Appendix 1

Draft Learning Disability Strategy (2014-2019)

Southend-on-Sea Borough Council

Introduction and strategic environment

Objective, vision and scope

Objective

This strategy has one simple objective, and that is as follows:

To improve the lives of adults with a Learning Disability and their carers

Vision

Our vision for people with Learning Disabilities and their carers is that Southend-on-Sea is a safe, dynamic and vibrant place to live. All organisations, public, private and voluntary will enable people with Learning Disabilities to achieve their rights as equal citizens. People with Learning Disabilities will be viewed as people with a strong contribution to the community of which they are a part.

People with learning disabilities will live independent lives with the support they need and in the right accommodation for them. Carers will be recognised for their major contribution to care and will be supported appropriately in their caring role. People with a learning disability will have a higher quality of life and be healthier.

Families with children and young people with learning disabilities will increasingly have choice and control over their lives. Families and carers will have a greater knowledge of the options available as they grow up, and will be able to use their own resources as they see fit.

Whilst this vision is an ideal one, we do think that there are a lot of good things going on in Southend-on-Sea already. We will be seeking to build on many of the good things that we have and seek to sustain them. Health and Social Care Commissioners are committed to commissioning person centred and local services where place and community are at the heart of our actions.

Scope

The focus of this strategy is all adults over 18 who have a Learning Disability and their carers who are ordinarily resident in Southend-on-Sea. *(It is not restricted to those who are known only by social services or by the NHS).* The strategy also recognises the importance of the transition age range (from age 13 up to age 25) and earlier life in reducing dependency in adulthood.

The scope includes all aspects of the provision of services. This includes: health, social care, citizenship and safety; and across all sectors: private, public, voluntary, that impact on the lives of people with learning disabilities and their families and carers. The activities in the strategy relate to the departments of People and Place at Southend-on-Sea Borough Council but involve working closely and jointly with partners to achieve our vision and objective.

There is a separate Strategy for adults with Autism Spectrum Conditions. Many people with Autism Spectrum Conditions will have a Learning Disability, but many will not. This Strategy's focus is only on those with a Learning Disability. However, some of the benefits of that strategy will meet the needs of people with Learning Disability through better recognising aspects of their condition.

What are Learning Disabilities?

What is a Learning Disability:

Valuing People (2001) included the following definition of learning disabilities:

Learning Disabilities includes the presence of:

- A significant 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.

People with learning disabilities who have a range of additional needs such as challenging behaviour or profound multiple learning disabilities are sometimes referred to a people with complex needs.

People with Learning Disabilities

People with Learning Disabilities are a diverse group of people. They come from all backgrounds, cultures and walks of life. They can be a friend, a family member, a community activist, a student, a parent, an employee or an employer. They represent and are representative of all kinds of people within the community.

People with Learning Disabilities also have a very broad spectrum of needs. Many people with Learning Disabilities will not know that they could be defined as such. They are getting on with their own lives sometimes successfully and sometimes with difficulty. Again, they represent us all.

The need for support for people with Learning Disabilities differs greatly and changes over time throughout a person's life.

Some will require none, one or all of the following:

- A place to live; help with relationships and things to do
- Help in understanding; help to plan and to communicate
- Help with complex needs, often when a Learning Disability might be combined with a physical and sensory impairment.

Support can be for very little or a lot of the time. It can be:

- Occasional and for a short term
- Limited support during crisis
- Regular support perhaps every day
- Constant and highly intensive support

Wherever support comes from and it most often comes from carers and family, and whatever the severity of needs, there is now a moral requirement for people to be independent. Strategy and practice increasingly recognise this.

Strategic Context and Horizon

There are many changes in the strategic context which will impact on the commissioning of services over the next 5 years. Right now, is uniquely complex in terms of the range of the factors in the strategic environment.

Five years is a long time but those that we can see now and which are likely to impact, include the following.

Valuing People

The government white paper Valuing People (2001)[1] and Valuing People Now (2009)[2] are still important drivers for the development to Learning Disabilities Strategies. They contain a set of principles that should be progressively applied and which we will continue to do. These principles are: Rights; Independence; Choice; and Inclusion. The principles cover the development of personalisation and the way we take forward the equalities agenda to ensure the rights of people with a Learning Disability.

Personalisation now emphasises the role of direct payments which means that commissioners will increasingly be market facilitators rather than direct commissioners of services.

The equalities agenda itself has changed recently given the Equalities Act (2010), in which Disability (including learning disability) is recognised as a protected characteristic. For commissioners and providers this has driven the development of reasonable adjustments so that people with Learning Disabilities can access services.

Reduced funding from central government

There is a reduced funding from central government to Southend-on-Sea Borough Council which reduces the budget available for local expenditure. . Reducing budgets for the local authority puts pressure on our ability to help people. This is an even greater problem when demand for services is increasing.

---

[1] Department of Health (2001). Valuing People: A New Strategy for the 21st Century.

[2] Department of Health (2009). Valuing People Now. A new three year strategy for people with learning disabilities – Making it happen for everyone.

Despite this immense pressure and considerable uncertainty around future resourcing, the task that we have set ourselves is to seek to improve outcomes through strengthening commissioning for people with Learning Disabilities, including integrated working with the local NHS. This raises the possibility and perhaps the necessity of joint commissioning.

National safeguarding issues and concerns

Nationally, there have been examples of very poor levels of service for people with Learning Disabilities. At Winterbourne View, people with Learning Disabilities were bullied and abused, and at Mid Staffordshire (NHSFT) there were significant failings in the clinical care of patients (which led to the Francis Report). In the former case, poor standards of commissioning meant that safeguarding was not effectively applied. Quite simply we should not let this happen again, and we seek to make sure it doesn't in Southend-on-Sea. The responsibility for safeguarding is everyone's and particularly is all organisations' business. The quality of experience that people with a Learning Disability have often comes from the culture and ethos of organisations that people with Learning Disabilities come into contact with.

Winterbourne view has also meant that people who were inappropriately placed in long stay hospitals (because they were seen to demonstrate behaviour that challenges) are now being placed in more appropriate accommodation locally. The government's transition process following Winterbourne View also requires the provision of new models of service that are within the locality so that people can remain within their communities. This means the remodelling of Assessment and Treatment services for people with Learning Disabilities to be provided in the community[3].

Effective integration and partnership working across health and social care

Southend-on-Sea Borough Council and Southend Clinical Commissioning Group has become a 'pioneer' in the provision of health and social care services as one of only fourteen partnerships in the country. This is an excellent opportunity and people with Learning Disabilities will benefit from this approach. There will be a number of strands within pioneer activity but particularly important will be the strands on personalisation, co-production and prevention. The combination of 'Pioneer' status, and our 'Year of Care' status (which essentially is designed to integrate data efficiently) with its analysis of

[3] Transforming Care. A National Response to Winterbourne View. Department of Health (Dec 2012).

pathways will also lead to efficiencies and greater synergies between health and social care. Prevention is particularly important for making sure that there are fewer primary and secondary care demands, with more self-care being delivered. Approaches to prevention for people with Learning Disabilities will have to be communicated effectively to people with Learning Disabilities and their carers.

Greater coordination across the Transition age ranges (Age 13 to 25) and along the lifetime pathway.

There is additionally a requirement given recent legislation to introduce joint and single Education, Health and Care Plans for children and young people from the ages 0-25 and to develop a local 'offer' to parent and families with personal budgets. Children and Young People and families and their carers will be recipients of this offer. This could help to reduce the level of dependency for young people and carers as they become adults through changing the pattern and availability of services towards things that people and families really need in order to get on. As part of this, there might also be more investment in care from parents and better co-production perhaps enabled by some of the provisions in the government's Care and Support Bill. (This is discussed in the next bullet).

The Care and Support Bill

This is presently going through Parliament with most aspects likely to be implemented in April 2015 and some in April 2016.

Within the Bill, Carer's rights are recognised equally to the person that they care for. This might mean that caring becomes a more feasible option for some people, potentially changing the pattern of services commissioned and provided, with caring having more prominence. It is a further challenge to the use of resources deployed by Southend-on-Sea Borough Council as potentially fewer resources will need to be shared between people with Learning Disabilities and their carers. Again the challenge will be to improve the outcomes for the person with Learning Disabilities and their carer. Further creativity will be demanded across health and social care.

Dilnot implications in the Care and Support bill: The earlier Dilnot Commission report (2011) recommended rules about people and families being able to hold on to their wealth instead of being faced by high social care

costs[4]. In the context of the present legislation which is taking forward some of Dilnot's aspirations, it is likely that people with disabilities, including those with Learning Disabilities, if they have 'eligible care needs' at 18 onward, will get free care. Some of the details of this remain uncertain but it might mean that that the cap (£72,000) may not apply for people in this category perhaps enabling parents to pass on their wealth to their children without it later being taken in fees for care. The development of financial products may flow from this enabling financial planning for families who can afford it.

This will have a few implications:

There is likely to be increased private funding in social care. The size and power of this market will be dependent on the numbers of parents who have been able to pass on their wealth and spending power. This change will mean that much of the commissioning role will shift to becoming a market facilitation role. We might therefore want to present the trajectory of care options (health, education, housing and care) for families beyond the transition age range 'offer' to get commitment from families to future planning.

It is also not clear how the provision of free care will be afforded by the Local Authority. The government is likely to argue that the source of funds will be potential efficiencies created by integration across health and social care.

Portability: This is about the rights of people with Learning Disabilities to live in different areas of the country if they want to. At the moment, it is difficult to arrange care in different areas which means that people with Learning Disabilities do not have a freedom which most people take for granted. Portability is therefore a very good thing. The Care and Support Bill intends that this be tackled by Local Authorities working better together. It will bring in arrangements for the consistency of people's plans across borders at least at the 'substantial' FACS level. Given the attractiveness of Southend-on-Sea, as a place to live, this may lead to higher cost pressures if we become a net importer of people. The flip side of this argument is that the people who choose to come and live in Southend-on-Sea will really want to and are likely to play a greater role in the development of the community.

Prevention: There will be a 'duty' to prevent. This means helping people at risk of their health and care getting worse before their needs escalate, both in terms of the life cycle, and intervening early on in relation to a trigger for a

[4] See 'Paying for Social Care Beyond Dilnot'. Kingsfund. May 2013. http://www.kingsfund.org.uk/sites/files/kf/field/field_publication_summary/social-care-funding-paper-may13.pdf

health and care need. This could potentially change the pattern of joint commissioning towards prevention if evidence shows it to be effective.

Whole systems working and governance of the strategy

This is the first 'whole-systems' strategy for Learning Disabilities for Southend-on-Sea. Strategies prior to this have focused on social care and predominantly those eligible for social care services. The width of this strategy brings some new challenges.

There is a real commitment from all partners to develop strategy within a direction that has clear regard to the views of people with Learning Disabilities and their carers both through the Learning Disability Partnership Board (LDPB) and directly with other organisations like the SHIELDs Parliament.

People with Learning Disabilities and their carers experience services directly across the whole system and should be the most important voice in shaping commissioning and provision.

In the run up to producing this draft strategy, people with Learning Disabilities at the SHIELDS parliament have told us what they want to see in it. These views are given in Annex 1. In summary these are:

- Better services at GP surgeries for people with Learning Disabilities
- More travel training to give people the independence to travel, and more freedom to use bus passes.
- More ability to use the library services.
- More services for people with Learning Disabilities that can prevent a crisis from occurring.
- People with Learning Disabilities want to feel safe in Southend-on-Sea.

These themes relate to the 'whole system' and are reflected in the specific outcomes sought in this strategy. These specific themes are highlighted in this strategy.

The Learning Disability Partnership Board is made up of: Commissioners across health and social care; Providers across health and social care (Private and Statutory); Voluntary sector organisations and people with Learning Disabilities and their carers as both advocates and self advocates.

We think that this relationship with people with Learning Disabilities and their carers should be strengthened as the strategy is implemented. We therefore propose to strengthen the LDPB.

The Joint Health and Social Care Self-Assessment Framework tool (LD SAF) has been recognised by the LDPB as a useful tool to use and monitor progress in

delivering whole systems improvements that cross health and social care[5]. The LDPB will be discussing this further in early 2014 and deciding on its specific role and the actions that it wants to pursue. There is a direct link between the main aspects of the Self Assessment Tool and achieving the objectives of this strategy. The Southend Safeguarding Board has also has approved the direction of travel developed in the LD SAF.

The Health and Social Care Learning Disabilities SAF

The Health and Social Care Learning Disabilities SAF conducted at the end of 2013, and to be validated in April 2014 by the Health and Wellbeing Board, looked at what was being achieved for people with Learning Disabilities in Southend-on-Sea, From that process it was clear that many good things are being achieved, but there are still gaps.

The main gaps, and where we designated ourselves a Red ranking (out of either: Red, Amber or Green) were with regard to work with the Criminal Justice System and in work on monitoring the uptake and developing strategies for health screening for people with Learning Disabilities. The actions in this strategy are designed to improve our approaches to these and other aspects so that we can improve services for people with Learning Disabilities in a sustainable way.

We expect that the Health and Wellbeing Board will seek to drive aspects of integration and activity that are described in this strategy, in keeping with its stated function as discussed below.

