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Date: Wednesday, 16 April 2014

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Dear Member

HEALTH AND WELLBEING BOARD - THURSDAY, 24 APRIL 2014

I am now able to enclose, for consideration at the Thursday, 24 April 2014 meeting of the Health and Wellbeing Board, the following reports that were unavailable when the agenda was printed.

Agenda No	Item	Page
7.	Learning Disability Strategy Operational Strategy Commissioning Implementation Plan	(Pages 85 - 119)
10.	Torbay Safeguarding Children Board Update Appendix 1 attached	(Pages 120 - 121)

Yours sincerely

Lisa Antrobus
Clerk

Title:	Operational commissioning Strategy for People with Learning Disabilities		
Wards Affected:	All		
To:	Torbay Health and Wellbeing Board	On:	26 April 2014
Contact:	Steve Honeywill		
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Email:	steve.honeywill@nhs.net		

1. Purpose

To request that the HWBB endorses the approach taken by this strategy, and agrees to the engagement of people with learning disabilities and their carers in the co-production of services.

2. Recommendation

That the HWBB endorses the Operational Commissioning Strategy's aims and principles which mirror the values and outcomes included in the emerging "high level" commissioning strategy for South Devon and NEW Devon CCG's and Plymouth, Devon and Torbay Council's.

That the HWBB agrees the general approach to co-producing service specifications and evaluating potential providers with people who use services and their carers.

3. Supporting Information

This document describes the operational commissioning intentions of Torbay and Southern Devon Health and Care NHS Trust (TSDHCT), for people with Learning Disabilities living in Torbay.

A core principle underpinning this strategy is our commitment to personalisation and choice from a diverse market place. Rather than directly provide services ourselves, we will commission services on people's behalf and co-ordinate the provision of information and support planning; either directly or through third parties.

The proposals to change the services we commission and provide have been informed through a number of on-going fora which have included Torbay Council elected members. These include Health Scrutiny; The Learning Disability Programme Board; Learning Disability Partnership Board and The Torbay Autism Partnership Board. We have also recently held extensive engagement with service users and their carers regarding how services are performing and how they should be

structures. These consultations have shaped the overarching principles of the strategy, and support the direction of travel outlined in the 'Putting People First' concordat, and subsequent 'Think Local, Act Personal' agreement and, originally, by The Valuing People White Paper.

4. Relationship to Joint Strategic Needs Assessment

This plan has been informed by the JSNA and other research into the current and projected demand from the needs of people with a learning disability. The picture of demand and provision contained in Torbay's Market Position Statement also influences this plan and identifies the work required to develop a vibrant and diverse provider market.

5. Relationship to Joint Health and Wellbeing Strategy

This plan incorporates the broad outcomes and principles of the Health and Wellbeing Strategy and sets out how they will influence improved services for people with learning disabilities.

6. Implications for future iterations of the Joint Strategic Needs Assessment and/or Joint Health and Wellbeing Strategy

Not applicable.

Appendices

Background Papers:

The following documents/files were used to compile this report:

- **Operational Commissioning Strategy for People with Learning Disabilities.**
- **Frequently Asked Questions with regard to the strategy.**

Operational
Commissioning
Strategy for
People with
Learning
Disabilities

Torbay and Southern
Devon Health and
Care Trust

EXECUTIVE SUMMARY

This document describes the operational commissioning intentions of Torbay and Southern Devon Health and Care NHS Trust (TSDHCT), for people with Learning Disabilities living in Torbay. TSDHCT were subcontracted by Torbay Council to run social care services in Torbay in 2005 and this strategy is delivered within the framework of the Annual Strategic Agreement. The strategy is also done with reference to South Devon and Torbay Clinical Commissioning Group's strategic aims, and the priorities of the Learning Disability Partnership Board. Information on the commissioning process is attached as Appendix One.

A core principle underpinning this strategy is our commitment to personalisation and choice from a diverse market place. Rather than directly provide services ourselves, we will commission services on people's behalf and co-ordinate the provision of information and support planning; either directly or through third parties.

This document will be helpful in understanding:-

- What Torbay and Southern Devon Health and Care NHS Trust is commissioning and providing now in Torbay.
- What we think we should be providing now and in the future.
- What we need to change.
- Our plans for the future. These plans will be developed in partnership with people with learning disabilities and their carers.

The objectives we want to achieve directly through this plan are:

1. People with Learning Disabilities in Torbay getting to choose what they do in the day and evening.
2. Everyone who wants a job getting the support they need to get a job.
3. More people living in their own community, in their own home.
4. Good planning and support for people with Autism
5. Good support for carers of people with a learning disability

The proposed services are all directly linked to meeting these objectives.

The Strategy concentrates on three key priority areas, which have been selected as key issues based on service user feedback, taking into account national and local strategic issues and priorities:

- **Choosing what I want to do (Employment/Day services/Transport)**
The priority for TSDHCT is to maximise choice and independence, through using personal budgets and supporting the development of a wide range of good value choices in the market place. Our priority is to maximise the employment opportunities for people with learning disabilities and to ensure that people use natural support in the community as much as possible. TSDHCT will no longer directly provide day services and transport, but we will ensure that services are in place for those people who need them.
- **Living in my own home (Complex care/residential/supported living/housing/extra care/growing old)**
The priority for TSDHCT is to support people to live in their own home with good quality support. In order to achieve this we need to give clear messages to providers about what is

needed in the future. TSDHCT will no longer directly provide any long term residential care. We are intending to complete a Housing strategy to look at this area in detail.

- **My Family and Community (Carers support and safety)**

The priority for TSDHCT is to make sure people feel safe enough to access their community. In addition, we are committed to providing excellent services to carers. We understand that reliable respite is a key factor in this and propose to do an options appraisal to examine the future of respite for carers of people with a learning disability.

We have services available in these three priority areas. This strategy outlines current provision and indicates how we are considering meeting future needs by enabling people with learning disabilities to have flexible options and access mainstream facilities wherever possible.

1 Introduction

This document describes the commissioning intentions of Torbay and Southern Devon Health and Care NHS Trust (TSDHCT), for people with Learning Disabilities living in Torbay. TSDHCT were subcontracted by Torbay Council to run social care services in Torbay in 2005, this is outlined in the Annual Strategic Agreement.

This document will be helpful in understanding:-

- What Torbay and Southern Devon Health and Care NHS Trust is commissioning and providing now in Torbay.
- What we think we should be providing now and in the future.
- What we need to change.
- Our plans for the future. These plans will be developed in partnership with people with learning disabilities and their carers.
- What needs to be commissioned

Torbay and Southern Devon Health and Care Trust is committed to stimulating a diverse, active market where innovation and energy is encouraged and rewarded and where poor practice is actively discouraged. We intend to develop a real partnership with a number of local providers who have expertise in working with people who use services; co-designing services with them, and with their families and providers.

From this we aim to develop a constructive relationship between commissioners, providers and people and their families that focus on outcomes and value for money.

Although primarily social care funding, some services are funding via Continuing Health Care and community health care provision, which is commissioned by South Devon and Torbay Clinical Commissioning Group. All areas are experiencing rapidly rising costs in care. There is increased demand because of demographic changes; particularly an ageing population and increasing life expectancy for people with a range of different needs. Resources will continue to be prioritised to support those people in the highest need. This may mean that some needs will have to be met in different ways in the future.

Because of reducing budgets, Torbay Council is under pressure to reduce expenditure on, and the cost of, adult social care. At the same time, users of services and carers expect high quality services. Social care policy has changed and *Think Local, Act Personal* requires new approaches to assessment and service delivery - putting people who use services in the driving seat. This is having implications on existing traditional services and their providers.

Health and social care commissioners, through this commissioning strategy, are aiming to ensure that priority services are funded. This will involve the re-shaping of existing service provision and the de-commissioning of services, as well as developing and commissioning new services and encouraging universal services to play their part in meeting the needs of all citizens. Our strategic approach to support planning for people with learning disabilities will concentrate on meeting people's outcomes by maximising the use of natural community support. We will also meet the challenges of reducing funding and increased demand, by commissioning services that are cost effective and are as flexible as possible to meet people's personal outcomes. One of the key principles underpinning this strategy is that, as a provider of services, Torbay and Southern Devon Health and Care Trust provides highly complex or short term intervention and that the future of in house provision of services for people with learning disabilities have to be examined in that context.

This strategy was developed by talking to users and carers about their experiences of services. We have also looked at our key priorities and considered how we can meet the challenges of the rising costs of care and reducing budgets. As a result of this analysis we have developed commissioning/purchasing plans to meet our key priorities outlined below.

