

County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities

Adults and Young People aged 14+
2019 - 2022



County Durham Joint Health and Social Care

**Commissioning Strategy for People with Learning Disabilities
(Adults and Young People aged 14+)
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1. INTRODUCTION

The way a learning disability is described can vary according to different settings and legislation, e.g. education, health and social care, criminal justice or benefits systems and it is important to value the person as a unique individual rather than a label.

To help understand the needs of people with learning disabilities the following description is offered, which is based on the Department of Health¹ definition.

A learning disability results in difficulties with understanding, learning and remembering information and making sense of new situations. This means that someone may have challenges with learning new skills and coping independently. Communication, self-care and awareness of health and safety can be affected and people with learning disabilities often have physical and/or sensory impairments.

The definition covers people with autism who also have learning disabilities but not those with a higher-level autistic spectrum disorder who have average or above average intelligence – such as some people with Asperger's Syndrome. Although the needs of people with autism are being addressed through other strategies, autism is often linked to learning disabilities as well as mental health.

'Learning disability' does not include all those who have a 'learning difficulty', which is more broadly defined in education legislation.

Further information on severe, moderate and mild learning disabilities can be found on the NHS Choices page on '[What is a learning disability?](#)' and in Durham Insight, a shared intelligence, research and knowledge base for County Durham.

2. PURPOSE

This strategy sets out how Health and Social Care will work together and with other partners to deliver better outcomes for people with learning disabilities, increasing choice and control and supporting them to remain living in their communities. The focus of the strategy is adults and young people aged 14+ with learning disabilities.

Put simply, our shared vision is for all people with learning disabilities to have a good life in their community with the right support from the right people at the right time.

Durham County Council, North Durham Clinical Commissioning Group (CCG), Durham Dales Easington and Sedgfield CCG and Tees Esk and Wear Valleys NHS Trust face a range of challenges in delivering this vision, such as reducing financial resources as a result of austerity, varying capacity in the market, complexity of needs and disparity in practice.

However, we remain committed to driving up quality and value for money; making changes that result in positive outcomes; responding to local needs and meeting statutory requirements. For

this to become a reality we must commission the right types of services from the right providers. Through effective procurement, monitoring, workforce development, partnership working and support, we must ensure that organisations providing health and social care have sufficient capacity and high calibre staff to deliver the best outcomes for people who use these services and for their families and carers.

Messages from local people, families, carers and organisations who support people with learning disabilities have influenced this strategy. We have heard that people with learning disabilities want to be supported to live ordinary lives; to be listened to and have choices about where to live, who to live with and how to live their lives. At the same time people want to be safe, enjoy good health and have opportunities for learning and work, enjoy a variety of cultural and leisure activities and participate in their communities.

We welcome further feedback on whether or not we have listened and responded in the best way possible within this strategy, which outlines our commissioning intentions over the next three years.

3. BACKGROUND

Durham County Council, the two Clinical Commissioning Groups (North Durham CCG and Durham Dales, Easington and Sedgfield CCG) and Tees Esk and Wear Valleys NHS Trust, with support from NHS North of England Commissioning Support Unit, have developed this three year joint commissioning strategy.

It outlines a shared commitment to supporting people with learning disabilities and helping them maximise their independence, choice and control.

In trying to ensure that people with learning disabilities and their families have a good life in County Durham, public bodies must also help prevent people becoming lonely, isolated and vulnerable; protect people from harm or abuse and prevent people from dying unnecessarily through poor quality of care and support.

These goals are very much in line with the County Durham Partnership's Sustainable Community Strategy and the Health and Wellbeing Strategy, in particular making the area a healthier, happier and safer place for all people and narrowing the differences in healthy life expectancy between different groups of people.

Underpinned by a strategic action plan, this strategy will guide commissioning, planning and decision-making processes for people with learning disabilities within Durham County Council (DCC) and Clinical Commissioning Groups (CCGs) over the next three years to contribute to these broader aims.

The commissioning strategy will need to take into account wider work that is being undertaken regionally with other local authorities, CCGs and NHS England as well as local partnerships between Health, Public Health, Social Care, Education, Employers, Housing, the Voluntary and Community Sector Enterprise, Police and the Criminal Justice System.

¹ Department of Health (2001). *Valuing People*. London: The Stationery Office

Joint commissioning between the CCGs and the council will be strengthened through the best use of resources; more integrated commissioning, contracting, monitoring and reviewing arrangements; and working together more effectively with service users, carers and providers to develop and manage the market.

The NHS Long Term Plan involves Integrated Care Systems (ICS) and Sustainability and Transformation Plans (STPs). Locally these cover Durham, Darlington and Teesside, and identify learning disability transformation as a key priority. This has resulted in the recent introduction of the NHS Durham, Darlington and Teesside Mental Health and Learning Disability Partnership, which is a partnership of the five south of the region CCG's and Tees Esk and Wear Valleys Trust (TEWV), and will also enable a collaborative approach to the way that health services are planned and delivered.

The strategic priorities of the NHS Durham, Darlington and Teesside Mental Health and Learning Disability Partnership are:

- To ensure that the services that are commissioned by the partnership are recovery focussed, improve the impact on patient outcomes, continue to obtain increasing levels of patient satisfaction and are safe
- To improve the physical health of people with mental health and learning disability conditions
- To improve the value for money of taxpayer-funded mental health and learning disability services
- To ensure that the local health system is financially sustainable and that investment is available to meet national and local policy priorities
- To commission the best available care and support efforts to improve the whole system of health and care in the North East

This document describes how the draft strategy was developed; the vision and strategic aims; key principles, priorities and recommendations; and the steps required to improve services that are commissioned for people with learning disabilities.

4. HOW THE STRATEGY WAS DEVELOPED

The Council commissioned an organisation called Peopletoo to help develop a Learning Disability commissioning strategy for County Durham.

Peopletoo gathered information and talked to key people who work across health and social care. The work was completed in January 2018 and resulted in a set of principles and themes that were felt to be important to include in County Durham's Learning Disability commissioning strategy.

The Council wanted to work with Health (colleagues from Clinical Commissioning Groups and Tees Esk and Wear Valleys NHS Trust) to develop a joint commissioning strategy.

A Learning Disability Joint Commissioning Strategy Group was set up in April 2018. The group included managers and staff from the different organisations (see Appendix 1) and developed a communication, engagement and consultation plan to ensure people from other services,

people who have learning disabilities and family or carer representatives could contribute to and feedback on the commissioning strategy. A longer term engagement strategy is needed for ongoing involvement of people with learning disabilities in commissioning and service improvement.

Building on the work of Peopletoo, the group undertook the following work, which led to the draft commissioning strategy:

- Described the current position in terms of service provision and service usage, including costs and quality.
- Analysed the needs of the current and future local population with learning disabilities
- Identified gaps in current service provision across health and social care
- Engaged with a wide range of stakeholders on current service provision, future needs and key areas of the strategy
- Made recommendations on the development of future services
- Development of a Learning Disabilities Joint Strategic Needs Assessment factsheet

Early on in the process of developing the strategy, the Learning Disability Joint Commissioning Strategy Group agreed the scope of the strategy, the vision and the key aims and principles. These are outlined in the next sections.

5. THE VISION

This joint commissioning strategy for adults and young people aged 14+ with learning disabilities establishes a shared vision, which mirrors the aspirations expressed in the national and local strategies and plans (see section 7):

The shared vision in County Durham is for all people with learning disabilities to have a good life in their community with the right support from the right people at the right time.

6. KEY PRINCIPLES

Building on the work coordinated by Peopletoo, the Learning Disability Joint Commissioning Strategy Group agreed key principles for future commissioning of Learning Disability services in County Durham. These are illustrated and described as follows.



Co-production

Through appropriate engagement and consultation with people who have learning disabilities, their families, carers and providers who support them, services are to be designed and developed through co-production. Co-production also involves reviewing services, information and advice together. This will ensure that services and support interventions are well-informed and effectively targeted towards meeting the needs and aspirations of individual service users.

People with learning disabilities have said that they want:

- Healthy, safe, fulfilling and meaningful lives
- A home of their own and a place to live of their choosing
- An education that prepares people for meaningful employment
- To be connected to their communities through friendships, relationships, learning, work, leisure and recreational activities
- To feel valued, respected and listened to
- To receive good support, which may or may not be paid support

Taking a whole-life approach including planning services for young people in transition

A whole system approach across the life course will help to reduce the impact of transition between life stages and different ages and create a more positive experience especially for young people reaching adulthood and for individuals moving from children's services to adult services or between different kinds of services, both in health and social care. This involves early holistic planning, joined-up working, focusing on individual skills and helping people to increase their independence.

A focus on early help, timely intervention and prevention

Ensuring that people with learning disabilities, their families and carers are supported as early as possible not only offers more affordable and value-for-money solutions, but also better outcomes for individuals, families and communities.

Access to the right information, advice and support is essential to building on the skills, resources and abilities that people and communities already have and enables them to use them more effectively.

Preventative support, in line with the Care Act 2014 includes low level help and practical assistance with daily life; social and emotional support; help to maintain social networks; educational and vocational support and help to access relevant services.

For those that need it, timely intervention from a health and social care system that is accessible, flexible and person centred will support independence, help prevent and manage crisis, avoiding unnecessary distress and placement breakdown.

Promoting personalisation and progression

The services commissioned by the Council and CCGs must demonstrate how and when they are meeting the identified outcomes of each individual they support. The commissioning approach should aim to keep service provision to the least intensive levels required to meet people's needs, maximise their independence and reach their potential. Co-production and the promotion of choice and control will help to ensure that every decision about an individual is made with the individual.

Improving outcomes such as increased independence, employment, wellbeing, choice, control community resilience

People should be able to live, work and be active participants in their community, making the best use of both their own and other available resources and opportunities.

The 12 Pillars of Independent Living² outline what people with learning disabilities need, to increase or maintain their independence:

1. Appropriate and accessible information
2. An adequate income
3. Appropriate and accessible health and social care services
4. A fully accessible transport system
5. Full access to the environment
6. Adequate provision of technical aids and equipment
7. Availability of accessible and adapted housing
8. Adequate provision of personal assistance
9. Availability of inclusive education and training
10. Equal opportunities for employment
11. Availability of independent advocacy and self-advocacy
12. Availability of peer counselling

² <https://www.disabilityrightsuk.org/independent-living-0>

Adults with learning disabilities and/or autism have consistently asked for the reasonable adjustments that ensure that they are able to access the same opportunities that we all seek, as well as the opportunity to have their voice heard and challenge the prevailing thinking around learning disability services. It therefore seems that people with learning disabilities desire the same independence, choice and control over their lives that others enjoy. Personalisation and a 'whole-life' approach aligned with people's needs and aspirations can have a positive impact on their wellbeing.

This must be at the heart of commissioning efficient and effective services to meet the needs of people with learning disabilities.

Delivering a coordinated approach to supporting individuals to achieve their goals

Health and social care services need to be effectively integrated (e.g. information and data sharing, joint commissioning arrangements and pooled budgets), removing the need for people with learning disabilities and their families to repeatedly tell their 'story' to multiple staff from different organisations, and promoting a holistic approach towards providing support.

Promoting and developing provider resilience and responsiveness to local needs

With the help of commissioners, providers of services for people with learning disabilities must:

- Understand and adapt their services in response to the needs of the local population and the shared vision for learning disability services as set out in this joint commissioning strategy and the Council's Market Position Statement, which outlines the commissioning intentions across children's and adult social care, public health and housing.
- Develop resilience to effectively support individuals at all times, even when they are exhibiting challenging behaviour.

As well as general competency based training, Positive Behavioural Support training and other appropriate training is required to support people with learning disabilities who have complex and challenging behaviour in a consistent and effective way. This training should be repeated regularly and accessed by established providers and those new to the local area and market.

The consequence of not having a well-trained, resilient provider market are:

- Significant pressure on statutory services
- Reactive and crisis responses
- The need to revise and adapt support packages and placements often at considerable cost and at short notice
- Disruption and anxiety for individuals and their families during crises is further exacerbated if there is a need to change placements.

Increasing efficiency and value for money

Adopting the principles above should help with another key principle of ensuring value for money or cost-effectiveness, i.e. the optimal use of resources to achieve the intended outcomes. This may mean spending less, spending well and spending wisely. Another important commissioning

goal is to achieve equity, i.e. spending fairly. In other words, success includes the extent to which services are available to and reach all people for whom they are intended.

Ensuring services are safe and of high quality

The significance of ensuring that services commissioned throughout people's lives are safe and of good quality is highlighted within the Transforming Care Programme³; the Driving Up Quality Code for Commissioners and Providers⁴; and the Quality of Life Standards⁵. These apply to all people with learning disabilities, including those with autism, mental health issues and complex support needs who may have behaviour that challenges. Safety and quality standards raise aspirations and cover all areas of a person's life, from where they live to where they work and how they are an equal member of their community.

To be meaningful and effective, these safety and quality standards must be embedded into contracts and care planning with effective monitoring and review processes. Systems must be in place, underpinned by co-production, to deal appropriately with poor quality and lack of safety.

7. NATIONAL POLICY CONTEXT

This commissioning strategy is informed by a number of national legislative and quality requirements relevant to the commissioning of health and social care and support for people with learning disabilities. The statutory bodies must work together to meet statutory and other responsibilities outlined in the national policy and guidance.

The policy context has three main elements:

- Policy that applies to all citizens, which may have aspects relating to disability or exclusion
- General health, social care and education policy
- Learning disability specific policy

Key health and social care legislative and policy documents are the Care Act (2014), the Children's and Families Act (2014) and, more recently, the NHS Long Term Plan 2019-2024 (2019).

Policy specific to people with learning disabilities includes Building the Right Support (2015), which outlines the national Transforming Care programme; and the principles in Valuing People (2001) and Valuing People Now (2009) are considered relevant today. See Appendix 2 for further information on these and other important national policies.

