

Agenda

Children and young people scrutiny committee

Date: **Monday 14 May 2018**

Time: **10.15 am**

Place: **Committee Room 1 - The Shire Hall, St. Peter's
Square, Hereford, HR1 2HX**

Notes: Please note the time, date and venue of the meeting.

For any further information please contact:

Matthew Evans, Democratic Services Officer

Tel: 01432 383690

Email: matthew.evans@herefordshire.gov.uk

If you would like help to understand this document, or would like it in another format, please call Matthew Evans, Democratic Services Officer on 01432 383690 or e-mail matthew.evans@herefordshire.gov.uk in advance of the meeting.

Agenda for the meeting of the Children and young people scrutiny committee

Membership

Chairman **Councillor CA Gandy**
Vice-Chairman **Councillor FM Norman**

Councillor PA Andrews
Councillor CR Butler
Councillor ACR Chappell
Councillor JF Johnson
Councillor MT McEvelly
Councillor A Seldon

Co-optees

Mr P Burbidge
Mrs A Fisher

Mr A James
Mr P Sell

Archdiocese of Cardiff
Parent Governor Representative: Primary
Schools
Parent Governor Representative
The Diocese of Hereford

Agenda

| | Pages |
|--|-----------|
| <p>1. APOLOGIES FOR ABSENCE</p> <p>To receive apologies for absence</p> | |
| <p>2. NAMED SUBSTITUTES</p> <p>To receive details of members nominated to attend the meeting in place of a member of the committee.</p> | |
| <p>3. DECLARATIONS OF INTEREST</p> <p>To receive any declarations of interest from members in respect of items on the agenda.</p> | |
| <p>4. MINUTES</p> <p>To approve and sign the minutes of the meeting on 16 April 2018.</p> | 5 - 16 |
| <p>5. QUESTIONS FROM MEMBERS OF THE PUBLIC</p> <p>To receive any written questions from members of the public. <i>Deadline for receipt of questions is 5:00pm on Wednesday 9 May.</i> <i>Accepted questions will be published as a supplement prior to the meeting.</i> <i>Please submit questions to: councillorservices@herefordshire.gov.uk.</i></p> | |
| <p>6. QUESTIONS FROM MEMBERS OF THE COUNCIL</p> <p>To receive any written questions from members of the council. <i>Deadline for receipt of questions is 5:00pm on Wednesday 9 May.</i> <i>Accepted questions will be published as a supplement prior to the meeting.</i> <i>Please submit questions to: councillorservices@herefordshire.gov.uk.</i></p> | |
| <p>7. LEARNING DISABILITY STRATEGY 2018-2028</p> <p>To review the draft Learning Disability Strategy 2018-2028, particularly transitional arrangements between children and adult services, before its presentation to Cabinet.</p> | 17 - 138 |
| <p>8. CHILDREN'S SAFEGUARDING AND FAMILY SUPPORT PERFORMANCE DATA</p> <p>To note the performance in relation to children's safeguarding and family support for the end of March 2018, together with trend data over the previous 12 months and allow the committee to undertake effective scrutiny of the council's statutory functions in relation to safeguarding for children in need.</p> | 139 - 148 |
| <p>9. WORK PROGRAMME REVIEW</p> <p>To review the attached draft work programme for 2018/19 and consider additional, potential items for scrutiny. To note the recommendation tracker containing updates of actions in respect of decisions of the committee.</p> | 149 - 162 |
| <p>10. MEETING DATES</p> <p>To agree the rescheduling of the meeting date of 19 November to Monday 12 November 2018.</p> <p>To note the date of the next meeting on 16 July 2018 at 2.00 p.m.</p> | |

Minutes of the meeting of Children and young people scrutiny committee held at The Council Chamber - The Shire Hall, St. Peter's Square, Hereford, HR1 2HX on Monday 16 April 2018 at 10.15 am

Present: Councillor CA Gandy (Chairman)
Councillor FM Norman (Vice-Chairman)

Councillors: Mr P Burbidge, ACR Chappell, Mrs A Fisher, Mr A James, MT McEvelly, A Seldon and SD Williams

Co-optees Mr P Burbidge, Mrs A Fisher, and Mr A James,

In attendance: Councillors EJ Swinglehurst (Cabinet Member)

Officers: C Baird, Director of Children's Wellbeing (DCW), - S Vickers, Interim Director for Adults and Wellbeing (IDAW), J Gorman, Commissioning Officer, Adults' Services, - C Jones, Strategic Business Intelligence Manager, L Knight, Head of Additional Needs (HAN), L Tyler, Adult Social Care Commissioning Manager (ASCCM), J Coleman - Democratic Services Manager and Statutory Scrutiny Officer

40. APOLOGIES FOR ABSENCE

Apologies were received from Councillors CR Butler and JF Johnson and from Mr P Sell.

The Chairman welcomed all in attendance including witnesses for the autism strategy.

The Chairman reported that Councillor Butler had recently been appointed to the Committee but had unfortunately been unable to attend on this occasion.

She thanked Councillor JA Hyde for her work on the committee.

41. NAMED SUBSTITUTES

Councillor SD Williams substituted for Councillor CR Butler.

42. DECLARATIONS OF INTEREST

None.

43. MINUTES

The Chairman reported a minor amendment to the minutes.

RESOLVED: That the minutes of the meeting held on 5 February 2018, as amended, be agreed as a correct record.

44. QUESTIONS FROM MEMBERS OF THE PUBLIC

A copy of the public question and answer is appended to the minutes.

45. QUESTIONS FROM MEMBERS OF THE COUNCIL

None.

46. AUTISM STRATEGY FOR HEREFORDSHIRE 2018-2021

The Committee was invited to preview the draft autism strategy before it was presented to the cabinet for approval, and asked to agree recommendations for consideration during the finalisation of the strategy.

The Chairman welcomed all in attendance including witnesses for the autism strategy.

The HAN gave a presentation, as included with the agenda papers. The ACCSM added that the strategy was in draft. Work was ongoing to develop support services in conjunction with the CCG.

The following witnesses were then invited to speak: Debbie Hobbs, Branch Chair, National Autistic Society – Herefordshire Branch, Nikki Pitt, Chair of the Herefordshire Autism Partnership Board and Jade Brooks, Deputy Director of Operations, Herefordshire Clinical Commissioning Group (CCG).

In summary they made the following principal observations:

Debbie Hobbs (DH)

She requested that the action plan be amended to contain 6 monthly outcomes over the three year life of the strategy to bring it in line with the national strategy. She also outlined the work of the branch and the aim to address the issues that were brought daily to their attention.

Nikki Pitt (NP)

She commented on behalf of the Board and also as a person on the autistic spectrum herself whose son also had autism. She outlined the work of the Board and highlighted the role it might play in relation to contributing to the delivery of the strategy and monitoring progress against the action plan, noting that some actions were the responsibility of the Board itself.

Jade Brooks (JB)

She reported that the CCG supported the strategy and the action plan and was mindful of the accountability to the Partnership Board. She commented that it was important

that the strategy was not seen simply as a diagnostic assessment process but rather that it involved ensuring a wider awareness of all staff and the general public of the health inequalities experienced by those with autism.

Adults and Wellbeing

The IDAW commented on the work being undertaken within the directorate that linked to the strategy. He remarked that there had been a change in approach to focus on need rather than diagnosis enabling teams to offer more effective support.

Discussion

In the committee's discussion the following principal points were made:

- It was suggested that that the action plan should include milestones to allow progress towards achieving outcomes to be effectively monitored to ensure that the action plan was on track. The ACCSM agreed that this would be a sound approach.
- In response to a question about the achievability of action plan priority 4 – action d – ‘Develop and enhance opportunities to local employment services’, the ACCSM commented that further work needed to be undertaken on this aspect including how the council could support training and employment.
- It was asked what impact the increase in autism, as recorded in the school censuses, had upon commissioned places in the school system?
The HAN replied that the vast majority of pupils would have their needs met in mainstream schools so the recorded increase in autism would not necessarily generate a corresponding increase in specialist placements. The action plan provided for a review of provision to establish if the historic pattern of provision was sufficient to meet need.
He added that, as had been mentioned in relation to adult wellbeing services, the service now responded to need not diagnosis.
JB commented that the increase was due both to new forms of autism on the autistic spectrum disorder and also to better assessment and access to assessment and increased awareness. There was more work to be done on accessing assessment services. She noted that the number of adults coming forward for a diagnosis had increased in recent years reinforcing the extent to which awareness had been raised.
- A question was asked about statistics on admissions to hospital for individuals with autism, the average length of stay and training given to ward staff.
JB commented that, generally speaking, more vulnerable people had a longer length of stay. This could involve factors such as availability of care support or ability to self-care upon being discharged. Regarding admissions to the children's ward paediatric nurses and medical staff all received autism awareness training. A number of staff specialised in the matter and were autism champions. The hospital had a plan to develop this aspect over the next 3 years.
- In response to a question about arrangements in hospital to address issues that could arise where someone was faced with a completely new situation she reported that a group of young people were children and young people ambassadors and they had been looking at these sorts of matters on the wards. Part of the solution was communication and spending a little bit more time with people to understand their concerns and discuss options with them.
DH explained how the hospital passport for autism and other special needs worked. Needs were noted down in the passport, there was then a preliminary visit to hospital at which people could familiarise themselves with their surroundings and an explanation of what was to be expected was given. Work was therefore underway on this issue but there was more to be done. She confirmed that the same approach applied in dental surgeries.

- A question was asked about the diagnosis of adults with autism and the impact on resources of increased diagnosis of both adults and children. The IDCW replied that the health service would be responsible for diagnosis of adults because that would often carry with it the provision of health services. In terms of social care the focus would be on eligibility for care under the Care Act and supporting eligible assessed needs. There was a county-wide service for those with more complex needs. This did not rely on a diagnosis but focused on support to meet needs. There was work to be done in opening up the range of support available for adults.

JB stated that the assessment process for adults was lengthy and specialised. There wasn't currently a good pathway for adults. The strategy provided for this to be reviewed.

Adjustments to enable people to live their lives following diagnosis was another area that needed to be improved locally and again involved raising awareness.

- Noting the lengthy assessment process for adults it was asked how well equipped the council was to identify children with autism.

The HAN commented that there was a fairly robust diagnostic process in place for children. A multidisciplinary team had been established some 7 years ago in accordance with NICE guidance. Updating took place as new guidance was issued. The better diagnosis in place for children the more the diagnosis of adults should reduce.

In relation to records of autism JB commented that all GP surgeries and the out of hours service were required to code autism. The CCG was auditing this aspect and offering support. There was still a gap with those in adulthood or slightly older. Part of the process involved ensuring that this was actively followed up by GPs when someone changed surgery or moved into an area. Coding linked through to annual health checks and should transfer into secondary care. However, at the moment primary and secondary care records did not link across the NHS. This made the autism passport quite critical in clearly articulating needs. The proposed strategy did identify the importance of joining records together.

- It was asked what could be done to make council buildings more autism friendly and what should be avoided.

DH gave an example of a recently refurbished supermarket where issues of too bright lighting, too much noise, and narrow aisles had created an unsympathetic setting. She also referred to an autism quiet hour in October 2017 operated by businesses in part of the City which it was proposed to repeat this year.

She also commented on work with Halo in Leominster where there was an autism quiet time once a month, an autism swim every 6 weeks. The Branch had facilitated autism awareness training. All staff were now ambassadors.

The Branch was not funded so everything was dependent on volunteers time. It seemed to be the case that the onus was on establishments to invite the branch to provide advice.

A member asked what scope there was for the council to prompt a wider strategic approach across Halo centres as a whole. It was noted that the Branch would welcome this.

- The possibility of the Branch being a consultee for certain planning applications was raised.
- It was asked what role local councillors could potentially undertake in raising awareness within communities. DH noted a lack of take up in schools of an autism awareness week as one initiative that could have benefitted from such support.
- It was suggested that there was a financial disincentive for primary schools to initiate assessments for special needs at key stage 2 given that there was a

requirement on primary schools to themselves fund the first £6k of funding where a child was identified with special needs.

It was also asked how the cost of translating the strategy into action would be funded.

The DCW commented that these issues related to assumptions within the National Funding Formula that school budgets contained funding to meet needs and it was therefore only when need was above a certain level that additional external funding could be considered. The Autism Strategy contained activity that would enable schools to develop knowledge and understanding of autism and learn from research and local practice. He supported the points that had been made about identifying and measuring specific outcomes.

The HAN added that it was important to note that awareness, knowledge and training of staff in schools was important in addressing a range of needs and preventing a problem occurring.

- Clarification was sought on the difference between a needs assessment and a diagnosis.
The DCW commented that diagnosis could be an important point in formally recognising the issues a person was facing but it did not provide an understanding of the level of support that was then needed in a range of settings and circumstances. NP commented that at one time help could not be provided until there had been a diagnosis and she gave a personal example. In some cases needs could provide evidence for a diagnosis. Awareness training for teachers was very important in this context. Examining the issue from the point of need was therefore important, moving
- A question was asked about Action plan – priority 2 – action a – and whether there was any further information available on the wider review of children and young people's therapy services including when the review due to report.
- The HAN commented that he understood that the review would be completed within the next financial year. Both the CCG and Council commissioned this care so it was seeking to establish if better value could be obtained by rationalising this commissioning. An aim was also to reduce waiting lists.
- It was also asked in relation to Action plan – priority 2 – action c how the development of the children's diagnosis and support pathway would ensure easier access for parents to educational support for their children. The NAS survey results (page 22 of the Strategy/page 42 of the agenda papers) showed significant dissatisfaction with the process to get educational support for children.
- The HAN stated that any information gained in the diagnostic process would inform the education health and care plan in which information could be compiled and retained. With parental consent this could then be shared.
- NP commented on the length of time (18 months) she had had to wait for a diagnosis for her two sons for physical therapy and occupational therapy and how this all formed part of the whole diagnosis pathway. It was therefore pleasing that these aspects were being considered.
- The cabinet member – children and young people thanked the Committee and witnesses for the welcome insight they had provided. She supported the proposed inclusion of milestones in the strategy and highlighted the importance of the integrated and seamless delivery of services, including in the transition phase between childhood and adulthood, and managing cross border issues. Embedding awareness and training across services including for example the planning service was also an important aspect. There had been improvement and learning but there was scope for more.
- It was asked if there was any learning from other authorities in relation to the use of technology. The ASCCM commented that AWB was examining best practice from other authorities across a range of services to support people to live at home. The

autism strategy could have regard to this work. She also confirmed that regard was had to the WISH website.

The witnesses were offered the opportunity to sum up. NP commented that there was still a need for diagnosis especially in adults and outlined her personal experience and the sort of difficulties that she had overcome.

RESOLVED:

- That
- (a) the significant successes achieved in the first Herefordshire autism strategy published in 2014 be recognised;**
 - (b) the outcomes identified by the strategy and the means in the action plan to achieve these ends be supported but noting that the committee would like to see more detailed milestones;**
 - (c) it be requested that as the action plan evolves, additional base line data is included in the action plan to ensure tangible and quantifiable measures of performance and success, particularly in respect of improving diagnosis rates;**
 - (d) the executive be asked to investigate the development of a system/process to ensure an accurate picture of the incidence of autism across Herefordshire can be produced;**
 - (e) efforts to improve diagnosis rates and the recording of autism within GP patient records be supported and Herefordshire Clinical Commissioning Group asked to take this initiative forward as a matter of priority;**
 - (f) the executive be asked to take steps to work more closely with independent and private schools in Herefordshire to share data regarding enrolled autistic pupils to enable the production of comprehensive statistics of pupils in the county with autism;**
 - (g) the executive be asked to consider methods to promote employment at the council to people with autism;**
 - (h) the executive be asked to consider contacting key local organisations, such as Halo leisure, to ensure they promote autism-friendly service provision;**
 - (i) the executive be asked to ensure that the Herefordshire branch of the National Autistic Society and the Hereford Autism Partnership are consultees during the planning process to ensure that new housing and public access buildings have autism-friendly design considerations;**
 - (j) the executive be asked to investigate proposals to ensure that new and existing council buildings and facilities are autism-friendly; and**
 - (k) the executive be asked to consider autistic-awareness training for new members of staff and elected members of the Council and ensure that all members are able to disseminate good practices within their local communities.**

47. LGA SAFEGUARDING PEER REVIEW FEEDBACK

The DCW gave a presentation, as included with the agenda papers, on the draft findings of the Local Government Association (LGA) Safeguarding Peer Review. He indicated that the formal letter setting out the findings would be provided to the Committee.

The committee was invited to consider any additions to the committee's work programme resulting from the issues raised.

In discussion the following principal points were made:

- It was requested that information be provided to the Committee on referrals to the multi-agency safeguarding hub (MASH) in view of particular concerns about the level of referrals from West Mercia Police, to establish whether the referrals were appropriate, or whether different approaches needed to be considered.
- In relation to the quality of record keeping the DCW commented that some of the issues did include instances where recording had not historically been as good as it could be. However, some records in some areas were currently not as up to date as they needed to be. One of the issues was the workload of some teams meaning that whilst the case work was being carried out there was a time lag in recording it.
- It was asked if more administrative support would assist in improving record keeping and retaining social work staff. The DCW commented that a range of issues including improved use of technology were being explored to make recording easier and simpler.
- The findings were good news and when formally confirmed should be communicated widely.
- In relation to a question about the relationship between schools and social workers, referencing previous concerns expressed about a lack of continuity as a result of turnover of individual social workers, the DCW stated that the review had not commented on this specifically. However, there were comments that a range of partners, which included schools, had a high regard for social workers. The review had also found that there were appropriate arrangements for early help which included the approach by schools. There was still an amount of turnover of social work staff. However, there was a focus on retention, and recruitment to hard to fill experienced social worker posts.
- Further information was sought on the headline findings that there was good support from elected members, and whether areas for improvement had been identified. The DCW commented that the review had found that members had a good understanding of the issues for children in the county and that it was a priority for all councillors, with a corporate plan and investment in place. The review had asked in relation to the early help offer whether there could be more focus on some services to help reduce the need for higher threshold services. This would be beneficial to the children but also to the council given that number of children requiring some services were comparatively high. Some help to address workload pressures would also be good. However, the key message was that there was an awareness of the range of issues involved.
- It was suggested that all members needed to recognise their role as corporate parents. It was important that all members attending training and there was room for improvement in that area.
The cabinet member commented that training was being revised and encouraged attendance.
- The cabinet member welcomed the peer review as a means of seeking how the council could improve its services. The findings were positive overall.
- The DCW agreed to seek further information from the peer review group on what it considered to be good examples of strong links with army families, as referenced in the headline findings, and inform the Civilian and Military Task Group accordingly.

RESOLVED:

- That
- (a) a report be submitted on the referrals to the MASH, in particular those by West Mercia Police, for review by the Committee;
 - (b) it be requested that corporate parent training for all members be made mandatory;
 - (c) progress on actions in the finalised improvement plan is reported to the Committee, at 3, 6 and 12 months to enable it to be monitored; and
 - (d) the Committee's recognition and support of the work of staff in this challenging area be noted.

48. WORK PROGRAMME 2018/19

The Committee reviewed the work programme for 2018/19.

It was noted that a performance report on safeguarding was to be added to the agenda for 14 May. No further additional items were proposed, subject to the inclusion of the matters identified for consideration during discussion of the previous items on the agenda.

In relation to the establishment of a task and finish group on section 20 orders, a minor addition was proposed to ensure that, whilst the task and finish group would be looking to the future, there was an understanding of the judgment by the High Court and how this has been addressed. Expressions of interest in serving on the group were made.

RESOLVED:

- That
- (a) the draft work programme as amended be approved;
 - (b) the draft terms of reference as set out at appendix b to the report for a task and finish group concerning section 20 orders as amended be approved, Councillor Gandy be appointed as Chairman with the membership also to comprise Councillors Chappell, Norman and Seldon with the Liberal Democrat Group to be invited to nominate a fifth member of the group; and
 - (c) the recommendation tracker in appendix c be noted.

49. MEETING DATES 2018/19

RESOLVED: That the following schedule of meeting dates be agreed:

14 May 2018

16 July 2018

17 September 2018

19 November 2018

18 February 2019

25 March 2019

Appendix - Public Questions and Answers

The meeting ended at 12.52 pm

Chairman

Supplement – schedule of questions received for meeting of children and young people scrutiny committee – 16 April 2018

Agenda item no. 5 - Question from members of the public

| Question Number | Questioner | Question | Question to |
|-----------------|---------------------------------|---|--|
| PQ 1 | Miss Rosalind Gardner, Hereford | <p>Will the committee consider scrutinising a proposal that the children of high school age that are not being educated in a high school setting be made a priority in education?</p> <p>As they do miss the setting of a school but find it hard, as they do not receive the correct support which has led to them being Home educated and are missing out on the learning of social skills.</p> | Chairman of Children and Young People Scrutiny Committee |

Chairman's response

The Children's and Young People Scrutiny Committee have recently debated home education, the choices some parents made, statutory responsibilities of the local authority and the national debate that is taking place at the moment within our considerations of last year's exam results. As Chairman of the Children's and Young People Scrutiny Committee I have written to the government minister expressing the views of committee which I hope will be taken into account. In our debate we did emphasise the importance of education and the need for children to receive the appropriate support whatever setting they are in. Being educated at home through parental choice does place the onus of providing the education on the parent. I do think it is important that views such as the ones Miss Garner expresses are taken into account in the work of officers as they review the approach to High Needs Funding and also exclusions from schools and I will ask Les Knight, the head of additional needs, children's wellbeing to do so.



| | |
|-------------------------|---|
| Meeting: | Children and young people scrutiny committee |
| Meeting date: | Monday 14 May 2018 |
| Title of report: | Learning Disability Strategy 2018-2028 |
| Report by: | Director for adults and wellbeing |

Classification

Open

Decision type

This is not an executive decision

Wards affected

(All Wards);

Purpose and summary

To enable the committee to fulfil its function to review and scrutinise the planning, provision and operation of health and social care services for people with learning disabilities, and to make reports and recommendations on these matters.

The chairman requested that the draft strategy was presented for preview ahead of decision by cabinet. The purpose of the report is to provide an overview of the Learning Disability Strategy with a particular focus on children and young people and the actions required to improve services for those in the county with learning disabilities.

In tandem with the council's Preparing for Adulthood Protocol, this strategy incorporates the needs of young people aged 14 to 25 preparing for adulthood. The work in this phase of a young person's life is crucial in enabling successful outcomes and taking on the rights, opportunities and responsibilities of adult life for the 16-18 young people with learning disabilities making the transition to adult services each year.

The Learning Disability Strategy will:

- a. Set out the outcomes required for the individual and the wider learning disability community, linking them to guidance, legislation and to the wider strategic / financial aims of the council and the clinical commissioning group;

Further information on the subject of this report is available from
Adam Russell, Tel: 01432260918, email: Senior Commissioning Officer, Adults and
Wellbeing@herefordshire.gov.uk

- b. Set out the inputs and actions required against each priority and by whom, in order to achieve the desired outcomes for adults with a learning disability, including young people planning for adulthood and their transition to adult health and social care services;
- c. Act as a long-term framework for the ongoing delivery of the social aspirations set out in Valuing People (2001) and then reiterated through key policy documents and legislation such as including Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); 'Valuing People Now' (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015).
- d. Ensure that all commissioned activity for and with adults with learning disabilities is aligned to the health and wellbeing blueprint for adult social care and with the NHS's long-term commitment to ensure reasonable adjustments are made in both primary and acute health services.

Recommendation(s)

That:

- (a) the committee reviews those elements of the draft Learning Disability Strategy 2018-2028 relating to children and young people and determines any recommendations it wishes to make to the executive or health commissioners, which may enhance the effectiveness of the strategy.**

Alternative options

1. That the council does not have a Learning Disability Strategy. This is not recommended because, whilst a strategy is considered good practice rather than a legal requirement, failure to have one in place will impede the council's ability to deliver best value and evidence progress in leading social change for people with learning disabilities in Herefordshire.
2. That the council develop a separate Learning Disability Strategy that does not consider the primary healthcare needs of people with learning disabilities. This is not recommended because it would likely have a negative impact on effective joint planning of services and on the required reshaping and improvement of services to ensure good quality life outcomes for people with learning disabilities, whose long-term needs span the commissioning and operational services of the NHS and adult social care.
3. That the council does not include the needs of young people with learning disabilities prior to transition to adult services. This is not recommended because well-co-ordinated planning across children's and adult services is essential, firstly to the successful planning of services to meet assessed outcomes and secondly to the supporting of positive long-term aspirations for independence, employment, lifelong health and active citizenship.
4. That the council develop a whole-life Learning Disability Strategy to cover both the childhood and adulthood of people with learning disabilities rather than a primarily adult-

Further information on the subject of this report is available from
 Adam Russell, Tel: 01432260918, email: Senior Commissioning Officer, Adults and
 Wellbeing@herefordshire.gov.uk

focused strategy. This is not recommended at this time because prior to the start of specific 'preparation for adulthood' planning around Year-9 (age 13 onwards), the key issues are common to all children. Beyond this point, the current approach fits with the similar post-adolescence planning process used within health services and with the preparation-for-adulthood process used within the council's children's service in aligning with the requirements of the Care Act 2014.

Key considerations

5. According to data from the Institute of Public Care (IPC), Herefordshire has an estimated population of approximately 3,500 people (2.32% of county population) that fall within the broadest UK three-part definition of learning disability, in that it must be:
 - a. Impaired intelligence (*a lower intellectual ability that significantly reduces someone's ability to understand new or complex information in learning new skills*); and
 - b. Impaired social functioning (*a significant impairment of social functioning that reduces someone's ability to cope independently*); and
 - c. Onset is pre-natal or in childhood (*before the age of 18 years*).
6. Learning disability (LD), which can have a wide range of different underlying causes, is a spectrum in terms of impact and severity, with many people at the mild end of that spectrum not being formally diagnosed or not requiring support in adulthood. People within the moderate to severe range of the learning disability spectrum can often require support with aspects of their daily living, including many who may require 24 hour support with all areas of their health and wellbeing.
7. Using current NHS England (NHSE) data and comparing it with population estimates drawn from learning disability-specific population projections compiled by the IPC, it is estimated that only 23% of the total local population of people with learning disabilities are registered as such with their GP and this appears to be broadly reflective of people's need to access health or social care services; approximately 900 people with learning disabilities are currently receiving support from services commissioned by Herefordshire Council or Herefordshire Clinical Commissioning Group (CCG) [there is currently nothing other than an anecdotal indication as to whether those recorded on GP LD registers correspond to those known to the council, and vice versa, resulting in possible ambiguity in the data].
8. The greater majority of the people receiving support will have a learning disability that can be defined as moderate to severe and will access services and support continuously throughout their adult lives, from entering adulthood into old age. Herefordshire has a higher incidence of learning disability (0.6%) than the regional average (0.54%) and national average (0.5%).
9. Locally and nationally, people with learning disabilities still experience greater health inequality, social exclusion and lack of economic opportunity than any other group. For example, using NHSE comparative data (Herefordshire/West Midlands/National - see Appendix 1 Herefordshire LD Needs Analysis) from 2015/16:
 - a. Life expectancy. People with learning disabilities die, on average, more than 14 years younger than the general population, and are significantly more likely to

Further information on the subject of this report is available from
Adam Russell, Tel: 01432260918, email: Senior Commissioning Officer, Adults and
Wellbeing@herefordshire.gov.uk

have certain conditions and diseases. Women with a learning disability have an 18-year lower life expectancy than the general population, while men with a learning disability have a 14-year lower life expectancy. Herefordshire currently follows the national trend data for life expectancy in people with learning disabilities.

- b. Health inequality. People with learning disabilities are 26 times more likely to have epilepsy, eight times more likely to have severe mental illness and five times more likely to have dementia. They are also three times more likely to suffer with hypothyroidism and almost twice as likely to suffer diabetes, heart failure, chronic kidney disease or stroke. Access to routine health screening programmes for breast and cervical cancer falls 25-30% below that of the non-learning disabled population locally, leading to late or non-diagnosis of cancer and premature mortality. Herefordshire currently follows the national trends in the learning disability population for conditions such as cancer, heart disease and diabetes, has significantly higher incidence of epilepsy and is slightly below the national trend on dementia (possibly due to an equivalent lower incidence of Down's Syndrome diagnosis).
 - c. Paid employment. Of the 1.2 million people with a learning disability in England, currently less than 6% are in any form of paid employment, broadly reflecting the situation locally. Work is ongoing to improve local data as part of the implementation of the new Learning Disability Strategy and the development of local metrics to measure progress across the lifetime of the strategy.
10. Since 2001 the government has issued specific guidance and policy to health and social care organisations on creating real changes in the lives of people with learning disabilities through changes to service design and commissioning culture. The combined aim of these changes is to enable people with learning disabilities to have greater choice over how and by whom they are supported, where and with whom they live, access to paid work and real training, have a real social role, improve long-term health and have ordinary expectations about relationships, families and being part of a community.
11. The council and the CCG currently independently commission a number of different services for people with learning disabilities.
- a. The CCG commissions services such as learning-disability specific health care including psychiatry; psychology; occupational / physio / speech and language therapy and specialist community nursing; out-of-area special hospital beds and services provided under Continuing Health Care. These services are commissioned from other providers within the NHS or from specialist providers within the voluntary, private/independent and not-for-profit sectors.
 - b. The council commissions services such as residential care homes; supported living provision; day opportunities / employment and regulated domiciliary care. These services are commissioned from specialist providers within the voluntary, private/independent and not-for-profit sectors.
12. The council and the CCG additionally each independently commission a range of health and wellbeing services for the wider population that they then make '*reasonable adjustments*' to, or influence other parties to do so, to enable better access by people with a learning disability. This includes services such as social housing, leisure services, public

transport, primary healthcare, adult education, acute healthcare and other services across the NHS and council, plus the voluntary and independent sectors.

13. The council has a growing role in what is termed 'place shaping', which is the influencing of all sorts of community activity to increase their potential to offer opportunities for people with a learning disability. Increasingly and in common with other recipients of social care funding, people with learning disabilities commission their own services by using their personal budget in the form of a direct payment, which they then use to purchase commissioned learning disability services and universal services from leisure providers, etc. Expanding opportunities to include self-employment, the use of micro-enterprises for niche activities that complement and offer alternatives to congregated provision are keenly aspired to.
14. Providers of all kinds of learning disability services are re-shaping and extending their offer to attract customers, further reinforcing the need for an overarching framework to ensure that all services purchased using public funds contribute to the delivery of key social outcomes locally and nationally.
15. The council, in partnership with the Clinical Commissioning Group and the learning disability community in the county, has co-produced a comprehensive outcome-focused Learning Disability Strategy. The strategy has been developed under the governance of a project board with senior representation from the council and CCG. Agreement of the strategy will be through cabinet and through the CCG's governing body; if agreed, commissioners will begin immediate delivery in accordance with the draft 2018/19 implementation plan contained within the strategy.
16. For a number of years the council's learning disability commissioning activity has been reactive, concerned with contract renewal and improvement of existing services, rather than following a long-term learning disability-specific plan. A more specific strategy is now required to ensure that commissioning activity related to learning disability services is clearly aligned with the delivery of the health and wellbeing blueprint and the long-term aims of the government's Valuing People programme.
17. As such, the aim of the proposed strategy is to jointly present a clear policy framework for the commissioning and delivery of opportunities for adults with learning disabilities by a wide range of parties, from individuals using their individual budgets and service providers improving their range of services to statutory organisations implementing large specialist services such as the Community Learning Disability Service provided by 2gether NHS Foundation Trust.
18. In tandem with the council's Preparing for Adulthood Protocol, this strategy also includes the health and social care needs of young people with learning disabilities from the ages of 14 onwards, in order to ensure there is a seamless transition between the planned processes of preparing for adulthood and taking on the rights, opportunities and responsibilities of adult life.
19. Improvements are needed in the identification, collection and use of performance metrics across all commissioned learning disability services. As part of the development of the new strategy and using the information contained within the new learning disability needs analysis report (*summary attached as appendix 2*), the following measures are being put in place:

- a. New qualitative and quantitative outcomes measures linking individual aspirations to both general health / wellbeing outcomes and wider population-wide outcomes.
 - b. Improved metrics across all of the outcomes identified in the strategy, in order to measure progress and provide evidence that outputs are improving and outcomes are being achieved.
 - c. Collation of like-for-like benchmarking data to compare the cost effectiveness of learning disability services nationally and across comparable local authorities.
20. The strategy is divided into four priority areas that between them cover the key areas set out in Valuing People:
- a. Where I live: People need to live in the right home, so need good and affordable accommodation options within their local community, designed to meet individual needs. This applies to supported living, family care or residential care, as all of them should enable people to live fulfilling lives, respect choice and support inclusion.
 - b. What I do during the day: People need to be a valued part of Herefordshire's communities by being supported to be active citizens through paid employment, meaningful training options and opportunities for volunteering for those able to do it. There must be a choice of local support options to offer a satisfying range of activities for people of all abilities, as well as the infrastructure in place to make sure these are safe and of good quality.
 - c. Being healthy and safe: People need to be healthy, safe and able to access the right medical help quickly and appropriately. Emphasis must be on universal access to mainstream health provision with reasonable adjustment where necessary, rather than assuming that every person with a learning disability needs a specialist service. Over the long-term, all necessary work must be done to reduce health inequalities within the learning disability population.
 - d. Citizenship, choice and control: In addition to the right blend of services and opportunities, to be fully recognised as citizens, people with learning disabilities need to have choice and control through personal budgets and direct payments, alongside an expectation that they will integrate with, contribute to and become valued members of their community however they choose. With the support of family and others, they should have a collective voice that is valued and able to influence change. More people with learning disabilities should be supported to use the social recognition gained through employment, education, volunteering and independent living within the community to extend their development into relationships, social inclusion, community engagement and the other aspects of choice, control and citizenship that others take for granted.
21. The model used to develop the Learning Disability Strategy is outcome-focused, meaning it focuses on the delivery of a range of activities over varying time scales, linking the delivery of well-planned and costed commissioning actions to short, medium and long-term outcomes, and then ultimately identifying its contribution to a specific social impact:
- a. The short-term outcomes are derived from activities identified and agreed by a person with a learning disability at the time of an assessment or review with a health or social care professional.

- b. The medium-term outcomes are derived from the whole-life outcomes identified nationally by people with learning disabilities and contained within Valuing People and other strategic learning disability guidance and policy.
 - c. Health and wellbeing outcomes are the strategic healthy living / good life outcomes identified by the whole population of Herefordshire through work undertaken by the council and the CCG. They are still under development and will be added in full to the Learning Disability Strategy when completed.
 - d. Social or community impact is the cumulative effect that successfully achieving a tier of outcomes can have on Herefordshire's economy, culture, health and overall wellbeing. They allow commissioners to connect health and social care activity at an individual level with the delivery of long-term changes for a whole community.
22. In recognition of the relatively slow pace of change with learning disability services and the long-term nature of some of the targeted outcomes, e.g. reduction of the life expectancy gap, the strategy is high-level and set over a 10-year period. In order to ensure that delivery is ongoing and based on accurate financial and demographic data, there will be a series of two year commissioning plans detailing the costed and planned activity for that period, developed with the Learning Disability Partnership Board as expert reference group. Commissioning activity will then be discussed by the council / CCG Joint Commissioning Board before going through each organisation's formal governance process as required, i.e. joint directorate leadership team in the council's case.
23. Finally, the Learning Disability Partnership Board will remodel in order to take a lead in reviewing the outcomes achieved as the Learning Disability Strategy is implemented. In order for the board to function effectively in this role, it will be necessary to implement the new constitution developed in 2017, reincorporate the previously agreed long-term involvement by Elected Members within the 'learning disability champion' role and review the representation of both commissioning organisations by senior officers at the quarterly Partnership Board meetings. The board's current terms of reference are already aligned with the council's framework for partnership governance and will be reassessed against that framework as and when they are updated.
24. The currently available performance data is limited. The council will develop more detailed learning disability performance metrics during the first year of the strategy's implementation in order to measure strategic outputs and those strategic outcomes with quantitative elements. This will include making changes to Mosaic to better capture performance data and the development of an improved learning disability performance dashboard. More targeted performance criteria are now being incorporated into service contracts and purchasing frameworks for externally purchased learning disability services, making it easier to aggregate data to show progress across different sectors of provision.
25. The planned review by the CCG of contracted specialist learning disability community health services during 2018 will lead to improvements in the performance data generated. Further work will be undertaken to look at the data generated by GP practices carrying out annual health checks under the NHS enhanced service specification and how it can be used to track local health improvements across the learning disability population.
26. Commissioners have carried out a number of engagement events with service providers, family carers, Learning Disability Partnership Board members and health / social care professionals to engage them in the development of the strategy and introduce the

underlying principles behind it. A communications plan has been implemented to see the strategy through its development, ongoing engagement and governance; this will be extended to disseminate the strategy across the wider learning disability community when engagement is completed and the final document agreed by the council and CCG. The strategy will be integrated into the Adults and Wellbeing professional training programme and can be disseminated to service providers through the council's regular provider forums. An approved Easy Read version of the strategy will be produced after the final engagement sessions and made available for people with learning disabilities. The team of people with learning disabilities who write and publish the Our News, Our Views newsletter have offered to support this process.

Community impact

27. The recommendations in this report will enable the council and the CCG to ensure the appropriate mix of commissioned and universal services is in place across the county and able to evolve over time, in order to enable the outcomes required for the wider learning disability community. Furthermore, these tiered health and wellbeing outcomes will link to the wider long-term strategic / financial aims of the council and the Clinical Commissioning Group.
28. Successful delivery of the Learning Disability Strategy will support two of the council's corporate plan (2017-2020) priorities of ensuring that people with a learning disability are 'able to live safe, healthy and independent lives' and that commissioning organisations 'secure better services, quality of life and value for money' across the sector. This will happen through achieving a wide range of individual outcomes around increased opportunities for work, training and positive daytime activity; improved access to healthcare and healthy living; wider access to opportunities for social inclusion and social value for all and implementation of new service models, better building designs and use of technology to deliver better quality at a reduced cost.
29. The strategy will act as a long-term evidential framework for the ongoing delivery of the social aspirations and health improvement of people with learning disabilities, as set out by the government in Valuing People (2001) and then reiterated through key policy documents and legislation such as including Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); 'Valuing People Now' (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015).
30. The recommendations in this report will ensure that all commissioned activity for and with adults with learning disabilities is aligned to the health and wellbeing blueprint for adult social care (Adult Wellbeing Plan 2017-2020), supporting the intention that 'Herefordshire residents [*including those with a learning disability*] are resilient, lead fulfilling lives, are emotionally and physically healthy and feel safe and secure'.
31. The recommendations in this report will support the NHS's long-term commitment to service improvement in both primary and acute health services in order to reduce health inequalities and improve patient experience for people with learning disabilities. Further to this, they will support the post-Winterbourne commitment to continue the necessary local commissioning and workforce changes required to reduce the use of out-of-area locked-hospital beds.
32. The council is committed to providing a healthy and safe environment for all individuals impacted by the council's funded activities. Therefore the council endeavours to ensure

that the work it and their partners undertake improves and not adversely affects the health, safety or welfare of members of the public, especially vulnerable young persons and adults. Therefore council partners are expected to work to the same health, safety and welfare standards and codes of practice as the council, as far as is reasonably practicable. This requirement will be included in the final contracted terms and conditions where services are commissioned under contract from external providers.

33. Under the Children Act 1989, the Children (Leaving Care) Act 2000 and the Children and Social Work Act 2017, the local council has a duty to provide support and services to young people, including those with a learning disability, who have been in their care for a period of at least 13 weeks since the age of 14 to support their transition out of care. These young people are entitled to a Personal Advisor and should have a Needs Assessment before they turn 18. This assessment should inform the young person's Pathway Plan which should be reviewed regularly until they turn 25. It is good practice for the Pathway Plan to reflect and incorporate any other education, health or care plan the young person has. The council also has a duty to act as corporate parents to this group of young people, which means it must act in the best interests of this group 'as if they were their own children'.

Equality duty

34. An equality impact assessment of the Learning Disability Strategy has been completed and is attached within the appendices of this report.
35. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

A public authority must, in the exercise of its functions, have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act. Current and planned services for adults with learning disabilities help to make this a reality by;
- i. improving wider community understanding of the needs and capabilities of adults with learning disabilities;
 - ii. improving social value by promoting people with learning disability's visible access to roles such as paid employment and to activities linked to civil participation;
 - iii. promoting self-advocacy and citizen advocacy to support people with learning disabilities to recognise victimisation or discrimination; supporting them to be able to speak out to prevent it and by ensuring there are 'safe spaces' where people with learning disabilities can access skilled support.
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality by:
- i. ensuring that adults with learning disabilities have equal access to housing and employment opportunities;

- ii. making 'reasonable adjustments' to public services such as primary healthcare to ensure that people with learning disabilities are not excluded from them;
 - iii. promoting a high expectation of good health for people with learning disabilities through routine access to health screening programmes; early regular cognitive function tests for dementia; an agreed standard of annual health check and effective health action plans.
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality by:
- i. encouraging use of universal services (leisure facilities, hobby clubs, sports etc.) alongside specialist learning disability services in order to support integration and to increase the perceived social value of people with learning disabilities;
 - ii. promoting diverse and integrated communities by ensuring there are multiple opportunities for people with learning disabilities to be supported in ways that allow them to choose ordinary places to live and work and to have ordinary lives that include loving relationships.
36. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services.
37. Where services for people with learning disabilities are delivered via contracts and service level agreements with the independent, private and third sector, the council's providers will be made aware of their contractual requirements in regards to equality legislation.

