

**Getting a Better Life for Adults with a Learning Disability in  
Telford and Wrekin**

**Adults with Learning Disabilities Strategy for 2008 – 2011**

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## Foreword

The Learning Disability Partnership Board provides a lead for joint working between people with learning disabilities, carers, service providers and voluntary organisations within Telford and Wrekin Primary Care Trust and Telford and Wrekin Council. We have developed this strategy for adults with learning disabilities to set out our vision and direction for the next three years. We will continue to monitor, review and develop a 'rolling programme' of developments which will be taken forward through the Commissioning Action Plan (CAP). The CAP will be updated annually. Overall, our commitment is to making a difference in the everyday lives of adults with learning disabilities living in Telford and Wrekin. This strategy begins that process by focussing specifically on those people who receive services directly from the Telford and Wrekin Council and Telford and Wrekin Primary Care Trust. We recognise that there are other adults with learning disabilities living in Telford and Wrekin who do not use these services and more focussed attention will be given to those individuals in the future.

*"One of the key messages in this strategy is about improving services for adults with learning disabilities and responding to increased demand as more young people and older people enter into provision. To achieve this outcome, we will be developing, improving and changing, as well as seeking to improve equitable access to services. This process of transformation will lead to increased access to healthcare and healthier lives, greater levels of choice, control and independence for adults with learning disabilities, stronger relationships between family carers and the public sector and other stakeholder."*

We realise there are some financial pressures and concerns at the moment and recognise there will always be a need to live within available resources. However, this must be balanced against the major strength within Telford and Wrekin which is its commitment to developing more effective and innovative way of delivering services whilst evolving best practice within the available resources. We can genuinely celebrate the level of active involvement between many different groups and organisations working in Telford and Wrekin. Unfortunately, too often people feel they 'don't know what is going on', or why certain decisions are taken. Therefore, at the heart of our commitment to moving forward must be a real drive to improve communication between all stakeholders so there is a real shared understanding and a 'pulling together' as we take the CAP forward. From my perspective, there is no other way.

I would like to record our thanks to the contribution of many people living and working in Telford and Wrekin in preparing the strategy and action plan, and particularly Kit Roberts, Joint Commissioning Manager and Taking Part for their help in producing the Easy Read summary version.

**Tony Johnson, Mencap and Chair of the LDPB**

**June 2008**

# 1. THE COMMISSIONING STRATEGY

## 1.1 Introduction

This is the first three-year Integrated Learning Disability Commissioning Strategy that sets out the commissioning intentions of Telford and Wrekin Primary Care Trust (PCT) and Telford and Wrekin Council (T&WC) for 2008-2011 for adults with a learning disability. Its purpose is to provide a formal statement of the strategic plans for commissioning, securing, specifying and monitoring services for adults with learning disabilities in Telford and Wrekin, as well as for those who live out of the area. The Strategy is based on ongoing discussion and consultation with a wide range of stakeholders including service users and carers over the last year.

### **This document:**

- describes our vision for our adult learning disability service in Telford and Wrekin;
- provides a framework to support the provision of high quality, responsive and equitable adult learning disability services to support us in meeting national and key local targets;
- identifies information on the levels of current and future need for adult learning disability services in Telford and Wrekin;
- sets out planned actions to achieve a shift towards targeted services that enhance independence and support community-based provision; and
- outlines the shared principles on which the services will be based.

## 1.2 The scope of the commissioning strategy

This strategy covers specialist services for adults with a learning disability in Telford and Wrekin commissioned, purchased or provided by T&WC and PCT either separately or jointly, or by the independent or voluntary sector; as well as mainstream services provided by T&WC Leisure services and others, for example Telford College of Arts and Technology (TCAT). This strategy is a plan which will:-

- effect change in the configuration of learning disability services to meet the needs of the adult population of Telford and Wrekin;
- provide a statement of commitment about the way in which Commissioners intend to purchase services for this population in the future; and
- set out a clear direction of travel for providers of learning disability services.

## 1.3 The services

The strategy covers the commissioning intentions in respect of adult learning disability services in the following areas:

- Advocacy and the empowerment of service users;

- Support for pathways into further education, training and employment;
- Increased choice and control via Direct Payments and Personalised Budgets;
- Housing and accommodation arrangements;
- Daytime opportunities;
- Access to specialist and mainstream healthcare services; and
- Carers' support.

#### **1.4 The service users**

Learning disability may be genetic in origin (e.g. Down's syndrome) or due to factors operating in the antenatal or postnatal periods (e.g. infections such as rubella, birth trauma or prematurity). However, the cause is usually not identified in mild learning disability and remains unknown in up to 30% of people with severe learning disability. The term 'adults with learning disabilities' applies to those individuals aged between 18 and 65+, encompassing a wide spectrum of needs including people with characteristics:

- learning disability (mild, moderate and severe);
- profound, intellectual and multiple disability (PIMD);
- challenging behaviour;
- Autistic Spectrum Disorder linked to learning disability; or
- adults with learning disabilities and additional mental health needs (dual diagnosis).

#### **1.5 Stakeholders**

- |   |   |  |
|---|---|--|
| • Learning Disability Partnership Board | • The Locality Planning Group (service users)       | • Carers                                     |
| • Primary Care Trust                    | • Local Authority                                   | • Foundation Trust                           |
| • Taking Part                           | • Independent residential and domiciliary providers | • Providers of day time activities e.g. TCAT |

#### **1.6 The strategic vision**

To fulfil our mission of improving the quality of life for adults with learning disabilities, our vision is for:

All of us to work together in Telford and Wrekin to provide a high quality, affordable service which gives adults with learning disabilities better chances to:

- live healthier lives;
- make choices relevant to their lives;
- receive the care and support they need - when they need it; and
- become more involved in community life.

At the heart of this vision is Telford and Wrekin's commitment to:

- focusing on the person;
- independence and choice for adults with learning disabilities;
- dignity and respect;
- good quality services;
- an underpinning 'enabling approach'; and
- value for money linked to longer-term sustainability.

### **1.7 The underpinning principles**

The principles which will underpin and inform the strategy are:

- a sense of urgency for change;
- focus on developing inclusion and fostering independence;
- put adults with a learning disability and their carers at the heart of planning and developing services;
- proactively promote positive health, aiming to enhance well-being and to avoid risk or crisis;
- increased self-management, choice and control;
- inclusion of adults with a learning disability in all aspects of community life;
- provision of a range of flexible, accessible, quality services to support adults with a learning disability in living fulfilling lives;
- adopt a person centred approach to service planning, exploring the range of issues that impact on adults with learning disabilities;
- financial investment to secure best quality of services within available resources;
- commitment to communicate effectively with all stakeholders; and
- genuine partnership working to build a whole-system approach, ensuring that a range of agencies and stakeholders are involved.

### **1.8 The strategic themes and high-level outcomes**

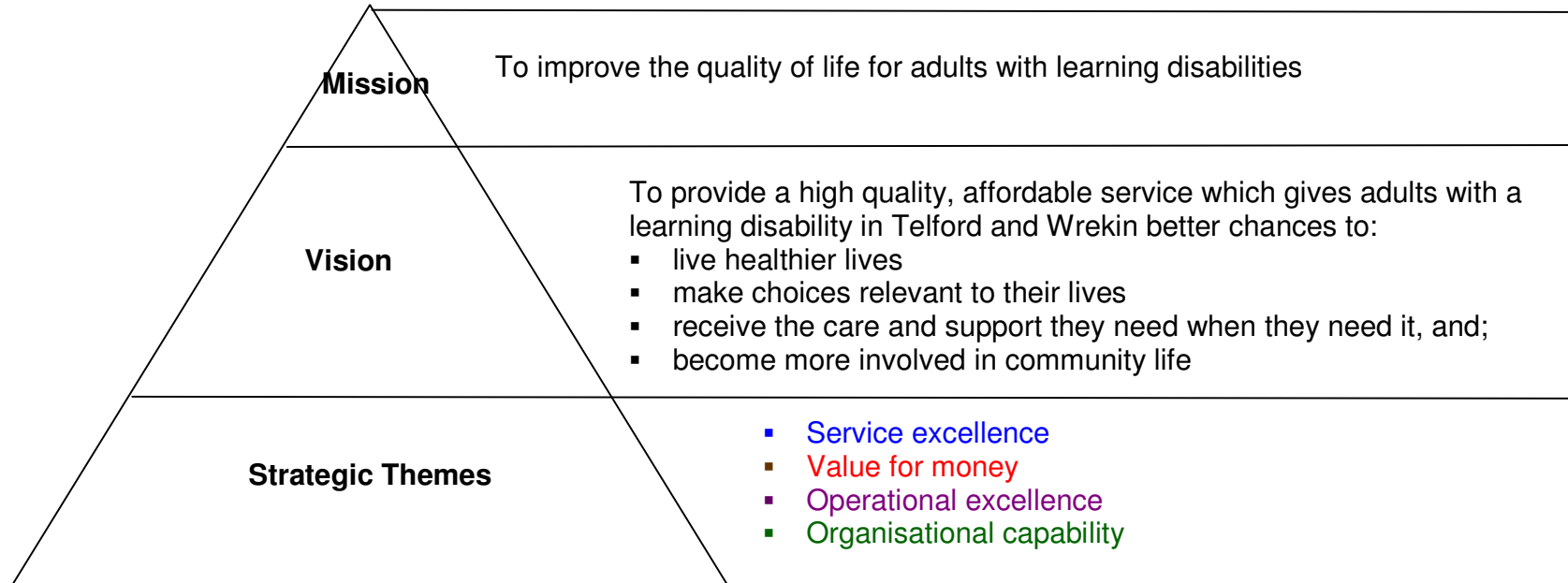
In order to achieve the strategic vision the programmes of change have been grouped into four strategic themes covering:

- service excellence – service provision, development, quality and equality;
- value for money – sustainability, affordability and good governance;
- operational excellence – infrastructure, systems and processes; and
- organisational capability – employee engagement and competence.

Within each of the four themes a number of high-level outcomes have been identified - Figure 1 on page 7 provides an overview of the bigger picture.

Table 1 on pages 8 - 10 outlines the high level outcomes and actions that underpin the strategic themes. Detailed actions and programmes are set out in the Commissioning Action Plan (CAP) in Section 6, which starts on page 31.

Figure 1. An overview of the bigger picture



**The high-level outcomes are to make sure that:**

- The delivery of person-centred provision enables choice and control
- The provision of services to adults with a learning disability supports them, and their carers, and allows them to access a range of life opportunities
- The planning and funding of services delivery is affordable now and in the future
- The services commissioned, and contracted for, are both high quality and financially robust
- The externally-facing business processes are effective and efficient in supporting service delivery
- The infrastructure systems and processes are high quality and fit for purpose
- Employers recruit, develop and retain staff who are competent to deliver a high quality service to adults with a learning disability
- Employees are engaged, motivated and highly skilled

Table 1. Overview of the links between the strategic themes, high-level outcomes and areas for action

Which strategic theme are we looking at?	What is the high-level outcome?	How will we work towards making that happen? We will:	What are our specific objectives?
<a href="#">SERVICE EXCELLENCE</a> (page 31)	The delivery of person-centred provision enables choice and control	<ul style="list-style-type: none"> <li>▪ Optimise opportunities for individuals to make their own decisions wherever possible</li> <li>▪ Improve service delivery</li> </ul>	<ol style="list-style-type: none"> <li>1. <a href="#">To increase the involvement of adults with a learning disability in civic and community life and speaking for themselves</a> (page 31)</li> <li>2. <a href="#">To increase the number of adults with a learning disability using Direct Payments or having access to Personal Budgets</a> (page 31)</li> </ol>
	The provision of services to adults with learning disabilities supports them, and their carers, and allows them to access a range of life opportunities	<ul style="list-style-type: none"> <li>▪ Develop housing and accommodation that meets the needs of all adults with learning disabilities</li> <li>▪ Develop effective strategies to effectively engage mainstream healthcare professionals</li> <li>▪ Improve access to transport, leisure, information, life long learning and support that promotes well-being.</li> <li>▪ Improve the availability of advice and information in accessible formats.</li> <li>▪ Optimise carer support and engagement</li> </ul>	<ol style="list-style-type: none"> <li>3. <a href="#">To increase the number of adults with a learning disability moving into paid/ voluntary full or part time employment</a> (page 32)</li> <li>4. <a href="#">To increase the range of housing and accommodation provision allowing greater choice, increased independence and improved quality of life.</a> (page 33)</li> <li>5. <a href="#">To develop a range of day, specialist and mainstream service provision in different areas of T&amp;W to meet the needs of service users and carers, encouraging greater independence where possible.</a> (page 34)</li> <li>6. <a href="#">To match the needs of learners with the services available, so as to achieve greater levels of skill and understanding, leading to increased inter and independence and preparation for employment.</a> (page 34)</li> <li>7. <a href="#">To meet the health needs of adults with a learning disability within the community</a> (page 35)</li> <li>8. <a href="#">To reduce and ultimately remove health inequalities</a> (page 36)</li> <li>9. <a href="#">To improve support and engagement with carers</a> (page 37)</li> </ol>