³ <https://www.england.nhs.uk/learning-disabilities/care/>

⁴ <http://www.drivingupquality.org.uk/home>

⁵ <https://www.centreforwelfarereform.org/library/by-date/quality-of-life-standards-and-toolkit.html>

8. LOCAL CONTEXT

Key relevant local policies and programmes are summarised in Appendix 3 and include the following:

- Sustainable Community Strategy 2014-2030
- County Durham Joint Health and Wellbeing Strategy 2016 to 2019
- County Durham Strategy for children and young people with Special Educational Needs and Disabilities (SEND) 2018-19
- Children and Families Plan 2016-2019
- County Durham Mental Health Strategic Plan 2018-2021
- County Durham Think Autism Strategy 2018/19 – 2021/21
- Market Position Statement (Durham County Council's vision for the future of social care)
- Clinical Commissioning Group Commissioning Intentions, DDES and North Durham CCGs 2018/19
- North East and Cumbria Learning Disability Transformation Programme
- Integration
- Better Care Fund
- County Durham Housing Strategy 2019

The [County Durham Joint Strategic Needs Assessment \(JSNA\)](#) is a statutory document that provides a detailed overview of the current and future health and wellbeing needs of the people of County Durham. The JSNA is available in the health and social care theme of the [Durham Insight](#) website and contains intelligence and information to help inform local plans and strategies, such as the County Durham Joint Health and Wellbeing Strategy and the commissioning intentions of the Clinical Commissioning Groups, through highlighting areas of health and wellbeing which need improving.

[Durham Insight](#) is a shared intelligence, research and knowledge base for County Durham, informing strategic planning across the Durham County Council and its partners, and by thematic partnerships. The aim is to provide users with an easy way to access and share information, intelligence, research and knowledge for deeper insights about their local area or communities. It also informs and supports the JSNA and other assessments and strategies managed by the authority and its partners.

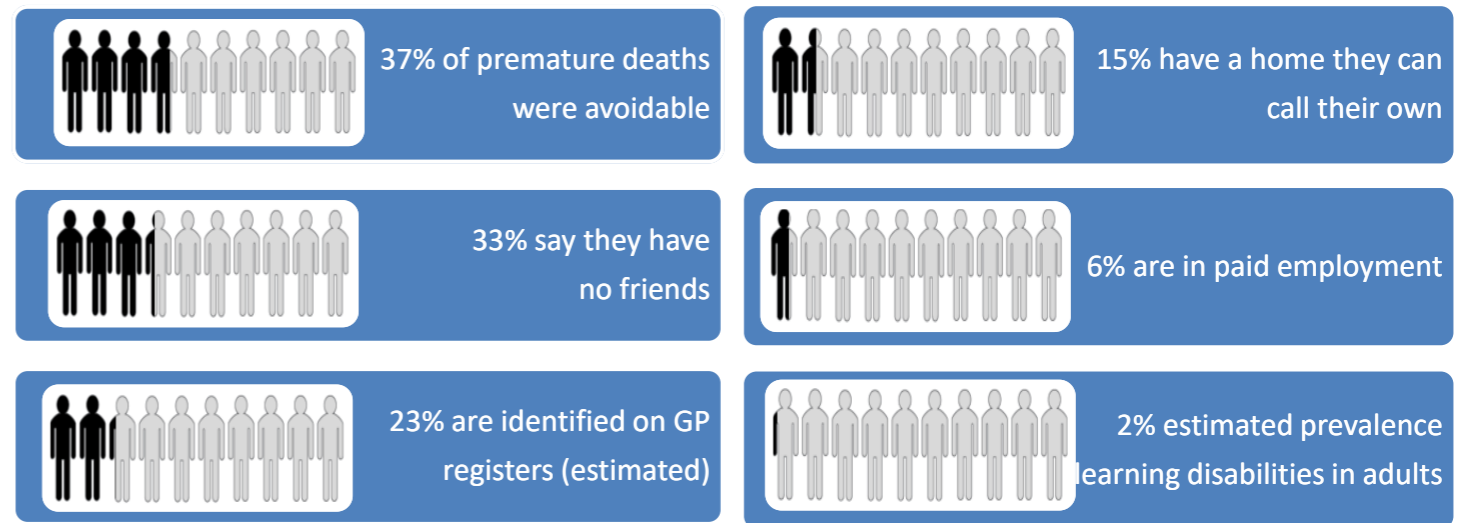
A [Learning Disabilities factsheet](#), held on Durham Insight, has been developed alongside, and as an integral part of this commissioning strategy. The factsheet brings together the evidence base, national and local profiles and local health and social care data analysis. It helps us to look at what has happened in the past, what is happening now, improves our understanding of what is likely to happen in the future and aids decision-makers in targeting resources to both areas and services. The factsheet will be updated as and when further information becomes available.

The commissioning strategy should be read in conjunction with the factsheet for the context and evidence base.

The next sections highlight some key points from Durham Insight and provide a basis for the strategic aims and objectives (page 18 of the strategy).

9. PREVALENCE AND NEEDS

In the UK, learning disabilities affect about 1.5 million people in the UK (around 2% of the population). It is estimated that of people with learning disabilities...



The health and quality of life of people with learning disabilities are often worse than for other citizens.

Compared to the general population, people with learning disabilities:	Have a lower life expectancy. Men with learning disabilities die on average 13 - 20 years younger compared to those without, this increases to 20 - 26 years for women.
	Experience higher levels of poor mental health.
	Have greater and more complex health needs (such as long term conditions and musculoskeletal problems). These are often undiagnosed and untreated.
	Are more likely to experience barriers to accessing healthcare service and experience poor levels of care.
	Are three times as likely as people in the general population to have a death classified as potentially avoidable through the provision of good quality healthcare.
	Are often the target of hate crime.

Whilst it is difficult to record the definitive number of people with learning disabilities both nationally and locally, estimations can be based upon research and population predictions, as well as GP registers and local authority data on the number of people using learning disability services.

For more detailed information about learning disabilities and local data please see the [Learning Disabilities factsheet](#) within Durham Insight.

Learning Disabilities across County Durham

This is higher than national and regional benchmarks

Almost **3,200** children with a learning disability are known to schools

An estimated **8,500** (2%) adults have a learning disability

But only **3,530** (0.6%) are registered as having a learning disability with their GP

51% of eligible adults have had a health check

Around **2,300** people are known to learning disability operational teams...

... of these **1,700** adults are in receipt of care by Durham County Council

An estimated **2,000** adults have a moderate to severe learning disability

Compared to England averages for people with learning disabilities, County Durham has...

Higher rates of annual health checks.	No delayed discharges from specialist acute hospitals	Higher rates of people in settled accommodation
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However, within the learning disabilities population receiving support, County Durham has higher rates than England for...

Unemployment	Safeguarding enquiries	People receiving long term social care support
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Less than **2%** are in paid employment, this is nearly **6%** for England

This section gives an overview of relevant health and social care services available for people with learning disabilities in County Durham.

10.1 Specialist Health services available for people with learning disabilities in County Durham

Inpatient learning disability services commissioned by CCGs including acute assessment and treatment, provided by Tees Esk and Wear Valleys NHS Foundation Trust (TEWV). In the region, providers also include Northumberland Tyne and Wear NHS Trust (NTW) and independent sector providers.

Services commissioned by NHS England specialised commissioning:

- Learning Disability medium and low secure services (NTW and TEWV)
- Children and Adolescent Mental Health Services Tier 4 learning disability services (NTW)
- Forensic community outreach service and contract leads for prison health (TEWV)
- Complex Neurodevelopmental Community Service (NTW)

Community Learning Disability Services:

Integrated teams exist in County Durham through a partnership between Durham County Council (the lead organisation) and TEWV. (TEWV are the lead for integrated community mental health teams other than learning disability services where the local authority is the lead agency).

Enhanced Community Services provided by TEWV offer care home liaison and crisis work for people with learning disabilities who need emergency support, potentially preventing hospital admissions. There are two elements: the Specialist Health Team (which covers Durham and Darlington) and the newly commissioned Proactive Provider Liaison Team (for Durham, Darlington and Tees):

The Specialist Health Team

The Specialist Health Team is a tertiary level team, working 24/7 on a planned basis, providing assessment and intervention for adults who have a diagnosed learning disability and present with mental ill health and/ or behaviours that challenge. The skill mix within the team facilitates interventions utilising:

- Positive Behavioural Support (PBS) approaches and /or Applied Behaviour Analysis within the Behaviour Function and:
- Psychosocial approaches based on the Cognitive Behavioural Therapy (CBT) and Dialectical Behaviour Therapy (DBT) frameworks within the mental health function.

Crisis response (7 days a week 8 -8) is also within the team's establishment, based in and managed from Inpatients. Across both functions of the team, training and intensive home support are regularly provided, dependent on the needs of each service user referred.

The Proactive Provider Liaison service

The Proactive Provider Liaison (PPL) service will complement and liaise with existing community learning disability services. It will deliver flexible support to service providers who are supporting adults with Learning Disabilities and/or Autism across Teesside, Durham and Darlington. The service aims to help sustain community support arrangements and prevent unnecessary admissions to hospitals. To achieve this it will primarily work at a systems level

with organisations to help services meet the needs of the people who receive their services. On occasions, the PPL service will also provide, if requested, additional capacity to enable existing specialist learning disability services provided by TEWV to deliver intensive community support for an individual.

The Health Facilitation Team provides a link with the primary and secondary care services for people with learning disabilities for their care and support, at the same time promoting health and wellbeing. The team works with GP practices to ensure that reasonable adjustments are in place and people are identified with appropriate codes so they can receive a service which has been adjusted to meet their needs

An *Acute Liaison Nurse* works between the Health Facilitation Team and the Acute Trust to ensure that people can receive hospital treatment in a planned way both as an in-patient and out-patient, by providing help with hospital passports and staff training.

10.2 Adult Social Care for people with learning disabilities in County Durham

Social care provision for people with learning disabilities is described in more detail in Durham Insight. In County Durham, care and support is arranged and delivered following needs assessment and care planning undertaken by three Learning Disability Locality teams and a Learning Disability Access Team, as well as a Transitions Team for young people aged 14-25.

Approximately 1,700 people known to the learning disability teams use social care services, which mainly consist of a range of independent and third sector provision including supported living, supported accommodation, day care, respite and residential care as well as the use of Direct Payments and Individual or Virtual Budget arrangements intended to offer more choice and flexibility. The council also provides some in-house services.

Commissioning arrangements include spot purchasing, procurement frameworks / provider panels or tailored individual packages tendered for highly specialised care packages. Some packages are joint funded the NHS and some, such as supported living and domiciliary care, are starting to be jointly commissioned.

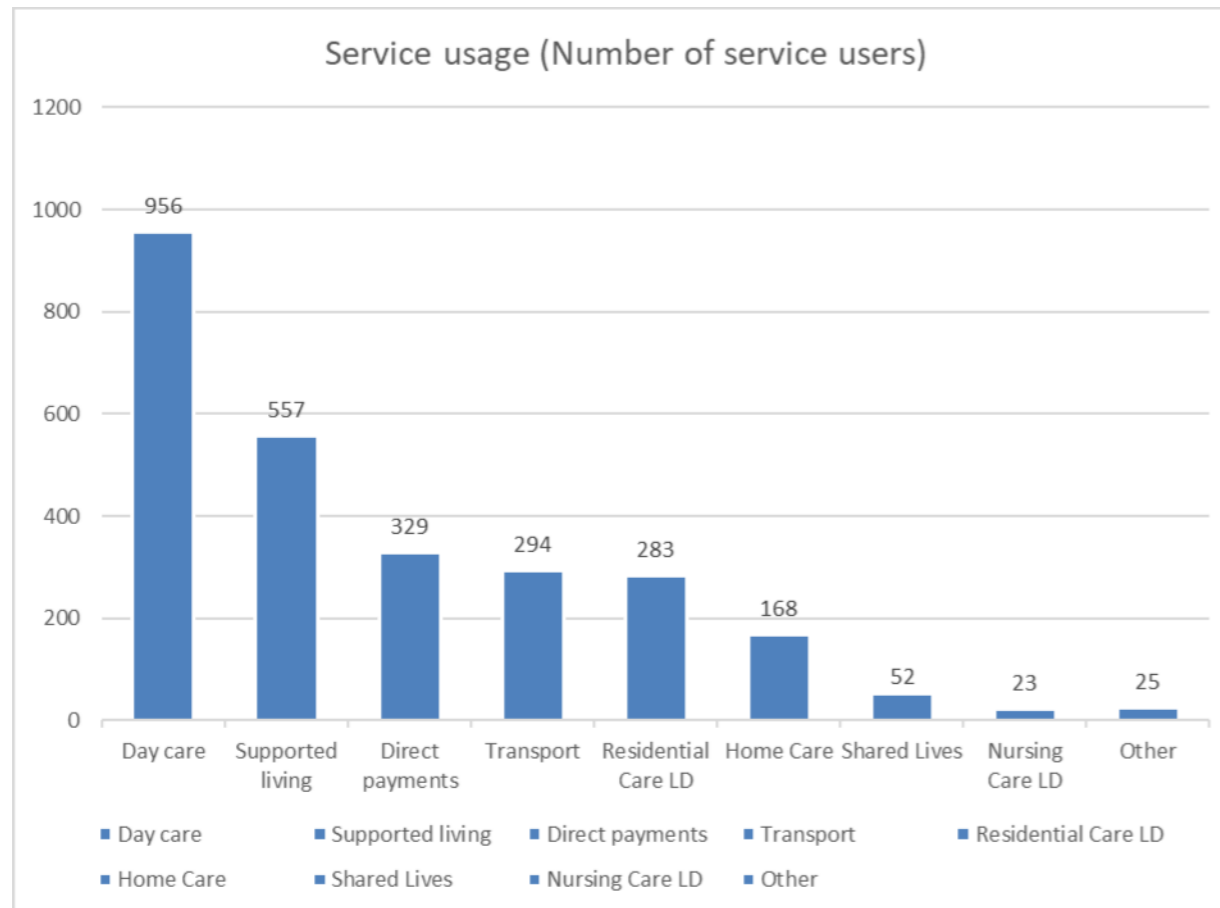
The type of services used by people with learning disabilities can be an indication of primary needs and can be analysed in terms of number of service users, spend and cost per head. Information for the strategy is primarily in relation to commissioned services for people age 14+ with learning disabilities in receipt of long-term social care. This is taken mainly from the Social Service Information Database (SSID), which will be replaced by a new system called Azeus in 2020.