Resource implications

38. The council and CCG currently spend a combined £30.7 million a year directly on health and social care services for adults with learning disabilities in Herefordshire. This equates to £7.4 million by the CCG and £24.3 million by the council.
39. There is no specific savings target for learning disability activity within the council's efficiency plans but learning disability-related expenditure is included within the overall short-term target. However, it is now generally recognised that any reduction in the overall spend of learning disability service will result from a sustained medium-term programme of service redesign and modernisation.
40. The Learning Disability Strategy sets out a framework for improving the efficiency of residential care and supported living models to improve outcomes whilst reducing costs; reducing dependence on social care by creating training and paid work opportunities and, over the long-term, growing the opportunities that enable people with learning disabilities to use universal services as a greater part of their daily lives.

Legal implications

41. The report outlines the Learning Disability Strategy before it is presented to Cabinet for approval. The strategy enables the council to meet its legal obligations under the Care Act 2014 in respect of adults and the Children and Families Act 2014 in respect of children, together with the Mental Capacity Act 2005.
42. Section 2 Health Act 2009 imposes a duty on councils to have regard to the NHS Constitution in performing their health service functions. The NHS Constitution establishes the principles and values of the NHS in England.
43. The council must have regard to the NHS Constitution in the event that it acts as lead commissioner for any NHS service. As part of the preparation for the more collaborative shared commissioning process set out in the Learning Disability Strategy, there was a review of council / CCG learning disability contracting and commissioning responsibilities that resulted in the contract and associated funding for community learning disability health services, provided by 2gether NHS Foundation Trust, returning to the CCG. At this time there are no pooled budgets for learning disability services and commissioning activity is only aligned rather than joint.

Risk management

| Risk / opportunity | Mitigation |
|---|--|
| Performance management could be focused on process measures that are not reflective of the wellbeing and experience impact of services for people with learning disabilities in Herefordshire. | The council, using the new strategy, seeks to focus its attention on matters of direct relevance to people with learning disabilities living in Herefordshire and ensure performance measures reflect these. |
| There could be no shared planning or joined-up thinking in place for the long-term commissioning of health and social care services and resources for the wider learning disability community, leading to a lack of improvement, poorer life outcomes and a less coherent and efficient market. | The council adopts and implements this strategy as a long-term commissioning and planning framework to support an effective, efficient and high quality service sector delivering excellent life outcomes for all people with learning disabilities in the county. |
| Progress toward the delivery of the health and wellbeing blueprint and enabling successful outcomes for this group may be compromised due to the absence of a Learning Disability Strategy. | The council can show the significant amount of work in progress to improve directly and indirectly commissioned services that will be supported by the implementation of a comprehensive coproduced Learning Disability Strategy. |
| Delivery of the strategy will involve additional capital / revenue resources, changes to service provision and changes in the market, e.g. new providers entering the market and | The council and CCG will continue to commit ongoing commissioning and project management resources to oversee the implementation of the Learning Disability Strategy, ensuring that activity matches resource availability and that there is |

Further information on the subject of this report is available from
 Adam Russell, Tel: 01432260918, email: Senior Commissioning Officer, Adults and Wellbeing@herefordshire.gov.uk

existing providers leaving the market.

appropriate planning and engagement in place to manage individual service and market-wide change.

Consultees

44. The Learning Disability Strategy has been in development since 2014 and the local aspirations set out in the document are based on a series of engagement events facilitated by the council during 2015 and 2016.
45. Using the outcomes from these earlier engagement sessions, commissioners are formally engaging once again with people with learning disabilities, family carers, health and social care professionals, the Herefordshire Learning Disability Partnership Board and with learning disability service providers operating in Herefordshire to further develop and validate the outcomes framework for the four themes that underpin the strategy. Given the particular facilitation requirements of direct and meaningful discussion / coproduction with people with learning disabilities, the engagement process will be ongoing throughout April and May 2018.
46. On 27 March 2018 the council's adult wellbeing scrutiny committee engaged in an overview of health and social care activity in relation to people with learning disabilities living in Herefordshire, supported by commissioners, practitioners and senior officers from the council, CCG and 2gether NHS Foundation Trust. This included looking at recent population data, demographic trends, health and social care expenditure, current pressures and the proposed commissioning activity to address them, including the development of the long term Learning Disability Strategy. The committee formally noted the service overview and that further information on the implementation of the joint learning disability strategy be awaited.
47. Further engagement will take place for all relevant individual commissioning actions as the strategy is implemented and will be augmented through the changing role of the Learning Disability Partnership Board. The attached engagement record (appendix four) shows who has been involved in the development of the strategy with the outcomes of that engagement to date, followed by the programme of further engagement on the early and intermediate strategic outcomes, facilitated in face-to-face sessions and an Easy Read questionnaire by Making It Real with people with learning disabilities across the county during April and May 2018.
48. The Herefordshire Health and Wellbeing Board members have been briefed on the content and aims of the strategy. The relevant learning disability strategic work-streams, i.e., end-of-life care and dementia, are aligned to the aims and objectives of the Health and Wellbeing Strategy.

Appendices

Appendix 1: Herefordshire Learning Disability Strategy

Appendix 2: Learning Disability Needs Analysis Summary 2018

Appendix 3: Equality Impact Assessment

Appendix 4: Engagement Plan

Further information on the subject of this report is available from
Adam Russell, Tel: 01432260918, email: Senior Commissioning Officer, Adults and
Wellbeing@herefordshire.gov.uk

Appendix 5: Presentation slides

Background papers

None identified.



Herefordshire
Clinical Commissioning Group

Herefordshire Learning Disability Strategy

2018 to 2028

| | |
|----------------------------|--|
| Author: | Adam Russell, Senior Commissioning Officer (Learning Disability) |
| Manager: | Laura Tyler, Commissioning Manager - Adults |
| Directorate / Team: | Adults and Wellbeing / Commissioning Team. |
| Version: | V0.10 |
| Date: | 02.05.2018 |

DRAFT

| CONTENT | |
|---|---------------------|
| 1. Introduction | Page 4 - 6 |
| 2. Learning Disability Strategic Context | Page 7 - 9 |
| 3. Strategic Commissioning Principles | Page 10 - 13 |
| 4. Finances: How the Money is Spent | Page 14 - 15 |
| 5. Identifying and Using Outcomes | Page 16 - 19 |
| Priority 1: Where I Live | Page 20 - 22 |
| Priority 2: What I Do During the Day | Page 23 - 25 |
| Priority 3: Being Healthy and Safe | Page 26 |
| Priority 4: Citizenship, Choice and Control | Page 27 - 29 |
| Strategic Commissioning Intentions | Page 32 - 39 |
| Priority 1 Intentions and Outcomes | Page 40 - 44 |
| Priority 2 Intentions and Outcomes | Page 45 - 49 |
| Priority 3 Intentions and Outcomes | Page 50 - 52 |
| Priority 4 Intentions and Outcomes | |
| Appendix 1: 2018-19 Commissioning Implementation Plan* | Page 54 |
| Glossary of Terms | Page 56 |

1. Introduction

Welcome to the Herefordshire Learning Disability Strategy. This document sets out the long term commissioning plans of Herefordshire Council and Herefordshire Clinical Commissioning Group with and on behalf of people with a learning disability and their family carers. In tandem with the council's Preparing for Adulthood Protocol this strategy also includes young people aged 14 to 25 preparing for adulthood. The work in this phase of a young person's life is crucial in achieving successful outcomes and taking on the rights, opportunities and responsibilities of adult life.

The council has a statutory responsibility to ensure the well-being and safety of all vulnerable adults across a wide range of living activities and the clinical commissioning group has a statutory responsibility to ensure the provision of universal and specialist health care in order to improve the health of the whole community. As part of these overarching responsibilities and as commissioning organisations committed to a healthier, wealthier and more inclusive Herefordshire, we want to work together with the people who use and deliver all kinds of services to help Herefordshire be a place that universally celebrates people with learning disabilities.

We believe that people with a learning disability have many skills, talents and aspirations, enabling them to have an active role in our shared communities through good integration and to contribute to economic growth through employment and training. We want to make sure that people with a learning disability can live as independently and safely as possible, have the best chance of long-term good health and are genuinely able to choose and influence the support they require to achieve these life outcomes. If someone is unable to make or articulate that choice, they should be assisted by a skilled circle of supporters to work in that person's best interest and to place them at the centre of any decisions.

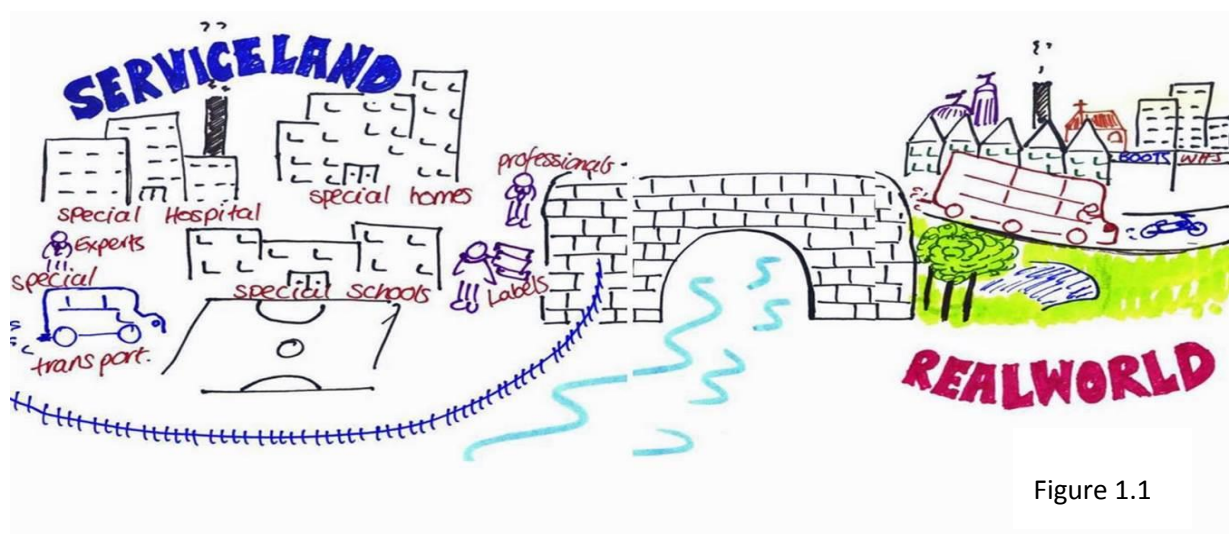


Figure 1.1

It is important that we collectively move away from the idea of separate services and fully adopt the principle of supporting people with learning disabilities to successfully

integrate, including where they live, where they work and spend their days; how they spend their leisure time and how they access services such as healthcare. The illustration above (Fig. 1.1), which reflects the challenge locally, was produced by Community Catalysts as part of a wider national conversation with people with learning disabilities about citizenship and shows how the creation of 'special' services has reduced their ability to live what they perceive to be ordinary lives. This strategy is one of the building blocks to help achieve these ambitions and enable people with learning disabilities to have the same choices and opportunities that the majority of our population has.

This strategy has been developed within the context of very challenging public finances both nationally and locally; in Herefordshire we continue to face a very difficult financial future across health and social care. As commissioners and providers, it challenges the system to do more with less; by learning from others; using technology intelligently; making better use of universal services and by working collaboratively across the independent & voluntary sectors and with the wider community wherever possible. Most importantly, we must enable people with learning disabilities to reduce their dependence on funded support services by creating opportunities for them to maximise their independence.

Our change of approach is based on identifying the life outcomes that are important to people with learning disabilities and ensuring that ALL of our commissioning activity is focused on meeting those outcomes. By identifying activities and outputs that enable people with learning disabilities to achieve the outcomes framed by the aspirations originally set out in the in the government's Valuing People and Valuing People Now white papers between 2001 and 2009, we also contribute to a whole range of wider outcomes that benefit the whole population of the county. This has been achieved through having conversations with people with lived experience, family carers, health & social care professionals and organisations represented on the Learning Disability Partnership Board. These conversations form the building blocks of a series of outcomes and activities.

Importantly, commissioning is not exclusive to the council or the national health service – the approach set out in this document is intended to guide and support future commissioning actions at all levels and by anyone.. This can range from a person with a learning disability using their individual budget to purchase a single community activity to a statutory organisation procuring a multi-million pound service for the whole learning disability population.

Finally, recognising the role of the council and clinical commissioning group in enabling health and wellbeing for the whole population of Herefordshire, we want to make sure that we are accountable in our ambition to enable good quality services, opportunities and resources for the learning disability community in Herefordshire over the next decade and beyond.

We look forward to working with you all to make these outcomes a reality for people with learning disabilities across the county.

Insert the signatures of sponsoring individuals from Council and CCG



DRAFT

2. Learning Disability Social Context

In 2001 the government published the most significant framework document in the history of learning disability social policy; ‘Valuing People: A New Strategy for Learning Disability for the 21st Century’.

Almost 20 years on, it remains the benchmark for the principles underpinning the provision of services for people with a learning disability and has been followed by policy and legislation to consolidate and support the Valuing People vision, including Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); ‘Valuing People Now’ (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015).

There are 11 key outcomes set out within the White Paper. Importantly, given its themes of rights, independence, choice and inclusion, there are also links to the equally challenging Human Rights Act 1998 and the Disability Discrimination Act 1995. This work spawned learning disability advocacy movements such as Choice & Control, as well as underpinning much of the developmental work ahead of the Care Act in 2014

In summary, the 11 key objectives of Valuing People are:

| |
|--|
| 1. Maximising opportunities for disabled children. |
| In all areas of life including education, health and social care; whether with families or elsewhere. |
| 2. Transition into adult life. |
| As young people move into adulthood, ensure continuity of care and support for the young person and their family and provide equality of opportunity in order to enable as many young people as possible to participate in education, training and employment. |
| 3. Enable people to have more control over their own lives. |
| This can be achieved by enabling people with learning disability to have as much choice and control as possible through advocacy and person centred planning (and by implication; personal budgets/direct payments) to planning the services they need. |
| 4. Supporting carers. |
| To increase the help and support carers receive from all local agencies in order to fulfil their caring role more effectively. |
| 5. Good health. |
| To enable people with learning disability to gain access to a health service designed |

| |
|--|
| to meet their individual needs. |
| 6. Housing. |
| To enable people with learning disability to have greater choice and control over where and how they live. |
| 7. Fulfilling lives |
| To enable people with learning disabilities to lead full and purposeful lives in communities and develop a range of friendships, activities and relationships. |
| 8. Moving into employment. |
| To enable more people with learning disabilities to participate in as many forms of employment as possible and to make a contribution to the world of work. This might also include voluntary work. |
| 9. Quality. |
| To ensure that all agencies provide a high quality, evidence based and continually improving quality of service that promotes both good outcomes and best value. |
| 10. Workforce and planning. |
| To make sure that all health and social care staff working with people with a learning disability are appropriately trained, skilled and qualified and to promote a better understanding of people with a learning disability. |
| 11. Partnership working. |
| To promote a more fully integrated and holistic way of working between all agencies to ensure uniformity and consistency of quality and provision for people in the commissioning and delivery of services. |

Now in 2018 it is clear there is still much work to do locally. People with learning disabilities have stated they want:

- To have their voices and choices valued;
- To have equality of access to homes, work and universal services in the wider community;
- To have an expectation of good healthcare that contributes to a healthy life, and;
- To have an opportunity to enjoy the rights and responsibilities of ordinary citizenship.

The range of choices and opportunities for people with learning disabilities in Herefordshire has come a long way in enabling them to have choice and control over their own lives. This document is intended to set out a shared framework for enabling change within the learning disability community over the next few years in Herefordshire, co-produced and implemented by all those that require support, deliver support across all sectors, assess need, manage specialist or universal resources or help to shape the place we live.

Included in this strategy is the work undertaken with health partners such as ²Gether Foundation NHS Trust, the Herefordshire Clinical Commissioning Group, and Children's Services, because it's well understood that what is needed is a whole life approach that minimises the hurdles between different areas of service. Herefordshire's learning disability community has already made much progress and collectively wants to do so much more in the future. It is hoped that local communities, providers and people will embrace this vision and move forward to improve the health and wellbeing, quality of services and range of life choices for people with learning disabilities.

In order to support Herefordshire Council and Herefordshire Clinical Commissioning Group to continue to work towards the universal delivery of these principles for the local learning disability community, the Herefordshire Learning Disability Strategy focuses on 4 key priorities that encapsulate the ongoing delivery of the core principles of the Valuing People vision.

Priority 1 is concerned with where people with learning disabilities live;

Priority 2 is concerned with what people with learning disabilities do during the day, whether that is paid employment, volunteering, training or structured activities;

Priority 3 is concerned with people with learning disabilities being healthy, access to good healthcare and challenging health inequality;

Priority 4 is concerned with enabling people with learning disabilities to attain recognisable citizenship and by doing so, have real choice and control over their lives.

3. Strategic Commissioning Principles and Approach

Social care commissioners in local government and the NHS need to acknowledge that their relationship with people with learning disabilities is different. Unlike other groups of customers who generally have shorter periods of need around specific issues, people with learning disabilities and their families generally remain in close contact with statutory services such as social care provision and the NHS for whole lifetimes, from childhood through to old age. They also tend to require support across a wide range of life issues, such as housing, healthcare, personal care, being safe, daytime activities etc.

The process of commissioning is changing. Growing use of individual budgets is increasingly turning people with learning disabilities away from being service users, firstly enabling them to become ‘customers’, with all of the expectations of choice and control that this implies and secondly enabling them, along with their diverse circle of support, to become their own commissioners.

Commissioning organisations now have to adapt to the idea that they are no longer simply direct purchasers of a menu of services that are then allocated out to people on the basis of need. They are now also place-shapers, responsible for creating partnerships across users and providers to enable a diverse range of services, opportunities and developments for people with learning disabilities to choose from in order to improve their lives.

To address this effectively and equitably, the role of the council and the clinical commissioning group is to:

- Ensure that the wider learning disability community is engaged in the ongoing commissioning of services by including them in the process of shaping services and opportunities, rather than merely consulting them and their families at the beginning before telling them what we’ve done at the end. Each two-year commissioning programme will be developed in consultation with the Learning Disability Partnership Board, who will advise on the level and method of engagement that is needed with some or all of the learning disability community
- Co-produce plans that don’t go rapidly out of date and that look at the longer term outcomes rather than what can be delivered within the lifetime of the current budget cycle. By engaging the wider community’s skill, experience and imagination to create diverse, economically robust and high quality services that achieve excellent, well-directed outcomes over a lifetime.
- Place greater emphasis on delivering changes that have a measurable and positive lifelong impact on people with learning disability, drawing on Herefordshire’s blueprint for adult social care (in the diagram below) and on the longstanding framework of government policies affecting health and social care for people with learning disabilities. In doing so, commissioning organisations must also develop an understanding of the ways in which an empowered,

engaged and included learning disability population can add to the diversity, well-being and economy of the county.

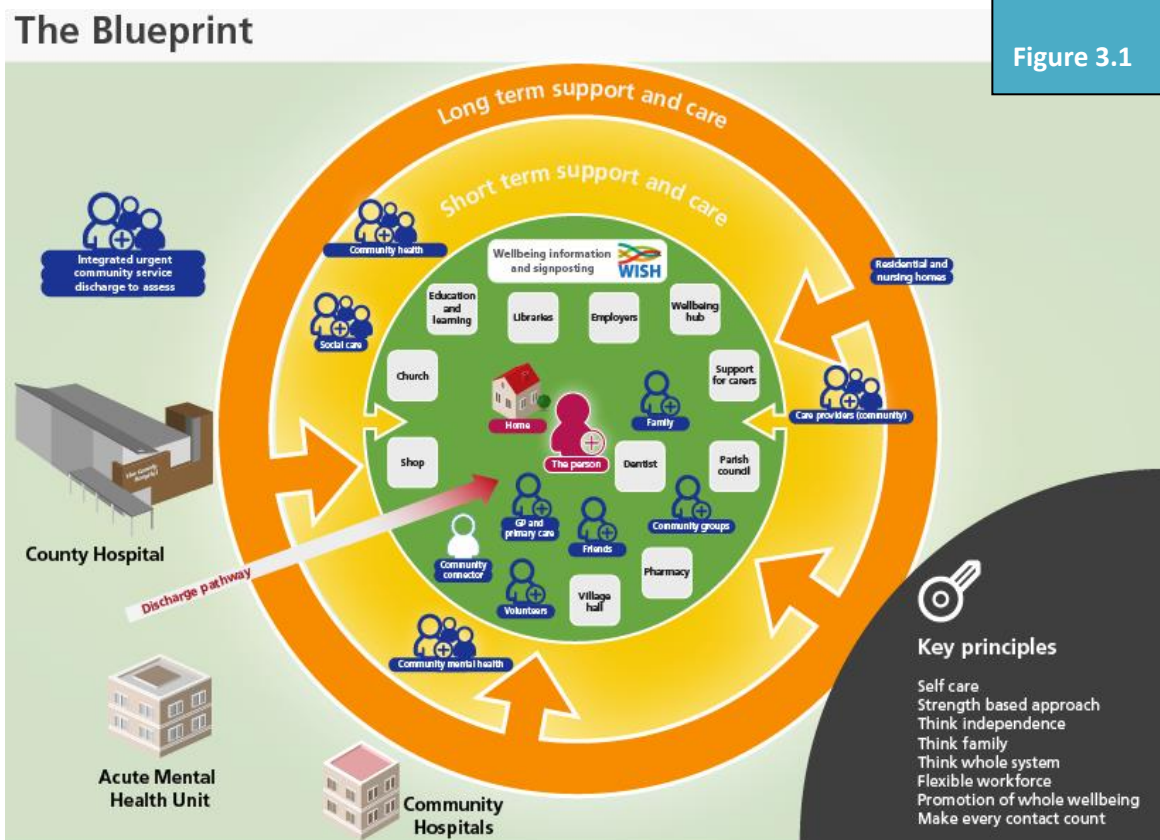


Figure 3.1

Herefordshire Council’s Adults Wellbeing Plan 2017 – 2020 states that:

The vision for the council’s adults and wellbeing directorate is that ‘*all adults in Herefordshire live healthy, happy and independent lives within their local communities, for as long as possible with support when they need it*’. This vision is represented in the blueprint diagram above and illustrates an approach where people are supported in their community through family, friends, community groups and good information that enables them to live as fulfilling a life as possible.

Engaged and supportive communities enable people to stay healthy and actively involved for longer, reducing the need for targeted services.

The whole system outcomes model (Fig. 3.2) has been implemented in order that people receive appropriate information and support in a timely manner to enable them to regain as much control over their lives as quickly as possible and avoid or delay the need for formal care.

Whole System Outcomes Model

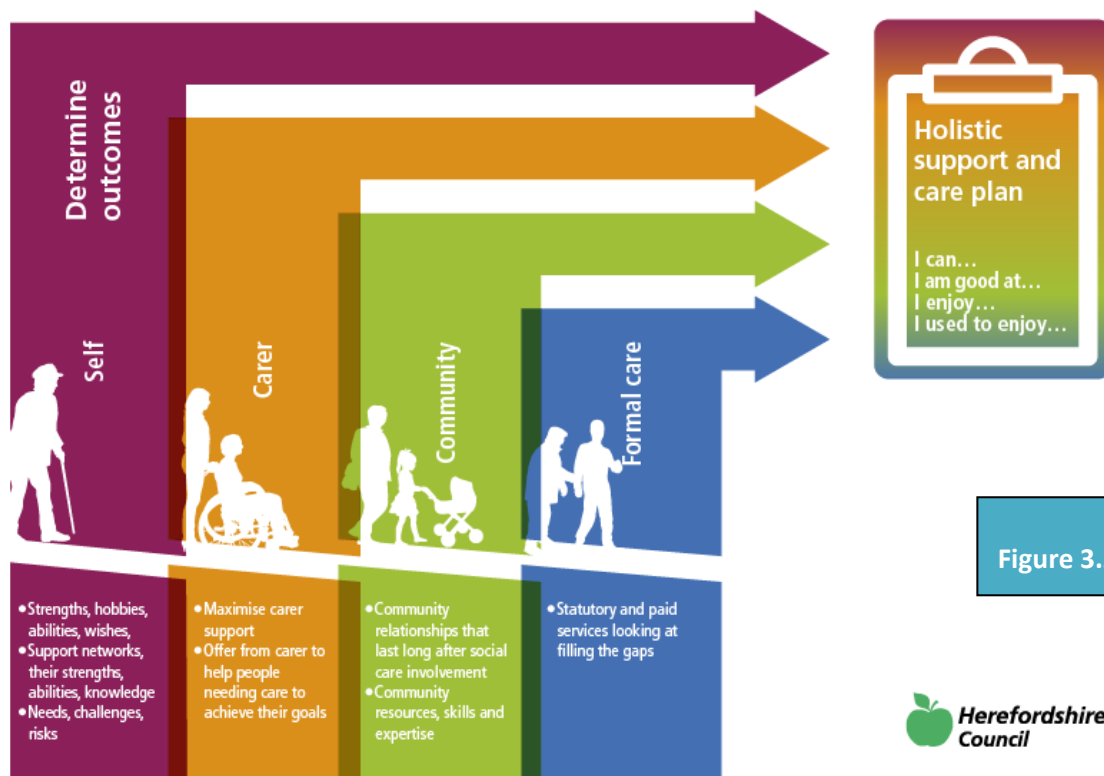


Figure 3.2



Due to the strength-based approach and the desire to see people with learning disabilities adopt an ethos of choice and control, the emphasis is on market shaping and encouraging a diverse range of providers to offer a wider choice of individually focused provision that enables tangible outcomes for services users. Outcomes should describe the tangible ways a person’s independence, quality of life and general wellbeing are improved and maintained as a result of a specific commissioned action.

In order to ensure that commissioning decisions are supported with accurate information about local needs and market capability, the council and the CCG are developing three additional processes to underpin the Learning Disability Strategic Commissioning Plan.

1. Learning Disability Biannual Commissioning Plan (Appendix 1)

All the areas for development referred to in the strategy will require further planning and the required detailed inputs, activities and intended outputs will be set out every 2-years in a Learning Disability Biannual Commissioning Plan. These plans will also identify any current relevant delivery co-dependencies with work areas such as housing, primary / acute healthcare, children services and others. This document can be downloaded from the council’s website.

2. Learning Disability Market Position Report

A clear and accurate understanding of current market position is essential to carry out effective commissioning. The council and the CCG will carry out a market condition survey every 2 years and publish the findings in a report. The report will look at a range of issues, including the current mix of service providers; a provision

gap analysis; an assessment of known economic risks and opportunities and a schedule of planned procurements.

3. Learning Disability Needs Analysis

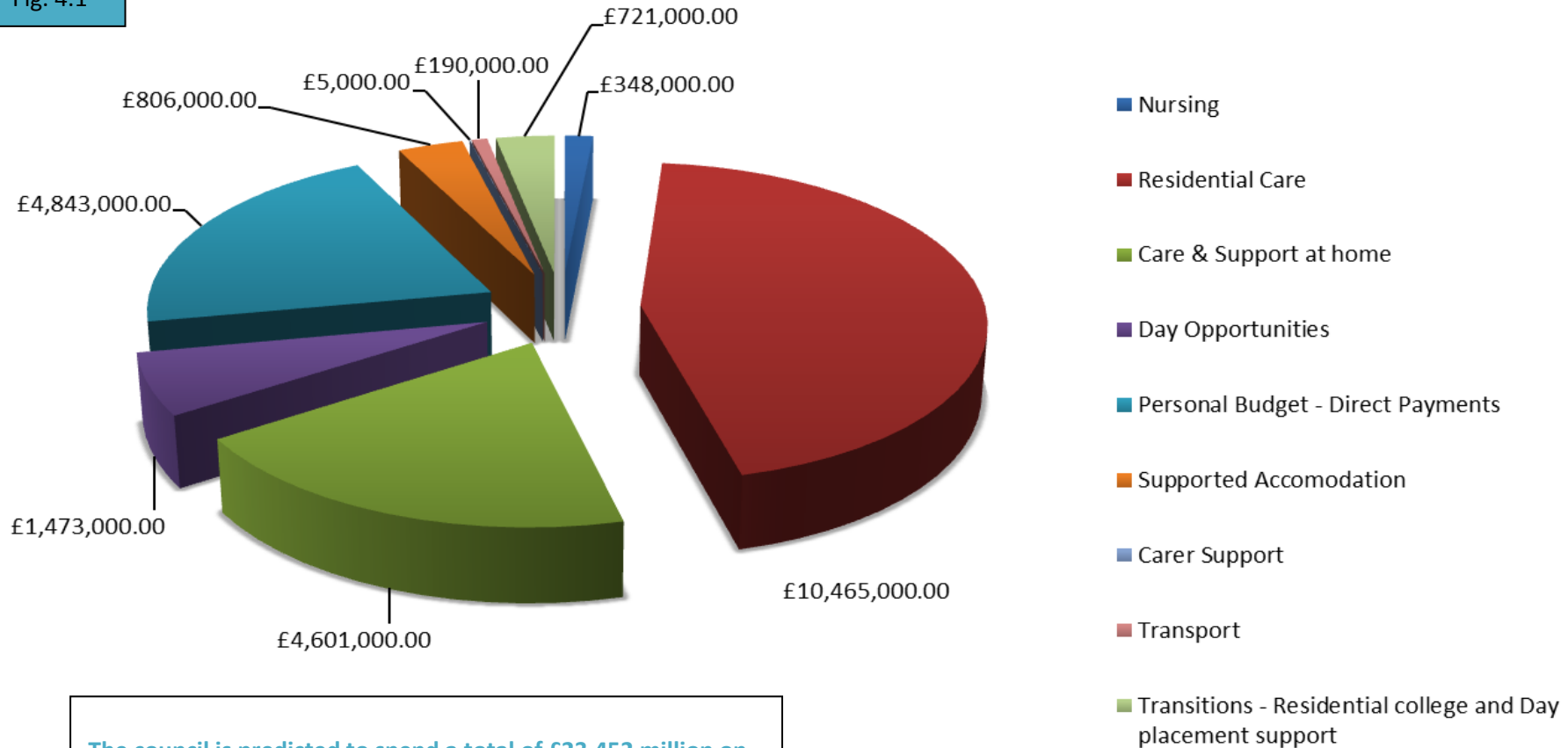
The council, working with commissioning individuals and organisations within the wider learning disability community, will periodically produce a joint Learning Disability Needs Analysis Report. This will set out a detailed demographic analysis of the learning disability population in the County at that time, identifying population trends and changes likely to impact on the kinds of services and resources both providers and commissioning organisations are likely to need over the short and longer term.

DRAFT

4. Finance: How the money is spent on adult learning disability services

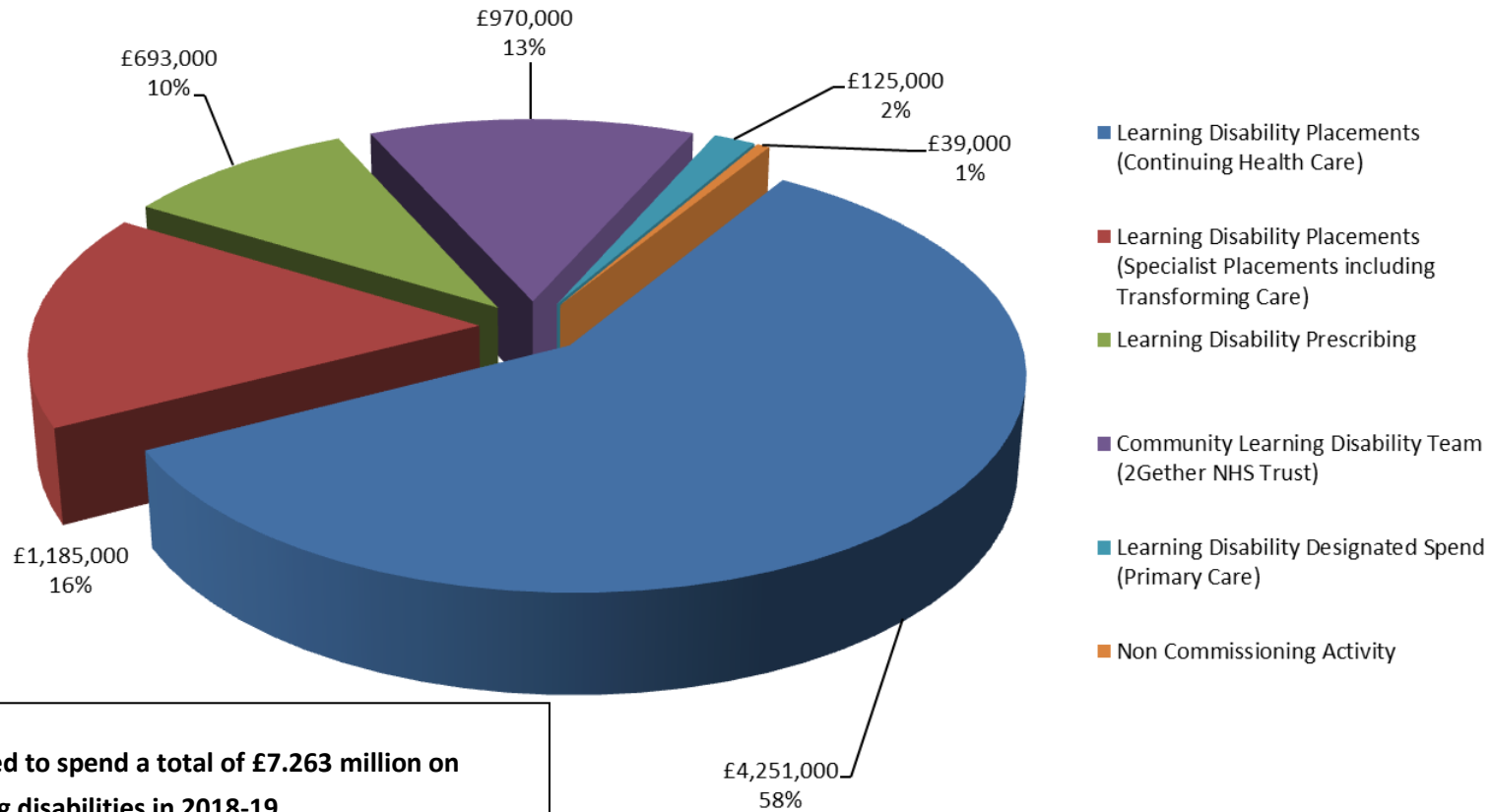
Herefordshire Council - Learning Disability Planned Expenditure (before income) 2018/19

Fig. 4.1



Herefordshire CCG - Learning Disability Planned Spend 2018/19

Fig. 4.2



The CCG is predicted to spend a total of £7.263 million on adults with learning disabilities in 2018-19.

Herefordshire clinical commissioning group also spend approximately £30m per annum on primary medical care which provides significant support to a majority of the people with learning disabilities and their families and carers. In addition, all of the clinical services that the clinical commissioning group commissions are accessed by people with learning disabilities.

5. Identifying Strategic Outcomes

Whilst quantifiable measures such as expenditure and service quality are of huge significance, the true measure of whether a commissioning action has achieved the desired outcome and had a positive impact can only be understood by asking the people affected by it. In order to be meaningful across the wide spectrum of ability and capacity found across the learning disability community, this will require a range of approaches that include and involve families and other key people in addition to people with learning disabilities themselves. To support this, the learning disability commissioning strategy will focus on the delivery of a range of activities over varying time scales, linking the delivery of well-planned and costed commissioning actions to short, medium and long-term outcomes.

When developing a commissioning strategy, stakeholders across the learning disability market need to consider someone's chosen personal outcomes and how they want to achieve them will be reflected in the services that are directly or indirectly commissioned for Herefordshire's citizens. This commissioning response needs to follow the strengths-based approach and whole-systems outcomes model set out in the Herefordshire blueprint for adult social care set out earlier in this document. This is a shift in approach that will impact significantly on individuals with learning disabilities.

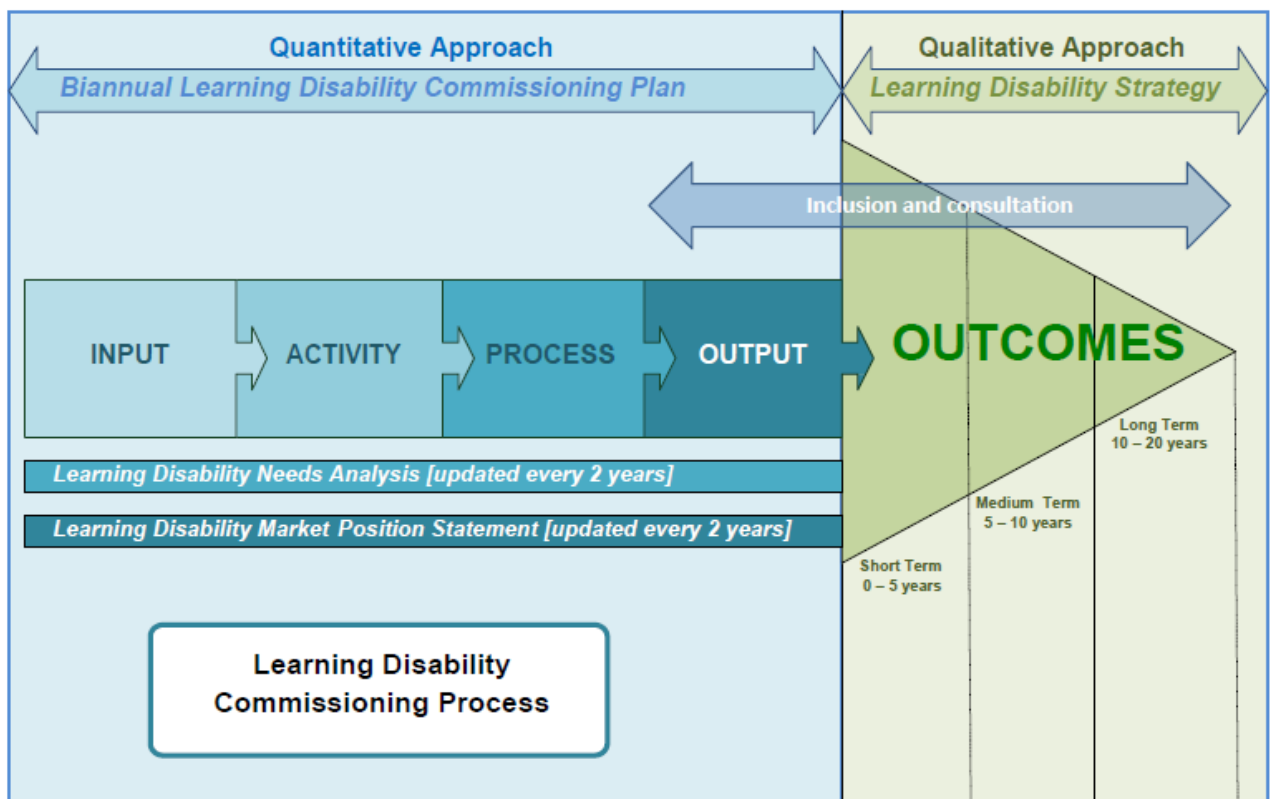
At the same time, the same stakeholders also need to consider how to link personal outcomes to the much wider aspirational lifetime outcomes for the whole learning disability population, as set out in the 4 priorities underpinning this document.

Lastly, in addition to the usual governance process within each commissioning organisation, it is essential that there is an external verifier to hold commissioning organisations to account and ensure the stated outcomes in each of the four commissioning priorities are actually achieved. In this case, the Herefordshire Learning Disability Partnership Board will be supported over the long term to work with the wider learning disability community to monitor progress toward achieving each agreed outcome set out in the commissioning strategy.

In order to organise all of the collected information into a coherent strategic plan, we have used a simple logic modelling process to take the outcomes people with learning disabilities want to achieve and developing each of them into a process that identifies:

- The **inputs** required to make the outcome happen, e.g. human resources; financial resources; time.
- The **activity** required to enable the outcome to happen, e.g. process, planning, etc.
- The **output** to make the outcome happen, e.g. a product or service.