[5] See Joint Health and Social Care Self-Assessment Framework. The Measures. (August 2013). http://www.improvinghealthandlives.org.uk/uploads/doc/vid_18916_20130828%20JHSCSAF%202013%20Measures%20FINAL.pdf

Strategic priorities and wider governance

Strategic Priorities

The strategic priorities which are being followed in the strategy

To enable people to live in their own homes as far as possible

To enable people to engage in socially inclusive activity and participate as citizens in their local communities

To provide equality of access to social care services, with particular regard to Equality and Diversity considerations

To enable carers to feel informed, included and supported in their role

To develop strong partnerships to underpin the seamless delivery of care and support

To achieve good value for money to ensure that people derive maximum benefit from available resources

Local commitment to integrated approaches

As an overarching body, the Southend-on-Sea Health and Wellbeing Board has in its terms of reference: 'To promote and encourage integration and partnership working including: joint commissioning, pooled budgets and joint delivery across the NHS, social care, public health and other service providers'.

Southend-on-Sea Borough Council and Southend Clinical Commissioning Groups has also stated in its Learning Disability Self-Assessment Framework submission that 'SBC and Southend CCG have the shared intention to develop integrated approaches to improve the health and lives of people with learning disabilities within Southend-on-Sea'.

Respective National Outcomes Frameworks

The NHS and the Local Authority (including the public health function within the Local Authority) are working to achieve the outcomes of the respective national outcomes frameworks.

The national outcome frameworks are:

- The Adult Social Care Framework
- The Public Heath Framework
- The NHS Outcomes Framework

The measures in these outcomes are designed to be shared and complimentary.[6]

These outcome frameworks offer a way of comparing the performance of health and local authorities in different geographical areas and are useful gauges to seeing how we are doing locally. There is a direct link from the actions in this strategy to the achievement of these outcomes.

In the **NHS Outcomes Framework** (2014-15) all of the measures are relevant to Learning Disability, but much depends on whether people with Learning Disabilities are recorded.

One measure specifically relates to Learning Disabilities: 1) 'Preventing People from dying early', includes 1.7: Reducing premature death in people with a learning disability.

In the **Public Health Outcomes Framework** (2013-16) part of the main vision of the framework is to:

Outcome 1: Increased healthy life expectancy
Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities

In the **Adult Social Care Outcomes Framework** (2014/15) all of the measures relate to people with Learning Disabilities and their carers. The main outcomes sought are:

1) Enhancing quality of life for people with care and support needs.
2) Delaying and reducing the need for care and support
3) Ensuring that people have a positive experience of care and support
4) Safeguarding adults whose circumstances make them vulnerable and protecting from avoidable harm

Two measures relate specifically to people with Learning Disabilities and their carers. These are

- 1E: Proportion of adults with a Learning Disability in paid employment.

[6] A summary of the outcome frameworks can be found at: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/256456/NHS_outcomes.pdf

- 1G: Proportion of adults with a Learning Disability who live in their own home or with their family.

On both of these measures, Southend-on-Sea Borough Council is performing well. This is discussed in the relevant sections of the strategy.

Outcomes in this strategy

The outcomes in this strategy are strategic outcomes which relate to the achievement of the strategic priorities which are listed above. Sometimes the outcomes will simply describe increases, such as an 'increase in telecare'.

Where outcomes are not quantitatively specified, as in that case, it is because no adequate base-line exists or it is felt that it is best to be tentative because of a lack of certainty about the value of specifying a target. If specific and quantitative outcome measures were available we would use them.

We think that during the course of the strategy we will move towards outcome measures which are person centred and relate to 'I' statements, for either people using services, self-funders or carers. This will require establishing appropriate baselines and then measuring progress towards them. The use of these statements also helps us to consult more consistently and effectively.

Taking commissioning forward

Commissioning for people with Learning Disabilities is about securing the best possible outcomes for this group (In this case the whole population of people with Learning Disability across Southend-on-Sea.

This includes influencing the market for the direct commissioning of services by people with Learning Disabilities and their carers including through the further development of direct payments.

All commissioning is based around meeting the changing needs of the relevant population in the context of limited resources. Improvements in the process of commissioning are required and are continuously being made.

- Some of the commissioning in this document refers to commissioning services in line with the statutory functions of the Local Authority.
- Some of the commissioning in this document relates to seeking assurance across the wider system that outcomes for people with learning disabilities are being made. This includes health services which are commissioned by the NHS either by the Clinical Commissioning Group or by NHS England.

Both of these aspects will come under the view and influence of the Southend-on-Sea Learning Disability Partnership Board and explains why 'Strengthening Commissioning' is a key part of this strategy.

Demographic trends and impacts

Prevalence and numbers known to services

Prevalence

Prevalence refers to the numbers of people with Learning Disabilities in the population. Prevalence is therefore particularly important to this strategy as it is the whole population, particularly those who are at risk of their needs escalating, who are the main concern of this strategy.

Within the UK, the most authoritative and often quoted research on which local estimates of prevalence tend to be based is that of Emerson and Hatton[7]. Their research relies a lot on data from schools, in the geographical areas where the research was done, to estimate the total population. Assumptions are then made about the make-up of the local population (in this case Southend-on-Sea) based on this research and local census data.

Based on that research and given the population factors within Southend-on-Sea it is estimated that there were 3229 adults across Southend with a Learning Disability in 2012.

Those known to services

At December 2013, 591 adults (514 aged 18 to 64, 77 aged 65+) with Learning Disabilities were known to Southend-on-Sea Borough Council. These were those at the 'critical' and 'substantial' FACS criteria level. Southend-on-Sea Borough Council and Southend CCG will likely know (either organisations or both) all of those who have severe Learning Disabilities because their level of need is likely to match the criteria for being eligible for services.

Both the NHS and Social Care will know about a much smaller proportion of those with less severe needs as many of these will not meet the FACs levels of eligible need or will be people whose health has not become an issue.

[7] Much of Emerson's and Hatton's work is shown on the IHAL website (Learning Disability Public Health Observatory). For instance, http://www.improvinghealthandlives.org.uk/uploads/doc/vid_10673_IHaL2011-05FutureNeed.pdf

Trends in prevalence

It is difficult to predict the future prevalence of Learning Disability in the population. This is because we are working from an estimate (from the Emerson and Hatton research) and because there are a range of complex factors that underlie the numbers of people with learning disabilities.

The following projected trends are summarised from PANSI data[8]:

People predicted to have a learning disability by age	2012	2020
People aged 18-24	374	340
People aged 25-34	578	605
People aged 35-44	606	576
People aged 45-54	570	582
People aged 55-64	444	512
People aged 65-74	350	401
People aged 75-84	211	244
People aged 85 and over	97	114
Total population aged 18 and over predicted to have a learning disability	3,229	3,374

Key trends from the data on prevalence

All people with Learning Disabilities

- There is likely to be an overall increase in adults with a Learning Disability between 2012 and 2020 of 4.5%. This is an increase of 145 people. At the same time the predicted growth in the total population of Southend-on-Sea is 5.5%.
- Whereas the number of people with Learning Disabilities in younger age ranges decline, there will be a significant increase in the numbers of people aged 55+. The percentage increase is 15%. This relates to 169 more people over the age of 55.

Moderate and Severe Learning Disabilities

- For all adults over aged 18 we are expecting an increase of 30 people to have severe and moderate learning disabilities in Southend-on-Sea by 2020. This is an increase of 4.5% on the 2012 figure of 665. There are no significant changes in the age pattern of disability between 2012 and 2020.

[8] This summary data is from: www.pansi.org.uk

More detailed data is also given at that link for each local authority area including Southend-on-Sea.

Moderate and severe and adults living with parents

- For adults aged between 18 and 64 there was an expected prevalence of 213 in 2012. This is expected to increase by 1% to 215 in 2020.

Severe Learning Disability

- For adults aged between 18 and 64, there was an expected prevalence of 153 in 2012. This is expected to increase by 2% to 156 in 2020.

People with Downs Syndrome

- For adults with Downs Syndrome aged between 18 and 64 there was an expected prevalence of 66 in 2012. This is expected to increase by less than 1% to 67 in 2020.

Comments on trends

The above trends will have an impact on the use of resources:

- The increase in moderate and severe cases will relate to those who use services at the critical and substantial level.

- The steady growth in all categories, including mild and moderate will also likely increase the numbers at risk in requiring support.

    - The general increase will mean a greater number of people are likely to suffer from a number of health problems such as obesity given for instance the prevalence of obesity within Learning Disabilities. Other common health problems include: Respiratory disease; Coronary Heart Disease; Physical impairment associated with risk of postural distortion, hip dislocation, chest infections, eating and swallowing problems, gastro-oesophageal reflux, constipation and incontinence, underweight, mental health problems (including dementia), epilepsy, sensory impairments.

- It is possible that the numbers of people with complex needs will grow as many are surviving birth and early years more than previous decades. At the same time peoples general health is improving and the accuracy of screening prenatally for conditions is improving. At present though, births of children with complex needs are making up a larger percentage of all births than previously. If this continues a greater number of people with Profound and Multiple Learning Disabilities (PMLD) will require more intensive health and social care.

- There is an aging of the Learning Disability population which is likely in the future to require more support. This growth has and will occur because people are living longer and older people with learning disabilities will be an increasing proportion of older people. This will have the following implications:

- Many will have been looked after by a parent carer. As their parent's age it is likely that their ageing children will take on more of a caring role, with 'mutual caring' increasing.

- When parents get older and can no longer look after their children, their children will require more support. We are expecting a high level of dependency amongst these older children, as many will not have the benefit of approaches that have enabled them to be more independent. It is likely that many will not now be known to health and social services but will become known as risks and crises increase.

- A greater number of people will have early onset dementia. This is because people with a Learning Disability are particularly prone to dementia and people with Downs Syndrome are at a significantly higher risk of developing dementia. At the same time, in Southend-on-Sea the numbers of people with Down's syndrome is not projected to increase significantly. This will limit the growth in early onset dementia. .

- Other things being equal, there could be a higher number of people with behaviour that challenges due to the growth in the number of people with a Learning Disability. However, arguably the incidence of behaviour that challenges relates to people's environment and their responses to it. Improved strategies are more likely to enable the number of people with behaviour that challenges to actually decrease. It is our strategic intent to create a community and environments where there is less behaviour that challenges.

Overall comment

The main trend in the figures is the ageing of the population of people with Learning Disabilities. The increased demand for services which follows will increasingly mean that integrated planning will be required.

Local Authority Resource Position

The brief analysis in this section is based on the tables given in Annex 2.

Overall pattern of expenditure

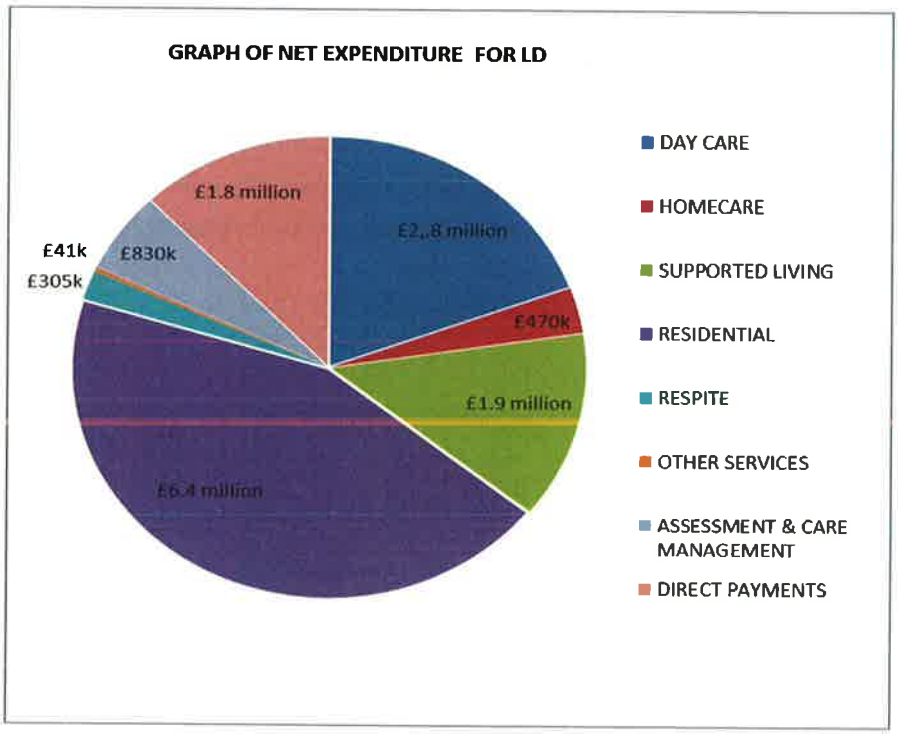
We are now reducing expenditure in Learning Disabilities based on less funds being available.

Between the financial years of 2011/12 and 2012/13 Net expenditure by the Local Authority on people with Learning Disabilities decreased from £16.2 million to £14.6 million. This constituted a 12% reduction. This compared to the previous year (2010/11 to 2011/12) where expenditure had increased by 33%.

The decrease in expenditure on Learning Disabilities is likely to continue given signals by the government about further reductions in funding.

Balance of expenditure on people with Learning Disabilities and their carers at Southend-on-Sea Borough Council

The balance of expenditure (2012/13) in Learning Disabilities is represented in the following pie chart.



The most striking thing about the balance of expenditure is the predominance of expenditure on residential care.