Service usage

Most people with learning disabilities receiving support in County Durham use day services, then supported living, followed by a range of services listed below.

- Day Care – 55%
- Supported Living - 32%
- Direct Payments – 19%
- Transport – 17%
- Residential Care (for people with Learning Disabilities)– 16%

- Home Care - 10%
- Shared Lives (adult placement) – 3%
- Nursing care (for people with Learning Disabilities) – 1%
- Other services – 1% (e.g. extra care and other types of residential and nursing care registered for older people, dementia or mental illness).

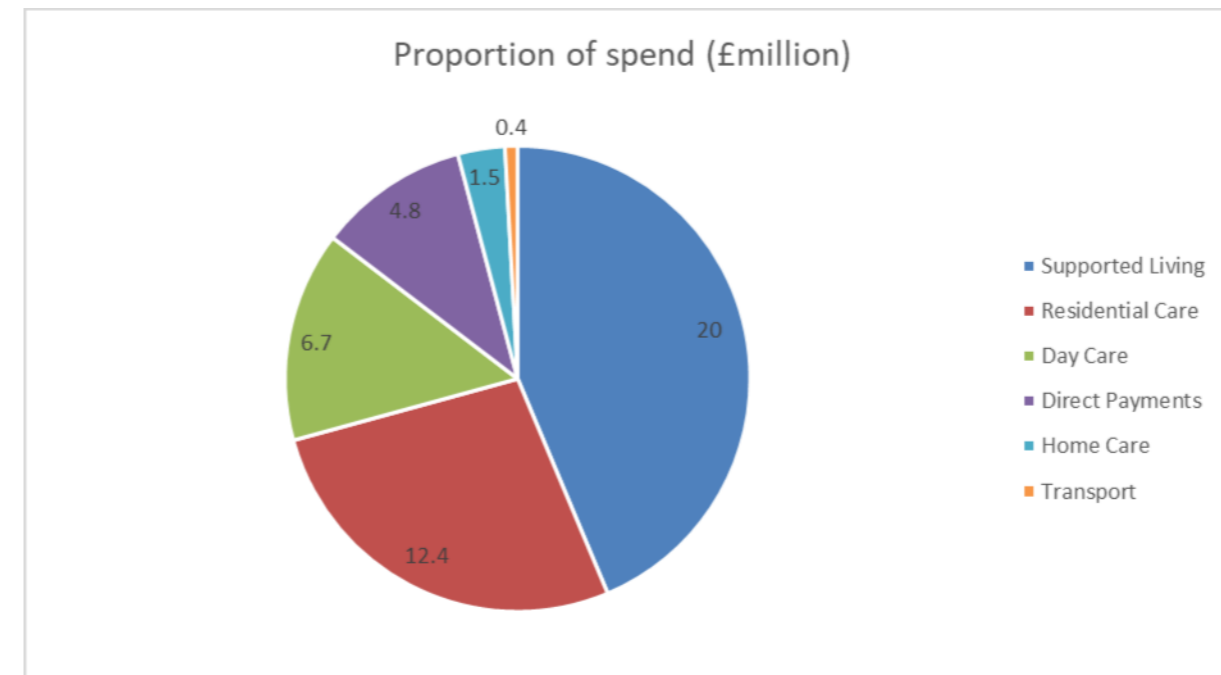


Based on November 2018 SSID data (Total 2,687; 1736 distinct service users)
Note some individuals use more than one type of service.

Spend

In County Durham, the largest proportion of the council's learning disability gross budget is spent on supported living, followed by residential care. The figures below include joint funding from Clinical Commissioning Groups.

- Supported Living - £20m
- Residential Care - £12.4m
- Day Care - £6.7m
- Direct Payments - £4.8m
- Home Care - £1.5m
- Transport - £400k



Cost per head

In 2017/18, the net expenditure on Learning Disability services per head of population for Durham County Council was £90.22, compared to £112.65 nationally. In addition, NHS bodies also incur significant expenditure in respect of learning disability service provision.

Durham County Council tends to spend less per head of population on residential care than national averages, with £27.34 for Durham, compared to £38.48 nationally.

Due to the individual nature of people using the services, there is a considerable range in costs incurred across service provision.

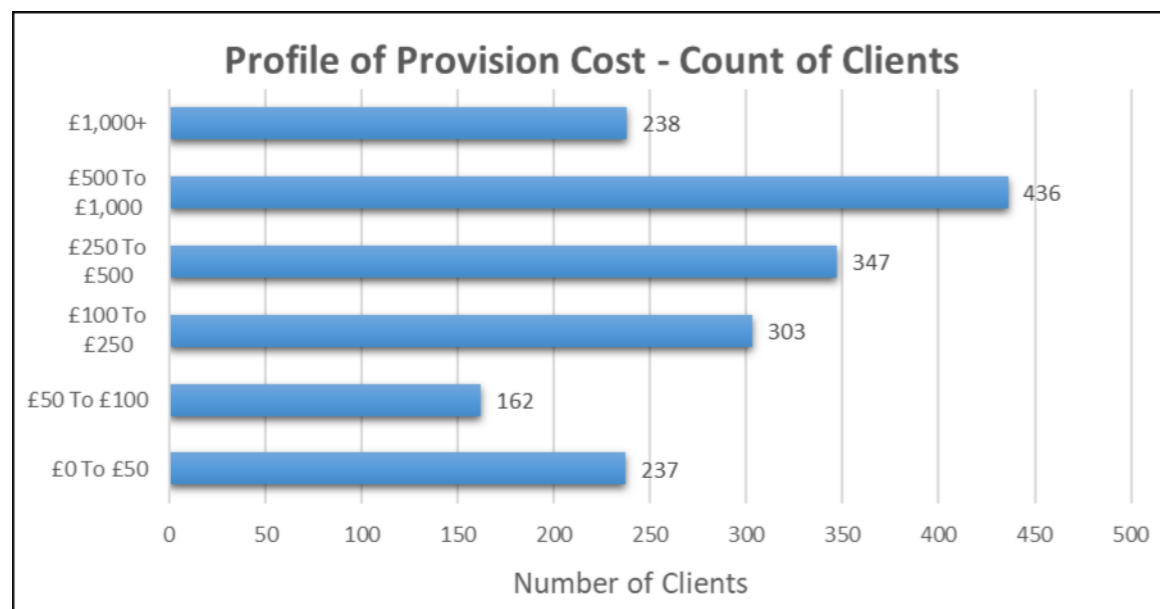
The majority of applicable expenditure is in respect of supported living and residential care environments. For Durham County Council, Peopletoo identified that the average weekly cost for each service user was £810 for supported living and £769 for residential care. However, clearly this is influenced by a number of specific circumstances for each individual. Some service users have multiple services, and value for money, based on individual service need, is a key factor.

11. FINANCIAL CONTEXT

Nationally, more is spent on long term support for adults with learning disabilities aged 18-64 compared to short term support. Over recent years there has been a trend towards greater provision of community-based services.

In County Durham, the DCC learning disability net budget is approximately £41m, with £38m spent on care. In September 2018, the average weekly cost of a care package for a person with learning disabilities was £509.09 (£537 in Sep 2017). This is higher than for any other adult client group (e.g. £363 for Older People and £262 for Mental Health).

The range of weekly costs is £5.61 to £6,686.94. The graph below shows that a quarter of the people with learning disabilities recorded on SSID have care packages within the range of £500- £1,000 per week. Nearly 40% have care packages over £500 per week and 14% have packages costing over £1,000 per week.



Minimum Cost	£5.61
Maximum Cost	£6,686.94
Average	£509.09

Main CCG spend for people with learning disabilities is on services delivered by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and Independent hospitals as well as Section 117 (joint funded with the local authority) and Continuing Health Care (CHC) packages of care. Spend also includes funding given to the local authority under the Transforming Care Funds Transfer Agreement.

2018/19 financial information from the two CCGs is shown in the table below. North Durham (ND) CCG spends more than Durham, Darlington, Easington and Sedgefield (DDES) CCG on TEWV services in relation to specialist inpatient services.

2018/19 spend	DDES CCG	ND CCG
	£m	£m
Reported LD expenditure 31 March 2019	£13,677.9	£12,780.6
TEWV Services	£3,996.5	£6,140.5
Independent Sector Providers	£676.5	£904.4

S117 packages	£147.1	£316.2
CHC Packages	£8,395.7	£4,458.9
Other	£462.2	£960.6
Total	£13,677.9	£12,780.7

Impact of financial context on commissioning

CCGs and local government are operating in a period of significant financial uncertainty brought about by a combination of on-going austerity and unfunded cost pressures. Funding reductions have been imposed since 2010/11, with pressures in social care services and other unfunded cost increases arising from pay and price inflation. The financial outlook for the council will continue to be extremely uncertain for the foreseeable future as the outcome of the pending Fair Funding Review will not be known until late 2019.

Commissioning activity will need to take into account the Medium Term Financial Plan (MTFP) savings that the council has to make as a result of the ongoing funding uncertainty, which are in the region of £11.3 million for Adult and Health Services up to 2022/23.

In addition to trying to reduce higher cost packages, Commissioners will have to prioritise those services that meet statutory needs and consider those services that demonstrate clear evidence of preventing people from requiring statutory services.

Short-term funding may be available for new developments or for continuing effective short-term funded services. However, commissioners will need to carefully manage expectations and agree exit strategies with providers, service users and other stakeholders. Commissioners also need to consider long-term sustainability issues and support providers and the Voluntary and Community Sector in accessing other sources of funding.

12. KEY MESSAGES

The strategic intelligence from Durham Insight, health and social care information⁶, policy context and stakeholder feedback are summarised in this section as key messages, some of which require further exploration.

The key findings are accompanied, where possible, by information on what needs to happen and what is already happening in County Durham to address issues and gaps in service provision. These form the basis of the aims and objectives on page 18. All references can be found in the factsheet on Durham Insight.

- ❖ In general, there is recognition that we need to strengthen leadership and governance around learning disability commissioning. We also know there needs to be closer working

⁶ DCC Adult Social Care Learning Disability SSID data 2018/19

relationships between health and social care commissioners, building on some good examples of joint commissioning (e.g. Supported Living and Transforming Care) and moving towards more integrated ways of working.

- ❖ Having made progress developing the intelligence in Durham Insight, we need to improve understanding of the needs of people with learning disabilities and their families through information-sharing, better use of information and by regularly seeking and listening to the views of people who have learning disabilities, including individuals who use learning disability services and those who care for them.
- ❖ In order to plan ahead, we especially need to improve our information and understanding on the needs of young people who are going to be making the transition to adult services and also people looked after by older carers who may need support in the future, as well as adults with learning disabilities who are ageing or with dementia. Earlier identification, planning and joint working will help to get the right support in place during a time which can otherwise be fraught with uncertainty, anxiety and stress.
- ❖ In addition to understanding needs, we want to have greater awareness and understanding of services and technology which can help to increase people's independence and progression through services.
- ❖ As well as identifying need and shaping future services through coproduction, we need to work together on monitoring and reviewing our current services. This will help to ensure consistently high standards of quality and safety, fair and transparent pricing, identify where commissioners can support providers and develop the market to meet the needs of the local population.

Whilst it is acknowledged that there is much more to do to achieve the longer-term vision for 'all people with learning disabilities to have a good life in their community with the right support from the right people at the right time', the commissioning strategy outlines the following priority areas to address over the three years.

a) Healthy lives

What are the main issues?

- People with learning disabilities have poorer physical and mental health compared to the general population. The NHS wants to address this health inequality by encouraging far more people to be registered on their GP Learning Disability Register, giving them the chance to access more support and have an annual health check to detect health conditions, which otherwise would go unnoticed. Health checks could also reduce the risk of people being admitted to hospital unnecessarily and emergency admissions.

How are we doing?

- Only 0.6% of people of all ages on GP registers in County Durham have learning disabilities recorded. As there is an estimated 2% of the population thought to have learning disabilities

in the county, this suggests there may be a degree of unidentified and unmet need. This is similar to the North East and England rates (2016/17).

- Although County Durham is performing slightly better than other areas of the North East on GP annual health checks, the proportion of eligible people (aged 14+) with learning disabilities having an annual health check is not significantly different to England. The percentage of people on the learning disability register who have had an annual health check needs to increase from 51% to 75% by March 2020.
- CCGs and Durham County Council are working in partnership with Healthwatch to increase the number of people with learning disabilities who take up free health checks. This includes surveys to find out what stops people having a health check, developing an easy read invite to all people with learning disabilities in County Durham and piloting health checks in community settings.
- People should also have access, with reasonable adjustments, to mainstream health and community service providers and other specialist services, e.g. mental health services and drug and alcohol services. Providers and the Health Facilitation Team can help people with learning disabilities access services that the general population use when required.
- Improving the uptake of health checks and other interventions such as oral health, sexual health, cervical screening, breast cancer and bowel cancer screening may help address health inequities in this population through earlier identification and treatment, as well as increased access to available health facilitation.

What more do we need to do?

- CCGs will need to:
 - set individual end of year targets for annual health checks;
 - ensure people already on GP Learning Disability Registers are offered an annual health check;
 - increase the numbers of people on their GP Learning Disability Registers and ensure they are offered an annual health check.
- Commissioners and providers need to work together to raise awareness and understanding of screening, health interventions and health facilitation, ensuring more reasonable adjustments are made in health care settings. They also need to continue to support programmes such as The Learning Disabilities Mortality Review Programme (LeDer) and Stopping Over Medicating initiatives (STOMP/STAMP) initiatives.
- Relevant and accessible information and advice should be available for people with learning disabilities and those who support them.

b) Support in the community

What are the main issues?

