, which meet their varying levels of understanding of the information provided and their ability to communicate their views effectively. A series of small focus groups (within each day service) will be undertaken using the information gathered at earlier workshops to influence and stimulate discussions with other consultees. '*You have already told us this...does the strategy reflect what you said?.'*

ii) Family Carers/relatives –

The 'Putting People First' model (as outlined above) can also be used when consulting and engaging with family carers and relatives. It is important to note that the carer consultation should occur **after** the service user events. So that the outcomes, aspirations and information gathered from service users can be utilised to stimulate further discussion and dialogue. '*you told us regarding your caring role and from your perspective as a carer of an adult with learning disabilities – does the strategy reflect what you said?'*

iii) Staff –

Frontline staff (Social work teams & day service support staff) will have opportunities to put forward their views recognising their significant skill base and through their direct experience can add value to the strategy, particularly in relation to implementation.

iv) Key stakeholders –

It is important to involve and consult with a range of stakeholders in order that they have an opportunity to hear the views of both service users and carers but also to look at how they can meet the future needs of customers within the personalisation and self directed support arena. '*Service users and carers*

have told us How can you support them to achieve this and provide services to meet their future needs?’

6. Consultation Material/Communication Methods

The following will be used in a combination of different ways in order to effectively consult with people with a learning disability. These methods may require additional support from specialist organisations eg: Speech & Language Therapy, New Ideas Advocacy.

- **Advocacy**
- **Sign language – BSL**
- **Makaton – Widget**
- **Symbols – Line drawings – Large font**
- **Easy Read – Pictures – Photographs - Layout – Design**
- **Person centred approaches**
- **Audio tape – CD – Music**
- **Talking Mats**
- **Graphics**

Here are a variety of ways of communicating with people who have profound and multiple learning disabilities.

- **Multimedia** - Reactions to services/activities can be recorded on video
- **Storytelling** - Enabling people with profound learning disabilities to demonstrate their own experiences through supported storytelling.
- **Presentations with objects of reference** - A person with Profound & Multiple Learning Disabilities (PMLD) could be supported to share their experience through a presentation with objects of reference. Use creatively – Sound? Smell? So that the person can make a link between the objects.
- **Peer advocacy** - Training for self advocates with learning disabilities to include and advocate for people with more complex needs.
- **Communication aids** – ‘Big Mack’ - Record a sound and stick pictures onto it. Video and digital photography.

- **Intensive interaction** – 1:1 time with a key worker/family carer to explore how the person engages with the outside world.
- **Communication passports dictionary** – Draws together information from past and present to help staff understand the person. Helps others to understand how the person communicates.

Need to be mindful that many people with PMLD experience the world largely on a sensory level. Need to consider multi-sensory environments which tune in to those senses to ensure that they are able to have a say.

7. Communication Plan

Due to the nature of the consultation, a communication plan outlining key stakeholders will need to be developed in order to identify those people who may be affected by the consultation and also determine the method and frequency of the communication to be used. The 4 key groups of stakeholders have been highlighted previously but there are a number of other teams, groups & organisations who will need to be kept informed of the consultation.

Please see attached detailed Communication Plan. (appendix 2)

8. Engagement Plan

A comprehensive engagement plan (see attached Appendix 1) has been developed which offers a diverse range of innovative methods of engagement to a range of consultees.

Adults with a Learning Disability

- Focus groups within each day service
- Peer Evaluators training
- Self Directed Support Co-production group
- Case Studies

Engaging with people with Multiple and Profound needs

- Undertaking 1:1 sessions - Utilising a variety of communication methods including a number of visual aids eg: photographs, symbols and props

Family Carers/Relatives

- Workshops – a series of 5 workshops in each district & borough
- Carers co-production group

- Peer Evaluators

Frontline staff - (Social work teams & day service support staff)

- Staff workshops/focus groups
- Training sessions for teams

Key Stakeholders – (district & borough councils, health, voluntary & community groups, the independent sector & private industry.)