Which strategic theme are we looking at?	What is the high-level outcome?	How will we work towards making that happen? We will:	What are our specific objectives?
<u>VALUE FOR MONEY</u> (page 37)	The planning and funding of services delivery is affordable now and in the future	<ul style="list-style-type: none"> <li>▪ Improve financial/asset management</li> </ul>	10. <u>To ensure equitable distribution of finite resources</u> (page 37)
	The services commissioned and contracted for are both high quality and financially robust	<ul style="list-style-type: none"> <li>▪ Improve partnership working</li> <li>▪ Improve joint commissioning and contracting</li> </ul>	11. <u>To support adults with a learning disability through comprehensive assessment, recording and working with all other relevant stakeholders, including carers</u> (page 37) 12. <u>To improve the quality of commissioning and contracting of services for adults with a learning disability</u> (page 38) 13. <u>To develop a systematic approach to improving the standard and quality of services for adults with a learning disability</u> (page 41)
<u>OPERATIONAL EXCELLENCE</u> (page 42)	The externally-facing business processes are effective and efficient in supporting service delivery	<ul style="list-style-type: none"> <li>▪ Improve the streamlining and alignment of transition</li> <li>▪ Improve intelligence and data management</li> </ul>	14. <u>To manage the transition of young, older &amp; out of area individuals entering into services efficiently and effectively</u> (page 42)
	The infrastructure systems and processes are high quality and fit for purpose	<ul style="list-style-type: none"> <li>▪ Establish effective, high quality business processes</li> <li>▪ Maximise and exploit the use of technology</li> </ul>	15. <u>To develop a comprehensive, robust operational and financial infrastructure across T&amp;WC and PCT</u> (page 43)

Which strategic theme are we looking at?	What is the high-level outcome?	How will we work towards making that happen? We will:	What are our specific objectives?
<u>ORGANISATIONAL CAPABILITY</u> (page 44)	Employers recruit, develop and retain staff who are competent to deliver a high quality service to adults with a learning disability	<ul style="list-style-type: none"> <li>▪ Improve employee attraction and retention</li> </ul>	16. <u>To have a skilled and motivated workforce</u> (page 44)
	Employees are engaged, motivated and highly skilled	<ul style="list-style-type: none"> <li>▪ Enhance the employee experience</li> <li>▪ Increase employee expertise</li> </ul>	

As part of a range of initiatives, the Government is striving to promote:

- fairer access to health and social care services;
- an end to discrimination on grounds of race, gender and disability;
- social inclusion, including assistance to disadvantaged individuals in gaining employment;
- more integrated health and social care services leading to overall improvement in health and well being;
- better use of resources through applying the principles of Best Value to the commissioning of services.

The strategic themes and desired outcomes set out above have been designed to support those overarching ambitions.

## 1.9 The issue of inequality

Public Sector organisations have a statutory responsibility to promote race, disability and gender equality. The development and implementation of this strategy provides a real opportunity to address equalities issues as they relate to learning disability services.

We know that disabled people experience disadvantage in many aspects of daily life. This was highlighted starkly in the 2005 report *Improving the Life Chances of Disabled People*<sup>1</sup>. It found that, compared with non-disabled people, disabled people are:

- **more likely to live in poverty** – the income of disabled people is, on average, less than half of that earned by non-disabled people
- **less likely to have educational qualifications** – disabled people are more likely to have no educational qualifications
- **more likely to be economically inactive** – only one in two disabled people of working age are currently in employment, compared with four out of five non-disabled people
- **more likely to experience problems with hate crime or harassment** – a quarter of all disabled people say that they have experienced hate crime or harassment, and this number rises to 47% of people with mental health conditions
- **more likely to experience problems with housing** – nine out of ten families with disabled children have problems with their housing
- **more likely to experience problems with transport** – the issue given most often by disabled people as their biggest challenge.

These areas of inequality are compounded in some areas for people with learning disabilities or mental health conditions, and this can cause cumulative problems which add up to an even bigger impact on their chances in, and quality of, life.

In September 2006 the Disability Rights Commission (DRC) published a report entitled *'Equal Treatment: Closing the Gap'* following its eighteen month investigation into physical health inequalities experienced by people with learning disabilities and/or mental health problems in England and Wales. The report highlighted the scale of inequalities they face and calls for urgent action on a range of fronts. The evidence of inequalities is overwhelming as a result of systemic problems.

It is of course important to note that disabled people have multiple identities and can be subject to other forms of discrimination too - for example race discrimination. In November 2001 the Department of Health published a report<sup>2</sup> on ethnicity and learning disability that established that people in ethnic minority communities face

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<sup>1</sup> Improving the Life Chances of Disabled People, DWP/DH/DfES, 2005

<sup>2</sup> A Study of the Commissioning of Services for People of Black and Minority Ethnic Origin with Physical Disabilities and/or Sensory Impairments, Aged 18-64 Years, DH, 2001

substantial inequalities and discrimination in employment, education, health and social services.

Within the Telford and Wrekin Council equality and diversity issues have been or will be embedded into the following key documents; A Sustainable Community Strategy, the Corporate Plan and the Council Portfolio Strategic Delivery and Business Plans. The Telford and Wrekin Council and Telford and Wrekin PCT have each produced Disability Equalities Schemes in line with the requirements of the Disability Discrimination Act (1995). They also work closely with Telford Race Equality and Diversity Group (TRED).

### **1.10 Commissioning for change**

The strategy will be implemented through good commissioning practice. This requires the commissioning process to be informed by the local and national policy context and the needs and emerging trends of the identified population.

The commissioning process is concerned with enhancing the quality of life of service users and carers by:

- having the vision and commitment to improve services;
- connecting with the needs and aspirations of service users and carers;
- making the best use of all available resources;
- developing an understanding of demand and supply;
- linking financial planning with data, intelligence, service planning and commissioning; and
- developing relationships and working in partnership.

### **1.11 The fit with the commissioning cycle**

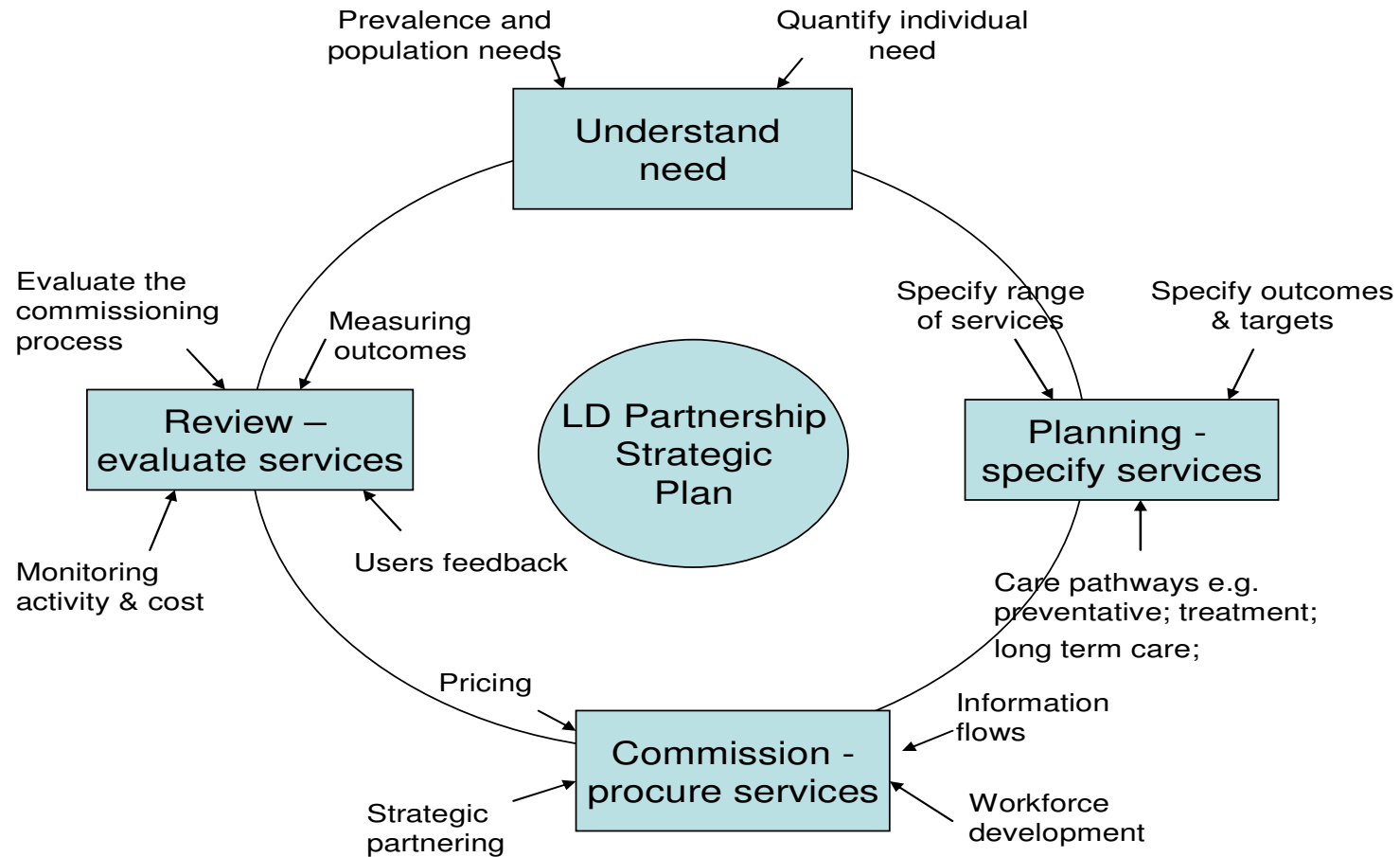
Key themes within the strategy are those that focus on:

- ensuring service provision is centred on the needs of service users;
- managing resources – human, financial, informational and technological – to maximise their contribution to the achievement of strategic outcomes; and
- working effectively with key stakeholders to plan, fund and commission the delivery of high-quality provision.

These themes align to the components of the commissioning cycle which is set out as a visual outline in Figure 2 on page 13.

Whilst the commissioning cycle sets out the ‘process’ elements of what is involved, issues around the governance of commissioning of services for adults with a learning disability are set out in Appendix 2.

Figure 2. The Commissioning Cycle



(From the Toolkit for Commissioning Health Services for People With Learning Disabilities – NHS West Midlands/CSIP 2007)

## 2. THE DRIVERS FOR CHANGE

As Telford and Wrekin move forward in developing and delivering services to adults with learning disabilities they take into account some of the major national legislation and guidance, as well as local circumstances and priorities.

The main drivers for change fall into three broad categories:

- changes to commissioning;
- national drivers (figure 3 on page 16 and figure 4 on page 18); and
- local drivers (table 4 on page 22).

### 2.1 Changes to the commissioning approach

The current way that adult learning disability services are commissioned, contracted and provided for need to be understood better, including present and future financial spend. With the publication of '*World Class Commissioning*', there is an increased emphasis on the role of effective commissioning to drive improvement and change across both health and social care, together with a new formal assessment of commissioning competence.

'*Putting People First*' is a major change programme, to be conducted over the period from now until 2011 and sets out to transform the way in which we deliver adult social services. Part of that change programme includes the implementation of a universal approach to the commissioning and delivery of social care, with stronger regulation to ensure it is a high quality service.

The emphasis of the learning disability agenda is moving away from a focus on structures and the delivery of collective, specialist provision, towards people and the provision of personalised or individual services. A pre-requisite to the development of such a personalised service to adults with a learning disability will be a change to both the way services are commissioned and the mechanisms and systems which support that.