- Nationally, in 2013, Local Authorities reported that 74% of adults with learning disabilities known to them, lived with their family. The number of people with learning disabilities living with carers over 70 years old was predicted to double between 2013 and 2030. In 2016 there were 184 carers over 65 years old open to learning disability teams in County Durham. A survey carried out by Durham County Carers Support⁷ with 50 carers identified anxieties about the future for the person they cared for.
- While some people with learning disabilities manage to live independently or are cared for by family members or unpaid carers, people with moderate, severe or multiple and profound learning disabilities often need additional help from specialist health and social care services in the community.
- Approximately 2,300 people with learning disabilities are known to the three integrated Adults Learning Disability Locality teams and the Transitions Team (approximately 100 young people aged 14-25). New referrals are received through the Learning Disability Access Team and the Transitions Team.
- Out of the total number of referrals received by the Learning Disability Access Team, approximately 16% (59 people) were passed on to the Locality teams in a 12 month period.⁸ Around 60 young people make the transition from children's services to adult learning disability services each year.
- Despite the new activity, the number of caseloads has remained relatively stable over a number of years. Most (86.5%) are in the 18-64 age group; 12.5% are over 65. The decline in numbers using services after the age of 64 potentially reflects reduced life expectancy.
- However, between 2017 and 2035 the number of people with learning disabilities in County Durham aged 18-64 is predicted to fall slightly over time (2%) while the number aged 65+ is predicted to increase by around 27%. This is partly due to an increasing ageing population and the fact that people with learning disabilities are now living longer compared to previous decades.
- The learning disability teams report that people with learning disabilities are living longer with more complex needs, which impacts on the services available, number of children and young people in the care system, child protection issues and complex legal processes surrounding people's care.
- Across the services there are more people with mild learning disabilities who have complex needs often related to offending, mental health issues including a diagnosis of personality disorder, substance misuse or trauma experienced within the care system.
- Nationally and locally there is recognition that more needs to be done to address the effects of historical and negative methods of dealing with challenging behaviour, such as over-medication, physical restraint, seclusion and the results of trauma and abuse that some people have encountered in the care system.
- There is currently no clear pathway of treatment, including identification of need and accessible planned/structured support for individuals with Learning Disabilities whom have experienced trauma. It is recognised that a joint health and social care response to supporting individuals who present with trauma needs to be developed to prevent further system failure and harm to individuals
- Suitable accommodation is integral to delivering effective care and support for people with learning disabilities, particularly those with complex needs. The Valuing People agenda and previous commissioning and housing strategies have prioritised the accommodation needs of people with learning disabilities. This resulted in a number of approaches within County Durham over the last decade such as de-registering and remodelling residential care as supported living and increased use of community alarm assistive technology and floating support.
- Commissioning decisions are influenced by the geographical, largely rural, make-up of the county and impacted by cross-boundary service developments. Due to the size of County Durham, care home and supported living placements outside of the county are less common than placements made within the county from other local authorities. Non-commissioned or 'opportunistic' accommodation-based services within County Durham can create pressures on the local health and social care system if the services do not match need and vacancies are filled by people outside of the area.
- The combination of urban and rural areas, as well as deprivation alongside affluence also impacts on commissioning decisions, for instance deciding where to locate services to best meet the needs of the local population.
- CQC registration criteria can also play a significant role in commissioning plans. CQC views larger settings as potentially institutional and favours small scale service models (for 8 or 9 people at the most), nearer communities rather than in isolated settings. While a move away from large institutions is welcome, it does raise some issues around increased costs, financial sustainability and staffing arrangements. This can impact on the availability of suitable residential care and supported accommodation placements for those with the most complex needs and could potentially lead to delayed discharges. It is also important to remember that small-scale provision still needs to be safeguarded against organisational abuse.
- The majority of the people known to the learning disability teams are men (60%) compared to women (40%). Relatively few are from Black Asian Minority Ethnic (BAME) communities.
- Approximately 73 % of people known to the learning disability teams in County Durham access a range of services; some key ones are highlighted in later sections.

⁷ County Durham Carers Support (2016) Findings from Looking into the Future survey: Carers of people with Learning Disabilities in County Durham.

⁸ Out of the total number of referrals received by the Learning Disability Access Team, approx. 16% were passed on to the Locality teams and transition teams in a 12 month period (59 out of 368 referrals Oct 17- Sep 18 SSID)

- The transition from children's to adult services is often very challenging for young people with learning disabilities and their families due to change of services and professionals at a time of wider change in their lives, e.g. educational circumstances. If planned well in advance, the negative impact of these changes can be minimised. If a child, young person or their carer is likely to have needs when they turn 18 the local authority must assess their needs if there is significant benefit in doing so.
- An assessment could be requested years in advance of their 18th birthday (e.g. age 14 or 15) to allow for sufficient planning and transition time and avoid a gap in services. This is especially important for young people with complex needs requiring significant levels of support from adult services.⁹
- The Transitions Team helps with earlier planning for young people who will require adult services in County Durham. However, local stakeholders have identified that transitions are less smooth for young people who do not meet the criteria for the Transitions service or adult social care and that transitions need improving across other interfaces such as mental health and autism services.
- People with learning disabilities can be vulnerable to being victims of discrimination and hate crime, which doesn't always get reported or dealt with appropriately.
- Some people with learning disabilities become involved in crime and enter the criminal justice system. They are mostly young and male and are likely to have additional needs such as mental health issues (e.g. personality disorder, depression) autism and Attention Deficit Hyperactivity Disorder (ADHD).
- There is limited research on people with learning disabilities in prisons but there is evidence to suggest that not enough is being done within the criminal justice system to identify and support people with learning disabilities.
- For legal reasons, very few people with severe learning disabilities enter the criminal justice system, despite often having behaviour which challenges. Therefore, the majority of prisoners with learning disabilities would be expected to have mild learning disabilities. However, some reviews have found evidence of moderate and severe learning disabilities within the prison population.¹⁰ People with severe learning disabilities and/or complex behaviours with a forensic background may be more likely to be in prison hospitals rather than general prisons.
- However, within the population of people with learning disabilities receiving support, County Durham has higher rates than the England and North East averages of:
 - Unemployment (only 1% are in paid employment)
 - Safeguarding enquiries (10%)
 - People receiving long term social care support (4.4 per 1,000)
- Of the total number of people known to the Learning Disability Locality Teams and Transition Teams, 1,723 people at Sep 18 (73%) are recorded by DCC as being in receipt of care, most of whom receive long term care.
- 14% (238 people) have care packages that cost £1,000 per week or more and the range extends to over £6,000 per week. Higher costs are associated with supported living and residential care, including overnight respite.
- *Supported Living:*
Over the last 25 years there has been a shift in County Durham towards commissioning supported living rather than residential care, linked to the Valuing People and Transforming Care agenda and the desire to support people to obtain more independence in the community. 32% of people with learning disabilities supported by the council are in supported living compared to 16% in residential care.

There are currently 25 supported living providers delivering care and support for approximately 550 people with learning disabilities across the county. The majority are rated as good by the Care Quality Commission and DCC Commissioning. There is a wider variation in costs, ranging from £92 to £3,759 per week, with some people needing additional staffing levels due to complexity of need. 15% of the supported living packages are joint funded with Health.

Vacancies in supported living can result in void costs although most are filled within a few weeks. In 2017/18 there were 17 long-term voids of 30 weeks or more, spread over 14 properties, this has fallen to 11 long-term voids of 30 weeks or more spread over 10 properties (Commissioning data, April 2019).

Work has been undertaken by commissioning and operational staff to reduce the number of voids over recent years, including decommissioning services with long term voids where they cannot be filled or re-modelled to meet needs.

Learning disability teams have recorded a small number of people (6) for whom it has been difficult to find a suitable placement in the last year. These are from the East and North Locality Teams, with one person in the Access Team. They are nearly all men who have autism and behaviours which challenge current services

There is sufficient supported living provision in County Durham for people with learning disabilities needing lower levels of support but not enough provision for people with more complex needs requiring higher levels of support as an alternative to residential care.

How are we doing?

- County Durham has a higher rate (85%) of people in receipt of social care with learning disabilities in settled accommodation (higher than the England and North East average).

⁹ NICE (2016) Learning Disability Transition Pathway Competency Framework and NICE NG43 Transition from children's to adults' services for young people using health or social care services.

¹⁰ NEQOS (2018) Learning disability and autism in the North East and Cumbria

- **Residential Care:**

There are 31 residential care homes for people with learning disabilities with a total of 247 beds between them, mainly in the urban areas of County Durham. Additionally, there are 11 care homes registered to care for people with learning disabilities as part of a wider spectrum of care specialisms. An additional 35 places are purchased by the council outside of County Durham (Sep 2018). The number of learning disability residential bed days has remained relatively stable over recent years at around 8,000 per month.

Current occupancy is between 80-90% with around 60% of the learning disability care homes having vacancies ranging from 1-6 beds, mainly 1 or 2 vacancies.

While in general the aim is to support people as close to home as possible, sometimes a choice is made to live out of the home area, e.g. to be closer to relatives or to live in a preferred care home outside of the county. At other times, a service may not be available locally to meet a person's needs and the only option is an out of county placement.

Residential care can be beneficial for some people, creating a safe supportive environment. It can be especially helpful for those making the transition from hospital or to adulthood as part of a pathway to more independent living. It can also be useful for planned or emergency respite. However, it can be associated with very high costs, including 'hotel' as well as care and support costs. Residential care is more restrictive than supported living in that it doesn't allow the same degree of flexibility, independence or access to a wider range of welfare benefits.

- **Home Care:** 10% of people with learning disabilities in receipt of social care use home care directly commissioned by Durham County Council. This is 168 people aged 14+ (Nov 2018), around 5% of the total number of people using commissioned home care. The average levels of home care for this group have remained stable at around 4 hours per day per person. The largest proportion of users of home care are older people and those with learning disabilities tend to access supported living rather than home care in County Durham.

- **Direct Payments:**

19% of people with learning disabilities in receipt of social care use Direct Payments to pay for support to live at home. This is 329 people aged 14+ (Nov 2018), which equates to 40% of the total number in receipt of Direct Payments. 78% were in the 21-64 age range. The most commonly used service was home care followed by day care. Approximately 14% were one off payments,

Direct Payments are seen as a way of helping people have more choice and control. In 2015/16, County Durham recorded a lower proportion of adults with learning disabilities on Direct Payments (20.9%), compared to the North East and England averages.

- **Shared Lives:**

There are 56 approved Shared Lives carers in 41 homes across the county. Around 112 people (June 2018) are in Shared Lives and the majority have learning disabilities. Most are aged 18 – 69 years with a small number under 18 or over 70

3% of people with learning disabilities in receipt of social care are receiving support within Shared Lives settings. Of these, 63 had overnight respite and 8 were receiving long term

support. 41 people receive both long term support and respite, which is needed when their Shared Lives carer takes a break. 4 emergency placements were accommodated.

Approximately half of new referrals (in a recent six month period) were not able to be accommodated, mainly due to lack of suitable carers in the preferred area, no availability for respite dates, issues with access (ground floor needed) or no waking night support available.

- **Day care:**

Day services are provided at 84 different locations across the county.

55% of all people with learning disabilities in receipt of social care use day services commissioned or provided by the council; this is 956 people (Nov 2018), which is 74% of all people using commissioned day services. The number has remained relatively stable over the last several years. 129 people attend Care and Support Pathways, the council's in-house day service for people with complex learning disabilities eligible for social care, at various locations.

People with learning disabilities use day services more than any other service, including those living in residential care and supported living and is generally seen as a cost-effective service. However national and local policy, in addition to the views of local stakeholders, indicate that there should be more focus on helping people into paid employment. This should involve access to benefits advice and help.

- **Respite (short breaks):**

The main types of respite services used by people with learning disabilities in County Durham are overnight breaks at residential care or nursing homes, with a smaller number using Shared Lives for respite. Around 45% of people with learning disabilities using overnight respite do so at Hawthorn House, the council's in-house residential care respite. Day services also provide short breaks for carers.

12% of people with learning disabilities in receipt of social care use respite services. This was 274 people in a recent 12 month period, which was 34% of all people (14+) using respite services commissioned or provided by the council. The majority were in the 21-64 age group (83%) and male (65%); 15% had learning disabilities and were also on the autism spectrum.

Commissioners have identified a need for more cost-effective respite services for people with learning disabilities and autism. There are also opportunities to develop in-house Shared Lives and Hawthorn House respite services. However, stakeholders have highlighted the need for improved short breaks choices and more availability of appropriate short break and emergency respite services for people with more complex needs.

Some people are currently being supported in the community and experience repeated placement breakdown, hospital admission or require emergency provision. While they are smaller in number (less than 10 a year), the costs and pressure on the health and social care system of finding suitable placements at short notice can be significant. Most of these people have a combination of learning disabilities, autism and mental health issues including personality disorders.

Although there was a pilot emergency provision in 2017/18, which consisted of two emergency beds in a residential care home, there is currently no designated community facility for emergency/crisis provision in County Durham. Instead, care coordinators and/or commissioning staff will work with current providers or out of area providers to secure short term emergency solutions, either in residential care, supported accommodation or in the person's home with additional social care and/or health input e.g. from the Specialist Health Team.

Work is in progress to develop local emergency provision for people with learning disabilities who are in crisis.

