** **

**Richmond**

**Learning Disability Strategy**

**“OUR BIG PLAN”**

**2014 to ……………..**



**Our Vision:**

“To commission high quality, person centred, transformational, and value for money services for people with learning disabilities and their carers; that promotes good health, independence, choice, control and wellbeing in their lives”.

**Foreword**

We are really pleased to provide our support for this 3 year Joint London Borough of Richmond and Richmond Clinical Commissioning Group Learning Disability Strategy.

People with learning disabilities in Richmond are supported to live as active citizens and rightly aspire to have the same life experiences as everyone else.

Our Joint Learning Disability Strategy will put the person at the centre of the commissioning process and ensure that people with learning disabilities and their carers are supported to enhance their quality of life through increased choice and control, making the best use of available resources both formal and informal.

We are very grateful for the support of all those who took the time to give their views about the Strategy either in person or through comments and participation in the consultation and engagement process and these have been included or used to inform the strategy.

 The strategy provides a local framework for the commissioning intentions and the delivery of commissioned support services for adults and young people with learning disabilities and their carers in Richmond.

The strategy has been developed in difficult and challenging economic times and will focus upon targeting and investing our resources in services that deliver proven and measurable outcomes that improve the health and wellbeing of people with a learning disability and their carers in the borough.

Effective engagement with users and carers is a critical factor in ensuring the delivery of this strategy over its lifetime. To ensure we continue to hear your views an annual engagement event will be held organised and supported by the Learning Disability Partnership Board. The engagement feedback will be used to inform the strategy going forward.

Signatures:

|  |  |
| --- | --- |
| Graham Lewis, Chair of Richmond Clinical Commissioning Group (CCG) |  |
| Councillor David Marlow |  |
| Cathy Kerr, Director, London Borough of Richmond upon Thames |  |
| Jacqui , Harvey Chief Officer, Richmond CCG  |  |

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1. **Executive Summary**

This is the Joint Health and Social Care Strategy for People with Learning Disabilities from The London Borough of Richmond upon Thames (LBRUT) and Richmond Clinical Commissioning Group (RCCG).

It also includes people with autism and learning disabilities. Services for adults with higher functioning autism have a separate strategy to address their needs. [link](http://www.richmond.gov.uk/home/services/adult_social_care/adult_social_care_policy/autism_strategy.htm#local)

The strategy sits alongside other plans and strategies (both local and national) in the borough and will drive forward joint commissioning, planning and decision making for people with a learning disability in Richmond.

It considers the impact on services for people with learning disabilities of the new Care Act (2014), and the new Children and Families Act (2014).

The strategy continues to respond to the overarching priorities and principles set out in Valuing People (2001-2008) and Valuing People Now (2008-2013). The Health and Social Care Act 2012, Winterbourne View Concordat, Confidential Inquiry into the premature deaths of adults with learning disabilities (2013) (CIPOLD) and other important national reports.

All the above will continue to inform and drive forward the commissioning, planning and decision making processes for people with a learning disability served by LBRUT and RCCG.

Our joint vision is to enable everyone with a learning disability and their carers to have greater choice and control in order to live a fulfilling valued life. This is challenging given the demanding economic times and against a background of increasing demand and significant changes in legislation.

Changing the way we commission our services through joint commissioning and by focussing on outcomes for individuals will be our driver for change going forward.

Our action plan in appendix (A) details the work required to deliver change going forward.

**2. Vision Statement**

By 2017 we aim to achieve this by improving the outcomes of people with a learning disability through our commissioning intentions and focus our commissioning to achieve one single overarching objective;

“To commission high quality, person centred, transformational, and value for money services for people with learning disabilities and their carers; that promotes good health, independence, choice, control and wellbeing in their lives”.

Whilst our joint vision remains our focus for the next three years this Joint Strategy builds on progress so far and seeks to maintain the very positive service developments achieved to date and deliver even better health and wellbeing outcomes for people with learning disabilities and their carers in Richmond.