Recent trends in expenditure

Between 2011/12 and 2012/13, for Learning Disabilities the following changes were made:

An increase in net expenditure (net in terms of expenditure minus income) in:

- Direct Payments. From £1.5m to £1.8m (20%)
- External Day Care. From £620k to £705k (14%)
- External Home Care. From £360k to £469k (30%)
- Assessment and Care Management. From £780k to £833k (7%)

A reduction of net expenditure in:

- External residential care. From £6.8m to £5.9m (13%)
- External supported living. From £2.2m to £1.8m (18%)
- Internal residential. From £1.3m to £0.49m (62%)

Stability in net expenditure in:

- Internal day care. £2.1m

These changes reflect our continuing strategy of reducing expenditure on residential care. They also reflect our development of Assessment and Care Management which we have seen as a critical success factor in improving outcomes. It also reflects the maintenance of expenditure in internal day care given the value placed on this, including the recent pilot study looking at the Hub.

Financial Futures

The longer term financial position will take account of new alignments

- The scope of pooling resources and integrated plans with the NHS which can deliver invest to save opportunities. This might include: The reconfiguration of services toward the community and primary care; the development of Assistive Technology; Voluntary Sector investment for preventative activity.

- Potential loss of income from traditional sources given that social care for many will be provided free given sections in the Care and Support Bill.

Outcomes and actions to achieve them

Achieving Independence

1. Outcome: More people living in accommodation and receiving the necessary level of support to help them maximise their independence

What we know

Helping people to achieve independence through moving people from care home accommodation to supported living has been the driving force of recent Learning Disabilities strategies at Southend-on-Sea Borough Council. We have taken the view that people should live in accommodation that meets their needs allowing them to be as independent as possible. Independence is a good thing as it allows people to have choice and control over their lives. Our objective for many is that people have their own tenancies and have the advantages that flow from this.

Having one's own tenancy allows individuals to choose all the conditions under which they live and enables them to claim state benefits if they need to. This reduces the cost to the Local Authority and it frees- up resources to be spent elsewhere. Under supported living, state benefits can be used to pay for accommodation costs. In care homes the local authority pays for the accommodation and the care costs and the resident of the care home might have less choice.

For some people, care homes will be the most appropriate places to live. However we think that there is still scope for more people to achieve greater independence and we will continue to work to help them achieve this. As people achieve greater independence in accommodation they are better able to become independent in the community.

Success to date

The following statistics shows our success in helping people to become more independent:

ASCOF figures (12/13) show that:

The measure: Adults with Learning Disabilities in stable accommodation (living in their own home or with their family) is high in Southend-on-Sea. Southend on Sea is ranked 28 out of 153 authorities on this measure at 82.3%. This is good.

The measure: Permanent admissions to care homes (people aged 18-64) is 9.5 per 100,000, is significantly below the national and regional average. Southend-on-Sea is ranked 33 out of 143 authorities. Again, this is good.

Local Data (RAP return figures) have indicated a reduction in residential care for people with Learning Disabilities aged (18-64) from 151 in 2010/11 to 90 in 2012/13. As a proportion of those receiving a service at each time period, this constituted a reduction from 27% to 18%.

How we have achieved success

We have moved people from care homes to supported living environments and worked with them so that they can have packages that enable independence. Success in this is due to: the positive approach shown by people with learning disabilities and their families; providers and provider teams helping people to move; and the activity of social workers to make moves happen. It is also dependent on the commissioning of a range of accommodation options that enable choice.

As time has moved on and more people become more independent, it becomes harder to progressively enable them to become even more independent. This difficulty will present us with challenges in the future.

Behaviour that challenges

All people with Learning Disabilities, including those who show behaviour which challenges can benefit from our approach. This is due to the commissioning of services which enable people to access supported living options. We have providers who are able to provide care effectively for people whose behaviour challenges. Where people can't live in supported living options, which is a situation which is becoming increasingly rarer, appropriate more intensive support is commissioned.

Our approach was inspired by the ground breaking work of Professor Mansell which led to the commissioning of providers able to work with people whose behaviour challenges[9]. Our early vision here has enabled us to respond well to the Winterbourne View agenda.

The importance of the knowledge of our social workers of people lives and the specific conditions under which those lives may thrive (right from the transitions ages (13-25) along with our well understood arrangements for procuring resources cannot be overstated. The competence and knowledge of the team in giving people appropriate support enables people with significant challenging behaviour levels to be appropriately accommodated, perhaps more so than is possible in other

[9] Mansell Report. Revised Edition: 2007.

authorities. This is a critical success factor enabled by the size of Southend-on-Sea and the competence of staff.

Behaviour that challenges in practice

A young man with mild to moderate learning disabilities., now in his 30's who has shown behaviour that challenges for the previous 20 years, including being in the Criminal Justice System, has recently achieved stability through working with one of the providers able to work with people whose behaviour challenges – Guardian Care. The young man has been in the same supported living scheme and with the same care provider for behaviour that challenges for a year now. He appears to be happy and has a positive outlook about his behaviour.

The approach now used was developed by his social worker and a health and social care multidisciplinary team following many placement breakdowns and high cost health and social care provision. The change was built on reflective practice and Professor Mansell's philosophy. The support that has been offered to the client included therapeutic health input to help manage his behaviour that challenges. This therapeutic support has been reduced now given the effective management of the triggers in his environment, much of which is now managed by the approved provider. The new approach was conveyed by the Multi-disciplinary team to the provider on the Approved Provider List.

He is now planning to move to general needs housing with the same provider following the planned closure of his present supported living accommodation. This is a choice that he has confidently and eagerly made given the way in which his needs have been met over the past 12 months and his views and input respected. The cost of the young man's care package has reduced from £1400 per week to £500. Given the level of stability that he is achieving most of these costs are now met by social care.

People with Profound and Multiple Learning Disabilities

Along with service flexibility for people whose' behaviour challenges we also have service flexibility of resources for people with Profound and Multiple Learning Disabilities. Again supported living is the preferred option but sometimes a care home is able to provide the best mix of economy and quality for people. Again the market is providing effectively.

Taking things forward: Accommodation flexibility

Part of our strategy has been the recent consolidation of the Supporting People contract, under the provider 'Metropolitan' and also the re-provision of Council run accommodation

The Metropolitan contract provides a range of levels of support whereby people can be housed and supported appropriately and helped to achieve their own tenancy in council choice based letting provision, potentially via floating support. It is a dynamic structure that creates vacancies as people move on.

Tenants can chose their care provider but many chose the care offered by Metropolitan who are can focus on the requirements of the whole individual for more time to enable that person to achieve independence. Metropolitan also points out where savings can be made in social care packages through its increasing knowledge of the person's needs.

As well as this basic structure we are managing the contract to make sure that Metropolitan delivers innovative approaches to help people achieve independence such as implement digital technology points for people with Learning Disabilities. Again, this helps people to step down and step out.

We have also invested in other options to widen choice. As part of the re-provision of Saxon Lodge (A council run care home) we have invested in supported living accommodation at West Road. This is for a group of people with Learning Disabilities less likely to move to their own tenancy than those placed under Supporting People Contracts. There are a range of accommodation types at West Road that correspond to the different needs of people with learning disabilities allowing for the flexibility of placement. West Road is due to open in May 2014.

With the range of different accommodation and dynamism of provision we think that the market is presently in balance and that different forms of accommodation co-exist well. There are few voids in supported living and we are able to access care home accommodation when we need to do this rapidly. At December 2013 there were 89 people in care homes and as stated we are now very good performers on this measure. Further analysis is required before we can make any statement of a new target.

It is important that all providers encourage independence. We are concerned that some providers have deregistered to offer supported living but do not seek to enable clients to become independent. That position will not be tenable for long.

What we will do

- Show the demand and supply for accommodation so as to predict market requirements. This will increasingly underpin market statements and aspects of the 'offer' for future planning. This will also show the numbers of people coming through transitions which will be a source of demand. We also need more clarity about the numbers of those who exhibit behaviour that challenges.

- Seek to encourage providers to develop cultures and approaches that enable residents and tenants to become more independent whatever the level of severity of Learning Disability.

- Move people to deregistered accommodation (from registered accommodation) where they can receive supported living packages and have their own tenancy where appropriate.

- Move people to council house accommodation where appropriate. This includes looking at:

    - The feasibility of people moving to council housing from supported living or care home environments (This means simply extending those rights available to people who have been on supported living arrangements, and perhaps arranging 1:1 support)

    - Assess the feasibility of improving the accessibility of choice based letting for people with Learning Disabilities.

- Continue to make supported living packages more 'dynamic' by enabling the person to become more independent through the careful selection of package elements. (This has the effect of reducing the cost of packages and further achieving independence).

Negative Risk: If care homes are deregistered and they have non Southend on Sea residents in them then these people may become 'ordinarily resident' in Southend. This has the implication that responsibility for caring for these vulnerable people is passed to Southend on Sea Borough Council. This would be detrimental to existing residents because the same resources are shared by more vulnerable people.

Similarly, if there are vacancies in deregistered accommodation then these could be filled by other authorities. If this happens, then the people placed could become ordinarily resident within Southend-on-Sea and therefore the responsibility of SBC. Again, this would be detrimental to existing residents because the same resources are shared by more vulnerable people.

2. Outcome: More shared lives carers

Where we are at

Shared Lives Carers give care in their own home for people with Learning Disabilities. In Southend on Sea there are 45 shared lives carers, who provide care in different kinds of circumstances. They are providing care for 105 people. Some shared lives carers provide emergency care and others provide more long term shared lives care. The breakdown is as follows: Long term arrangements (24); Day support (25); Respite (70). Of these, 14 people receive a mix of respite and day support.

Shared Lives Caring is cost effective option which is very flexible in meeting the needs of the person with Learning Disabilities. It is not only a low level option because it can be appropriate for people with complex needs, whose behaviour challenges. (See example below). It is often found to be very rewarding for shared lives carers coupled with positive outcomes for the person being cared for. Nationally there is some evidence to support Shared Lives Caring.

Whilst we think that Shared Lives Caring is an attractive proposition, traditional advertising routes have not proved to be successful. Most recruitment is done by 'word of mouth' and previous knowledge of the service. So far it has been difficult to plan for increased supply.

An example of the flexibility of shared lives caring and its value in a pathway of care is given in the following example of shared lives care in Southend-on-Sea.

One Shared Lives Carer looked after a young man with Learning Disabilities, autism, and behaviour that challenges.

Shared Lives Caring requires compassion and understanding with an ability to respond to the requirements of an individual with the objective of improving the outcomes for that individual. This involves accommodating to the requirements of that person and understanding the triggers of behaviour that challenges.

This can be a long and difficult process but outcomes were achieved and the young man looks likely to move on to supported living successfully. Travel training was a key part of the help as visiting places was what he liked to do most.

In this case compassion is particularly important because the understanding of that young man and his requirements will be conveyed to support workers in the accommodation that he is moving to. Compassion in one part of the pathway spreads to others.

What we will do

- We will continue to seek to match people to shared lives carers where this is appropriate. Staffing for Shared Lives is at capacity and the use of shared lives carers is dependent on demand. When demand requires it a proposal will be made to increase staff resources. This means that we will monitor the demand for shared lives carers.

3. Outcome: Increasing use of Telecare and Telehealth

What we know

Telecare is the use of technology to help people to do what they want to do and which can lead to cost savings. It involves using things like:

- Bed occupancy monitors
- Door opening monitors
- Flood monitors

When applied to people with Learning Disabilities and their carers it can allow greater independence and can be used to achieve the goals that people have. (The example below provides an excellent example of the power of telecare used well to help change lives and achieve savings). Much broader than this, though, telecare and telehealth can help to reduce hospital admission and contribute to faster discharge and support families in the community.

Case Study:

Norvick House is an 8 bed supported living scheme that enables people to live independently with a view to moving to their own council accommodation.

Our social workers selectively put in Telecare which included radio pull chords and smoke alarms, for two residents. This enabled the safe withdrawal of the sleep in facility that was at the house.

Savings have been significant with the full year effect (2013/2014) being £11,000. Also the residents have moved on to accommodation that maximises independence and which is also less costly. A greater community of interest amongst people with Learning Disability about the value of telecare has also grown. The technology is becoming accepted and welcomed enabling more independence in the future.

Southend-on-Sea Borough Council has had a major push on Telecare over the last few years. Despite this, it is not clear that we have achieved all the benefits that we might, and a Southend-on-Sea review is underway to look at its use with a view to making recommendations. We need to be clear about the circumstances when Telecare should be used and then put social workers in a position to commission it effectively in order to achieve cost and outcome benefits.

We are also part of a wider review across Essex (involving social care, housing, education and health) and the private and voluntary sector. We are looking at improving the supply chain for Telecare and Telehealth which will improve the supply options available.

In the longer term, but within the timescale of the strategy we think that the demand for Telecare and Telehealth will grow particularly as the population ages. Telecare products will be increasingly flexible with bespoke aspects that will better meet the needs of people with LDs and at increasingly lower cost.

'3Million Lives' is the name given to the Department of Health's push on Telehealth and Telecare for all patient and client groups. Within this broad national push there may be some activities we can play a part in to enhance the use of Telehealth and Telecare in Southend-on-Sea for people with Learning Disabilities. This relates to our aspirations around our Pioneer status, and we need to make sure that people with Learning Disabilities are a key part of this agenda.

What we will do

- Complete the Southend-on-Sea Borough Council Telecare review and implement its recommendations. (This is presently in an early stage and is collecting data).

- Establish appropriate baselines and seek to increase the number of cases of Telecare and possibly Teleheath within Southend-on-Sea.

- Research telecare and telehealth innovations for people with Learning Disabilities to make sure we are optimising its use and seeking to introduce if feasible to do so. This includes considering how we might play a greater role with our NHS colleagues in the '3MillionLives' agenda.