- Other services commissioned or provided by DCC include:
 - floating support for 90 people with learning disabilities, including parents, not eligible for social care support;
 - assistive technology / telecare for around 400 people with learning disabilities or mental health issues (15% of all people using commissioned telecare);
 - transport services for just under 300 people with learning disabilities (57% of all people using commissioned transport services);
 - education, employment and benefits support, which include support for young people or adults with learning disabilities, e.g. through Adult Learning and Skills, Welfare Rights, DurhamWorks (for 16-24 year olds), Employability Durham (25+), Durham Employment and Skills (DES) and supported employment initiatives linked to a small number of day services;
 - carer support, including adults and young carers of people with learning disabilities (144 people over 70 years old caring for a person with learning disabilities were recorded by Durham County Carers Support in 2016);
 - public health services to improve physical and mental health and wellbeing of the local population, which can be accessed by people with learning disabilities, the degree to which depends largely on reasonable adjustments and the complexity of need; (public health services include sexual health services, drug and alcohol services, wellbeing services, bereavement and relationship support and service for those affected by domestic abuse);
 - advocacy services, which cover statutory requirements under the Care Act, Mental Health Act, Mental Capacity and Deprivation of Liberty as well as non-statutory community advocacy, which can all apply to people with learning disabilities (in 2018 107 people with learning disabilities or learning difficulties and a small number of parents accessed the service);
 - Health advocacy commissioned on behalf of the CCGs;
 - Appropriate Adult Service, jointly commissioned with CCGs and the police for young people and vulnerable adults who have been detained by the police (which was accessed by 128 people with learning disabilities in a recent 12 month period).
- In addition, due to local authorities' responsibilities under the Care Act for assessment and meeting eligible care and support needs for prisoners located in their area, DCC provides a prison social care service for the four prisons situated in County Durham:

- Deerbolt Prison for young offenders near Barnard Castle (population 385)
- Durham Prison, a Remand Prison serving the courts in the Newcastle, Durham, Teesside and Cumbria area (population 922)
- HMP Frankland High Security prison for Category A, High Risk and Category B adult males (population 809)
- Low Newton Prison for all remand and sentenced women aged 18 and over, serving the courts from the Scottish Borders to North Yorkshire across to North Cumbria (population 343)

- CCGs also commission services for people within the criminal justice system, including those with learning disabilities. These services include:
 - Prison healthcare
 - Liaison and Diversion services - engaging around 17 people with learning disabilities from County Durham, the majority aged 20-39.
 - Secure Outreach Transitions Team (SOTT) providing support for people in the community who have offending behaviours and/or convictions
- There is also a senior community nurse providing support in the prisons within the region and learning disability nurses within HM Young Offender Institutions at Deerbolt, Durham and Low Newton
- Low and Medium secure beds are commissioned by NHS England Specialised Commissioning. All high secure beds are commissioned by NHSE in other parts of the country.

What more do we need to do?

- Commissioners need to be prepared for possible demographic changes in the future and aim to predict, where possible, increase in demand for services or changes in service requirements. This could involve more sophisticated methods of needs analysis and increased engagement with the local population who have learning disabilities and those that support them.
- CCGs and DCC need to capture and analyse data and information from children's services and the Transitions team as well as adult services, also people with learning disabilities and their carers. This will help to improve understanding of future needs, plan services earlier and support the transition between different types of service provision.
- Latest policies, research, NICE guidance, best practice and the views of people with learning disabilities and their carers should inform future service developments with the aim of expanding the range of options for people with learning disabilities, maximising independence and progression while ensuring people are safe, happy and healthy. This may include:
 - More people having support and adaptations in their own home
 - People living alone or with others depending on choice, with the appropriate levels of support in place
 - Increased use of Direct Payments
 - Greater uptake of assistive technology

- Ensuring people both in and out of the county are appropriately placed / supported and their care is regularly monitored and reviewed
 - Supporting providers to develop services in line with the aims and strategic objectives in this commissioning strategy
 - Closer working between commissioners and housing colleagues to meet the housing needs for people with learning disabilities, develop appropriate accommodation-based services for people with higher level needs and influence the council's Housing Market Position Statement
 - Helping people to increase independence with travelling and using public transport, e.g. travel training; training and awareness on reasonable adjustments
 - Increased support to gain and maintain employment (without current age restrictions) and advice and help on benefits.
 - More day services that offer support with independent skills and social inclusion and facilitate pathways to employment
 - Different models of support to help build more community resilience and connections with people, e.g. wellbeing services and other preventative approaches
 - Development of a joint health and social care model to support individuals who are experiencing lasting effects of trauma.
- DCC, in collaboration with CCGs, plans to reduce the high costs in residential care and supported living through remodelling the pricing structure, taking into account the cost of inflation and national living wage. Work on residential and supported living may also need to involve remodelling service provision, decommissioning some services and commissioning more cost-effective alternatives, including developing in-house provision within Shared Lives, respite and day services. The need to reduce costs is a concern for CCGs as well as DCC due to joint funding of some services.
 - There is a plan for the Durham, Darlington and Teesside NHS Mental Health and Learning Disability Partnership to work collectively and over time to review the quality and effectiveness of all CCG / CHC funded packages of care.
 - The council needs to continue to manage vacancies and review and reduce long term voids in supported living, which may be associated with shared living, complexity of needs, poor accommodation, location, safeguarding concerns or other quality issues.
 - DCC needs to work closely with CCGs and the Care Quality Commission to commission appropriate, cost-effective care and accommodation that meet the long term needs of people with more complex needs requiring higher levels of support.
 - Commissioners must continue to work closely with planning and housing colleagues to prevent inappropriate accommodation schemes from emerging within the county and to secure the most suitable accommodation for people with learning disabilities, particularly for those with the most complex needs.
- Further work is needed to improve understanding on the needs of people with learning disabilities in prison and the wider criminal justice system, in order to ensure appropriate support is in place.

c) Inpatient Care and Transforming Care

What are the issues?

- No more than 30 adults per million population with learning disabilities and/or autism are to be cared for in in-patient units by 2023/24, according to the NHS Long Term Plan. Improving the quality of inpatient care is also a priority.
- CCGs are expected to reduce inappropriate hospitalisation of people with learning disabilities, autism or both to meet the targets by March 2020¹¹, continue to reduce inappropriate hospitalisation and remain on target as part of the Transforming Care programme, which pertains to people with learning disabilities and/or autism and other associated mental health conditions who display challenging behaviours.
- The estimated initial cost to support the Transforming Care cohort in the community was in the region of £2.8 million for the council. NHS England and CCGs contribute to the costs through an arrangement of dowry payments and pooled funding.
- Initially the number of individuals falling within the scope of the Transforming Care programme was relatively small, but the cohort has subsequently been expanded by NHS England to include:
 - Individuals with learning disabilities who are detained in hospital under Ministry of Justice restrictions (i.e. those who have a 'forensic' history or are at risk of offending);
 - Children who are currently hospital in-patients and meet the adult criteria for inclusion within the programme;
 - People already living in the community who are deemed to be 'at risk' of hospital admission should the preventative approach be insufficient to meet their needs.
- For people who have been in hospital or residential / nursing care for a long time with very complex needs and often behaviour which challenges, the transition to less intensive support is difficult and requires providers with specialist skills and training (e.g. Positive Behavioural Support) and suitable accommodation to meet their multiple needs, e.g. large safe spaces, step down facilities and flexibility to respond to levels of fluctuating needs with appropriate staffing levels.

¹¹ All CCGs are expected in 2019/20 to require adult inpatient capacity for no more than 18.5 adult inpatients per million adult population in both CCG commissioned beds and NHS England commissioned specialist beds. This will reduce to 13 and

17 adult inpatients per million adult population respectively for 2020/21. This equates to the overall target of 30 per million population which should be achieved by 2020/21 and maintained in subsequent years to 2023/24.

How are we doing?

- Through the work of the County Durham Complex Care Group and Transforming Care Implementation Group, local health and social care partners are responding to the guidance set out in 'Building the Right Support', NICE and national and regional Transforming Care models. Direction and support is provided at a regional level by the South of the Region Transforming Care Collaborative Commissioning Hub as well as the North Cumbria and North East Learning Disability, Autism Transformation Partnership Board.
- As part of this work a dynamic support register is maintained. This identifies individuals' future care needs and tracks progress with discharge planning for individuals who are identified as part of the Transforming Care group. It includes people in the community who are at risk of hospital admission due to change in need or circumstances. The information is used to inform community care plans for the individuals and identifies what new provision needs to be commissioned.
- Some people have been discharged into existing services; others have been discharged into newly commissioned services that have been developed with the allocated Transforming Care funding.
- A 5 bed supported living service near the East coast of County Durham was commissioned in 2018/19 as part of the Transforming Care programme. This will provide accommodation and support for people moving from hospital, utilising the allocated Transforming Care funding and also for a smaller number of people requiring a move from provision which is unable to meet their increased levels of need.
- Proposals are being developed for residential care and supported living for young people with complex needs.
- Currently there are no delayed discharges from specialist acute hospitals for County Durham residents.
- In 2018/19 there are no people with learning disabilities in CCG commissioned inpatient beds outside of the North East.
- Positive Behavioural Support (PBS) is being promoted among local providers, with training offered by regional and local experts; a community of PBS practice has been established.
- County Durham has made good progress with the Transforming Care programme in relation to planned discharges from hospital and preventing unnecessary hospital admissions but still has more work to do.
- Through the Transforming Care work, learning disability teams and Commissioning have identified a service gap in the community for people with the most complex needs and behaviour that challenges services, either due to limited availability of suitable providers and /or lack of suitable accommodation.

What more do we need to do?

- Commissioners need to meet the Transforming Care planned discharge trajectories for children and adults in NHS and independent hospital settings commissioned by the CCGs or NHS England in the county and out of area, and also prevent hospital admissions for people in the community.
- CCGs and DCC need to work together to commission new residential step-up / step-down and emergency provision for people with the most complex needs, either to help facilitate the transition from hospital to the community prior to longer term care provision or to prevent an unnecessary hospital admission, e.g. in a crisis at home or due to placement breakdown.
- Commissioners also need to develop new services, which include accommodation and care to meet the longer term needs of people currently in hospital or at risk of hospitalisation where current provision cannot meet their needs. These services are likely to involve a mix of health and social care provision within a specialist supported living service and require skilled staff that can deliver positive behavioural support.
- Around 40 people needing this type of provision are currently in hospital either awaiting discharge or have a longer term discharge date planned under the Transforming Care programme. This includes 5 young people known to the Transition team. Approximately 30 people are in high-cost residential or nursing care, some of whom would benefit from moves toward more independent supported living in more cost-effective provision.
- Commissioners have identified 9 people who are due to be discharged from hospital in the next 1- 2 years.

13. EVIDENCE AND BEST PRACTICE

It is important for commissioners to keep up to date with good practice and what is happening in other parts of the country, sharing with and learning from others to ensure that the best of services are offered to people with learning disabilities.

The Learning Disability Commissioning Strategy Group will take into account best practice presented by Peopletoo in relation to accommodation, transitions, day activities / community engagement, employment and commissioning. Links to this information are included in Appendix 4.

In addition, see 'Research in Practice for adults- 'Effective systems to support people with learning disabilities'- Strategic Briefing www.ripfa.org.uk.

14. THE KEY PRIORITIES AND RECOMMENDATIONS

Durham County Council and Clinical Commissioning Groups will **work together** on the aims and objectives shown on the following pages (pages 18-23) and will adhere to the **vision and principles** agreed with partners and stakeholders.

We will support **workforce development** and **culture change** to ensure that alternative options and new ways of working are actively promoted and considered as positive alternatives by people with learning disabilities, their families and carers

Through strong **leadership**, improved **information, communication, engagement, consultation and co-production** we will maintain, redesign or develop new services that are compatible with peoples' needs, aspirations and capabilities, building on what already works well.

15. IMPLEMENTATION

Delivery framework

There will be a delivery framework underpinning the strategic aims and objectives, which will include an action plan and detailed commissioning plans as necessary. These will be developed and monitored through the County Durham Joint Learning Disability Commissioning Strategy Implementation Group, which will report to the Joint Commissioning Group as well as relevant DCC and CCG management groups.

Monitoring, Review and scrutiny

Each aim and objective will be monitored through the framework described above using a range of performance indicators and progress will be reported within the agreed governance framework. Sub groups or task groups, where required, will have a delivery plan and be accountable to the County Durham Joint Learning Disability Commissioning Strategy Implementation Group (JLDCSIG).

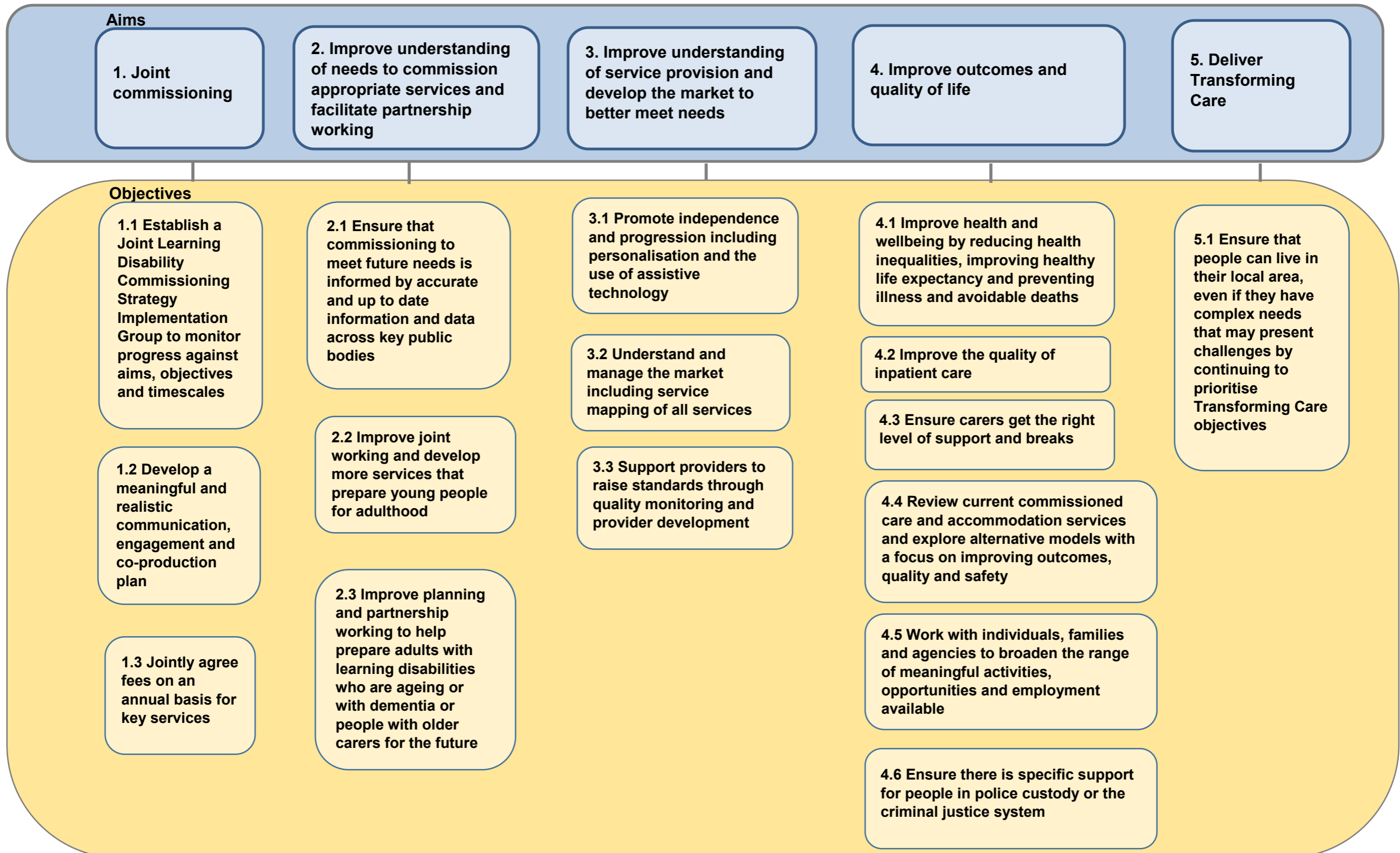
How we will measure success

A range of measurable outcome indicators will be developed as part of the delivery framework / action plan to be included in progress reports. These should include:

- Meaningful clinical and patient outcome measures to assess the impact of changes / new interventions e.g. Patient reported outcome measures (PROM), Core-LD, Recovery Star and Clinical Outcome measures like Health of the Nation Outcome scores (HONOS)
- Feedback from people using services and family, carers and providers.