- 2 x workshops (North & South)

9. Primary Consultation Materials

In order to effectively consult and engage with a wide ranging audience (as outlined above) it is important to develop a toolkit of consultation materials which not only provides information but also allows consultees to express their views in a number of creative ways.

The following materials will be utilised throughout the consultation –

- **Key information** –
 - **Easy read version of the Strategy** -
 - **What is Personalisation?** - Information available in a range of easy read and picture supported formats. Providing clear definitions of Personalisation, Self Directed Support, Personal Budgets & Person Centred Planning to aid people's understanding.
 - **'Your services are Changing Lets Talk.....'** – Information sheet outlining the aims and objectives of the strategy and key areas for discussion and dialogue.
- **Questionnaire** – providing a platform for people to have their say about the strategy and future service provision. Also available on line version accessible via web pages.
- **DVD** – to provide key information on personalisation and self directed support. Also, providing highlights of the earlier service user workshops, will further aid discussion and understanding.
- **Dedicated web pages** – to include information on the consultation process, including an on line version of the questionnaire and other information on personalisation and self directed support.
- **Case Studies** –promoting people's positive experiences of personal budgets.

- **Photographic evidence** – A3 laminated photographs, gathered from earlier service user and carer workshops, detailing people’s future dreams and aspirations.
- **Keypad Equipment (Audience Response System)** – participants are able to respond to questions using a simple key pad device which provides an instant group response.

10. Mechanisms for People to ‘Have Their Say’

There are various ways people will be able to express their views which include completing a questionnaire from the following:

The website: www.ldpb.gov.uk

Calling us on: 01926 746995

Writing to: Amanda Burn.
Customer First Team,
Adult Health & Community Services
Saltisford Office Park
Ansell Way
Warwick
CV34 4UL

Email us: customerfirst@warwickshire.gov.uk

Attending one of our meetings: Information will be made available on the website.

Following the 3 month consultation period, all information gathered will be collated, interpreted and analysed. A report of the key findings will be produced and presented to Cabinet in June 2011.

‘A Good Life For Everyone’ Summary Engagement Plan

Consultee	Method of Engagement	Aim of consultation/engagement	Consultation material/tools	Who is involved?	Timescales
Adults with a Learning Disability	Focus groups –a series of small focus groups held within each day service for people with learning disabilities (no more than 6/7 people per group).	To explore the outcomes of discussions from earlier workshops – <i>‘You have already told us this ...does the strategy reflect what you said?’</i>	<ul style="list-style-type: none"> - Utilising the previous workshop material to facilitate discussions. Eg: Photographic evidence of what people said during the events. -Using a DVD to provide a visual format and communicate key messages regarding personalisation and self directed support. 	Customer First team & supported by New Ideas Advocacy	March-June 2011
	Peer Evaluators training - accredited training programme for adults with a learning disability.	Work with Coventry University to develop training to provide service users with a range of skills to enable them to undertake a range of future co-production activities, including reviewing and monitoring of services and self directed support outcomes.	<ul style="list-style-type: none"> - Using a range of communication methods to provide interactive training sessions. - Developing a toolkit for templates for monitoring and reviewing. 	Customer First Team & Coventry University	May-Oct 2011
	Self Directed Support Co-production group	To work collaboratively with staff, carers and partners to understand the vision and	- Looking at existing information on self directed support and	Customer First Team/Choice & Control Project	Nov – March 2011

		underpinning values for learning disability services. Focus on self directed support information and processes.	actively involved in producing accessible and easy read formats.	group.	
	Case Studies	Provide case studies/success stories of positive examples of impact of personalisation.	Utilising existing DVDs , photographs, diaries, leaflets etc. to illustrate examples.	Customer First Team/ Promotions/Publications Team	March – June 2011
Engaging with people with multiple and profound needs	Undertaking 1:1 sessions	To explore the outcomes of discussions from earlier workshops – <i>“You have already told us this ...does the strategy reflect what you said?.”</i>	Utilising a variety of communication methods including a number of visual aids eg: photographs, symbols and props. Eg: Big Mack	Customer First Team with support from either family carer or key worker/ New Ideas Advocacy	March-June 2011