2 What We Want To Achieve

The objectives we want to achieve directly through this plan are:

1. People with Learning Disabilities in Torbay getting to choose what they do in the day and evening.
2. Everyone who wants a job getting the support they need to get a job.
3. More people living in their own community, in their own home.
4. Good planning and support for people with Autism
5. Good support for carers of people with a learning disability

These objectives were taken from the following drivers and sources:

Torbay's Market Position statement (MPS), which is designed to provide information and analysis of benefits to providers of older people's care and support services in Torbay.

The MPS is intended to help identify what the future demand for care and support might look like on the basis of what we know now about our local population. Torbay's purpose is to communicate to new and existing providers the things they need to know in line with local and national strategies for Adult Social Care.

In addition, this Commissioning strategy is TSDHCT's interpretation of South Devon and Torbay Clinical Commissioning Group set the following outcomes for people:

1. I have an improved quality of life because any health and/or support needs I have are identified quickly and addressed.
2. I have information and advice that I can understand
3. I receive early help in the community, to help me look after myself as much as possible. This means that that any need for care in a hospital or care setting is delayed or avoided
4. I have a positive experience of care and support
5. I feel safe, and am protected from avoidable harm. I will have the correct care and support so that I do not die prematurely. Services will make reasonable adjustments to make sure that I get the help I need.
6. I am helped to recover from episodes of ill health or injury, in services that are as close to home as possible.

This plan is Torbay and Southern Devon Health and Care NHS Trust's mechanism to ensure that the services we commission are delivering these priorities. The priorities will also be addressed in the Proposals for the Business Redesign of Learning Disability Services in Torbay.

The Torbay Learning Disabilities Partnership Board's Priorities set in September 2013.

This plan also must:

- Make sure we ensure people are safeguarded
- Make sure we support people to be healthy

3 The Commissioning Process and Principles

The Commissioning Process has been defined as:

“The process by which public bodies decide how to spend their money to get the best possible services for people. Involves anticipating future needs and expectations rather reacting to present demand”. (Association of Chief Executives of Voluntary Organisations 2012)

Commissioning is the process of ensuring that care services are provided effectively and that they meet the needs of the population. It is a complex process with responsibilities ranging from assessing local population needs, prioritising outcomes, procuring products and services to achieve those outcomes and supporting service providers to enable them to deliver outcomes for individual service users. When we were writing this commissioning strategy we considered what we know about current, and future, demand for services in our planning.

The commissioning principles are the rules and values which underpin the decisions made about services. These are the commissioning values from ‘*Living well with a Learning Disability in Devon*’ which is the Joint Commissioning Strategy for Adults with a Learning Disability. These are the values which will underpin the whole of Torbay and Southern Devon’s commissioning for people with Learning Disabilities.

- People with learning disabilities should have the same rights and choices as everyone else.
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect.
- People with learning disabilities should have the same chances and responsibilities as everyone else.
- Family carers and families of people with learning disabilities have the right to the same hopes and choices as other families.

In order to implement these values, this strategy will:

- Be steered by service users and carers in planning for the future.
- Promote independent living whenever possible and appropriate.
- Balance independence and risk effectively.
- Demonstrate good quality and best value. We will only consider high cost services if a person has exceptionally high needs
- Encourage the development of flexible and diverse services to suit the needs of people who wish to maximise their potential for independence in the community.
- Promote social inclusion, enabling people with learning disabilities to make use of mainstream services and be fully included in the local community.
- Stimulate and support providers to invest in services and increase standards.
- Consider the protection and safety of vulnerable adults.
- Focus on delivering real outcomes for people.

In 2011 the document ‘Working Together for Change’ (*Think Local, Act Personal 2009*) highlighted the main pitfalls of commissioning for personalisation:

- Highlighting needs rather than aspirations
- Being overly mechanistic and process lead

- Excluding social capital (social capital includes networks, groups and resources in someone's family and community)
- A distorted market view and imaginative constraints
- Consultation and satisfaction surveys

This document, therefore, seeks to look to the future both imaginatively and pragmatically. We will explicitly include community resources and not be limited in our thinking. The commissioning process is outlined in Appendix One.

4 Context of This Strategy

4.1 About Learning Disability

Learning Disability (LD) is not a classification in itself. Rather, it is the accepted term for a condition that is categorised by:

“A significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence), with a reduced ability to cope independently (impaired social functioning) which started before adulthood, with a lasting effect on development”
Valuing People White Paper 2003

National research indicates that the prevalence of Learning Disability is from 25 to 40 people for every 1000 head of population, with 3 to 6 of those identified having a severe learning disability.

For Torbay this means that from its population of 131,000 (source ONS Census 2011):

- Between 3275 and 5240 people will probably have some form of LD in Torbay (albeit the vast majority of those learning disabilities will be mild)
- 800 people in Torbay are Read coded as having an LD. The Read codes are the coded thesaurus of clinical terms which enable GPs to categorise people on their IT systems.
- 458 people are actively accessing specialist services from the Community Learning Disability Team.

We know, therefore, that only a few of the people who have a learning disability in Torbay are known as such to their GPs. Even fewer of these people are receiving specialist services from the CLDT.

Financial resources for social care spending are drastically reduced, despite Torbay and Southern Devon Health and Care NHS Trust's commitment to front line services. Given the increased demand highlighted in the 'Demography' section above, we have to find new ways of being more efficient in our spending while ensuring that we support people with learning disabilities to achieve their outcomes through a variety of means. Our strategic approach to support planning for people with learning disabilities will concentrate on meeting people's outcomes by maximising the use of natural community support.

The proposals to change the services we commission and provide have been informed through a number of on-going fora including Torbay Council Members. These include Health Scrutiny; The

Learning Disability Programme Board; Learning Disability Partnership Board and The Torbay Autism Partnership Board.

The services we currently commission from the Independent Sector and In-house provision are outlined in the following graphic:

Accommodation based services	Community based services	Preventative & Early Help services
<ul style="list-style-type: none"> • Residential care nursing homes • Private hospitals • Supported living • Host family carers • Sheltered housing • Extra care housing • Homeless emergency accommodation • Social rented housing 	<ul style="list-style-type: none"> • Personal care & support • Social care re-enablement • Assistive technology • Employment support • Rapid response • Day activities • Meals services • Night sitting • Respite care services • Personal assistants • Intermediate care • Community nursing 	<ul style="list-style-type: none"> • Supporting people services • User support groups • Befriending services • Info, advice, advocacy • Community & voluntary sector networks • Community based short breaks • Care & repair services • Carers groups

These are services for everyone, including people with Learning Disabilities.

4.2 The National Agenda for People with Learning Disabilities

The 'Putting People First' concordat, and subsequent 'Think Local, Act Personal' agreement emphasised the Government's commitment to personalised, community based solutions to social care. The 'Making it Real' markers were published in 2012, to act as a guide to local authorities to help them deliver the personalisation goals set out in 'Think Local, Act Personal'.

The 'Personal Budgets' and self-funding section outlines the following as being indicators that the aims for personalisation are being delivered:

- *Everyone eligible for on-going council funded support receives this as a personal budget. Direct payments are the main way of taking a personal budget and good quality information and advice is available to provide genuine and maximum choice and control.*
- *Council managed personal budgets offer genuine opportunities for real self-direction.*
- *People who use social care (whether people who use services or carers) are able to direct the available resource. Processes and restrictions on use of budget are minimal.*
- *There is a market of diverse and culturally appropriate support and services that people who use services and carers can access. People have maximum choice and control over a range of good value, safe and high quality supports.*
- *People who use services and carers are given information about options for the management of their personal budgets, including support through a trust, voluntary or other organisation.*
- *Self-funders receive the information and advice that they need and are supported to have maximum choice and control.*

- *Councils understand how people are spending their money on care and support, track the outcomes achieved with people using social care and carers, and use this information to improve delivery.*

The government's expectations are clear, that we offer people with learning disabilities personal budgets and a range of options to spend them on. This strategy uses this message as a mandate which underpins the proposed changes.

There have been several investigations and reports into the health care of people with learning disabilities, the key ones are outlined below. Emerson and Baines, in their respected research report 'Health Inequalities & People with Learning Disabilities in the UK', summarise the key issues here,

"The health inequalities faced by people with learning disabilities in the UK start early in life, and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. The inequalities evident in access to health care are likely to place many NHS Trusts in England in contravention of their legal responsibilities defined in the Disability Discrimination Acts 1995 and 2005 and the Mental Capacity Act 2005... The Department of Health have continuously emphasised that Primary, Acute and Specialist NHS Trusts must play in a central role in meeting the health needs of people with learning disabilities". (E Emerson and S Baines: Health Inequalities & People with Learning Disabilities in the UK: 2010)

These reports deliver a consistent message, that people with a learning disability face serious health inequalities and the health and social care sector must do more to bridge this gap. This national context is vital if we are to understand the best way to shape services in Torbay. It delivers a strong clear mandate requiring us to improve access to mainstream services.