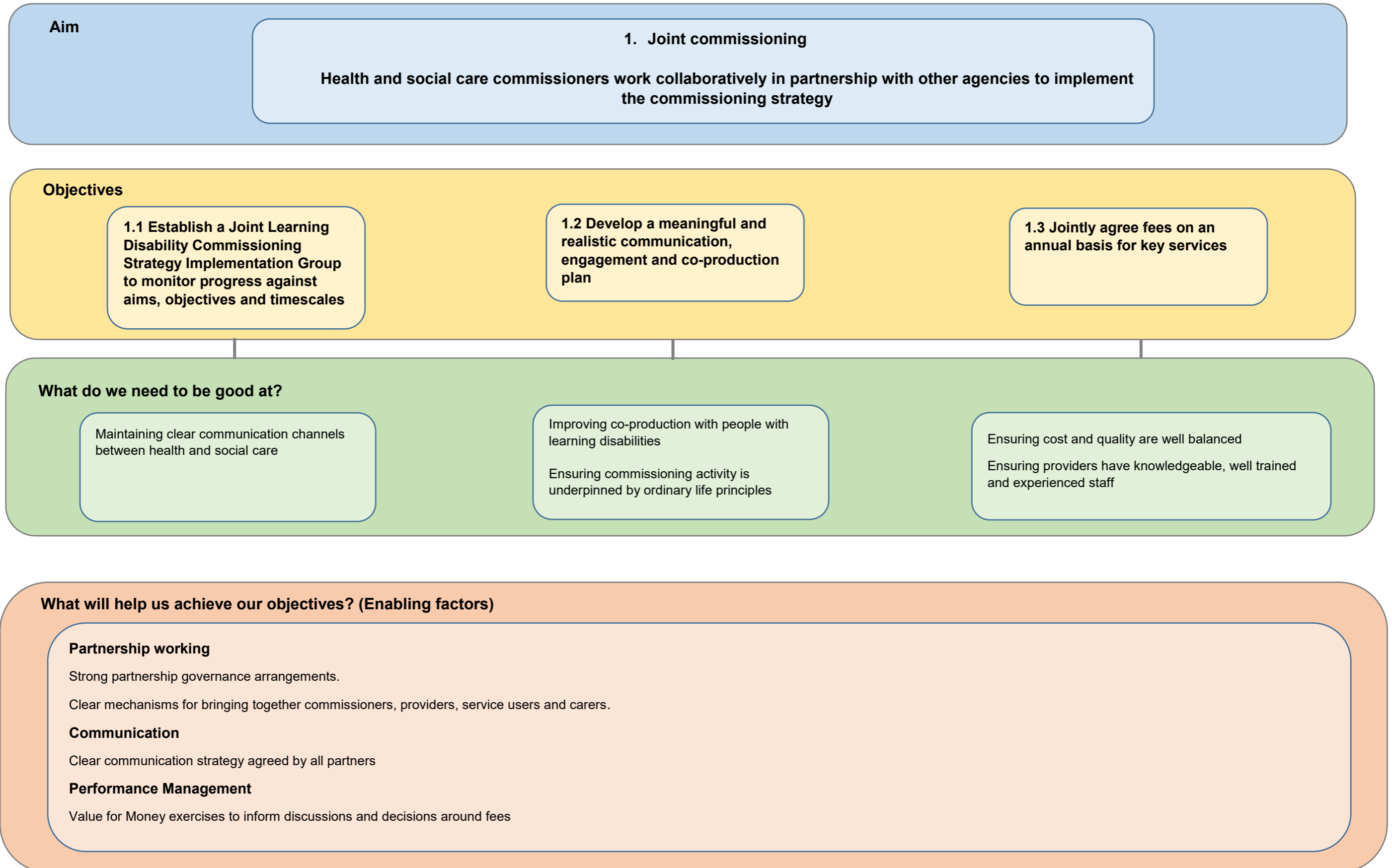
County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities

Vision: For all people with a Learning Disability in County Durham to have a good life in their community with the right support from the right people at the right time.



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Aim

2. Improve understanding of needs

The health and social care needs of children (pre and post 18) and adults with learning disabilities, including those who are ageing and those with dementia, are understood and used to inform commissioning decisions and service development activity, through improved information and data systems and engagement with stakeholders

Objectives

2.1 Ensure that commissioning to meet future needs is informed by accurate and up to date information and data across key public bodies

2.2 Improve joint working and develop more services that prepare young people for adulthood

2.3 Improve planning and partnership working to help prepare adults with learning disabilities who are ageing or with dementia or people with older carers for the future

What do we need to be good at? (Core deliverables)

Improving systems for data collection and analysis.

Listening and responding to the voice of people with learning disabilities and those who support them.

Develop a system to capture and analyse the needs of all children who are likely to need learning disability services in adulthood

Ensure that transition planning is person-centred and focussed on preparation for adulthood.

Improving joint working with carers.

Service users and carers participating in local planning from an early stage

What will help us achieve our objectives? (Enabling factors)

Supporting Arrangements

In-depth strategic intelligence and detail on learning disabilities held in Durham Insight and Joint Strategic Needs Assessment

A strategic and operational approach to co-production

Commissioning

Accurate needs analysis to inform decisions on service provision

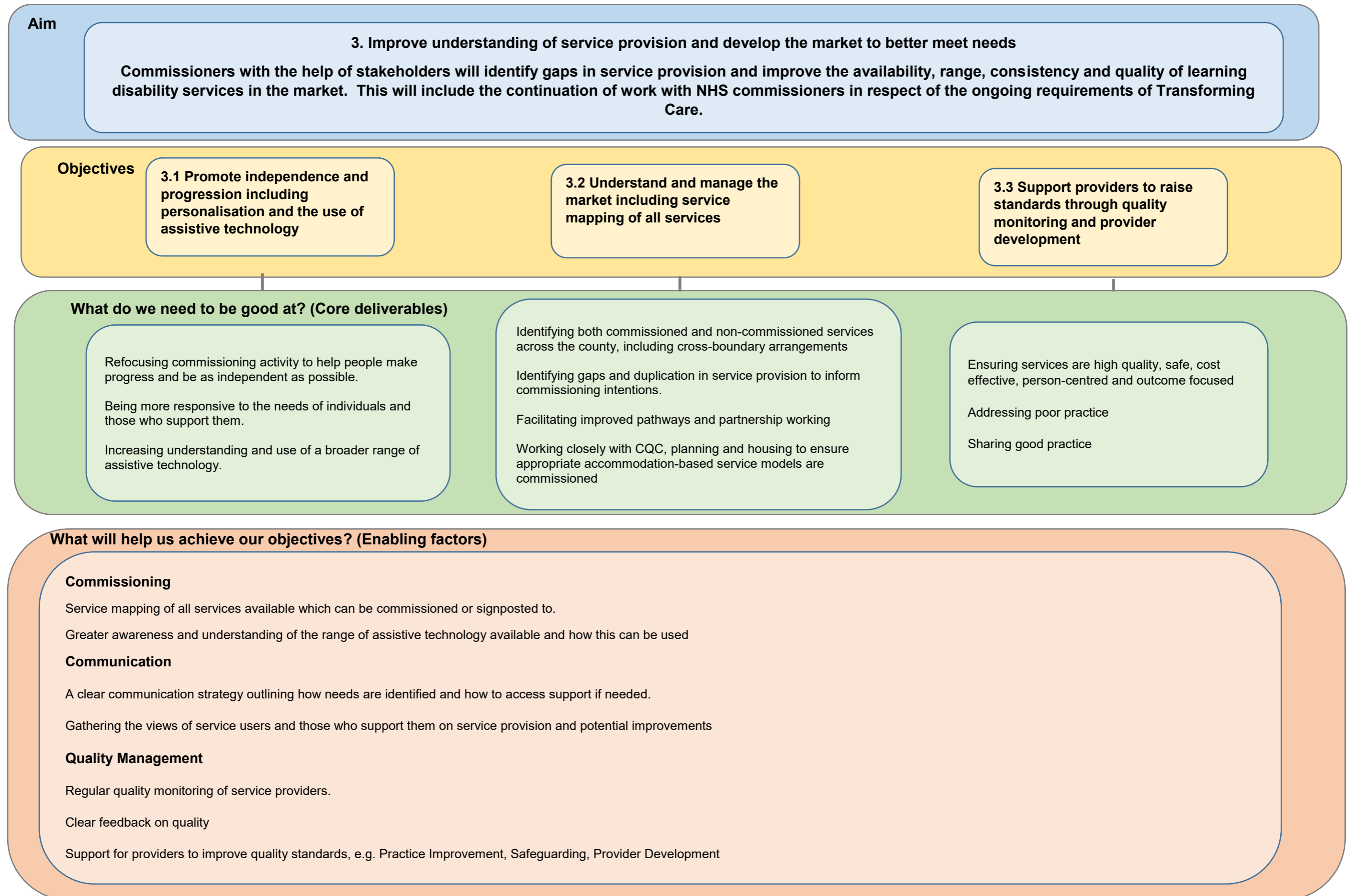
Participation

Systematic analysis of feedback received from people with learning disabilities and their families / carers.

Stakeholder events on a regular basis

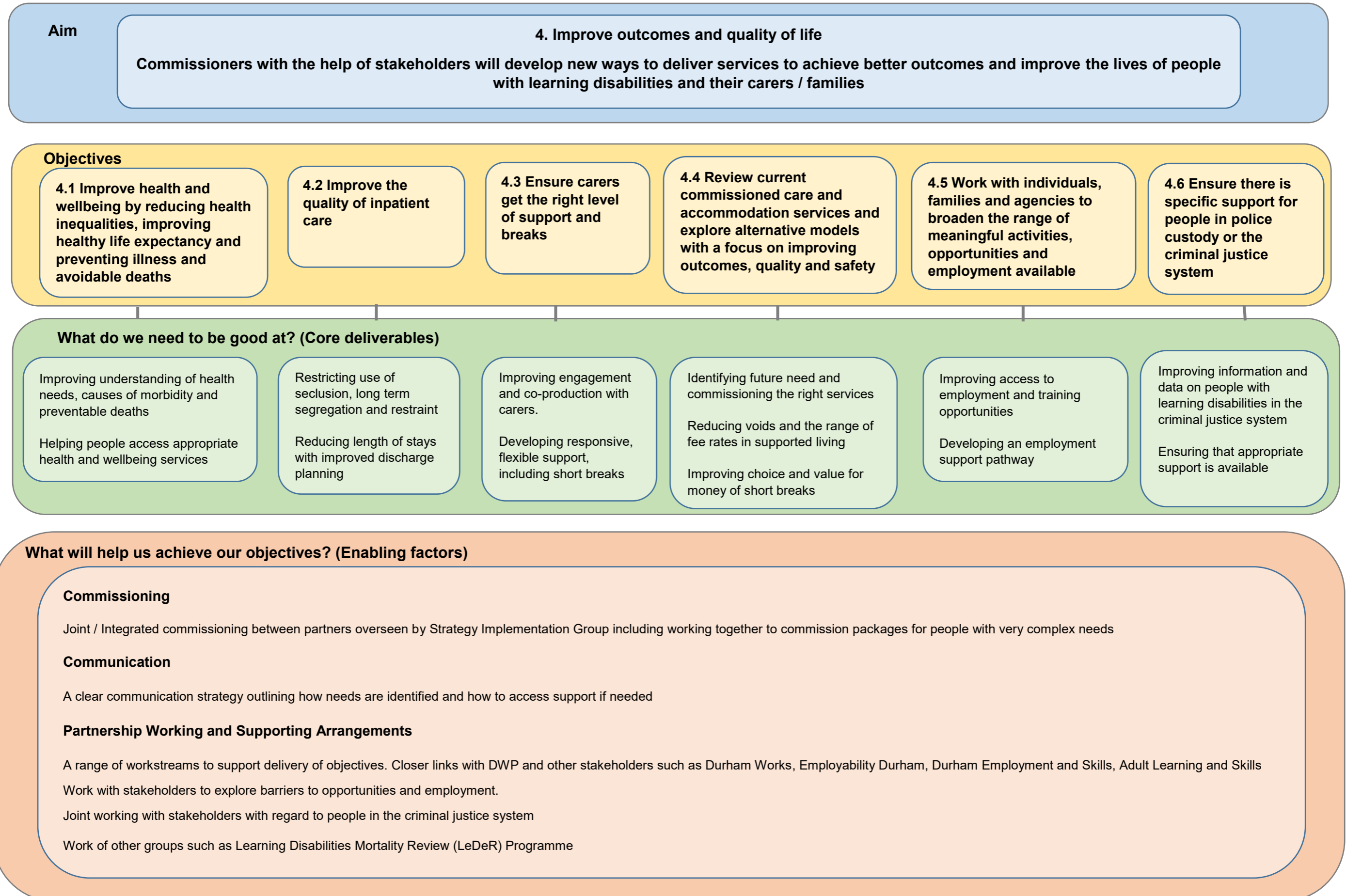
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County Durham Joint Health and Social Care Commissioning Strategy for People with Learning Disabilities

Vision: For all people with a Learning Disability in County Durham to have a good life in their community with the right support from the right people at the right time.