Consultee	Method of Engagement	Aim of consultation/engagement	Consultation material/tools	Who is involved?	Timescales
Family Carers/ relatives	<p>Workshops – a series of 5 workshops in each district & borough</p> <p>Carer consultation should occur after the service user events.</p>	<p>Outcomes, aspirations and information gathered from service users can be utilised to stimulate further discussion and dialogue.</p> <p>Discussions will allow time to cover two distinct perspectives</p> <ul style="list-style-type: none"> -Their caring role - Their perspective from the person they care for. <p><i>‘ you previously told us regarding your caring role and from your perspective of the person you care for – does the strategy reflect what you said?’</i></p>	<ul style="list-style-type: none"> - Utilising the previous workshop material to facilitate discussions. - Photographic evidence of what people said during the events. -Using a DVD to provide a visual format and communicate key messages regarding personalisation and self directed support. - Keepad devices – (utilising questions from consultation) provides instant response rate to a range of questions 	Customer First Team/New Ideas Advocacy	March– June 2011
	Carers co-production group	To establish a group to be involved in a wide range of opportunities to influence the LD strategy outcomes.	Co-producing accessible information and advice on promoting personalisation, co-designing booklets, leaflets, web pages etc.	Customer First Team/Promotions & Publications Team	March-June 2011
	Peer Evaluators/ Champions	Provide opportunities for carers who have undertaken accredited training programme to be involved in a wide range	Utilising a range of different communication methods.	Peer Evaluators with support from Customer First Team	March 2011 - onwards

		of co-production activities, (Experts by Experience) including review of services, communicating and informing staff of positive impact of personalisation.			
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Consultee	Method of Engagement	Aim of consultation/engagement	Consultation material/tools	Who is involved?	Timescales
Frontline staff (Social work teams & day service support staff)	Staff workshops/focus groups	Feeding back information obtained from service user and carer events – to be used as foundation for discussion. <i>'Service users and carers have told us How can we support them to achieve this in the future?'</i>	Feed back information obtained from service user and carer events – to be used as foundation for discussion/dialogue. - DVD from service user events. - Keypad devices - provides instant response rate to a range of questions	Customer First Team	March- June 2011
	Training sessions for teams on Personalisation	To communicate key information on personalisation and self directed support.	Update on Transformation Programme progress with Learning Disability services. Range of scenario based examples to aid understanding.	Jon Soros/ Amanda Fawcett	Feb & March 2011

Consultee	Method of Engagement	Aim of consultation/ engagement	Consultation material/tools	Who is involved?	Timescales
Key Stakeholders - district & borough councils, health, voluntary & community groups, the independent sector & private industry, general public.	2 x workshops (North & South)	<ul style="list-style-type: none"> - To feedback the views of both service users and carers. - To look at how they (as providers) can meet the future needs of customers within the personalisation and self directed support arena. <p><i>‘ Service users and carers have told us How can you support them to achieve this and provide services to meet their future needs?’</i></p> <ul style="list-style-type: none"> - To communicate the vision for learning disability services in Warwickshire, including new ways of working, - To understand the impact of changes on providers. - Exploring opportunities for partnership working, pooled 	<ul style="list-style-type: none"> - Utilising the previous workshop material to facilitate discussions - Photographic evidence of what people said during the events. - DVD from service user events - Keypad devices (with key questions) - Case Studies – Show and discuss case studies/success stories of positive examples of impact of personalisation. <p>Staff involvement – Invite frontline staff to the workshops to discuss their new role within the vision for learning disabilities, identify any potential barriers to new ways of</p>	Customer First Team	March – June 2011

		resources and also providing a wider variety of services/options for people to choose from including, leisure, jobs & education.	working and explore how the revised way of working can be implemented.		
Other opportunities for a wider audience to be engaged.	Via post or web pages	Providing more opportunities for a wider audience to be engaged.	<p>Letter – outlining consultation process</p> <p>Supporting information – easy read version of Strategy, Personalisation & Self Directed Support information.</p> <p>Questionnaire – available in paper format or on line via webpages.</p> <p>Dedicated webpages on WCC website – including all key information and on line questionnaire.</p>	Customer First Team	March- June 2011