4. Outcome: Carers better able to support the people that they care for

What we know

Carers will become increasingly important partners in caring because caring by family carers and others can be a low cost and high quality option. Carers should generally be supported in their role because of the value that they add. They can for instance help to reduce the amount of care home and hospital stays.

The Care and Support Bill will mean that from April 2015 the needs of carers in their caring role will have greater prominence than it does at present. The market that supports caring is therefore likely to develop and we should be in a position to facilitate it.

Demographic trends also emphasise the important role of carers and with some changing relationships. There is likely to be a lot of 'mutual caring' as the parents of people with learning disabilities age and have greater health and social care needs. This means that people with Learning Disabilities will themselves become carers. We need to be considering ways to support these people across the whole system.

Enhancing quality of life for carers is also an improvement under the NHS Outcomes Framework. (2.4). General Practitioners should look for and support carer relationships to help deliver better prevention. There might also be opportunities to support carers by offering planned networks of support during planned care episodes of the carer, for instance if the carer needs to go in for an operation. This could help to improve the ongoing health and well-being of both the carer and cared for.

The Southend-on-Sea Joint Strategic Needs Assessment (2011) lists issues that carers want to see addressed. These issues were: Better information; a greater recognition of carer needs; increased availability of breaks and emergency support; emotional support for carers; being involved in forward planning.

In relation to these:

We engage with carers fully and involve them in all aspects of care and the planning of care as individuals. However, we do think that we should consult better with the carers of people with Learning Disabilities as a group and we need to establish a consistent way of doing this.

We commission general carer services that provide information for carers including those with Learning Disabilities.

We have a Carers Strategy which covers many aspects of the needs of carers. As the strategy develops we need to make sure that is does not overlook the carers of people with a Learning Disability

What we will do

- Increase the numbers of carers who have an assessment, either joint assessments or specific carer's assessment. In 2012/13, 95 clients had a carer's assessment. This was 16% of people receiving a service.

- Consider ways to commission from the market that supports carers of people with Learning Disability and develop it. In this strategy we are particularly interested in services to carers with Learning Disabilities. This should take into account aspects like 'mutual caring'.

- Look at the availability of short breaks for people with Learning Disabilities and their carers. This is about being able to commission appropriately in relation to the demand for and supply of services. There might be particular initiatives that could be considered such as finding ways to support carers during episodes of planned care which could have cost saving and health and wellbeing benefits

- Develop a consultation group of family carers of people with Learning Disabilities.

5. Outcome: More people with Learning Disabilities receiving direct payments

What we know

Direct Payments are a very important way for people to achieve independence and choice and for markets to develop freely in relation to what people want.

In 2012/13, 31% of people with Learning Disabilities known to social care and meeting FACS criteria receive direct payments. (This is the number of Direct Payments as a proportion of those receiving community services). Since 2010/11 this percentage had increased from 22% in 2010/11. In December 2013, the number receiving a direct payment was 33% so there is an upward trend.

We think that our performance on Direct Payments for people with Learning Disabilities within social care is very good. This follows a real effort by the Community Team for People with Learning Disabilities, based at Southend-on-Sea's Civic Centre to make an impact on this.

We think that a reason for the increasing number of people with Learning Disabilities having direct payments has been word of mouth about what services are delivering to people. Sometimes, people with Learning Disabilities have said 'I want one of those', which has led them to obtaining services via direct payments in order to make their purchase. This has been partly driven by the development of personalised approaches that put people with Learning Disabilities in control, for instance, the 'Reaching my dreams' course, which we designed specifically for people with Learning Disabilities to enable them develop the confidence to make choices. It may also be driven by the supply in the wider market of a greater range of choices that meets peoples cultural needs, including those with 'protected characteristics'.

Direct payments may come with certain safeguarding risks given the new 'dynamic' that may be introduced between the person with a Learning Disability, as employer, and the employee – the Personal Assistant (PA). This same dynamic might apply to people who privately fund their care, with people going where they want to for their care and support. As this direct market relationship expands we will consider our approach to making sure that people are adequately safeguarded. We have already commissioned services that provide support to people with Direct Payments to purchase their own services with safeguarding firmly in mind. For instance, effective controls have been put in place for the safer provision of a PA register.

Whilst direct payments have existed in social care for a few years, there is now a requirement to introduce direct payments in the NHS through personal health budgets. From April 2014 NHS patients who are eligible for Continuing Health Care (CHC), some of whom will have Learning Disabilities, will have the right to request a Direct Payment. This right has implications for the responsiveness of NHS and

social care services and how they might consider working together in the future to offer better health and social care.

What we will do:

- Look at how best to increase the percentage of people with a Learning Disability who have a Direct Payment. This will derive from approaches to increase the uptake of all vulnerable client groups as well as specifically for people with Learning Disabilities. It will draw on existing research, including from POET (Personal Budgets Outcome Evaluation Tool). We will then set a baseline and increase the percentage with a direct payment.

The SHIELDs Parliament has told us that whilst they agree that more people have Direct Payments, they have emphasised that people also need continuing support to manage a Direct Payment.

- Look at the distribution in regard to protected characteristics particularly with regard to ethnic minorities for those with Learning Disabilities. We will identify potential barriers and act to bring them down. This also involves 'walking through' processes to understand the perspective of people with protected characteristics.

- Look at how health and social care might work together on Personal Health Budgets particularly with a view to understanding how people with Learning Disabilities and their carers might benefit.

- We will consider how we might further assure that services purchased through Direct Payments are safe, and implement recommendations.

6. Outcome: Work towards achieving better outcomes for young people and adults during transitions

What we know:

To date we have been particularly successful at developing effective transitions for young people. This has been based on an excellent and shared knowledge through multidisciplinary teams across health and social care. Our teams our work well together and know the young people involved as they come through the transitions stage. This joint working is designed to maximise the independence of young people.

The transition stage from 13 to 25 is increasingly and rightfully seen as an important time for children, young people and their families. At that time young people and their families are thinking about the future and are considering their options. In line with recent government policy and proposed legislation (The Childrens and Families Bill), commissioners and providers will need to shape 'offers' and supporting information in a way that helps families plan for their future. The services within the offer and the way the offer is communicated are important because they can help people, including those with Learning Disabilities to manage their own lives and reduce dependency on health and social care services in the future. They enable a range of effective choices.

In our transitions teams, we are emphasising the development of dynamic person centred packages that enable people to achieve independence. This includes a focus on employment. This will be based on the commissioning of dynamic package components from dynamic providers that young people and their family's value.

Personal budgets in the context of this 'offer' will give a new dimension to this, in that they will increase choice, and with it the potential acceleration in Direct Payments in adults with Learning Disabilities as young people become adults. The planned development of personal budgets around the 0-25 range is at an early stage and the range of services within the offer will increase over time to have maximum impact.

We are also developing Education Health and Care Plans (EHCs) with our partners for children, young people and their families from ages 0 (zero) to 25. These are single plans that will better enable services to work together in the interests of the young person and their families and reduce commissioner and provider inefficiencies. This is on target for completion by December 2014.

This is a challenging agenda for all partners and will demand innovation and planning in order to meet the needs of children and families throughout aspects of the lifecycle. For instance, it is an agenda that will need to be linked to activity with Child and Adolescent Mental Health services (CAMHs) to make sure that the mental health needs of young people with Learning Disabilities during transitions are met.

In addition, within transitions there should increasingly be information sharing with primary care, so that children and young people are introduced to primary care not just as adults, if at all.

What we will do

- Work together with partners to develop Education Health and Care Plans across the transitions age ranges.

- Manage the development of the 'offer' and the range available through the expenditure of Personal Budgets for families in the age range 0-25. Again this demands effective partnership working

- Continually commission providers to develop and provide attractive services for families.

7. Outcome: More people with Learning Disabilities helped into employment.
More people with Learning Disabilities are able to maintain their employment.

What we know

Helping people into employment is a way of increasing their independence. It increases people's social contacts and leads to improved relationships. It can increase people's pride in who they are and what they do.

Whilst many people are finding it difficult to get jobs in the present climate, the amount of people with learning disabilities who are in jobs is very low nationally. People with Learning Disabilities have so much to contribute in work and this should be more widely recognised.

The barriers are higher for people with Learning Disabilities. Many will lack some confidence but really want to get on. As well as the objective of paid employment, we do see value in people obtaining voluntary sector work, either as an end point in itself, if that is what people want, or as a stepping stone to paid activity.

Southend-on-Sea is above average performance in levels of performance in the East of England, in placing people known to social service in employment, as measured by the Adult Social Care Outcomes Framework (ASCOF).

Southend-on-Sea: 9.8% compared to:

- England: 7%
- East of England: 6.5%
- Comparator Group: 7.5%

Despite this relative success, we feel that more can be done.

These figures are only of those who are known to social care (which is a small proportion of all those who have learning disabilities) and are the result of the work of a very small team who seek to help place people and to maintain their jobs. There will be many with Learning Disabilities who attend the job centre and perhaps other agencies who are not known to social care.

What we will do

- Maintain our approach to enabling people with Learning Disabilities to find and keep work.

- We will seek to promote the business value to public, private and voluntary sector organisations, of hiring people with Learning Disabilities. (This might mean tapping into promotional activities when and where they exist and considering how to market to Southend-on-Sea businesses). In doing this we will seek to target growing employers to help place people.

- We will work with the job centre and other providers to influence Southend-on-Sea focused activity for people with a Learning Disability. We will seek to make recommendations for the development of Reasonable Adjustments for people with Learning Disabilities.

8. Outcome: More people with Learning Disabilities undertaking training/learning activity which helps them to achieve their goals

What we know

We are currently providing learning opportunities to people with learning disabilities up to the age of 25.

It is vitally important that young people are progressing in their learning. In many cases learning is an opportunity for progression to work and or independence.

What we will do

- Make sure that the learning opportunities commissioned enable young people to be more independent.

- Increase the numbers who are taking part in progressive learning. In the first instance we will need to set appropriate baselines. (This measure partly responds to the requirement to reduce the numbers of people who are 'Not in Education, Employment or Training' (NEET).

9. Outcomes: Improved information, advice and guidance

What we know

Information, Advice, and Guidance (IAG) are likely to become important tools for delivering outcomes that support people to live their own lives.

IAG should increasingly be seen as the first point of call for people who are seeking some assistance in their lives. IAG should help with prevention objectives and be designed to meet the needs of people who fund their own care and will increasingly do so.

IAG is a mechanism for people to access relevant services and is where the demand for services meets the supply of services. Signposting via IAG is an important part of generating demand for well-placed third sector organisations to develop appropriate low cost networks of provision and support for people with a Learning Disability. It is also a place to include the services within the 'transitions offer'.

From an equalities and rights perspective it is important that IAG is easily accessible to people with Learning Disabilities and their carer's. This is in keeping with the public sector duty to make reasonable adjustments. At the same time we think that all communication materials, beyond the public sector, should be easy read, simply to make services and products universally accessible and demanded by more people. We will push for this where we can.

The role of carers is a key part of this as it will be impossible to make all communication accessible to all people with Learning Disabilities. Carers are for instance particularly important in the lives of people with Profound and Multiple Learning Disabilities. Information, advice and guidance must be fit for purpose to achieve outcomes for people with Learning Disabilities and respond to needs.

What we will do

- We will develop a clear view of where people are referred to and the routes that they take, if they do not meet the FACS criteria of critical and substantial or if they are self funding. We are particularly interested here in people with a Learning Disability.

  We will then seek to make sure that signposting is effective, helps the individual and is preventative. This will be through seeking to influence Information, Access and Guidance.

- Promote the use of easy read materials based on the requirements of people with Learning Disabilities. For public sector organisations we would expect this to be done by the service concerned in line with their public sector duty.

- Improve the LDPB website and make appropriate links to useful information, advice and guidance.

  We will also use the website to promote what people with learning disabilities are doing within their communities. Seek links from other relevant and vibrant/well branded websites.

10. Outcome: People with Learning Disabilities can get what they want from universal services and other services in Southend-on-Sea

What we know

It is likely that many people with Learning Disabilities are able to use services within Southend-on-Sea. Sometimes, 'reasonable adjustments' are an important part of allowing this to happen. A reasonable adjustment is a change that has been made to a service so that people with learning disabilities can use them like anyone else. The law says that health services and other public services need to make reasonable adjustments.

Some recent examples of reasonable adjustments have occurred in services such as libraries and sports and have been introduced following conversations with people with Learning Disabilities and their carers to see what would help. (Reasonable adjustments also include the provision of easy read materials as discussed above).

An example of efforts to introduce a reasonable adjustment from library services is shown below:

Case study: Adapting library processes

Southend-on-Sea Borough Council Libraries reviewed borrowing and returns processes within libraries following the introduction of self-issue/return equipment in late 2011.This review came about following discussions with groups and individuals visiting the library on a regular basis. The aim was as to enable people with learning disabilities to best use the new equipment but with library staff support as required.

Where we have not been able to adapt systems satisfactorily to meet the requirements of people with Learning Disabilities, because of product inflexibility, we fed back initial points to the manufacturer. Our intention was to raise greater awareness and develop industry understanding about the access needs of people with learning disabilities (and other groups such as visually impaired people) so that in future more accessible systems could be delivered.

SHIELDS parliament have also told that they want to look how easy library services are to use and they intend to organise a visit. This relates to 'improving access to libraries', which is one of the things that they want to see in this strategy.

While this example is very positive, there may be the possibility of introducing more Reasonable Adjustments across private and voluntary sectors. Given that Southend-on-Sea has a real feeling of place for people and businesses there may be an opportunity to develop networks of organisations that make reasonable adjustments in order to increase the demand for their businesses and achieve business goals.