4.3 Torbay In 2013

Future Demand based on demography and expectations

There are 800 people Read coded by Torbay GPs as having a learning disability, while the JSNA indicates there is prevalence of between 3000 and 5000 who fit the broader category of having a learning disability or difficulty.

However, estimates differ as to the number of people with learning disabilities in Torbay. The PANSI Service (Projecting Adult Needs and Service Information – Oxford Brookes University) provides baseline estimates. They theorise that the number of people with a learning disability in Torbay will remain around 1,800, but that population will age significantly. They think that by 2020 there will be 10% more people over 55 than in 2012. Emerson and Hatton predict that the number of adults aged 50 + will substantially increase, by as 14% by 2014. (*Estimating Future Need for Social Care among Adults with Learning Disabilities in England: An Update, Eric Emerson & Chris Hatton, 2011*)

Other estimates indicate that the number of adults with learning disabilities in Torbay is increasing year on year; this is in line with national demographics. More young people with severe and complex disabilities survive into adulthood with a lifelong need for care and support. Improved healthcare means that there is a significant increase in the number of learning disabled people experiencing the support needs associated with old age, those being dementia and physical frailty.

Other future demand modelling suggests sustained growth in the need for social care services for adults with learning disabilities over the coming years, with estimated average annual increases varying from 1.2% to 5.1% (average 3.2%). (*Estimating Future Need for Social Care among Adults with Learning Disabilities in England: An Update, Eric Emerson & Chris Hatton, 2011*)

Differing estimates make needs analysis of the population very difficult. What we do know is that people are living longer with complex health problems and profound and multiple learning disabilities. Also that younger people with learning disabilities have different expectations about the support they require than older people with learning disabilities.

We also know that that more people with Learning disabilities are developing dementia and this need is increasing, as the life expectancy of people with Downs Syndrome, in particular, improves.

The demand modelling by Emerson and Hatton, also point out that:

“Changes in demand are likely to outstrip changes in need due to a variety of factors combining to reduce the capacity of informal support networks to provide care, networks that have primarily relied on the unpaid labour of women.

These factors include:

- Increases in lone parent families
- Increasing rates of maternal employment
- Increases in the percentage of older people with learning disabilities (whose parents are likely to have died or be very frail)
- Changing expectations among families regarding the person’s right to an independent life. “
(*ibid*)

Careful attention is paid to children who have learning disabilities, and the information is used to project future need in adult services. While numbers referred to specialist services are fairly low, need and complexity varies a great deal from year to year, but it is often very high.

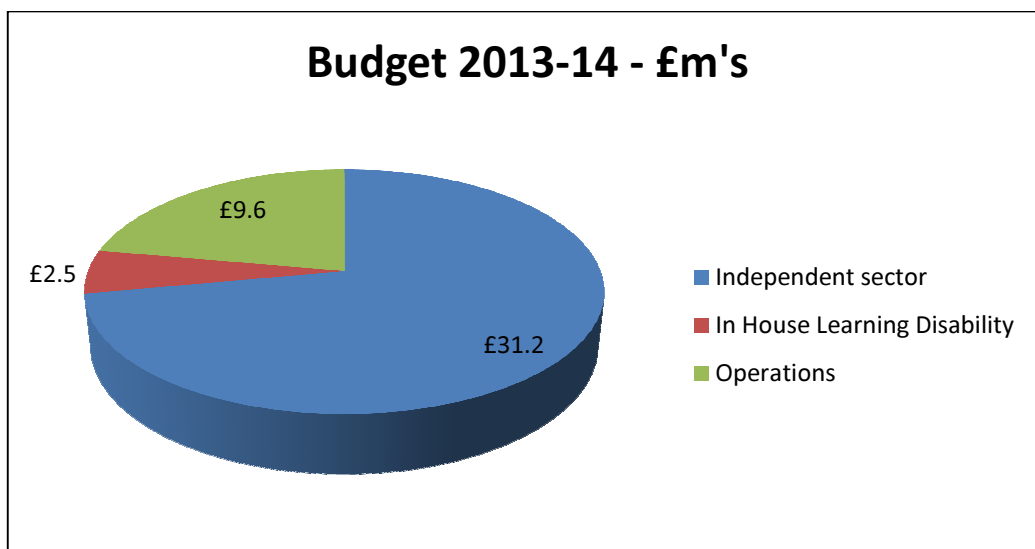
Therefore we cannot be entirely sure about the demand for services in the future, but we do know it is set to increase. This is regardless of any changes in demand from younger entrants. Younger people with learning disabilities are entering adult services with very complex needs in greater numbers than ever before.

4.4 Financial Overview

Local government is facing unprecedented financial challenges with reduced funding from central government in the face of increasing demand for services. Torbay Council is setting a two year budget in March 2014. To set a balanced budget the Council is required to make savings of £22 Million.

In 2013-14 the budget for adult social care in Torbay is £43.3m, an increase of £500K from the 2012/13 budget figure of £42.8m. Total planned gross spending on adult social care is £52.9m. This is funded by £43.3m from Torbay Council and £9.6m income received from clients who contribute toward the cost of their care.

The chart below shows how the £43.3m budget has been allocated. £11.7m of this is allocated to people with learning disabilities.



In 2012/13 27% of Torbay's Independent Sector social care budget was spent on people with learning disabilities, when they make up 11% of our service users.

The National Adult Social Care Intelligence Service is the trusted source of authoritative data and information relating to health and care. In their 2012-13 Expenditure report they indicate that in 2012/13, Torbay spent 27% of its gross expenditure on adult social care services on Adults with Learning Disabilities, compared 29% being spent by our comparator group and 31% in England overall.

There are 20 people in Torbay who are in receipt of Continuing Health Care. These people are, by definition, the most complex in terms of their health care. TSDHCT is responsible for commissioning their care packages and supporting them

4.5 The Views of Users and Carers

We have listened to what people with learning disabilities and their carers have said as part of the Self-Assessment Framework engagement and validation work. This was an extensive consultation exercise with people with learning disabilities and asked them questions about their life, services and aspirations. We have used what people said at the engagement event to inform this strategy.

We have consolidated what people said the Self-Assessment Framework consultation exercise, and added it to the work we did to listen to service users and carers about re-structuring community services for people with learning disabilities.

Consultation with stakeholders, including carers and service users, in developing the Learning Disability Strategy and through the Torbay Learning Disability Partnership Board has identified the need for:

- Support to access good healthcare
- More opportunities to be available for learning disabled people in mainstream services e.g. leisure, education and employment.
- A skilled workforce able to meet a diverse range of need in the community and at home.
- Specialist services to support individuals with very complex needs in Torbay

5 Our Approach in Torbay

5.1 The future of micro commissioning and service provision

The future of operational commissioning in Torbay faces some serious challenges. Increasing demand, reduced resources and a health sector that is at risk of failing people with learning disabilities. In Torbay we believe the only way to make sure things work in the future is for us to change things now to make sure they are person centred, flexible and cost effective.

“The future will be about providers and commissioners working together with communities in new ways, involving people and organisations who have not always had their voices heard. Person centred care allows extraordinary ideas and plans from people themselves to improve the quality of their lives and ensure when services intervene they do so at the right time and in the right way to support independence and recovery”.

Market Position Strategy for ASC and Support 2014+ Torbay Council

Local engagement and surveys show that, while 86.5% of people say care and support services help them to have a better quality of life, only 43.6% say they have as much social contact as they want with people they like.

Firstly, rather than directly provide these services ourselves as an in-house provider, we will commission services from the private and voluntary sector and co-ordinate the provision of information and support planning – either directly or through third parties. This support will be for people and their carers, it will inform them about the care options available to them, and help them to make plans to produce the best outcomes for them. This will include advice on accessing natural community support and using services provided for the whole community. Funding for services will be based on personal budgets and maximum choice to achieve personal outcomes.

We will also fund directly or through third parties, the costs of care services, wholly or in part (where people are eligible for financial support). We will directly commission services for people with specialist and complex needs. These services will be required to demonstrate quality, cost effective provision.

5.2 Quality

All Torbay’s providers need to make a commitment to listen to the people they support and support them to build lives that have meaning for them. We have decided to use a quality code and we will invite all providers that support people with learning disabilities in Torbay to sign up to this code. This Code was developed by providers and is part of a broader commitment to the Winterbourne View Concordat and action plan.