Aim

5. Deliver Transforming Care

Commissioners will work with stakeholders to meet the vision and values agreed by County Durham's Transforming Care Programme Board and deliver the Regional Community Model of Care in County Durham

Objectives

5.1 Ensure that people can live in their local area, even if they have complex needs that may present challenges by continuing to prioritise Transforming Care objectives

What do we need to be good at? (Core deliverables)

- Prioritising Transforming Care objectives and local delivery plans
- Improving community-based services, reducing the number of specialist learning disability in-patient beds
- Reducing the number of people inappropriately placed in hospital
- Developing services for people with very complex needs

What will help us achieve our objectives? (Enabling factors)

Partnership Arrangements

Joint working between DCC and NHS services to identify suitable services in the community for people with complex needs

Commissioning

Joint commissioning between partners regarding discharge planning.

Identifying and developing new services to meet the assessed needs

Communication

A clear communication strategy outlining how service needs are identified, services are developed and commissioned

**Appendix 1 - Learning Disability Joint Commissioning Strategy
Development and Implementation Group**

Name	Organisation	Role
Denise Elliott	Durham County Council	Interim Head of Commissioning (Chair)
Tricia Reed	Durham County Council Tricia.reed@durham.gov.uk	Strategic Commissioning Manager (Strategy development lead)
Paul McAdam	Durham County Council Paul.mcadam@durham.gov.uk	Commissioning Policy and Planning Officer (Strategy development support and consultation/engagement lead)
Suzanne Hawes	Durham County Council	PA Administrative Support
Membership for specialist knowledge and strategy development support:		
Donna Owens	NHS North Of England Commissioning Support Unit	Partnership Strategic Manager - NHS Durham, Darlington and Teesside Mental Health and Learning Disability Partnership
Tracy Joice	Durham County Council	Strategic Manager, Operations (Learning Disability /Mental Health/Substance Misuse/Transitions)
Judith Richardson	Durham County Council	Principal Support Officer
Sian Gambles	Durham County Council	Transforming Care Transitions Officer
Levi Buckley	Tees, Esk and Wear Valleys NHS Foundation Trust	Director of Operations - Durham and Darlington
Carl Bashford	Tees, Esk and Wear Valleys NHS Foundation Trust	Head of Service Durham, Darlington and Teesside NHS Mental Health and Learning Disability Partnership

Sheila Halpin	Tees, Esk and Wear Valley NHS Foundation Trust	Head of Adult Learning Disability Services (Durham and Darlington)
Mark Smith	Durham County Council	Strategic Commissioning Manager- Children's Services
Paul Shadforth	Durham County Council	SEND and Inclusion Strategic Manager
Michael Fleming	Durham County Council	Strategic Manager, Research and Public Health Intelligence
Kirsty Roe	Durham County Council	Public Health Intelligence Specialist
Andrew Gilmore	Durham County Council	Finance Manager- Adults and Health Services
Louiza McIntosh	Durham County Council	Strategic Category Manager- Corporate Procurement
Angela Harrington	Durham County Council	Strategy Team Leader – Adult and Health Services
Mara Thompson	Durham County Council	Consultation and Prevention Officer- Co Durham Partnership Team

Governance is through the County Durham Joint Commissioning Group and respective CCG and DCC management groups.

The strategy group links to a learning disability provider and stakeholder forum and a consultation and engagement task group.

Appendix 2 - National Policy Context

a) General policy that applies to all citizens

- The right to access public sector housing, consumer rights, welfare support, employment protection
- *The Human Rights Act 1998; the Equality Act 2010 and UN Convention on the Rights of Persons with Disabilities* (anti-discrimination legislation)
- Hate Crime legislation - disability hate incidents and disability hate crime (*Criminal Justice Act 2003*) state that any criminal offence can be a disability hate crime, if the offender targeted the victim because of their hostility or prejudice against disabled people

b) Health, social care and education policy

- People with learning disabilities are entitled to full access to mainstream healthcare, with reasonable adjustments being made as outlined in the *NHS Long Term Plan, Improving Health and Lives; All Means All NHS targets* supported by *Clinical Commissioning Group Improvement and Assessment Framework (Nov 2018)* introduced by NHS England. This sets out a range of performance measures, including:
 - Reliance on specialist inpatient care for people with learning disabilities and / or autism;
 - Proportion of people with learning disabilities on the GP register receiving an annual health check;
 - Completeness of the GP learning disability register.
- All social care policy underpins the delivery of learning disability support e.g. *Children and Families Act; The Care Act* (England); personalisation; *Mental Capacity Act* and *Mental Health Act*; and *The Carers Action Plan 2018 – 2020*, which builds on the National Carers Strategy.
- *Adult Social Care : Quality Matters (July 2017)* sets out a single view of quality and a commitment to improvement, an initiative which is co-led by partners from across the adult social care sector.
- *Your Data : Better Security, Better Choice, Better Care (July 2017)*
The commitments made by the Department of Health and its partners to ensure the health and social care system in England realises the full benefits of sharing data in a safe, secure and legal way.
- *Shaping the Future – Care Quality Commission’s Strategy for 2016 to 2021* – The strategy follows a series of consultations on *Shaping the Future* (March 2015) and *Building on Strong Foundations* (October 2015). CQC’s aim is to collaborate with local authorities and Clinical Commissioning Groups to deliver a more targeted and responsive approach to regulation, so more people receive high quality care.
CQC’s role in protecting and promoting equality and human rights, including for people being cared for under the *Mental Health Act* or the *Mental Capacity Act* Deprivation of Liberty standards will also remain.

- *Children and Families Act 2014* introduced the Education, Health and Care (EHC) plan assessment process within the Special Educational Needs and Disability (SEND) provisions. As well as access to health and social care, children and young people with learning disabilities need access to education and there should be steps taken to address the labelling of people and focus on school performance which can be associated with exclusion.
 - The *Preparation for Adulthood SEND Reforms (2014)* focus on employment, independent living, community inclusion and health outcomes.
 - *The Care Act 2014* states that wellbeing is the core outcome local authorities should be working towards and they have the duty to promote:
 - Control by the individual over their life;
 - Participation in work;
 - Suitability of living accommodation;
 - The individual’s contribution to society;
 - The individual’s views, wishes, feelings and beliefs;
 - The interests and wellbeing of family carers.
 - *Personalisation* (a whole system approach):
 - Mainstream and universal services, opportunities and activities;
 - Targeted support using self-directed approaches;
 - Choice and control, self-directed support;
 - Social / community capital.
 - *Mental Capacity Act 2005 includes the Deprivation of Liberty Safeguards:*
 - Empowering people to make decisions for themselves wherever possible;
 - Protecting people who lack capacity, placing individuals at the heart of the decision-making process;
 - Allowing people to plan ahead for a time in the future when they might lack the capacity.
- The *Mental Capacity Act (Amendment) Bill 2017-19*, not yet passed through Parliament at the time of writing, is a Bill to amend the 2005 Act in relation to procedures in accordance with which a person may be deprived of liberty where the person lacks capacity to consent, and for connected purposes (Liberty Protection Safeguards).
- *Mental Health Act 1983/2007*
 - The *Mental Capacity Act* and the *Mental Health Act* are the main laws that govern admission to hospital. The *Mental Health Act* focuses on mental disorder and the definition includes learning disability but only where it is associated with very aggressive or risky behaviour or there is a significant additional mental health condition, which puts you or others at risk
 - A person may be detained for assessment (section 2) and treatment (section 3) or a person over 16 may agree to a voluntary admission if they have the mental capacity to consent and a psychiatrist agrees it is in their interests
 - If they lack capacity they can still be admitted to hospital as an informal patient under the *Mental Capacity Act*, if it is in their best interests, and through a DOLS if it is going to deprive them of their liberty.

c) Learning disability specific policy (England)

- **The NHS Long Term Plan (Jan 2019)**

This is a five year plan with a specific section (p 52) on the needs of people with learning disabilities and / or autism, which has a focus on improving understanding of needs; preventing deaths; improving health, diagnosis and access to specialist help; reducing inpatient care; raising standards within inpatient care and improving community care over the next five years.

CCGs and local authorities must work together on:

- Integrated Commissioning arrangements supported by Pooled Budget arrangements;
- Integrated delivery through Community Multi-Disciplinary Learning Disability Teams;
- Enhanced community capacity including services to support people who display behaviour that challenges, including those at risk of engaging in offending behaviour;
- A reduction in specialist learning disability in-patient beds.

Specific objectives in the Long Term Plan include:

- Tackling the causes of morbidity and preventable deaths in people with learning disabilities and for autistic people;
- Improving understanding of the needs of people with learning disabilities and autism, and work together to improve their health and wellbeing;
- Reducing waiting times for specialist services (keyworker role for children and young people with learning disabilities, autism or both with the most complex needs);
- Reducing the number of people in in-patient care and move more care to the community – (greater control of budgets locally and learning from New Care Models in tertiary mental health services, Personal Health Budgets where possible);
- Increased investment in intensive, specialist, crisis and forensic community support and more personalised care in the community, closer to home including for children and young people;
- Improving the quality of inpatient care to meet Learning Disability Improvement Standards - restricting use of seclusion, long term segregation and restraint particularly for children and young people and bringing down the length of time people stay; 12-point discharge plan and reviewing policies for Community Treatment CTRs and CETRAs.

- **NHS Improvement (July 2018) The Learning Disability Improvement Standards for NHS Trusts**

There are four standards, which include:

- respecting and protecting rights;
- inclusion and engagement;
- workforce;
- learning disability services standard (aimed solely at specialist mental health trusts providing care to people with learning disabilities, autism or both).

- **Department of Health and Social Care: The Government's Mandate to the NHS (2018-19)** set an objective for the NHS to close the health gap between people with mental health problems, learning disabilities and autism and the population as a whole.

- **NHS England (2017) CCG improvement and assessment framework 2017/18; PQ HL443 [on Health Services: Learning Disability] 2015**

To support the Government's mandate there are a range of performance metrics, including:

- Reliance on specialist inpatient care for people with learning disabilities and / or autism;
- Proportion of people with learning disabilities on the GP register receiving an annual health check;
- Completeness of the GP learning disability register.

The framework is intended to highlight variations and to allow rapid action to be taken when improvement is needed.

- **National Institute for Health and Care Excellence (NICE)**

There are a range of NICE publications on people with learning disabilities, including guidance, advice, NICE Pathways and quality standards. These can be found on the following [link:www.nice.org.uk/guidance/population-groups/people-with-learning-disabilities](http://www.nice.org.uk/guidance/population-groups/people-with-learning-disabilities)

New guidelines include:

- Care and support of people growing older with learning disabilities;
- Children and young people with disabilities & severe complex needs: integrated health & social care support & service guidance;
- Children and young people with severe complex needs: social care support;
- Service model for people with learning disabilities and behaviour that challenges.

- **The Learning Disability Core Skills Education and Training Framework (July 2016)**

The aim of the framework is to support the development and delivery of learning disabilities education and training for health and care staff as in practice not all staff have the core skills and knowledge to care for, treat and support people with learning disabilities.

The Framework sets out the necessary skills across three tiers.

Tier 1: knowledge for roles that require general awareness of learning disabilities; Health Education England (HEE) is currently producing eLearning materials to support Tier 1 learning disability awareness training. This free online training will be available to all staff in 2019;

Tier 2: knowledge and skills for roles that will have some regular contact with people with learning disabilities;

Tier 3: knowledge and skills for those providing care and support for people with learning disabilities.

- **National Learning Disability Mortality Review (LeDeR) Programme, NHS England (2015)/Department of Health (2013) Confidential Inquiry into the Premature Deaths of People with Learning Disabilities**

The programme was led by the University of Bristol to review and learn from premature deaths of people with learning disabilities in order to improve care and support. Research has found that men with learning disabilities die on average 13 years sooner, and women with learning disabilities 20 years sooner, compared to those without learning disabilities.

The second annual report and recommendations from the Learning Disabilities Mortality Review was published in May 2018 and accepted by the Government in September 2018. Recommendations include a public consultation on mandatory learning disability training for relevant staff by March 2019.

- **Transforming Care for People with Learning Disabilities (January 2015) and Building the Right Support, NHS England (October 2015)**

Nationally the Transforming Care Programme aims to reshape services for people with learning disabilities and/or autism with a mental health problem or challenging behaviour, to ensure that more services are provided in the community and closer to home, rather than in hospital settings. The programme arose as a result of Sir Stephen Bubb's review of the Winterbourne View concordat following the exposure of systematic abuse of adults with learning disabilities at an independent hospital.

The main principles are:

- Personalised, safe and local services;
- Transformed health and care services to improve the quality of care and outcomes;
- Moving away from the use of long-stay, large-scale hospital services;
- Ensuring more services are provided in the community and closer to home;
- Change in attitudes and culture.