We have anecdotal evidence from staff at the Viking Centre (which manage a range of day activities for people with Profound and Multiple Learning Disabilities) about the difference a simple positive welcome makes to people's lives, which happened recently at the Southend-on-Sea branch of IKEA. We want more everyday experiences like this and for people to feel welcome.

What we will do

- Promote good examples of reasonable adjustments. This involves seeking to link organisations to learn from each other about reasonable adjustments where possible.

11. Outcome: People with Learning Disabilities are able to travel where they want to

What we know

We think that public transport for people with Learning Disabilities in Southend-on-Sea is good.

The two main forms of public transport are buses and trains, and Southend-on-Sea is served by both.

- Southend-on-Sea has West-East rail routes running through it, connecting the town centre with both West and East. This is important for potential accessibility to the centre. Southend-on-Sea is shaped like a rectangle so train routes allow a lot of travel within.
- Southend-on-Sea also has a radial bus structure which means that buses run from all parts of Southend-on-Sea to the centre. They tend less to run about the town.

Given that routes run to the centre and out to other centres like leisure centres (but with some important omissions here), we can say that there is a harmonisation of transport connections with the places that matter to people. This is important as an ability to travel can be a big part of people's freedom and enable them to develop a greater sense of place and belonging.

There are of course other barriers to travel which make travelling difficult for most people and can be particularly felt by vulnerable adults. These are: Cost; ability to travel given level of confidence about travelling; space on the bus or train, for wheelchairs used; perceptions that the method of travel is a good experience; and the frequency of services.

Some aspects of provision meet some of these barriers. There are for instance:

- Some price concessions
- The provision of 'travel training' to improve confidence about travelling;
- The majority of buses becoming wheelchair accessible.

Travel training is assuming more importance as it helps people to develop confidence to use public transport. Using public transport is increasingly important given the high cost of provision of subsidised forms of transport and its' effect of increasing people's dependency on it.

The SHIELDs Parliament has told us that travel training is particularly important for people with Learning Disabilities to give them the confidence to travel. They have said that this is particularly important for young people during the Transitions stage.

As we consider transport, we should also consider the accessibility of the places that people want to travel to. There are some good points including Changing Places Toilet provision, but there will be some limitations, which should be in the forefront of our minds when we consider new service developments. The challenge of travel is particularly great for people with PMLD.

Changing places toilets:

Changing places toilets are toilets that are designed for people with profound disabilities including people with Learning Disabilities. The give freedom and access to people, making journeys possible.

There is one Changing Place location close to (150 meters from the High Street) in the shopping centre at Southend-on-Sea and this is at The Hub. This is suitable and of a very high standard for people with profound and multiple learning disabilities. However, this is open only during the working week and occasionally on Saturday Mornings. This is reliably maintained and well publicised.

What we will do

- Seek the views of people with Learning Disabilities and their carers about using public transport and consider how we can best inform bus and rail companies about their experiences where this might make a difference.

- Where we can, make sure that services for people with Learning Disabilities are well advertised so that people know about them and will travel to them. This can help increase the demand for and viability of the service and therefore enhance the viability of the transport to it.

- Consider the specific travel needs of different groups of people with Learning Disabilities, including people with Profound and Multiple Learning Disabilities. (PMLD)

12. Outcome: More meaningful activities for people with Learning Disabilities enabling better outcomes

What we know

There are a range of activities including day and evening activities across Southend-on-Sea. Some of these activities are council delivered and some are non-council delivered. Many activities will be purchased by people with Learning Disabilities who receive direct payments and many non-council services are commissioned by the Council. The aim of both is make them as meaningful as possible and also meeting the preferences of people with Learning Disabilities.

The council has recently completed a consultation into the future of commissioned internal day services. These include the pilot services at Project 49/The Hub and the Avro Centre. The consultation is about whether to move services from Avro (close to Southend Airport) to 'The Hub' (in the town centre of Southend-on-Sea).

The Viking Centre

Decisions about how best to meet the needs of people who use the Viking Centre, predominantly those with profound and multiple learning disabilities are completely separate to the decision about Avro and Project 49. If the day services at Avro do go permanently to 'The Hub', this will mean that those services provided at Viking will need to be reconsidered in a way that will be beneficial (potentially leading to better outcomes) to the people that use that service. The Avro/ Viking site would be to big just to leave Viking there and in the longer term the building would not be fit for purpose. We plan to look at this and produce options for further consultation during 2014.

The consultation into Avro and Project 49 reports to Cabinet on March 18th 2014. The views and comments that we receive as part of that consultation will help to shape future services. The final decision, whatever it is, will have a major impact on shaping the future of Southend-on-Sea as a place for people with Learning Disabilities – effecting where people travel to and what they do.

Broadly, our intention in the development of day services is for activities to be meaningful, exciting, networked and modern. In many ways the hub, being right in the centre of Southend-on-Sea, is achieving this objective in the range of activities undertaken and the networking activities being done which are having numerous beneficial outcomes. For instance, the Hub hosted a 'health

and wellbeing exhibition' with stalls covering many aspects of public health and representation. This event was advertised to reach many people with Learning Disabilities in Southend-on-Sea. As well as this 'The Hub' is a centre for many public health events and activities.

What we will do

- Await the recommendations from the Project 49/Avro consultation and implement actions from them.

- Continue to influence the modernisation of day services, providing stimulating, employment related activity through the commissioning of dynamic services.

- Consult on the future of services presently provided from the Viking site. This will be done in a way that will seek to improve outcomes for the people that use that service.

- Monitor the outcomes and cost benefits of our approach to activities in relation to the activities that people with Learning Disabilities and their carers want.

Being Safe

13 Outcome: A safer community with less hate crime committed against people with a Learning Disability

What we know

Part of the delivery of a safer community is a community that is cohesive and looks out for all citizens. There are community development programmes taking place in different geographical areas in Southend-on-Sea. Examples include Asset Based Community Development programmes that have a degree of Local Area Co-ordination. These are in their early stages and there a number of different programmes in different areas. We hope that this will help to make communities cohesive and safe places to live for all people, including those with Learning Disabilities. These areas might well provide the opportunity for the development of support networks for people with Learning Disabilities.

We have sought to strengthen the attractiveness of the centre of Southend-on-Sea through the Safe Places initiative for people with Learning Disabilities. The Safe Places initiative lets people with a Learning Disability go to specific and advertised locations should they need to, to seek help or to make phone calls. We have just started the recruitment of businesses for this purpose but will expand it if it is being successful. This initiative is based on a similarly successful scheme in Braintree in Essex. When people come to the centre of Southend-on-Sea, we simply want them to feel confident and safe.

Making Southend-on-Sea 'a safe place to be' is a theme mentioned to us by the SHIELDs Parliament. SHIELDs are interested to see if the 'Being-Safe' initiative can work.

With specific regard to hate crime, there has been a significant amount of 'awareness raising' in Southend-and-Sea. Much of this has been focused on the awareness of people with Learning Disabilities and their carers about Hate Crime. A recent well attended MENCAP Southend conference revealed the high level of awareness that exists. This is very positive and may impact on the extent of hate crime through building resilience. MENCAP Southend has recently developed a Hate Crime Incident Reporting Centre whereby people can report incidents to Hate Crime Ambassadors without having to go the

police. This is innovative and may help the identification of hate crime hot spots.

We think that there have been few successful convictions of hate and mate crime. While this is an extremely sensitive subject, with each example being dealt with on a 'case by case' basis, we want to ensure that hate crime is not treated lightly and is effectively discouraged.

What we will do

- Seek ways, if possible, to publicise successful convictions of hate crime and mate crime.

- Consider how we might identify hate and mate crime geographical hot-spots and influence policing where we can, to tackle it effectively. Seek to find better baseline information showing the extent of citizenship and hate crime (if that is possible) within different areas to better understand the impact of actions to tackle hate crime.

- Extend the 'Safe Places' project further if it is achieving its objectives.

14 Outcome: Better and safer experience in provider and other organisations. People with Learning Disabilities are making a difference to organisations.

What we know

We are continuously improving our approach towards knowing how local organisations such as domiciliary care providers and supporting people providers are performing in meeting the needs of people with Learning Disabilities.

As well as the achievement of specifically commissioned outcomes that help people to achieve fulfilling lives, organisations have a range of processes that enable the views of people with Learning Disabilities to shape what organisations do. For instance organisations have: Safeguarding processes; Complaints processes; Engagement processes with people with Learning Disabilities, included for instance in recruitment and management, and in service and organisational development.

Organisations will vary considerably in their approach to these aspects. We think that these aspects are important because the level of quality that organisations show will directly relate to their ability to achieve broader outcomes for people with Learning Disabilities. Effective organisations are learning organisations with people with Learning Disabilities being a key source of that learning.

The following is a good practice example in relation to recruitment:

Case study: People with Learning Disability in recruitment

Metropolitan; Two clients at Norvick House in Southend-on-Sea were involved in recruitment at a local scheme for a care and support worker.

The manager drew up a bank of 50 questions for candidates.

- The clients choose 8 questions they would like to ask the candidates from this list of potential questions.
- They attended Equal ops training prior to the interviews. This included a look at legislation, how to mark candidates, what you are and are not allowed to ask etc.
- They were supported by a member of staff at the interview – although the staff member said nothing during the interview.

Once they had asked their questions they then discussed what they thought the candidate had answered well and what they thought they had answered poorly. They then scored each question on a scale on 0-3 for each candidate. The candidates were then interviewed by a staff panel who scored them on a 0-3 scale. The two scores for each candidate were combined and the highest

scoring candidate offered the post. The client panel and the staff panel both chose exactly the same candidate.

Safeguarding

A number of actions are being planned in relation to improving safeguarding training across all health, education and social care providers across Southend-on-Sea. These will impact on the level of assurance that the Safeguarding Vulnerable Adults Board (SVAB) and the Local Safeguarding Children's Board (LSCB) will have about safety in Southend-on-Sea.

One main action is a twice annual audit that will allow us to know the proportion of care provider staff that should be trained and actually are trained at different levels in each organisation. This will include providers of services to people with Learning Disabilities. Knowing the coverage of training will help safeguarding partners to target curriculum improvement and also seek to influence providers where training take-up might be slower. This will apply to local providers commissioned by statutory organisations. Safeguarding is likely to improve given the expected statutory footing that Safeguarding Board will have from 2015. This will improve the knowledge of what is going-on in all parts of the network, across health and social care. The size of Southend-on-Sea is also an advantage in this regard as partners and local people are able to more easily identify safeguarding issues as well as good practice as they emerge.

Working with the CQC where we can and it adds value

The government's response to Winterbourne View[10] included the action to for the Care Quality Commission (CQC) to 'strengthen the way it uses its existing powers to hold organisations to account for failures to provide quality of care'. Southend-on-Sea Borough Council will play its role in safeguarding and assuring quality of care and will seek to work with the CQC where this is possible given the CQCs role in the regular monitoring of standards and its strengthened powers.

Direct payments and safeguarding risk

With the increase in Direct Payments and self-funding there is scope for increased safeguarding risk as we no-longer have a specific contracting influence. We have made sure that local Personal Advisor (PA) registers have rigorous guidelines for including PAs on the list but there is freedom for services to be purchased from any source. This may become a source of safeguarding risk in the future.

[10] Transforming Care. A National Response to Winterbourne View. Department of Health (Dec 2012).

Safeguarding and advocacy

Southend-on-Sea Borough Council commissions a range of advocacy services including: IMCA/IMCA (Deprivation of Liberty Standards); IMHA, Learning Disability; General Advocacy and Learning Disability Self Advocacy. All these services are free to people with a learning disability and their carers. They help to make sure that people with Learning Disabilities and their carers have a voice.

What we will do:

- We will continue to assure ourselves that organisations are responsive to people with Learning Disabilities and that people with Learning Disabilities shape organisations. We will do this by auditing where people with learning disabilities are engaged in recruitment, and engaged in other ways. We will then seek to promote best practice by drawing attention to the examples we find. We are likely to do this through a provider event and possibly through presentation to the LDPB. The aim is simply to make best practice the norm.

- Consider the development of safeguarding processes in relation to the market for Direct Payments

- Implement current plans to improve safeguarding training and its coverage. These plans cover all vulnerable adults, children and young people, and not just those with Learning Disabilities.

- Consider how to increase the number of complaints by people with Learning Disabilities. We think that the number of complaints can be positive as it is an indicator of people's willingness to complain and an organisations willingness to engage in dialogue.

Improved commissioning and market facilitation

15. Outcome: Improved commissioning and market facilitation

What we know

We are seeking to strengthen our approach to direct commissioning and market facilitation for people with Learning Disabilities and their carers to achieve better and more cost effective services.

In order to facilitate the market we are producing a Market Position Statement (MPS). The purpose of this will be to signal to providers how the demand and supply of services is changing for people with Learning Disabilities, so that providers can consider how best to respond in the provision of progressive, independence orientated services.

Looking forward, we have significant strengths in relation to commissioning successfully for Southend-on-Sea's residents and we think our Pioneer status will help us to achieve it.

- Southend-on-Sea's size and in particular the relationships between the department of people and the department of place and work with the NHS under the Pioneer Project and with other local organisations will allow us to develop a whole systems 'model'/vision of local provision. A 'model' is really a vision of services in a locality that we would be able to work towards. We envisage that this model/vision will emphasises locality based primary and community services.