The Code has a particular focus on people with challenging behavior who have longstanding and complex support needs but can be applied to all people with learning disabilities, including those who have autism.

Specifically we want to achieve the following through The Driving Up Quality Code:

- Drive up quality in services for people with learning disabilities that goes beyond minimum standards
- Create and build a passion in the learning disability sector to provide high quality, values-led services
- Provide a clear message to the sector and the wider population about what is and what is not acceptable practice
- Promote a culture of openness and honesty in organisations
- Promote the celebration and sharing of the good work that is already out there.

We have also introduced the QUESTT tool (this is a tool which gives early warning to potential problems in running a service, and offers a structured support and interventions system) to Learning Disability Residential Care providers, including our in-house provision. This is a tool which enables providers to identify potential problems at an early stage and supports them to address them.

In addition, Torbay and Southern Devon has a comprehensive contract and quality monitoring system. All providers directly commissioned by us will be subject to this rigour.

5.3 Balancing Risk Choice and Control

It is expected that risk is managed in a balanced way that ensures that people with learning disabilities are safe but does not unduly restrict people's choices or result in an over-provision of services. Risk taking is an essential part of individual development and part of life. Safe services will ensure that risk assessments are carried out and plans are developed to manage risks positively and in ways that do not restrict individual choices. TSDHCT's Risk Enablement policy and framework governs our approach to positive risk enablement.

5.4 How personal budgets work

A personal budget is an agreed amount of money that you can use to arrange and pay for your care and support, following an assessment of your needs. You can receive it as a direct (cash) payment or you can have services purchased on your behalf.

If you're managing your personal budget yourself as a direct payment, you can only spend the money on services or equipment that meet your assessed needs, but you can choose the ones that best suit you and your lifestyle. The agreed amount must be adequate to meet your eligible needs.

6 Key Priority Areas

6.1 Choosing what I want to do (Employment/Day services/Transport)

In 2007 the 'Having a Good Day' Review was published, it looked into what was working and not working in day service provision for people with learning disabilities. It described people as 'Having a good day' when they are:

- Doing things that have a purpose and are meaningful for them
- Doing things in ordinary places that most members of the community would be doing
- Doing things that are uniquely right for them, with support that meets their individual and specific requirements.

Torbay's commitment to change was outlined in the 'Getting a Life, not just a service', which was completed in 2009 and looked at the Valuing People White Paper Priorities, with an action plan against each of these. The strategy led to the relocation of the Fairwinds Day Service for people with profound and multiple learning disabilities into other day services. Timetables were transformed to provide a greater range of choice. This transformation of services will now be taken a step further and continue into the disinvestment of in-house services and transport. We have found that people want a broader range of choices than we can provide by spending all our money in one service. The money is needed to fund organisations to develop and deliver new services and support for people with learning disabilities.

We will commission specific services for people who want consistent provision, or because their carers need that type of support. The Commissioning plan for Day Services will develop small community bases and projects to deliver this service.

We also want to give people their own personal budget and help them to access support to plan to do a wide range of things, including using the resources that the broader community access.

People will have a choice about the types of things they do during the day, and be able to do this close to where they live.

We will also make sure that there are appropriate services for people growing older with learning disabilities, and those who develop dementia.

6.2.1 What people have said:

In the Self-Assessment Framework engagement work people said that they want more choice, improvements to transport and support finding work for people at every age.

People said that they wanted to: Spend time with their friends; volunteer, go to the cinema, swim sing and dance. People also said that they dreamt of opening a cake shop; go quad biking, horse riding and go-karting. People also said that they don't want support that finishes early, and would like to go into the community and go shopping. People have said that it is important to feel safe when they are doing their activities.

People with milder learning disabilities have expressed concern about the difficulties they experience in finding things to do and would like support to find a job or engage in work based activity such as volunteering.

6.2.2 What we have at the moment:

- In house day services, based at two locations in Torbay. These services provide day services for 75 people, over five days
- A range of day and learning opportunities provided by the private and voluntary sector
- Education/college services from South Devon College and Robert Owen Communities (ROC)
- Individualised support to access community venues
- Specialised employment support services, provided by PLUS
- Transport services, in the form of taxis and buses to some services, for some service users.

In November 2013 there were 8 providers of day activities for people with a learning disability, including the in-house provision.

The 'Getting a life, not just a service' strategy led to the re-location of the 'Fairwinds' day service for people with profound and multiple learning disabilities to other locations. In house day services are provided from two locations: the Holcombe Community Resource Centre and the Torquay Community Resource Centre.

Services from the independent sector offer a wide range of options including sport, arts, and computer classes and recycling. Some people go to organised activities and others have support to access community activities. There is capacity to take more people into these groups.

Education and college services are provided by South Devon College and ROC. Individuals use direct payments, and directly commissioned support, to access the community and to do the things they choose in the community.

Torbay care trust spent £1,271,593 on external Day Services for people with LD in 2012/13 and £1,427,000 on in house services. NASCIS reported that our weekly unit costs for social care day care were £213 per person per week, compared to a national figure of £218. This means that we are spending just a little less than other authorities on day care, but there is no breakdown of what type of service people get, or how much.

There is also no social care indicator for us to measure if we are meeting people's outcomes, but we do know that there are low levels of employment for people with learning disabilities in paid employment in Torbay. The Torbay Joint Strategic Needs Assessment indicated 3.1% of people had a job compared to a national average of 6.1%.

In October 2013 there were three employment support services in Torbay provided by two different providers. One service is a partnership between Torbay Hospital, South Devon College and Torbay Council.

One provides support to people with learning disabilities many of whom have Asperger's or Autistic Spectrum Disorder.

There is already considerable effort going into supporting people with learning disabilities to access the community in Torbay:

- Torbay has accessible libraries in all key areas, with staff trained in Disability awareness (see Torbay website).
- Palace Theatre studio accommodates the ROC Creative, an innovative arts, media and education project, staffed by specialist practitioners with a wide range of arts interests.

Interests include art, painting, drawing, drama, dance, textiles, photography, samba, music technology, and creative writing.

- Torbay council encourages those with learning difficulties to participate in activities - free entry was offered for Welsh National Opera performances which was part of the ACE bid.
- Also people with learning difficulties are involved in the Music Hub workshop projects throughout the year.
- There are a variety of sports and leisure facilities available throughout Torbay for public and club use including sport's centres, swimming pools, sports pitches and artificial turf pitches.
- Torbay and Southern Devon Care Trust and Torbay Council have installed outdoor exercise equipment at various parks in Torbay to promote fitness within our community.
- ROC Active is based in Torbay and Exeter and provides a number of sporting activities such as volleyball, badminton, swimming and also provides tailor made gym sessions.
- ROC Active wants to encourage healthy and active lifestyles through embedding weekly sports routines. It is hoped that this will help to build up confidence and ability in sport. It has been responsible for a succession of very successful 'inspirational multisport games events' in partnership with other providers and supported by Sport England. This takes place at Torbay Leisure Centre which is a commissioned service by RVS.
- Those with learning difficulties were also involved in free Fairground days provided by De Vey Family. They are given free and supported access to rides at the fair.

6.2.3 What we think we will need in the future

We would like people with learning disabilities to access a level of support or provision which is based on their identified outcomes and funded by their personal budget. We would like to create range of activities for people with learning disabilities: some organised and others more flexible. We think that young people with learning disabilities in transition would like a focus on employment; community activities – although some people with profound and multiple learning disabilities who live with family carers will continue to need substantial levels of day service provision which meets their needs and the needs of their carers.

We consider support planning from an independent source, which neither provides nor commissions services themselves, to be the best option for people if they need that help. We would also like to enable people to do this themselves if they choose to, by providing advice. People will have a choice about the types of things they do during the day, and be able to do this close to where they live. We would also like people to be able to get support from other people with learning disabilities, to learn about new things to do, go out together and to travel safely. We also want to help people to find work, both paid and voluntary.

We will also have options available for people who have higher needs and live with family carers. It may be in the best interests of these people to continue to access provided day opportunities. This option will be available for those people, with flexible person centred activities provided from community bases.

6.2.4 What we are going to do now:

The support services offered to people with learning disabilities will have employment as a priority outcome. We want to commission an organisation who does this imaginatively, including exploring microenterprises and self-employment. This organisation will deliver person centred support plans using community support and social networking.

We recognise that some people need an extra level of support, because of their complex needs and the needs of their carers. These people will continue to receive organised day activities, which will be procured from the independent sector. People who live in 24hour supported accommodation will be expected to organise their own day activities, with the support of their current care provider, using their allocated personal budgets.