# What people have told us is important to them

Through our meetings, workshops and consultations with people who have a learning disability, their carers and key stakeholders they have told us what is important to them. Below is a list of some of their key points in no particular order:

* Having a voice and being listened to
* Having a choice about where to live
* Being healthy
* Having a job
* Getting support to be more independent
* Having accessible information
* Being able to use mainstream services like everyone else
* Having friends and relationships
* Being able to travel independently
* Being involved in planning and developing new service
* Having a personal budget and support to spend it
* Being able to choose who supports me
* Having reliable and flexible support
* More help with personal budgets
* More services for people with complex needs
* More support in transition

*Consultation details, with process and timeframes section to be added when agreed and appendix at end*

1. **Strategic Aims**

We aim by 2017 to improve the outcomes for people with learning disabilities and their carers by focussing on four strategic domains with increased health and social care integration at the centre of how we achieve this, they are:

These four strategic domains will be our focus on whether services we commission both now and in the future achieve real measurable positive outcomes, increase independence and individual wellbeing for people with a learning disability and their carers in Richmond.

It is critically important to our customers in a relatively small borough like Richmond that health and social care commissioning intentions are well coordinated and integrated to deliver the best outcomes possible and utilise all resources available effectively to deliver quality, efficiency and value for money. Joint integrated health and social care commissioning is a key strategic aim of both the London Borough of Richmond upon Thames (LBRUT) and Richmond Clinical Commissioning Group (RCCG).

Having an outcomes based commissioning focus creates an opportunity to encourage and enable all our commissioned partners to look at how they can provide services differently, offering person centred creativity, choice, control, efficiency and value for money, yet not compromising the quality of any commissioned provision.

The strategy will identify and address the changes we need to consider in light of all the above and explain them and identify areas of priority.

In summary this strategy will drive a person centred partnership approach to developing outcomes based support for people with learning disabilities in the Borough and sustaining the best quality of life for them and their families.

# 4. Background to the Strategy

This Joint Learning Disability Strategy sets out a clear direction for how services for adults with learning disabilities will develop and be commissioned during the next three years, from 2014-2017. It has been written at the request of members of the Richmond Learning Disability Partnership Board in order to clearly lay out how we intend to spend the joint commissioning resources available to give people with learning disabilities in Richmond more choice and control over their lives.

This strategy is to replace the Joint Commissioning Strategy 2010-2013 (Specialist Services for People with Learning Disabilities) in light of changes in national policy, Council commissioning intentions, and the delivery and funding of social care in the borough to people with a learning disability going forward.

The Local Learning Disability Partnership Board is committed to involving people with a learning disability, carers and all other stakeholders in the planning of future services and has supported the co-design of this strategy. Since it is vital that this strategy responds to the needs of people with a learning disability and for those who care for them, the key issues in the strategy have been summarised in easy-to-read language. (To be confirmed - Draft). Our progress on this strategy will be kept under review by the Learning Disability Partnership Board and in turn monitored by Richmond’s Health and Wellbeing Board.

The Working Together group supported engagement and consultation with more than one hundred people with a learning disability. Key issues that are important to them and others are highlighted later on and have been used to inform both this strategy and our future commissioning intentions.

The strategy must be a living document and will be informed and updated each year via an annual user, carer and stakeholder engagement event supported by the Working together group and Partnership Board to review progress as the strategy moves forward.

# 5. What do we want to achieve by writing this Strategy?

We hope that this Joint Strategy will help us to do a number of things:

* develop a process by which we work together with people who use services, their family and friends about what is important in where they live and how they are supported in the future
* commission services on an personalized outcomes basis rather than numbers.
* work with people with a learning disability; their carers and providers to develop a provider quality accreditation system that gives them more information when choosing who should provide their care
* work with people with a learning disability; their carers and providers to develop better information to inform their decisions, so they know what they can expect from providers and what to do if they are dissatisfied.
* develop a market place that offers people more choice from a wide range of personalised community based services that are delivered in the way individuals want them and to buy them at a value for money price, when they want them.
* jointly commission Council & CCG health and social care services
* work collaboratively with our neighbouring Borough of Kingston upon Thames
* set out person centred outcome based commissioning intentions which will ensure the needs of adults with learning disabilities are met going forward
* set out priorities for the future, stating clearly and transparently what can and cannot be commissioned within the available resources
* communicate clearly to all stakeholders a vision for the future of local services and opportunities for people with learning disabilities
* encourage and enable all our commissioned partners to look at how they can provide services differently, offering person centred creativity, choice, control, efficiency and value for money
* promote communication between people with a learning disability, providers and the wider community
* use and update our Market position statement annually to increase our understanding of what we need to provide now and in the future.