- The intended **short-term outcome**; usually based on activities identified and agreed by a person with a learning disability at the time of an assessment or review with a health or social care professional.
- The intended **medium-term outcome**; these are longer-term whole-life outcomes identified nationally by people with learning disabilities and contained within Valuing People and other strategic learning disability guidance and policy.
- **Health & well-being outcome**; these are the intended strategic outcomes identified by the whole population of Herefordshire.
- **Social impact**; this is the cumulative result that achieving a tier of outcomes successfully will have on Herefordshire’s economy, culture, health and overall well-being.



The Care Act 2014 sets out a list of statutory outcomes that need to be considered (in conjunction with the national eligibility criteria) when assessing individual needs.

Care Act outcomes for adults with care and support needs

- Managing and maintaining nutrition
- Maintaining personal hygiene

- Managing toilet needs
- Being appropriately clothed
- Being able to make use of the adult's home safely
- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including public transport, and recreational facilities or services
- Carrying out any caring responsibilities the adult has for a child.

Care Act outcomes for carers with support needs

- Carrying out any caring responsibilities the carer has for a child
- Providing care to other persons for whom the carer provides care
- Maintaining a habitable home environment in the carer's home, whether or not this is also the home of the adult needing care
- Managing and maintaining nutrition
- Developing and maintaining family or other personal relationships
- Engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community, including recreational facilities or services
- Engaging in recreational activities.

These outcomes underpin the four priority themes of this strategy:

Priority 1: Where I live

People need to live in the right home, so need good and affordable accommodation options within their local community and designed to meet individual needs. This applies to supported living, family care or residential care, all of them should enable people to live fulfilling lives, respect choice and support inclusion.

Priority 2: What I do During the Day

People need to be a valued part of Herefordshire's communities by being supported to active citizens through paid employment, meaningful training options and opportunities for volunteering for those able to do it. There must be a choice of local support options to offer a satisfying range of activities for people of all abilities, as well as the infrastructure in place to make sure these are safe and of good quality.

Priority 3: Being Healthy and Safe

People need to be healthy, safe and able to access the right medical help quickly and appropriately. Emphasis should be on universal access to mainstream health provision with reasonable adjustment where necessary, rather than assuming that every person with a learning disability needs a specialist service. Over the long-term, all necessary work must be done to reduce health inequalities within the learning disability population.

Priority 4: Citizenship, Choice and Control

In addition to the right blend of services and opportunities, to be fully recognised as citizens, people with learning disabilities need to have choice and control through personal budgets and direct payments, alongside an expectation that they will integrate with, contribute to and become valued members of their community however they choose.

With the support of family and others, they should have a collective voice that is valued and able to influence change. People with learning disabilities should be supported to use the social recognition gained through employment, education, volunteering, independent living within the community to extend their development into relationships, social inclusion, community engagement and the other aspects of choice, control and citizenship that others take for granted.

Preparing for Adulthood Outcomes:

The four strategic priorities for adults are designed to complement the PFA outcomes for young people, thereby supporting the process of transition for young people with learning disabilities entering adult services. By Preparing for Adulthood we mean preparing for:

- Higher or further education and/or employment – this includes exploring different employment options, such as support for becoming self-employed and help from supported employment agencies.
- Independent living – this means young people having choice, control and freedom over their lives and the support they have, their accommodation and living arrangements, including supported living • participating in society, including having friends and supportive relationships, and participating in, and contributing to, the local community.
- Being as healthy as possible in adult life.

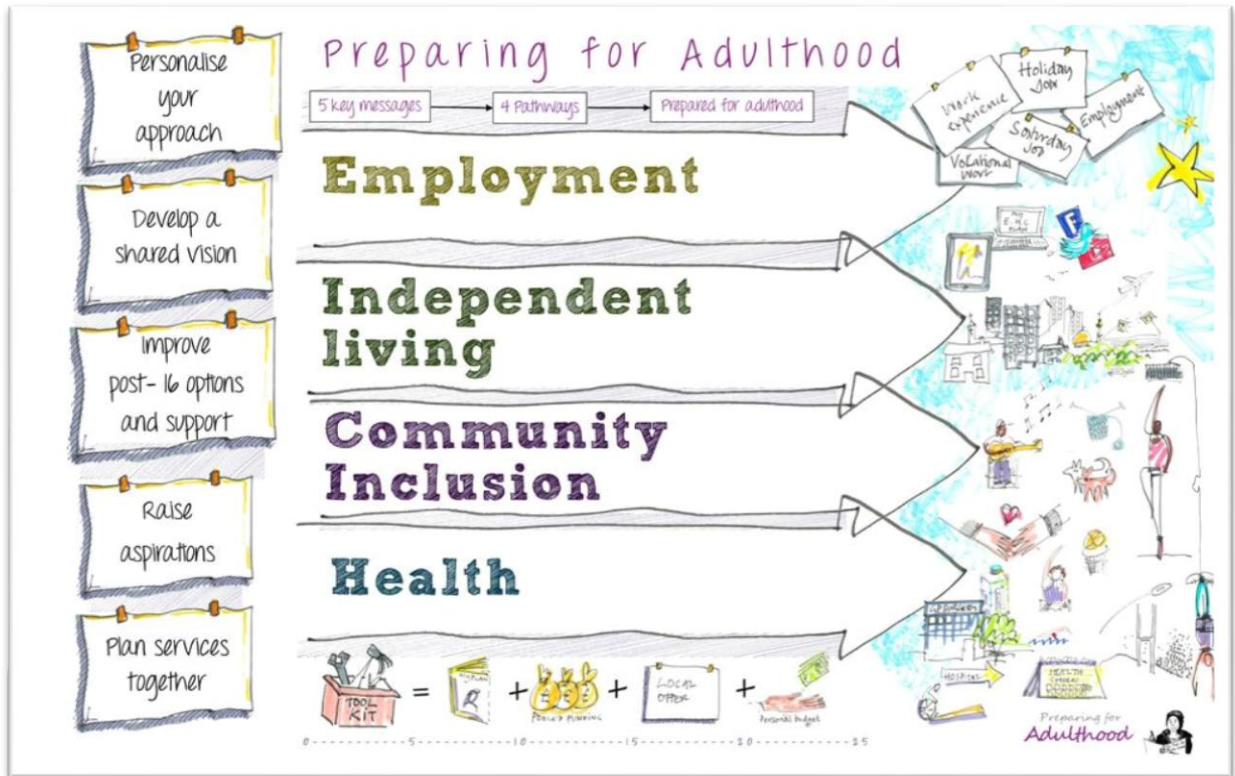


Figure 5.2

DRAFT

PRIORITY ONE: WHERE I LIVE

People with learning disabilities want to make choices about where they want to live, and support for them and their families around making and implementing their decision. They need a clear pathway that will enable them to live in the place that is right for them, with support that enables them to live as independently as possible. The type of care and accommodation that people with learning disabilities receive is fundamental to their quality of life. It is essential that as much as possible is done to personalise this accommodation to the specific needs, wants and preferences of the individual and their families / carers.

For some people, one of the many models of supported living will offer the right balance between independence and assistance, whereas for others a residential care home fits better with the way they want or need their care delivered. However, the choices that people with learning disabilities make about where and with whom they live can change throughout their lives.

Supported living: Whilst supported living has no legal definition in the United Kingdom, the council has taken the commonly accepted set of principles surrounding this model of support and incorporated them into a new purchasing framework. Providers of supported living must ensure that services enable people with learning disabilities to own or rent their own home and have control over the support they get, who they live with (if anyone) and how they live their lives.

Services must be sufficient to help people get the support they need, and to act when they no longer need support, either by enabling the individual to move on to long-term accommodation or by moving the support and enabling the individual to stay put. This means providing services that respond quickly in a crisis, and that enable people to move towards living arrangements where they no longer need support. People must be able to use personal budgets to purchase support from a choice of providers with a choice of the types and times of support. This could include evening and weekend support, a range of respite that can meet the needs of people with complex health needs, as well as flexible support to enable family carers to work.

Working with the learning disability community and with providers, commissioners will continue to support the co-production of different models of shared housing, including:

- Core and cluster sheltered housing provision for older people with learning disabilities living with increasing frailty and/or dementia.
- Clustered accommodation (transitional and long-term) to ensure that supported living is a viable and affordable option for as many people with learning disabilities as possible.

- Shared and individual accommodation for people with learning disabilities who have lower support needs but may behave in ways that put themselves or others at significant risk, with support that keeps them safe and helps them address their needs.
- Home-ownership and models of support that enable people with learning disabilities to maximise their independence whilst choosing to remain living with family carers.

It is vital that all supported living has effective integration and social inclusion at its core. No person with a learning disability should experience social isolation or social impoverishment through being supported in their own home. Supported living should be part of a wider range of opportunities that enable people with learning disabilities to integrate successfully and by doing so, become a key part of their community.

Domiciliary care: For those people who require funded assistance with personal care in order to remain independent in their home, the council will ensure that providers of regulated-care are of a good standard and have the necessary skills to ensure their staff teams understand the needs of people with learning disabilities. This will include those people with very complex physical needs, with limited ability for conventional communication and those whose behaviour may appear complex or challenging toward others.

Residential care: Good residential care is inherently communal and therefore allows people with learning disabilities to spend leisure time together, participate in excursions and day activities together and develop friendships. It also provides an environment in which care staff are always available 24/7, making it particularly relevant to those with the most profound needs by offering a considerable degree of independence whilst safeguarding security (*The Centre for Social Justice*).

It is recognised that the considerable cost pressures on providers, including the impact of the National Living Wage; employer contributions and staff recruitment / retention issues.

Technology and design: Excellent service and accommodation design, incorporating appropriate technology, is essential in order to make accommodation work as effectively as possible for people with a wide range of needs. This should include:

- Low stimulation environments for people with learning disabilities and autistic spectrum disorders, reducing stimuli that may trigger distress and thereby enabling a more positive living environment.
- Using interior design cues that reduce anxiety and confusion for people with learning disabilities living with dementia-related illnesses.

VO.10 DRAFT

- Incorporating the infrastructure required for technology when designing accommodation. This would include additional power outlets, access to high-speed internet, tablet docking ports where appropriate.

DRAFT

PRIORITY TWO: WHAT I DO DURING THE DAY

Society still tends to attribute value to people according to the social roles they fulfil. People with learning disabilities are often denied the opportunity to fulfil valid social roles, yet most want to take an active part in their community, through work, volunteering, friendships, and other opportunities. Everyone need to uphold the rights of people with learning disabilities to be able to do the same things as any other citizen of Herefordshire, participating fully and with access to the same opportunities as everyone else.

Services must support people with learning disabilities, their families, friends and carers, to identify opportunities to participate and contribute through work and volunteering in their local community. It is important that these organisations lead the way by becoming exemplars for the employment, meaningful training and volunteering of and by disabled people in order to encourage others to see the value in doing the same.

People with learning disabilities should be able to use their personal budgets to purchase the care and support they need to achieve their goals, from a choice of providers with a choice of the types and times of support. This would include evening and weekend support, and individual and group activities in community settings, as well as more traditional day services if people need this. Joint Commissioners should support people to develop their own networks that help them live independently beyond the funding and support that they receive from Herefordshire Council and Herefordshire Clinical Commissioning Group.

Employment and training:

- Commissioning organisations, in partnership with users and providers of services, must make sure there is real choice of services locally for people with learning disabilities. Recognising the economic and logistic challenges, commissioners will support all service providers to enhance their capacity, accessibility and quality through initiatives such as co-location, shared training and collaborative approaches to service development.
- Make sure a range of education, training, work experience, volunteering, supported-internships and supported employment is available locally and is accessible to people with learning disability
- Services should be reviewed and refocused to enable collaborative delivery of key outcomes including supporting clear progression routes for people with learning disabilities to access paid and unpaid employment.
- Commissioners should develop an action plan to improve the numbers of people with learning disabilities who are in paid employment and develop a supported employment pathway within the county for people with a learning disability.

- Public sector agencies as both employers and procurers of services should support the employment of disabled people through tender and contractual process and give guidance on good practice, and reasonable adjustments such as job carving for disabled people.
- Commissioners should build on the investment of time and knowledge gained from existing schemes and previous pilot projects in order to stimulate a mix of local employment opportunities including paid work, self-employment, micro / social enterprises and Community Interest Companies.
- Work actively with local businesses and employers to create more flexible jobs, internships, apprenticeships, supported work and volunteering opportunities that are available for people with learning disability
- Young people should continue to be offered options such as supported internships as a realistic route into paid employment.
- Volunteer placements should have clear objectives, ensuring relevance to the individual's career path or overall development, be time limited, with appropriate level of support, and encourage greater independence. Recognition needs to be given to the real cost of support volunteering and to the fact that it can be both a path to employment as those opportunities increase over time for some and a valuable means of social engagement and inclusion for others.
- Commissioners should also seek to increase the number of people with learning disabilities in paid employment working more than 16 hours.

Day Opportunities:

- The support and service network being developed includes individualised provision for people with higher support needs so that they can access ordinary opportunities.
- There should be minimal reliance on the use of segregated, special buildings. Where building-based services are necessary, e.g. for people with high levels of specialist care needs, every effort should be made to ensure that people with learning disabilities get every possible opportunity to integrate..
- Commissioners should seek to increase the number of local micro-providers who offer highly tailored person-centred support from their own homes, providing a home, respite care, daytime activity or an employment opportunity. This would be a very flexible option that enables someone with a learning disability the opportunity to remain part in the community of their choice, even though the reach of traditional services may be limited there.

- Commissioners should increase the pool of local support agencies that people receiving direct payments and those with independent means can approach to buy support.
- In order to ensure that people with learning disabilities gain the maximum social value, modernised community-based day opportunities must operate in places where people are alongside members of the public.
- Commissioned services should, where possible, take place in people with learning disabilities' local community, so they can build connections with people they may see by chance in the evenings and at weekends, growing their social network and recognition within their community.
- In order to support the implementation of the health and wellbeing blueprint (Fig.3.1) the council has redirected some of its operational staffing capacity to develop the roles of Community Brokers and a Community Connector. The Community Brokers will work with Herefordshire residents to find opportunities within existing community services and facilities in order to meet outcomes identified at assessment or review. The role of the Community Connector is to commission new individual opportunities in order to meet specific needs and promote choice.
- People with learning disabilities across the range of needs are being supported to contribute positively to the local community.
- All new services and projects must be sustainable in that they can be kept going long enough for people to make they connections and build the natural supports they require to maximise their independence.
- As the number of options and choice of daytime activities increases, there must be a robust safety net process in place to support movement between the social opportunities inherent within a congregated day services and the more special interests offered by a wide range of universal and commissioned resources. Having this in place will support choice and enable many people with learning disabilities to safely use a greater range of different services with confidence.

PRIORITY THREE: BEING HEALTHY AND SAFE

People with learning disabilities and their carers want to have the right support in place to remain safe and keep well. This will include all appropriate measures to ensure a high quality service is provided to people with learning disabilities. Commissioners must work with the Care Quality Commission, Healthwatch, and with self-advocacy groups to ensure that services are monitored by professionals, families, and people with learning disabilities regularly.

Locally and nationally, people with learning disabilities still experience greater health inequality, social exclusion and lack of economic opportunity than any other group. For example, using NHSE data from 2015-16, people with learning disabilities die, on average, more than 14 years younger than the general population, and are significantly more likely to have certain conditions and diseases. Women with a learning disability had an 18-year lower life expectancy than the general population, while men with a learning disability had a 14-year lower life expectancy.

People with learning disabilities are 26 times more likely to have epilepsy, 8 times more likely to have severe mental illness and 5 times more likely to have dementia. They were also 3 times more likely to suffer with hypothyroidism and almost twice as likely to suffer diabetes, heart failure, chronic kidney disease or stroke. For people with learning disabilities, access to routine health screening programmes for breast, prostate and cervical cancer falls well below that of the non-learning disabled population nationally and locally.

Working together will ensure that locally commissioned health services in primary care, hospital and the community are accessible to people with learning disabilities, making 'reasonable adjustments' where necessary. Where services are nationally commissioned services (such as dentistry and some specialist services), commissioners will work with NHS England to ensure these services are accessible.

The increased prevalence of early onset dementia is a significant issue within the learning disability. By raising awareness of the condition across the wider learning disability community and making it a key part of the annual health checks from the age of 40, there will be an improved understanding of dementia within the learning disability population and the actions required to ensure adults with learning disabilities live better and longer. Where there are specific known risks, such as for people with Down's syndrome, a regular medical assessment of cognitive functioning should be integrated into the annual health check from the age of 30.

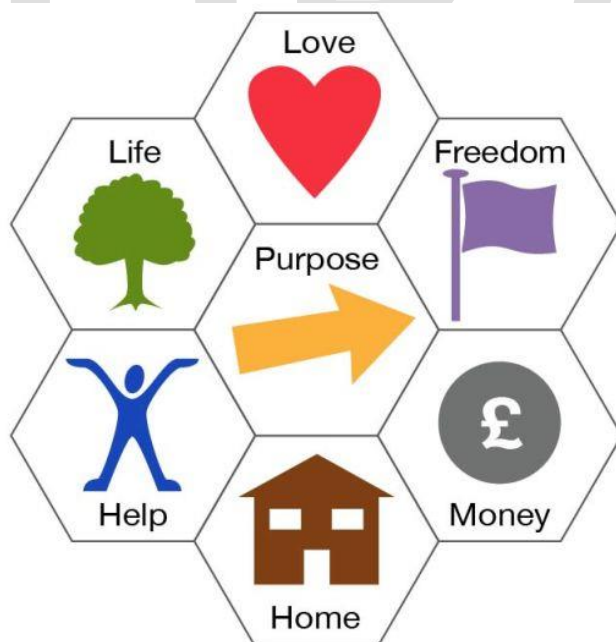
In line with changes following the Winterbourne View scandal and implementation of the Transforming Care Programme (TCP), both the council and the CCG recognise the need to develop community-based intensive support services that will enable most people who become unwell to receive health assessments and treatments at home, or near to home, rather than in an assessment and treatment unit outside of Herefordshire.

PRIORITY FOUR: CITIZENSHIP, CHOICE AND CONTROL

Citizenship means:

- **Being respected** - being able to hold your head up high and getting respect from those around you
- **Being equal** - citizens all have the same fundamental worth or dignity, they don't believe that just because someone has more money, power or a better-paid job that this makes them a better person
- **Being different** - citizens are not identical, they have many different gifts which they bring together to build a better world

Citizenship is important because it reminds us that we can each live a good life, in our own way, while also being able to live together with mutual respect. Citizenship means rejecting the idea that people's worth can be measured by money, power, fame, intelligence or any of the other ways that make people different and which some people imagine define 'what is important'.



The seven keys to citizenship

1. **Freedom** - being a citizen means being in control of your own life - being able to make decisions, make mistakes, make your own way. For people with significant communication difficulties this also means lots of thoughtfulness, love and attentiveness. But everyone can be in control - especially if we listen to those who know and love the person most.
2. **Direction** - being a citizen means having a life of meaning - your own meaning. When our lives don't fit our passions, interests and abilities we are diminished - but if we can find a path that is right for us then we help other people to see us with respect.
3. **Money** - money is important, but may be not for the reason we all think. Money gives us the means to be independent, to set our own course and to achieve our own goals. But too much money is an obstacle to citizenship - mad consumers and millionaires aren't citizens - but citizens do pay their own way.

4. **Home** - we all need a place we can call our home, not just a shelter, but a place where we can have privacy, where we can be with those we love, where we belong. When we have no home we appear almost rootless and disconnected - when we say someone has gone into 'a home' we mean they've lost their home.
5. **Help** - we live in a world where we imagine that needing help is bad, even though we all need help every day and the giving and receiving of help from others is the key to a good society. The challenge today is to get help without having to give up your citizenship
6. **Life** - and it is by giving something back to our community that we can really help others to understand our worth. And there are so many more ways to give back than we think. We can contribute by just being there, by buying, by joining in, by working, by laughing or even by crying. But we cannot contribute if we are absent.
7. **Love** - the beginning and the end of citizenship is found in love. Through meeting, working with and joining in with other people we can form relationships, friendships, find lovers and make a family. Love is also the best guarantee of bring into existence a new generation of citizens to help build a better world. (*Dr Simon Duffy, Keys to Citizenship, Centre for Welfare Reform, 2006*)

People with learning disabilities want to have more choice and control over their lives and for those choices to be respected and valued. Joint commissioners will work with people with learning disabilities, their families, friends and carers, and with providers to implement the aims and objectives of the new adult-wellbeing plan to ensure people with learning disability can achieve equal access to mainstream services and the broader community.

Those people who use services should have personal plans that enable them to meet their personal goals and live as independently as possible. People with learning disabilities need to be supported to review what their life looks like now, and what they want it to look like in the immediate and long term future. These plans will also outline what they need to do to meet their outcomes and what support they will get to assist them in this. To achieve this, people with learning disabilities need to have ready access to wide, independent circles of expertise and support that enables the individual to find their own voice.

The learning disability community want to be able to choose different types of support, not just different support providers. Further work is required develop the market so that real choice is available. This will include work to enable people with learning disabilities, their families and carers, to know what good quality support looks like.

People with learning disabilities want to make and communicate choices that matter to them, alongside the people that care for them. People who need help to make their

VO.10 DRAFT

views known should have simple access to advocacy services, and self-advocacy should be supported so that people can have their own voice.

Finally, the real test of choice and control is enabling all people with learning disabilities to develop a life outside of commissioned or funded services. For example, they need to have the opportunity to develop loving relationships, have families if they choose, create social relationships and pursue personal interests that aren't reliant on staffing rotas,

DRAFT

DRAFT

**OUTCOME-FOCUSED
STRATEGIC COMMISSIONING INTENTIONS**

DRAFT

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 1: WHERE I LIVE

People with learning disabilities to make choices about where they want to live, and support for them and their families around making and implementing their decision. They need a clear pathway that will enable them to live in the place that is right for them, with support that enables them to live as independently as possible.

Joint commissioners must provide clear, easy, and efficient ways to help people get the support they need, and to help them move on when they no longer need support. This means providing services that respond quickly in a crisis, and that enable people to move towards living arrangements where they no longer need support. People must be able to use personal budgets to purchase respite support from a choice of providers with a choice of the types and times of support. This would include evening and weekend support, a range of respite that can meet the needs of people with complex health needs, as well as flexible support to enable family carers to work.

Working with the learning disability community and with providers, commissioners will continue to explore different models of shared housing, including extra care provision, and the full range of supported provision in the community, in order to ensure that supported living is a viable and affordable option for as many people with learning disabilities as possible. The Council and the local NHS must ensure that people with learning disabilities who have lower support needs but may behave in ways that put themselves or others at significant risk have support that keeps them safe and helps them address their needs.

| WORKSTREAM REFERENCE | LEAD ORGANISATION: | THEME 1 INPUTS. | THEME 1 ACTIVITIES. | THEME 1 PLANNED OUTPUTS. | THEME 1 INTENDED OUTCOMES. | | | THEME 1 SOCIAL IMPACT. |
|----------------------|--------------------|---|---|--|--|--|----------------------|------------------------|
| | | What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | |
| LD 1.01 | HC | <p>Existing resources: The learning disability commissioning lead; supported housing team and strategic housing team will collaborate to develop and implement this work stream.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development.</p> | The council will implement a Supported Housing Allocation Panel and associated rent void agreements / tenant identification processes to oversee utilisation and throughput in all LD block-purchased transitional accommodation. | <p>Transitional Housing:</p> <p>Herefordshire has the correct amount of supported transitional accommodation for people with learning disabilities, so that they have the opportunity to:</p> <ul style="list-style-type: none"> • Gain independent living skills • Create local support networks • Gain citizenship experience • Reduce dependence on formal care. | <p>There will be the correct amount of short-term (1-3 years) accommodation with support and an agreed pathway to ensure people with learning disabilities are able to transition effectively through this model of supported living.</p> | <p>The number of people with learning disabilities gaining long-term skills to live as independently as possible through the use of transitional housing will increase.</p> <p>A greater number of people with learning disabilities will be able to move-on to long-term independent tenure through secure tenancies and home ownership with minimal support via formal state-funded care or support.</p> | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|--|---|---|--|--|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD 1.02 64 | HC | <p>Existing resources: The learning disability commissioning- lead, supported housing team, transitions team and strategic housing team will collaborate to develop and implement this work stream.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development.</p> | <p>The council will collect information about the planned transition of people with learning disabilities and use this information for the relevant teams to jointly plan housing options, making best use of existing supported housing stock, general needs housing stock and to plan new developments as opportunities arise.</p> <p>The council will have a housing pathway for young people in transition.</p> <p>The council and the CCG will have a joint housing pathway for young people with learning disabilities preparing for adulthood.</p> | <p>Transition planning for adults and young people::</p> <p>The council has a transitional accommodation plan in place that identifies the needs of young people entering adult services AND adults transitioning from different models of support such as residential care or the family home.</p> <p>The council has a range of different age-appropriate supported housing options suitable for people with learning disabilities requiring support that prepares them for greater independence:</p> <p>Shared transitional housing Specialist Foyer provision Bespoke provision to meet very complex needs.</p> <p>Young People: Using the Preparing for Adulthood (PFA) tracker, there is an accurate needs prediction and individual accommodation plan in place for children with learning disabilities as they transition to adult services.</p> <p>Adults: Accommodation needs identified at assessment or review are reported to the supported housing team for dissemination to commissioners and the strategic housing team to better support allocations and development plans.</p> | <p>Young people with learning disabilities will know their housing options as early as possible, allowing them and their families to plan ahead.</p> <p>The council will have sufficient capacity within transitional housing to meet the needs of young people as they prepare for adulthood.</p> | <p>All young people with learning disabilities will have a range of coherent housing options as part of their preparation for adulthood.</p> | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|--|--|---|--|---|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD 1.03 | HC | <p>Existing resources: The learning disability commissioning-lead supported housing team and strategic housing team will collaborate to develop and implement this work stream.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development.</p> | <p>The council will develop a supported housing pathway to identify people with learning disabilities requiring supported living to meet their assessed needs</p> <p>The council will implement a Supported Housing Allocation Panel to ensure that people with learning disabilities are correctly matched with housing opportunities and have the necessary support and financial arrangements in place.</p> | <p>Long-term / settled accommodation:</p> <p>The council has an agreed pathway in place for identifying people with learning disabilities in need of housing, assessing their specific housing needs and using this information to match them with existing supported housing stock / supported housing in development./ cross-sector general needs housing with floating support / Shared Lives etc.</p> | <p>People with learning disabilities have a clear pathway to enable them to access appropriate housing.</p> <p>Health and social care professionals understand and make use of the pathway to support people into appropriate housing with support to maintain tenure.</p> | <p>People with learning disabilities will have empowering support and advice to develop circles of support that reduce dependence on social care services.</p> <p>A greater number of people with learning disabilities will be able to access long-term independent tenure through secure tenancies and home ownership with support and minimise their requirement for state-funded care or support.</p> | | |
| LD 1.04 | HC | <p>Existing resources: The council's assistive technology and occupational therapy team working collaboratively with CCG and council colleagues to promote knowledge and use of technology.</p> <p>New resources: Limited funding for capital purchases of technology and associated adaptations available via Disabled Facilities Grants.</p> | <p>The assistive technology requirements of and options available to people with learning disabilities will be identified within the council's TECS Strategy.</p> <p>Officers concerned with assistive technology development will support colleagues across health; housing and social-care to understand what is available and supports its implementation.</p> | <p>Assistive technology:</p> <p>This is used routinely as part of the council's approach to enable people with a learning disability to live as independently as possible, in line with the AWB Blueprint.</p> <p>Professionals in health and social care understand the assistive technology options available and support customers and carers to make appropriate use of them. This includes people outside the scope of state-funded services and people with complex healthcare needs.</p> <p>WISH contains accessible information and advice about assistive technology options for people with learning disabilities.</p> | <p>People with learning disabilities and their carers will be aware of assistive technology and where to obtain further information and support.</p> <p>People with learning disabilities will be making routine use of many types of assistive technology to reduce their reliance on state-funded support and to maximise their independence.</p> <p>People with learning disabilities will become routine day-to-day users of technology, integrating the full range of assistive technology and the 'internet of things' into their daily lives.</p> | | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|---|--|---|--|---|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD 1.05 | HC | <p>Existing resources: Health and social care professionals will collaborate with the council's strategic housing team.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development.</p> | <p>The council will develop and implement processes for identifying people with learning disabilities living with older carers and engage with them to provide information and support to aid progression planning.</p> | <p>Aging carers:</p> <p>Information is available on WISH that will guide informal carers through the things they need to consider in relation to aging as a carer.</p> <p>Voluntary and community sector and social care staff have the skills to support informal carers to plan for aging.</p> <p>The council has identified specific accommodation through planned development in order to support professionals, customers and carers to plan ahead.</p> | <p>Customers and carers will have simple access to accurate and up-to-date information about their accommodation and support options.</p> <p>Plans will be in place for all people with a learning disability who are in receipt of informal care that will detail agreed options as their carers get older. These will be regularly reviewed.</p> <p>People with learning disabilities living with family carers will be supported to make a planned transition to suitable accommodation at such time as a family member is no longer able to provide ongoing care or support.</p> | | | |
| LD 1.06 | CCG | <p>Existing resources: The council and CCG working via the joint Herefordshire Transforming Care Partnership. CCG funding already in place for people in hospital, so CHC will apply for up to 50% of residential or supported living costs on discharge. CHC eligibility is likely to apply for some/all of the at-risk cohort too.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development.</p> | <p>The council, in partnership with the CCG, will maintain a register of individuals stepping down from hospital / ATU or at risk of admission due to complex or high risk behaviour with learning disabilities deemed to be most at risk of admission.</p> <p>The council and CCG will develop an understanding of the best models of housing and support for this group, making best use of technology, design, integrated service provision and (where appropriate) partnership working with neighbouring local authorities.,</p> | <p>People with complex or challenging behaviours:</p> <p>The council, in partnership with the CCG, has developed specific settled move-on accommodation options for people with complex needs. This includes registered provision and housing with support and therapeutic intervention from a suitable healthcare provider.</p> | <p>There will be a clear pathway in place to minimise admissions to hospital and reduce the duration of admissions for people with learning disabilities</p> | <p>People with learning disabilities and their families will experience less distress and disruption by having effective local services capable of working with complex and high risk behaviours in a way that enables an individual to return to their home and community as soon as possible.</p> | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|---|--|---|--|--|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD 1.07 | HC | <p>Existing resource: The learning disability commissioning-lead supported housing team and strategic housing team will collaborate with other health and social care professionals to develop and implement this work stream.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development. DFG funding may be available for technology and adaptations.</p> | Health, housing and social care professionals will understand the impact and importance that dementia-sensitive environment and design has on people with dementia-related illnesses | <p>Dementia::</p> <p>The council works with developers and housing providers to implement elements of this design ethos to improve outcomes for people with learning disabilities experiencing dementia in all its forms.</p> <p>The council has identified the improved life outcomes and cost benefits (capital outlay vs revenue expenditure) of utilising this methodology.</p> <p>Commissioning organisations routinely utilise adaptations and technology at an early stage to reduce the impact of dementia and enable people to remain independent for longer.</p> | <p>People with learning disabilities and dementia, their carers and health / social care professionals will have information and support about ways to adapt the home and built environment to dementia.</p> <p>Dementia-sensitive design will reduce incidents of behaviour that challenges services and cases distress to the individual concerned.</p> | <p>Developers and housing providers will routinely utilise dementia-sensitive design where appropriate in their supported housing projects for people with learning disabilities.</p> <p>People with learning disabilities and dementia will achieve greater independence, integration, choice and control over their lives and home environment by everyday use of technology and appropriate design.</p> | | |
| LD 1.08 | HC | <p>Existing resources: The learning disability commissioning-lead supported housing team and strategic housing team will collaborate with other health and social care professionals to develop and implement this work stream.</p> <p>New resources: Limited funding for capital development available via planning gain through general needs development. DFG funding may be available for technology and adaptations.</p> | <p>Health, housing and social care professionals will understand the impact and importance that autism-sensitive environment and design (including technology) has on people with autistic spectrum disorders.</p> <p>The council will routinely assess whether an ASD-sensitive environment would make a notable difference to an individual's quality of life, enable them to further maximise their independence and reduce the impact (human and financial) of behaviours that challenge services.</p> | <p>Autistic Spectrum Disorders:</p> <p>The council works with developers and housing providers to implement elements of this design ethos to improve outcomes for people with learning disabilities linked to autism.</p> <p>The council has identified the improved life outcomes and cost benefits (capital outlay vs revenue expenditure) of utilising this methodology.</p> | <p>People with ASD-related learning disabilities, their care giver and health / social care professionals will have information and support about ways to minimise or negate the impact of the built environment on autism.</p> <p>Autism-sensitive design will reduce incidents of behaviour that challenges services and cases distress to the individual concerned.</p> | <p>Developers and housing providers will routinely utilise autism-sensitive design where appropriate in their supported housing projects for people with learning disabilities.</p> <p>People with ASD-related learning disabilities will achieve greater independence, integration, choice and control over their lives and home environment by everyday use of technology and appropriate design.</p> | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|--|---|---|--|--|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD 1.09 68 | HC | <p>Existing resources: Commissioning team and other AWB professionals.</p> <p>New resources: N/A</p> | <p>The council and CCG will ensure there is sufficient effective commissioning capacity within AWB to implement the commissioning strategy and maintain effective delivery and innovation.</p> <p>The council and CCG will utilise cost benefit analysis to all learning disability services in order to drive cost effectiveness without losing quality of service.</p> <p>Commissioners will continue to promote diversity and choice in the local supported housing market, recognising that people with learning disabilities want a wide range of options to meet their needs, e.g. general needs housing, clustered and shared accommodation, Shared Lives schemes etc.</p> | <p>Cost-effectiveness and service design:</p> <p>Commissioners recognise the need to balance effective outcomes and service costs in order to utilise better planning and service design when planning accommodation services for people with learning disabilities – this includes:</p> <ul style="list-style-type: none"> Discreet clustering within communities to share staffing resources and maximise access to local services New models of residential care homes utilising good design Very sheltered supported living (category 2.5 housing) for older people with learning disabilities. Using shared or congregated supported living schemes alongside technology to also support people with learning disabilities living within walking distance | <p>People with learning disabilities will continue to have a choice of good quality cost-effective accommodation options within the county.</p> | <p>People with learning disabilities will live in homes and communities that enhance their independence.</p> | | |
| LD 1.10 | HC | <p>Existing resources: Strategic housing team and supported housing team.</p> <p>New resources: N/A</p> | <p>Wherever possible, the council will ensure that the accommodation needs of people with learning are met via the most normal means, i.e. the general needs housing allocation system, and will ensure that the systems makes reasonable adjustments to enable this to happen routinely.</p> | <p>General needs housing allocation policy:</p> <p>In line with legal equality duties, the council has an allocations policy for general needs housing that has taken account of and made reasonable adjustment for the needs of people with learning disabilities.</p> | <p>People with learning disabilities will have accessible information about their housing rights and the process for applying for an affordable rented home.</p> | <p>People with learning disabilities will have equality of access to general needs housing.</p> | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|---|---|--|--|---|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD 1.11 | HC | <p>Existing resources: Supported living team in collaboration with supported living / housing providers.</p> <p>New resources: N/A</p> | Working with housing and supported living providers, the council will recognise the need to consider the views existing tenants in shared housing when filling accommodation voids in order to offer choice. | <p>Lettings process for shared housing:</p> <p>There is an improved process and policy will be for:</p> <ul style="list-style-type: none"> • Matching nominated tenants • Improving engagement with existing tenants • Offering some choice to existing tenants of shared housing* <p>(*recognising the need to fill voids in a timely manner).</p> | People with learning disabilities in shared accommodation will have more choice about with whom they live. | <p>People with learning disabilities will have greater choice and control over their home.</p> <p>People with learning disabilities will have their choices valued.</p> | | |
| LD 1.12 | HC | <p>Existing resources: Commissioning team</p> <p>New resources: Capital resources will need to be sourced via private or third sector investment.</p> | Recognising that residential care fulfils a valuable role for some people with learning disabilities, the council will carry out a review of existing provision to ensure it meets the needs of its customers and it fit for purpose as they age. | <p>Residential care provision:</p> <p>Commissioners understand the capability of existing providers within the county and have a plan in place for remodelling, renewal and closure of registered homes as appropriate across the sector.</p> <p>The council supports residential care (and supported living) providers to plan and implement training for staff and managers on compliance AND achieving better life outcomes for people with learning disabilities.</p> | People with learning disabilities and their families will benefit from a stable, high-quality residential care sector with a minimal risk of unexpected home closure. | People with learning disabilities living in residential care are supported to be part of their wider community and to integrate effectively. | | |

| WORKSTREAM REFERENCE: | LEAD ORGANISATION: | THEME 1 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 1 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 1 PLANNED OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 1 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 1 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|-----------------------|--------------------|--|--|--|--|---|----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBING OUTCOMES | |
| LD1.13 70 | HC | <p>Existing resources: AWB commissioning team; O.T team; technology team.</p> <p>New resources: N/A</p> | <p>Commissioners will research best practice models and innovation in out of hours and extended support models in order to increase the numbers of people with learning disabilities who can be safely and effectively offered supported living as an option.</p> <p>Chosen options will be integrated into revisions of the Supported Living Framework specification for implementation with providers.</p> | <p>Out-of-hours and extended support for supported living:</p> <p>The council has a range of extended support options for people with learning disabilities being supported to live in their own home, whether shared or living alone.</p> <ul style="list-style-type: none"> • Use of technology to replace invasive sleep-in cover; provide remote reassurance and monitoring where appropriate. • Use of planned clusters of supported living accommodation across a community, linked to a central staffed service. | <p>People with learning disabilities have a wider choice of accommodation options.</p> <p>People with learning disabilities feel supported to manage risk.</p> <p>The families of people with learning disabilities are confident that risks are managed appropriately and there is a safety net in place.</p> | <p>The number of people with learning disabilities gaining long-term skills to live as independently as possible through the use of supported living models will increase.</p> <p>A greater number of people with learning disabilities will be able to move-on to long-term independent tenure through secure tenancies and home ownership with minimal support via formal state-funded care or support.</p> | | |

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 2: WHAT I DO DURING THE DAY.

Society still tends to attribute value to people according to the social roles they fulfil. People with learning disabilities are often denied the opportunity to fulfil valid social roles, yet most want to take an active part in their community, through social participation, various forms of employment, volunteering, friendships, and other opportunities.

Joint commissioners need to uphold people with learning disabilities' rights to be able to do the same things as any other citizen of Herefordshire, participating fully and with access to the same opportunities as everyone else. The Council, local NHS and other commissioning partners must support people with learning disabilities, their families, friends and carers, to identify opportunities to participate and contribute through work and volunteering in their local community. It is important that these organisations lead the way by becoming exemplars for the employment, meaningful training and volunteering of and by disabled people in order to encourage others to see the value in doing the same. At the same time, commissioners need to recognise the particular needs of the learning disability community and ensure that the range of choices of activity available to people with learning disabilities includes opportunities for social interaction with their peers, dedicated spaces and resources that can accommodate specific care and support needs.

People with learning disabilities should be able to use their personal budgets to purchase the care and support they need to achieve their goals, from a choice of providers with a choice of the types and times of support. This would include evening and weekend support, and individual and group activities in community settings, as well as more traditional day services if people need this. Joint Commissioners should support people to develop their own networks that help them live independently beyond the funding and support that they receive from Herefordshire Council and Herefordshire Clinical Commissioning Group.