### 2.2 National drivers for change

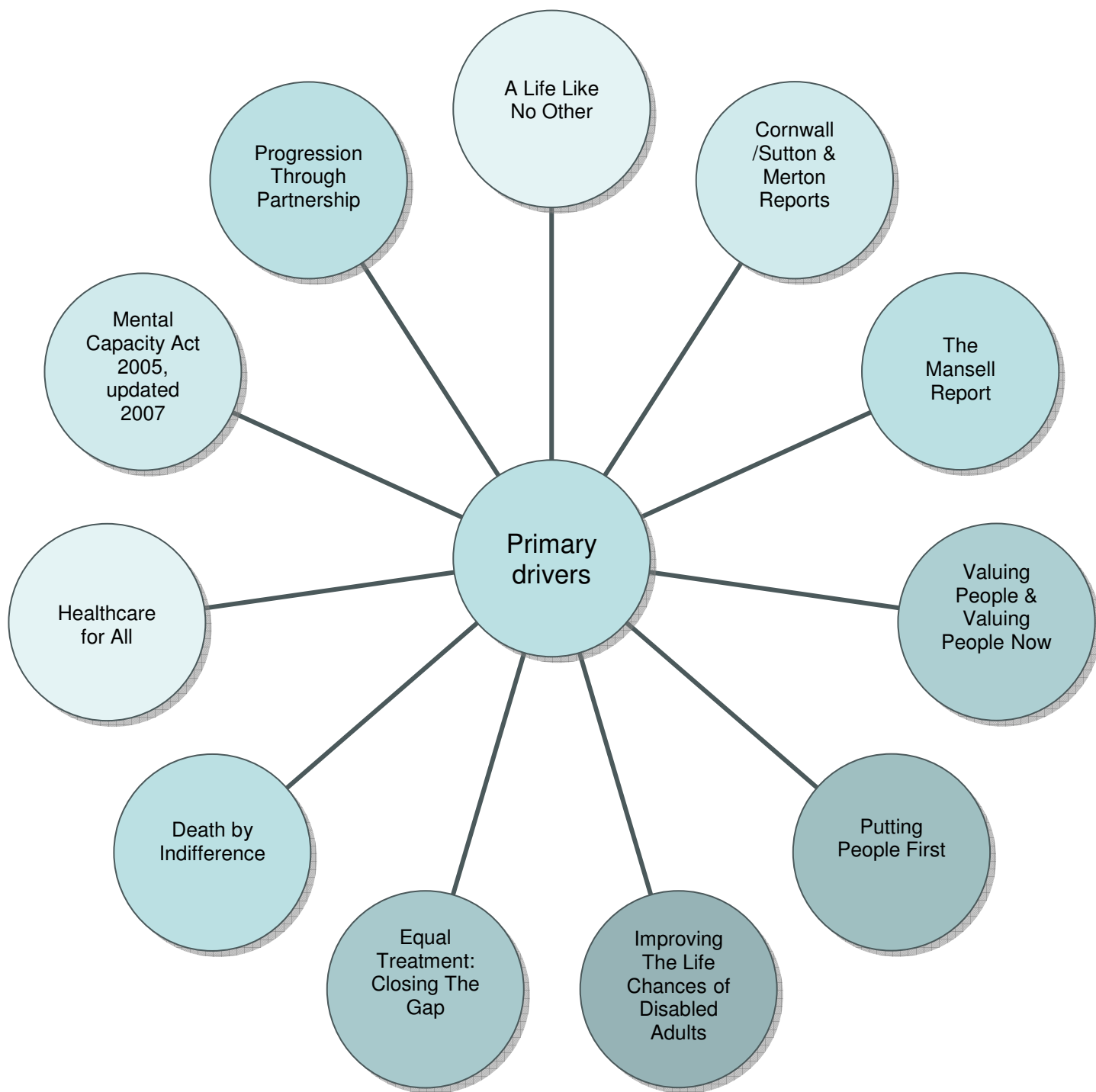
In addition to the reports mentioned in section 1.9 a number of reports, strategy papers and research findings have shaped this commissioning strategy.

Whilst an overview of the (national) primary drivers for change is provided in Figure 3 on page 16 and Table 2 on page 17, some key messages emerge:

- if progress is to be made in tackling inequalities, it will be essential that relevant health and social care organisations focus on facilitating community inclusion by enabling life choices for, and protecting the rights of, those with a learning disability;
- in order to realise the government's vision of providing high quality care which is responsive to individual needs, health and social care authorities need to evaluate their current commissioning infrastructure to make it is fit for the purpose of supporting the development of personalised care;
- if the health inequalities of people with learning disabilities and/or mental health problems in their area are to be addressed, local Councils, PCTs and practice-based commissioners will need to forge strong strategic and operational links in carrying out their assessments of local health needs;
- in order to avoid people with learning disabilities being placed away from their local communities, it will be essential for those commissioning health and social care services to focus on providing access to housing and opportunities 'closer to home';
- if adults with a learning disability are to be given more choice, autonomy and control over the services they purchase, service delivery will need to be personalised through the use of Direct Payments and Personal Budgets;
- in order to truly transform adult social care, it will be essential that those involved in the provision of learning disability services have a strong focus on the outcomes being achieved for people, moving away from a focus on inputs and outputs;
- if people with learning disabilities are to be able to access mainstream services and move away from specialist provision, health and social care organisations will be critical to ensuring those people and their carers have access to information about their rights and options, and the training and support they need to be able to exercise those options;
- in order to improve the work opportunities for people with a learning disability, health and social care organisations will need to develop a strategy in partnership with local providers, employers and other agencies to remove the barriers to paid employment. This approach will link into other initiatives linked to worklessness for a range of vulnerable groups living in Telford and Wrekin; and
- if we are to transform learning disability services, it will be critical that the staff involved in the delivery of those services receive appropriate support and encouragement to extend their existing skills and competence.

An overview of the secondary (national) drivers for change is provided in Figure 4 on page 18 and Table 3 on page 19

Figure 3. The 'drivers for change' context specific to adults with learning disabilities



#### Increased local demand

In addition to the policy/report drivers outlined above, local growth forecasting suggests that the number of people with learning disabilities accessing services provided by Telford and Wrekin Council and Telford and Wrekin Primary Care Trust could increase by up to a maximum of circa one hundred in the next few years – this comprises approximately 67 young people with learning disabilities, 32 older people with learning disabilities and the return to Telford and Wrekin Borough of five people who are currently located out of area.

Table 2. Summary of the reports that are national drivers for change

Title	Covering
<a href="#">A Life Like No Other</a> <sup>3</sup>	A national audit of specialist inpatient healthcare services for adults and young people with learning difficulties and an outline of the resulting Healthcare Commission actions to be taken
<a href="#">The Cornwall Report / Sutton and Merton Report</a> <sup>4</sup>	Investigations into allegations of abuse against adults with learning disabilities and recommended actions to prevent any future recurrence
<a href="#">The Mansell Report</a> <sup>5</sup>	Proposals for changes to commissioning of services for people with learning disabilities to meet the needs of people in area, rather than moving out of area
<a href="#">Valuing People</a> and <a href="#">Valuing People Now</a> <sup>6</sup>	Outline of four key principles (legal and civil rights, independence, choice and inclusion) that need to inform the way services are developed for people with learning disabilities and an updated consultation on people's views on the priorities for the learning disability agenda
<a href="#">Putting People First</a> <sup>7</sup>	Outline of the government vision for the development of a personalised adult social care system
<a href="#">Improving The Life Chances of Disabled People</a> <sup>8</sup>	Identification of the four key areas where activity is required to improve the life chances of disabled adults
<a href="#">Equal Treatment: Closing the Gap</a> <sup>9</sup>	An investigation into the health inequalities experienced by people with mental health problems and/or learning disabilities in England and Wales.
<a href="#">Death by Indifference</a> <sup>10</sup>	An investigation by Mencap into the deaths of six people who died whilst in the care of health services
<a href="#">Healthcare for All</a> <sup>11</sup>	The report of the independent inquiry into access to healthcare for people with learning disabilities
<a href="#">Mental Capacity Act 2005, updated 2007</a>	Introduction of the new statutory role of the Independent Mental Capacity Advocate (IMCA)
<a href="#">Progression through Partnership</a> <sup>12</sup>	Joint working between health, education and work and pensions on the role of further education in supporting people with learning disabilities to live fulfilling lives

<sup>3</sup> A Life Like No Other, Commission for Healthcare Audit and Inspection, 2007

<sup>4</sup> Investigation into the provision of services for people with learning disabilities (PLD) at Cornwall Partnership NHS Trust, Healthcare Commission, 2006; Ditto - Sutton and Merton PCT, Healthcare Commission, 2007

<sup>5</sup> Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs, DH, 2007

<sup>6</sup> Valuing People, DH, 2001 and Valuing People Now, DH, 2007

<sup>7</sup> Putting People First, ADSS/DH/LGA, 2007

<sup>8</sup> Improving the Life Chances of Disabled People, DWP/DH/DfES, 2005

<sup>9</sup> Equal Treatment: Closing the Gap, DC, 2006

<sup>10</sup> Death by Indifference, Mencap

<sup>11</sup> Healthcare for All, Sir Jonathan Michael, 2008

<sup>12</sup> Progression Through Partnership, DfES/DH/DWP, 2007

Figure 4. The broader health, social care and commissioning context to the national 'drivers for change'

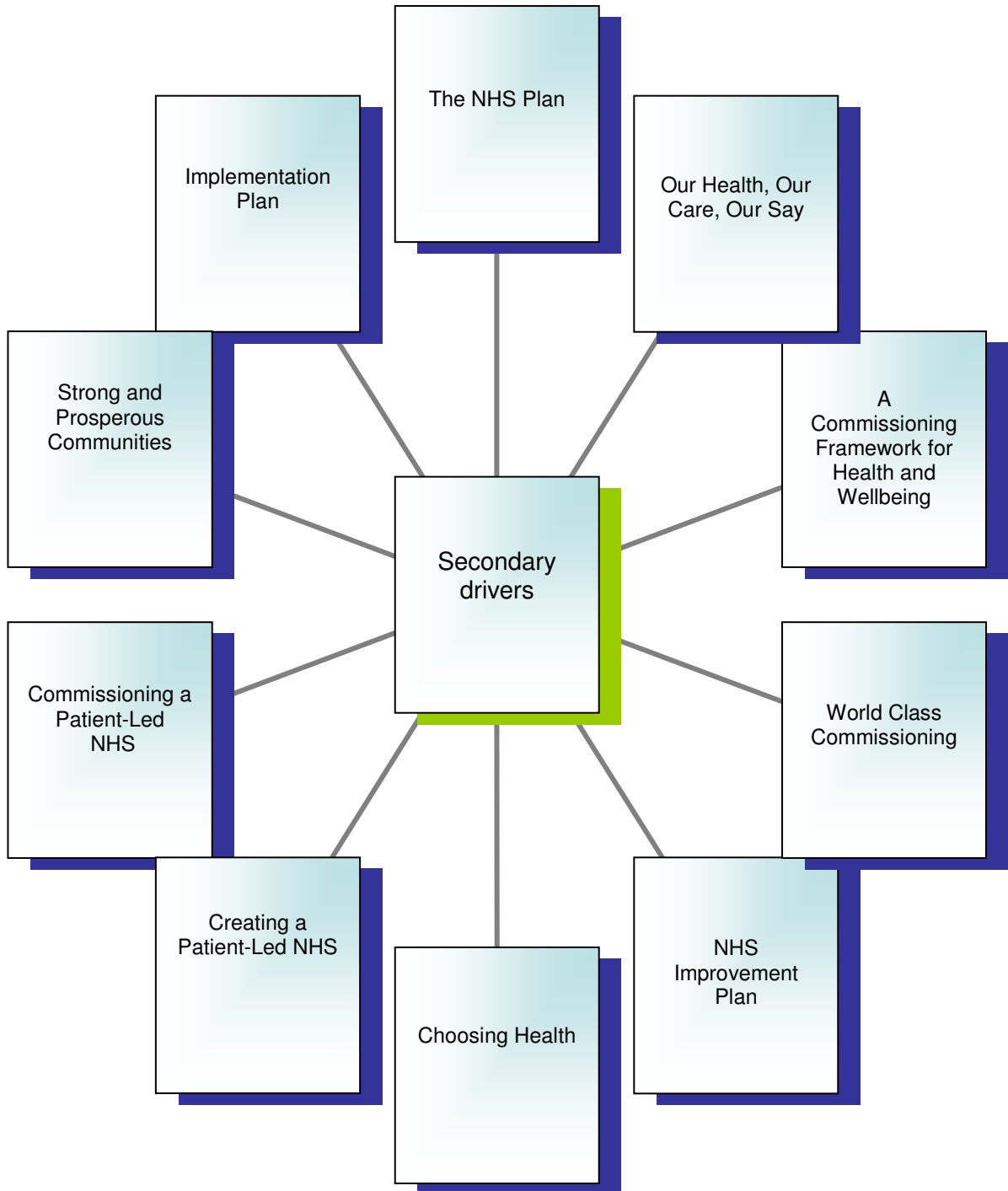


Table 3. Summary of the broader reports that are national drivers for change

Title	Covering
<a href="#">The NHS Plan</a> <sup>13</sup>	The government policy framework for a 10-year process of reform, designed to achieve the vision of a health service designed around the patient as well as changes between health and social services.
<a href="#">Our Health, Our Care, Our Say</a> <sup>14</sup>	The government vision for reforming and improving community provision to create health and social care services focusing on prevention, health promotion and wellbeing.
<a href="#">A Commissioning Framework for Health and Wellbeing</a> <sup>15</sup>	Identification of the eight steps which, when followed, provide personalised services which are flexible, integrated and responsive to individual need and choice.
<a href="#">World Class Commissioning</a> <sup>16</sup>	A programme that aims to transform the way health and care services are commissioned, including a set of world class commissioning competencies, an assurance system and a support and development framework
<a href="#">NHS Improvement Plan</a> <sup>17</sup>	A description of the priorities for the NHS between 2004-2008 to support the 10-year reforms in The NHS Plan
<a href="#">Choosing Health</a> <sup>18</sup>	Outline of three core principles (informed choice, personalisation and working together) that underpin a new public health approach
<a href="#">Creating a Patient-Led NHS</a> <sup>19</sup>	Strategy for the next phase of NHS reform, setting out further changes to the system to give patients more choice and more personalised care
<a href="#">Commissioning a Patient-Led NHS</a> <sup>20</sup>	An outline of the next steps in delivering a patient-led NHS which include new service delivery models and a change in the role of PCTs to focus upon strategic commissioning and to support Practice Based Commissioning.
<a href="#">Strong and Prosperous Communities</a> <sup>21</sup>	A strategy for a new direction for Local Government which includes the need to cooperate with non-LA partners in planning, consultation and the creation of a Health and Well-Being Partnership and which encourages greater use of personalised budgets for Local Authority services.
<a href="#">Implementation Plan</a> <sup>22</sup>	Description of the five key workstreams (including Governance and empowerment) within the approach to implementing the Local Government White Paper – above.