# Richmond is developing a commissioning plan that is informed by the strategy that states clearly when and how we will increase the range of local support services; improve the market place and increase choices and opportunities for people with learning disabilities and their carers. The plan with the strategy will be reviewed, informed and updated by an annual user, carer and stakeholder engagement event.

# 6. Drivers for Change

The Commissioning Strategy is led by the need to respond to the changing needs and expectations of service users with a learning disability and their carers to deliver the key national and local policy drivers some of which are outlined below. The list is not exhaustive and there are many national and local policies and studies that have been used to inform and influence this strategy. The following is a brief summary of the key policy drivers for change for people with learning disabilities and their carers going forward.

# 7. National Drivers

**Valuing People (2001-2008) & Valuing People Now (2009-2013)[[1]](#footnote-1)**

Despite their year of publication these policies continue to maintain the momentum and value base for our services today and have been the real drivers for change in the world of learning disability and commissioning.

The key message and principles they contain are:

*“that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens”*.

This key message above and principles behind “Valuing People” remain our focus and will be relevant for many generations to come. They continue to rightly inform and guide the way services for people with learning disabilities are commissioned and shaped.

**Broad Principles**

* **Rights**

People with learning disabilities and their families have the same human rights as everyone else.

* **Independent living**

This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

* **Control**

This is about being involved and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

* **Inclusion**

This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and to have the support to do so.

**Valuing Employment Now**

The employment rate of disabled people in Britain overall has risen steadily to about 48%, but employment of people with learning disabilities is much lower – just 10% for people receiving adult social services.

Valuing Employment Now set out the goal to radically improve employment opportunities for people with learning disabilities in England, and particularly for people with moderate and severe learning disabilities.

 If real disability equality is to be achieved, work needs no longer to be seen as optional for people with moderate and severe learning disabilities. The default position must be that everyone will have the chance to get a job. There should be choice about what work people do, just as for non-disabled people.

People with profound and complex disabilities should not be excluded from the world of work. We know from international evidence that it is possible for people with severe disabilities to make an important economic contribution to society. We will continue to review the way we commission employment support services.

**Personalisation**

In recent years there have been many publications relating to local authority and health service reform.

A fundamental re-think of the relationship between citizens and public services runs through for example:

* Improving the Life Chances of Disabled People,
* Our Health, Our Care, Our Say,
* Putting People First,
* Vision for Adult Social Care- Capable Communities and Active Citizens 2010
* Think Local, Act Personal 2011- Sector wide commitment to moving forward with Personalisation and community based support
* ‘Caring for our future: reforming care and support’ White Paper

The main messages are very clear. We must provide a personalised approach, where citizens

* are empowered to have more say and control in all aspects of public life and participate as active and equal citizens.
* have maximum control of their own lives, including control of their own health and social care needs
* are supported to live independently, stay healthy and recover quickly.
* have choice and control so that any support they may need fits the way they wish to live their lives.

Richmond has a proven track record in personalisation and is one of the top performing Boroughs in London for direct payments for people with learning disabilities who continue to benefit from increased choice and control in their lives through person centred outcome based support plans. We currently have 133 people with a learning disability receiving direct payments.

**Winterbourne (Link6)**

In 2012, the government published its final report into the events at Winterbourne View Hospital and set out a programme of action to transform services so that vulnerable people no longer live inappropriately in hospitals and are cared for in line with nationally recognised best practice. The report highlighted the following:

* too many people were placed in hospitals for assessment and treatment and staying there for too long;
* they were experiencing a model of care which went against published Government guidance that people should have access to the support and services they need locally, near to family and friends;
* there was widespread poor quality of care, poor care planning, lack of meaningful activities to do in the day and too much reliance on restraining people
* all parts of the system have a part to play in driving up standards.

Richmond is well ahead with the return of people locally and by June 2014 has supported half the numbers of people out of hospital and we are developing specialist services locally to ensure that people with the most complex needs are met locally here in Richmond.

The new services being developed will have a particular focus on young people with complex needs to ensure we deliver services that prevent young people going out of the borough at an early age.