Making sure people are able to get to their planned activities is an integral part of support planning, and remains so in the new arrangements. However, transport to services will not be organised centrally anymore. We will help people get to services, based on their needs and preferences. This may mean that some people take a taxi, but this will be organised by the people who currently help them in their life and paid for by their personal budget. People will be helped to organise this by a member of staff from TSDCT, if they need the support.

The transformation of day services will continue through the disinvestment from in-house services and transport, in order to fund organisations to develop and deliver new services and support for people with learning disabilities. Some of these services will be organised groups; based on the things we know people enjoy doing at day services.

The Planned Service	What it will do	Who will access it	What the benefit will be
Life (Support) Planning Service	<p>Plan the use of personal budgets</p> <p>Produce a person centred outcome based support plan for everyone</p> <p>Help people access employment services and projects</p> <p>Access mainstream activities such as social groups, church groups</p> <p>Organise social network events like trips to the pub</p> <p>Help people to gain skills and confidence in using public transport</p> <p>Support people to organise transport , ensuring that this is safe and proportionate</p>	<p>Anyone with a learning disability who needs support to spend their personal budget on choosing what they do.</p> <p>Anyone with a learning disability who wants advice on accessing social activities and how to spend their own money.</p>	<p>Personalised support planning</p> <p>People will access real community activities with the support they need</p> <p>All the information about what people can do will be in one place</p> <p>There will be a way of people getting in touch with others and making friends</p> <p>It free up time by helping users, carers, social workers and support workers plan.</p>

The Planned Service	What it will do	Who will access it	What the benefit will be
Organised groups for people to do things they like	<p>Support people in groups to do things they would have done at the day centre</p> <p>Offer a range of activities and socialising opportunities</p> <p>Help people plan transport to get to their service.</p>	<p>People who need structured activities because of their level of learning disability</p> <p>People who currently go to in house day service provision and cannot safely access community facilities</p>	<p>People will have outcome focussed activities that they enjoy</p> <p>People will not lose their current level of day service</p> <p>People will stay with their friendship groups</p> <p>Carers will have valuable support to continue caring.</p>
A day service for people with very high needs associated with their learning disability	<p>Offer person centred activities for people with profound and multiple learning disabilities</p> <p>Organise the transport to and from the service</p>	<p>People with profound and multiple learning disabilities who have complex support needs</p> <p>People who are in existing services from this client group</p> <p>People who live with family carers</p>	<p>This complex client group will have skilled staff to meet their needs</p> <p>People will have flexible, personalised activities</p> <p>Carers will have valuable support to continue caring.</p>
Community Activities available to everyone	These are the facilities and groups that are available to everyone.	Anyone with a learning disability – with the appropriate level of support	People will get to do the things which achieve their outcomes

It is therefore proposed to develop a procurement plan to provide:

- A specialist building based service for people with very high needs who use existing services or live with carers
- A service whose sole task is to support people to access community resources and services; prioritising informal peer and voluntary support. These activities need to be provided for within a personal budget and maximise real and natural support; prioritise employment;

reduce social isolation; develop life skills and provide respite for carers. This service will produce outcome focussed support plans.

- A range of organised activities for people with complex needs who live with carers.
- A day service for people with Learning Disabilities and dementia

6.2 Living in my own home

To meet the challenge of demographic trends we will need to develop innovative and flexible ways of supporting individuals with highly complex needs in order to ensure that they can continue to live in Torbay. We will also need to ensure that there are respite options which meet the needs of people caring for people with learning disabilities. We also need to make sure that the resources we have are available for our own Torbay residents first and foremost.

In 2012/13 we had 71.6% of all of working-age learning disabled clients known to us living in their own home or with their family. This is good performance, with our comparator group scoring 71.4%. We are slightly below the national performance level of 73.5%, but above the south west score of 69.1%. This, coupled with the factors highlighted in a previous section, that we spend a relatively low amount of money on residential and nursing care – could indicate that we are doing well in this area. This is supported by the fact that projected spending for residential care in the 2013 is projected to be well below spending on supported living, domiciliary care and direct payments.

As mentioned in a previous section, unit costs for residential care in Torbay are reported as being below average. This may be due to the fact that people on preserved rights have a low social care cost attributed to them, which brings the mean average figure down. In addition, these figures do not take into account the money that we spend on 24 hour supported living for people with learning disabilities.

We need to find a way of making sure that we ensure that good quality choices are available to people with learning disabilities, while ensuring that services are cost effective and are offering good value for money.

6.3.1 About what people have said

People have said that they want to live in their own home, in their local community. People have said that they want good quality housing and don't want to have to move as they grow older. People have said that sometimes they don't get the help they need to move from Social Care staff and that this help should be available when they need it. People have also said that they want to have good quality care to help them at home.

Carers have concerns about growing older and continuing to care, this means respite and housing needs to be flexible to meet changing needs. Family carers of people with profound and multiple learning disabilities are concerned that there are enough options for care locally and these are of excellent quality.

Staff who support people to meet their needs, such as social workers, support workers and family carers have identified that it is difficult to access good quality housing to enable people to live independently with support; plus support living options for people with moderate support needs are full up.

People have said that it is difficult to find a personal assistant to pay with Direct Payments and that there needs to be more help for with learning disabilities to manage Direct Payments safely. Carers and CLDT staff have also got concerns that personal assistants need access to training and supervision.

6.3.2 About what we have at the moment

There are a range of options for people with learning disabilities in Torbay. There is one in house residential home for people with profound and multiple learning disabilities, which is currently being transferred to the private and voluntary sector. The residents of this unit will then move into custom built supported living bungalows.

The remainder of specialist residential care and supported living in the bay is provided by the private and voluntary sector. A range of services exist, ranging for people with profound and multiple learning disabilities, challenging behaviour, moderate support needs and supported accommodation for people with low support needs. In addition some people live independently with help and others live in the family home.

We have 118 people living in residential care, spending just over £4million. Of those 118 people, there are 27 living in residential care out of borough, costing £1.4 million. Most of those people live in local areas, such as Totnes and Newton Abbot or they have chosen to live near their family. There are two people placed out of borough due to a lack of local provision.

We have a range of supporting people funded services, which provide flexible support to help people to maintain their independence.

It is difficult to calculate the exact amount of supported living because providers do not have to register with Care Quality Commission (CQC) as residential care although care services are provided to individuals living at the same address. We do know that there are 123 people living in supported living, their own home or the family home who receive domiciliary care. Funding for supported living comes from individual contracts for care and excludes any requirements concerning the accommodation. Placements into supported living in Torbay may be made by other local authorities and this may result in the transfer of responsibility for funding transferring to Torbay which can result in unplanned budget pressure.

In 2012/13 nineteen vulnerable adults, for whom placement into residential or nursing care was not appropriate, were supported to live with families. Currently a single provider is commissioned to arrange and support placements. People are cared for as a member of the household sharing accommodation and meals. They are provided with companionship and help with a range of daily living activities including, cleaning and laundry.

Historically sheltered housing has been available to people over 50 who are able to live independently in self-contained accommodation but require some reassurance and help. It is not possible to identify which of those people have a learning disability, but it is anecdotally felt to be very small numbers.

There are extra care facilities being developed in Torbay, which will offer places to people with learning disabilities. Four people known to have a learning disability are currently allocated flats in extra care in Torbay. This is a relatively low number of people; given the percentage spend on supported living and residential care. Extra care housing provides a popular alternative to residential

care. Comprising self-contained accommodation, commonly in fully accessible flats or bungalows, care and support are based on site.

Developments are sometimes referred to as 'Extra Care' or 'Retirement Villages.' They often include a mixture of sheltered and extra care housing units as well as a range of other facilities including medical treatment rooms, hairdressers, chiropodists and restaurants. 45 units of extra care housing have been developed since 2009 with a further 62 in the pipeline. An additional 85 are being considered for Hatchcombe.

One voluntary sector service in Torbay runs payroll facilities for people who need help employing personal assistants. They were providing this service for 166 people on 19 August 2013.

6.3.3 What we think we will need in the future

We would like as many people as possible to live in Torbay, in their own home with the right level of support. We would like to support as many people to use telecare to help them live independently and balance risk and choice. In order to achieve this we need to make sure there is a good choice of high quality support for people; excellent housing options and specialist provision for those people with the highest needs.

People with learning disabilities are going to need a wide range of support options in the future. Particularly we are concerned about limited provision for people with profound and multiple learning disabilities; challenging behaviour and autism. We also acknowledge that some people need 24 hour support and specialist provision and the safest and most cost effective way of providing this may be residential or nursing care. We would like to make sure that young people and people with profound and multiple learning disabilities have access to a good range of support.

We also understand that people may need help to find, employ and pay their own personal assistants.