<sup>13</sup> The NHS Plan, DH, 2000

<sup>14</sup> Our Health, Our Care, Our Say, White Paper, DH, 2006

<sup>15</sup> A Commissioning Framework for Health and Wellbeing, DH, 2007

<sup>16</sup> World Class Commissioning

<sup>17</sup> NHS Improvement Plan, DH, 2004

<sup>18</sup> Choosing Health – Making Healthy Choices Easier, DH, 2004

<sup>19</sup> Creating a Patient-Led NHS – Delivering the NHS Improvement Plan, DH, 2005

<sup>20</sup> Commissioning a Patient-Led NHS, DH, 2005

<sup>21</sup> Strong and Prosperous Communities, The Local Government White Paper, DCLG, 2006

<sup>22</sup> Implementation Plan, DCLG, 2007

## 2.3 Local drivers for change

The following are some of the key factors and challenges that need to be addressed in looking at future services for adults with a learning disability in Telford and Wrekin:

## 2.4 Local Population Profile

Statistical data from the *CIPFA and Department of Health* returns for 2005/06 indicates that there are 7,000 adults with learning disabilities living in the Borough. However, this figure is approaching 50% higher than that identified by the Health Authority and includes a large number of people who do not meet the criteria nor require services from either authority. Further work will take place over the next three years to establish increasingly robust and validated data relating to adults with learning disabilities and other vulnerable adults in Telford and Wrekin.

Care First data from Telford and Wrekin Council identified an average of around 443 adults with learning disabilities who are allocated to the Joint Community Learning Disability Team (JCLDT) and who are currently receiving services. Some of these people are in Out of Area placements. As Care First is considered to be the most accurate source of information on the regular users of services in Telford and Wrekin, it is their information that is used within this strategy. Detailed data information is contained in Appendix 1.

Telford and Wrekin PCT estimates figures of around 1,600 – 3,300 people with mild learning disabilities and 500 – 650 people with severe learning disabilities living in the area.

Access to specialist services provided by the T&WC is based on an assessment against Fair Access to Care (FACS).

Currently, we are not able to validate data relating to adults with learning disabilities across public sector organisations, due to incompatible technological systems and issues of confidentiality.

## 2.5 Annual Report of the Director of Public Health for T & W 2005

This report included a section on health related issues for people with learning disabilities. The report provides a summary of health problems associated with learning disability.

- **Hearing problems** 40% of people with a learning disability have hearing problems
- **Poor dental health** 37% of people with a learning disability and 80% of adults with Down's Syndrome have gum and dental problems
- **Visual problems** People with a learning disability are more likely to have visual problems
- **Thyroid problems** People with a learning disability have greater risk of thyroid problems, particularly people with Down's Syndrome
- **Osteoporosis** People with a learning disability tend to develop osteoporosis at a younger age than the general population and experience more fractures

- **Swallowing difficulties** People with a learning disability are more likely to suffer from dysphagia, which can lead to respiratory tract infections, than the general population
- **Mental health** One in three people with a learning disability experiences mental health problems
- **Dementia** 22% of people with a learning disability experience dementia
- **Epilepsy** 22% of people with a learning disability have epilepsy
- **Schizophrenia** 3% of people with a learning disability have schizophrenia

## 2.6 Local Authority perspective

## 2.7 Self assessment survey

T&WC's Adult and Consumer Care Portfolio publish a twice-yearly *Self Assessment Survey* which highlights the key targets for all services including those for adults with a learning disability for the coming year.

## 2.8 Registered Care Homes

The Commission for Social Care Inspection (CSCI) inspects eighteen care homes, seventeen domiciliary facilities and two Nursing Agencies in Telford and Wrekin. Telford and Wrekin Council have increasing responsibility for monitoring the quality of all care homes and assisting providers in improving standards of care. Not all services are solely for adults with learning disabilities.

Discussions are currently taking place between the Commission for Social Care Inspection (CSCI) and Telford and Wrekin Council, with the intended outcome of producing a comprehensive level of data and intelligence relating to all residential and domiciliary care provision within the Borough of Telford and Wrekin. An early outcome of this work has been the creation of an information-sharing protocol.

## 2.9 Relevant Strategies and Plans

This strategy is one of a number of joint commissioning strategies for different client groups in health and social care. Of particular relevance to this strategy are:

- The Carers Strategy;
- Older Adults Strategy;
- Supporting People Strategy;
- The Disabled Children and Young People Strategy;
- Housing Care and Support Strategy;
- Housing Strategy: 'A place to Live';
- Long-Term Conditions Strategy; and
- The Telford & Wrekin Primary Care Trust Local Delivery Plan.

Table 4 on page 22 outlines the key points of the main local strategic papers.

Table 4. Summary of the reports that are local drivers for change

Source	Key points
Telford and Wrekin State of the Borough Report (T & W, 2006, updated 2007)	<ul style="list-style-type: none"> <li>• In February 2005, 1% of the working age population in Telford and Wrekin were receiving Disability Living Allowance. This represents 0.32% increase over five years (2006)</li> <li>• Officers of the Council and the PCT were asked “to carry out a review of the current sub-structure of planning groups, National Service Framework, Local Implementation Teams and partnership groups across health and adult social care and community services” (2007)</li> </ul>
Telford and Wrekin Local Strategic Plan - <i>Vision 2026</i> (T & W, 2006)	<p>Particularly relevant within the 6 ambitions outlined in Vision 2026 are elements of Priority 5 which include to:</p> <ul style="list-style-type: none"> <li>• reduce inequalities in health, as well as treating illness will improve the overall well being of the community</li> <li>• provide greater informed choice for service users and improve their access to community services, especially for older people and those who are most vulnerable</li> </ul>
Adult and Consumer Care Portfolio and Business Plan for 2007/08 – 2009/10 (T & W 2007)	<p>The outline of a vision focused on the key themes of providing:</p> <ul style="list-style-type: none"> <li>• a place to live</li> <li>• a place to work</li> <li>• protection and support for vulnerable people and</li> <li>• services that are fit for purpose.</li> </ul>
Care and Support Strategy for Telford and Wrekin (T & W in conjunction with Univ. of Birmingham, 2006)	<p>The outline of a vision to develop easy to understand and accessible technology as part of care and support services for Telford and Wrekin older, disabled and vulnerable citizens so they have more control and choice in achieving their potential for independent living.</p>
Telford and Wrekin Learning Disability Partnership Board (LDPB)	<p>The LDPB is accountable to T &amp; W Adult Health &amp; Well-being Partnership Board (PB). Currently, all PBs and Local Implementation Teams (LITs) are being reviewed. Changes may be introduced to improve structural effectiveness within the Local Strategic Partnership. Linked to Putting People First and World Class Commissioning, LDPB will have an increasingly strategic role in commissioning services in the future.</p>
Telford and Wrekin Housing and Accommodation strategy	<p>‘A place to Live – a Housing Strategy for people with learning disabilities in Telford and Wrekin’.</p>

## **3 FUTURE DEMAND**

### **3.1 Transition: Young people**

During the next four years (2008 – 2012) sixty seven young people with learning disabilities are expected to enter into services. This includes:

Autism	29
ADHD	6
Physical Disability (weight bearing/ non PMLD)	18
Profound and Multiple Learning Disability	7
Challenging Behaviour	23
Rare Disorder	8
Epilepsy	13
Sensory Impairment	10

Anticipated service needs for these individuals are outlined below. Whilst this information may change, it gives information to support and inform future planning. This level of detailed information has only recently become available via the Person-Centred Planning and Transition Team. This team was only formed in October 2007 and as a result it is not possible to provide historic information in this format.

Direct Payment	17
Physiotherapy/Occupational Therapy	36
Funded Personal Care/Support	40
Need accommodation in area, not at home	18
In current Out of Area residential placements	5
Require Out of Area specialist college/residential	10
Social Inclusion services	47
Transport	49
Protection/Family issues	11
Respite	42
Health/community nursing	42
Continuing Health Care	10

*Source: PCP and Transition Team June 2008*

### **3.2 Transition: Older People**

Information from the Carers Contact Centre indicates that thirty two older people with learning disabilities are currently living with elderly family carers. In some instances, the person with a learning disability is also a care provider to their elderly family carer.

### **3.3 Return from out of area placements**

Current assessment of individuals who are located out of area, excluding those placed by the West Midlands Specialist Service Agency indicates five people may return to Telford and Wrekin Borough over the next few years.

### **3.4 Numbers of people leaving services.**

Through the work of a range of colleagues in Telford and Wrekin Adult and Consumer Care and Telford College of Arts and Technology (TCAT) individuals leave services every year progressing into accessing mainstream services or other activities including employment. In addition, a small number of people die each year with an average of five per annum in the last five years.

### **3.5 Total anticipated growth**

This indicates that the number of adults accessing learning disability could increase by around hundred. What is not yet known is the detailed, future cost projections for such a demand. However, working on figures of current demand at around 443, this could be around a 20+% increase. More detailed work will take place to improve the level of detailed knowledge of increasing, future demand.

### **3.6 Out of Area Placements**

Out of area placements are used to support those who:

- require special facilities,
- are in forensic services , with a record of offending behaviour,
- have lived in an area for a significant period of time, and
- their needs cannot be met in Telford and Wrekin/Shropshire.

Both authorities are keen to maintain placements of younger people in the Telford and Wrekin/Shropshire area in the future. Out of area placements costs are mainly funded by Telford and Wrekin Primary Care Trust. A small number of individuals are funded by both authorities. West Midlands Specialist Support Agency funds placements for individuals who require secure services, via PCT funding.

### **3.7 Planning for growth**

The number of adults with learning disabilities requiring services will increase (above) and the Local Authority has taken account of this expected increase and allocated additional resources. However, spend for this area of service is relatively high and above budget. Whilst there is an increasing demand for services, there is also a strong commitment to operating services within agreed budgets. Both the Local Authority and the Primary Care Trust currently have responsibility for funding various aspects of learning disability services. Notwithstanding the proposed change to funding allocations with effect from April 2009, our aim remains to make the most effective use of these joint resources as part of our future commissioning strategy.

### **3.8 Infrastructure**

Joint Commissioning provides a mechanism for Telford and Wrekin Council and Telford and Wrekin Primary Care Trust to work together. This joint, underpinning commitment to partnership working creates the best possible environment in which services for adults with learning disabilities can evolve.

## 4. EXISTING PROVISION FOR ADULTS WITH A LEARNING DISABILITY

### 4.1 Introduction

Both authorities are committed to working in partnership to improve the quality of service to, and for, adults with learning disabilities. The Adult and Consumer Care Portfolio is committed to a 'Front Door' approach to all new people accessing services, ensuring an assessment directs newcomers to appropriate provision. Work is currently in hand within Telford and Wrekin to 'rethink Community Care' and the outcomes of this review will support the direction of travel outlined in this strategy, including personalisation and greater choice and control.

Below is a summary outline of current strengths and challenges in Telford and Wrekin, reflecting views expressed by many different people in different ways and in different contexts. Whilst there is often a shared recognition of what has been achieved, and an acknowledgement of the shared commitment, there is also a strong sense that 'more needs to be done'.

### 4.2 Strengths and areas for development

#### Strengths

- Partnership approach to, and expertise in, commissioning
- Inclusive stakeholder engagement
- Accessible, quality leisure services
- Level of investment in capital programmes and community-based health services
- Skilled and experienced workforce
- Effectiveness of the networks between stakeholders
- Commitment to quality assurance
- Extent of the support given to individuals and families accessing acute services

#### Areas for development

- Insufficient daytime opportunities during the main summer holidays
- Low take-up of housing tenancies
- Lack of integration across information management systems
- Inconsistent quality and currency of data and market intelligence
- Lack of robust information to inform planning for future ALD services e.g., employment, social inclusion, housing and accommodation and health care
- Too few people currently have choice and control over their life decisions
- Limited access to mainstream, community-based health services
- Further progress required in working with Black and ethnic minority service users and their families
- Scope for improved value for money decision-making

An overview of existing services is given in figure 5 and 6 on pages 26 and 27.