Actions and recommendations from the Winterbourne report are included in our action plan.

**Children and Families Act 2014**

As part of the new Children and Families Bill the government is transforming the system for children and young people with special educational needs (SEN), including those who have a learning disability, so that services consistently support the best outcomes for them going forward.

* Introduces a single assessment process and an Education, Health and Care (EHC) Plan to support children, young people and their families from birth to 25 years. The EHC plan will replace statements of special educational needs.
* Requires health services and local authorities to jointly commission and plan services for children, young people and families
* Gives children, young people and families the right to a personal budget for the support they receive
* Local authorities must publish a clear, easy to read “local offer” of services available to children and families
* Local authorities must involve families and children in discussions and decisions relating to their care and education; and provide impartial advice, support and mediation services if required.

**The Care Act 2014**

The Care Act represents the most significant reform of care and support in more than 60 years, putting people and their carers in control of their support. The Act aims to create a single, modern law that makes clear what kind of care and support people with a learning disability and their carers should expect and to receive care and support through the principle route of a personal budget.

**Key Changes in brief:**

* A minimum eligibility threshold across the country – a set of criteria that makes it clear when local authorities will have to provide support to people.
* Local authority duty to consider the physical, mental and emotional wellbeing of the individual needing care. They will also have a new duty to provide preventative services to maintain people’s health.
* The care system to be built around each person through Personal Budgets.
* A cap on personal ‘care costs’ (not including accommodation costs) of £72,000.
* Carers to be entitled to an assessment and services in their own right.
* Ensure no one goes without care if providers fail, regardless of who pays
* Transition from children to adults right to assessment before age 18

# 8. National & Local Prevalence of Adults with a Learning Disability

It is difficult to be exact with prevalence of Learning Disability both nationally and locally, this is because there are a range of complex factors that underlie the predictions in numbers of people. We have therefore chosen to use the most authoritative and widely used research and baseline evidence by (Emerson & Hatton) and (PANSI) data which is the best currently available.

Nationally available data (see below) estimates that there are just one million people aged 18 and over living in England who have some form of learning disability. Of these people approximately 208,000 are estimated to have a moderate to severe learning disability, of which 48,500 aged 18-64 are estimated to have the most complex and severe level of learning disability, and are therefore likely to be in contact with our specialist health and social care services.

|  |  |  |  |
| --- | --- | --- | --- |
| **National Data** | **2014** | **2015** | **2020** |
| People aged 18-24 predicted to have a learning disability | 133,825 | 133,097 | 124,985 |
| People aged 25-34 predicted to have a learning disability | 185,214 | 186,347 | 191,723 |
| People aged 35-44 predicted to have a learning disability | 173,719 | 173,362 | 176,144 |
| People aged 45-54 predicted to have a learning disability | 177,564 | 178,905 | 173,998 |
| People aged 55-64 predicted to have a learning disability | 138,051 | 139,735 | 156,810 |
| **Total population aged 18-64 predicted to have a learning disability** | **808,373** | **811,445** | **823,660** |

Figures may not sum due to rounding Crown copyright 2014

National modeling using the Projecting Adult Needs and Information System (PANSI) for 2014 estimates that there are 2916 adults in the London Borough of Richmond upon Thames who have a learning disability, 668 of whom have a learning disability which could be described as a moderate or severe (i.e. 23% of the total with a learning disability).[[2]](#footnote-2)

|  |  |  |  |
| --- | --- | --- | --- |
| **Richmond Data** | **2014** |  **2015** |  **2020** |
| People aged 18-24 predicted to have a learning disability |  333 |  333 |  332 |
| People aged 25-34 predicted to have a learning disability | 687 | 682 | 682 |
| People aged 35-44 predicted to have a learning disability | 837 | 845 | 860 |
| People aged 45-54 predicted to have a learning disability | 659 | 672 | 722 |
| People aged 55-64 predicted to have a learning disability | 452 | 459 | 521 |
| **Total population aged 18-64 predicted to have a learning disability** | **2,968** | **2,991** | **3,118** |

Figures may not sum due to rounding Crown copyright 2014

National modeling, again using the Projecting Adult Needs and Information System (PANSI) for 2014 (Above) estimates that there are 2,968 adults in the London Borough of Richmond upon Thames who have a learning disability. By 2020 this figure is expected to increase to 3,118. The data also predicts that of the 2,968 of who have a learning disability 682 could be described as a moderate or severe (i.e. 23% of the total with a learning disability).[[3]](#footnote-3)

The prevalence of learning disability is expected to rise by around 1% per annum for the next 10 years and to grow overall by over 10% by 2020.  It is also expected that there will be a growth in the complexity of disabilities.  This is attributable to improvements in maternal and neonatal care and improvements in general health care for adults which lead to increased life expectancy.