DRAFT

| ROW REFERENCE: | LEAD ORGANISATION: | THEME 2 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 2 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME 2 OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME 2 INTENDED OUTCOMES. By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | | | THEME 2 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|------------------|--------------------|--|--|--|--|---|-----------------------------|--|
| | | | | | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBEING OUTCOMES | |
| LD2.01 72 | HC | <p>Existing resource: Commissioning & contract management activity to work with current providers.</p> <p>New resource: Requires additional resources, likely to be outsourced to the provider sector; potential enhancement of Community Broker task? Use of technology and/or call centre.</p> | <p>The council will carry out commissioning activity to:</p> <ul style="list-style-type: none"> Support the safe movement between formal services to community options on a person by person basis, in order to build the confidence of people using services, carers and providers. Develop business case for procurement of positive prompting- call centre role | <p>Safe expansion of daytime activity choices</p> <p>There is a recognised and well-publicised 'bridging service' to support people moving between congregated services and more individualised / diverse activity options, in order to ensure there is a:</p> <ul style="list-style-type: none"> Designated point of contact to resolve difficulties in schedule Designated place of safety in event of service closure / failure Proactive ongoing liaison with families and carers to support managed risk taking | <p>Community access becomes an option, enabling more people with learning disabilities to choose this option in addition to existing collective services.</p> <p>People with learning disabilities and their families feel more confident about change and taking risks.</p> <p>People with learning disabilities gain social value by being perceived as ordinary citizens.</p> | <p>People with learning disabilities will experience increased independence and build better social networks, leading to improved social inclusion.</p> <p>People with learning disabilities will have less dependence on formal support; greater participation and wider informal networks; a wider circle of friends and relationships; greater self-determination; increased confidence and self-esteem.</p> | | |
| LD2.03 | HC | <p>Existing resource: AWB project management time; commissioning team time for joint work with CWB</p> <p>New resource: Resources required for new adult trainee roles.</p> | <p>The council and CCG will continue to identify best practice models and partners to build on existing services e.g. introduction of supported internships for 16 to 25 year olds and greatly increase opportunities.</p> | <p>There will be an overall increase in the number of people with LD accessing job opportunities, with particular emphasis on supporting the training and employment of young people with learning disabilities preparing for adulthood.</p> <p>Employment for young adults:</p> <p>More opportunities available for young people with learning disabilities :</p> <ul style="list-style-type: none"> Supported Internships Traineeship Programmes Supported Apprenticeships <p>There will be more Job Coaches across commissioned services to support access to and sustain employment.</p> | <p>Young people with learning disabilities will develop employability skills and broaden their experiences in the world of work.</p> <p>There will be more young people with learning disabilities in supported internships at a range of employers.</p> | <p>As more people with a learning disability are seen in ordinary working roles, social value and positive perceptions will increase across the wider community.</p> <p>There will be more people with learning disabilities in employment.</p> <p>Young people with learning disabilities will have greater aspiration to meaningful training and employment.</p> | | |

| | | | | | | | | |
|--------|----|---|--|--|--|---|--|--|
| LD2.04 | HC | <p>Existing resources: Commissioning and project management time. Gradual re-direction of existing service contracts to allow diversion of resources to social enterprises.</p> <p>New resources: External</p> | <p>The CCG supports therapeutic earnings for people with learning disabilities where paid employment can be shown to have a positive impact on an individual's health and wellbeing. The recommendation process for a therapeutic earnings pilot will be delivered via the Community Learning Disability Team under the 2Gether NHS Foundation Trust contract.</p> | <p>Therapeutic earnings:</p> <p>The CCG routinely supports the use of therapeutic earnings for people with learning disabilities stepping into paid work for the first time. The pilot scheme for therapeutic earnings will be part of the development of the council and CCG's own training and employment project (LD2.09)</p> | <p>There will be more choices for people with learning disabilities because of improved systems to enable employment options.</p> <p>There will be more people with a disability in the wider workforce.</p> <p>People with a learning disability will increase their social networks via ordinary relationships with work colleagues.</p> | <p>Wider community perceptions of people with a learning disability will be challenged positively as they are increasingly seen in a valid social role.</p> <p>People with a learning disability will be less dependent upon formal social care services, greater sense of self-worth and enhanced wellbeing.</p> | | |
| LD2.05 | HC | <p>Existing resources: Commissioning and project management time. ECC advice and support on options.</p> <p>New resources: Funding for grants (potentially accessible via charitable, European funding or government grant programmes).</p> | <p>The council will undertake commissioning and research / project management activity to identify best practice around grant-based employment incentives, maximise opportunities and formalise schemes</p> | <p>Funding and financial incentive grants for employers:</p> <p>There is a grant-based scheme for local employers, targeted at achieving positive employment outcomes for people with learning disabilities.</p> <p>Employers are supported by the council to make full use of Access to Work.</p> <p>Health and care staff members are trained to understand the Access to Work criteria in order to advise employers and people seeking work.</p> | <p>People with disabilities will benefit as commissioners encourage more employers to offer real opportunities to people with disabilities.</p> <p>There will be more people with a disability in the wider workforce</p> | <p>People with a disability increase their social networks via ordinary relationships with work colleagues. Less dependent upon formal social care services, greater sense of self-worth and enhanced wellbeing</p> | | |

73

| | | | | | | | | |
|---|-------------------------|---|--|--|---|--|--|--|
| <p style="writing-mode: vertical-rl; transform: rotate(180deg);">74</p> | <p>LD2.06</p> <p>HC</p> | <p>Existing resources: Commissioning and project management time. Engagement with <i>Preparing for Adulthood</i> group in adult further-education strategy development</p> <p>New resources: External</p> | <p>The council will engage with local employers to understand and assess the potential for working together to consider how people with learning disabilities might meet their workforce needs.</p> <p>The council will work with partners such as DWP to support employers to identify suitable roles and job creation.</p> <p>The council will work with partners to ensure People with learning disabilities are supported in the recruitment process and supported to maintain the employment.</p> <p>The council will work with educational providers to identify and further develop vocational education and training provision.</p> <p>The council will ensure that people with LD have access to information about education, training and support.</p> | <p>Vocational further education:</p> <p>Herefordshire has a dynamic further education offer that supports young people with learning disabilities into employment.</p> <p>Schools and further education providers deliver study programmes that include employment, independent living skills, community engagement and healthy living.</p> | <p>More young people with learning disabilities in transition to adulthood will benefit from an employment pathway with opportunities for work experience, volunteering, supported internships, traineeships and apprenticeships.</p> <p>Young people with learning disabilities will remain in the county to create long- lasting and supportive social networks.</p> <p>Supported Internship forum established in Herefordshire with the aim of increasing opportunities for young people aged 14 to 25.</p> <p>Supported Internship co-ordinator in place and post 16 job coaches trained.</p> <p>Increase the number of supported internship opportunities</p> <p>The WISH website will have up to date information about education, training and support available.</p> <p>Access to good careers advice and guidance to help young people with their decision making.</p> | <p>More people with a learning disability in the wider workforce and gaining social value.</p> <p>People with a disability increase their social networks through work</p> <p>People with learning disabilities are less dependent upon formal social care services, greater sense of self-worth and enhanced wellbeing.</p> | | |
| | <p>LD2.07</p> <p>HC</p> | <p>Existing resource: Commissioning resource; project management resource</p> <p>New resource: N/A</p> | <p>Building on previous work undertaken locally, development of a new strategy/support service for self-employed people with learning disabilities.</p> <p>Commissioning activity to support individuals or groups to further develop skills gained during commissioned community activities to explore opportunities to turn them into self-employment opportunities.</p> <p>Develop a learning disability (or wider cognitive impairment) employment conference to raise expectations and knowledge.</p> | <p>Self-Employment:</p> <p>There is a strategy and infrastructure, involving external employment support partners, to support self-employment for people with learning disabilities.</p> | <p>People with learning disabilities will have:</p> <ul style="list-style-type: none"> Engagement in meaningful activity with positive economic return. Have economic opportunities that take account of their specific needs. | <p>People with a disability increase their social networks via ordinary relationships with work colleagues, becoming less dependent upon formal social care services and developing a greater sense of self-worth / enhanced wellbeing</p> | | |

| | | | | | | | | |
|--------|----|---|--|--|---|---|--|--|
| LD2.08 | HC | <p>Existing resource: Commissioning resource; project management resource; current service providers.</p> <p>New resource: N/A</p> | <p>Commissioning activity to identify whether the reach of current commissioned community activities can be extended by developing micro-enterprise opportunities (i.e. very small community organisations that provide care or support in areas where access or coverage is limited).</p> <p>Link to learning disability (or wider cognitive impairment) employment conference (LD2.06) to raise expectations and knowledge of micro-enterprise start-up opportunities.</p> | <p>Developing Micro-Enterprises:</p> <p>There is an understanding of both of the planned roles for micro-enterprise within the council and a strategy in place to develop them to extend the principle of Think Local, Act Personal, firstly as an economic / employment option for people with learning disabilities and secondly as an option for the more personalised provision of care and support</p> | <p>People with learning disabilities will benefit from person-centred employment activity, providing a greater sense of wellbeing and economic independence.</p> <p>People with learning disabilities benefit from more flexible care and support model leading to greater choice and personalisation.</p> | <p>People with learning disabilities benefit from increasingly positive perceptions of disability created through economic empowerment and greater social value.</p> <p>People with a disability increase their social networks via ordinary relationships with work colleagues, becoming less dependent upon formal social care services and developing a greater sense of self-worth / enhanced wellbeing</p> | | |
| LD2.09 | HC | <p>Existing resource: Commissioning resource; project management resource</p> <p>New resource: N/A</p> | <p>The council will explore opportunities for more traditional supported employment schemes, ensuring that where people contribute their skills and labour, they in turn benefit from timely marketable qualification and/or genuine wages.</p> | <p>Real supported employment:</p> <p>Supported employment schemes with genuine qualification and economic outcomes for people with learning disabilities will be available in the county.</p> | <p>People with learning disabilities will benefit from opportunities to trial employment options with support in order to broaden their experience, economic confidence and aspirations.</p> | <p>People with learning disabilities will benefit from positive social and economic perceptions of disability.</p> <p>People with a disability increase their social networks via ordinary relationships with work colleagues, becoming less dependent upon formal social care services and developing a greater sense of self-worth / enhanced wellbeing</p> | | |
| LD2.10 | HC | <p>Existing resource: Commissioning resource; project management resource to facilitate cross-departmental working (ECC/AWB) to identify opportunities. Pathway links with care management to support this process</p> <p>New resource: N/A</p> | <p>The council will develop a framework for specifications for council contracts to include employment outcomes for people with a learning disability and will recognise the social return on investment via smarter council contracting.</p> <p>The council will consider opportunities for internal service contracts (catering / cleaning / grounds maintenance etc.) being replaced with social enterprises or community interest companies with a majority learning disabled workforce and/or offering employment and training to people.</p> | <p>Council / NHS as exemplar employer:</p> <p>Contracts let by the council will contain requirement or preference for employment of people with disabilities.</p> <p>The council will be an exemplar employer through the creation of social enterprises or community interest companies with a learning disabled workforce and/or offering employment and training to people.</p> | <p>People with learning disabilities will benefit from a positive shift in social value by being seen in valid social roles that challenge public perceptions.</p> <p>People with learning disabilities will have high aspirations for employment and economic independence by seeing others in valid social roles.</p> | <p>People with learning disabilities will directly benefit from the leadership of commissioning organisations in providing and encouraging positive economic opportunities for people with a learning disability</p> | | |

75

| | | | | | | | | |
|--------|----|---|--|---|--|---|--|--|
| LD2.11 | HC | <p>Existing resource: Commissioning resource; add to community broker role.</p> <p>New resource: N/A</p> | <p>As part of a wider 'place shaping' role the council will ensure that there is a functional link with the DWP via Job Centre Plus to support health and social care practitioners to consider employment opportunities as a way to meet assessed outcomes.</p> | <p>Expert employment partners:</p> <p>Existing employment opportunities identified by Job Centre Plus are a routine part of meeting the assessed needs of people with learning disabilities.</p> | <p>More people with learning disabilities are signposted to universal services and opportunities.</p> <p>More people with a learning disability gain economic independence and social value as they form part of the workforce across a range of employers and skills.</p> | <p>People with a disability increase their social networks via ordinary relationships with work colleagues, becoming less dependent upon formal social care services and developing a greater sense of self-worth / enhanced wellbeing</p> | | |
| LD2.12 | HC | <p>Existing resource: Commissioning resource; project management resource; finance resource.</p> <p>New resource: N/A</p> | <p>The council will ensure that employment is part of the culture change of strength-based process and will develop / implement a new pathway to support this and gain provider buy-in.</p> <p>Commissioners will develop a clear pathway to paid employment and meaningful training with marketable qualifications for as many people with learning disabilities as possible.</p> <p>Financial modelling is required to predict numbers into employment and facilitate move away from formal day opportunities.</p> | <p>Employment Pathway:</p> <p>The council has a pathway in place to make full and best use of employment opportunities for people with learning disabilities in order to:</p> <ul style="list-style-type: none"> • Maximise economic independence; • Reduce dependence on formal support; • Lead other employers by example | <p>People with learning disabilities will benefit from a clearer route into work-related options and a culture change of strength based process.</p> | <p>People with a learning disability, their families, schools and professionals will benefit from a more varied choice of options and higher expectations.</p> <p>People with a disability increase their social networks via ordinary relationships with work colleagues, becoming less dependent upon formal social care services and developing a greater sense of self-worth / enhanced wellbeing</p> | | |
| | | | | | | | | |

76

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 3: BEING HEALTHY AND SAFE

People with learning disabilities and their carers want to have the right support in place to remain safe and keep well. This will include all appropriate measures to ensure a high quality service is provided to people with learning disabilities. Commissioners must work with the Care Quality Commission, Healthwatch and with self-advocacy groups to ensure that services are monitored by professionals, families, and people with learning disabilities regularly.

Working together, Herefordshire Council and Herefordshire Clinical Commissioning Group will ensure that locally commissioned health services in primary care, hospital and the community are accessible to people with learning disabilities, making ‘reasonable adjustments’ where necessary. Where services are nationally commissioned services (such as dentistry and some specialist services), commissioners will work with NHS England to ensure are accessible.

In line with changes following the Winterbourne View scandal and implementation of the Transforming Care programme, both the council and the CCG recognise the need to develop community-based intensive support services that will enable most people who become unwell to receive health assessments and treatments at home, or near to home, rather than in an assessment and treatment unit outside of Herefordshire.

| ROW REFERENCE: | LEAD ORGANISATION: | THEME 3 INPUTS. What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | THEME 3 ACTIVITIES. When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | THEME3 OUTPUTS. When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | THEME3 INTENDED OUTCOMES. | | | THEME 3 SOCIAL IMPACT. What additional changes or impacts do we expect to see within the wider community? |
|----------------|--------------------|--|--|--|--|--|----------------------|--|
| | | | | | By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | |
| 77 LD3.01 | CCG | Qualified staffing capacity from within existing resources. | <p>The council and the CCG need to train 8-10 LeDeR reviewers to carry out reviews of all unexpected deaths of people with learning disabilities in Herefordshire.</p> <p>The CCG and other local NHS organisations will review end-of-life planning and care for people with learning disabilities to ensure it meets the standards set out in 2017 NHS guidance ‘Delivering high quality end of life care for people who have a learning disability’.</p> | <p>End of Life Pathway and LeDeR Reviews:</p> <p>People with a learning disability, like other members of society, have a range of characteristics that may inform their needs and expectations in relation to end of life care. Commissioning organisations will ensure all relevant parties work effectively with individuals, their families and carers to ascertain their individual needs, expectations and wishes at the end of their life.</p> <p>All unexpected deaths will be reviewed using the LeDeR template by trained reviewers and the findings analysed by the LeDeR team in Bristol. There will be improved data and understanding into unexpected deaths within the LD community.</p> | <p>People with learning disabilities have their end-of-life needs, wishes and expectations understood and adhered to.</p> <p>Families are supported to understand the wider context of a family member’s death.</p> | <p>LeDeR will have a positive impact on life expectancy within the LD community as better understanding leads to prevention, improved practice and healthier lifestyles.</p> <p>People with learning disabilities (and their carers) are routinely supported to plan good end-of-life care that meets their cultural or religious needs and personal wishes.</p> | | |

| | | | | | | | | |
|--------|-----|---|---|---|---|--|--|--|
| LD3.02 | CCG | Existing resources: LD commissioner capacity, alongside a clinical task and finish is required. | Joint commissioners will carry out a review of provision supplied by the Community Learning Disability Team. | <p>Specialist community learning disability healthcare:</p> <p>There will be a modern community learning disability service for people in need of community health intervention, including psychiatric and psychological services and specialist Occupational Therapy, Physiotherapy, SpECCh & Language Therapy, Nursing and continence support.</p> | People with learning disabilities in Herefordshire will have access to local community healthcare that can meet their needs | More people in Herefordshire will receive support that maximises their health and wellbeing. | | |
| LD3.03 | CCG | Existing resources: LD commissioner capacity is required, working with health professionals. | Joint commissioners will work to ensure that all GP practices participate in maintaining up-to-date LD registration as part of improving health outcomes for people with learning disabilities. | <p>GP Learning Disability Register:</p> <p>All GP practices within the county are implementing the LD enhanced service specification and meet the obligation to maintain their learning disability register (QOF indicator LD003), ensuring that this is extended to include people with learning disabilities not already known to social care services.</p> | Most people with learning disabilities will have access to a mainstream health service designed to recognise and meet their individual needs. | <p>People with learning disabilities benefit from being healthier due to an enhanced health-check to recognise and address the health inequalities currently inherent within the learning disability community.</p> <p>More people with learning disabilities in Herefordshire will experience less health inequality and have a greater life expectancy</p> | | |
| LD3.04 | CCG | LD commissioner capacity is required. | The CCG will continue to develop and implement a range of training opportunities to enable mainstream primary care clinicians to understand the needs of people with a learning disability. | <p>Professional Training:</p> <p>All GP practices within the county are attending multi-disciplinary training on the delivery of health services to people with a learning disability</p> <p>All health professionals across a range of disciplines will be able to access regular training on working with people with learning disabilities and addressing the health inequalities they face.</p> <p>This will include Autism-friendly practices environments.</p> | Most people with learning disabilities will have access to a mainstream health service designed to recognise and meet their individual needs. | More people with learning disabilities in Herefordshire will experience less health inequality and have a greater life expectancy. | | |

| | | | | | | | | |
|--------|-----|---|---|---|--|---|--|--|
| LD3.05 | CCG | LD commissioner capacity is required. | The CCG will continue to promote the importance of the annual health check for people with learning disabilities. | <p>Annual health checks:</p> <p>All GP practices within the county are ensuring that all people with learning disabilities on the register are invited to attend an annual health check to an agreed standard.</p> <p>For individuals with Down's Syndrome the annual health check will incorporate a cognitive function test from the age of 30 and establish a baseline record / development of the individual's life story with the involvement of the carer / family to support future anticipatory care planning.</p> | <p>Most people with learning disabilities will have access to a mainstream health service designed to recognise and meet their individual needs.</p> <p>People with learning disabilities benefit from being healthier due to an enhanced health-check to recognise and address the higher risk areas known to affect people with learning disabilities and the health inequalities currently inherent within the learning disability community.</p> | <p>More people with learning disabilities in Herefordshire will experience less health inequality and have a greater life expectancy.</p> | | |
| LD3.06 | CCG | LD commissioner capacity is required. | The CCG will continue to promote the importance of the LD annual health check and personal health plan for people with learning disabilities. | <p>Health Action Plans:</p> <p>All GP practices within the county produce a Health Action Plan (in accordance with the agreed standard and in an accessible format when appropriate) for each patient attending an annual health check.</p> <p>Individuals will management plans that reflect and support long-term needs and access to appropriate health care in a timely fashion when those needs present.</p> | <p>Most people with learning disabilities will have access to a mainstream health service designed to recognise and meet their individual needs.</p> <p>People with learning disabilities benefit from being healthier due to an individual health plan to address the health inequalities currently inherent within the learning disability community.</p> | <p>More people with learning disabilities in Herefordshire will experience less health inequality and have a greater life expectancy.</p> | | |
| LD3.07 | | <p>Existing resources: CCG commissioning resources.</p> <p>New resources: N/A</p> | Health services in Herefordshire will ensure that people with learning disabilities are able to access the same community and acute health care services as the non-learning disabled population. All providers will ensure that reasonable adjustments are in place / considered to enable this to happen. | <p>Access to mainstream healthcare:</p> <p>All health care services will have a proactive policy of promoting reasonable adjustment to enable ordinary access for people with learning disabilities wherever possible.</p> | <p>Most people with learning disabilities will have access to a mainstream health service designed to recognise and meet their individual needs.</p> | <p>More people with learning disabilities in Herefordshire will experience less health inequality and have a greater life expectancy.</p> <p>People with learning disabilities gain a valid social role through the use of mainstream healthcare.</p> | | |

79

| | | | | | | | | |
|--------|--------|---|--|--|---|---|--|--|
| LD3.08 | HC/CCG | <p>Existing resources: AWB Commissioning team; CCG commissioning resources, AWB operational team input.</p> <p>New resources: CCG/AWB shared funding for beds.</p> | <p>Commissioners seek to utilise existing buildings, in partnership with a current independent sector provider, in order to develop a new transitional accommodation service for people with complex needs and high risk behaviours.</p> <p>Commissioners explore options for cross-boundary commissioning with Worcestershire as part of the STP, with a view to increasing the sustainability of the service.</p> | <p>People with complex or challenging behaviours:</p> <p>The local system wants to prevent unnecessary hospital admissions due to behaviours that challenge services. Where such admissions are necessary, the council and CCG will have the joint capability to bring people home as soon as possible and manage their reintegration here in the county.</p> <p>There is a jointly commissioned 'step-up/step-down' intensive support service and move-on / reintegration service for people with learning disabilities returning from assessment & treatment in hospital and for those deemed to be at risk of admission as identified within the Transforming Care at-risk cohort.</p> | <p>People with learning disabilities are less likely to experience prolonged stays in hospital or ATUs outside of Herefordshire, away from their support networks and ordinary lives.</p> <p>People with complex needs will be supported in a way that full involves them .and their families in their recovery.</p> | <p>People with learning disabilities and complex needs are supported to move-on to intensive models of support within the county.</p> | | |
| LD3.09 | | <p>Existing resources: CLDT and AWB team capacity. Public Health Team capacity.</p> <p>New resources: Funding for revised health facilitator / professional trainer role.</p> | <p>Commissioning organisations will consider ways to support the training needs of GPs, other health professionals, social care professionals and care / support providers in order to support high quality and measureable progress of ongoing health improvement.</p> <p>The Public Health Team will look at ways of raising awareness of health screening and health checks amongst the learning disability population, including those people not currently known to services.</p> | <p>Facilitating improved health outcomes:</p> <p>There will be more capacity, created from within existing roles initially for the ongoing delivery and quality monitoring of professional training, health checks, and health action plans (LD3.03 - LD3.06 and improving access to a range of routine mainstream health screening programmes.</p> <p>Supported living and residential care providers will have more detailed service specifications to set out their role in promoting engagement with routine healthcare and screening programmes such as cervical screening, breast cancer screening, prostate and testicular cancer screening, diabetes screening etc.</p> | <p>People with learning disabilities are supported to attend routine screening appointments, resulting in them experiencing improved health outcomes.</p> <p>People with learning disabilities in acute hospital beds are routinely supported to communicate their needs and preferences to health professionals.</p> | <p>More people with learning disabilities in Herefordshire will experience less health inequality and have a greater life expectancy.</p> | | |

| | | | | | | | | |
|---------------|------------|--|---|--|--|--|--|--|
| <p>LD3.10</p> | <p>CCG</p> | <p>Existing resources: CCG commissioning resources; third sector resources, e.g. Alzheimer’s Society..</p> <p>New resources: N/A</p> | <p>The council will implement a process for identifying people with learning disabilities at point of dementia diagnosis in order to aid progression planning.</p> <p>Dementia awareness will be a standard part of the learning disability annual health check. This is of particular importance for adults with Down’s Syndrome, so the annual health check should pay specific consideration to dementia symptoms in this group from age 30 onwards.</p> <p>The Public Health Team will look at ways of raising awareness of dementia amongst the learning disability community, ensuring that people are successfully directed toward all sources of information and support.</p> | <p>Dementia:</p> <p>There will be widely available accessible information and training in order to raise the level of awareness of dementia across the learning disability community (professionals, paid staff, service providers, family carers and people with learning disabilities).</p> <p>Adults with learning disabilities will be supported to access mainstream dementia diagnosis services wherever possible.</p> <p>Dementia awareness and potential diagnosis will be a routine part of GP annual health checks for people with learning disabilities over 40 and for people with Down’s Syndrome over 30.</p> | <p>People with learning disabilities and their carers will have an improved awareness of dementia and know where to get information, advice and support with the condition.</p> <p>All people with learning disability will have improved annual screening for dementia and earlier access to treatment.</p> <p>People with learning disabilities perceived to be at risk of earlier onset dementia will be routinely screened for the condition from the age of 30.</p> | <p>People with learning disabilities and dementia will achieve greater independence, integration, choice and control over their lives.</p> <p>People with learning disabilities and dementia will live better lives by having access to the correct medical and environmental support.</p> | | |
|---------------|------------|--|---|--|--|--|--|--|

DRAFT

HEREFORDSHIRE LEARNING DISABILITY COMMISSIONING THEME 4: CITIZENSHIP, CHOICE AND CONTROL

People with learning disabilities want to have more choice and control over their lives and for those choices to be respected and valued.

Joint commissioners will work with people with learning disabilities, their families, friends and carers, and with providers to implement the aims and objectives of the new adult-wellbeing plan to ensure people with learning disability can achieve equal access to mainstream services and the broader community.

Those people who use services should have personal plans that enable them to meet their personal goals and live as independently as possible. People with learning disabilities need to be supported to review what their life looks like now, and what they want it to look like in the immediate and long term future. These plans will also outline what they need to do to meet their outcomes and what support they will get to assist them in this.

The learning disability community want to be able to choose different types of support, not just different support providers. Further work is required develop the market so that real choice is available. This will include work to enable people with learning disabilities, their families and carers, to know what good quality support looks like.

People with learning disabilities want to make and communicate choices that matter to them, alongside the people that care for them where the person wants to receive help and support. People who need help to make their views known should have simple access to advocacy services, and self-advocacy should be supported so that people can have their own voice.

| ROW REFERENCE: | LEAD ORGANISATION: | THEME 4 INPUTS. | THEME4 ACTIVITIES. | THEME 4 PLANNED OUTPUTS. | THEME 4 INTENDED OUTCOMES. | | | THEME 4 SOCIAL IMPACT. |
|----------------|--------------------|---|--|--|--|---------------------|----------------------|-----------------------------|
| | | What resources (finance/staffing/time) do the Council and the CCG need to deliver the required activity and output? | When the required inputs are agreed, what activities and processes do the Council and the CCG need to be planned and executed in order to deliver the expected output (i.e. product or service)? | When the planned activity and/or process are completed, what product and/or service do the Council or CCG intend to deliver? | By delivering these products and services successfully, what positive outcome/s will benefit people with a learning disability in Herefordshire? <i>(The length of time required to fully achieve some outcomes will vary significantly.)</i> | SHORT-TERM OUTCOMES | MEDIUM-TERM OUTCOMES | HEALTH & WELLBEING OUTCOMES |
| 82 | | | | | | | | |

| | | | | | | | | |
|---------------|-----------|---|--|--|---|---|--|--|
| <p>LD4.01</p> | <p>HC</p> | <p>Existing resources: Community Broker team; AWB Commissioning team; other council human resources.</p> <p>New resources: Resources to extend and expand the Community Connector pilot.</p> | <p>The council will ensure that Community Brokers are aware of the widest possible range of community activities, so that people with learning disabilities can maximise their choice of opportunities for social integration and independence with minimal reliance on formal support.</p> <p>The council will use the Community Connector role to support volunteer mentors or 'buddies' to support community organisations to offer opportunities to people with learning disabilities.</p> <p>Commissioners will look at ways to integrate the principles of Community Brokerage / Connection with the work already being undertaken by many learning disability service providers and the wider local voluntary sector.</p> | <p>Building social networks:</p> <p>The Council and the local NHS supports and facilitates, either directly or via partner organisations, a wide range of information about community activities, groups and opportunities and ensures that information is in a form accessible to people with learning disabilities.</p> <p>The council and the local NHS support partner organisations to educate and support the wider community about offering opportunities to people with learning disabilities and the barriers they may face in accessing such opportunities.</p> | <p>People with learning disabilities, their families and carers know where to find accurate and up-to-date information about activities and opportunities within their local area to enable them to integrate successfully within their community.</p> <p>People with learning disabilities and their families feel more confident about change and taking risks.</p> | <p>People with learning disabilities will experience increased independence and build better social networks, leading to improved social inclusion.</p> <p>People with learning disabilities will have less dependence on formal support; greater participation and wider informal networks; a wider circle of friends and relationships; greater self-determination; increased confidence and self-esteem.</p> | | |
| <p>LD4.02</p> | <p>HC</p> | <p>Existing resources: Community Broker team; AWB Commissioning team; other council human resources. Access to the Travel Training Scheme in Children's Services.</p> <p>New resources: N/A</p> | <p>Commissioners will work with council colleagues to ensure a seamless process for applying for and issuing passes to people with learning disabilities known to services or GPs in Herefordshire.</p> | <p>Independent Travel:</p> <p>The Council supports and facilitates the use of free bus passes and independent travel training for people with a learning disability.</p> <p>People with learning disabilities in receipt of mobility benefits will be supported to take control of this resource and make decisions about their own travel needs wherever possible.</p> | <p>People with learning disabilities are, to the full extent of their ability, able to travel safely and independently around Herefordshire.</p> | <p>People with learning disabilities and their families feel more confident about change and taking risks.</p> <p>People with learning disabilities will experience increased independence and build better social networks, leading to improved social inclusion.</p> | | |

| | | | | | | | | |
|--------------|----|---|---|---|--|---|--|--|
| LD4.03 | HC | <p>Existing resources: AWB Commissioning team; other council human resources.</p> <p>New resources: Funding for structured citizen advocacy for people with learning disabilities in Herefordshire. Training and support for the LDPB support officer and for the wider LDPB.</p> | <p>The council and the CCG will develop opportunities and partnerships to create and sustain support for self-advocacy and structured citizen advocacy for people with learning disabilities in Herefordshire.</p> <p>When carrying out development and procurement for services of interest to people with learning disabilities, the council and the CCG will enable people with lived experience of services to be involved in both the procurement and subsequent review of services.</p> <p>Recognising that outcomes are a measure of tangible change for a person using a service or opportunity, the council and CCG will support the Learning Disability Partnership Board to work alongside citizen advocacy groups to review progress against proposed strategic outcomes.</p> | <p>Self / Citizen Advocacy:</p> <p>The council and the CCG supports self-advocacy for people with learning disabilities and recognises the value it brings to delivering independence, citizenship and social recognition.</p> <p>There is an effective and supported self-advocacy organisation in Herefordshire that is able to promote the views of people with learning disabilities.</p> <p>There are opportunities and training for people with learning disabilities to be 'experts by experience' in Herefordshire, enhancing the effectiveness of service reviews, procurement, the Learning Disability Partnership Board and increase the impact potential of citizen advocacy groups.</p> | <p>People with learning disabilities and their wider circle of support have access to effective self-advocacy support to access and plan the services they need.</p> <p>People with learning disabilities have skilled support and opportunities to fully present their views individually and collectively.</p> | <p>People with differing levels of learning disabilities from all areas of the county are included and consulted appropriately on ALL council or NHS decisions that impact their lives.</p> | | |
| LD4.04 84 | | <p>Existing resources: Commissioning team, alongside the AWB finance team</p> <p>New resources: N/A</p> | <p>The council and CCG (via the CLDT contract where appropriate) will support health and social care professionals – through training and access to up-to-date information resources – to advise people with learning disabilities on all aspects of financial well-being.</p> | <p>Financial wellbeing:</p> <p>Health and social care professionals have access to resources and training to enable them to provide accurate information and support to people with learning disabilities to enable them to maximise their financial wellbeing.</p> <p>People with learning disabilities will have improved access to training and support regarding budgeting, financial wellbeing and related life-skills.</p> | <p>People with learning disabilities will benefit from being able to budget their resources effectively, providing a greater sense of wellbeing and improved economic independence.</p> | <p>People with learning disabilities benefit from increasingly positive perceptions of disability created through economic empowerment and greater social value.</p> | | |
| LD4.05 | | <p>Existing resources: Existing staff resources.</p> <p>New resources: N/A</p> | <p>The council will review the process for Direct Payments and ensure that it is fit for purpose for people with learning disabilities and other cognitive impairments. Where appropriate, the council will ensure that key staff are trained to be direct payment advisors.</p> | <p>Direct Payments and managed personal budgets:</p> <p>The council has a direct payment process in place that has clear information for people with learning disabilities. This includes Direct Payment advisors who are experienced at working with people with cognitive impairments and having accessible information.</p> | <p>People with learning disabilities routinely use Direct payments and personal budgets to access and plan the services they need.</p> | <p>People with learning disabilities have control over their resources and make real choices over how their care / support needs are met.</p> <p>People with learning disabilities will experience increased independence and build better social networks, leading to improved social inclusion.</p> | | |

| | | | | | | | | |
|--------|----|---|--|---|--|--|--|--|
| LD4.06 | | <p>Existing resources: AWB Commissioning team; other council human resources</p> <p>New resources: Further training for key people in writing accessible information and software for picture library / symbols</p> | <p>The council and CCG will review existing information resources, in partnership with citizen advocacy groups, to ensure they are fit for purpose for people with learning disabilities.</p> <p>Commissioners will work with council colleagues to develop and implement information standards using current best practice, then train staff and partner organisations to revise all written information.</p> | <p>Access to information:</p> <p>The council and the CCG take account of the learning disability community when disseminating information to both people using services and the general population of Herefordshire.</p> <p>There are corporate standards and available tools / support for learning disability accessibility; written information is routinely produced in accessible formats and consultation includes people with learning disabilities. Commissioning organisations recognise their responsibility for leading the way on learning disability inclusion and citizenship.</p> | <p>People with learning disabilities have full access to a wide range of information about services, opportunities and general issues about life in Herefordshire.</p> | <p>People with learning disabilities have increased independence, greater control and improved social inclusion through being able to access and understand information about health, support and the wider responsibilities of citizenship.</p> | | |
| LD4.07 | 85 | <p>Existing resources: Existing staff resources.</p> <p>New resources: N/A</p> | <p>Commissioners recognise that a move away from communal building-based services for people with learning disabilities carries a risk of creating pockets of social isolation for some. To offset this, the council will encourage and support the development of initiatives within the existing service provision to combat this, particularly around opportunities to form friendship groups for social activities and the opportunity to form personal relationships.</p> | <p>Social / relationship opportunities: The council supports a number of initiatives to promote social integration for people with learning disabilities:</p> <ul style="list-style-type: none"> • Buddying and befriending to support special interests and social activities • Access to a local learning disability / autism specific dating agency | <p>People with learning disabilities develop and maintain social or other personal relationships.</p> <p>People with learning disabilities make use of facilities or services in the local community, including public transport, and recreational facilities or services.</p> | <p>People with learning disabilities will lead full and purposeful lives in communities and develop a range of friendships, activities and relationships.</p> | | |

APPENDIX 1

DRAFT PLAN TO BE COMPLETED BY LD PROJECT BOARD 29.03.2018

LEARNING DISABILITY STRATEGY IMPLEMENTATION PLAN FOR 2018/19

| Outcome No. | Strategic Priority | Lead | What? (activity and planned output) | Resources | When? (timeline for completion) | Who? (project leader) | Success Criteria (Agreed outcomes and metrics for agreeing success) | Agreed Governance |
|-------------|--|------|--|--|--|--|---|---|
| LD3.02 | PRIORITY 3 Being Healthy & Safe. | CCG | Review of CLDT structure and activity, followed by implementation of any review recommendations. | Within contracted budget agreed by CCG. | Service review April 2018 to June 2018. Implementation of review recommendation completed by March 2019. | CCG LD Commissioning Lead. | | Specific project group / plan reporting to CCG and informing JCB. |
| 68 | PRIORITY 2 What I Do During the Day (Preparing for Adulthood) | CWB | CWD Action Plan –Preparing for Adulthood work strand | Within resources and SEND Reform Grant for supported internship development. | Commence April 2018 – March 2019 | Senior Advisor - Post-16 Learning and Skills | Increase the number of Supported Internship starts from 10 to xxx to be agreed Increase the number of young people gaining employment from xx to xx (<i>baseline and target increase to be established and agreed</i>). Establish Supported Internship Forum. Number of trained job coaches. See Action Plan for further priorities, actions and outcomes | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |

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

ABBREVIATIONS KEY:

CCG = Clinical Commissioning Group

CLDT = Community Learning Disability Team

JCB = Joint Commissioning Board (Herefordshire Council & Herefordshire Clinical Commissioning Group)

LD = Learning Disability

DRAFT

Learning Disabilities in Herefordshire Needs Assessment – Summary Report

Version 0.04
Herefordshire Council Intelligence Unit

February 2018

CONTENTS

| | |
|---|-----------|
| INTRODUCTION..... | 1 |
| LEGISLATION | 2 |
| PREVALENCE OF LEARNING DISABILITIES..... | 3 |
| HEALTH ISSUES | 8 |
| LIVING | 13 |
| CURRENT PROVISION OF SERVICES | 16 |
| QUALITY AND OUTCOMES | 21 |

DRAFT

INTRODUCTION

'Learning disabilities' is currently a poorly defined term. It can have different meanings in different contexts (such as in education or medical settings) and have different interpretations by different professionals and the general public. The introduction of newer terminology such as 'intellectual disabilities' and 'specific learning disorder' which refer to a subset of learning disabilities further makes it difficult to define a clear workable definition of learning disabilities. Overall, "learning disabilities", can be considered an umbrella term that covers a range of neurological disorders in learning with varying degrees of severity that leads to impairment in social, intellectual and practical skills. Predecessor terms include: minimal brain damage and minimal brain dysfunction, and mental retardation. The most widely used term in the UK is, 'learning disability' and can be considered interchangeable with 'intellectual disability'.

Definitions provided by Diagnostic and Statistical Manual of Mental Disorders – V (DSM-V), British Psychological Society (BPS), National Institute for Health and Care Excellence (NICE), and the government white paper on learning disabilities, 'Valuing People' have common core features which can be used to define learning disabilities:

- *Impaired Intelligence* - lower intellectual ability (usually an IQ of less than 70) which can significantly reduce ability to understand new or complex information in learning new skills;
- *Impaired Social Functioning* - significant impairment of social or adaptive functioning which can reduce ability to cope independently;
- *Neurodevelopmental* - onset in childhood, before the age of 18 years.

Impairment in social, intellectual and practical skills can be highly varied among individual cases. Underlying neurological conditions also plays a role in the severity of disability and how functional an individual will be. Some people with learning disabilities live independently without much support, but others may require 24 hour care to perform most daily living skills due to complex needs.

This Adult Learning Disability Integrated Needs Assessment was commissioned by Herefordshire Council to provide an overview of health and wellbeing issues affecting adults (i.e. individuals aged 18 and over) with learning disabilities living or registered in Herefordshire and to outline levels of care and services currently provided. This document will inform the Learning Disability Strategy.

LEGISLATION

Mental Capacity Act 2005

The primary purpose of the Mental Capacity Act 2005 is to promote and safeguard decision making within a legal framework by empowering people to make decisions for themselves wherever possible, and by protecting people who lack capacity by providing a flexible framework that places individuals at the heart of the decision-making process.

Disability and Equality Act 2010

Under the Disability and Equality Act 2010, service providers are obliged to make reasonable adjustments to premises or to the way they provide services to ensure disabled people have equal rights of access. This is not only about physical access, it is about making services easier to use for everybody, for example longer appointment times and more accessible health promotion information.

The Care Act 2014

The Care Act 2014 came into effect on 1st April 2015 and represents the single biggest reform of social care legislation since the National Assistance Act 1948. It integrates and improves upon all previous legislation and incorporates accepted good practice as part of the legal framework and guidelines.

Our Health, Our Care, Our Say (2006)

The 2006 'Our Health, Our Care, Our Say' white paper set out a new direction for the whole of the health and social care system, building on the 'Independence, Wellbeing and Choice' green paper. Although much of this was concerned with healthcare, there was a strong emphasis on choice and control through personalised services, self-assessment and people planning and managing their own services.

'Valuing People' (2001) and 'Valuing People Now' (2009)

The 2001 'Valuing People' white paper formed the basis of the subsequent government paper 'Valuing People Now: A new three-year strategy for people with learning disabilities' (published in 2009). Both represent key benchmark documents for the principles underpinning the provision of services for people with a learning disability foreshadowing, as they do, the era of personalisation, empowerment and choice. 'Valuing People Now' set out the then Government's strategy for people with LD and responded to the main recommendations in 'Healthcare for All', which was report of an independent inquiry into access to healthcare for people with LD.