Figure 5. Overview of existing service provision for adults with a learning disability

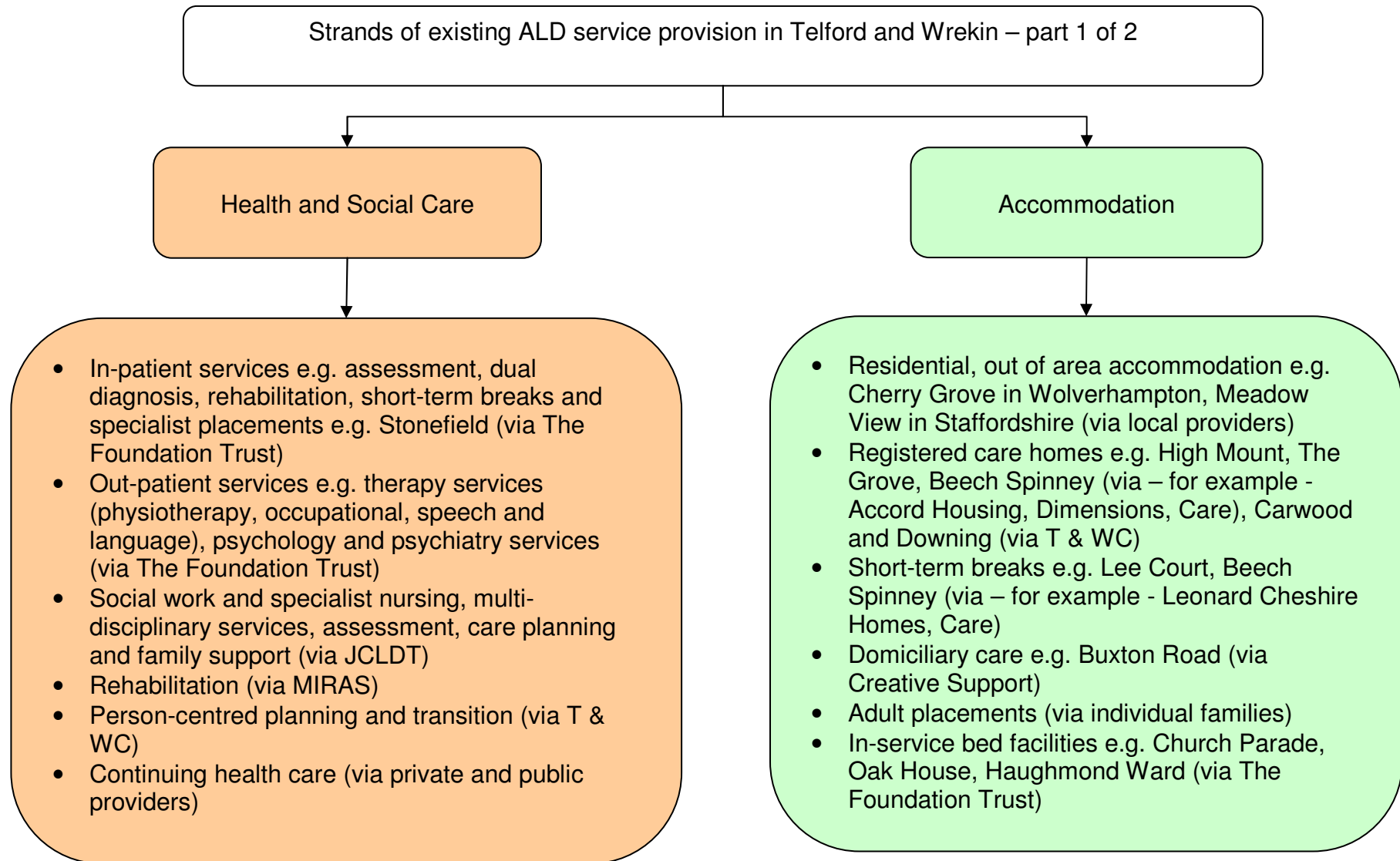
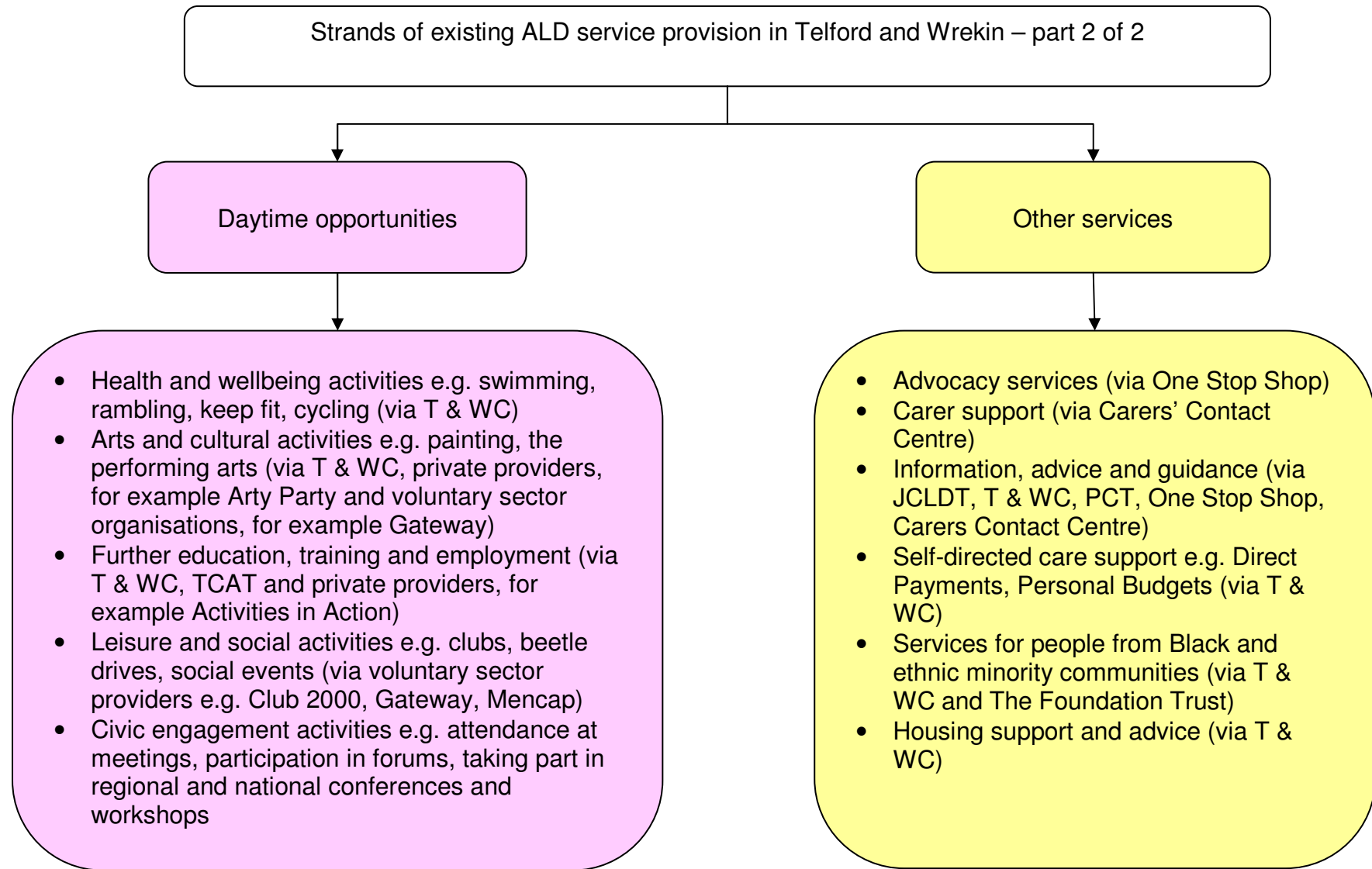


Figure 6. Overview of existing service provision for adults with a learning disability



## 5. COMMISSIONING AND FINANCIAL RESOURCES

### 5.1 Introduction

Telford and Wrekin as a unitary authority faces the same challenges as many other authorities in England and Wales. There is a strong commitment to achieving financial stability through to changing how services are commissioned in the future - changes based on responding to individual needs rather than maintaining costly, larger provision. Existing legislation requires the Council to provide for increasing numbers of people who meet the threshold to receive services. Closer working with the PCT and the shared objectives of Health and Well-being provide opportunities for greater collaboration over funding decisions.

### 5.2 The historic context – nationally

The Care Services Improvement Partnership (CSIP) produced a paper in April 2007 called *Getting to Grips with Commissioning for People with Learning Disabilities*. The paper indicates that financial spending for social care on adults with learning disabilities in England has doubled between 1995-96 and 2005-06. The current cost of providing services is approaching £2.9 billion and, if health expenditure is included, the final total spending per annum is in the region of £5 billion.

### 5.3 The historic context – benchmarking, locally

Some work has occurred to benchmark services in T&W against other authorities and steps are been taken to improve the robustness of this data. Information provided by the CIPFA in 2006/07 relating to the T&WC indicates that the net spend per head of population is amongst the lowest. However, other information shows T&WC as a high spender in key areas such as nursing, residential and Home Care services. One of the difficulties in effective benchmarking is due to the very close working relationship between the LA and PCT. The LA has recently joined the CIPFA ALD benchmarking Club, so this will improve data. Within the PCT, work is currently in hand to better understand current benchmarking, which shows the PCT as one of the highest spenders for this area of service. This may in part be due to the non standardised approach to the categorisation of areas such as Continuing Healthcare.

#### 5.3.1 Telford and Wrekin Primary Care Trust

During 2007-08 T&W PCT spent £11.12 million on adults with learning disabilities.

Funding stream and brief description	Recurring budget 2006-07 £	Recurring budget 2007-08 £
WMSSA Specialist placement service	597,512	612,450
South Staffs & Shropshire NHS FT	1,003,371	1,028,455
North Warwickshire PCT	60,074	74,880
South Stoke PCT	217,063	223,185
Wolverhampton PCT	42,845	43,916
North Staffordshire	237,551	243,490

Continuing Health Care	4,461,627	4,905,185
Learning Disability Development Fund	123,000	126,075
Section 28A	3,615,541	3,703,981
Telford & Wrekin PCT Provider Arm	154,024	161,975
<b>Total (Actual 06-07, Expected 07-08)</b>	<b>10,505,608</b>	<b>11,123,592</b>

Table 5 Source: Telford and Wrekin Primary Care Trust

### 5.3.2 Telford and Wrekin Council

During 2007-08 T&WC spent £8.45 million on adults with learning disabilities.

Brief description	Outturn 2006-07 £	Outturn 2007-08 £
Assessment & Care Mgt	879,160	952,460
Nursing Home Placements	191,220	285,530
Residential Care Placements	1,624,757	1,915,140
Supported & Other Acc	1,688,643	1,822,260
Direct Payments	177,777	287,830
Home Care	580,386	694,940
Day Care	2,321,189	2,604,087
Other	568	8,870
<b>Total</b>	<b>7,463,700</b>	<b>8,450,200</b>

Table 6 Source: Telford and Wrekin Council

A summary of the T & WC's position for the most recent financial year 2007-08 is:

- Spending on adults with a learning disability had increased by just over 13% (£986,500) on the previous year and by 65% (£3,327,107) since the financial year 2004-05
- Additional funding of £500,000 was made available as part of the budget process, £200,000 was diverted from elsewhere within the Adult and Consumer Care Portfolio and Supporting People contributed £295,000
- Despite the additional funding mentioned above, the budget was overspent by £468,000 for the year
- Whilst expenditure on services for adults with a learning disability is in excess of budget, it is line with trends across the majority of Councils in England and Wales who face many of the same challenges.

### 5.4 Financial Forecast

In line with the estimates of future demand outlined in Section 3, it is reasonable to expect that there will be financial implications for the provision of adult learning disability services due to:

- Residual inflationary cost increases (based on historic patterns), despite efficiency savings

- Increased volume (potentially as many as 100 extra service users – representing an increase of just over 20%)
- Increased levels of need (individuals being assessed as needing more complex, personalised support)

For the current financial year (2008-09), the budget aside to cover expenditure on adult learning disability services is set out below.

#### 5.4.1 Telford and Wrekin Primary Care Trust

Funding stream and brief description	Recurring budget 07-08	Budget 2008-09
WMSSA Specialist placement service	612,450	612,450
South Staffs & Shropshire NHS FT	1,028,455	1,400,266
North Warwickshire PCT	74,880	6,420
South Stoke PCT	223,185	228,316
Wolverhampton PCT	43,916	44,926
North Staffordshire	243,490	249,098
Continuing Health Care	4,905,185	4,135,849
Learning Disability Development Fund	126,075	130,000
Section 28A	3,703,981	3,855,587
Telford & Wrekin PCT Provider Arm	161,975	165,700
Local Development Plan	-	117,000
<b>Total (Actual 06-07, Expected 07-08)</b>	<b>11,123,592</b>	<b>10,945,612</b>

Table 7

#### 5.4.2 Telford and Wrekin Council

Brief description	Outturn 2007-08	Budget 2008-09
Assessment & Care Mgt	952,460	1,091,350
Nursing Home Placements	285,530	176,240
Residential Care Placements	1,915,140	2,768,560
Supported & Other Acc	1,822,260	1,998,610
Direct Payments	287,830	251,820
Home Care	694,940	357,850
Day Care	2,604,087	2,394,630
Other	8,870	9,200
<b>Total</b>	<b>8,450,200</b>	<b>9,152,900</b>

Table 8

#### 5.5 Next steps

There are a number of projects planned over the coming months which will provide greater clarity around projections for the longer-term funding requirements of adult learning disability services including:

- A review of key areas in Social Inclusion

- Mapping of employment services
- A review of housing and accommodation – now and in the future
- Assessing the implications of the Mansell Report for Telford and Wrekin
- Review of transition, with reference to those on the autistic spectrum
- Review of Healthcare for All

A detailed report, based on the outcomes of the initiatives set out above, will be presented to appropriate Committees and Boards before March 2009.