Potential Action by WCC	Who will be affected (Stakeholders)	How Will They Be Affected	When Will They Be Affected	Who Will Communicate Potential Action/Main WCC Contact	Action to be Taken By (Date)	How Will it be Communicated	Comms Staff
LD Strategy Vision and Transformation of Services	Cabinet	Cabinet paper May 2011	May-11	Wendy Fabbro and Cllr Seccombe briefing Group Leaders	TBC	Cabinet Report + press release by RD	CL/RD briefing note + press release
	Overview & Scrutiny	Pre O & S meeting 23 February 2011	N/A	Wendy Fabbro and Cllr Seccombe briefing Group Leaders	O & S Paper produced	O & S Report	CL + RD
	Other Members	Complaints or comments from customers, carers and other interested parties	14th January onwards	Wendy Fabbro and Cllr Seccombe briefing Group Leaders		Broad, high level note to all members - RD to draft	RD to assist Cllr Seccombe and Wendy Fabbro on briefing note based on O & S report, plus press release if required.
	MPs	Potential complaints from constituents		Chris Lewington/Rebecca Davidson	prior to 23rd February	Briefing Note based on press release offering a meeting with Wendy Fabbro and Cllr Seccombe	RD
	Media	Potential negative media news		Chris Lewington	prior to 23rd February	Press Release to be produced	RD - press release + Media Q & As
	Area Committee Meetings	Public meeting - to inform wider community		Chris Lewington/Rebecca Davidson	24th February - 30th April 2011	Briefing on implementation, if queries we will offer for someone to go along to answer questions.	RD to assist Cllr Seccombe and Wendy Fabbro on briefing note based on press release, if required.
	DLT/Transformation Board	Need to be fully aware of vision and transformation of services and impact on stakeholders	23rd December 2010	Chris Lewington		Paper to DLT and briefing by CL	CL
	Customer Service Centre	Awareness of vision and choice for customers and carers	Post 23rd February onwards	Chris Lewington	01/02/11-30/04/11	Briefing	CB to assist CCE Team as required
Customer Relations Team	Awareness of potential complaints	Post 23rd February onwards	Chris Lewington	prior to 23rd February	CL to brief Karen Smith + briefing note		
Learning Disability Partnership Board	Prior to consultation for approval and final report about consultation outcome.	18th January 2011	Customer First Team to engage using variety of media based on presentation and DVD and national resources.	23rd February onwards	Face to face briefing plus briefing note	CB to assist CCE Team as required	