We would like more people with learning disabilities to use extra care and sheltered housing facilities. We particularly need services for the general older population to be able to support older people with learning disabilities, making reasonable adjustments to their provision under the Disability Discrimination Act 2005.

6.3.4 What we are going to do now:

Torbay Council is actively supporting partners to plan for and develop a wider range of services. Developers are not obliged to inform planning authorities as to whether they intend to develop accommodation services for people who have care and support needs, however The Trust would strongly encourage a partnership approach to ensure a strategic and managed approach to developing the market.

Directly commissioning specific services ties up funds and reduces flexibility and choice, this is usually known as 'block' purchasing. Spending money in this way is an obstacle when we need flexible provision which people can spend their own personal budgets on. We are not going to directly commission any 24 hour supported living or residential care. Of course, individual service users (or their decision makers) may choose to live in this type of care provision if it best meets their needs. This will be done on a spot purchase basis.

We are going to continue to spot purchase residential and supported living, but acknowledge that there is a gap in local provision for people with very high needs. We are going to develop a specialist broker post to work with providers to address the needs of these individuals, who are low in volume.

In order to fully understand this complex issue, in Autumn 2014 we are going to publish a new housing plan for 2014 -2017. The Learning Disability Partnership board will oversee this. This housing plan will address any changes in supporting people provision, and make sure we are maximising the benefit of those funds. The plan will also make sure that Extra Care and Sheltered Housing provision are available to people with learning disabilities and their carers. The plan will also undertake a detailed needs analysis and provide clear message for 24hour care providers in the bay.

We are also aware that we need a way in which we can be fair and transparent about the cost of 24hr support for people with learning disabilities, in the context of rising costs, need and demand. We are currently developing a pricing tool for 24 hour support for people with complex needs, who are under 65.

We are committed to purchasing the right level and type of care, which provide person centred, good quality and cost effective care. We believe the best way to do this is to ensure there is enough housing and support providers in the bay, who are well informed about what people with learning disabilities will need into the future.

The Planned Service	What it will do	Who will access it	What the benefit will be
Personal Assistant Service	<p>Help people find personal assistants who have the right skills and are police checked</p> <p>Help people employ and pay personal assistants</p>	People with a personal budget who need help to employ	<p>More people using personal budgets</p> <p>People with personal budgets with increased choice/control over whom they employ</p>
Extra Care and Sheltered Housing	<p>Provide independent accommodation and support for people with learning disabilities</p> <p>Provide opportunities for people to continue living with older carers who develop support needs themselves.</p>	People with an LD who need accommodation and support	<p>Increased numbers of people living independently</p> <p>Reduced trends in entering residential care</p> <p>Savings to social care budgets</p>

The Planned Service	What it will do	Who will access it	What the benefit will be
Accommodation and Flatmate service	Provide information on accessing general housing stock Keep a vetted and approved 'flatmate' list.	People with an LD who need accommodation People with an LD who would like to live with a flatmate	Increased numbers of people living independently

6.4 My Family and Community (Carers support and safety)

6.4.1.1 Services for Carers

Respite services are currently delivered in a variety of ways. The in-house residential respite service, Baytree, offers 8 beds to people needing residential respite. The needs of people who use respite services are very varied, from people with complex health care needs who need nursing care to people who are really independent and don't need residential care. We have to decide if spending this money on a residential unit is the best way to spend the money, when a residential home is not appropriate for quite a few people.

An alternative would be to use the money to help people purchase residential care, but the range of service provision available would need to be able to meet needs.

'Measure Up - The Strategy for Carers Services in Torbay' was published in 2012. The 'model' of carers support services in Torbay continues to be recognised as an example of national good practice. Since 2000 we have had long term development of carers' services, building effective partnerships with carers, carers groups, the voluntary sector and statutory agencies. Measure Up is derived from an on-going assessment of local needs and an evidence base of what works. Torbay is regularly cited in independent reports for its 'integrated' approach to carers. Local partnerships are making a real difference for carers in Torbay

6.4.1.2 Safety

TSDHCT has a well-established infrastructure in place to ensure services are safe. To support this, we have decided to use a quality code and we will invite all providers that support people with learning disabilities in Torbay to sign up to this code. This Code was developed by providers and is part of a broader commitment to the Winterbourne View Concordat and action plan.

The Code has a particular focus on people with challenging behavior who have longstanding and complex support needs but can be applied to all people with learning disabilities, including those who have autism.

We have also introduced the QUESTT tool (this is a tool which gives early warning to potential problems in running a service, and offers a structured support and interventions system) to Learning

Disability Residential Care providers, including our in-house provision. This is a tool which enables providers to identify potential problems at an early stage and supports them to address them.

In addition, Torbay and Southern Devon has a comprehensive contract and quality monitoring system. All providers directly commissioned by us will be subject to this rigour.

TSDHCT has clear policies and procedures in place for investigating allegations of abuse. This work is led by the Adult Safeguarding Board and multi-agency procedures are in place which ensure consistent approaches by all agencies. It is important to recognise that the support for people with learning disabilities also needs to ensure that people are safe and that safeguarding underpins all of these outcomes.

We also feel very strongly that we should continue to work towards making it safe for people with learning disabilities to access the local community in Torbay. Our local police are very committed to community safety, and there is a strong partnership approach to protecting vulnerable adults.

6.4.2 About what people have said

In the recent consultation work undertaken, people felt very strongly that they want to feel safe. This was particularly important for people who access community activities and use public transport.

Messages from carers are consistent, that they want good quality, reliable on-going support; plus flexible respite services. Staff, users and providers state that there is an increasing need for flexible respite provision.

6.4.3 About what we have at the moment

6.4.3.1 Carers

The 'Measure Up' approach to carer support combines:

- Direct access services - a universal offer of information, advice and emotional support, available to all carers
- Prevention of breakdown in carers mental and physical health
- Targeting specific groups of carers - those who are hard to reach or excluded
- Development of flexible breaks services and "enabling" capacity to help individual carers work out what will help them

Older family Carers (70+ years old) of adults with learning disability are supported by Mencap's Older Family Carers Initiative is currently supporting over 100 families. It has a particular focus on planning for the future when carers are no longer able to care. This service is recognised nationally as an example of good practice.

We fund Torbay Carers Register which has a dual role. It provides a range of services to carers (quarterly newsletter, carers' education Brochure, events, Carers Discount Scheme, Carers Emergency Card etc.) There are 3003 Carers on the Register currently, of which 464 care for someone with a learning disability. We have developed Torbay carers forum www.torbaycarersforum.co.uk which is an online forum for carers, moderated by carers, currently there are about 460 members.

The Baytree respite unit is an in-house provision, offering residential respite support to 8 clients at one time, including two people in fully accessible rooms. As with all traditional sole-purpose respite units, they tend to be oversubscribed at weekends and busy periods. Conversely, they are sometimes quite empty during the week. In addition, people who use the respite often go to day services leaving the unit staffed, but empty, during weekdays.

Other respite services are provided by the independent sector, with one particular provider supporting people with complex needs. Some providers organise bespoke respite, which may be a trip somewhere or a holiday. They can offer services to people with profound and multiple learning disabilities. Respite is also delivered via direct payments and commissioning with a range of providers. People can have respite in a family home using the 'Shared Lives' service.

6.4.3.2 Safety

There are currently Changing Places at three following venues in Torbay:

- * Ocombe Farm, Preston Down Road, Paignton TQ3 1RN;
- * Library and Information Centre, Great Western Rd., Paignton TQ4 5AG
- * ROC Point at Aspects, 35/37 Hyde Road, Paignton TQ4 5BP

There is also a RADAR scheme in place.

There are 41 'safe places' registered in Torbay with the 'Safe Space Scheme' - for people with learning disabilities scheme.

Torbay Council does provide special bus pass holders for people with learning difficulties so that bus drivers can more easily identify that they may need additional support when using public transport. The Council has also provided pedestrian training aimed specifically at road users with learning difficulties. Torbay's main bus operator, Stagecoach, also provide specific training to drivers to help them understand the needs of passengers with learning difficulties.

In July of this year, a new 'Liaison and Diversion' pilot service was launched. This service spans both custody as well as the courts system across Devon, Torbay and Plymouth, and is aimed at ensuring early identification, assessment and signposting for mental health and learning disability conditions across the age range, with the goal in diverting people away from the criminal justice system where appropriate.

The pilot, provided by Devon Partnership NHS Trust and in collaboration with Plymouth Community Healthcare, became fully operational in all areas as of 1st September 2013. Highly experienced mental health nurses are responding to over 100 referrals per month and the initial figures appear extremely positive.