Transforming Care

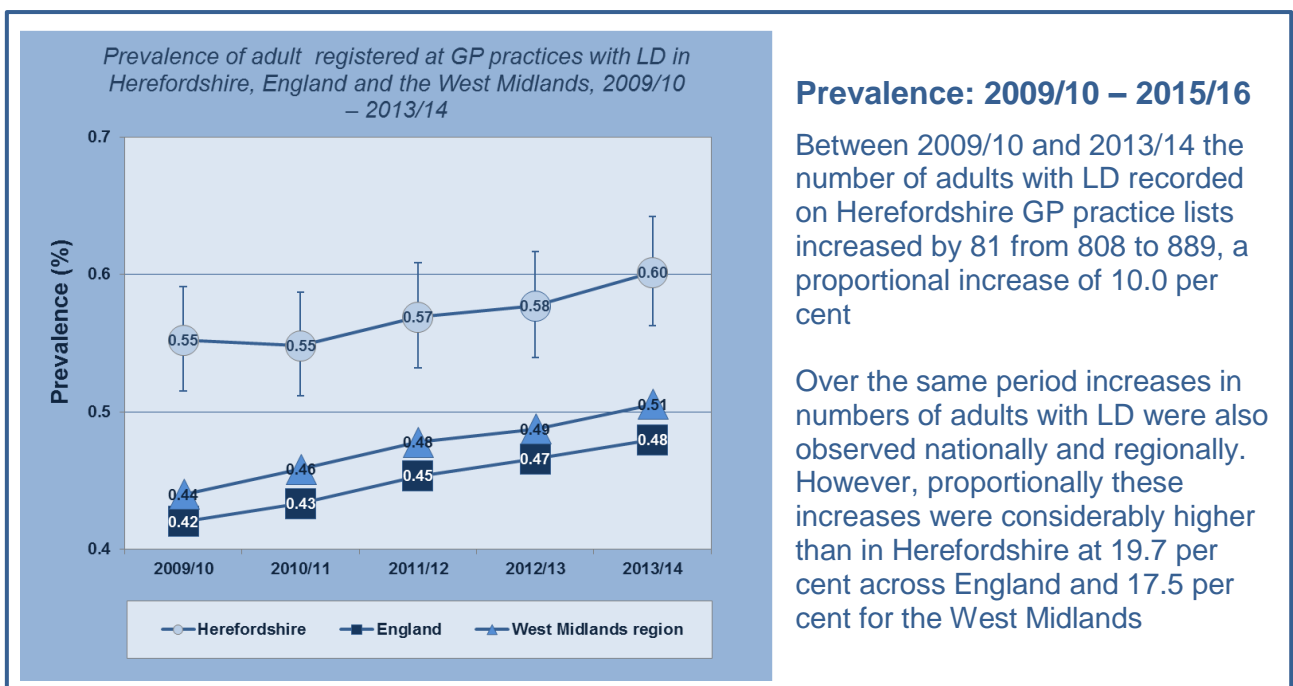
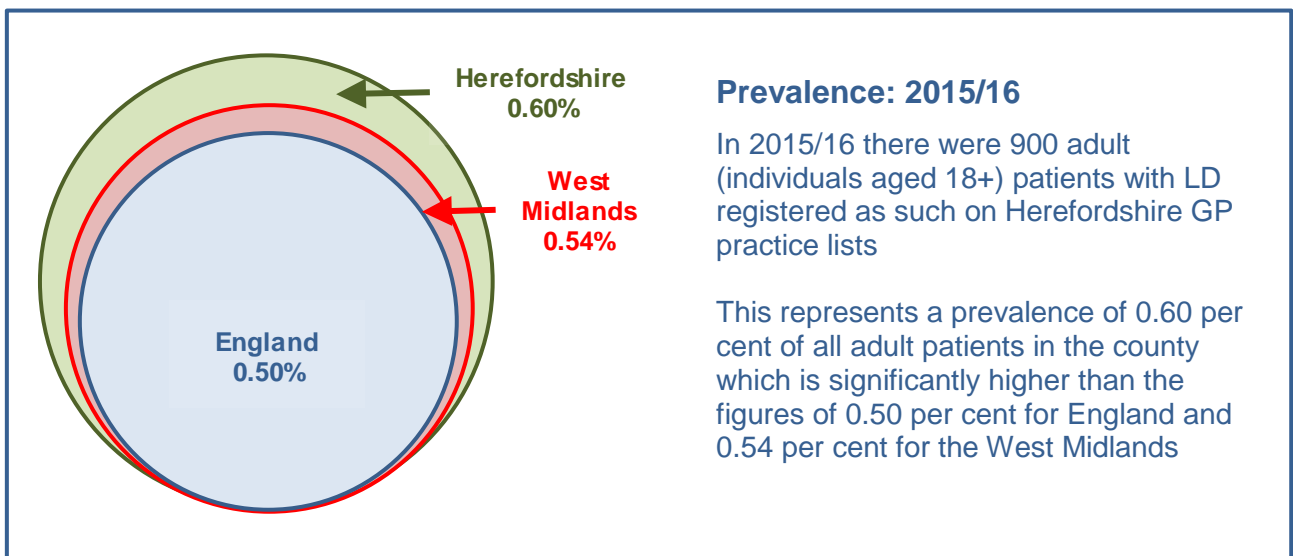
Following the 2011 BBC Panorama programme showed residents/patients with learning disability being tortured and abused by the people who were employed to care for them in Winterbourne View private hospital for specialist medical help for people with learning disability the government initiated a nationwide programme of measures to ensure the safety and wellbeing of people with LD placed in Assessment and Treatment Units. This programme was updated as recently as June 2015 and the plan re-vitalised as the 'Transforming Care Programme' which is designed to drive system-wide change and enable more people to live in the community, with the right support, and close to home.

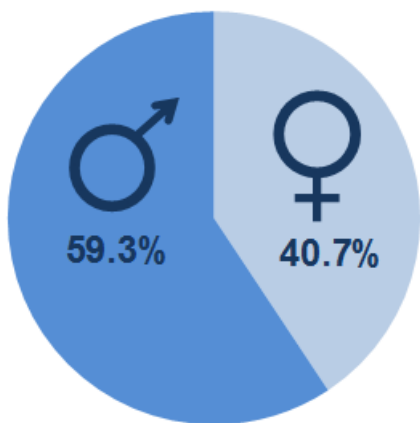
PREVALENCE OF LEARNING DISABILITIES

The discussions concerning prevalence/numbers of individuals with LD are based on two measures:

1. Registered Patients – the number of patients recorded on their general practice’s LD register;
2. Whole Population - Estimates and predictions of whole population LD prevalence provided by DoH population estimation websites “Projected Adults Needs Services Information” – PANSI and “Projecting Older People Population Information” – POPPI (it has been estimated that the numbers on the GP registers represent only 23 per cent of adults with LD)

RECENT PATTERNS – REGISTERED PATIENTS

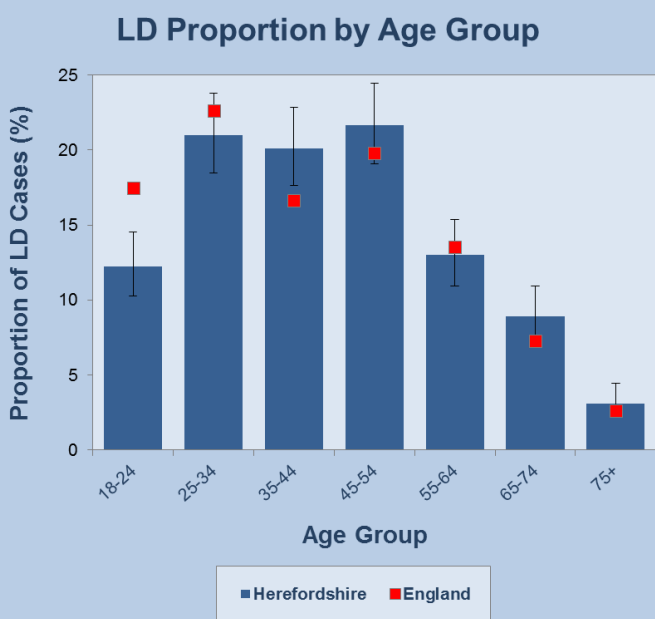




Prevalence by Gender

In 2015/16 the number of adult male on GP LD registers in Herefordshire (534) represented 59.3 per cent of all cases, with females (366) representing 40.7 per cent.

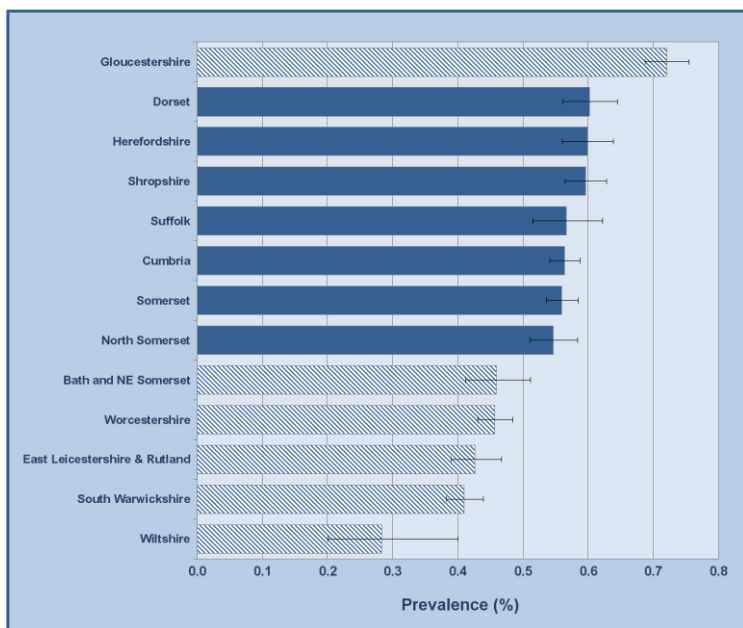
Similar gender proportions were observed both nationally and regionally.



Proportion of LD cases by Age

Locally, the number of LD cases shows some variability by age with the highest number of individuals between the ages of 25 and 54, which represented 63 per cent of all adults with LD in 2015/16.

A broadly similar pattern was evident nationally, although the proportion of adults with LD in Herefordshire in the <24 years cohort was significantly lower than reported nationally, while the local proportion for cases in the 35 to 44 cohort was significantly higher than those across for England.

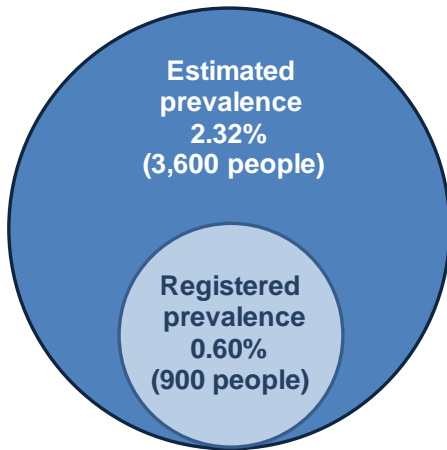


Nearest Neighbour Comparison

Comparison of 2015/16 adult LD prevalence data for Herefordshire with a comparator group of 12 nearest statistical neighbours indicates that the local prevalence (0.60 per cent) was significantly higher than that recorded in 5 out of the 12 nearest neighbours

The local figure was also significantly higher than the national and regional figures.

WHOLE POPULATION ESTIMATES

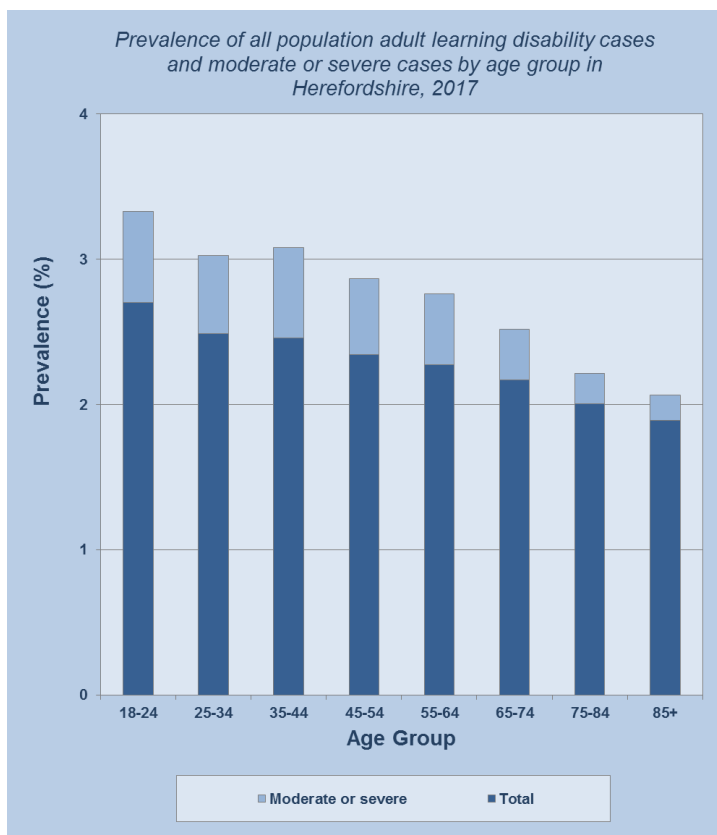


Prevalence

There are no reliable statistics characterising accurately how many people there are with learning disabilities across the UK.

It has been estimated that the numbers on the GP registers represent only 23 per cent of adults with LD.

There are estimated to be 3,600 adults with LD in Herefordshire in 2017, which represents of 2.32 per cent of the total adult population in the count.



Moderate and Severe LD

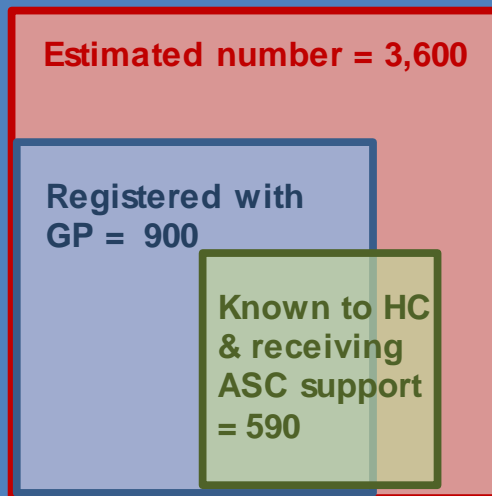
The estimated number of adult LD cases varies by age with a general increase with age evident with numbers rising from 343 in the 18 – 24 cohort to 639 in the 45 – 54 cohort; the numbers then fall with age with the lowest figure of 119 observed in the 85+ cohort.

This pattern is also evident in the number of moderate and severe cases.

When examining the prevalence for each age group there is a steady decline for total cases with age from 2.70 per cent in the 18 – 24 cohort to 1.89 per cent in the 85+ group; a similar pattern is evident for moderate and severe cases. This declining trend in prevalence reflects the lower life expectancy in the LD community.

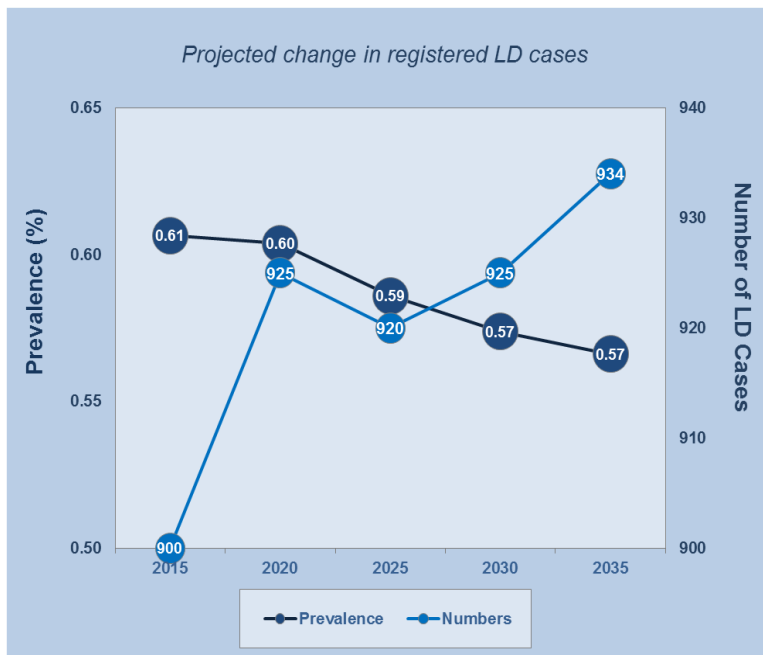
Observations

The identification of adults as having LD is poor in Herefordshire, reflecting both national and regional patterns. Better identification could be facilitated by all relevant clinicians, health workers and carers becoming more aware of LD, with a particular aim of improving the recording of adults with mild LD. An improvement in enumerating the number of adults with LD would aid accurate assessment of future demand and ensure that relevant services will be provided at the required level. Furthermore, future identification of those adults with LD who are not currently known to the Local Authority will aid the successful targeting of low level interventions which could help maintain their continued independence from statutory services.



In addition, There is currently no indication as to whether those recorded on GP LD registers correspond to those known to the local authority, and vice versa, resulting possible ambiguity in the data. Clear cross-referencing of these data between all relevant organisations would clarify this and provide a clearer picture of Herefordshire's adult LD community.

PROJECTED TRENDS

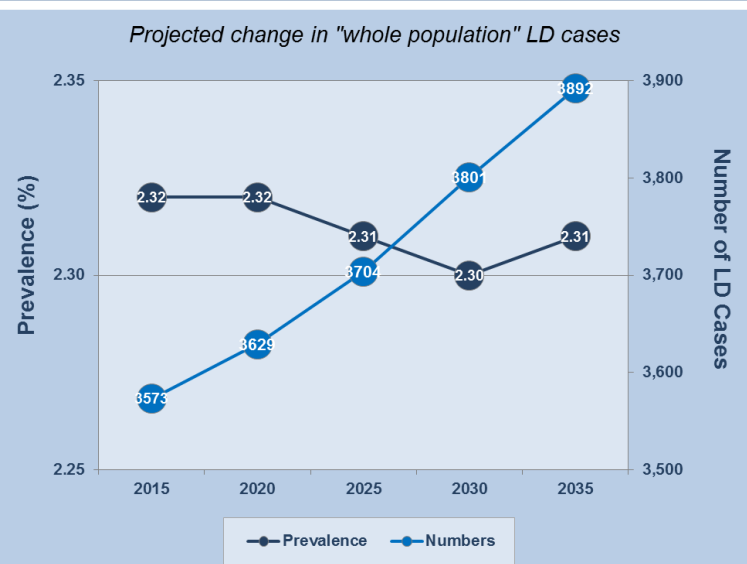


Registered Cases

Between 2015 and 2035 it is estimated that the number of registered adult LD cases in Herefordshire will increase marginally from 900 to 934, a proportional increase rise of 3.8 per cent.

While it is estimated that by 2035 the numbers of LD cases in the majority of age groups will increase this will be most evident in those aged 70 and over where a rise of 50 per cent from 60 to 90 individuals is predicted.

Although the number of adult LD cases are predicted to rise over this 20 year period the overall prevalence is predicted to fall from 0.61 to 0.57 per cent.



Whole Population

A similar pattern is projected for the number of "whole population" adults with LD in Herefordshire with numbers rising steadily from the 2017 estimate of 3,600 to 3,900 in 2035 – an 8 per cent increase. Over this period the number of adults aged 65+ is predicted to rise from 950 to 1,350, an increase of 41 per cent.

However, over this period the whole population adult LD prevalence is expected to show little change.

Observations

While the number of adult LD cases in Herefordshire is predicted to rise relatively slowly, the proportion of these individuals represented by those aged 65+ is going to increase more rapidly. As the care of these older individuals is likely represent greater complexity of need it is evident that a concomitant increase in the capacity across all relevant services will be required to ensure that future provision of support is at an adequate level to meet the needs of the county's adult LD community and its changing age profile.

HEALTH ISSUES

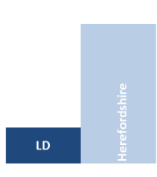
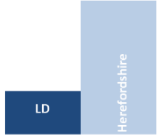
MORBIDITY

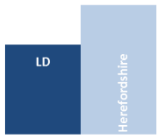
Although people with LD have the same needs as those without, it is recognised that they have specific health needs and that have significantly poorer health and a shorter life expectancy compared to the rest of the population.

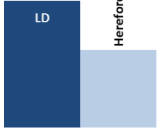

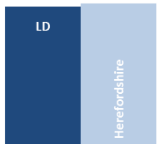
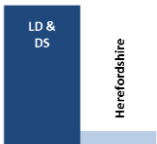
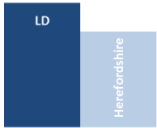
For adults with LD in Herefordshire the prevalence of most conditions is broadly similar to those observed nationally and regionally. The exception to this were epilepsy where the Herefordshire figure was significantly higher than that for England as a whole, while the local prevalence of depression and dementia in adults with LD was significantly lower than that reported nationally; similarly, the local prevalence of dementia in adults with LD and a diagnosis of Down's Syndrome was lower than the national figure (see table below).

Compared to the Herefordshire adult population there was a lower prevalence of cancer, CHD, heart failure, hypertension and COPD in those with LD. Conversely, the prevalence of obesity, diabetes, epilepsy, depression and dementia in those with a diagnosis of Down's Syndrome were higher in those with LD than the population as a whole. These patterns generally reflect those observed nationally.

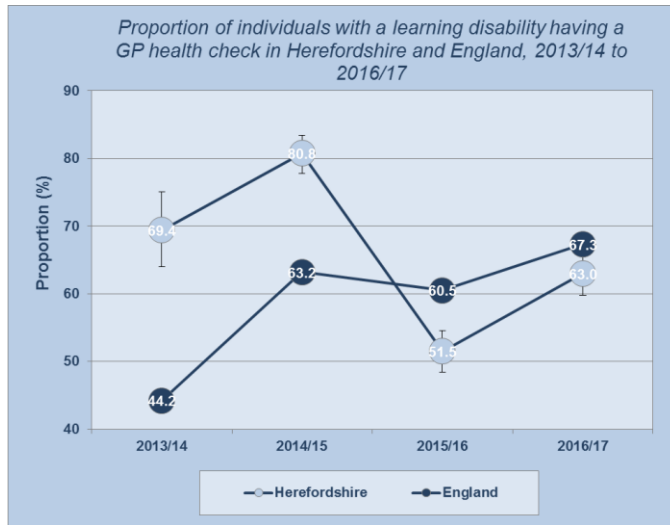
Prevalence (%) of major conditions in learning disability communities in Herefordshire, England and the West Midlands, 2015/16. (Compared with England ■ lower ■ similar ■ higher)

| Condition | England | West Midlands | Herefordshire LD prevalence | Herefordshire whole population prevalence | |
|------------------------------|---------|---------------|-----------------------------|---|---|
| Cancer | 0.97 | 0.80 | 0.82 | 3.19 |  |
| Coronary Heart Disease (CHD) | 1.14 | 0.95 | 1.13 | 3.49 |  |

| Condition | England | West Midlands | Herefordshire LD prevalence | Herefordshire whole population prevalence | |
|--|---------|---------------|-----------------------------|---|---|
| Heart Failure | 0.89 | 0.84 | 0.82 | 1.18 |  |
| Hypertension (High Blood Pressure) | 9.79 | 9.55 | 11.8 | 16.1 |  |
| Chronic Obstructive Pulmonary Disease (COPD) | 1.03 | 0.92 | 0.92 | 2.15 |  |
| Obese | 22.0 | 21.4 | 23.9 | 9.09 |  |
| Underweight | 3.55 | 3.59 | 2.77 | 1.27 |  |
| Type 1 Diabetes | 0.66 | 0.75 | 0.71 | 0.39 |  |

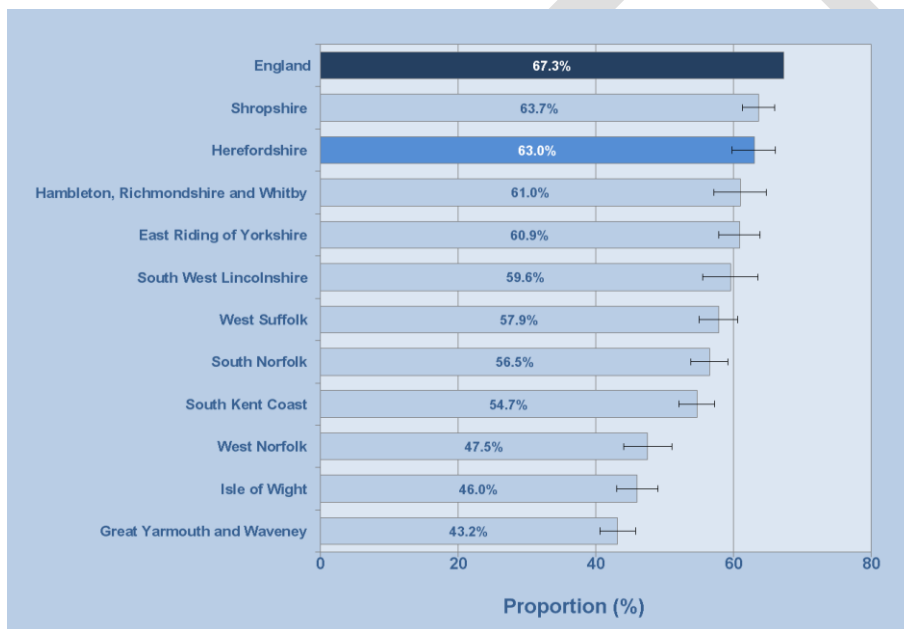
| Condition | England | West Midlands | Herefordshire LD prevalence | Herefordshire whole population prevalence | |
|--|---------|---------------|-----------------------------|---|---|
| Non-type 1 Diabetes | 6.81 | 7.28 | 8.20 | 5.02 |  |
| Gastro Oesophageal Reflux Disease (GORD) | 7.34 | 7.04 | 8.40 | - | - |
| Epilepsy | 17.9 | 17.5 | 23.4 | 0.90 |  |
| Dementia | 1.41 | - | 8.92 | 0.94 |  |
| Dementia (individuals with LD and Down's Syndrome) | 7.24 | - | 5.32 | 0.94 |  |
| Depression | 12.8 | 12.2 | 9.53 | 7.40 |  |

HEALTH CHECK



Since 2013/14 the proportion of LD patients in Herefordshire receiving an annual health check has shown considerable variability, ranging between 51.5 per cent in 2015/16 and 80.8 per cent in 2014/15.

Over this period the national proportion has shown a general increase with the 2016/17 figure of 67.3 per cent being significantly higher than that recorded locally (63.0 per cent).



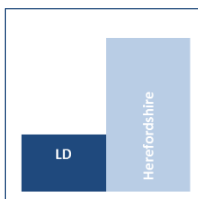
When comparing the local proportion of LD cases receiving an annual health check with nearest neighbour CCGs it is evident that, with the exception of Shropshire, the Herefordshire figure is higher than all those in the CCGs considered, although the difference is only significant in five cases. It should be noted that all nearest neighbour figures were significantly lower than the national figure.

Observations

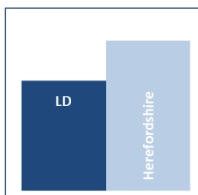
While the local proportion of LD cases receiving an annual health check is comparatively high compared to comparators since 2015/16 it has fallen below that reported nationally. It may be interesting to note that the West Midlands Quality Review Service (MWQRS) were told that the number of annual health checks had reduced since funding for the Directed Enhanced Services (DES) had ceased.

While the checks are being undertaken there are no readily available documented results outlining any subsequent treatment plans are being adopted. NICE states that a care plan for managing any physical health and mental health problems should be developed as appropriate. However, information recording of any such plans is not readily available. Consequently, it is recommended that results of health checks are made readily available to support services so that requirements are made known to and clearly understood by support providers.

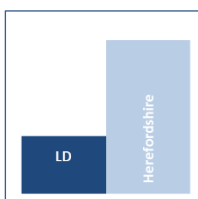
CANCER SCREENING



In 2015/16 the local uptake for **cervical cancer screening** in females with LD who were eligible was 26.4 per cent, a figure just over one third of that for the county population as a whole (71.3 per cent). The local proportion was similar to those recorded both nationally and regionally.



In Herefordshire the uptake of **breast cancer screening** in eligible female LD patients aged 50 to 69 was 50.9 per cent which was approximately three quarters of that for the county as a whole (69.6 per cent). While the local proportion was higher than both the national and regional figures the differences were not statistically significant.



In 2015/16 the local proportion of LD patients aged 60 to 69 who were eligible for **colorectal cancer** screening was 83.5 per cent which was lower than the figure for the county as a whole (86.0 per cent). Although higher than the national proportion the local figure was not statistically higher than that for the West Midlands.

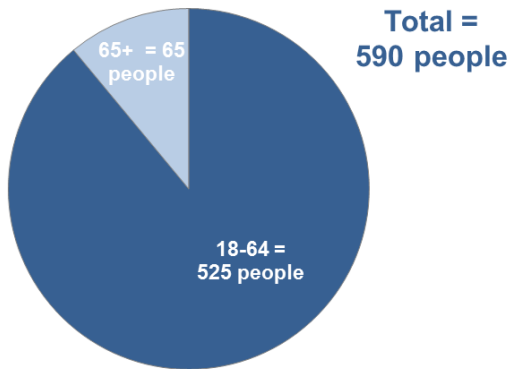
Observation

It is clear that in Herefordshire the cancer screening rates for eligible individuals with LD is appreciably lower than for the population as a whole. This is an important factor which can lead to late and missed diagnosis as indicated by the local prevalence of cancer in individuals with LD is approximately one third of that in the population as a whole. As a result outcomes are likely to be poorer and premature mortality from cancer more likely.

Currently, the availability of health data relating to adults with LD in Herefordshire is poor. Improved sharing of data concerning all aspects of health care (health check, screening, diagnosis, stage of presentation, outcomes, etc.) would facilitate the assessment of the health of the individual and of the LD community as a whole across the county. All such information should be made readily available to all relevant services and should apply equally to all aspects of health care of adults with LD to encompass all co-morbidities and risk factors.

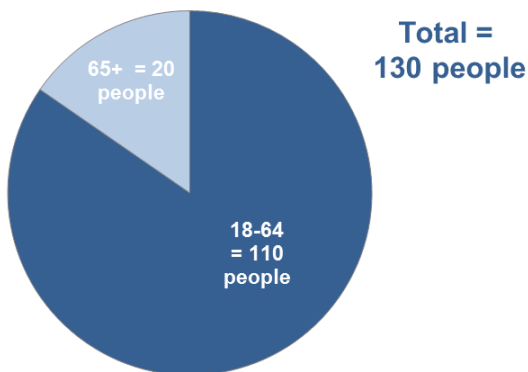
LIVING

Data in this section relates to those adults with LD who are known to Herefordshire Council and are receiving support which equates to a total of 590 individuals.



Data on social services activity indicate that of those adults with LD known to Herefordshire Council eligible for support throughout 2015/16 a total of 590 received long term LD support from Herefordshire Social Services, of which 525 were aged between 18 and 64 and 65 were 65 and over.

The total figure for 2015/16 represents a 9.4 per cent increase on the number of adults receiving support from Herefordshire Social Services in 2009/10 (480).

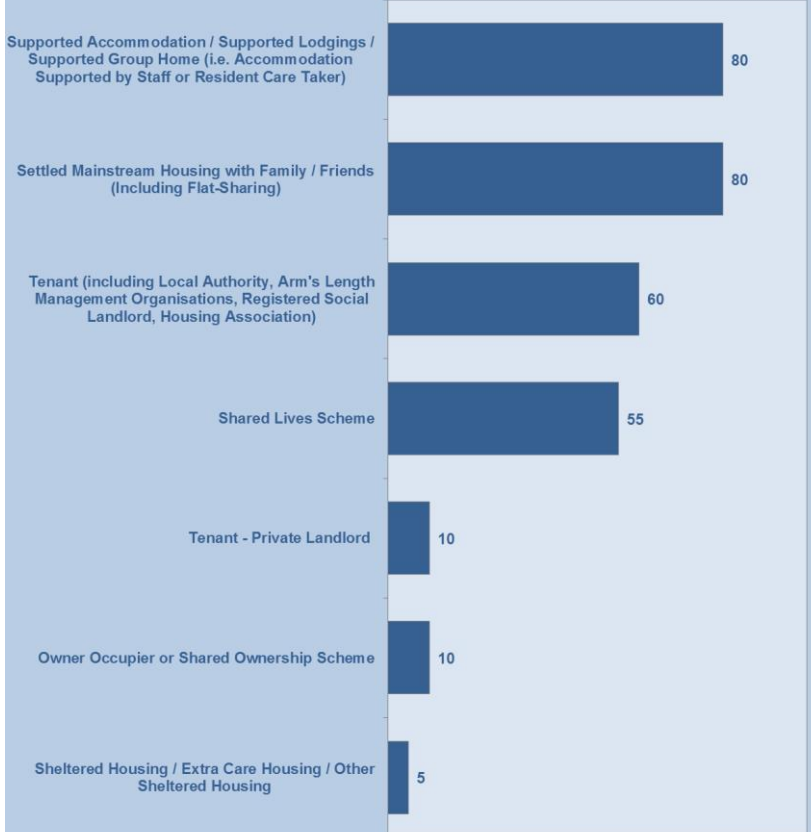


SUPPORTED RESIDENTS IN RESIDENTIAL AND NURSING ACCOMMODATION

At the end of March 2016 of those supported by Herefordshire Council 130 adults with LD were in residential accommodation, 110 of which were aged between 18 and 64 and 20 aged 65 and over

Of these individuals 125 had been in care for more than 12 months (105 aged 18-64; 25 aged 65+).

SETTLED ACCOMMODATION

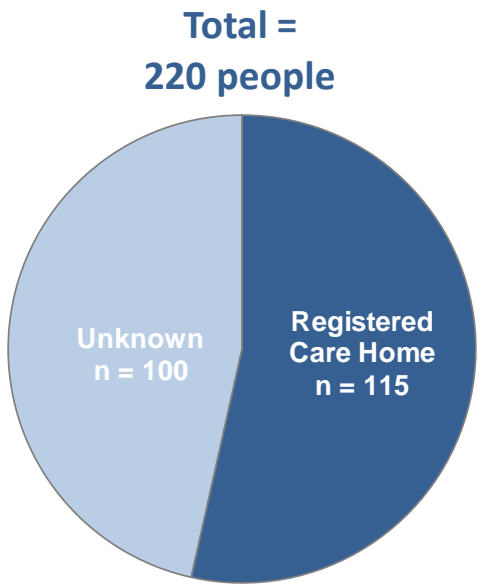


'Settled' accommodation refers to accommodation arrangements where the occupier has medium to long term security of residence, or is part of a household whose head holds such security.

Of the 525 people aged 18-64 with LD who received long term care in Herefordshire in 2015/16 305 (58 per cent) were recorded as living in settled accommodation.

The most common types of settled accommodation Supported Accommodation and Living with Family/Friends both of which represented 26 per cent of those in settled accommodation; other important accommodation types are Shared Living Schemes and Tenant (private landlord) which between them represent 38 per cent of those in settled accommodation.

UNSETTLED ACCOMMODATION

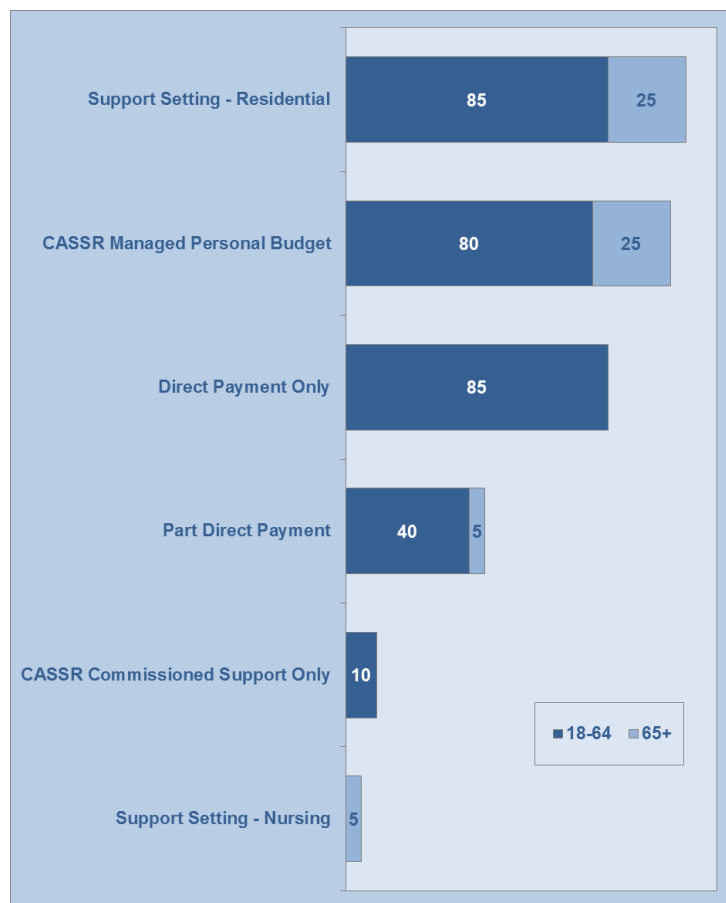


'Unsettled' accommodation refers to accommodation arrangements which is either unsatisfactory or, where, like in residential care homes, residents do not have security of tenure.

In 2015/16 across Herefordshire there were 220 supported adults aged 18 to 64 with learning disability living in unsettled accommodation, which represents 37 per cent of those receiving long term LD support.

Of these 115 were in Registered Care Homes and the residence of 100 were unknown; this latter figure represents 19 per cent of those receiving long term care in Herefordshire.

PAYMENTS



In 2015/16 of a total of 365 adults with LD receiving long term support payments in Herefordshire 305 were of working age (18 – 64) and 60 were aged 65 and over. The most prevalent payment type was to individuals in residential accommodation with a total of 110 individuals receiving support.

Of those in the community the most common all age support setting was CASSR managed personal budget while direct payments only were also important.

For those of working age the most common payment pathway for those in the community were direct payment only and CASSR managed personal budget; for those aged 64 and over CASSR managed personal budget was the most common. personal budget; for those aged 64 and over CASSR managed personal budget was the most common.

SUPPORTING CARERS

In 2015/16 there were 75 adults with LD in Herefordshire whose carer received direct support throughout the year, while a further 30 carers received no direct support. Of those receiving support 15 received direct payment 5 received part direct payment, 10 CASSR (Council with Adult Social Services Responsibility) commissioned support, while 15 received Information, advice and other universal services / signposting; a further 30 received respite or other forms of carer support delivered to the cared for person.

EMPLOYMENT

Locally in 2015/16 there were 60 individuals with LD of working age (18-64) in paid employment, which is twice that recorded in 2014/15. The 2015/16 figure represents 11.4 per cent (compared to 5.8 per cent in 2014/15) of the registered working age LD population in Herefordshire, a proportion considerably higher than the figures reported for both England (5.8 per cent) and the West Midlands (4.5 per cent). Of those individuals in paid employment in Herefordshire in 2015/16 ten were employed for 16 hours or more per week and 50 for less than 16 hours a week; males represented two thirds of those individuals in paid employment.

CURRENT PROVISION OF SERVICES



GOVERNANCE

Herefordshire Learning Disability Partnership Board (HLDPB) aims to bring together all the relevant local agencies and stakeholders and to give a voice to people with learning disabilities and their family carers. The board is established within the overall governance accountability arrangements for Herefordshire Council and CCG with the overall accountability resting with the Director of Adult Social Services and the CCG Chief Executive.

PROVIDERS – COMMUNITY SERVICES

²Gether NHS Foundation Trust



Currently, community services are commissioned from ²Gether NHS Foundation Trust through the Community Learning Disability Team (CLDT).

Currently the community mental health services for people with learning disabilities or autism delivered by ²Gether have a Care Quality Commission (CQC) rating of 'Good'

Echo



Echo is an independent Herefordshire-based charity which runs a range of activities primarily for people with moderate or severe learning disabilities in a variety of community venues.

Aspire



Aspire is a registered charity based in Hereford which provides support to individuals with LD. Services provided include residential care, support at home helping people to live independently and also helping individuals to undertake tasks such as shopping, volunteer and leisure activities. Aspire have a CQC rating of 'Good'.

Ategi



Ategi operates a Shared Lives Scheme in Herefordshire providing personal care for people who live in their homes. Ategi have a CQC rating of 'Good'.

Affinity Trust



Affinity Trust (known as Score Community Opportunities in Herefordshire) is a registered charity providing support for people with learning disabilities providing day opportunities on weekdays.

Salters Hill



Salters Hill provide accommodation for people with LD, support people with LD to live in their own homes and encourage creative learning and encourage involvement in the community. Salters Hill have a CQC rating of 'Good'.

Providers – Residential Services

- There are 36 establishments across Herefordshire which provide residential accommodation for adults with LD.
- Over a third of these establishments are located in and around Hereford with others near Ross and in Leominster; there is only one located in the west of the county at Kington.
- Of these all but one have a CQC rating of 'Good', with a single establishment rated as 'Requires Improvement'.

Day Opportunities

- Currently, around 150 people with LD supported by Herefordshire Council are provided with day opportunities at seven locations across the county.
- Individuals using the services are primarily resident in Hereford and Leominster and Ross-on-Wye with very few living in rural and semi-rural areas.
- Aspire run the St. Owens Centre and also provide other services in the city at the Aspire Community Hub and also at Widemarsh.
- ECHO delivers the day opportunities in Leominster at the Priory Centre, Eaton Barn and Bridge Street Workshop .
- Salter's Hill provide day opportunities in south and east Herefordshire.
- A range of other opportunities and support are offered across the different locations across the county by various appropriate social care providers operating in these areas.
- In the 12 months up to the end of August 2017 a total of 141 adult clients were provided with day opportunities at a weekly cost of £21,800, which equates to an annual cost of £1.05 million.