#### **5.6. Action Plan – resource impact**

The Action Plan (AP), below (pages 32 – 47) provides a more detailed outline of the proposed actions to support the implementation of the strategy. The resource impact of implementing the AP is mainly identified to be covered within existing budgets. Regeneration funding will be sought from ESF for Employment related developments. The policy to support equitable access to mainstream healthcare may increase costs, but these should be balanced overall, longer term by a reduction in acute and specialist healthcare. Additional resources may be required to accommodate increased demand for non-medical short term breaks as young people move through transition. Increased expenditure on assistive technology is expected to reduce expenditure in other budget areas. Increased independent travel will also reduce expenditure on transport.

## 6. COMMISSIONING ACTION PLAN

### SERVICE EXCELLENCE

<b>Strategic Objective 1</b>				
<b>To increase the involvement of adults with learning disabilities in civic and community life and speaking for themselves</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>1.1.</b> To involve ALD in giving feedback to senior staff, Elected or Board members at 2 hr meeting, pa	<ul style="list-style-type: none"> <li>Senior managers, Non-executive members of T&amp;WC and T&amp;WPCT are informed and aware of the views of adults with learning disabilities about services</li> <li>Service users more confident about expressing their views and contributing to discussions about services</li> </ul>	Within existing resources	Taking Part/ Joint Commissioner	March 2009
<b>1.2.</b> The Advocacy Quality Charter achieved by advocacy services working with adults with learning disabilities	<ul style="list-style-type: none"> <li>Taking Part achieve the Quality Charter</li> <li>1% annual increase in adults with learning disabilities able to 'speak for themselves'</li> <li>High quality of advocacy service available for ALD</li> <li>Difference made in people's lives</li> <li>Informed choice, greater control</li> <li>Individuals will be aware of their rights and responsibilities on any given issues</li> </ul>	Within existing resources	Taking Part	June 2009
<b>Strategic Objective 2</b>				
<b>To increase the number of adults with learning disabilities using Direct Payments or having access to Personal budgets</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>2.1.</b> To increase the number of adults with learning disabilities using Direct Payments or Personal Budgets	<u>2008 - 2009</u> <ul style="list-style-type: none"> <li>30% increase in use of DP or IB</li> </ul> <u>2009 2010</u> <ul style="list-style-type: none"> <li>further 30% increase per annum</li> </ul> <u>2010 – 2011</u> <ul style="list-style-type: none"> <li>All ALD have IB</li> <li>Improved Quality of Life, increased choice/ independence</li> <li>Families supported re Personal Budgets</li> </ul>	Within existing resources	JCLDT/ Project Manager	Annual monitoring and reporting via SAS

## SERVICE EXCELLENCE

<b>Strategic Objective 3</b>				
<b>To increase the number of adults with learning disabilities moving into paid/voluntary full or part time employment</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>3.1.</b> Map out all current employment related services provided by T&WC and other external organisations	<ul style="list-style-type: none"> <li>Detailed knowledge of all employment services in T&amp;W, including provider, volume, funding source/amount.</li> <li>Report from 'Mapping Employment' project informs future commissioning to support increased employment for adults with learning disabilities</li> <li>Establish coherent, partnership approach between different employment services across T&amp;W leading to improved efficiency and effectiveness, and employment</li> </ul>	PCT non-recurrent funding	Lead Joint Commissioner (MB)	February 2009
<b>3.2.</b> Increase the number of adults with learning disabilities moving into training, gaining qualifications and employment	<ul style="list-style-type: none"> <li>Establish baseline on all aspects of employment, monitoring growth via LA SAS reports</li> <li>Begin to establish an employment culture amongst adults with learning disabilities in T&amp;W</li> <li>Partnership work between all key, lead stakeholder organisations including T^WC, T&amp;WPCT, Job Centre Plus, LS and TCAT to increase the market opportunities for employment</li> <li>Begin to develop career progression for some adults with learning disabilities</li> <li>LA &amp; PCT recruit 2 people with LD pa</li> </ul>	Within existing resources, although external project funding may be sought, e.g. ESF	Business Manager, Social Inclusion	October 2008 and annually, thereafter
<b>3.3.</b> To develop Social Enterprises (SE) in Telford and Wrekin	<ul style="list-style-type: none"> <li>3 SE set up by 2010</li> <li>Annual growth of at least 5% into paid employment pa:</li> <li>6 people engaged in SE business in 2009</li> <li>3 people in paid employment by 2010</li> </ul>	External funding identified, e.g. ESF	Business Manager, Social Inclusion	September 2008, 2009, 2010

## SERVICE EXCELLENCE

<b>Strategic Objective 4 To increase the range of housing and accommodation provision allowing greater choice, increased independence and improved quality of life.</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>4.1.</b> To establish and maintain a full pre-planning / current housing strategy to support the range of accommodation changes required in the near, medium and longer term	<ul style="list-style-type: none"> <li>Detailed knowledge of relevant demographic information to inform planning and current housing stock</li> <li>Report from 'Housing and accommodation project' informs future commissioning to support increased housing and accommodation for ALD including, e.g.               <ul style="list-style-type: none"> <li>adults with learning disabilities returning into area</li> <li>Increased number of tenancy/ home owners</li> <li>Increase in smaller homes for 2 – 3 people, including PMLD/CB/ASD</li> </ul> </li> </ul>	PCT non-recurring funding	Commissioning Housing Manager	February 2009
<b>4.2.</b> To develop various settings to offer alternative housing to people including forensic services and/or CB	<ul style="list-style-type: none"> <li>50% increase in number of people within MIRAS remaining in T&amp;W</li> <li>Step down facilities, Emergency admission /respite available</li> </ul>	Require investment by T&WC/PCT, leading to savings	Commissioners Housing Manager	March 2009
<b>4.3.</b> To review the supply and demand for non medical access to respite / short term breaks and adult placement	<ul style="list-style-type: none"> <li>Improved efficiency 85% alignment between supply/demand</li> <li>Eligible carers receive minimum four weeks pa</li> <li>Maximum usage of all potential providers</li> </ul>	Additional resources required	Joint Commissioner/ Business Manager ALD,	November 2009
<b>4.4.</b> To provide emergency accommodation	<ul style="list-style-type: none"> <li>Emergency accommodation provided within 24 hours</li> </ul>	Within existing resources	Commissioning Housing Manager	September 2008

## SERVICE EXCELLENCE

<b>Strategic Objective 5</b>				
<b>To develop a range of day, specialist and mainstream service provision in different areas of T&amp;W to meet the needs of service users and carers, encouraging greater independence where possible.</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>5.1.</b> To review Social Inclusion services, including day services by external providers	<ul style="list-style-type: none"> <li>Report from 'Social Inclusion Review' project informs future commissioning and planning of social inclusions provision for adults with learning disabilities</li> </ul>	PCT non-recurring funding	Joint Commissioners	February 2009
<b>5.2.</b> To increase independent travel for more adults with learning disabilities	<ul style="list-style-type: none"> <li>Annual 3% decrease in use of integrated community transport/taxis</li> <li>Increased independent travel linked to all areas of life</li> <li>to mainstream leisure activities</li> </ul>	Resource savings	Business Manager, Social Inclusion	April 2009
<b>5.3.</b> Increased access to arts via Arty Party	<ul style="list-style-type: none"> <li>30 additional ALD x 2 days per week x 45 weeks pa</li> <li>Increased opportunities for ALD to access and engage with performing arts</li> </ul>	Arts Grant for 3 years	Community services Arts Manager	December 2009
<b>Strategic Objective 6</b>				
<b>To match the needs of learners with the services available, so as to achieve greater levels of skill and understanding, leading to increased inter and independence and preparation for employment.</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>6.1.</b> To develop FE opportunities for ALD who experience difficulties engaging in mainstream services, e.g. ASD, ADHD	<ul style="list-style-type: none"> <li>Programme/course details available in an accessible format</li> <li>Partnership working between FE providers and appropriate learning opportunities provided so that ALD access relevant courses to achieve specified objectives</li> <li>Individual learning objectives identified, monitored and evaluated.</li> </ul>	LSC or C&YP	Team Manager, Education and Training	September 2009
<b>6.2.</b> To develop learning opportunities which improve quality of life and are both enjoyable and stimulating	<ul style="list-style-type: none"> <li>Personal learning profiles monitor performance, achievement, enjoyment, stimulation and record progress and outcomes for all new learners:               <ul style="list-style-type: none"> <li>2008/09: 50% of existing cohort with learning profile</li> <li>2009/10: 95% of existing clients with learning profile</li> </ul> </li> <li>Successful engagement with partners to broaden opportunities and active participation in a wide range of meaningful learning</li> <li>Pathways into training/ employment in place</li> </ul>	Within existing resources	Team Manager, Education and Training	April 2009

<b>6.4.</b> To develop accredited training and FE programmes as a progression path into employment	<ul style="list-style-type: none"> <li>Accredited training qualifications identified and delivered</li> <li>20% of ALD on programmes/courses achieve nationally accredited and recognised qualifications pa and support progression towards employment</li> </ul>	Within existing resources	Team Manager, Education and Training TCAT	July 2008, 2009, 2010
<b>6.5.</b> To work with TCAT re future development plans	<ul style="list-style-type: none"> <li>Regular meetings occur and minutes circulated</li> <li>Needs of ALD learners are central to aspects of future planning</li> </ul>	Within existing resources	Team Manager, Ed & Training	2008/09 and ongoing
<b>Strategic Objective 7</b>				
<b>To meet the health needs of ALD within the community</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>7.1.</b> To increase access to mainstream health services and health checks with GPs	<ul style="list-style-type: none"> <li>Increase number of people having a bi-annual health check with their GP</li> <li>Recording of health check at annual review onto Care First</li> <li>Identify and deliver training to support mainstream NHS staff to work confidently and competently with ALD</li> <li>Targets established for increased access to mainstream healthcare services including increased access to mainstream screening, dentistry, chiropody, opticians, nutritionists</li> </ul>	Resources to support access and provide guidance to healthcare staff	Practice Based Commissioning and Community Health	March 2009 and ongoing
<b>7.2.</b> To review T&W provision for specific groups, e.g. CB, ASD, offenders with learning disabilities	<ul style="list-style-type: none"> <li>Report from 'Mansell 2' project informs future commissioning to support ALD and challenging behaviour</li> <li>Report from 'Autism/Transition' project informs future planning and commissioning to support young ALD on the autistic spectrum through transition</li> </ul>	PCT non recurring funding	Business Manager, ALD, Psychology (FT)	December 2008
<b>7.3.</b> To meet the ongoing specialist medical health needs of T&W PMLD & CB, ASD, ADHD	<ul style="list-style-type: none"> <li>Frequent and ongoing monitoring and review of contracts e.g. Foundation Trust</li> <li>Commissioning intent post April 2010 is confirmed to relevant stakeholders</li> <li>Develop more community based services</li> <li>Pathways developed which increase community health services leading to acute admissions</li> </ul>	Within existing resources,	Commissioning and Contracting	March 2010
<b>7.4.</b> To increase access to Therapeutic services	<ul style="list-style-type: none"> <li>More ALD have access to specialist medical therapy services, as required, within the community</li> </ul>	Within existing resources	Business Manager ALD and Foundation Trust	December 2008

<b>7.5.</b> To increase assessment against the Continuing Health Care Framework	<ul style="list-style-type: none"> <li>Individuals who meet the criteria for access to CHC receive funding to meet their healthcare needs</li> <li>Annual review of all CHC clients, including out of area</li> </ul>	Within existing resources	JCLDT/ ALD Reviewing Officer	September 2008 and ongoing
<b>7.6.</b> To improve partnership working with WMSSA	<ul style="list-style-type: none"> <li>Annual review of all clients funded via WMSSA</li> <li>Early indications of likely changes for WMSSA patients</li> </ul>	Within existing resources	MIRAS	January 2009 and ongoing
<b>7.7.</b> Feasibility study into establishing a response team linked to PCP	<ul style="list-style-type: none"> <li>Reduce long term placement in Haughmond Ward</li> <li>Establish pathways and processes for ensuring protection and planned care and support for those with dual diagnosis</li> <li>Increase healthcare pathways prior to admission for dual diagnosis and CB</li> <li>More personalised planning of health/ social care needs</li> <li>In line with the Valuing People Green Light Toolkit, increase community based services for people with a learning disability and additional mental health problems</li> </ul>	Within existing resources	PCP & Transition Manager	March 2009