	Customers	Need to be fully aware of the strategy, vision and transformation of services and its impact	23rd February onwards	Carer & Customer Engagement Team using a variety of appropriate media for the audience.	24/02/11-30/04/11	In variety of ways - focus groups, 1:2:1 session for people with multiple and profound needs; peer advocates working with Coventry Uni; Self Directed Support Co-production group, Case studies.	AB leading. CB to assist CCE Team as required
	Families and Carers	Need to be fully aware of the strategy, vision and transformation of services and its impact	23rd February onwards	Carer & Customer Engagement Team	24/02/11-30/04/11	5 district based workshops; information leaflets/booklets, DVD and presentation; peer advocates; Carers' Co-Production Group.	AB leading. CB to assist CCE Team as required
	AHCS LD Staff	Need to be aware of the strategy, vision and transformation of services and its impact	23rd February onwards	Carer & Customer Engagement Team	24/02/11-30/04/11	Staff workshops/focus groups; training for frontline teams, including DVD	CB to assist CCE Team as required
	Other AHCS Staff	Need to be aware of the strategy, vision and transformation of services and its impact	23rd February onwards	Carer & Customer Engagement Team	24/02/11-30/04/11	Core Brief	CB - Core Brief
	Other WCC staff	Need to be aware of the strategy, vision and transformation of services and its impact	23rd February onwards	CB + RD to devise article	23rd February onwards	Intranet + W4W	CB + RD + Sarah Antill
	Wider Community/Public	Raise overall awareness of vision and transformation of services and its impact	23rd February onwards	RD + CB for web - linked to LDPB website	drafted web page for release 23rd February onwards	CL to provide appropriate wording for web	RD + CB
	District & Borough Council housing departments, Town & Parish Councils, independent and voluntary sector housing providers, care managers, support providers, children's transition team, Supporting People team	Raise overall awareness of vision and transformation of services and its impact	23rd February onwards	Carer & Customer Engagement Team + Jon Soros	24/02/11-30/04/11	Workshops and presentations	CB to assist CCE Team as required
	Pressure/Opposition Groups	All WCC staff to be aware of pressure groups forming and potential media risk	23rd February onwards	All staff to notify Chris Lewington of any groups	23rd February onwards		
	Care Quality Commission (CQC)?	Awareness of LD Transformation Vision	24th February onwards	CL to send letter?	23rd February onwards	Individual letter	CL
	Independent Advocacy	Advice and support to LD Customers	23rd February onwards	Carer & Customer Engagement Team	23/02/11-30/04/11	Face to face briefings and briefing note	CB to assist CCE Team as required
	New Ideas Support Staff	Advice and support to LD Customers	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings and briefing note	CB to assist CCE Team as required
Impact							
Likely closure of same day centres	Managers of Day Centres	Potential redundancy/redeployment	23rd February onwards	Jon Soros + Steve Smith + Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefing plus briefing note	CB to assist CCE Team as required

	Staff of Day Centres	Potential redundancy/redeployment	23rd February onwards	Jon Soros + Steve Smith + Carer & Customer Engagement Team	23/02/11 -30/04/11	Face to face briefing plus briefing note	CB to assist CCE Team as required
	HR	Need to advise staff and provide notifications as applicable.	23rd February onwards	Nadia Williams + Chris Lewington	1st May 2011 onwards	CL to liaise with HR	CB to assist CCE Team as required
	Unions	Advice to Union members.	23rd February onwards	Chris Lewington	1st May 2011 onwards	CL to liaise with HR	CB to assist CCE Team as required
	Staff Care (WCC)	Advice and support to staff	23rd February onwards	Chris Lewington	1st May 2011 onwards	CL to discuss support with Staff Care	CB to assist CCE Team as required
	Customers/service users	Options of better community based services for less money	23rd February onwards	Carer & Customer Engagement Team	23/02/11-30/04/11	Face to face briefing plus Easy Read briefing note	CB to assist CCE Team as required
	Families/Carers of Learning Disability Customers/Service Users	Options of better community based services for less money	23rd February onwards	Carer & Customer Engagement Team	23/02/11-30/04/11	Face to face briefing plus briefing note	CB to assist CCE Team as required
	WCC Transport	Potential reduction/change in transport requirements	23rd February onwards	Chris Lewington	23/02/11 - 30/04/11	Memo/email to Marcus Herron	CL
	Independent Advocacy & New Ideas Advocacy	Advice and support to LD Customers throughout transformation of service	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings and briefing note	CB to assist CCE Team as required
	WCC Property	Potential closure of WCC owned property	23rd February onwards	Chris Lewington	23/02/11-30/04/11	Memo/email to Marcus Herron	CL
	WCC Legal	Preparaion of legal documentation around closure/sale of property	23rd February onwards	Chris Lewington	23/02/11-30/04/11	Memo/email to WCC Legal Services	CL
Reduction in the use of residential care and increased use of supported accommodation and other alternatives	Residential Care Customers	Options of better communit based/alternative services based on assessment	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings with residential care customers plus briefing note	CB to assist CCE Team as required
	Families/Carers of LD Residential Care Customers	Options of better community based/alternative services based on assessment	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings with carers through residential care customers plus briefing note	CB to assist CCE Team as required
	Residential Care Staff	Options of better community based/alternative services based on assessment	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings with staff plus briefing note	CB to assist CCE Team as required
	Out of County Customers and their Carers	Options of better Warks based community based/alternative services based on assessment	23rd February onwards	Carer & Customer Engagement Team	23/02/11 -30/04/11	Face to face briefings with customers and carers plus briefing note	CB to assist CCE Team as required
	Staff of Out of County Customers Accommodation	Options of better Warks based community based/alternative services based on assessment	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings with staff plus briefing note	CB to assist CCE Team as required
	New Ideas Support Staff	Advice and support to LD Customers	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings and briefing note	CB to assist CCE Team as required
	WCC Care & Assessment Staff	Advice, support and assessment for LD customers and carers	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Jon Soros + Carer & Customer Engagement Team using presentation, briefings, DVD	CB to assist CCE Team as required