It should be noted that according to CQC reports that Herefordshire is providing some of the best care for adults in the West Midlands. The latest CQC inspection report shows that Herefordshire has the highest proportion of 'Good' or 'Outstanding' care homes and the second highest proportion of home care providers in the region. Furthermore, across the West Midlands Herefordshire has the highest proportion of nursing homes providing specialist care for medical conditions rated as 'Good' and the second highest proportion of providers delivering home care services helping people live independently in their own home rated as 'Good' or 'Outstanding'.

EXPENDITURE

AGES 18 - 64



Long Term Care

In 2015/16 the weekly unit cost of long term care for those with LD **aged 18 – 64** in Herefordshire was £1,162 per week compared to £1,359 per week in England and £1,375 in the West Midlands.

AGES 65+



For individuals **aged 65 and over** the long term weekly unit cost for Herefordshire was £622 per week while the weekly figures for England and the West Midlands were £868 and £898 respectively.

AGES 18 - 64



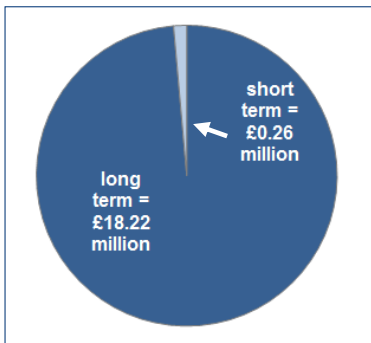
Short Term Care

The weekly unit cost of short term care for those with LD **aged 18 – 64** in Herefordshire was £214 per week compared to the national figure of £494 and the regional figure of £531.

AGES 65+

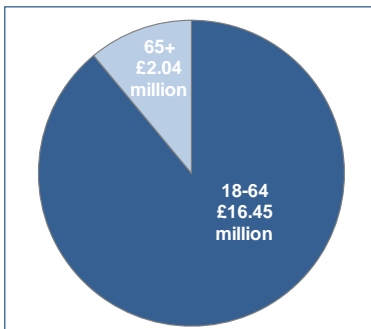


For individuals **aged 65 and over** the short term weekly unit cost for Herefordshire was £77 per week, while the weekly figures for England and the West Midlands were £381 and £584 respectively.

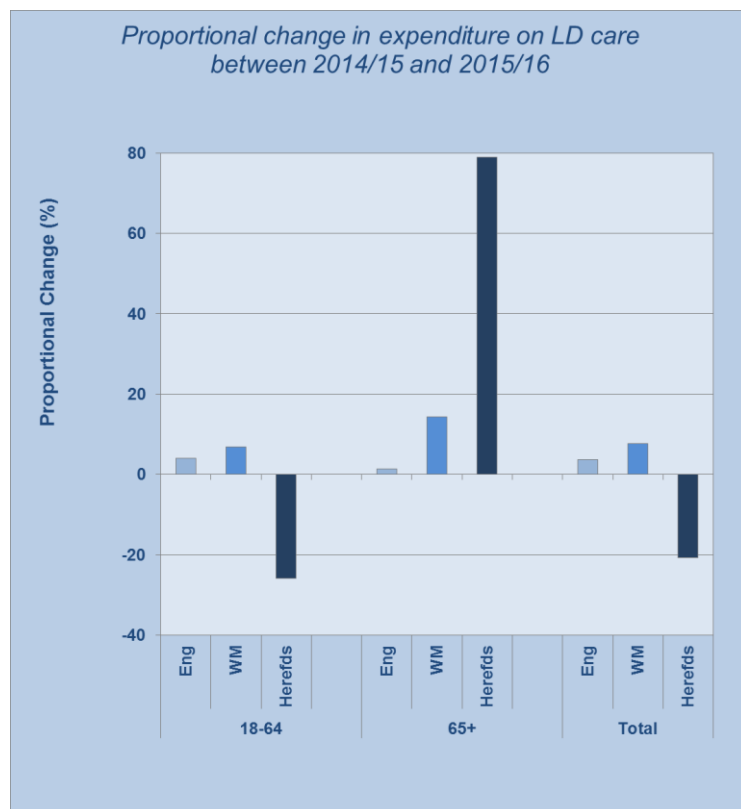


Total Expenditure

In 2015/16 the total expenditure in Herefordshire for long and short term care combined was £18.48 million, which was made up of £18.22 million for long term care and £0.26 million for short term care.



Of the total expenditure in 2015/16 £16.45 million was for those aged 18-64 and £2.04 million for those aged 65+.



Change in Expenditure

The 2015/16 overall expenditure on LD care for Herefordshire Council represented a 20.7 per cent fall on the figure for 2014/15 whilst the overall national (Eng) and regional (WM) expenditure increased by 3.7 and 7.6 per cent respectively.

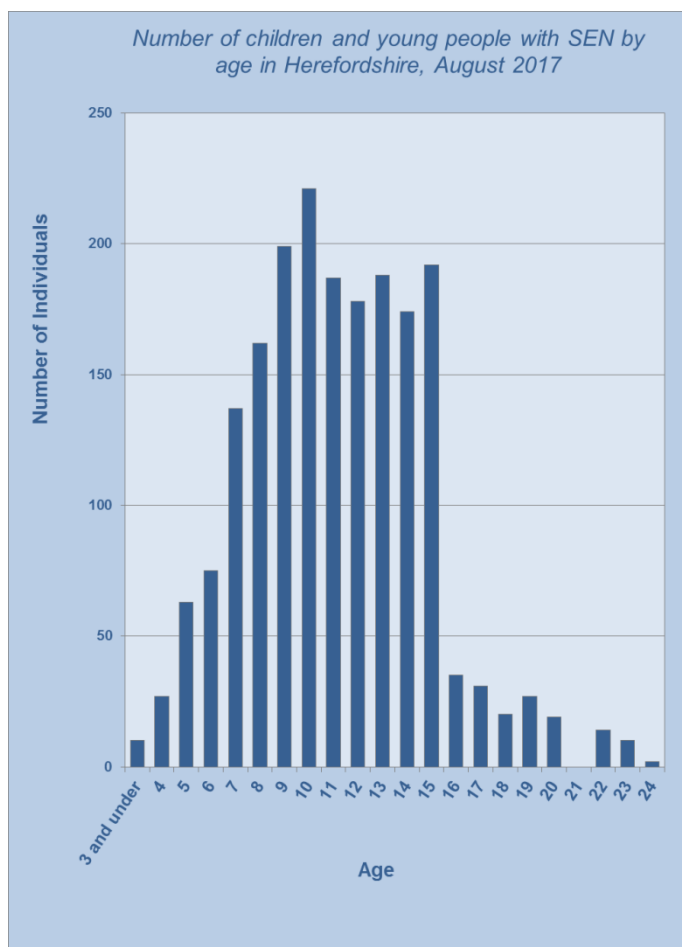
For 18-64 year olds the local expenditure fell proportionally by 25.6 per cent over this period compared to 4.0 and 6.8 per cent increases seen nationally and regionally.

Conversely, for those aged 65+ the Herefordshire expenditure increased proportionally by 78.9 per cent compared to increases of 1.3 and 14.3 per cent observed across England and the West Midlands respectively.

Observation

It is evident that the expenditure in Herefordshire on the care of adults with LD is lower than across the rest of the West Midlands and England. This, allied with the good quality of services provided, as indicated by CQC reports, highlights the good value for money currently obtained for services supporting adults with LD in the county.

Transition into adult services



Examining at the prevalence of special educational needs (SEN) among children and young people (CYP) indicates that the proportion of children with SEN increases with age up until the age of 10 and then plateaus before declining at the age of 16 where children are likely to be leaving full time education.

Although numbers with SEN aged 16+ are small this still suggests that a proportion of people leaving education will need to transition from child to adult services.

The evident difference in the number teenagers with SEN aged up to 15 years and those older (as indicated in the graph) does not correspond with the number of registered LD cases at that age which show an increase between the 10-17 and 18-24 cohorts. This would indicate that the educational needs of these young people with LD are currently under catered for and that greater attention should be concentrated on this cohort as they move from an education setting to possible employment.

Observation

Currently there is no available data monitoring what is happening to young people with LD when they leave full-time education. Collection of such information could be used to monitor the progress of such individuals which would facilitate the identification of any support requirements and could also be used to monitor the success of current support initiatives.

It is evident that in Herefordshire (along with the rest of the country) that LD cases are being under diagnosed, a fact that can lead to individuals not being able to access support and services from which they would benefit. It is possible that this is related to the number of adult cases not being documented which may be due to a missed childhood diagnosis, or an individual "dropping off the radar". Such a pattern may be ameliorated if that throughout an individual's lifetime contact with health professionals any indicators of LD are recorded and acted upon appropriately collaboratively by all relevant practitioners and

West Midlands Quality Review Service

- In September 2015 a review of the care of people with learning disabilities in Herefordshire was undertaken by the West Midlands Quality Review Service (WMQRS).
- Of the 73 applicable quality standards which related to primary care, specialist LD services and commissioning 32 were met, which represents a proportion of 44 per cent. Of these primary care met three out of eight standards (38 per cent), specialist LD services 23 out of 48 (48 per cent) and commissioning 6 out of 17 (35 per cent).
- Generally, the review found staff to be highly committed to providing good care for people with LD and it was noted that day opportunities service provided a good range of opportunities and that links with social workers were working well, including social care assessments being undertaken on the premises.
- However, there were some concerns about the services available for a combination of reasons with the issues relating to:
 - the Partnership Board – the board was deemed not to be working effectively, having no clear work plan and no sub-groups or other mechanisms for implementing a work plan and there was no evidence that the Partnership Board was effectively planning and driving improvements in services for people with learning disabilities;
 - Commissioning of services, and the leadership and governance of the health specialist team - the number of people with learning disabilities for whom services were needed was not clear, access criteria for the services were not clearly defined, both health and social care services were commissioned by the Local Authority without effective mechanisms for the involvement of health commissioners, and health funding for the services was set at an historic level, and arrangements for the review of funding levels were not evident.
 - The leadership and governance of the health specialist team - several aspects of the governance of the team were of concern to reviewers: some members of the team were working alone without effective cover for absence; the physiotherapy assistant was working without clear arrangements for professional supervision; there was limited evidence of a competence framework or training plan; several of the policies and procedures were out of date.
- In relation to primary care reviewers were told that the number of annual health checks and Health Action Plans had reduced since funding for the Directed Enhanced Services (DES) had ceased. Reviewers did not see monitoring of numbers of annual health checks or examples of Health Action Plans. It was concluded that further work in this area may be helpful.

Adult Social Care Outcomes Framework (ASCOF)

- Adult Social Care Outcomes Framework (ASCOF) draws on data from a number of data collections which give a measure of how well care and support services achieve the outcomes

that matter most to clients. Although the information is related to adult social care in general, it also represents a measure of how LD services are perceived and how these perceptions have changed over time.

- The overall social care-related quality of life (SCRQoL) score is derived from the responses to eight questions with a maximum possible score of 24. In 2015/16 the SCRQoL reported for Herefordshire in was 19.8, a figure higher than both those recorded for England (19.1) and the West Midlands (19.0). The local figure has risen steadily since 2012/13 (proportionally by 7 per cent), while nationally and regionally the increase has been more gradual (both proportionally by 2 per cent).
- In 2015-16, 80.5 per cent of service users in Herefordshire reported they have control over their daily lives, compared to 76.6 per cent across England and 75.0 per cent in the West Midlands.
- In Herefordshire, 69.7 per cent of service users reported they were extremely or very satisfied with their care and support in 2015-16, a figure higher than both the national (64.4) and regional (64.2) proportions. The local figure has increased by approximately 6 percentage points since 2013/14 while figures for England or the West Midlands showed marginal falls over this period.
- The proportion of service users and carers who find it easy to find information about services in 2015/16 locally, nationally and regionally were similar, ranging between 72.2 and 73.5 per cent. While the latest Herefordshire figure is proportionally 10 per cent lower than that recorded in 2011/12 the proportions for England and the West Midlands in 2015/16 were broadly similar to those reported for 2011/12.
- While 71.5 per cent of service users in Herefordshire reported feeling safe in 2015-16, the national and regional figures were both below 69 per cent.
- Since 2011/12 the proportions of service users in Herefordshire and across England and the West Midlands have increased with an increase of 13 percentage points observed locally compared to 9 per cent nationally and 12 percent regionally. In 2015/16 the figure for Herefordshire of 88.0 per cent was marginally higher than those recorded both nationally (84.5) and regionally (86.7).

Observation

Although services provided for adults with LD are generally performing well as evidenced by WMQRS and ASCOF improvements can still be made. It would appear appropriate that all relevant services work closely with adults with LD and their carers/support workers to understand their particular needs and experiences within the Health and Social Care system. This should include:

- *consultation with individuals who currently access services to identify areas that require improvement;*
- *as life expectancy increases there should be special emphasis on working with older adults with LD in order to determine requirements of this group and inform the design of service to that will best meet these needs.*

Equality Analysis (EIA) Form

A) Description

Name of service, function, policy (or other) being assessed

Learning disability strategy

Directorate or organisation responsible (and service, if it is a policy)

Adults and wellbeing

Date of assessment

1st April 2018

Names and job titles of people carrying out the assessment

Adam Russell, Senior Commissioning Officer

Accountable person

Steven Vickers, Director of Adult Wellbeing

What are the aims or main purpose of the service, function or policy? What does it provide and how does it provide it?

The learning disability strategy:

- a. Impacts all people with a learning disability that access or will be accessing commissioned health and social care services in Herefordshire, because it affects how those services are currently provided and how they may be provided or funded differently in the future.
- b. Details the short, medium and long-term outcomes required for the individual and the wider learning disability community, linking them to guidance, legislation and to the wider strategic / financial aims of the council and the clinical commissioning group;
- c. Details the commissioning inputs and actions required against each priority and by whom, in order to achieve the desired co-produced outcomes;
- d. Is the long-term framework for the ongoing delivery of the social aspirations set out in the key learning disability white paper Valuing People (2001) and then reiterated through key policy documents and legislation such as the Mental Capacity Act (2005); Our Health, Our Care, Our Say (DH 2006); Death by Indifference (Mencap 2007); 'Valuing People Now' (DH 2009); Disability and Equality Act (2010); Care Act (2014) and Transforming Care (DH 2015);
- e. Ensures that all commissioned activity for and with adults with learning disabilities is aligned to the health and wellbeing blueprint for adult social care and with the NHS's long-term commitment to ensure 'reasonable adjustments' are made in both primary and acute health services.

Location or any other relevant information

The strategy's impact is countywide as it affects any person with a learning disability who is a resident of Herefordshire and accesses or will be accessing health and social care services commissioned by Herefordshire Council and Herefordshire Clinical Commissioning Group.

List any key policies or procedures to be reviewed as part of this assessment.

Who is intended to benefit from the service, function or policy?

All adults with a learning disability accessing care and support, and community services
Families and carers of people with a learning disability
Care and support service providers
Adult and Wellbeing directorate
Children's Wellbeing directorate

Who are the stakeholders? What is their interest?

Adults with a learning disability, their families, advocates and carers: adults with a learning disability in Herefordshire can expect a consistent, good standard of support services within Herefordshire as well as having real life opportunities such as meaningful employment and access to universal community services. Adults with LD will, also, be more actively involved in the development, shaping and monitoring of support services as well as actively contributing to Herefordshire's communities.

B) Partnerships and Procurement

If you contract out services or work in partnership with other organisations, Herefordshire Council remains responsible for ensuring that the quality of provision/delivery meets the requirements of the Equality Act 2010, ie.

- Eliminates unlawful discrimination, harassment and victimisation
- Advances equality of opportunity between different groups
- Fosters good relations between different groups

What information do you give to the partner/contractor in order to ensure that they meet the requirements of the Act? What information do you monitor from the partner/contractor in order to ensure that they meet the requirements of the Act?

Where services for people with learning disabilities are delivered via contracts and service level agreements with the independent, private third sector, the council's providers will be made aware of the following contractual requirements in regards to equality legislation.

A public authority must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act. Current and planned services for adults with learning disabilities help to make this a reality in three ways.

- Firstly by improving wider community understanding of the needs and capabilities of adults with learning disabilities.

- Secondly by improving social value by promoting people with learning disability's visible access to roles such as paid employment and to activities linked to civil participation.
- Lastly by promoting self-advocacy and citizen advocacy to support people with learning disabilities to recognise victimisation or discrimination; supporting them to be able to speak out to prevent it and by ensuring there are 'safe spaces' where people with learning disabilities can access skilled support.

A public authority must, in the exercise of its functions, have due regard to the need to advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality in three ways;

- Firstly, by ensuring that for adults with learning disabilities have equal access to housing and employment opportunities;
- Secondly, by making 'reasonable adjustments' to public services such as primary healthcare to ensure that people with learning disabilities are not excluded from them.
- Lastly, by promoting a high expectation of good health for people with learning disabilities through routine access to health screening programmes; early regular cognitive function tests for dementia; an agreed standard of annual health check and effective health action plans.

A public authority must, in the exercise of its functions, have due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it. Current and planned services for adults with learning disabilities help to make this a reality in two ways;

- Firstly, by encouraging use of universal services (leisure facilities, hobby clubs, sports etc.) alongside specialist learning disability services in order to support integration and to increase the perceived social value of people with learning disabilities;
- Secondly, by promoting diverse and integrated communities by ensuring there are multiple opportunities for people with learning disabilities to be supported in ways that allow them to choose ordinary places to live, ordinary places to work and to have ordinary lives that include loving relationships.

Are there any concerns at this stage that indicate the possibility of inequalities/negative impacts? For example: complaints, comments, research, and outcomes of a scrutiny review. Please describe:

NONE

C) Information

What information (monitoring or consultation data) have you got and what is it telling you?

Based on extensive stakeholder engagement and statutory guidance, this Joint Strategy for Adults with a learning disability aims to support the full inclusion of adults with a learning disability, embedding a county-wide culture of inclusion and recognising that people with a learning disability have many skills, talents and aspirations, enabling them to have an active

role in our shared communities through good integration and active contribution to economic growth through employment and training. Additionally, the strategy aims to ensure that people with a learning disability are supported to live as independently and safely as possible, have the best chance of long-term good health and are tangibly able to choose and influence the support they require to achieve these life outcomes.
(REF: Learning Disabilities in Herefordshire Needs Assessment – Summary Report Jan. 2018)

D) Assessment/Analysis

Describe your key findings (eg. negative, positive or neutral impacts - actual or potential). Also your assessment of risk.

| Strand/community | Impact |
|-----------------------------------|---|
| Adults with a learning disability | Holistic positive impact (as identified in purpose/provision section on page 1) |
| | |
| | |
| | |
| | |

E) Consultation

Did you carry out any consultation?

Yes No

Who was consulted?

All adults with a learning disability accessing care and support, and community services
Families and carers of people with a learning disability
Care and support service providers
Adult and Wellbeing directorate
Herefordshire Clinical Commissioning Group
Children's Wellbeing directorate
Support professionals

Describe other research, studies or information used to assist with the assessment and your key findings.

Learning Disabilities in Herefordshire Needs Assessment – Summary Report Jan. 2018



LDNA Summary
Report 14_02_2018.c

Do you use diversity monitoring categories? Yes No

(if No you should use this as an action as we are required by law to monitor diversity categories)

If yes, which categories?

- Age
- Disability
- Gender Reassignment
- Marriage & Civil Partnership
- Pregnancy & Maternity
- Race
- Religion & Belief
- Sex
- Sexual Orientation

What do you do with the diversity monitoring data you gather? Is this information published? And if so, where?

Not published.

F) Conclusions

| | Action/objective/target OR justification | Resources required | Timescale | I/R/S/J |
|----|--|---------------------------|------------------|----------------|
| a) | Recommended implementation of Joint Strategy for Adults with a learning disability. Ref: - Learning Disabilities in Herefordshire Needs Assessment – Summary Report Jan. 2018 - Learning Disability Strategy 2018 - 2028 | | June 2018 | R |
| b) | | | | |
| c) | | | | |
| d) | | | | |

(I) Taking immediate effect.

(R) Recommended to Council/Directors through a Committee or other Report*.

(S) Added to the Service Plan.

(J) To be brought to the attention of the Equality Manager.

*Summarise your findings in the report. Make the full assessment available for further information.

NB: Make sure your final document is suitable for publishing in the public domain.

AWB/CCG LD Strategy Communications Plan 2018 – Communications Approach

The Herefordshire Learning Disability Strategy sets out the long term commissioning plans of Herefordshire Council and Herefordshire Clinical Commissioning Group with and on behalf of adults with a learning disability and their family carers. As part of these overarching responsibilities and as commissioning organisations committed to a healthier, wealthier and more inclusive Herefordshire, the council and CC are committed to working together with the people who use services, and the providers who deliver them, to help Herefordshire be a place that universally celebrates people with learning disabilities. This communication plan sets out the approach to that ensure the engagement of people with a learning disability, parents, carers and all associated professionals is integral to the development and, ultimately, the success of the new strategy.

The strategic approach to communication and engagement reflects the critical importance of involving people with a learning disability and all other stakeholders in the coproduction of support and service development. If or when someone is unable to make or articulate their choice and views, they should be assisted by a skilled circle of supporters to work in that person's best interest and to place them at the centre of any decisions. The approach to communication, then, requires careful consideration for the inclusion of stakeholders, identifying clear mechanisms for access and meaningful involvement in the new learning disability strategy.

Historically, there has been useful research and engagement that has identified outcomes aspired to by the learning disability community. These aspirations have been originally set out in the in the government's Valuing People and Valuing People Now white papers between 2001 and 2009. Additionally, there have been ongoing conversations with people, family carers, health & social care professionals and providers, through the Learning Disability Partnership Board. These conversations form the building blocks of a series of outcomes and activities.

Communications and engagement will continue to build on these activities through further opportunities for sharing information, ideas and inspirations, including:

- Easy read questionnaires for people with LD;
- Discussion opportunities with people and their families/carers;
- Workshops for professionals, providers and supporting groups (e.g., LDPB, Making it Real board);
- Information briefings (meetings and digital correspondence) for internal staff, management and leaders.

AWB/CCG LD Strategy Communications Plan 2018 – Planned Activities

| External Stakeholders | | | | | |
|-------------------------|---|---|-----------------------|--|-----------|
| Group | Resource/Channel | Message | Key Persons | Timescale | Completed |
| Care Providers | Engagement event (input from providers) | <ul style="list-style-type: none"> • Provide key information and proposed domains for new outcomes framework • Opportunity for discussion of implementation and impact • Opportunity for FAQ and feedback from providers • Identify any concerns and/or difficulties in implementation of framework • Review of draft framework for comment/consultation | AR | 23/2/18 | 23/2/18 |
| | Outcomes framework and planned services (via Provider News) | <ul style="list-style-type: none"> • Circulate updated strategy [include Easy- Read version] | AR | 14/5/18 | |
| | Press Release: launch of new Strategy | <ul style="list-style-type: none"> • Promotional release introducing launch of new joint Strategy and planned services | AR HC comms. team | 14/5/18 | |
| People who use services | Questionnaire | <ul style="list-style-type: none"> • Questionnaire with max. 8 questions focusing on framework themes and outcomes | AR Sylvie Nicholls | <ul style="list-style-type: none"> • April 18 | |
| | Engagement activities – people who use resources via: <ul style="list-style-type: none"> • Making It Real • Aspire • Echo • Affinity • 'Our Care, Our Say' | <ul style="list-style-type: none"> • Provide key information on proposed domains for new outcomes framework and approach of strategy • Opportunity to discuss and agree 4 key themes and how they will impact on people's lives • Opportunity for FAQ • Review of questionnaire | AR Sylvie Nicholls | <ul style="list-style-type: none"> • 31/1/18 • 26/2/18 • May 18 | |
| | Engagement with carers/families | <ul style="list-style-type: none"> • Provide key information on proposed domains for new outcomes framework and approach of strategy • Opportunity to discuss and agree 4 key themes and how they will impact on people's lives • Opportunity for FAQ | AR | 26/2/18 | |
| | Easy read outcomes framework | <ul style="list-style-type: none"> • Circulate an updated accessible LDS summary (Easy Read) | AR | May 18 | |

| | | | | | |
|--------------------------------------|--|---|--------------------|---|------------------|
| | Press Release: launch of new Strategy | <ul style="list-style-type: none"> • Promotional release introducing launch of new joint Strategy • ?? Launch conference | AR | 14/5/18 | |
| | Consultation on implementation plan – delivery of local services | Wider co-productive/consultative review of implementation plan (local service arrangements) | LD team | May 18 (ongoing throughout life of strategy) | |
| LDPB | Outline of intentions for developing LD strategy with Outcomes Framework | <ul style="list-style-type: none"> • Briefing on development of new strategy, timeline and proposed format | AR | 5/12/17 | 5/12/17 |
| | Consultation on LDS development | <ul style="list-style-type: none"> • Provide update on engagement activity and feedback • Agree role of LDPB and terms of reference with relation to LDS implementation and monitoring | AR | 13/3/18 5/4/18 | 5/4/18 |
| Internal Stakeholders | | | | | |
| Group | Resource/Channel | Message | Key Persons | Target Date | Completed |
| Operations teams | Engagement event (input from professionals) | <ul style="list-style-type: none"> • Provide key information and proposed domains for new outcomes framework • Opportunity for discussion of implementation and impact • Opportunity for FAQ and professional contribution • Identify any concerns and gaps | AR | 23/1/18 | 23/1/18 |
| | Post-event update (Email) | <ul style="list-style-type: none"> • Summary of drafted Outcomes Framework circulated • Invite for contribution – continuing opportunity to identify gaps | PK | 26/1/18 | 26/1/18 |
| | Completed LD Strategy | <ul style="list-style-type: none"> • Circulate briefing on launch of strategy [via AWB Ebulletin] | TBC | TBC | |
| | Briefing on strategy and implementation | <ul style="list-style-type: none"> • AWB Forum – provide information on new strategy and implementation in practice | TBC | TBC | |
| Project board: CCG HC | Project boards meetings for update/review of development | <ul style="list-style-type: none"> • Project board meetings scheduled to ensure ongoing monitoring of LDS development and agreement | PKJ | 11/1/18 | 11/1/18 |
| | | | | 22/2/18 | 22/2/18 |
| | | | | 29/3/18 | 29/3/18 |

| | | | | | |
|---|--|--|-------|--------------------|---------|
| | | | | 16/5/18 | |
| | | | | 26/6/18 | |
| | Completion of LD Strategy drafting | • Circulation of first version of LDS document circulated | AR/PK | 5/2/18 | 5/2/18 |
| | | • Completed draft on mod.gov with decision report for governance onset | AR | 28/2/18 | 28/2/18 |
| Governance | LD Strategy consultation • DLT (Joint) • Cabinet member briefing • JCB • CCG Governing body • Joint Scrutiny Committee • Management board • HWB • Leaders' briefng | • Completed agreed version on mod.gov with decision report ready for cabinet | AR | 28/4/18 | |
| | | • Joint DLT agree/sign off of LDS [now virtual circulation of document to get final agreement] | AR | 28/4/18 | |
| | | • JCB sign off | AR | 17/3/18 | 17/3/18 |
| | | • CCG governing body sign off | AR | 22/5/18 | |
| | | • Report circulated to Scrutiny committee • Adults Scrutiny Committee review | AR | 14/3/18 27/3/18 | 27/3/18 |
| | | • Management Board | AR | 17/4/18 | |
| | | • Circulate to HWB • HWB sign off | AR | 31/3/18 | 31/3/18 |
| | | • Leaders' Briefing | AR | 26/4/18 | |
| | | • Deadline for final consultation comments | AR | 20/4/18 | |
| | | • CWB Scrutiny | AR/LK | 16/4/18 | |
| | | • Cabinet Decision | AR | 10/5/18 | |
| All Stakeholders Launch Conference | Promotional launch for new strategy implementation | | TBC | TBC | |

AWB/CCG LD Strategy Communications Plan 2018 – Summary of Feedback (Comments and Suggestions)

LEARNING DISABILITY HEALTH & SOCIAL CARE COMMISSIONING STRATEGY ENGAGEMENT RECORD

| Where I live | What I do during the Day | Being Healthy & Safe | Citizenship, Choice and Control |
|--|--|---|---|
| Domicillary care doing caring - dementia not adequate business model | Specialist services to provide meaningful services / day ops for people PMLD - not just to 'look after' people during the day. | Universal outcome - identify themes of health focus for people with LD | Buddying |
| Meaningful support choices - contract amendments? | Link workers who can complete practical work with people who want to look at work opportunities, to attend interviews etc | Communication - record notes on same systems. No access between LD, social care and NHS - people fall down the gaps here | Consider 'expert by experience' roles to * review services * attend forums * work with / alongside self advocacy |
| Housing support workers (advocates needed) | More support into work, ie within a placement then reduce slowly | Re-establish health facilitation role to provide training across all service to educate and develop understanding within main stream services. In providing health access | Increased support for carers of people with LD |
| Ensure both Housing Association and nomination process work for people with a LD in order to achieve flow through any transitional housing | Job coaching to enable people into work and reduce slowly | Re-educate health professionals involved with LD - their lack of support relating to health benefits huge issue | Risk and safety |
| Many social workers / assessment workers have no knowledge of LD - eg 'normalisation', legislation, valuing people or what services are available - training would be good | Do they have to be employed, could they not have support to be self employed | Health facilitation role provided this support in education and training. Previously this should be re-established LD 3.06 LD 3.07 input | Can the new community brokers work with some of the providers and link them with service users for community inclusion |

| | | | |
|--|---|---|---|
| Better links with OT service for adaptable housing | More college course choices and opportunities LD2.05 | Specific training facilitator for staff and those with LD they support re health, health checks, cervical smears can be difficult for some with LD - creative input needed by carers. | Learning activities to develop skills throughout life |
| Robust warning for care providers to understand LD needs * Health * Social activities ie exercise | Utilise equipment and adaptations to make people independent and less reliant on care packages | Improving experience for people with LD in Gen Hospital. Increase role and value of hospital liaison nurse. | Educating general population * power differential * what is a label |
| Important to work creatively with the limitations on ground level housing staff. Have been trying to bring about shared housing and told by housing allocation that we can't because these two LD women are not related or engaged to be married | Utilise apprenticeship schemes | LD 3.2-6 - We previously had a strategic health facilitator who was commissioned to work across CCG / GP and specialist services (also providers and carers) to support the * GP registers * Training for health professionals in mainstream ie GP's, nurses, paramedics, hospital staff * Monitoring uptake and quality of annual health checks and feed this back to commissioners and the services themselves to promote change. The loss of this role is such a shame as it would have really pushed its domain forward. | Community value - link workers (?) to develop access to church groups / lunch clubs / local activity groups |
| | Educating employers - seeding pilot apprenticeships - growth to change environment | | Access to transport and longer term Travel training support to travel to appointments |
| | No pathways to employment scheme in Herefordshire - Designated service LD2.03 | | Improve access to free bus pass for clients with LD |
| LD need a smoother pathway to move into independent housing - using more technology, need a rapid response service (see LD3.02) | Role of other large county organisations such as RHP's - in terms of support, delivery, landlord, employer. | | Help to link people with community activity - initial visits |
| Housing for people with high functioning autism / mild LD / MH | More utilisation of access to work funding for small employers | | Budgeting / lifestyle skills - utilise community resources for workshops / courses eg local high school (venue) |
| Having housing to move on to after 2 years (+) in transitional housing | Response and effective training and learning opportunities | | Better off website - train support workers and health care professionals to use with clients |
| Not having much luck finding housing for adults with mild LD - who would struggle in generic social housing - more 'red coat court' etc needed | Education providers need to give information, advice for move on. | Role of people with a learning disability as a carer / parent | Used to have a well supported LD self advocacy group but no longer commissioned |

| | | | |
|--|---|--|---|
| More respite provision required | Integration where possible to universal services | GP's need to refer more LD patients on to health programmes eg diabetes prevention program | More effective knowledge base - advocacy / self help provision <u>properly</u> funded |
| Internet of things - who will identify what may be useful? Access to internet | More opportunity to access day opportunities. When these reduced, individuals quality of life deteriorated and mobility decreased | Parenting support for people with LD - not take their children away. Decrease costs or tie to education. | Consider self advocacy groups and how this can be supported and commissioned |
| Better quality training and higher paid staff to reduce staff turnover in specialist services | Consider positive occupation for those who display behaviours that challenge. Meaningful activities to reduce challenges | * Parenting support * Relationship | Slavery and trafficking - link. Who's invisible? |
| Care homes for people with dementia sometimes struggle to meet needs of people with dementia and all LD | There are many young adults leaving school and not engaging in any meaningful activity - young adults need a social care team to ensure this does not happen. | LD 3.01 Input * Consideration for funding for reviewers as this develops. This is a different additional role to have within current teams. * Needs to be given resource to make it have value | Support to help people understand what the Direct Payment can be used for :- * Clarity * DP advisors who talk about changes to DP |
| Shared lives a viable option for those who are 'forgotten' by family as offer security, warmth and focuses on independence and inclusion | Some residential homes - providing very limited social activities for their customers | Access to generic memory service whilst open to CLDT | Mismatch between allocated budget for Direct Payment & then being charged as a private funder |
| Promote shared lives - have a quicker matching process | LA to give work experience placements - lead by example | Access generic adult and mental health services | Emergency housing options for ASC. Many autistic YP are being told to leave the family - have at 18 and need housing short term |
| Be clear on what independent living is - clarity on independent. Supported living requirements of provider | Could local authority look at apprenticeships for people with a learning disability | Dating agency | Specialist ASD service |

| | | | |
|---|--|---|--|
| Move people with LD with increase in health technology across population - links with technology companies (health and social care) - employer and solving practical problems | Bus pass not being allowed to be used before 9.30am? Improvement on public transport | Social care will not fund exercise options as it is deemed 'health'. However it is an every day need - social inclusion | People with aspergers need to have the opportunity to live as independently as possible. Housing Current Allocation Policy limits people with Aspergers when going through housing registration. They are told they do not have a housing 'need', only a 'want' to be independent. They should remain in the family home until it turns into crisis or family breakdown. |
| Bring back 'moving on' team for housing | Better advertisement around activities that are suitable for our service users | Spec Adult LD Family Therapy Service | Social workers need to be in attendance at reviews to feed back good & bad practice |
| Out of hours support? Limited current contracts | More paid work opportunities for our residents | Support lets talk service to work and adapt their work to see our LD clients | Professional networks sharing good practice |
| Could use a wider range of tech if we had access to a response service where needed. Access to wifi. | Activities can be too costly | Referrals for correct team - physio should have gone to LD physio | Recruitment and retention of professionals |
| Foyer model - age restrictions. Could work for both younger transitioning people and older people with elderly people | Volunteering is not free - How to enable it to happen in true partnership? | Waiting for hospital appointments - too long ie dental treatment under 6A | Trusted assessor / Reviewer |
| Housing OT (specialism) is being trialed work between hospital discharge and housing ensuring they have appropriate adaptations for all citizens | Access to work - a project with DWP and collaboration | | Know where the money is and how much things cost |
| Mixed economy - specialist and community / mainstream | More / wider use of therapeutic earnings | | Plans include sustainability through cost benefit analysis, evidence based |
| | Find alternative ways of using the money in the system - entrepreneurship, social enterprise. And pump-prime | | Transport - rational, logical approach by Transport dept - people, not hold on to budget |

| | | | |
|--|--|--|---|
| | Risk of exploitation - volunteering or unpaid labour | | Mobility Allowances * LA - collective push by providers / families * Parents and inappropriate use or restriction |
| | Work opportunities | | Use of public transport (where it exists!) and 'travel training' |
| | Activities - not too costly - social gatherings | | Citizenship - role of support staff - enabling not babysitting |
| | | | Care heroes one Herefords Apprenticeship |
| | | | Visibility - how in a positive way not tokenistic |
| | | | Funding - Money not held by one stakeholder who has control (LA makes all decisions) |
| | | | Community based brokerage (not in LA) as well as more direct payments |
| | | | Strong evidence base and sharing it |
| | | | People in places and with support that is right for them - assessment in partnership and action taken |
| | | | Sharing the knowledge eg lifebook |
| | | | Everyone to understand their role and responsibility within the Care Act and co-produce with the person at the centre of the support plan |
| | | | Robust, ethical advocacy (circle of support) |
| | | | Continuity - mutual respect regardless of who has the knowledge about the person |

| | | | |
|--|--|--|---|
| | | | Strong, independent and representative - senior buy-in LDPB (strategic, hold to account body) - attached to H&WB Board (refer to work done by LDPB Carla Preston) |
| | | | Better communication and joint working between professional others in the involvement of individuals care |

Learning Disability Strategy 2018-2028

Children & Young People
Scrutiny Committee

27th March 2018

129

Learning Disability Strategy A New Approach

130

The new Herefordshire council and CCG Learning Disability Strategy aims to place greater emphasis on delivering changes that have a measurable and positive lifelong impact on the lives of people with learning disabilities, including those young people aged 14-25 preparing for adulthood.

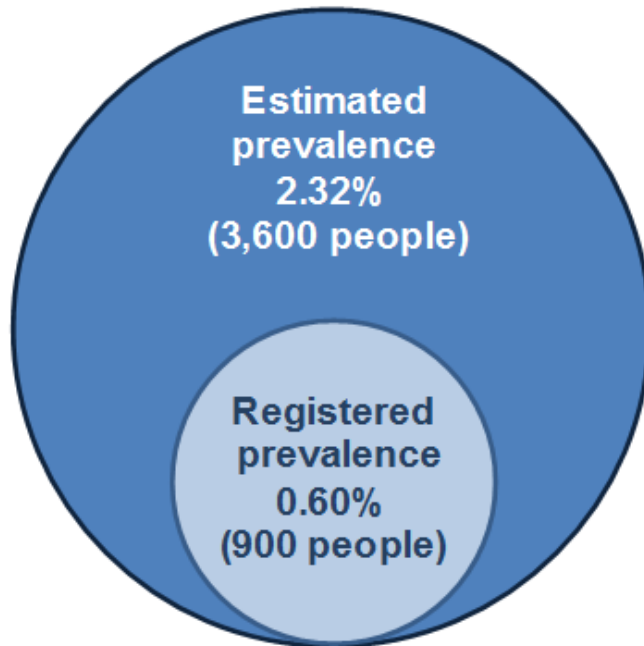
People with a Learning Disability Living in Herefordshire

There are no reliable statistics characterising accurately how many people there are with learning disabilities across the UK.

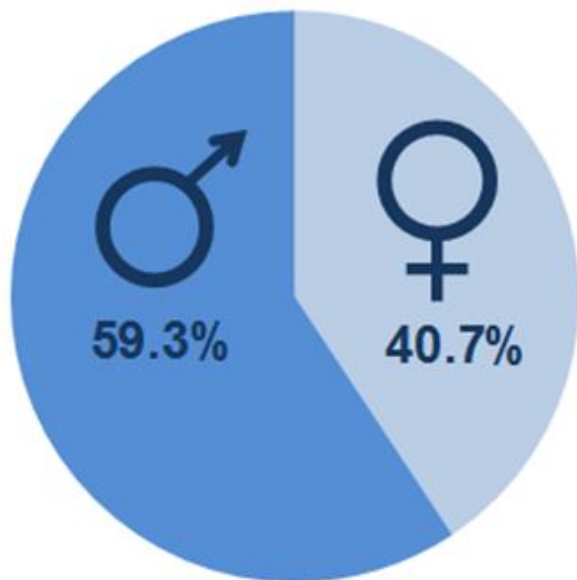
It has been estimated that the numbers on the GP registers represent only 23 per cent of people with LD.

There are estimated to be 3,600 people with LD in Herefordshire in 2017, which represents 2.32 per cent of the total population in the count.

131



People with a Learning Disability registered with GP's in Herefordshire



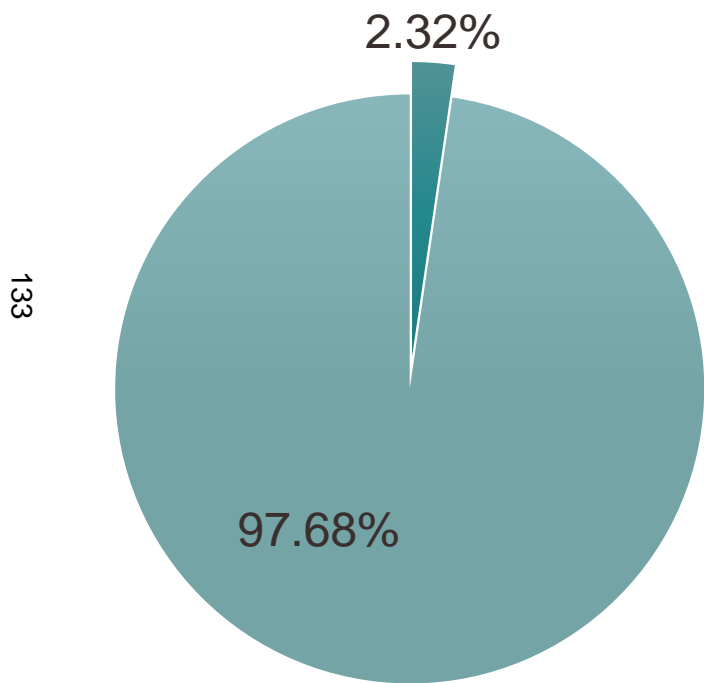
In 2015/16 the number of people aged over 14 on GP LD registers in Herefordshire were:

- **534 Males (59.3%)**
- **366 Females (40.7%)**
- **Total = 900**

Similar gender proportions were observed both nationally and regionally.