Overall, this generally matches the demographic of the population as a whole which indicates a high proportion of residents in the 35-44 age bands. The Joint Strategic Needs Assessment which was completed in 2013 and due to be updated indicates however that in the next 10 years there will be an overall increase in the 65+ age group[[4]](#footnote-4).

The proportion of black and minority ethnic residents across the whole population of Richmond is expected to increase. Currently only 6% of those in receipt of Local Authority funded services for people with learning disabilities in Richmond are from black minority and ethnic groups.

In April 2014, a snapshot of our Social Work database indicates that there were a total of 420 individuals in receipt of services due to having a learning disability (services may include Social Work support only). We recognise that the prevalence based estimates above indicate that there are a large number of people with learning disabilities locally who are not currently in receipt of services. Evidence indicates that this is the case nationally which suggests that the prevalence rates applied are not accurate.

Despite the difficulties in being certain about the numbers of our population in Richmond it is important to estimate the prevalence of Learning Disability in order to effectively inform commissioning and the planning of services going forward.

# 9. What is the 2014 Learning Disability Joint Strategic Needs Assessment telling us?

The Joint Strategic Needs Assessment (JSNA) for adults with learning disabilities is a shared health and social care report between the London Borough of Richmond upon Thames and Richmond Clinical Commissioning Group. The JSNA focuses on the health and social care needs of adults (aged 18 years and over) with learning disabilities who are Richmond residents or are registered with a GP practice in Richmond borough.

This JSNA assesses the current and predicted levels of health and social care need over the next 10-20 years for adults with LD. It also describes current services for this group and identifies any gaps between current and ideal provision and also identifies any inequalities that exist and is used to inform future commissioning intentions.

The three key areas highlighted are:

* Improving the overall health and wellbeing of people with a learning disability and their carers.
* Improve Annual Health Checks, Health Action Plans and Reasonable adjustments in all health settings.

# Increase Housing options for young people in transition with complex needs

# 10. The Annual Learning Disabilities Self-Assessment Framework

The “Joint Health and Social Care Learning Disability Self-Assessment Framework” is a single delivery and monitoring tool that supports Clinical Commissioning Groups, and Local Authorities, to check and report on progress and inform commissioning of areas that require further development. It focuses on the three main areas which are;

* Staying Healthy
* Being Safe
* Living Well

In the three main areas above there are 27 different indicators and we asked to rate ourselves for each indicator using a Red, Amber, Green (RAG status) and required to evidence the rating. Here are the results from the last three years.



Whilst there has been real improvement since 2010 there are three key areas where we need to continue to improve; these are:

* Recording of learning disability status by health services, e.g. GP practices and screening programmes
* Evidence of reasonable adjustments by services, such as lifestyle support services, primary and secondary health services
* Annual Health Checks and Health Action Plans completed by GP practices

Work in these areas is ongoing and actions to continue improvement are referred to later in our action plan and as an appendix.

# 11. What people have told us is important to them

Through our meetings, workshops and consultations with people who have a learning disability, their carers and key stakeholders they have told us what is important to them. Below is a list of some of their key points in no particular order:

* Having a voice and being listened to
* Having a choice about where to live
* Being healthy
* Having a job
* Getting support to be more independent
* Having accessible information
* Being able to use mainstream services like everyone else
* Having friends and relationships
* Being able to travel independently
* Being involved in planning and developing new service
* Having a personal budget and support to spend it
* Being able to choose who supports me
* Having reliable and flexible support
* More help with personal budgets
* More services for people with complex needs
* More support in transition

Consultation details, with process and timeframes section to be added when agreed and appendix at end