	Steve J Smith	Advice and support for LD customers and carers	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Briefing of Local Provider Services staff	CB to assist CCE Team as required
	Carers Support Services - Guideposts, SWCSS	Advice and support for carers	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Briefing of Carers Support Service Managers	CB to assist CCE Team as required
Annual health checks to be made available and health staff trained in communicating with LD Customers	Health Access Team	Advice and support of GPs, hospital and health care staff to enable annual health care checks and communicate with LD customers	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefing with HAT so briefings of GPs and GP consortia and health staff. PCT through Wendy Fabbro attendance at PEC.	HAT briefing.
More flexible ways of procuring and contracting services in the future e.g. introduction of Individual Service Funds	Rob Wilkes & Andy Sharp	Advise on strategy and new ways of providing services	23rd February onwards	Carer & Customer Engagement Team	23/02/11 - 30/04/11	Face to face briefings by RW and AS plus briefing note to independent and voluntary sector	CB to assist CCE Team as required
	Independent and voluntary sector service providers	To be advised on strategy and need for new services needed	23rd February onwards	Rob Wilkes & Strat Com staff to meet with independent service providers	23/02/11 - 30/04/11	Face to face briefings by RW and briefing note	CB to assist CCE Team as required
Changes to the way needs are assessed including those of carers towards all having personal budget	WCC Care & Assessment Staff	Changed way of working using new tools My Assessment and My Support Plan (LD versions) using personal budgets rather than traditional services	23rd February onwards	Jon Soros + Carer & Customer Engagement Team	23/02/11 - 30/04/11	Staff workshops/focus groups; training for frontline teams, DVD plus Directorate Core Brief and intranet	CB to assist CCE Team as required
Additional use of Assistive Technology to increase and maintain independence	Rachel Norwood, Maggie Marshall. WCC Care & Assessment Staff	Encourage more creative and less expensive services to increase and maintain customer's independence whilst remaining safe and well	23rd February onwards	Jon Soros + Maggie Marshall _ CCE Team	23/02/11 - 30/04/11	Staff workshops/focus groups; training for frontline teams, DVD plus Directorate Core Brief and intranet	CB to assist CCE Team as required
Provision of Information and Advice service including planning and brokerage	Marcus Herron and Gill Jowers	To be advised on strategy and need for new services needed	23rd February onwards	Chris Lewington	23/02/11 - 30/04/11	Brief on scope	
Choice of housing and accommodation	District & Borough Council housing departments, housing providers, care managers, support providers, children's transition team, Supporting People team	To be advised on strategy and transformation of services included alternative accommodation for permanent housing, shared ownership, passing tenancy or owned property from parents to children, etc.	23rd February onwards	Jon Soros + Carer & Customer Engagement Team	23/02/11 - 30/04/11	Workshops and presentations	CB to assist CCE Team as required
Review of respite provision	?						
HR	Human Resources	RD	Rebecca Davidson	CB	Christine Butler		
P & P	Promotions & Publications Team	HAT	Health Access Team	CCE Team	Carer & Customer Engagement Team		