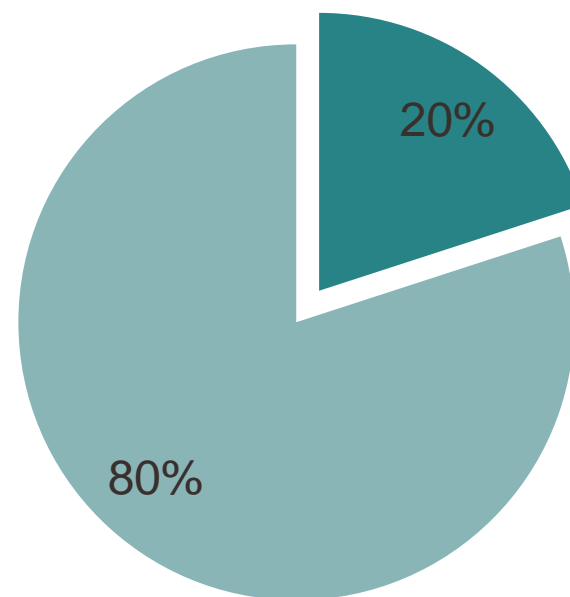
Adults with a Learning Disability Comparative Data

Population



■ Adults with LD ■ Non-LD Population

Adult Wellbeing Budget

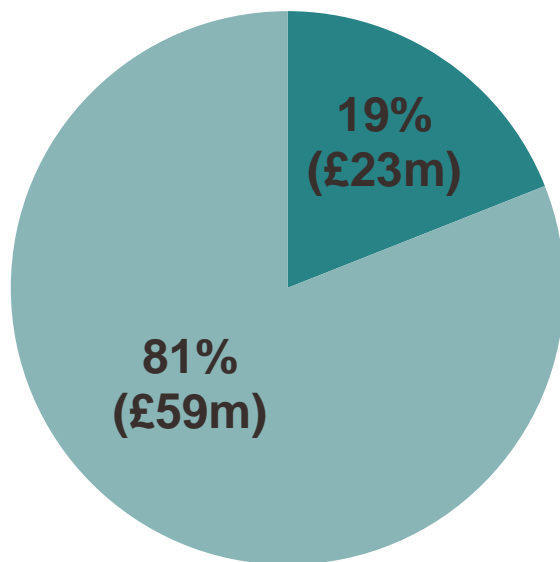


■ LD expenditure ■ Non-LD expenditure

Adults with a Learning Disability - Finance

Adult Social Care Expenditure (based on forecasts for 2018/19)

134

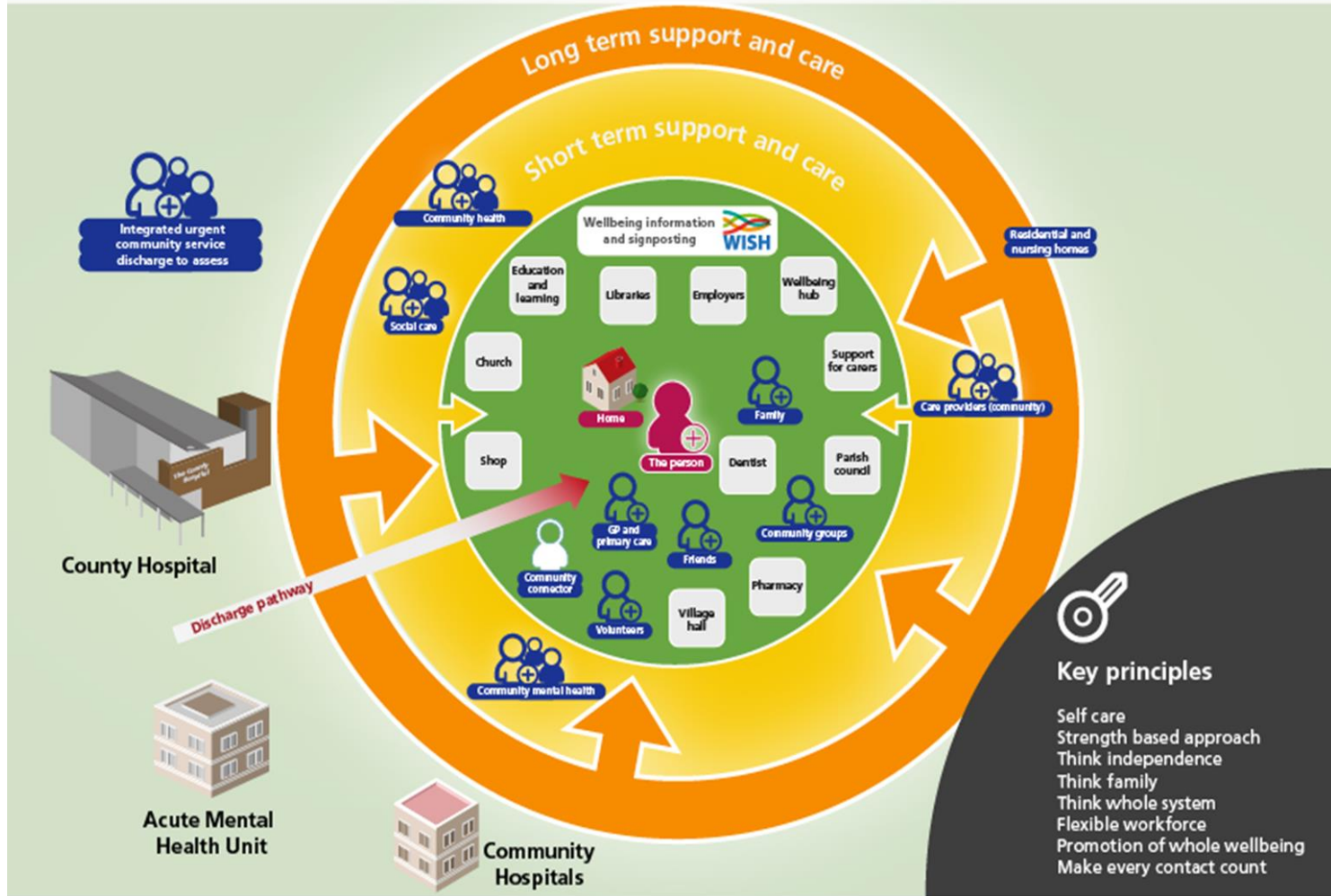


■ LD Spending ■ Non-LD Spending

The CCG spend an additional £7m a year on learning disability services, making a total combined annual spend of £30m on learning disability resources.

Delivery of the AWB blueprint

The Blueprint



135

Specific Challenges

Where People Live:

- People lack choice about where and with whom they live
- People lack access to accommodation arrangements that support their independence

Employment, Training and Daytime Activity:

- People lack opportunities for paid work and meaningful training
- Council and NHS need to lead by example by offering employment opportunities for adults with a learning disability

Being Healthy and Safe:

- There are still huge health inequalities, e.g., decreased life expectancy, restricted access to primary care, acute care and universal routine screening programmes

Citizenship, Choice and Control:

- Reduced opportunities to demonstrate social value and contribute to the community
- Too few people have choice and control, e.g., not enough direct payments, inadequate circles of support and lack of true advocacy

Next Steps

- Complete review of the service and support available in Herefordshire (Market Condition Report)
- Review of specialist health services delivered by the Community Learning Disability Team (2G)
- A review of the role of the Learning Disability Partnership Board



| | |
|-------------------------|--|
| Meeting: | Children and young people scrutiny committee |
| Meeting date: | Monday 14 May 2018 |
| Title of report: | Children's safeguarding and family support performance data |
| Report by: | Interim assistant director safeguarding and family support |

Classification

Open

Decision type

This is not an executive decision

Wards affected

All wards

Purpose and summary

To review the performance in relation to children's safeguarding and family support for the end of March 2018, together with trend data over the previous 12 months.

To allow the committee to undertake effective scrutiny of the council's statutory functions in relation to safeguarding for vulnerable children.

Recommendation(s)

That:

- (a) **the performance of children's safeguarding and family support be reviewed and the committee determine any recommendations it wishes to make to the executive to consider in order to secure further improvement; and**
- (b) **any other performance information which the committee would like to be included in further reports be identified.**

Further information on the subject of this report is available from
 Chris Jones, Vicki LAWSONn Tel: 01432 261596,, email: chris.jones@herefordshire.gov.uk,
Vicki.Lawson@herefordshire.gov.uk

Alternative options

1. There are no alternative options as this is an opportunity for scrutiny to review and challenge the performance of children's safeguarding and family support.

Key considerations

2. The information below is a summary of the key considerations, further performance information can be found in respect of safeguarding and family support in appendix 1.

What's going well

3. As this is the first year of single assessments this is the first annual reporting figure which will give a benchmark for future reporting. 72.3% of single social work assessments were completed within the statutory timescale in the year 2017/18. The appointment of permanent managers in our assessments teams consolidated this development. This improvement has been sustained over 2017 with some monthly variances. Further consideration is planned to take place to set appropriate targets going forward.
4. Further areas for scrutiny will be developed within the first quarter of 2018/19 and agreed by the director for children's wellbeing and the chair and vice chair of the children's scrutiny committee.
5. The Threshold of Care Panel has been in operation for a year and continues to oversee new admissions to the looked after system. Our rate of new admissions remains below the regional average and we can have confidence that a sustainable culture of appropriate decision making is now embedded at the end of quarter four there were 313 children in the looked after system.
6. We continue to provide stable placements for our looked after children and perform well against regional and national comparators. 85% of looked after children under the age of 18 have been in the same placement for more than 2.5 years.
7. There are concerns about the rise in the number of children subject to child protection plans, and this continues to be a priority focus for sustained improvement and consistent application of thresholds to work towards bringing the numbers closer to those of our statistical neighbours.
8. Decision making within the child protection conference arena continues to be effective, with only 2 children remaining on a child protection plan for more than two years at the end of December.
9. Applications to the local family justice court continue to conclude within the statutory timescale of 26 weeks. This is a notable achievement and our court is still the highest performing in the region and one of the best nationally. As a consequence children are not awaiting a decision on their future, whether that be a return to family, adoption or a long term care placement.

Challenges

10. At the end of Quarter 4 2017/18 the number of children subject to a child protection plan was 201. During Quarter 4 there has been a decrease in children subject to child protection plans of 15 and we continue to monitor this new trend closely.
11. During this period the number of our Looked after Children has increased by 4 to 313. The Threshold of Care Panel continues to operate effectively to ensure that all new placements meet the appropriate criteria. The challenge has been, and remains, reducing our overall number of looked after children to a sustainable, demographically appropriate number: 220.
12. During the last quarter work within the directorate identified 80 young people who could have their care needs met through other arrangements including special guardianship or a return to family. An action plan was agreed and progress on this work is now a priority.
13. Progress with our application to join the Adoption Central England (ACE) regional adoption agency is progressing. A detailed application was submitted in the spring and there has been extensive discussion with the Department for Education and ACE over recent weeks. Once ACE have confirmed their decision we will be in a position to consider our internal governance processes.
14. A workforce action plan has now been devised to address the challenge we face in recruiting experienced social workers; this will continue to be monitored closely as this is implemented through the annual social care health check. Effectiveness would be a reduction in agency workers and an increase in the length of time social workers have been qualified.

Community impact

15. Delivering the corporate plan is key to the council achieving the positive impact it wishes to make across Herefordshire and all of its communities; effective safeguarding and family support services contribute to achieving the corporate plan; specifically in respect of the priority to 'keep children and young people safe and give them a great start in life'. The services provided also contribute to the children and young people's plan and the Health and Wellbeing strategy
16. In accordance with the adopted code of corporate governance, Herefordshire Council must ensure that it has an effective performance management system that facilitates effective and efficient delivery of planned services. The council is committed to promoting a positive working culture that accepts, and encourages constructive challenge, and recognises that a culture and structure for scrutiny are key elements for accountable decision making, policy development, and review.

Equality duty

17. Under section 149 of the Equality Act 2010, the 'general duty' on public authorities is set out as follows:

Further information on the subject of this report is available from
Chris Jones, Vicki LAWSONn Tel: 01432 261596,, email: chris.jones@herefordshire.gov.uk,
Vicki.Lawson@herefordshire.gov.uk

A public authority must, in the exercise of its functions, have due regard to the need to -

- (a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act;
 - (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
 - (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it.
18. The public sector equality duty (specific duty) requires us to consider how we can positively contribute to the advancement of equality and good relations, and demonstrate that we are paying 'due regard' in our decision making in the design of policies and in the delivery of services. As this report is providing and update on performance we do not believe that it will have an impact on our equality duty.

Resource implications

19. The report has no resource implications. The resource implications of any recommendations the committee may determine will be taken into account by the executive when considering its response.

Legal implications

20. This report is required to allow the children and young people's scrutiny committee to perform its statutory duty to ensure that local public services are delivered effectively and efficiently. Service performance should also be monitored and suggestions for improvements made.

Risk management

21. There are no risks associated with this report which is for information only.

Consultees

22. Any actions arising from any consultations are incorporated into the main body of the report and any actions are also picked up as part of the overall improvement programme.

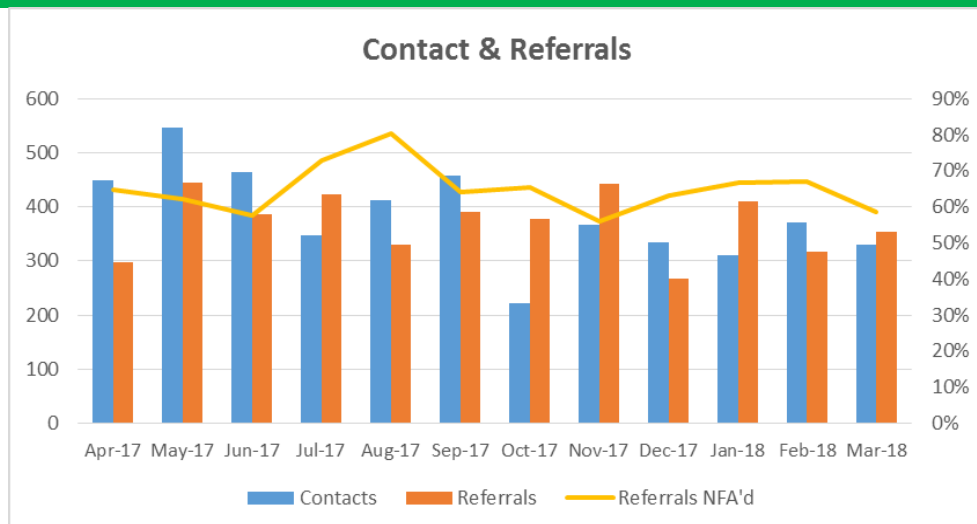
Appendices

Appendix 1 – Safeguarding and family support performance report

Background papers

None identified

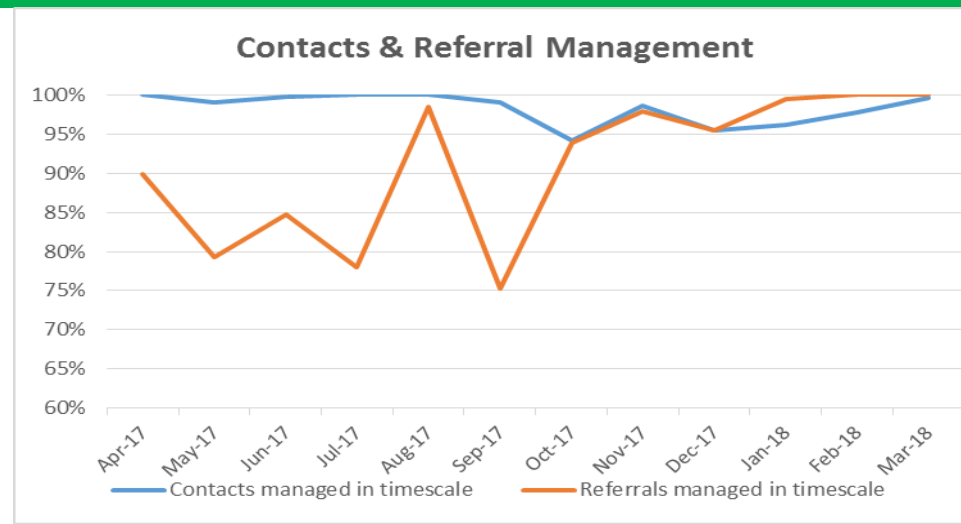
Referrals & Assessment



Contacts and Referrals: The graph above shows the numbers of contacts received per month. During the 2017/18 reporting year, there was an average of 385 contacts received per month, and an average of 370 referrals received.

During the last quarter, the average number of contacts was 336, this is lower than the annual average, but a noticeable increase compared to the third quarter.

A piece of work is being undertaken to look at the rate of referrals that are NFA'd to assist with ongoing improvement work.



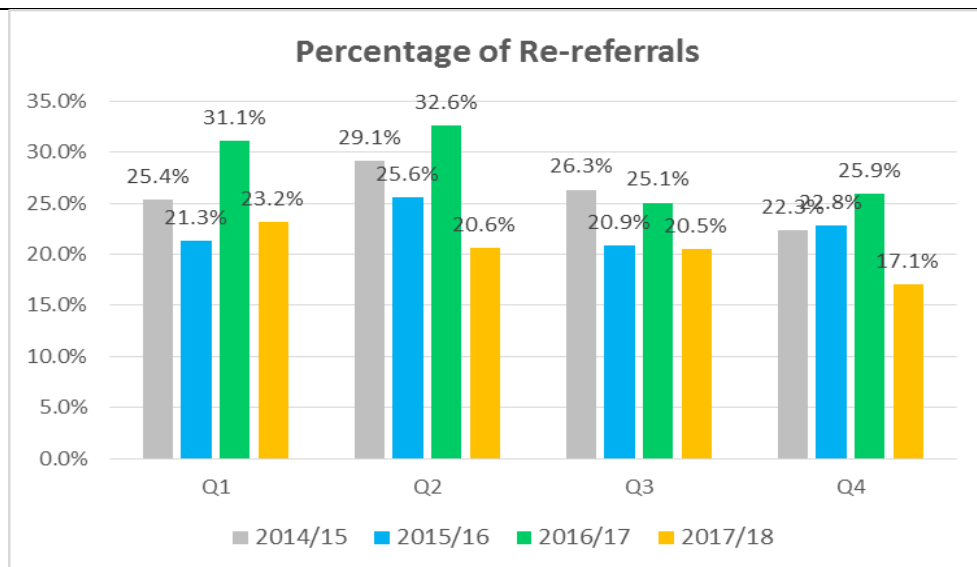
Contact & Referrals Management: The above graph shows the proportion of contacts and referrals which have been managed within the 24 hour timescale.

During the calendar year, on average contacts have been managed within 24 hours in 98.6% of occasions. During the most recent quarter, the average was just short of this at 97.9%. For referrals, the average for the most recent quarter was 99.8% of referrals being managed in timescales, as can be seen from the graph above – this shows a significant improvement during the year.

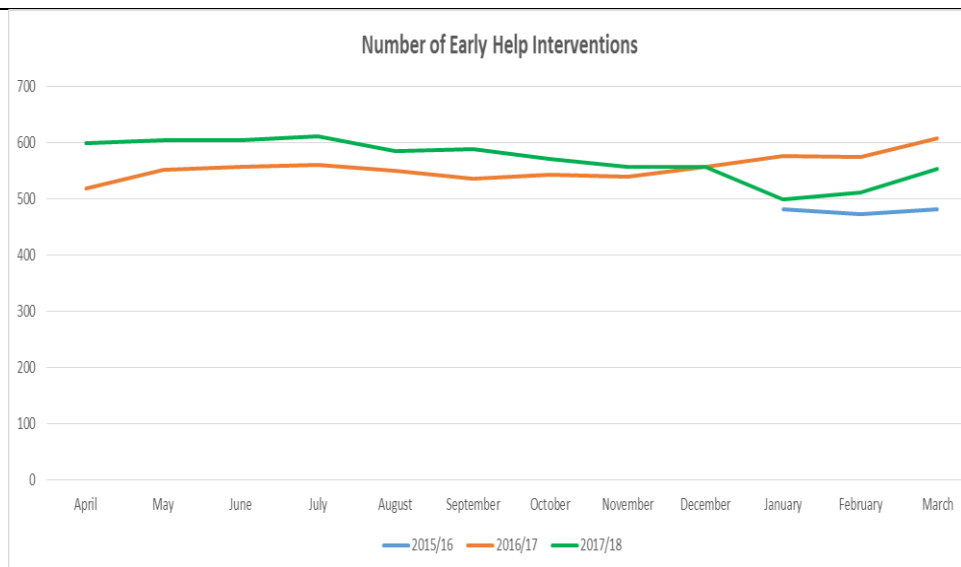
| Contact & Referral Source by Agency | Contacts | Percentage of Contacts | Referrals | Percentage of Referrals | Referrals NFA'd |
|---|----------|------------------------|-----------|-------------------------|-----------------|
| Anonymous | 5 | 0.5% | 22 | 2.0% | 63.6% |
| Education Services | 5 | 0.5% | 25 | 2.3% | 72.0% |
| Health services - A&E | 8 | 0.8% | 31 | 2.9% | 74.2% |
| Health services - GP | 6 | 0.6% | 16 | 1.5% | 50.0% |
| Health services - Health Visitor | 6 | 0.6% | 22 | 2.0% | 40.9% |
| Health services - Other eg. hospice | 6 | 0.6% | 16 | 1.5% | 100.0% |
| Health services - Other primary health services | 25 | 2.5% | 117 | 10.8% | 76.9% |
| Health services - School Nurse | 1 | 0.1% | 5 | 0.5% | 100.0% |
| Housing or housing association | 1 | 0.1% | 7 | 0.7% | 28.6% |
| Individual - acquaintance eg. neighbours / child minders | 2 | 0.2% | 23 | 2.1% | 47.8% |
| Individual - family member / relative / carer | 148 | 14.7% | 83 | 7.7% | 69.9% |
| Individual - other individuals e.g. strangers / MPs | 2 | 0.2% | 8 | 0.7% | 62.5% |
| Individual - self | 9 | 0.9% | 8 | 0.7% | 75.0% |
| LA services - external eg. from another LAs | 15 | 1.5% | 21 | 1.9% | 57.1% |
| LA services - Other internal department eg. youth offending | 6 | 0.6% | 28 | 2.6% | 64.3% |
| LA services - Social care eg. adults social care | 26 | 2.6% | 53 | 4.9% | 62.3% |
| Other - eg. children's centres / independent agency providers / voluntary organisations | 23 | 2.3% | 60 | 5.6% | 85.0% |
| Other Legal Agency - incl. courts, probation, immigration, CAF/CASS or prison | 16 | 1.6% | 56 | 5.2% | 78.6% |
| Police | 666 | 65.9% | 287 | 26.6% | 63.1% |
| Schools | 31 | 3.1% | 191 | 17.7% | 46.1% |
| Unknown | 2 | 0.2% | 2 | 0.2% | 100.0% |

Contact/Referral by agency: The table above shows the amount of contacts and referrals received during the final quarter.

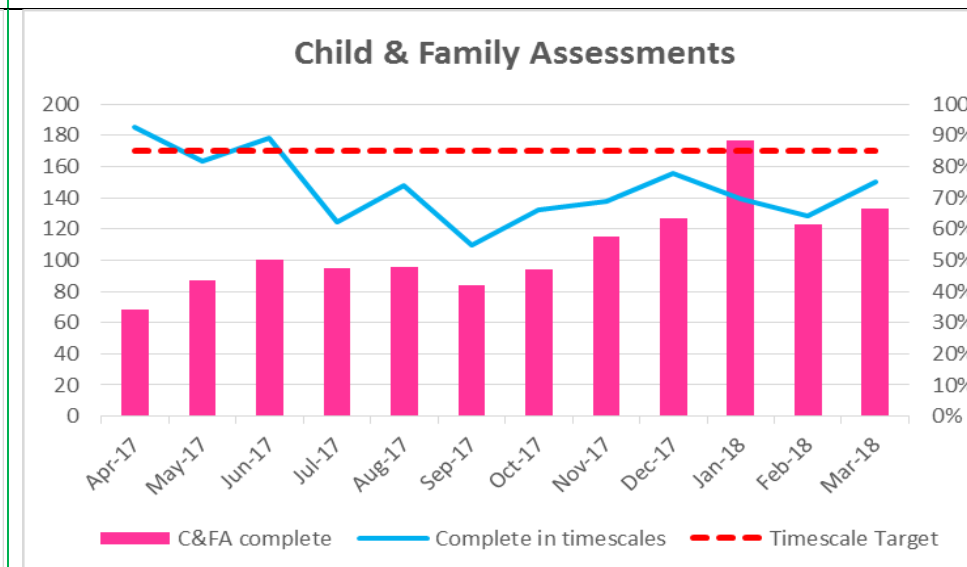
As can be seen from this table, the majority of our activity is driven by the Police, with Health Services and family members being second/third highest referrers.



Percentage of Re-referrals: The proportion of re-referrals in the final quarter was 17.1%. This is slight drop compared to previous periods and represents a downward trend over a longer time period; this is below the West Midlands average of 22% as shown in the validated CIN census return for 2017.



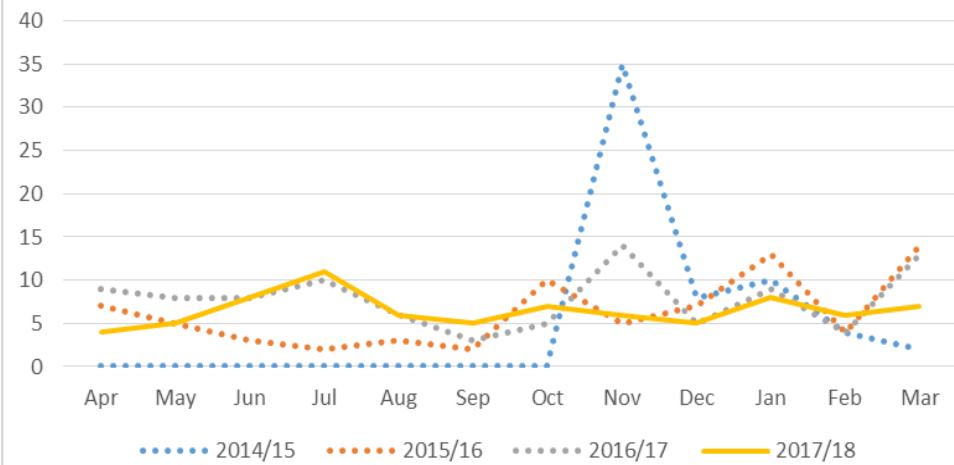
Early Help Interventions: As can be seen from the above graph, the number of cases open to Early Help has slightly reduced during the year. The new Early Help Assessment (EHA) replacing the Common Assessment Framework (CAF) was launched in January 2018 causing an expected further dip. Over 360 professionals have now been trained in the new EHA positive feedback has been received about it. The number of EHA's is likely to rise over the next few months as the trained professionals start to use it with families.



Child & family Assessments: There has again been an increase in the number of assessments completed during the period, with a significant spike in January (177 completed compared to an average of 108 per month during 2017/18).

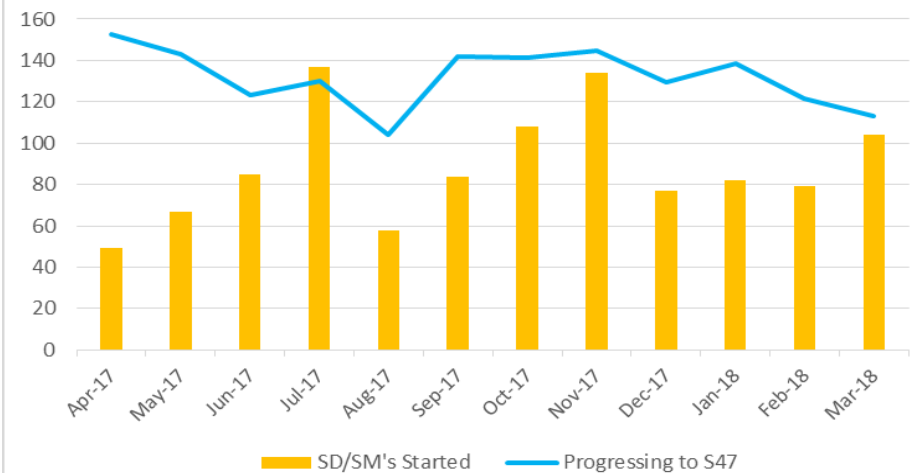
Following an upward trend in the percentage of assessments completed in time during Q3, this has fluctuated a little during the fourth quarter. For the whole year, 72% of assessments were completed within timescales.

Number of CSE Assessments



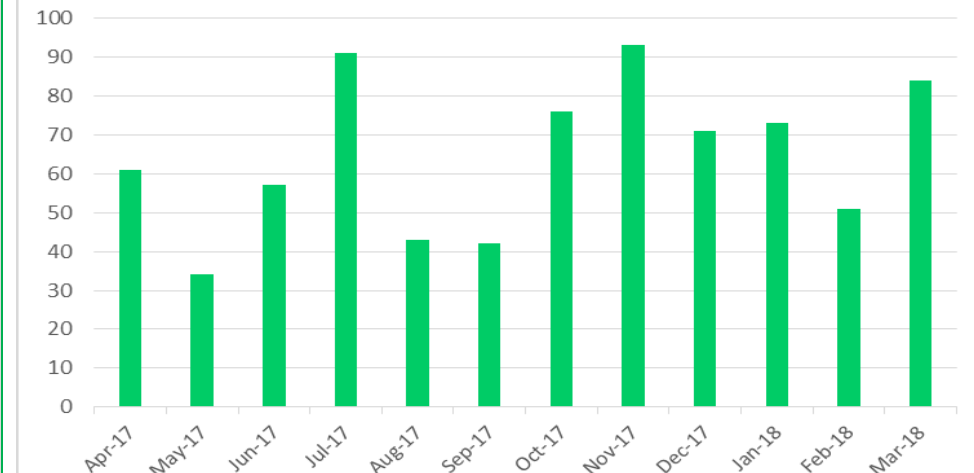
CSE Assessments: The numbers of CSE assessments completed during the last quarter remains consistent with previous quarters, with an average of a little over 7 assessments completed per month during this period. 18 of the 21 assessments were completed for females.

Strategy Discussions/Meetings



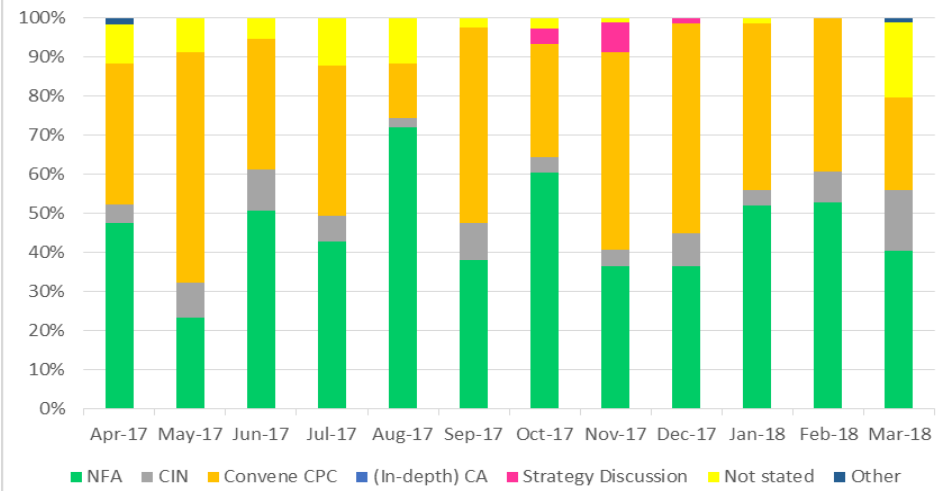
Strategy Meetings: The final quarter has seen a reduction in the number of Strategy Meetings held compared to the high number held in Quarter 3. In addition to the reduced numbers of strategy meetings coming through, there was also a reduction in the proportion of these being progressed to Section 47 (69% in Q4, 74% in the year to date)

Section 47 started in month



Section 47s: The graph above left shows that there has been a higher number of Section 47s started per month, during the second half of the reporting year; 55 per month in April – September, 75 between October and March. Numbers have fluctuated more in the last quarter, with March recording the third highest number of Section 47s in recent years. This will be reviewed to assist with ongoing improvement work.

Outcomes of Section 47



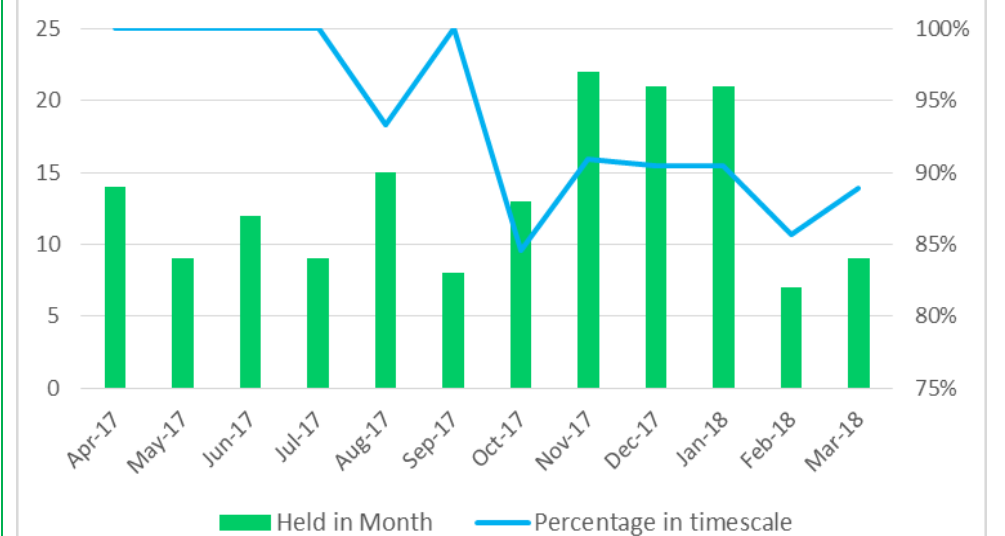
Section 47 Outcomes:

The graph to the left shows the outcome of section 47's started in the period. This evidences that a slightly larger proportion of cases were NFA'd at this stage compared to the average across the year (48% in the last quarter). 34% of cases within the quarter resulted in an Initial Child Protection Conference being convened and 10% of cases were made CIN. This reduction in cases progressing to ICPC has in turn helped to reduce the number of children on CP plans during the quarter. This will need to be reviewed to assist with ongoing improvement work as compared to the all England and West Midlands average this is low.

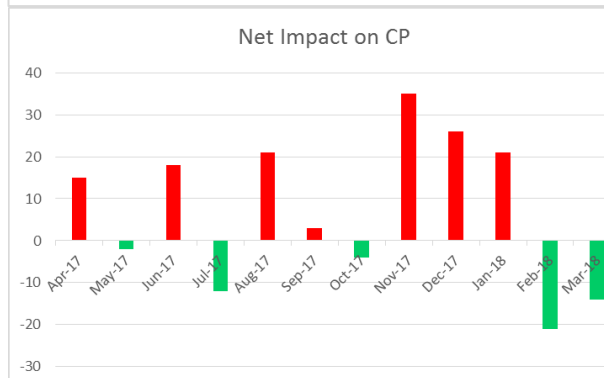
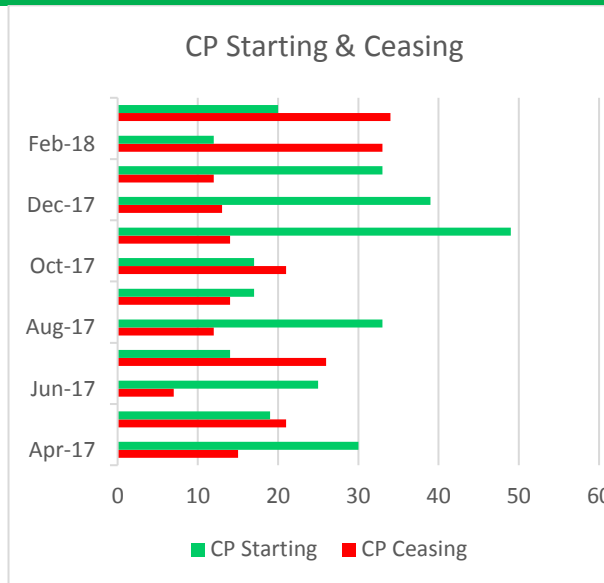
Initial Child Protection Conferences:

In addition to increased numbers of ICPCs being held during the last 2 quarters, there have also been occasional delays with the timing of conferences. This has predominantly been due to the periods of bad weather which required conferences to have been re-scheduled.

Initial Child Protection Conferences



Child Protection Plans



Current CP at Month End:

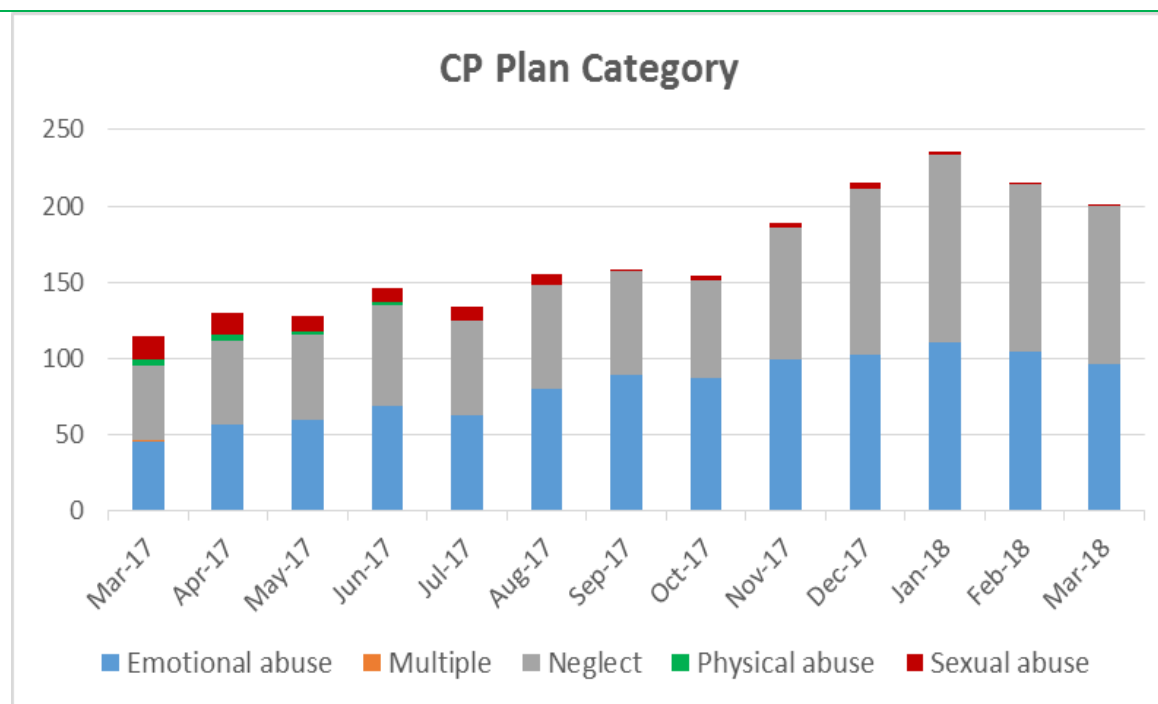
201

Number of children subject to Child Protection Plans: Following a steady rise in the number of children subject to a Child Protection Plan during the first half of 2017/18, there was a real spike towards the end of the 2017 calendar, resulting in a high of 236 children on a Plan at the end of January. The numbers have reduced to 201 at the end of March.

The current number of children on a plan gives Herefordshire a rate of 56 per 10,000. This is higher than the 16/17 English average (43), West Midlands rate (45) and that of our statistical neighbours (37). It is understood regionally however that rates of CP cases are on the increase.