# 12. Current Spend

**Proportion of Learning Disability Social Care Budget**

|  |  |
| --- | --- |
| **Table 3: Net expenditure** |  |
| **Service Type** | **Budget  2014/15****£'000** | **Forecast 2014/15****£'000** | **Variance 2014/15****£'000** |
| Nursing | 66 | 64 | (2) |
| Residential (spot) | 8,892 | 9,984 | 1,092 |
| Residential (block) | 0 | 18 | 18 |
| Supported Living (spot) | 3,372 | 2,423 | (948) |
| Supported Living (block) | 0 | 0 | 0 |
| Homecare | 583 | 577 | (6) |
| Day Care and Transport | 460 | 331 | (129) |
| Direct Payments | 2,189 | 2,628 | 439 |
| Other Services | 183 | 185 | 1 |
| **Total Care Purchasing** | **15,745** | **16,026** | **464** |
| Staffing | 600 | 639 | 39 |
| **Total** | **16,345** | **16,849** | **504** |



**Personalisation Choice & Control**

# 13 Our Commissioning Intentions

Richmond can be rightly proud of its achievements in leading on personalisation direct payments. According to Public Health England, Improving Health and Lives: Learning Disabilities Observatory, Learning Disabilities Profile 2013, Richmond is one of the top performing Boroughs in London for direct payments for people with learning disabilities and we currently have 133 people receiving direct payments.

Personalisation means starting with the person and supporting their strengths, preferences and aspirations. It means helping each individual to make personal choices about how they are supported, when they are supported and who supports them. It is also about tailoring the support to the persons needs and ensuring they have access to information and advice to make informed decisions about their care and support.

Since April 2014, people eligible for NHS continuing healthcare will have the right to ask for a personal health budget, including a direct payment for healthcare. This becomes a right to have a personal health budget from October 2014.

**What we will do by 2017:**

* Make Direct Payments more accessible and increase the number of people using them via Pre-Paid cards.
* Reduce the amount of administration of direct payments via Pre-Paid cards.
* Work with people with a learning disability; their carers and providers to develop a quality accreditation system will give them more information when choosing who should provide their care.
* Work with people with a learning disability; their carers and providers to develop better information to inform their decisions, so they know what they can expect from providers and what to do if they are dissatisfied.
* Health and social care will work together on Personal Health Budgets.
* People with a learning disability who qualify for continuing healthcare to be offered Personal Health Budgets.
* People will know how much money they can have to support them.
* Have a choice about who supports them.
* Have the choice of when they are supported.

**Quality, Efficiency, Value for Money & Outcomes Based Commissioning**

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

# 14. Our Commissioning Intentions

**Background**

Reductions in funding nationally have led local authorities and Clinical Commissioning Groups to take a fundamental look at how services are delivered, to ensure that they are making the most effective and efficient use of resources. In Richmond upon Thames, the Council and CCG has agreed a new strategic direction which focuses on commissioning services rather than directly providing services.

As a first step it has established a Joint Collaborative Commissioning Team (JCC) between the Council and the CCG that includes learning disability. To support the work of the JCC, the commissioning intentions of the CCG and the Council have been aligned to ensure the commissioning of more efficient, providing better services for people with learning disabilities.

The JCC will also work to influence all aspects of commissioning in Richmond and where not directly responsible, will seek to influence the lead commissioners involved to ensure that people with a learning disability and their carers receive relevant seamless accessible services across all commissioned services.

Richmond recognises the need to develop a far more diverse market place for people with learning disabilities and their carers. A market place that offers people choice from a wide range of personalised community based services that are delivered in the way individuals want them and to buy them at a value for money price when they want them.

The CCG and Council have developed a Market Position Statement(MPS); the purpose of which is to signal to providers how the demand and supply of services is changing for people with learning disabilities going forward.

The way we measure the quality of our commissioned services will also change for people with a learning disability.

We have traditionally used time, numbers and other metric outputs as measurements of quality in commissioning. Going forward and in line with the national agenda we will move from a target based commissioning model to Outcome Based Commissioning (OBC).

Outcome based commissioning focuses on results for the person rather than process, activity or numbers. The point of an outcomes-based approach is to shift thinking from how a service operates (what it does) to the good that it accomplishes (what it achieves) for the person with a learning disability.

The focus of this will be on achieving positive agreed outcomes for each person with a learning disability that increases their independence, choice, control and wellbeing. There will be less concern with outputs, and those that are monitored will be clearly linked to delivering better individual outcomes.