### Strategic Objective 8

#### To reduce and ultimately remove health inequalities

Action	Outcomes	Cost/Savings	Lead	Timescale
<b>8.1.</b> Establish equitable access to high quality, mainstream specialist health and registered care providers	<ul style="list-style-type: none"> <li>Establish benchmark of current access to mainstream health</li> <li>Targets set to increased access to mainstream health services</li> </ul>	Within existing resources	Lead Commissioner Quality and Contracting	March 2009
<b>8.2.</b> Establish procedures to monitor and if necessary, investigate deaths or near deaths of ALD	<ul style="list-style-type: none"> <li>Monthly reporting of deaths through Care First</li> <li>Existing protocols established investigating Serious Untoward Incidents, including deaths reviewed</li> <li>Active involvement and contribution to Root Cause Analysis and Lessons to be Learnt reviews</li> </ul>	Within existing resources	JCLDT Manager	Annual
<b>8.3.</b> To benchmark PCT practice against Healthcare for All, within context of World Class Commissioning	T&W PCT practice reviewed against Healthcare for All recommendations, leading to Action Plan for development of best practices in line with WCC Relevant PCT/health staff receive training, advice, guidance and support to work effectively with ALD	May require investment, overall leading to savings	Commissioning	February 2009

## SERVICE EXCELLENCE

<b>Strategic Objective 9 To improve support and engagement with carers</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>9.1.</b> To provide increased support to carers via Assistive Technology	3% of carers receive input from Support technology Increased use of support technology in the home	Funding required	Assistive Technology Project Mgr	December 2010
<b>9.2.</b> To work with carers in planning service change	Close working with Carers Commissioner and carers Co-ordinator Carers contribute to discussions on planning change in services e.g. projects on social inclusion, housing & employment Carers receive support in the home, including short term respite	Within existing resources	Commissioners	January 2009 and ongoing
<b>9.3.</b> To improve communication with carers	Three afternoon 'surgeries' pa with carers Carers receive information on policies, operational activities and service developments as appropriate i.e. not too much or too little communication Increased involvement of more carers including siblings	Within existing resources	Communication Manger/LA	April 2009

## VALUE FOR MONEY

<b>Strategic Objective 10 To ensure equitable distribution of finite resources</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>10.1.</b> To establish a systematic approach to equitable services	<ul style="list-style-type: none"> <li>Annual overview monitoring and review of assessments to ensure equitable use of resources.</li> <li>Services are perceived as equitable and transparent by all stakeholders</li> <li>Universal use of Personal budgets</li> </ul>	Within existing resources	JCLDT/ ALD/CHC panel	April 2011
<b>Strategic Objective 11 To support ALD through comprehensive assessment, recording and working with all other relevant stakeholders including carers</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>10.2.</b> Person Centred Plans in place for all ALD.	<ul style="list-style-type: none"> <li>Person Centred Plans to be introduced and available for all service users</li> <li>PCP/Transition Team to develop as an integral approach to</li> </ul>	Within existing resources	PCP & Transition Manager	April 2011

	service development <ul style="list-style-type: none"> <li>All young people entering transition have a Person Centred Plan</li> </ul>			
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**VALUE FOR MONEY**

<b>Strategic Objective 11 continued</b>				
<b>To support ALD through comprehensive assessment, recording and working with all other relevant stakeholders including carers</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>11.1.</b> Personal budgets in place for all ALD	<ul style="list-style-type: none"> <li>Detailed planning to support move towards personalised budgets</li> <li>Carers are informed of proposed changes and understand the implications for their son/daughter and family</li> <li>30% per annum increase of people with personalised budgets (see 1.8, above)</li> <li>Maintain existing personalised budgets</li> </ul>	Within existing resources	LA/ JCLDT	April 2009 and ongoing
<b>11.2.</b> Information relevant to the Telford and Wrekin Council Care First system is updated regularly	<ul style="list-style-type: none"> <li>100% accuracy of Care First data</li> <li>Information passed to Care first immediately any changes are made</li> <li>Service planning based on robust data</li> <li>Accurate reporting for SAS, CSCI and others</li> </ul>	Within existing resources	JCLDT	Ongoing
<b>Strategic Objective 12</b>				
<b>To improve the quality of commissioning and contracting services for ALD</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>11.3.</b> All commissioning and contracting reflects best practice in line with World Class Commissioning and Putting People First	<b>World Class Commissioning</b> informs all aspects of health Commissioning and Contracting, covering: <ul style="list-style-type: none"> <li>Local NHS involvement in mainstreaming healthcare for ALD</li> <li>Effective collaboration with all stakeholders working in the ALD sector</li> <li>Meaningful communication and engagement with ALD, carers and staff</li> <li>Effective working with clinicians to support improved quality of healthcare for ALD</li> <li>Increase understanding and knowledge of health needs of ALD to inform planning for local health needs</li> <li>Ensure investment into ALD services is based on assessment and demonstrates Value for Money</li> </ul>	Within existing resources	Commissioners	November 2008

	<ul style="list-style-type: none"> <li>• Ensure the needs of ALD inform market judgements on supply and demand of localised services</li> <li>• Continue to seek innovative approaches to ensure best practice in ALD services</li> <li>• Ensure robust approaches to future procurement of ALD services or personalised budgets</li> <li>• Seek to establish systems, frameworks and policies which support Quality Assurance of services for ALD</li> <li>• Effective use of financial resources</li> </ul> <p><b>Putting People First</b> also informs all aspects of commissioning, including:</p> <ul style="list-style-type: none"> <li>• A personal budget for ALD using adult social services</li> <li>• A universal approach to the commissioning and delivery of social care for ALD with stronger regulation to ensure they are high quality</li> <li>• An even stronger voice for ALD and carers who use services in planning their own support and influencing the future shape of services</li> <li>• Earlier intervention and prevention alongside intensive re-enablement to help ALD need less long term support</li> <li>• Better support for carers of ALD</li> <li>• Helping ALD to be involved in their own assessment</li> <li>• More use of equipment that assists ALD to live independently</li> <li>• Developing a “team around the family” approach, which recognises the important role of family and friends</li> </ul>			
<p><b>11.4.</b> To improve the quality of tendering/ contracting process for new services</p>	<ul style="list-style-type: none"> <li>• Contract procurement occurs within specified timescale and in line with T&amp;W Constitution Part 4 s7: Contract Procedure rules</li> <li>• Future contracts are procured in line with identified good practice</li> <li>• One announced visit and one unannounced visit to all contracted T&amp;W services pa</li> <li>• Concerns or issues related to care, management, protection and contractual issues are know and monitored</li> <li>• Health and Safety, safeguarding Adults are monitored</li> </ul>	<p>Within existing resources</p>	<p>ALD Contracts Manager</p>	<p>March 2010</p>

	<ul style="list-style-type: none"> <li>• Protection of Vulnerable Adults incidents are monitored and influence contracting reviews</li> <li>• Contract awarded to best provider(s) based on quality assurance and financial robustness</li> <li>• Increased collaboration between LA and PCT over preparing and monitoring all ALD contracts</li> </ul>			
<b>Strategic Objective 12 continued</b>				
<b>To improve the quality of commissioning and contracting services for ALD</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>12.1.</b> De-commission services	Where services no longer: <ul style="list-style-type: none"> <li>• meet need due to the changing market place</li> <li>• fail to meet quality assurance standards</li> <li>• do not demonstrate value for money, or</li> <li>• lack financial robustness</li> </ul> de-commissioning will occur.	Within existing resources	Joint Commissioner	Ongoing
<b>12.2.</b> To implement the recommendations from the Communication Review	<ul style="list-style-type: none"> <li>• Ensure meetings are meaningful and effective</li> <li>• Establish an ALD website</li> <li>• Establish cross organisation induction</li> <li>• Implement T&amp;WC Customer Care Charter</li> <li>• Match services to the needs of ALD</li> </ul>		Joint Commissioner	

## VALUE FOR MONEY

<b>Strategic Objective 13</b>				
<b>To develop a systematic approach to improving the standard and quality of services for ALD</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>13.1.</b> Establish a Quality Standards Framework based on the recommendations from Cornwall report, Sutton and Merton and Health Care for All	<ul style="list-style-type: none"> <li>National monitoring framework and process to support monitoring adopted locally</li> <li>Form a multi-disciplinary monitoring team including service users and carers, with training provided</li> <li>Annual monitoring of 2 services pa (minimum)</li> <li>Protection of Vulnerable Adults cases increased initially, leading to overall decrease</li> </ul>	Within existing resources	Quality Assurance Manager and Risk Manager, PCT	June 2010
<b>13.2.</b> Strengthen and develop the role, remit and responsibility of the LDPB	<ul style="list-style-type: none"> <li>Learning Disability Partnership Board has a clear governance role, in line with other LIT and Partnership Boards operating in T&amp;W</li> <li>Terms of Reference, including membership are reviewed to reflect new ways of working in T&amp;W</li> <li>The LDPB produces an annual report on activity at the end of each year</li> <li>The LDPB engages in Strategic discussions and contributes to decision making</li> <li>All minutes from the LDPB are printed n the T&amp;WC and PCT website</li> <li>The LDPB will receive six monthly reports on progress and achievement in implementing the Action Plan</li> </ul>	Within existing resources	Head of Service Development/ Chair of LDPB/ Joint Commissioner	
<b>13.3.</b> To annually review practice against: Cornwall Report Sutton & Merton Healthcare for All	<ul style="list-style-type: none"> <li>All indicators show 'green' performance</li> <li>T&amp;W providers are all aware of the practices that must be in place to safeguard adults with learning disabilities against abuse.</li> </ul>	Within existing resources	Quality Assurance Manager, Lead Commissioner	March 2009
<b>13.4.</b> To ensure CSCI & Healthcare Comm. Standards are achieved	<ul style="list-style-type: none"> <li>CSCI &amp; Health Care Commission standards met by providers</li> <li>Contract renewal linked to achievement of standards</li> </ul>	Within existing resources	As Above	April 2010 & ongoing

13.5. To improve the Quality Assurance of services	<ul style="list-style-type: none"> <li>• Joint T&amp;WC &amp; T&amp;WPCT data base established to secure up to date, accurate intelligence and data</li> <li>• Assessment of performance by external agencies monitored and Analysis to inform and support quality assurance</li> <li>• Action taken to secure / maintain standards</li> <li>• All contract changes updated: monthly</li> </ul>	Within existing resources	As Above	April 2009 and ongoing
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## OPERATIONAL EXCELLENCE

<b>Strategic Objective 14</b>				
<b>To manage the transition of young, older &amp; out of area individuals entering into services efficiently and effectively</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
14.1. To develop a systematic approach to transition planning for young people	<ul style="list-style-type: none"> <li>• Single template to support data collection and analysis across C&amp;YP and A&amp;CC</li> <li>• Multi-disciplinary approach, supported by joint protocols and ways of Working, leading to a seamless transition process</li> <li>• Reduce the level of duplication of information gathered</li> </ul>	Within existing resources	Commissioners, Business Managers, C&YP and A&CC	April 2009
14.2. To provide information to adult Services 18 months prior to transition of young people	<ul style="list-style-type: none"> <li>• Information on 95% of YP provided to A&amp;CC and other stakeholders (e.g. TCAT) 18 months before transition or expected entry into services</li> <li>• All staff involved in transition consider the views of carers.</li> <li>• Carers understand why decisions are taken and work with professionals to support transition.</li> </ul>	Within existing resources	PCP & Transition Managers	September 2008
14.3. To develop a process for identifying all older ALD living with older carers and plan for their admission into services	<ul style="list-style-type: none"> <li>• All older people living with older carers are known to A&amp;CC</li> <li>• Data baseline is established and maintained</li> <li>• Individuals and family Cares are aware of the different options available e.g. remain at home with support, move from home</li> <li>• Plans for longer term support are developed in consultation with individual and carers</li> <li>• Preparatory work for change with individual and carer</li> <li>• Planning occurs between Housing &amp; JCLDT</li> </ul>	Resources required, non-recurring	JCLDT Manager	March 2009
14.4. To identify individuals expected to return to T&W	<ul style="list-style-type: none"> <li>• 100% achievement in forward planning and preparation</li> <li>• Minimum of 1 person per year returns to T&amp;W</li> <li>• .Relevant stakeholders informed, aware and involved in transitional arrangements</li> </ul>	Within existing resources	ALD Reviewing Officers	April 2009