A Blue Light Day took place in August the aim of which was to highlight the role and function of the emergency services (Police, Fire, Ambulance, Lifeguard, Dartmoor Rescue) and to try and break down the barriers to access these services. The event was well attended and people had the opportunity to meet with members of all emergency services, fun events took place and people could try on a selection of uniforms, in the hope that it reduced the fear.

6.4.4 What we think we will need in the future

People will continue to need reliable respite; but it does not all have to be the same. Some people have very high needs and will need residential respite, but others could go away for a break themselves, paid for from their personal budget, while their carers do something else. We would like to have a great range of respite options available for people to purchase with their individual budgets. We would like to consider having one gateway into respite provision, which would spot purchase residential beds and also ‘buddy’ people up to enable them to plan to go away together and explore innovative respite. We would also like to look at ‘day only’ respite for people.

TSDHCT’s approach to safety is proportionate to ability and risk. We have a Risk Enablement Process which, alongside Mental Capacity Act implementation, is the framework underpinning all the work we do to support vulnerable adults in the community. In addition to this, we would like to have a range of support mechanisms. These include clear information and support to enable people to feel safe in the community; doing things like encouraging peer support – for example a travel buddy scheme – plus providing and closing monitoring support services for the most vulnerable.

6.4.5 What we are going to do now

We are going to ensure there are respite facilities in the bay, this means using the funds flexibly. An Options Appraisal and consultation will be undertaken to look at the future of respite provision in detail. This will include considering re-providing all respite via a respite Hub, which will include residential beds for people with high needs and organising flexible breaks and day only respite. This Options Appraisal will consider the future of the Baytree respite unit.

The Planned Service	What it will do	Who will access it	What the benefit will be
Travel Buddy Scheme	Offer peer and volunteer support to enable people to use public transport safely	Anyone with a learning disability who wants peer support to travel or to learn to travel independently	More people using transport safely without the need for paid support
How to keep safe information	Offer one place where people can access information on safe places, travel schemes and other services to vulnerable adults.	Anyone who wants this information	More people feeling safe in the community

Options appraisal for one gateway for respite provision	Map future need for respite provision and consider the benefits of having one point of access to respite provision in the bay.	N/A	N/A
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7 Cross cutting themes across the delivery of the priorities

7.1 Growing Older with a Learning Disability

Whilst numbers of working age adults with learning disabilities will remain relatively static, the numbers of older people will increase.

We are keen to support mainstream services to be able to make reasonable adjustments to their services to enable older people with learning disabilities to use them. We also think there will be more people who need extra support to access activities during their day because of dementia.

Commissioners wish to explore service models which can meet the needs of people with learning disabilities aged over 65 or people with early onset ageing characteristics and associated support needs, including people with dementia.

Service models may differ in terms of both scale and in the range of activities supported from services designed for younger, working age adults.

7.2 The needs of people with Autism and Learning Disability

The prevalence of Autistic Spectrum Disorder has been estimated as being 1.0% of the adult population in England, using the threshold of a score of 10 on the Autism Diagnostic Observation Schedule. The rate among men (1.8%) was higher than that among women (0.2%), which fits with the profile found in childhood population studies.

The report, *Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)*, Baird, G. et al, The Lancet, 368 (9531), pp. 210-215, 2006 found that 55% of those with ASD have an IQ below 70%.

The National Autistic Society states that 'estimates of the proportion of people with autism spectrum disorders (ASD) who have a learning disability, (IQ less than 70) vary considerably, and it is not possible to give an accurate figure. Some very able people with ASD may never come to the attention of services as having special needs, because they have learned strategies to overcome any difficulties with communication and social interaction and found fulfilling employment that suits their particular talents. Other people with ASD may be able intellectually, but have need of support from services, because the degree of impairment they have of social interaction hampers their chances of employment and achieving independence.'

Anecdotal evidence from operational commissioners in the specialist learning disability team indicate that people with ASD who need high levels of support often have to be placed out of

borough in order to meet their needs. Although the numbers of people are low, costs for specialist placement are high and not what users and families want. New options developed under the 'living in my own home' section will be expected to meet the needs of people with ASD.

ANALYSIS - UNDERSTANDING THE PURPOSE OF THE AGENCIES INVOLVED, THE NEEDS THEY MUST ADDRESS AND THE ENVIRONMENT IN WHICH THEY OPERATE. THIS ELEMENT OF THE COMMISSIONING CYCLE INVOLVES ACTIVITIES SUCH AS:

UNDERTAKING POPULATION NEEDS ASSESSMENT.

SERVICE REVIEW AND MARKET ANALYSIS ACROSS AGENCIES TO UNDERSTAND EXISTING AND POTENTIAL PROVIDER STRENGTHS AND WEAKNESSES, AND IDENTIFY OPPORTUNITIES FOR IMPROVEMENT OR CHANGE IN PROVIDERS.

IDENTIFYING RESOURCES NEEDED AND RISKS INVOLVED IN IMPLEMENTING CHANGE AND/OR CONTINUING WITH THE STATUS QUO.

PLANNING - IDENTIFYING THE GAPS BETWEEN WHAT IS NEEDED AND WHAT IS AVAILABLE, AND PLANNING HOW THESE GAPS WILL BE ADDRESSED WITHIN AVAILABLE RESOURCES. THIS ELEMENT OF THE COMMISSIONING CYCLE INVOLVES ACTIVITIES SUCH AS:

UNDERTAKING A GAP ANALYSIS TO REVIEW THE WHOLE SYSTEM AND IDENTIFY WHAT IS NEEDED IN THE FUTURE.

DESIGNING SERVICES TO MEET NEEDS.

WRITING A COMMISSIONING STRATEGY/PROSPECTUS WHICH IDENTIFIES CLEAR SERVICE DEVELOPMENT PRIORITIES AND SPECIFIC TARGETS FOR THEIR ACHIEVEMENT.

DOING - ENSURING THAT THE SERVICES NEEDED ARE DELIVERED AS PLANNED, IN WAYS WHICH EFFICIENTLY AND EFFECTIVELY DELIVER THE PRIORITIES AND TARGETS SET OUT IN THE COMMISSIONING STRATEGY. THIS ELEMENT OF THE COMMISSIONING CYCLE INVOLVES ACTIVITIES SUCH AS:

SUPPLY MANAGEMENT AND CAPACITY BUILDING (MARKET FACILITATION) TO ENSURE A GOOD MIX OF SERVICE PROVIDERS, OFFERING PATIENTS/SERVICE USERS AN ELEMENT OF CHOICE IN HOW THEIR NEEDS ARE MET.

DEVELOPING GOOD COMMUNICATIONS AND MANAGING RELATIONSHIPS WITH EXISTING AND POTENTIAL PROVIDERS.

PURCHASING AND CONTRACTING OF SERVICES AND DE-COMMISSIONING SERVICES THAT DO NOT MEET THE NEEDS OF THE POPULATION GROUP.

REVIEWING - MONITORING THE IMPACT OF SERVICES AND ANALYSING THE EXTENT TO WHICH THEY HAVE ACHIEVED THE PURPOSE INTENDED. THIS ELEMENT OF THE COMMISSIONING CYCLE INVOLVES ACTIVITIES SUCH AS:

PULLING TOGETHER INFORMATION FROM INDIVIDUAL CONTRACTS OR SERVICE LEVEL AGREEMENTS.

DEVELOPING SYSTEMS TO BRING TOGETHER RELEVANT DATA ON FINANCE, ACTIVITY AND OUTCOMES.

ANALYSING ANY CHANGES IN LEGISLATIVE REQUIREMENTS, POPULATION NEED AND REVIEWING THE OVERALL IMPACT OF SERVICES TO IDENTIFY REVISIONS NEEDED TO THE STRATEGIC PRIORITIES AND TARGETS

Commissioning strategy for people with learning disabilities 2014-2016

Frequently Asked Questions (FAQ)

Q. What is the purpose of the commissioning strategy?

A. The commissioning strategy sets out the plans for learning disability services in Torbay from 2014-2016. It looks at what services need to be provided now and in the future. It also describes what needs to change locally to modernise services and improve and enhance the lives of people with a learning disability.

Q. How has the strategy been developed?

A. The strategy has been developed in partnership with people with learning disabilities and their carers. It has been written in line with national guidance and the local market position for learning disability services. The views of people with a learning disability are integral to the plans set out in the strategy and we want to continue to talk with people as the plans develop.

The strategy is supported by Torbay Council and South Devon and Torbay Clinical Commissioning Group.

Q. Has consideration been given to what people with a learning disability want?

A. Yes. Local engagement shows us that, while 86.5 per cent of people say care and support services help them to have a better quality of life, only 43.6 per cent get as much social contact as they would like.