This MPS, Joint Commissioning and the change to Outcome Based Commissioning will direct our commissioning intentions and support, encourage and enable providers, (new and current) in the provision of services that: reduce dependency, increase choice, control and wellbeing to transform the way services for people with learning disabilities are delivered going forward.

As a result of the changes outlined above future service delivery will require much greater collaboration with users, carers, providers to define outcomes based on individual needs.

**What we will do by 2017:**

* Produce a learning disability Commissioning plan for the lifetime of the strategy and beyond (Version 1 attached)
* Re-commission our in-house services using an Outcome Based Model
* Review all our current block contracts and re-commission using an Outcome Based Model
* Work with our Providers and Social Landlords to ensure our commissioned service buildings meet current and future predicted needs.
* Commission new Supported Living Services for young people in transition with multiple complex needs including behavior that challenges services.
* We will add Assistive Technology expertise into the learning disabilities social work team and specialist health team to support increased independence
* Support people with a learning disability to remain at home or live more independently

|  |  |
| --- | --- |
| **Improving Health & Ensuring Reasonable Adjustments to Access Services** |  |

# 15. Our Commissioning Intentions

Every year we are required to complete a national self-assessment return called the Learning Disability Self-Assessment Framework (see page 13). A major part of this self-assessment looks at evidence of how well we are supporting people with a learning disability to improve their health.

We know from this evidence based return that the health needs of people with learning disabilities in Richmond are improving. However we also know from the national picture contained in the Confidential Inquiry into the premature deaths of adults with learning disabilities (2013) (CIPOLD) that more is required to improve people’s health.

In Richmond we commission a Specialist Learning Disability Health team who support people with a learning disability to access mainstream healthcare services. The team consists of psychiatry, psychology, speech & language therapy, specialist learning disability nurses, occupational therapy, dietetics, physiotherapy, and challenging behaviour specialists and other specialisms can be accessed as and when required.

More local preventative work is needed to catch illnesses sooner; for example, national screening programmes such as cancer or dementia screening. We also need to ensure that all health services make reasonable adjustments such as longer medical appointment times, no waiting times or easy read tools such as hospital passports.

Although we do this well right now we want to achieve more and are committed to ensuring people with a learning disability are supported and enabled to improve their health.

**What we will do by 2017:**

* Improve access to mainstream health services, via increased learning disability awareness training
* Work with GP surgeries, hospitals and other health services to ensure that the particular needs of people with a Learning Disability are taken into account in their services, for example by providing longer appointment times and appropriate signage.
* Improve access to mainstream health services, enabling those with the most complex health needs met through Personal Health Budgets to remain in their own home
* Ensure that eligible adults with a learning disability have an annual health screen provided by their general practice
* Ensure that all adults with a learning disability have the opportunity to have a Health Action Plan completed with assistance from a health facilitator if required
* Ensure timely access into mainstream mental health services for adults with a learning disability and concurrent mental health problems
* Provide support to those adults with a learning disability who require pre- planned hospital admission and discharge
* Increase locally the range of health promotion/disease prevention programmes tailored to the needs of people with learning disabilities
* Ensure that the wider primary care community (dentists, pharmacists, podiatrists, optometrists etc.) is demonstrably addressing and promoting the better health of people with a learning disability
* Ensure that people with learning disabilities and their families/carers are supported to fully contribute to and participate in discussion as well as in the planning prioritisation and delivery of health services generally
* Facilitate access to mainstream services whilst in hospital and appropriate in-reach or outreach services to facilitate discharge
* Provide an appropriate service response to support people with early onset dementia
* Provide an appropriate service response to support parents with a learning disability
* Develop opportunities for the introduction of Individual Health Budgets, enabling greater choice and personalised care and support for individuals and families with complex health needs.

# 16. Safeguarding Responsibilities

For more information please see the web links below: <http://www.richmond.gov.uk/safeguarding_adults>

Safeguarding procedures for children can be found through this link

<http://www.richmond.gov.uk/home/council_government_and_democracy/council/partnerships/local_safeguarding_children_board/lscb_-_information_for_practitioners.htm>

# 17. Delivering success and monitoring progress of the Learning Disability Strategy

A Joint Health and Social Care Commissioning Collaborative (the Joint Commissioning Collaborative) is now established in the borough of Richmond. This team will lead on health and social care commissioning for Richmond Council and Richmond CCG including carer specific services.