- With a clear and joined-up model we will then commission services to achieve it. We can also look at gaps in smaller geographical areas to stimulate the market and local community networks to provide effective care packages and support. Such analysis will also help the integration of provision at the local level across primary care, social care and other provision. The model and vision will fit with people's lived experiences and networks. Our success will be monitored through outcome measures.

- The ability to look across the lifecycle at peoples experience so that we can respond to people's needs as they age. Our work on transition and the analysis of data (quantitative and qualitative) will enable us to do this with increasing success. This will allow us to develop appropriate 'offers' so that people can better meet their own needs. .

What we will do:

- Develop an evidence base of interventions and costs with an understanding of what works and under what circumstances in order to deliver outcomes for people with a Learning Disability. The purpose of this is to achieve whole systems savings in areas where we might focus.

- Develop an understanding of risks and the triggers that lead people to require services in the context of the life-cycle. This is with a view to influencing the appropriate responsiveness of services, including signposting/social marketing and third sector services, and also helps us to predict the demand for services.

- Consider improving the alignment of the commissioning; contracting; and financial management cycles. This to be done across commissioning for different vulnerable groups: Older people; carers; people with physical and sensory impairments. This will allow further beneficial alignments with our partners enabling us to blend our work with the NHS Commissioning Cycle.

- Produce a Market Position Statement on a regular basis and increasingly improve its analysis. This will be done annually and will increasingly have more impact as we agree models of development with our partners. It will also be consistent with this strategy as it develops. We will also increase our competences in developing MPS's in line with best practice and materials produced by the Institute of Public Care (IPC - Oxford Brookes University).

- As part of the Market Position Statement process we will better co-ordinate the way we communicate with providers about the market including Invitation to Tenders and having general discussions with providers, perhaps inviting more providers to the LDPB.

- Get better intelligence about the activities of private funders (people who can fund their own care to varying extents).

- Develop better knowledge of non-council sources of funding and investment in social care in Southend-on-Sea which can help businesses grow. These might assist voluntary, or private, with or without social enterprise arrangements.

- Be clear about the information requirements for successful commissioning across health and social care for people with learning disabilities and use the data available effectively to meet a range of purposes. This will include data to go in the Joint Strategic Needs Assessment (JSNA) and Southend Insight, and also for Learning Disability Market Position Statements. (LDMPS).

- Understand how we can influence the voluntary sector in the development of services for people with a Learning Disability that prevent people using 'higher' tier services. Some aspects of this will be through signposting and some might be through selective third sector investment where social capital gains are possible. This might mean mapping existing third sector provision with a view to commissioning services for people with LDs where there are gaps.

The SHIELDs parliament have told us that they would like to more services that help to prevent a crisis and which would involve the development of the voluntary sector. This is important to people with mild learning disabilities whose needs may sometimes be overlooked.

- Shift strategy and actions more definitively toward the outcomes desired by People with Learning Disabilities. This approach is taken in the Pioneer bid approach in its proposed use of the 'I' questions, developed by TLAP.[11]

- Look at the possibility of commissioning services on a pooled basis for low volume/high cost cases where there is a significant risk of high expenditure swings that different areas are subject to. This depends on evidence of what inputs are required to achieve the desired outcome.

- Look at the possibility of commissioning specialist services on a sub-regional basis where there is an advantage in making services more local (brought to the sub-region) and where the economies of scale require services be delivered across a wider area. Commissioners would need to agree what these services are and this should be based on evidences. (Commissioners at both Hertfordshire and Essex have expressed an interest in developing this approach with us.)

[11] http://www.thinklocalactpersonal.org.uk/_library/Resources/Pers.

16. Outcomes: Improved consultation

Where we are at

Improved consultation enables more people with Learning Disabilities and their carers to be involved in the process of planning and decision making about commissioning and provision. It enables needs, choices and preferences to be understood. Recent regional conferences which have included people with a Learning Disability have told us people want more life stories and pictures and easy read material to improve dialogue. At present our ability to achieve effective consultation is fairly good and much is done directly through Shields (People's Parliament).

We would however like to increase our ability to consult by seeking to increase the number of family carer's who we are engaged with. We are also improving our links with Healthwatch which is also likely to improve our consultation with people with Learning Disabilities.

Consultation with different groups of people with Learning Disabilities (For instance people with moderate learning disabilities and people with Profound and Multiple Learning Disabilities) probably requires very different methods and we would require further fitness around different approaches and methods.

Consultation should also follow consistent patterns and approaches to be useful in understanding how outcomes change in relation to the commissioning cycle. This is why will be linking this to TLAP's 'I' statements where we can.

What we will do

- Focus consultation through the LDPB and use stories and qualitative accounts of experience and use easy read where we can.

- Find ways to improve consultation with groups of people with Learning Disabilities, for instance those with PMLD

17. Outcome: Achieving equalities

What we know

Equalities within social care and Local Authority services

We have fulfilled our public sector duty with regard to equalities and have done a number of Equality Impact Assessments (EIAs) in relation to policies and strategies that will impact on the lives of people with learning disabilities. However more could be done to make sure that the human rights of people with Learning Disabilities are protected. Equalities and Human Rights is never a 'finished product'.

Southend Borough Council has previously looked at the distribution of 'protected characteristics' within its Learning Disabilities services and processes, for instance, the proportion of people using day care services or receiving direct payments who are from ethnic minorities and we think it is worth doing again to achieve base lines in relation to equalities and understand if there are particular issues. This includes understanding 'service usage' in relation to prevalence in the population, where the data allows us to do this. This would constitute 'analysis' as described by 'The Essential Guide to the Public Sector Equality Duty' (Equalities and Human Rights Commission Jan 2011)[12] in developing approaches to the Equality Act 2010.

'Protected characteristics' and Learning Disabilities

There are areas of provision, where decisions are being made based on the best interests of people with Learning Disabilities. For instance, when people are aged 65 we make decisions on whether a service is best provided from the Learning Disabilities team or the Older People's Team. Doing this effectively and in t best interests of the person is important in achieving equalities as it shows that the 'fact of age' does not determine the service offered. In other words, the service is flexible and person centred. This is line with recent age discrimination legislation.

Equalities in the NHS

It is the (local CCGs) intention to ensure equalities through the operation of the Equalities and Diversity System.

What we will do

- Analyse where possible the use of Direct Payments by protected characteristics, particularly ethnic minority, to identify where

[12] http://www.equalityhumanrights.com/uploaded_files/EqualityAct/PSED/essential_guide_guidance.pdf

improvements in processes might be made. Where there are issues, this might lead us to focused activity to remove barriers. We will also develop an overall picture of equalities for people with Learning Disabilities in terms of different protected characteristics. Ie Understanding the distribution of ages, genders and ethnic minorities within services.

- Further improve the NHS Equality Delivery System in relation to the needs of people with Learning Disabilities.

Working with health

18. Outcome: Improved health pathways for people with Learning Disabilities which will lead to better outcomes
Achievement in this outcome relates to the following outcomes:
NHS Outcomes Framework (2014-15): 1) Preventing People from Dying early; which includes 1.7: Reducing premature death in people with a learning disability.
Public Health Outcomes Framework (2013-16) part of the main vision of the framework is to: Outcome 1: Increased healthy life expectancy Outcome 2: Reduced differences in life expectancy and healthy life expectancy between communities.

What we know

Health inequalities

People with learning disabilities die younger and have poorer health than the general population. This is a significant health inequality and it is avoidable.

Inequalities and poorer health happen because of things like poverty and social exclusion (when individuals are excluded from what others take for granted) and when they cannot access relevant health services because of discrimination and other barriers to access.

The local National Health Service (in the shape of the Clinical Commissioning Group) and local providers such as South Essex Partnership Trust (SEPT) and Southend University Foundation Hospital Trust (SUFHT) and Southend-on-Sea Borough Council (which now includes public health) are continuing to tackle health inequalities.

Excellent services and opportunities for development

There are many examples of excellent work. Some of these were described in the recent Learning Disabilities Self-Assessment Framework. There are also opportunities for development.

Presence and activity of the Learning Disability Nurse at Southend University Hospitals Trust. Southend University Hospital NHS Foundation Trust (SUFHT) employs a full time Learning Disability Nurse Specialist. The nurse and appropriate service leads

receive regular data in regards to people with Learning Disabilities activity within the hospital. This enables the planning of services and the care that follows to be implemented on a daily basis. The Specialist Learning Disability Nurse reports to the Associate Director with responsibility for the hospital Safeguarding team and also Associate Director for performance that is also the chair of the hospitals learning disability committee. This is monitored through regional self-assessment and the trusts on-going learning disability action plan. The chair through the clinical assurance committee feeds up progress from the LD committee / action plan to the Executive board. The Learning Disability Nurse completes a quarterly policy compliance audit, which is fed back to the learning disability committee and feeds into the overall action plan.

One aspect of local services that helps to continuously deliver success is the working together of the co-located teams of Social Care and SEPT services. Co-location and effective team working has enabled a real focus on the locality of Southend-on-Sea which is likely to improve outcomes for people with Learning Disabilities. Learning Disability Nurses in that team provide specialist services to people with Learning Disabilities and facilitate the development of reasonable adjustments in other health services (in particular primary care) in order to improve access and bring down the barriers mentioned above. Their specialist provision relates to aspects like, Dysphagia, Speech and Language Therapy and Epilepsy, where they meet the healthcare needs of people with mild to severe Learning Disabilities, including those with PMLD.

Areas where people with Learning Disabilities come into contact and where there may be scope locally in relation to making reasonable adjustments include: Dentistry (General/Primary and specialist; Community Pharmacy; End of Life (EOL) Care; Improved Access to Psychological Services (IAPT services); Community Podiatry Services; GP out of hours; Primary ophthalmic services; Audiology; Epilepsy; and the Criminal Justice System

Opportunities arising from 'Pioneer' status for people with Learning Disabilities

The recently achieved 'Pioneer' status offers a real opportunity to improve the health of people with Learning Disabilities and this strategy will seek to make sure that it does.

Pioneer status has led to discussions about sharing information between health and social care to identify people who have been subject to health and social care interventions and their outcomes. This sharing followed by focused analysis will increasingly inform the model of services that can be achieved to achieve best outcomes including for people with Learning Disabilities. .

As well as seeking health and social care integration, 'Pioneer' seeks to change the balance of services by shifting from secondary/acute services towards the direction of community based services. This is very relevant for the development of services for people with learning disabilities because of the higher prevalence of ambulatory care conditions within people with Learning Disabilities. Ambulatory Care Conditions are conditions that are often treated in a secondary setting but could be treated in primary/community settings. Evidence has shown that cost and quality improvements can be made by a changed configuration of services towards community based services for people with Learning Disabilities.[13]

What we will do

Work to achieve improvements in the health of people with Learning Disabilities. Much of this is ongoing work on which steady improvement is being made.

- Increase the take up of Annual Health Checks and Health Action Plans and improve their effectiveness.

- Increase the take up of health screening including cancers and make sure that take up reflects the general population.

- Target people with Learning Disabilities in public health initiatives to improve health and well-being.

- Ascertain across the local health system (Acute, community and primary) where reasonable adjustments can be made and make them, especially where there are quick wins and can be done without significant expenditure. Much of this will be about the developing networks of Learning Disability Nurses that work across acute and community based provision.

In discussion, the SHIELDs Parliament has given us a specific focus for this. They have told us that some GPs are very good and some are less good. There need to be effective reasonable adjustments in all GPs so that all people with Learning Disability can get a good service.

- Maintain improvements in mental health services for people with Learning Disabilities by making reasonable adjustments in Memory Assessment Services. (This is particularly important given the growth in the number of older people with learning disability. This group has a high prevalence of dementia.)

---

[13] See IHAL. 'Hospital Admissions That Should Never Happen'. http://www.improvinghealthandlives.org.uk/news.php?nid=2228

- Improve our approach to the Criminal Justice System (CJS).
    - Understand its processes in relation to people with Learning Disabilities. Including the role of the National Offender Management Services, and the prison service.
    - Seek to ensure that people with a Learning Disability in the CJS have access to the full range of healthcare provision). This maybe a long term aspiration possibly built on the availability of further resources under joint commissioning approaches.
    - Develop appropriate pathways from the Criminal Justice System to mental health services, social care, housing, employment and education. Approaches could include diversion schemes. (This adds to our actions for improving responsiveness for people whose behaviour that challenges).

- Use data across health and social care to develop joined up approaches for people with Learning Disabilities that lead to better outcomes. We will also need to adapt strategic data sharing to relate to life stage approaches and the conditions that people exhibit through the life-stages. These approaches will develop over the period of the strategy.

- Make sure that people with Learning Disabilities benefit from the planned integration of services and that they are increasingly delivered in the most appropriate location to best meet their needs.

19. Outcome: Improving specialist health care in the light of Winterbourne

What we know

Following the Winterbourne Transition Document[14] the placement of patients from long stay hospital care has been made successfully into community provision. So far, this has related to just one patient at Heath Close in Billericay. A number of patients from across South Essex had been accommodated there for a long time and it is good that they have now moved to settled accommodation in the community and will now be monitored from a 'community based' perspective.

Work has taken place under the ambit of the South Essex Winterbourne improvement group to improve processes like the Care Programme Approach. In future commissioners will better monitor aspects of care provision undergoing assessment and treatment to reduce lengths of stay.

At present no other Southend-on-Sea patient is known to be waiting although clarity is needed on this as it is possible that patients might be in secure accommodation commissioned by the Specialist Commissioning Group and not known yet to local health and social care commissioners. The uncertainty of communication around these patients appears to be a national issue, not just a local one.