## OPERATIONAL EXCELLENCE

<b>Strategic Objective 15</b>				
<b>To develop a comprehensive, robust operational and financial infrastructure across T&amp;WC and PCT</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>15.1</b> To align finance and data systems	<ul style="list-style-type: none"> <li>• A central, easily accessible data base across T&amp;WC and PCT</li> <li>• Data collected once, used many times</li> <li>• Business planning linked to LDP &amp; Commissioning cycle and reflects approaches outlined in Putting People First and WCC</li> <li>• Data gathered to support external monitoring of performance, e.g. SAS NI returns</li> </ul>	Within existing resources	LA/PCT	March 2011
<b>15.2.</b> Improve financial monitoring and ensure Value for Money (VfM).	<ul style="list-style-type: none"> <li>• Quarterly joint financial review meetings (T&amp;WC &amp; PCT)</li> <li>• Monthly contract reviews via SLA meetings (PCT) and to be established with A&amp;CC re S28A contracts</li> <li>• Receive financial management information from both authorities on regular basis</li> <li>• Commissioning provides stronger lead across PCT and LA</li> <li>• Increased rigour in monitoring PCT out of area services for VfM</li> <li>• Establish dialogue with WMSSA re forensic placements</li> </ul>	Within existing resources	PCT/LA	September 2008
<b>15.3.</b> To develop community based services to support the health and well being of ALD	<ul style="list-style-type: none"> <li>• Agree protocols for 'Invest to Save' across T&amp;WC and PCT as individuals return from high cost placements from 'out of area', or remain in T&amp;W, rather than moving to 'out of area' high cost placements</li> </ul>	Within existing resources	LA/PCT	March 2009
<b>15.4.</b> Establish a funding Tariff for ALD services in T&W	<ul style="list-style-type: none"> <li>• Research/literature review into local, regional and national market and financial intelligence re funding ALD</li> <li>• Consultation across provider sector to agree protocols for collaboration</li> <li>• Establish criteria and mechanisms for approving providers reflecting Quality Assurance and financial viability</li> </ul>	Within existing resources	Tony Evans	April 2010
<b>15.5.</b> To ensure funding decisions are based on assessed need	<ul style="list-style-type: none"> <li>• The cost of packages of care are funded appropriately</li> <li>• Health care needs are assessed by appropriate clinicians</li> <li>• ALD CHC panel approves funding via A&amp;CC, CHC or specialist health based on well prepared and accurate documentation</li> </ul>	Attempt to maintain within existing resources	JCLDT	September 2008

<b>Strategic Objective 15 continued</b>				
<b>To develop a comprehensive, robust operational and financial infra-structure across T&amp;WC and PCT</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>15.6.</b> To ensure the LA and PCT understand the financial implications of workforce development	<ul style="list-style-type: none"> <li>LA and PCT have accurate knowledge of the current workforce</li> <li>Costed forecasting of the required workforce is reported to relevant committees and Boards</li> <li>T&amp;W has a strategy in place to establish a sustainable, professionally skilled and competent workforce for ALD</li> <li>T&amp;W considers the impact of Personalised Budgets on the workforce</li> </ul>	Unknown	Joint Commissioner Business and HR manages	April 2010
<b>15.7.</b> To implement funding transfer from PCT to LA	<ul style="list-style-type: none"> <li>Agreed level of transfer of funding in line with Valuing People Now</li> <li>Clear framework to support transfer and ensure Value for Money</li> </ul>	Within existing resources	Joint Commissioner	March 2009

## **ORGANISATIONAL CAPABILITY**

<b>Strategic Objective 16</b>				
<b>To have a skilled and motivated workforce</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>16.1.</b> To consider the implications of national policies for workforce development	<ul style="list-style-type: none"> <li>Staff are supported as T&amp;W and others plan for services change in light of national guidance, e.g. Valuing People Now, Putting People First, Healthcare for all and World Class Commissioning</li> <li>T&amp;W invest in organisational development for the existing workforce to support adjustment to change</li> </ul>	Within existing resources	LA/PCT	March 2009
<b>16.2.</b> To ensure T&W takes a proactive approach to Workforce Planning for the future	<p>T&amp;W will:</p> <ul style="list-style-type: none"> <li>accurately forecast the demand and supply of the future workforce</li> <li>connect and integrate workforce planning to service and financial planning</li> <li>move away from short term planning to medium and longer term strategic planning</li> <li>raise the profile and improve perceptions of workforce planning</li> </ul>	Within existing resources	LA/PCT	April 2010
<b>16.3.</b> Annually review the workforce required for ALD	<ul style="list-style-type: none"> <li>Staff are supported and managed effectively</li> <li>Employer survey reflect a positive workforce in ALD</li> <li>Staff are valued, motivated, competent and effective</li> </ul>	Within existing resources	Service Managers	March 2010 and ongoing

<b>Strategic Objective 16</b>				
<b>To have a skilled and motivated workforce</b>				
<b>Action</b>	<b>Outcomes</b>	<b>Cost/Savings</b>	<b>Lead</b>	<b>Timescale</b>
<b>16.4.</b> To ensure staff are provided with appropriate training and development	<ul style="list-style-type: none"> <li>• Establish a training matrix for staff working with ALD that is sensitive to specialist and mainstream involvement</li> <li>• Ensure staff are aware of best practice in supporting ALD in accessing services as diverse as healthcare screening to leisure activities</li> <li>• Organisational Development teams will understand and effectively use approaches which motivate staff to engage with and benefit from training</li> <li>• Profile take up of training establishing a baseline for ALD and establishing future targets for increased participation.</li> <li>• Staff are skilled and competent to meet the needs of service users</li> </ul>	Within existing resources	HR/DEL	July 2009

## APPENDIX 1: TELFORD AND WREKIN DATA

### Local Figures

Statistics from the CIPFA and Department of Health for 2005/06 indicate that Telford and Wrekin has a population of around 7,000 adults with learning disabilities living in the Borough. Further work is therefore required to validate the total population of adults with learning disabilities in Telford and Wrekin.

### Care First Data – Telford and Wrekin Council

Care First data from Telford and Wrekin Council identifies 443 adults with learning disabilities are allocated to the Joint Community Learning Disability Team (JCLDT) and currently receiving services. Whilst other sources provide different information Care First is considered to be the most accurate in providing information on use of services in Telford and Wrekin on a regular basis and will be used to provide information within this strategy. Nevertheless, readers will identify some discrepancies. Steps are been taken to improve the robustness of data and to use secondary validation on all information.

Service Type	No. of service users	Service Type	No. of service users
Community meals	3	Nursing care	4
Day Care	253	Professional support	171
Direct Payment	29	Residential care	169
Foster care	6	Respite care	59
Home care	71	Transport	13
Maintenance	35		

Source: Care First Telford and Wrekin Council

*NB The number of services provided exceeds Service Users because some people receive more than one service.*

### Demographic data

Care first Data records the following demographic information for 443 people.

Postcode	Number	Ethnicity	Male	Female
Out of Area	27	Asian/ British Bangladeshi	2	
Shropshire	15	Asian/ British Indian	1	1
Wolverhampton	2	Asian/British Other Asian	1	1
TF1	108	Asian/British Pakistani	3	1
TF2	87	Black/British African	2	
TF3	56	Black/British Caribbean	3	4
TF4	66	Black/British Other Black		1
TF5	9	Chinese	1	
TF6	7	Mixed white/Asian	1	
TF7	37	Mixed White/Black Caribbean	1	
TF8	5	White – Other	4	2
TF9	4	White British	233	179
TF 10	13	White Irish	1	1
TF11	3	<b>Total</b>	<b>250</b>	<b>190</b>

## Demographic data continued

Age	18 – 29	30 – 39	40 – 49	50 – 59	60 – 69	70 – 79	90 – 99
Asian/ British Bangladeshi	1		1				
Asian/ British Indian	2	1					
Asian/British Other Asian	1		1				
Asian/British Pakistani	1	2	1				
Black/British African	2						
Black/British Caribbean	1	2	3	1			
Black/British Other Black		1					
Chinese		1					
Mixed white/Asian			1				
Mixed White/Black Carib.	1						
White - Other	2		3		1		
White British	83	103	107	78	33	7	1
White Irish	1			1			
<b>Total</b>	<b>95</b>	<b>110</b>	<b>117</b>	<b>80</b>	<b>34</b>	<b>7</b>	<b>1</b>

All tables source: Telford and Wrekin Care First

## Out of Area Placements

Both Telford and Wrekin Council and Telford and Wrekin Primary Care Trust are keen to maintain placements of younger people in the Telford and Wrekin/Shropshire area in the future. Out of area placement costs are mainly funded by Telford and Wrekin Primary Care Trust. A small number of individuals are jointly funded by Telford and Wrekin Council and Telford and Wrekin Primary Care Trust.

West Midlands Specialist Support Agency funds placements for individuals who require secure services.

	Area	Number	Male	Female
1	Birmingham	1		1
2	Burton	4	3	1
3	Caerphilly	2	2	
4	Colwyn Bay	3	2	1
6	Devon	1	1	
8	Hereford	2	2	
9	Lancashire	1	1	
10	Lincolnshire	1	1	
11	Liverpool	1	1	
14	North Staffs	2	2	
15	South Staffs	2	1	
16	Stoke	2	2	
17	Wolverhampton	2	1	1
	<b>Total</b>	<b>23</b>	<b>19</b>	<b>4</b>

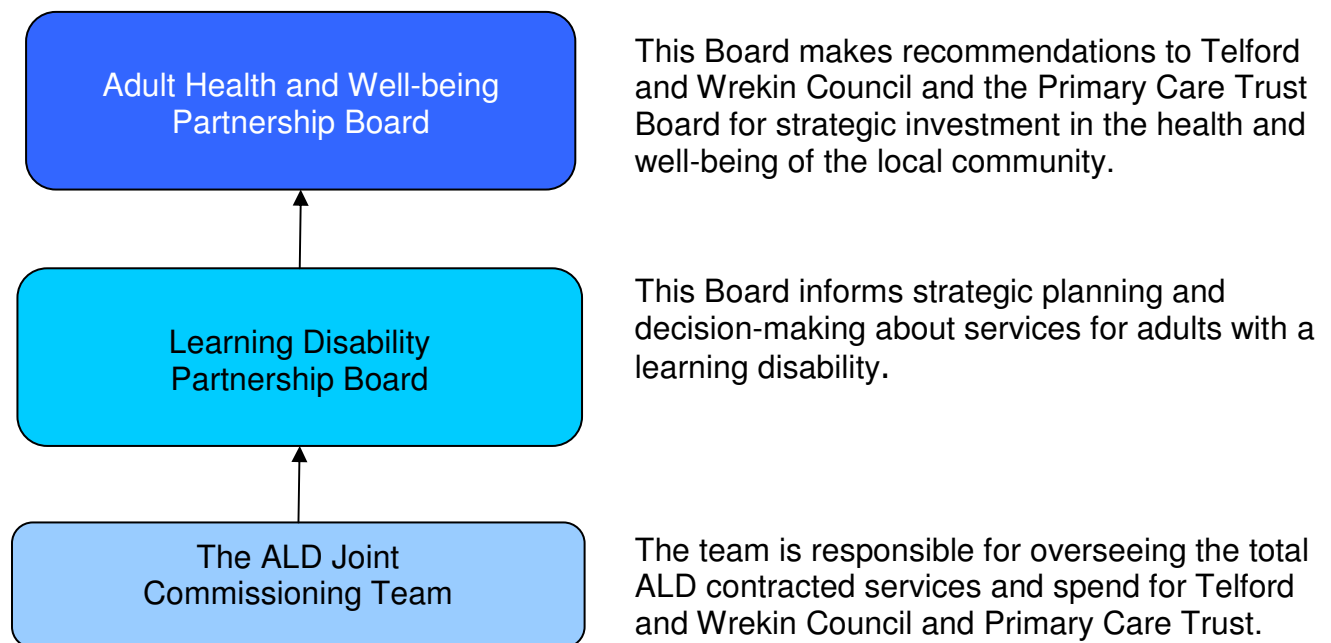
Source: Telford and Wrekin Care First

	<b>WMSSA placements</b>	<b>Number</b>	<b>Male</b>	<b>Female</b>
1	Birmingham	3	3	
2	Coventry	1		1
3	Denbigh	1	1	
4	Dundee	1	1	
5	Market Drayton	2	1	1
6	Newcastle upon Tyne	1	1	
7	Norfolk	1	1	
	<b>Total</b>	<b>10</b>	<b>8</b>	<b>2</b>

*WMSSA placements, out of area: JCLDT*

## APPENDIX 2: COMMISSIONING GOVERNANCE

### People – the governance structure



### Process – communication

- The Joint Commissioning Manager for Adults with Learning Disabilities (JCM) will ensure regular reports are provided to these Boards and take instruction from them.
- The Local Authority Direct Delivery Board (Delivery Board) and the Primary Care Trust Professional Executive Committee (PEC) will also be kept informed and consulted when required.
- Six monthly reports will be presented to the Adult Health & Well-being Partnership Board and the Learning Disability Partnership Board

### Process - meetings

The ALD Joint Commissioning Team will meet on a quarterly basis with the following terms of reference:

- To monitor implementation of the overall Commissioning Action Plan
- To monitor and review all aspects of financial management and control
- To review services in light of demographic information and other intelligence, leading to the re-commissioning, commissioning and de-commissioning of services, as appropriate.
- Contract review meetings with service providers will take place twice a year to monitor performance and reflect the findings of external inspection.
- Financial Management Review meetings will be held on a quarterly basis.