Our progress on this strategy will be kept under review by the Learning Disability Partnership Board and in turn monitored by the Health Improvement Group and Richmond’s Health and Wellbeing Board.

The strategy must be a living document and will be informed and updated each year via an annual user, carer and stakeholder engagement event supported by the Working together group and Partnership Board to review progress as the strategy moves forward.

# 18. Appendices

TBC

# Appendix 3 – Local Residential Care Homes

|  |  |  |
| --- | --- | --- |
| **Provider** | **Home** | **Number of beds** |
| Elizabeth Fitzroy Support | [Silver Birches](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017394&Type=CRH) | 15 |
| Grove Care Partnership | [31 King Edwards Grove](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000071404&Type=CRH) | 8 |
| Grove Care Partnership | [Hampton Road East](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000060680&Type=CRH)  | 8 |
| Metropolitan Support Trust | [Langdon Park, 18](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000072460&Type=CRH) | 7 |
| LBRuT | [Princes Road, 46](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017387&Type=CRH) | 6 |
| LBRuT | [Tudor Avenue, 3](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017395&Type=CRH) | 6 |
| LBRuT | [26 Egerton Rd (Respite)](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000030462&Type=CRH) | 6 |
| LBRuT | [26 Cross Street](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017360&Type=CRH) | 4 |
| LBRuT | [40B Cambridge Park](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000070989&Type=CRH) | 8 |
| Owl Housing | [The Swallows](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017369&Type=CRH) | 6 |
| Owl Housing | [Harvey Road](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017371&Type=CRH) | 5 |
| Owl Housing | [59 Lion Road](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017379&Type=CRH) | 8 |
| Regard Partnership | [225 London Rd](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017380&Type=CRH) | 6 |
| Regard Partnership | [Chertsey Road, 401](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017356&Type=CRH) | 5 |
| Regard Partnership | [191 Kneller Rd](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017376&Type=CRH) | 5 |
| Richmond Fellowship Foundation International | [The White House](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000070484&Type=CRH) | 8 |
| Richmond Homes for Life Trust | [Mayfair Ave](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017383&Type=CRH) | 4 |
| Richmond Homes for Life Trust | [5 - 7 Cedars Road](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017355&Type=CRH)  | 8 |
| Roy Kinnear Charitable Organisation | [Roy Kinnear House](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000038036&Type=CRH) | 8 |
| Royal Mencap | [Lyndhurst Ave, 51](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017381&Type=CRH)  | 4 |
| Royal Mencap | [Woodlawn Crescent](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017399&Type=CRH) | 4 |
| Royal Mencap | [20 Glamorgan Rd](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017365&Type=CRH) | 10 |
| Royal Mencap (from 1st June 09) | [42 Chudleigh Road](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017357&Type=CRH) | 4 |
| Royal Mencap (from 1st June 09) | [56 Holmesdale Rd](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017372&Type=CRH) | 8 |
| Royal Mencap (from 1st June 09) | [43a Hampton Rd](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017367&Type=CRH) | 3 |
| Orione Care | [St John's House](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017390&Type=CRH) | 6 |
| United Response | [16 Curtis Road](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017361&Type=CRH) | 4 |
| United Response | [198 Powdermill Lane](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017386&Type=CRH) | 5 |
| United Response | [45a Hampton Rd](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017368&Type=CRH) | 5 |
| United Response | [Kneller Rd, 131](http://www.csci.org.uk/registeredservicesdirectory/RSSearchDetail.asp?ID=0000017375&Type=CRH) | 6 |

1. Department of Health (2009)*. Valuing People Now.* London: The Stationery Office [↑](#footnote-ref-1)
2. Data extracted from Projecting Adult Needs and Service Information System for 2014, [www.pansi.org.uk](http://www.pansi.org.uk) [↑](#footnote-ref-2)
3. Data extracted from Projecting Adult Needs and Service Information System for 2014, [www.pansi.org.uk](http://www.pansi.org.uk) [↑](#footnote-ref-3)
4. [↑](#footnote-ref-4)