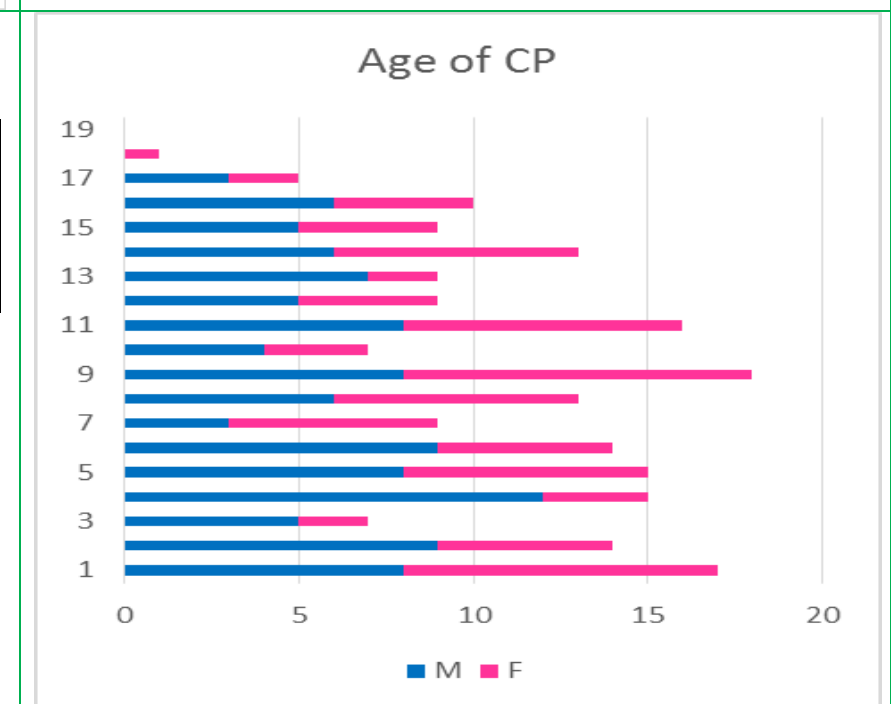
As per the graph to the left (Net Impact on CP), numbers in red above the line are where we have increase the number of CP in the month (starters minus cessations), and those below the line in green show where the numbers have reduced during the period.

145



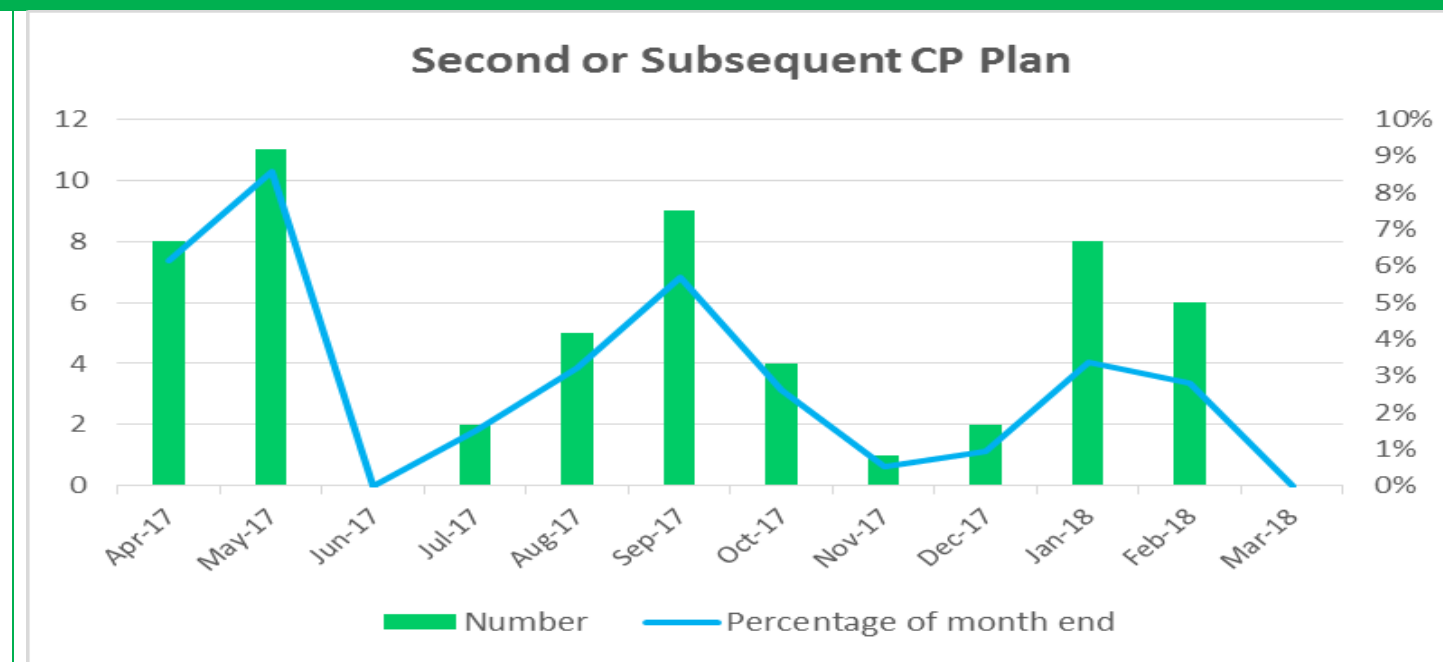
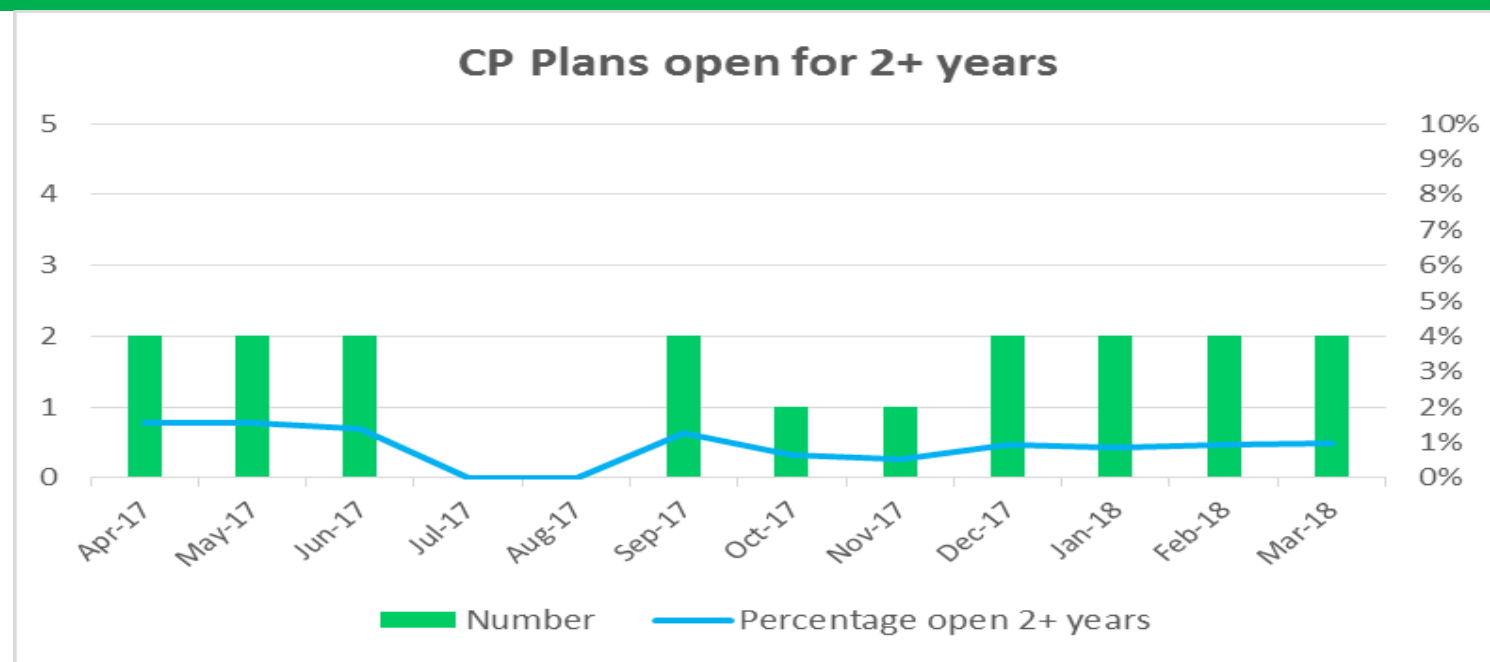
| | Q1 17/18 | Q2 17/18 | Q3 17/18 | Q4 17/18 |
|------------------------|----------|----------|-----------|-----------|
| Emotional Abuse | 69 (47%) | 89 (56%) | 103 (48%) | 96 (48%) |
| Neglect | 66 (45%) | 68 (43%) | 108 (50%) | 104 (52%) |
| Physical Abuse | 2 (1%) | 0 (0%) | 0 (0%) | 0 (0%) |
| Sexual Abuse | 9 (6%) | 1 (1%) | 4 (2%) | 1 (0%) |

The above table gives the categories of CP plans as at the last day of the quarter



Reason for Child Protection Plans: During the year, there has been a decrease in the proportion of CP plans (on a snapshot day) of children on plans, where the category of abuse is either Physical or Sexual Abuse. This has been offset by an increase in the numbers of children on plans with either Emotional Abuse or Neglect. Plans for Emotional Abuse have increased by 109% (from 46 to 96) in the last 12 months, and plans for Neglect have increased by 113% since March 2017.

Child Protection Plans



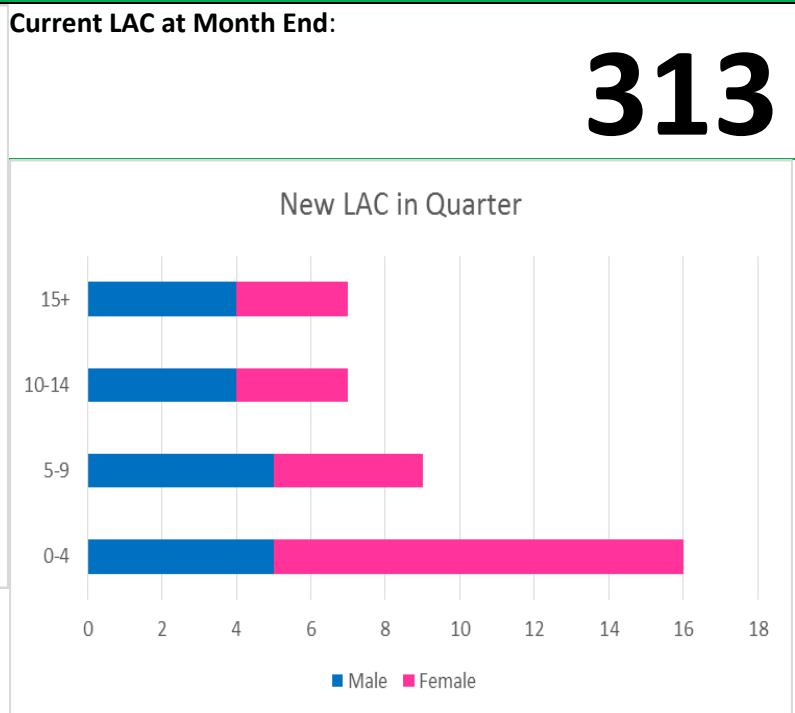
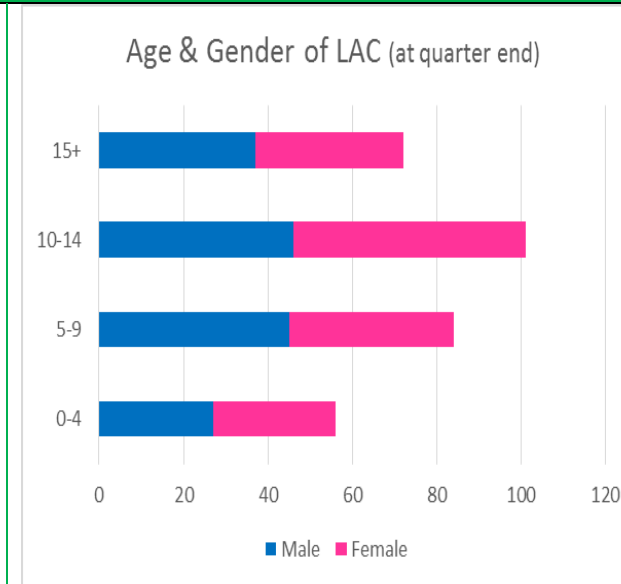
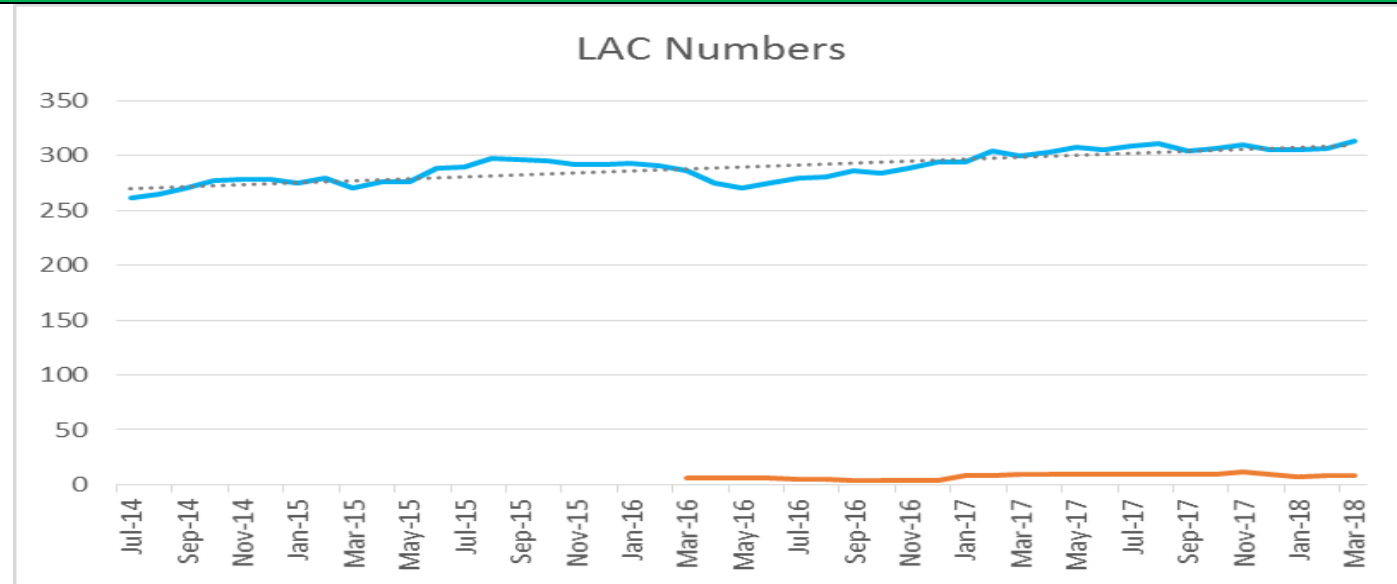
Child Protection Plans open for 2 or more years: The number of children on a plan for 2 or more years has remained consistent throughout the last quarter, with only 4 children being subject to plans for more than 2 years. This equates to less than 1% of our overall CP population.

Second and Subsequent Child Protection Plan: During the last quarter, the number of children subject to their second, or subsequent plan, as at the snapshot date at the end of the month did peak January and February – aligned with the increased numbers of plans, this has however reduced down for those children on a plan at the end of March.

146

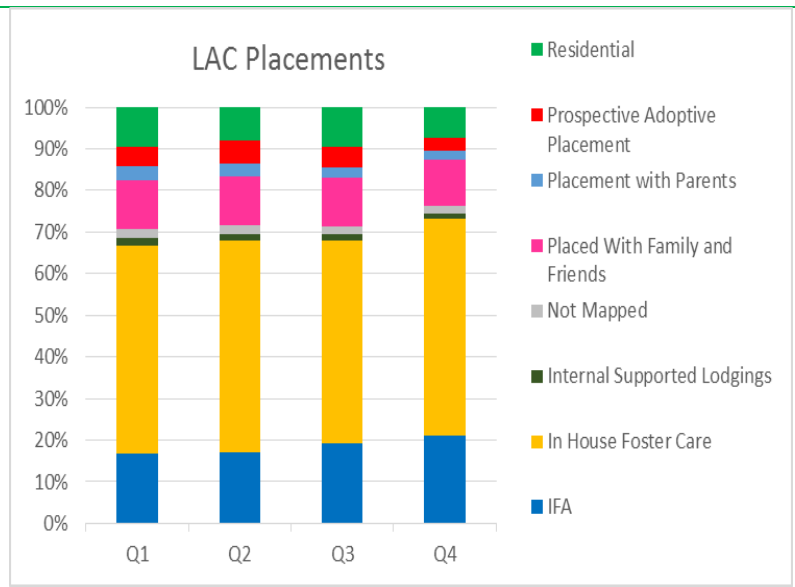
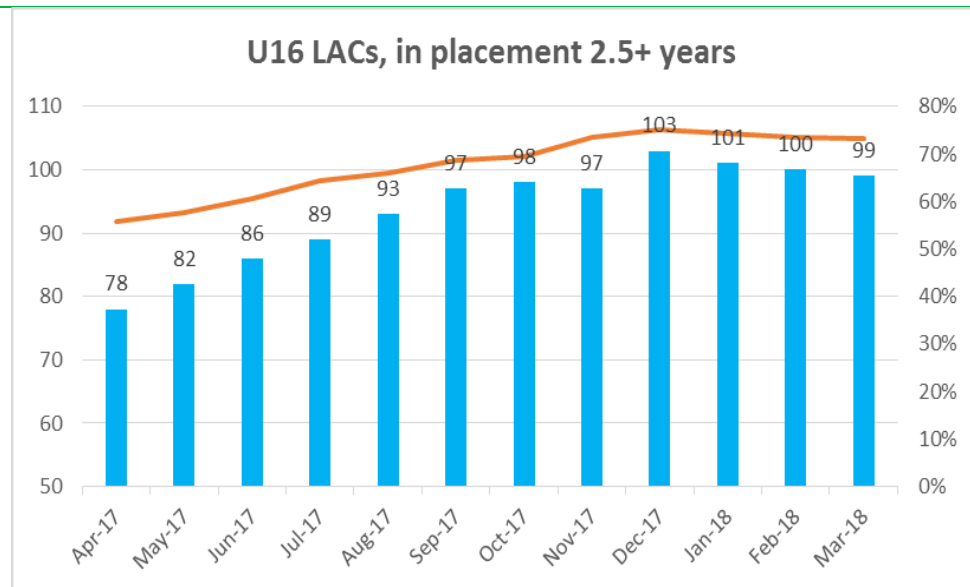
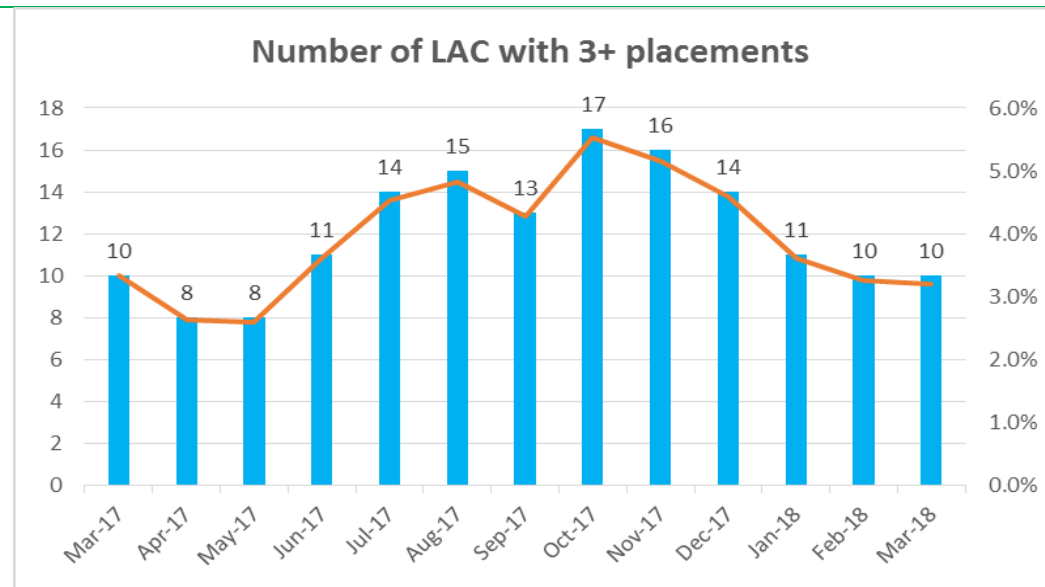
Female Genital Mutilation: As in the previous period, there have been no children identified within the quarter at risk of FGM.

Looked After Children



LAC Numbers: As at the end of March, the number of LAC children stood at 313. This number has remained relatively static for the past 12 months now. Comparisons with statistical neighbours, English averages and authorities rated by Ofsted as good/outstanding shows that Herefordshire's rate of LAC is high.

New LAC in Period: During the final quarter of 17/18, there were 39 children taken in to care. Compared to the previous quarter, there have been far more younger children taken in to care. 54% of new LAC children were female, consistent with numbers reported in quarter 3.



Number of LACs with 3 or more placements: As at the end of Q4 period, there were 9 children currently LAC that had 3 or more placement moves, representing 3% of the looked after cohort.

LACs in the same placement for 2.5+ years: Following a significant growth over the past 12 months, the number of under 16 year old LAC children in one placement for 2.5 years or more has remained fairly static over the past 6 months.

Current LAC Placements: Proportionately, placements remains relatively consistent with those identified in the last quarter.

Care Leavers

| | Aged 19 | Aged 20 | Aged 21 | Total |
|---|---------|---------|---------|-------|
| Cohort | 28 | 28 | 14 | 70 |
| LA in Touch | 96% | 93% | 71% | 90% |
| In Education, Employment or Training | 75% | 68% | 36% | 65% |
| In Suitable Accommodation | 93% | 93% | 57% | 86% |

The information shows the proportion of Care Leavers, between 19 and 21, that are in touch, in EET or in suitable accommodation, as at their most recent birthday.

Mosaic is in the process of being updated, so that we can capture and up to date status for all care leavers, not just at the last birthday (as per the national statutory reporting requirements)

Work is ongoing to assist with the reporting of this data in respect of this cohort as part of our improvement work.

Fostering & Adoption

Fostering

| | Q1 16/17 | Q2 16/17 | Q3 16/17 | Q4 16/17 | Q1 17/18 | Q2 17/18 | Q3 17/18 | Q4 17/18 |
|-------------------------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|-------------|
| General foster carers | 102 | 101 | 107 | 104 | 105 | 109 | 107 | 104 |
| Kinship foster carers | 32 | 34 | 34 | 32 | 33 | 34 | 41 | 37 |
| HIPSS carers | 8 | 6 | 7 | 7 | 7 | 6 | 7 | 5 |
| Supported lodgings providers | 19 | 17 | 19 | 22 | 22 | 22 | 21 | 20 |
| Overnight short breaks carers | 3 | 5 | 5 | 5 | 5 | 5 | 8 | 8 |
| Regulation 24 carers | 5 | 3 | 2 | 3 | 5 | 5 | 2 | 5 |
| TOTAL | 169 | 166 | 174 | 173 | 177 | 181 | 186 | 179 |

Adoption

| | Q1 16/17 | Q2 16/17 | Q3 16/17 | Q4 16/17 | Q1 17/18 | Q2 17/18 | Q3 17/18 | Q4 17/18 |
|---|-------------|-------------|-------------|--------------------------|-------------------------|-------------------------|-------------------------|-------------|
| Should be adopted decisions | 6 | 4 | 7 | 11 | 5 | 5 | 8 | |
| Placement orders granted | 10 | 5 | 3 | 7 | 4 | 3 | 2 | |
| Placed for adoption | 2 | 4 | 6 | 6 | 10 | 2 | 2 | |
| Adoption orders granted | 5 | 3 | 1 | 7 | 4 | 2 | 13 | |
| Children in adoptive placements awaiting adoption order | 5 | 6 | 9 | 10 | 16 | 16 | 6 | |
| Children with a placement order not yet placed | 9 | 13 | 8 | 10 (+2 to be revoked) | 4 (+2 to be revoked) | 4 (+1 to be revoked) | 5 (+1 to be revoked) | |

One of the key performance indicators for the adoption service is the timescale for children being placed for adoption measured from the date they became looked after. The data for 31st March 2016 reports that Herefordshire achieved an average of 531 days which is 105 days above the target and compares with a national average of 558 days. Herefordshire's performance has reduced since 2015 however this is due to success in placing older children for adoption.

Another key performance indicator for the adoption service is the average time between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family. Herefordshire's three year average was 251 days which is 130 days above the target and compares with a national average of 226 days. Again this figure has been affected by success in placing older children for adoption.

Children and Young People Scrutiny Committee

14 May 2018

Draft Work Programme 2018/19

| Meeting date: 14 May 2018 – 10.15 a.m. | | Despatch: 3 May | |
|--|--|------------------------------|--------------------------|
| Item | Description | Report Author | Comments/Outcome |
| Learning Disability Strategy 2018 - 2028 | To preview the draft learning disability strategy before it is presented to the cabinet for approval. The committee is asked to agree recommendations and comments to submit to the cabinet member health and wellbeing for consideration during the finalisation of the strategy. | Adam Russell | |
| Children's Safeguarding and Family Support Performance Data | To receive a quarterly performance report on safeguarding measures. | Vicki Lawson/Chris Jones | |
| Briefing | NEETs – current level of NEETs, new data recording system; and breakdown of statistics around rural/urban/market towns/gender/traveller community. | Louise Tanner | Briefing note circulated |
| | Regional Schools Commissioner – briefing note on role of the RSC and areas of overlap with the council. | Lisa Fraser | Briefing note circulated |
| | Provision of children's rights and advocacy service | Sandra Griffiths | |
| Meeting date: 16 July 2018 – 2.00 p.m. | | Despatch: 6 July | |
| Children and Young People Plan | To receive the draft children and young people plan ahead of its presentation to Cabinet and Council. | Richard Watson, Amanda Price | |
| Implementation of the Corporate Parenting Strategy action plan | To consider the updated action plan to the corporate parenting strategy and receive a performance report against the objectives | Gill Cox | |
| Adoption Service and Fostering Service annual | To receive the annual reports from the adoption and fostering services and consider the outcomes and | Gill Cox | |

| | | | |
|--|--|--|--|
| reports | recommendations. To make recommendations to the cabinet member on the operation of the services during 2018/19. | | |
| Child Protection Numbers | To receive an update on numbers currently subject to child protection arrangements. | Jane Hoey | |
| Briefing paper | | | |
| Meeting date: 17 September 2018 – 10.15 a.m. | | Despatch: 7 September | |
| Herefordshire Safeguarding Children's board annual report | To consider the annual report and any recommendations contained within it. To assess if the report provides assurance and make comments and recommendations to the council and cabinet. | Sally Halls | |
| Section 20 Task and finish group – recommendations and outcomes | To present the final report of the task and finish group to the Children and Young People Scrutiny Committee | Chairman of T&F | |
| Children's wellbeing self-assessment – 2018/19 | To consider if the children's wellbeing self-assessment provides the necessary assurance for the committee. In addition to agree any comments and recommendations to enable the self-assessment to be developed further. | Chris Baird | |
| Briefing paper | Autism Strategy update Improvement Plan – three monthly report of progress against the improvement plan. | | |
| Meeting date: 19 November 2018 – 10.15 a.m. (Potential alternative venue) | | Despatch: 9 November | |
| Budget and Medium Term Financial Strategy (MTFS) | To seek the views of the committee on the draft medium term financial strategy (MTFS) 2017-21 and the budget proposals for 2017-18 relating to Children's Wellbeing. | Andrew Lovegrove, Josie Rushgrove, Audrey Harris | To include an engagement session with young people, school councils regarding budget priorities. |
| Meeting date: 18 February 2019 – 10.15 a.m. | | Despatch: 8 February | |

| | | | |
|--|---|-------------------|--|
| Young Carers Service | To consider an update report on progress with the implementation of the young carers service. | Danielle Mussell | |
| School Examination Performance | To consider school performance of summer 2018 and make recommendations to cabinet on how the effectiveness of the school improvement framework and strategy could be enhanced. | Lisa Fraser | |
| Implementation of the Children and young people Mental Health and emotional wellbeing transformation plan 2015 – 2020. | To receive an update on the Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015 – 2020 including a presentation from the children and young people mental health partnership if appropriate. | Jade Brooks | |
| Briefing paper | Improvement Plan – six monthly report of progress against the improvement plan. | | |
| Meeting date: 25 March 2019 – 10.15 a.m. | | Despatch: 5 March | |
| Work Programme 2019/20 and meeting dates | To agree the Committee's work programme and meeting dates for 2019/20. | Matt Evans | |

Scrutiny Panel – a panel of two members of the committee is currently in operation to provide an oversight of progress against the savings proposal to reduce the number of looked after children. Councillors Gandy and Seldon comprise the Panel.

Task and Finish Groups – Section 20 Orders, scope and terms of reference agreed at meeting on 16 April.

Business to allocate

- MASH referrals
- Dental Health
- Bereavement Services
- 12 month report of progress against the improvement plan

Schedule of Children and Young People Scrutiny Committee recommendations made and actions in response

| Meeting | item | Recommendations | Action | Status |
|-------------|--|---|---|---|
| 5 July 2017 | Corporate Parenting Strategy 2017 – 2020 | <ul style="list-style-type: none"> - The committee welcomes the strategy, supports the priorities identified and agrees to provide a summary of comments and recommendations to the cabinet member; - The committee requests annual performance reports relating to the action plan in the strategy; - The committee provides a forum, where appropriate, for children and young people in care and care leavers to hold their Corporate Parents to account; - The members of the committee facilitate training, with officers, on corporate parenting to all members of Herefordshire Council; - The committee recommends that the cabinet member reviews the measures for success and outcomes sought in the action plan on a regular basis to see whether any measures need to be strengthened; - The committee recommends that procedures are introduced to ensure that significant decisions of the council take account formally of likely implications for looked after children; - The committee recommends that members undertake a mentoring role, where | <p>Response of executive:</p> <p>The draft strategy was discussed at the children’s scrutiny committee on 5 July 2017; they are supportive of the strategy and associated action plan and have requested that an annual update on its implementation is presented to the committee. The recommendations have been considered by the cabinet member young people and children’s wellbeing and as a consequence children’s scrutiny is referred to in the action plan:</p> <p>Corporate Parenting Action Plan 2017-20</p> | Action plan implementation update to be scheduled for 16 July 2018. |

| | | | | |
|----------------|--|---|---|--|
| | | <p>appropriate, for looked after children to share skills and experience to help enhance personal development and there is consideration of how this is best facilitated and publicised; and</p> <ul style="list-style-type: none"> - The committee recommends that methods and strategies are investigated to engage partners and businesses in corporate parenting. | | |
| | Annual reports for the fostering and adoption services | <p>Resolved – that:</p> <ul style="list-style-type: none"> a) the committee notes the annual reports from the adoption and fostering services and agrees to feedback comments to the cabinet member; and b) the adoption and fostering reports are considered as separate agenda items in future years. | Adoption service and Fostering service annual reports allocated to the draft work programme 2018/19 for committee on 16 July 2016. | Completed |
| 2 October 2017 | Commissioning intentions for universal and early help services for children, young people and families | <p>Resolved - That the committee:</p> <p>supports the extension of the family befriending services contracts with the existing providers to the end of March 2018;</p> <p>has significant concerns about the commissioning exercise proposed. The cabinet members for health and wellbeing and young people and children's wellbeing are asked to have regard to the committee's concerns, particularly:</p> <ul style="list-style-type: none"> - i) The reported lack of consultation concerning safeguarding arrangements and engagement | <p>Response of executive:</p> <p>i) The intention to re-procure health visiting and school nursing services has been in the public domain since August 2016. CCG colleagues have been involved in steps taken thereafter to inform future commissioning intentions. There has been an opportunity to raise any issues or questions regarding procurement, during this time.</p> <p>A generalised concern regarding safeguarding arrangements had been</p> | Completed. Committee may wish to request an update report on the implementation of the contract. |

| | | | | |
|--|--|---|---|--|
| | | <p>with the Herefordshire Safeguarding Children's Board;</p> <ul style="list-style-type: none"> - ii) The provision of services in rural areas; - iii) The requirement for additional detail in the report, in particular the contract specification ; and - iv) A reported lack of communication with the CCG. <p>requests that, before a decision is taken on the proposal, the cabinet members share additional information with the committee, including the contract specification.</p> | <p>raised by the CCG very recently prior to the scrutiny committee meeting and reassurances were provided to the CCG that discussions to understand the detail would be welcome and these have since been initiated.</p> <p>Issues relating to <i>safeguarding</i> commissioning responsibilities are resolvable through further discussion.</p> <p>There is no requirement to present the commissioning proposal to the Herefordshire Safeguarding Children's Board, because the service will be required to adhere to all national and local policies, guidance, standards and procedures.</p> <p>Further discussion and an agreed way forward have been made with the Chair of the Children's Safeguarding Board, including a request to include reference to safeguarding within this paper (see para 7).</p> <p>ii) It is recognised that there are challenges in delivering timely and accessible services across a rural county and this has been reflected in the draft specification. To respond to those challenges, the provider will be required to ensure that access is available via drop-in sessions (which could be held in any community facility or venue), clinics, home visits, telephone contact, texting and other formats appropriate for the families and community. Broadband</p> | |
|--|--|---|---|--|

| | | | | |
|--|--|--|---|--|
| | | | <p>coverage across the county is currently 83% (30Mbps) so the provider will need to demonstrate how they will work with families who currently have no access to broadband or where phone signals are not available. The provider will also be expected to be organised around geographical areas/localities and pragmatically structured in line with local children's centre reach areas. The provider will also identify a named public health nurse link to each GP practice, children's centre and school, in order to facilitate local liaison, information-sharing and joint working in the best interests of families.</p> <p>iii) the draft specifications for the commissioning of 0-25 PH Nursing services and family mentoring services, to which have been added the requested additional detail relating to targets and outcomes and key issues outlined in the JSNA, have been made available, by exemption, to council members of the Children's Scrutiny Committee</p> <p>iv) This concern is not accepted and a summary of engagement activity is provided below:</p> <ul style="list-style-type: none"> • Representatives from the CCG have been engaged since August 2016 when CCG requirements were reviewed; • a public online survey was launched | |
|--|--|--|---|--|

| | | | | |
|--|----------------------------|------------------|--|-----------|
| | | | <p>in November 2016;</p> <ul style="list-style-type: none"> • stakeholder engagement events To which GP and CCG representatives were invited were held during December 2016 through to end of January 2017; • feedback events were held in February 2017; • an early years review/scoping workshop held in May 2017; • Soft market testing was undertaken June/July 2017; • Updates have been provided to a Joint Commissioning Board which includes representatives of the CCG and reports to the CCG Board in August/September 2017; • Engagement/information session with GPs on key principles to be incorporated into the specification, was held in October 2017.and ongoing engagement agreed re implementation arrangements. | |
| | Herefordshire safeguarding | Resolved – that: | Update from Chair of HSCB containing <i>Model Initial Parish Action Plan for</i> | Completed |

| | | | | |
|-----------------|---|--|---|-----------|
| | children's board (HSCB) annual report 2016/17 and business plan 2017/19 | a) The annual report and effectiveness of the safeguarding arrangements for children and young people in Herefordshire as assessed by the Board are noted; and b) The strategic priorities identified by the Board are noted. | <i>Promoting a Safer Church</i> and latest detail with reference to work on the role of Parish Councils in safeguarding children. | |
| | Outcomes of casework peer review | Resolved – that the committee notes the report and offers congratulations to the teams involved in the review for the positive feedback received. | | Completed |
| | Children's Wellbeing self-assessment | Resolved – that the committee notes the draft self-assessment document for the Children's Wellbeing Directorate. | | Completed |
| 4 December 2017 | Children and Young People Mental Health Partnership | That the committee: supports the response of the CCG to the task and finish group recommendations; supports the objectives of the Herefordshire Children and Young People Mental Health and Emotional Wellbeing Transformation Plan 2015 – 2020; and requests an update report on the implementation of the plan in 2018. | To determine the timing an update on the implementation of the plan in 2018. | Ongoing |
| | Children's Wellbeing self-assessment – update | That the Committee: endorses the self-assessment in its current form; and agrees that the comments raised by the committee are circulated to the cabinet member. | Excerpt of minutes detailing the discussion sent to the cabinet member for Children and Young People. | Ongoing |

| | | | | |
|-----------------|---------------------------------|--|---|------------------|
| 5 February 2018 | School Examination Performance | <p>Resolved – that the committee:</p> <p>Recognises positive attainment in a number of areas of school examination performance but in particular in the field of phonics;</p> <p>Requests a briefing note on the current level of NEETs, the new data recording system and a breakdown of statistics to include indicators around rural/urban/market towns/gender/traveller community;</p> <p>Requests a briefing note on the role of the Regional Schools Commissioner and a focus on areas of overlap with the Council; and</p> <p>Agrees to write to government to express concern regarding the lack of regulation and monitoring in respect of home schooling. The correspondence should include reference to the potential impacts of home schooling upon the educational achievements of children and safeguarding responsibilities of the Council.</p> | <p>Correspondence sent to Nadhim Zahawi MP, Parliamentary Under Secretary of State for Children and Families. Copied to Jesse Norman MP and Bill Wiggin MP.</p> <p>Response received.</p> | |
| | Children and Young Peoples Plan | <p>Resolved - that the committee:</p> <p>Supports the inclusion of: obesity; dental health; mental health and wellbeing; transport; and youth facilities as key areas of focus for the plan;</p> <p>Supports the implementation of a robust monitoring framework for the new version of the Plan; and</p> <p>Asks for the draft Plan to be presented to the</p> | <p>Allocated to the committee's draft work</p> | <p>Completed</p> |

| | | | | |
|---------------|---|--|--|-----------------------------|
| | | committee ahead of consideration at Cabinet and full Council. | programme 2018/19 for committee on 16 July 2018. | |
| 16 April 2018 | Autism Strategy for Herefordshire 2018 – 2021 | <p>Resolved – that:</p> <p>(a) the significant successes achieved in the first Herefordshire autism strategy published in 2014 be recognised;</p> <p>(b) the outcomes identified by the strategy and the means in the action plan to achieve these ends be supported but noting that the committee would like to see more detailed milestones;</p> <p>(c) it be requested that as the action plan evolves additional base line data is included in the action plan to ensure tangible and quantifiable measures of performance and success, particularly in respect of improving diagnosis rates;</p> <p>(d) the executive be asked to investigate the development of a system/process to ensure an accurate picture of the incidence of autism across Herefordshire can be produced;</p> <p>(e) efforts to improve diagnosis rates and the recording of autism within GP patient records be supported and Herefordshire Clinical Commissioning Group asked to take this initiative forward as a matter of priority;</p> <p>(f) the executive be asked to take steps to work more closely with independent and private schools in Herefordshire to share data regarding enrolled autistic pupils to enable the production of comprehensive statistics of pupils in the county with</p> | <p>Resolutions of the Committee sent to the Executive for a response.</p> <p>Resolution (e) sent to the Herefordshire CCG for consideration.</p> | Awaiting Executive Response |

| | | | | |
|--|---------------------------------------|---|--|---------------------------------|
| | | <p>autism;</p> <p>(g) the executive be asked to consider methods to promote employment at the council to people with autism;</p> <p>(h) the executive be asked to consider contacting key local organisations, such as Halo leisure, to ensure they promote autism-friendly service provision;</p> <p>(i) the executive be asked to ensure that the Herefordshire branch of the National Autistic Society and the Hereford Autism Partnership are consultees during the planning process to ensure that new housing and public access buildings have autism-friendly design considerations;</p> <p>(j) the executive be asked to investigate proposals to ensure that new and existing council buildings and facilities are autism-friendly; and</p> <p>(k) the executive be asked to consider autistic-awareness training for new members of staff and elected members of the Council and ensure that all members are able to disseminate good practices within their local communities.</p> | | |
| | LGA Safeguarding Peer Review Feedback | <p>Resolved – that:</p> <p>(a) a report be submitted on the referrals to the MASH, in particular those by West Mercia Police, for review by the Committee;</p> <p>(b) it be requested that corporate parent training for all members be made mandatory;</p> | <p>(a) scrutiny arrangements to be determined at work programming session for 2018/19.</p> <p>(b) corporate parenting is a mandatory training module and must be completed within three months of being elected.</p> | <p>Ongoing</p> <p>Completed</p> |

| | | | | |
|--|--|---|---|------------------|
| | | <p>(c) progress on actions in the finalised improvement plan is reported to the Committee, at 3, 6 and 12 months to enable it to be monitored; and</p> <p>(d) the Committee's recognition and support of the work of staff in this challenging area be noted.</p> | <p>(c) briefing notes for progress at 3 and 6 monthly intervals added to the work programme. The 12 month progress report to be allocated to the first committee in the new term.</p> | <p>Completed</p> |
|--|--|---|---|------------------|