We do aim to make sure that local community based provision and accommodation is arranged for people whose behaviour challenge and it if for this reason that we have commissioned approved providers in line with Professor Mansell's ground breaking position on behaviour that challenges. We also think that our developing whole community approach expressed in this strategy will enable people who have 'behaviour that challenges' to remain safe within the community. Although difficult to test, it should help to reduce behaviour that challenges. This is our strategic intention.

In Southend-on-Sea we have many of the elements of the ideal model (described in the Winterbourne Transition Document's Annex A), including as mentioned above a co-located team of learning disability health and social care professionals. We have not sought a Section 75 agreement for behaviour that challenges yet, preferring instead to align our approach within the context of our overarching 'Pioneer' status. We think that pace is important and will make for sustainable approaches that begin to engage people throughout life stages. We think that the government now prefers this more sustainable approach even given a need to respond appropriately and rapidly to the horrendous events at Winterbourne. Our undifferentiated, 'non-labelling' approach to people whose behaviour challenges is more in-keeping with

[14] Transforming Care. A National Response to Winterbourne View. Department of Health (Dec 2012).

Mansell's intentions, providing that it is combined with practical solutions when behaviour challenges whatever its level of complexity and severity.

As part of moving towards this we would argue that the NHS Assessment and Treatment model to be commissioned in the future should be community based services. This is based on best practice (as outlined in the Winterbourne transition document) and fits in with Southend-on-Sea Borough Councils and SEPTs ability to work with people who exhibit challenging behaviour within the co-located team. At present, services are situated at Health Close in Billericay, which is out of the Southend-on-Sea area. It is possible that services might be further away once remodelled, but the bar for being able to do this is set very high and is shown in the Winterbourne Transforming Care Document.

The key will be to achieve the right service that effectively balanced independence and risk and we would want to work with NHS commissioners to make sure that this is the case.

What we will do

In line with the recommendations in the Winterbourne Transition document:

- Seek that any new specialist NHS team be built on present strengths; have a 24 hour capacity around emergency support and intensive support, and be co-located with our own team to reinforce the value of place and community. The value of locality is the main emphasis in the Winterbourne Transition Document although commissioners have to work within resource and risk constraints.

- Seek that, if there is a requirement for inpatient Assessment and Treatment Services, then these should ideally be based within Southend-on-Sea. If need be, these might be within local and reasonably adjusted mental health wards. This will increasingly depend on effectively defining the needs of people with Learning Disabilities and Mental Health problems, and responding appropriately.

- Make our approach to behaviour that challenges align to whole systems approaches to health and social care integration within Southend-on-Sea to achieve sustainable and meaningful change. This includes a clear perspective on the needs of children and young people and their families as they come through the transitions age range. Our pioneer status should increasingly allow us to achieve this.

Monitoring the Strategy

This strategy will be monitored by the Southend-on-Sea Learning Disability Partnership Board. Doing this enables the views of people with Learning Disabilities to be part of the further development of the strategy and helps to hold people to account for actions.

However in many cases it is difficult to predict how actions within the strategy will be achieved as actions will be accomplished across a changing wider programme of activity, a main part of which will be about integration between health and social care. The timetable for actions written in this strategy is likely to need adjusting as we better understand how we can achieve strategic outcomes efficiently. A programme management perspective which will bring together a range of streams will be required.

The strategy will be reviewed on an annual basis to help determine future direction and if necessary, aspects of it will be written to fit the requirements at that time.

Annex 1

What people with Learning Disabilities think should go in the Learning Disabilities strategy

Introduction

At the Shields meeting of 24th February 2014, Shield's Councillors told us about some of the things that are important to them and which the strategy should address.

The question to Shield's Councillors was:

What should go in the Learning Disabilities Strategy'?

Shield's views in response:

The things that SHIELDs Councillors talked about and which they would want to see in a Learning Disability Strategy are:

- **Better services at GP surgeries for people with Learning Disabilities**

  There needs to better services for people with Learning Disabilities at GPs. There needs to reasonable adjustments within GP surgeries so that people are happy to go to their GPs. There are some good GPs but there are some less good ones. It is really important that this is improved for all people with Learning Disabilities.

- **More travel training to give people the independence to travel, and more freedom to use bus passes.**

  Many people with Learning Disabilities fear taking a journey on public transport. Their carers often fear for them so don't want them to go on public transport also. As well as this:

  - Taxis are expensive and people didn't want to use' laid on' minibus transport. They want more freedom than that. One person said that if minibuses were cut what would we do then. People should not be so helpless and help should start during transitions when people are young. One young man said that he would like to be able to travel in the evenings.

  - Travel training might focus on the needs of a large group and then meet the needs of particular individuals. There might also be voluntary support to help people with travelling.

  - Bus passes also only work after 9am, so they are good for getting about but not if you have to go to college at that time or just after. Bus passes do not give the freedom that they might.

- **More ability to use the library services.**

  Shields were planning their own visit to the library and intend to do a report on it. They think that some people might find it difficult to use automatic machines. They want to do this at the new library which is called the forum

- **More services for people with Learning Disabilities that can prevent a crisis from occurring.**

  One person with mild learning disabilities said that she has very little support and does not see her social worker as much as she used to.
  She said that the social workers are not as worried about her as they are about people who have more severe needs. She said short term support should be available to help people so that they did not become a crisis. Perhaps young people wanting to volunteer might be able to help people with Learning Disabilities perhaps as befrienders.
  This also related to better support for carers through improved information about where they might get help to help the person that they care for. The overall network of support should be better.

- **People with Learning Disabilities want to feel safe in Southend-on-Sea.**

  If someone was being bullied there used to be somewhere to go like a police hut, but there isn't now. It might be that the safe places scheme where people could go into a shop to make a phone call might help but it is uncertain if this would help much. People want to be able to travel and to feel safe when they get there.

Annex 2. Financial Expenditure by Southend-on-Sea Borough Council on Learning Disabilities

	2011-2012			2012-2013		
	Expend	Income	Net	Expend	Income	Net
Direct Payments	1,588,680	(88,275)	1,500,405	1,934,490	(139,365)	1,795,125
External Day Care	624,180	(5,161)	619,019	711,737	(7,091)	704,645
External Homecare	416,551	(58,496)	358,055	532,999	(64,494)	468,505
External Nursing	45,638	(1,447)	44,191	313	0	313
External Reablement	1,057	0	1,057	(237)	0	(237)
External Residential	7,627,815	(796,186)	6,831,629	6,701,925	(757,818)	5,944,107
External Respite	224,083	(7,034)	217,049	312,398	(8,016)	304,381
External Supported Living	2,517,010	(285,604)	2,231,407	1,976,110	(184,459)	1,791,650
Internal Supported Living	273,606	(150,000)	123,606	290,987	(154,097)	136,890
Internal Day Care	2,674,573	(593,948)	2,080,625	2,753,375	(638,725)	2,114,650
Internal Residential	1,373,683	(33,708)	1,339,975	508,640	(22,063)	486,577
Other Services - External	40,319	0	40,319	40,374	0	40,374
Other Services - Internal	24,401	0	24,401	257	0	257
Assessment & Care Management	780,015	0	780,015	833,060	0	833,060
Grand Total	**18,211,612**	**(2,019,859)**	**16,191,753**	**16,596,427**	**(1,976,129)**	**14,620,298**

Action Plan

Actions			
Outcome: More people living in accommodation and receiving the necessary level of support to help them maximise independence.			
	Output/ Outcome	**Timing**	**Responsibility**
Show the demand and supply for accommodation so as to predict market requirements. This will increasingly underpin market statements and aspects of the 'offer' for future planning. This will also show the numbers of people coming through transitions which will be a source of demand. We also need more clarity about the numbers of those who exhibit behaviour that challenges.	Model of flows	August 2014	Strategy and Commissioning
Seek to encourage providers to develop cultures and approaches that enable residents and tenants to become more independent whatever the level and severity of Learning Disability.	Market position statements Contract discussions Other communications	March 2014 Ongoing August	Michael Barrett/Glyn Jones (Market Position Statement) Karen Peters Strategy and Commissioning

	that emphasise this. (Dependent on components in a Market Communication Strategy) Social Workers and Social work advisors who work with clients in their environment on a day to day basis.	2015 Ongoing	 Matt Harding and CPTLD
Move people to deregistered accommodation (from registered accommodation) where they can receive supported living packages and have their own tenancy where appropriate.	80 people in care homes. This will be a reduction from 90.	March 2015	CPTLD
Move people to council house accommodation where appropriate. This includes looking at:			

The feasibility of people moving to council housing from supported living or care home environments (This means simply extending those rights available to people who have been on supported living arrangements, and perhaps arranging 1:1 support)	Process agreement	April 2014	Glyn Jones and Housing
Assess the feasibility of improving the accessibility choice based letting for people with Learning Disabilities.	Analysis of feasibility followed by process agreement	Sept 2014	Glyn Jones and Housing
Continue to make supported living packages more 'dynamic' by enabling the person to become more independent through the careful selection of package elements. (This has the effect of reducing the cost of packages and further achieving independence)	Placements enabling independence and the development of local options through mapping	Ongoing	CPTLD and Strategy and Commissioning (Glyn Jones)
Outcome: More shared lives carers			
We will continue to seek to match people to shared lives carers.	Regular monitoring of effectiveness of shared lives carers	Ongoing	Matt Harding and Jennie Andrews
Outcome: Increasing use of Telecare and Telehealth			

Complete the Southend-on-Sea Borough Council Telecare review and implement its recommendations. (This is presently in an early stage and is collecting data).	Completed review	TBC	Sarah Baker
Establish appropriate baselines and seek to increase the number of cases of Telecare and possibly Teleheath within Southend-on-Sea.	Baseline and target produced	(Follows the SBC review whose finish date is yet to be determined)	Glyn Jones/Matt Harding/John Bolt
Research telecare and telehealth innovations for people with Learning Disabilities to make sure we are optimising its use and are seeking to introduce if feasible to do so. This includes considering how we might play a greater role with our NHS colleagues in the '3MillionLives' agenda.	Regular Annual reports	March 2015	Glyn Jones/Sarah Baker/John Bolt/NHS Colleagues. (Those responsible will also depend on the wider interface with the NHS on Telecare and Telehealth, with which Learning Disabilities will need to fit)
Outcome: Carers better able to support the people that they care for			
Increase the numbers of carers who have an assessment, either joint assessments or specific carer's assessment. We need to be clear of the baseline but when clear we think that we should increase the proportion	An increase in carers assessment by	April 2015	CPTLD

by 30%. (Joint and Single).	30% from established baseline.		
Consider ways to commission from the market that supports carers of people with Learning Disability and develop it. In this strategy we are particularly interested in services to carers with Learning Disabilities.	Specific commissioning plan	March 2015	Strategy and Commissioning/Glyn Jones
Look at the availability of short breaks for people with Learning Disabilities and their carers.	Completed review and commissioning	October 2014	Strategy and Commissioning/Glyn Jones
Develop a consultation group of family carers of people with a Learning Disability.	Group of family carers regularly consulted with	Sept 2014	Carol Cranfield/Henry Watson/Glyn Jones
Outcome: More people with Learning Disabilities receiving direct payments.			
Look at how best to increase the percentage of people Direct Payments. Present achievement is 33% of relevant service users (those not in residential care) having a Direct Payment	Review	September 2014	Katherine Marks/Carol Cranfield CPDLT/Glyn Jones
Look at the distribution of Direct Payments in regard to protected characteristics	Report and recommendations	December 2014	Glyn Jones/Strategy and Commissioning
Look at how health and social care might work together on personal health budgets particularly with a view to understanding how people and their learning disabilities might benefit.	Proposal for working together on personal health budgets.	December 2014	TBC

We will consider how we might assure that services purchased through Direct Payments are safe, and implement recommendations.	Report with recommendations implemented	December 2015	Sarah Range/Glyn Jones
Outcome: Work towards achieving better outcomes for young people and adults during transitions.			
Work together to develop EHCs across 'Children' and 'Adults' and between partners.	Plans developed	December 2014 and ongoing.	Sandra Bingham
Manage the development of the 'offer' and the range available through the expenditure of Personal Budgets for families in the age range 0-25.	Offer developed and personal budget arranged	September 2014 and ongoing.	Sandra Bingham
Continually commission providers to develop and provide attractive services for families. In this case for Learning Disabilities.	Commissioning Plan	Ongoing and from the developme nt of the offer.	Glyn Jones/Children's and Transitions Commissioner
Outcome: More people with Learning Disabilities helped into employment. More people with Learning Disabilities are able to maintain their employment.			
Maintain our approach to enabling people with Learning Disabilities to find and keep work. We will seek to maintain our position ahead of the national and regional average.	More people placed than the national average.	Ongoing. Target by March 2014.	CPTLD/Employment Co-ordinator