People have told us they would like more choice, improvements to transport and support finding and sustaining work. They also told us they would like to engage in a wider breadth of activities such as spending time with friends, going to the cinema, or shopping at a time that they choose.

When it comes to living independently people want high quality care to help them in their own home, with continuity of care.

Another key part of our engagement with people showed us that they want to feel safe when using transport and accessing community activities.

Q. What is the strategy aiming to achieve?

A. We want to support more people to find work, have choice over what they do and live independently in their own community or home. We also want to ensure better planning and support for people with autism and ensure that support is in place for our much valued carers.

The plans are also built around safeguarding, advocacy and supporting people to be as healthy as they can.

Q. What will be the priorities of the strategy?

A. There are three key priority areas that we will be focusing on. These are to help people with a learning disability to:

1. Choose what they want to do
2. Live in their own home
3. Feel safe

Q. When will the strategy be implemented?

A. The strategy will be implemented over the next two years. Some plans within the strategy, such as increasing choice for transport provision will be implemented soon. Other plans, such as transforming day services to increase choice and control for people with a learning disability, will take time to develop and will need further engagement with the people who use them.

Why do we need to change the way that services are commissioned or run in Torbay?

Although we are proud of our services and the care and support they deliver, they do not fully meet the needs of people living with a learning disability within the modern age. We know this from national policy, local information and engagement with people who use the service, carers and staff working in health and social care.

Due to medical advances more young people with severe and complex needs now survive well into adulthood, with a significant increase in the amount of people living with a learning disability into older age. Whilst this is fantastic news it does mean that more people with learning disabilities have additional support needs that come with older age, such as dementia and physical frailty. This places an increasing demand upon our services to meet these needs.

Setting out these new plans for people with a learning disability will not only enable us to improve the outcomes for people with a learning disability, but they will enable us to ensure that the resources available to us are allocated in the best possible way.

Q. Does the strategy mean a reduction to services for people with learning disabilities?

A. Everybody with a learning disability will continue to receive a service under the new plans, but what type of service, where the service is and how people get to the service is likely to change to better meet the needs of individuals. For some people this could be a small change but for others it could be more significant.

However it is important to stress that nobody with a learning disability will be without a service. Additionally no changes will happen overnight and any change will always be done in partnership with people and their carers. The needs of individuals will be assessed as part of their annual review and the Trust will continue to ensure that choice and safety are at the heart of a person care planning.

Q. Does the strategy form part of a cost saving exercise?

A. We are facing a time of unprecedented financial pressure, with the demand upon our services increasing year on year. Therefore budget considerations have to be a key part of planning and delivering any service, and learning disability services are no different.

Whilst mindful of the challenges, the purpose of the strategy is to look at ways in which we can develop our services to enhance and modernise them, whilst ensuring they fully meet the needs of people with a learning disability now and in the future.

Implementing the strategy will ensure that people with a learning disability receive a service that is not only high quality and fit for purpose but one that is sustainable.

Q. What happens next?

A. The commissioning strategy outlines a number of options and plans that can help to achieve better outcomes for people with learning disabilities. Some of the more straightforward plans to improve services can be implemented in a quick and simple way, whilst other options within the strategy will need to be developed further. This is where service users and carers can help make a difference.

Working closely with Torbay Council a number of engagement events will be organised to ensure service users, carers and the organisations that we work in close partnership with can help shape and influence the plans set out in the strategy.

Discussion

Care must be taken with the interpretation of these results as the sample is small and the specificity of notable factors is uncertain in the absence of any long-term population based study on suicide risk in children and young people.

Certain factors appear to be significant, including the high proportion of families affected by mental or emotional health problems (32%) and the 20% of families experiencing unemployment, financial distress and/or debt. Relationship difficulties between parents and parenting problems were frequent with domestic abuse recorded in 24% of households. In 36% of families, previous or current child protection concerns were noted. The birth father did not play a role in 36% of families.

56% of suicide victims had made good progress in school but in 28% of the sample there had been a history of being bullied. Of note was evidence that 28% of victims had some discussion within their peer group about suicide. A number of children or young people were already known to the police, the courts or (mostly) to social care.

For over half (52%) of the victims there had been concerns expressed in various settings including school or home about their emotional or mental health. In 36% of cases there was evidence for low self-worth and in 40% there had been documented relationship difficulties. 32% had previously threatened self-harm or expressed suicidal ideation, 24% had actually self-harmed and 12% had self-harmed to the extent that a fatal outcome was narrowly avoided.

The significance of a presumed trigger event can be difficult to assess in retrospect but in many cases this appeared to be a family row or the worsening of a relationship difficulty. Death was by strangulation/hanging in 84% of cases.

In a subgroup (n=12) with family mental health problems, including alcohol and substance misuse and previous self-harming by family members, the totals accounted for 80% of families with financial distress, debt or unemployment, 66% of absent fathers, 46% of parental separation, 66% of the domestic abuse and 78% of the current/previous child protection concerns in the study.

The literature on suicide risks in young people is limited with a lack of prospective long-term population studies. Research on notable risk factors has not included studies based on CDOP data. A population based study (3) of 6,043 children in the Avon Longitudinal Study of Parents and Children (ALSPAC), assessed involvement in bullying between 4 and 10 years and suicide related behavior at 11.7 years. Peer victimization (victim, bully/victim) was significantly associated with suicide ideation and suicidal/self-injurious behaviour after adjusting for confounders.

A study on a cluster of suicide deaths in South Wales (4) demonstrated how a combination of factors increased the risk of suicide in young people. The factors were: clearly deprived circumstances, a history of self-harm, a history of abuse, drugs and alcohol, bullying, and links with other cases.

Nationally, despite the number of child deaths falling by 70 per cent over the past 30 years, there has been no decline in national mortality rates due to injuries caused by self-harm, assault or undetermined injuries (5). There are around 800 children and young people who die each year in the UK, with deaths related to assault, self-harm or undetermined injuries accounting for 34 and 37 per cent respectively of injury deaths in boys and girls aged 10 to 18. □□ Boys aged between 10 and 18 are the most at-risk group and are almost three times more likely than girls of the same age to sustain fatal injuries.

The risk factors that contribute to deaths due to suicide or assault in children are complex and often accumulate over childhood. They include combinations of factors such as deprivation, alcohol or drug misuse and other mental health problems in children and their parents (5). The present study confirms these findings. Agencies may focus on the problems of the adults, services may lack co-ordination and the needs of the children or young people are often missed.

Strengths and Limitations of this study

Strengths

- Good cooperation from those CDOPs who did participate
- Opportunity to use data from multi-agency sources

Limitations:

- Incomplete return of data from CDOPs in second part of study
- Enquiry form used as a secondary information gathering tool
- Not all enquiry forms completed by author, some by individual CDOP managers so risk of different interpretation of agency returns on Form Bs
- Difficult to be consistent in some areas e.g. definition of mental or emotional problems.
- Perceptions and memories of actions and behaviours may have been coloured by subsequent events

Recommendations

1. Clearly it is impossible to police a young person's use of texting, the internet and social media but parents should be aware of risks and could ask if there are any concerns about cyber-bullying or whether a young person has shared feelings about suicide with peers or searched for suicide advice sites (depending on parents' relationship with the young person, but especially if there are concerns re emotional/mental health). Peer group leaders in schools/colleges could play a part in the prevention of cyber-bullying.
2. If young person expresses suicidal intent, within or outside of the family, then there should be urgent dialogue with Child and Adolescent Mental Health Services (CAMHS). There may be occasions when a referral should be made in the absence of consent and a failure to attend a consultation may be a safeguarding issue.
3. As well as being a diagnostic agency, CAMHS should develop resources to provide coordinated support for a suicide mitigation approach. CAMHS may be able support an agency that is working with a young person. A protocol should be devised for supporting young people after a serious suicide attempt.
4. There is a need to promote coping skills in young people who come from chaotic families especially if there are co-existent adult mental health problems, alcohol or substance misuse or self-harming. These families will be known to local services. Local agencies should sign up to this provision and agree on joined-up working.
5. Teachers and Learning Support Assistants should be familiar with the warning signs of emotional distress in young people and consider initiating a Common Assessment Framework (CAF) if appropriate. Any expression of suicidal ideation with peers must be reported.
6. The role of services such as outreach Samaritans in schools (Somerset model), and a "virtual" CAMHS provision, e.g. a Facebook page, to be evaluated
7. Promote the use of the information-gathering instrument employed in this study as a primary CDOP resource, to be used by the police who often take the agency lead in suspected suicide. Form B12 is not adequate.
8. Clear guidance to be issued to first responders/ambulance teams re resuscitation techniques (**Appendix D**)