We will seek to promote the business value to public, private and voluntary sector organisations, of hiring people with Learning Disabilities.	Contacts made with business and promotional approaches used	Ongoing	Employment Co-ordinator/Matt Harding/Glyn Jones
We will work with the job centre and other providers to influence Southend-on-Sea focused activity for people with Learning Disability. We will seek to make recommendations for the development of Reasonable Adjustments.	Improvements in approaches through our contact	Ongoing	Employment Co-ordinator
Outcome: More people with Learning Disabilities undertaking training/learning activity which helps them to achieve their goals			
Make sure that the learning opportunities commissioned enable young people to be more independent.	Effective courses are commissioned	Ongoing	TBC
Increase the numbers who are taking part in progressive learning. In the first instance we will need to set appropriate baselines.	Effective Baseline Sought. Numbers placed in progressive learning	Ongoing	Transitions team
Outcomes: Improved information, advice and guidance			
We will develop a clear view of where people are referred to and the routes that they take, if they do not meet the FACS criteria of critical and	Report	December	Glyn Jones

substantial or if they are self funding. We are particularly interested here in people with Learning Disability. We will then seek to make sure that signposting is effective, helps the individual and is preventative. This will be through seeking to influence IAG.	Influencing the development of IAG across Southend-on-Sea to be LD friendly.	2015 March 2016	Glyn Jones/LDPB
Promote the use of easy read materials based on the requirements of people with Learning Disabilities. For public sector organisations we would expect this to be done by the service concerned in line with their public sector duty.	Documents produced by different organisations that meet the needs of people with LD.	Ongoing	LDPB/SHIELDS/Glyn Jones
Improve the LDPB website and make appropriate links to useful information, advice and guidance. We will also use the website to promote what people with learning disabilities are doing within their communities. Seek links from other relevant and vibrant/well branded websites.	Better website with increasing hits	November 2014	Glyn Jones and web development team/LDPB
Outcome: People with Learning Disabilities can get what they want from universal services and other services in			

Southend-on-Sea.			
Promote good examples of reasonable adjustments. This involves seeking to link organisations to learn from each other about reasonable adjustments where possible.	Organisations implementing reasonable adjustments	Monitor at March 2015	Glyn Jones/LDPB/SHIELDS
Outcome: People with Learning Disabilities able to travel where they want to``			
Seek the views of people with Learning Disabilities and their carers about using public transport and consider how we can best inform bus and rail companies about their experiences where this might make a difference.	Report produced and recommendations for actions	September 2015	Glyn Jones/Ashley Dalton/LDPB/SHIELDS
Where we can, make sure that services for people with Learning Disabilities are well advertised so that people know about them and will travel to them. This can help increase the demand for and viability of the service and therefore enhance the viability of the transport to it.	Services signposted to IAG	December 2015	Glyn Jones/LDPB/SHIELDS
Consider the specific travel needs of different groups of people with Learning Disabilities, including people with Profound and Multiple Learning Disabilities. (PMLD)	Report	March 2015	Glyn Jones/LDPB
Outcome: More meaningful activities for people with Learning Disabilities enabling better outcomes.			
Await the recommendations from the Project 49/Avro consultation and implement actions from them.	Outcome report then implementation	April 2014 and ongoing	Carol Cranfield

Continue to influence the modernisation of day services, providing stimulating, employment related activity through the commissioning of dynamic services.	Specifications	Ongoing	Carol Cranfield/Matt Harding/Glyn Jones
Consult on the future of services presently provided from the Viking site. This will be done in a way that will seek to improve outcomes for the people that use that service.	Report with recommendations that are implemented.	March 2015	Carol Cranfield
Monitor the outcomes and cost benefits of our approach to activities in relation to the activities that people with Learning Disabilities and their carers want.	Report	April 2016	Glyn Jones/Strategy and Commissioning
BEING SAFE			
Outcome: A safer community with less hate crime.			
Seek ways to publicise successful convictions of hate crime and mate crime.	Report	August 2015	Sarah Range/Glyn Jones
Consider how we might identify hate and mate crime geographical hot-spots and influence policing where we can, to tackle it effectively.	Report	September 2016 and ongoing	Glyn Jones/Strategy and Commissioning
Seek to find better baseline information showing the extent of citizenship and hate crime (if that is possible) within different areas to better understand the impact of actions to tackle hate crime.	Report	September 2016	Glyn Jones/Strategy and Commissioning

Extend the 'Safe Places' project further if it is achieving its objectives.	Expansion of Be Safe Project	Ongoing	Sarah Range/Matt Mint/Strategy and Commissioning
Outcome: Better and safer experience in provider and other organisations with people with Learning Disabilities making difference to those organisations.			
We will continue to assure ourselves that organisations are responsive to people with Learning Disabilities and that people with Learning Disabilities shape organisations. We will do this by auditing where people with learning disabilities are engaged in recruitment, and engaged in other ways. We will then seek to promote best practice by drawing attention to the examples we find. We are likely to do this through a provider event and possibly through presentation to the LDPB. The aim is simply to make best practice the norm.	Audits completed and report produced. Organisations with best practice invited to discuss at LDPB	Sept 2014 December 2014	Karen Peters/Kieron O'Toole/Glyn Jones Carol Cranfield/Glyn Jones
Consider the development of safeguarding processes in relation to the market for Direct Payments	Report and recommendations implemented	January 2015	Sarah Range/Glyn Jones
Implement current plans to improve safeguarding training and its coverage. These plans cover all vulnerable adults, children and young people, and not just those with Learning Disabilities.	Audit stages completed. The first Audit Stage is 31st March 2014.	Ongoing	Southend-on-Sea: Local Safeguarding Children's Board and the Safeguarding Vulnerable Adult's

			Board Training Group.
Consider how to increase the number of complaints by people with Learning Disabilities. We think that the number of complaints can be positive as it is an indicator of people willingness to complain and an organisations willingness to engage in dialogue.	Report and recommendations	December 2016	Glyn Jones/Sarah Range/Charlotte McCulloch
Outcome: Better commissioning activities			
Develop an evidence base of interventions and costs with an understanding of what works and under what circumstances in order to deliver outcomes for people with a Learning Disability.	Report and ongoing to inform commissioning	April 2015	Glyn Jones/Strategy and Commissioning
Develop an understanding of risks and the triggers that lead people to require services in the context of the life-cycle. This is with a view to influencing the appropriate responsiveness of services, including signposting/social marketing and third sector services, and also helps us to predict the demand for services.	Report then recommendations implemented	December 2015	Glyn Jones/Children's and Transitions Commissioner/ Strategy and Commissioning
Consider improving the alignment of the commissioning; contracting; and financial management cycles. This to be done across commissioning for different vulnerable groups: Older people; carers; people with physical and sensory impairments. This will allow further beneficial alignments with our partners enabling us to blend our work with the NHS Commissioning Cycle.	Processes aligned	April 2016	Strategy and Commissioning and Funding/Contracting/Finance
Produce a Market Position Statement on a regular basis and increasingly improve its analysis. This will be done annually and will increasingly	Annual Market Position	July 2014 and	Michael Barratt/Glyn Jones/Sarah Baker

have more impact as we agree models of development with our partners. It will also be consistent with this strategy as it develops. We will also increase our competences in developing MPS's in line with best practice and materials produced by the Institute of Public Care (IPC - Oxford Brookes University).	Statements	ongoing	
As part of the Market Position Statement process we will better co-ordinate the way we communicate with providers about the market including in doing Invitation to Tenders and having general discussions with providers, perhaps inviting more providers to the LDPB.	Communication Strategy and potentially inviting providers to the LDPB to discuss market development ideas	July 2015 and ongoing	Karen Peters/Glyn Jones (Strategy and Commissioning)/Micha el Barratt
Get better intelligence about the activities of private funders (people who can fund their own care to varying extents	Report	September 2016	Glyn Jones/Strategy Commissioning and Funding
Develop better knowledge of non-council sources of funding and investment in social care in Southend-on-Sea which can help businesses grow. These might assist voluntary, or private, with or without social enterprise arrangements.	Report	July 2015	Glyn Jones/Strategy, Commissioning and Funding.
Be clear about the information requirements for successful commissioning across health and social care for people with learning disabilities and use the data available effectively to meet a range of purposes. This will include data to go in the Joint Strategic Needs	Data requirements communicated on	March 2014 and ongoing.	Glyn Jones/Michael Barrett

Assessment (JSNA) and Southend Insight, and also for Learning Disability Market Position Statement (LDMPS).	a regular basis		
Understand how we can influence the voluntary sector in the development of services for people with a Learning Disability that prevent people using 'higher' tier services. Some aspects of this will be through signposting and some might be through selective third sector investment where social capital gains are possible. This might mean mapping existing third sector provision with a view to commissioning services for people with LDs where there are gaps.	Report	September 2015	Glyn Jones/Strategy and Commissioning
Shift strategy and actions more definitively toward the outcomes desired by People with Learning Disabilities. This approach is taken in the Pioneer bid approach in its proposed use of the 'I' questions, developed by TLAP.	Shift commissioning towards outcomes measured towards outcomes desired and achieved	April 2015	Glyn Jones/Michael Barrett/Planning and Engagement
Look at the possibility of commissioning services on a pooled basis for low volume/high cost cases where there is a significant risk of high expenditure swings that different areas are subject to. This depends on evidence of what inputs are required to achieve the desired outcome.	Fit for purpose commissioning at the right geographical level	September 2014	Glyn Jones/CCG (CSU)/Commissioners in other geographical areas.
Look at the possibility of commissioning specialist service on a sub-regional basis where there is an advantage in making services more local (brought to the sub-region) and where the economies of scale require	Fit for purpose commissioning at the right	September 2014	Glyn Jones/CCG (CSU)/Commissioners in other geographical

that services need be delivered across a wider area. Commissioners would need to agree what these services are and this should be based on evidences. (Commissioners at both Hertfordshire and Essex have expressed an interest in developing this approach with us.)	geographical level		areas.
Outcomes: Improved consultation			
Focus consultation through the LDPB and use stories and qualitative accounts of experience and use easy read where we can.	Easy read consultation	Ongoing	LDPB
Find ways to improve consultation with groups of people with Learning Disabilities, for instance those with PMLD	Better communication used	April 2015	LDPB/Glyn Jones/Planning and Engagement
Outcome: Greater equalities			
Analyse where possible the use of Direct Payments by protected characteristics, particularly ethnic minority, to identify where improvements in processes might be made. Where there are issues, this might lead us to focused activity to remove barriers. We will also develop an overall picture of equalities for people with Learning Disabilities in terms of different protected characteristics. Ie Understanding the distribution of ages, genders and ethnic minorities within services.	Report Report	January 2015 March 2015	Glyn Jones Glyn Jones

HEALTH			
Outcome: Improved pathways			
Increase the take up of Annual Health Checks and Health Action Plans and improve their effectiveness.	Increased numbers of Annual Health Checks and Health Action Plans. Approach to be based on data of where there are gaps.	September 2014	Learning Disability Practice Nurses (SEPT) Health Commissioners
Increase the take up of health screening including cancers and make sure that take up reflects the general population.	Increased take up.	September 2014 and then ongoing.	NHS England Learning Disability Practice Nurses (SEPT)
Target people with Learning Disabilities in public health initiatives to improve health and well-being.	Report	September 2014 and then ongoing.	Public Health (Local Authority)
Ascertain across the local health system (Acute and community and primary) where reasonable adjustments can be made and make them, especially where there are quick wins and can be done without significant expenditure. Much of this will be about the developing networks of Learning Disability Nurses that work across acute and community based	Report/outlining potential progress	October 2014	Learning Disability Practice Nurses/CCG

provision.			
Maintain improvements in mental health services for people with Learning Disabilities by making reasonable adjustments in Memory Assessment Services. (This is particularly important given the growth in the number of older people with learning disability. This group has a high prevalence of dementia.)	Developments in Reasonable Adjustments	TBC	TBC
Improve our approach to the Criminal Justice System (CJS). •Understand its processes in relation to people with Learning Disabilities. Including the role of the National Offender Management Services, and the prison service. •Seek to ensure that people with Learning Disability a in the CJS have access to the full range of healthcare provision). This maybe a long term aspiration possibly built on the availability of further resources under joint commissioning approaches. •Develop appropriate pathways from the Criminal Justice System to mental health services, social care, housing, employment and education. Approaches could include diversion schemes. (This adds to our actions for improving responsiveness for people whose behaviour that challenges).	Report of current situation	August 2014	NHS Commissioners/Glyn Jones
Use data across health and social care to develop joined up approaches	Better use of data to achieve	August 2014 and	NHS Commissioners/Micha

for people with Learning Disabilities that lead to better outcomes. We will also need to adapt strategic data sharing to relate to life stage approaches and the conditions that people exhibit through the life-stages. These approaches will develop over the period of the strategy.	outcomes.	ongoing	el Barratt/Glyn Jones
Make sure that people with Learning Disabilities benefit from the planned integration of services and that they are increasingly delivered in the most appropriate location to best meet their needs.	High profile for people with Learning Disabilities	Ongoing	LDPB
Outcome: Improving specialist health care in the light of Winterbourne			
Seek that any new specialist NHS team be built on present strengths; have a 24 hour capacity around emergency support and intensive support, and be co-located with our own team to reinforce the value of place and community. The value of locality is the main emphasis in the Winterbourne Transition Document although commissioners have to work within resource and risk constraints.	Community Specification	Ongoing	CCG/Commissioners
Seek that, if there is a requirement for inpatient Assessment and Treatment Services, then these should be based within Southend-on-Sea. If need be, these might be within local and reasonably adjusted mental health wards. This will increasingly depend on effectively defining the needs of people with Learning Disabilities and Mental Health problems, and responding appropriately.	Specification	Ongoing	CCG/Commissioners
Make our approach to behaviour that challenges align to whole systems approaches to health and social care integration within Southend-on-Sea to achieve sustainable and meaningful change. This includes a clear	Plan for behaviour that challenges	Ongoing	CCG and LA

perspective on the needs of children and young people and their families as they come through the transitions age range.	embedded in integration approaches		