CCGs and local authorities must work together on:

- Integrated commissioning arrangements supported by Pooled Budget arrangements;
- Integrated delivery through Community Multi-Disciplinary Learning Disability Teams;
- Enhanced community capacity including services to support people who display behaviour that challenges, including those at risk of engaging in offending behaviour;
- A reduction in specialist learning disability in-patient beds.

Building the Right Support includes a national action plan to develop community services and close inpatient facilities for people with learning disabilities and / or autism, aiming to shift money from inpatient services to the community and reduce the use of inpatient beds by 35% - 50%. This target reduction is also set out in the *Government's Mandate to the NHS 2018-19*.

Although the national programme ended March 2019, the aims and objectives will require ongoing local commitment to plan and deliver services for this group of people.

- **No Voice unheard, no right ignored 2015**

Following a consultation for people with learning disabilities, autism and mental health conditions, the Government set a series of proposals to address the varying commissioning approaches and outcomes for people with learning disabilities. Plans include building on existing work, further legislative changes and more radical solutions to longer-term issues, as well as ongoing monitoring and review.

- **Valuing People (2001)** updated by **Valuing People Now (2009)** – the principles were developed years ago but still provide the foundation for working with and for people with learning disabilities:
 - Involve people and families in all decision making about their lives (Nothing about us without us disability rights movement) – genuine person-centred practice;
 - Give people greater choice and control over where and how they live;
 - Support people into paid work;
 - Support to people to live lives as full and equal members of their communities;
 - Promote good health and equal access to health care;
 - Prepare people for adulthood with outcomes around employment, independent living, relationships and good health- with a 'Local Offer' and 0-25 Education, Health and Care Plans (The Children and Families Act);
 - Recognise the central role families have in people's lives;
 - Apply all of above equally to people with the most complex needs, including people who challenge services (Transforming Care).

Recent policy changes in the areas of employment, welfare, education and criminal justice:

- **Improving lives: the future of work, health and disability 2017 / Disability Confident Campaign**

The Government is committed to "making a step change in the life chances of people with learning difficulties, and learning disabilities", recognising that people who have learning difficulties "have often not been well supported in employment". The Government is taking a life course approach to increasing employment opportunities and encouraging employers to remove barriers and improve understanding of the needs of disabled people.

Other initiatives include Access to Work and Work and Health Programme, which will replace the Work Programme and Work Choice Schemes.

In June 2015, NHS England and NHS Employers launched the NHS Learning Disability Employment Programme which aimed to increase the employment within the NHS of people with learning disabilities.

The Equality Act 2010 also places a duty on employers to make "reasonable adjustments" for their staff so that a disabled person is not at a substantial disadvantage compared to a non-disabled person.

- **Welfare and benefits**

People with learning disabilities may be entitled to a range of benefits including income-replacement benefits, such as Employment and Support Allowance (ESA), or benefits to help with the extra costs of a disability, such as Disability Living Allowance (DLA) which is being replaced by Personal Independence Payment (PIP) for working-age adults. The means-tested version of Employment and Support Allowance – income-related ESA – is (together with other means-tested benefits and tax credits) being replaced by Universal Credit as a result of the Welfare Reform Act 2012. Campaigners have raised concerns about the impact of some aspects of welfare reform, particularly Universal Credit, on the most vulnerable members of society including those with learning disabilities.

- **Education**

- In addition to the Children and Families Act, the Special Educational Needs and Disability Code of Practice provides statutory guidance for organisations working with and supporting children and young people 0-25 years who have special educational needs or disabilities. Within Further and Higher Education, the needs of people with learning disabilities are also covered under the Equality Act.
- Local authorities are required to publish a Local Offer, which sets out education, health and social care provision for children and young people with SEN or disabilities in the area. The offer must include:
 - the education and training provision available in FE and sixth form colleges, special post-16 institutions and other post-16 providers; and
 - services available to support young people in preparing for adulthood and independent living, including finding employment, obtaining accommodation and participating in society.

- **Criminal Justice**

The Five Year Forward View for Mental Health (February 2016) recommends the full roll out of liaison and diversion services across England. This was following the Bradley Report in 2009 and a follow up report in 2014, which reviewed how successfully offenders with mental health problems or learning disabilities were being diverted away from the criminal justice system to other services.

Appendix 3

Local context

- In addition to the **Council Plan** and service plans (2016-2019) and the **Sustainable Community Strategy for County Durham (2014-2030)**, some of the key areas of regional, sub-regional and local activity that have relevance for this commissioning strategy are:
 - County Durham Joint Health and Wellbeing Strategy 2016 to 2019;
 - Children and Families Plan 2016-2019;
 - Clinical Commissioning Group Commissioning Intentions DDES and North Durham CCGs 2018/19 updated July 2018;
 - The above are informed by the Joint Strategic Needs Assessment/Integrated Needs Assessment
- **Market Position Statement for Adult and Children’s Health and Social Care Services 2019/21** (DCC) - the aim is to bring together information and analysis about the local market so that current and prospective providers understand the local context, what is likely to change and where opportunities might arise in the future. It will help providers to identify opportunities that they may tender for and develop their services to meet local need and demand.
- **Integration and the County Durham Integrated Community Care Partnership**
The vision for integrated care in County Durham is to bring together health, social care and voluntary organisations to achieve improved health and wellbeing for the people of County Durham through an Integrated Community Care Partnership (ICCP) arrangement.

Organisations will work together to deliver joined up care under an agreed framework (Memorandum of Understanding). An Integrated Care Board will provide strategic leadership to the organisations working within the ICCP: DCC, the two CCGs, County Durham and Darlington NHS Foundation Trust (CDDFT) and Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).

These organisations retain their own governance arrangements, but work as a network to improve flow and joined up care into Primary Care Home (PCH) and Team Around Patients (TAP). These approaches aim to reshape the way primary care services are delivered based on population needs, ensure a multi-disciplinary team approach and deliver comprehensive, personalised and consistent care for individuals.

There are 13 Teams Around Patients (TAP) covering 69 GP practices. TAP utilise NHS community services, which provide a wide range of care, from supporting patients to managing long-term conditions, to treating those who are seriously ill with complex conditions, mostly in people’s homes or in community clinics or health centres.

These integrated ways of working around primary care are supported by initiatives such as the GP Clinical Leadership model and a voluntary and community sector (VCS) Delivery Plan and the Advice in County Durham Partnership and referral route.

- **The Better Care Fund Plan (BCF) 2017-19**

The BCF Plan complements the approaches taken by the ICCP, Primary Care Home and Teams Around Patients. It identifies how pooled funding will be used to enhance the range of community services the council commissions in conjunction with the NHS to achieve savings associated with preventing unnecessary hospital admissions. A Joint Commissioning Group is responsible for monitoring performance of the BCF programmes and projects. The BCF plan includes how additional monies (ACTiF) will be given to the local authority to meet social care needs, maintain provision in the provider market and alleviate pressure on the NHS.

- **Prevention**

The County Durham Partnership (CDP) has established a Prevention Steering Group and workstreams to develop a more proactive approach to prevention across the county including:

- Building on Best Practice
- Maximising Funding
- Preventing Demand for Services

In addition, mental health and suicide prevention have been chosen by the partners as an area of high priority for ‘prevention at scale’, work which is supported by the Local Government Authority.

- **North East and Cumbria Learning Disability Transformation Programme**

North East and Cumbria is one of five fast track sites selected because of high numbers of people with learning disabilities in hospital settings. Fast track areas have access to a share of a £8.2 million transformation fund to accelerate service redesign. An overarching North

East & Cumbria (NE&C) plan is supported by the 13 Local Authority plans to reduce the need for admission to hospital and improve community services for people with learning disabilities and/or autism with a mental health problem or challenging behaviour.

- **NHS Durham, Darlington and Teesside Mental Health and Learning Disability Partnership (formerly known as Accountable Care Partnership) for Health Funded Learning Disability Services**
A partnership is being developed between CCG's in the region and Tees, Esk and Wear Valleys Foundation Trust for NHS funded learning disability services across the areas, aiming to enhance the quality of care packages and services, maximise and control spend and deliver the Transforming Care agenda.
- **Joint commissioning between DCC and CCGs** (e.g. transport, public health and Transforming Care) and regional commissioning facilitated through the North East Association of Directors of Adult Services (ADASS) group and the national ADASS commissioning network.
- **Partnership work between commissioning, adult safeguarding and the Care Quality Commission (CQC)** in County Durham to ensure there is safe, effective and best quality service provision in the County; information sharing, quality assurance and provider development are key areas of focus.
- **County Durham Autism Strategy and action plan 2019-2021** – all-age strategy approved by the Health and Wellbeing Board and Cabinet in April 2019
- **County Durham Mental Health Strategy 2018-2020** - developed by the County Durham Mental Health Partnership Board.
- **Special Educational Needs and Disabilities (SEND) Strategy (2019) and Joint Commissioning Plan 2017/18 (DCC/ND CCG/ DDES CCG)**
- **County Durham Housing Strategy 2019** – developed to consider housing issues in the County and to provide a strategic framework to inform actions and investment to result in positive outcomes for housing related themes in the county.
- **Replacement of the Social Services Information Database (SSID)**
Separate system procurements have been undertaken for Adult and Health Services and Children and Young People's Services to replace SSID with new social care information systems. The new system for Adults and Health services is expected to be in place by summer 2020 and the anticipated improved data collation and analysis will benefit future commissioning

Appendix 4 Links to information on examples of best practice (supplied by Peopletoo)

Newcastle – KeyRing Network

<https://www.keyring.org/keyring-north-east/newcastle-networks>

<https://www.youtube.com/watch?v=aw72fRA09f0&list=PLBKQgmAn7Fnjl0OcQKKeDz-OW4FxEt8sp&index=5>

Lilyhill Gardens, East Ayrshire - Assisted Living Development

<http://www.innovationexchange.scot/eac-lilyhill-gardens.html>

Kent County Council - Increasing the use of Shared Lives

<https://local.gov.uk/sites/default/files/documents/lga-learning-disability-s-d9a.pdf>

(See pages 20-21)

Newcastle – ‘Virtual Cluster’ Model

<https://www.youtube.com/watch?v=IYPKxmT0wJo&index=8&list=PLBKQgmAn7Fnjl0OcQKKeDz-OW4FxEt8sp>

Nottingham City Council – ALT Support Advisor

http://ipc.brookes.ac.uk/publications/John_Bolton_Outcome_Based_Commissioning_Paper_April_2015.pdf (See page 15)

https://www.thinklocalactpersonal.org.uk/_library/Nottingham_City_end_of_project_benefits_report_template.doc

Lincolnshire County Council – Independence Development via ALT

https://www.thinklocalactpersonal.org.uk/_library/Lincolnshire_End_of_project_benefits_report.doc

Cumbria – Reducing Waking Nights via ‘Just Checking’ Kit

<https://local.gov.uk/sites/default/files/documents/lga-learning-disability-s-d9a.pdf>

Broom Lane, South Manchester – ALT supported, specialist residential scheme for young adults with LD and/or Autistic Spectrum Disorders

<https://www.theguardian.com/society/2015/mar/24/housing-technology-to-help-young-adults-with-complex-needs-to-live-independently>

How do I? – App using Near Field Communication (NFC) technology to deliver instructional videos to young adults with LD

<https://www.nesta.org.uk/inclusive-technology-prize-finalists/how-do-i>

Amy Garvey House, London – Transition bedsits for 11 people, aged 18-25

<https://www.rbkc.gov.uk/kb5/rbkc/fis/service.page?id=uWCampyrh0l&familychannel=9>

Broom Lane, Manchester – 3-tiered supported living scheme for up to 18 people with a diagnosis of autism

<https://www.theguardian.com/society/2015/mar/24/housing-technology-to-help-young-adults-with-complex-needs-to-live-independently>

Islington Council – Transitions flat for young people

<https://local.gov.uk/sites/default/files/documents/winterbourne-view-joint-i-d45.pdf>

Newburn Street – Supported housing for adults with LD to support development of independence

<http://www.keyring.org/what-we-do/newburn-street>

Lewisham Heart n Soul's Allsorts – Creative workshops tailored for people with LD

<https://www.local.gov.uk/lewisham-councils-focus-high-quality-creative-and-arts-activities>

Leeds City Council – Setting up a social enterprise to provide care and support services for LD

<https://www.local.gov.uk/sites/default/files/documents/aspire-ba7.pdf>

Blackpool City Council – internships taking place within Blackpool Council, with a classroom based in council offices

<https://www.blackpool.gov.uk/Your-Council/Blackpool-Council-jobs/Project-Search/Project-Search.aspx>

<https://www.learningdisabilitytoday.co.uk/council-project-helps-youngsters-with-learning-disabilities-get-in-to-work>

The National Grid's 'Let's work together' – employee-led Supported Internship programme for young people with LD aged 17- 25

<http://employabilityletsworktogether.com/>

<https://www.preparingforadulthood.org.uk/downloads/employment/employability---lets-work-together.htm>

<https://councilfordisabledchildren.org.uk/news-opinion/news/employability-lets-work-together>

Royal Borough of Windsor and Maidenhead 'Leading by Example' – proactively targeting and approaching local employers

https://www.base-uk.org/sites/default/files/%5buser-raw%5d/11-06/case_study_-_ways_into_work_and_legoland.pdf

Foxes Academy, Somerset - a special, state-funded school combining a diverse curriculum with use of community and realistic work environment

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/620734/Foxes_20Academy_20-20Good_20Practice_20Example.pdf

North Ayrshire Council 'Enterprising Minds' – Supporting people with LD to set up their own enterprises

<http://www.innovationexchange.scot/nac-enterprising-minds.html>

South-West Gloucestershire – job coach for people with LD

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/215893/dh_122386.pdf (pages 17-18)

Nottinghamshire County Council – Issuing contracts which require increased levels of service user independence

http://ipc.brookes.ac.uk/publications/John_Bolton_Outcome_Based_Commissioning_Paper_April_2015.pdf

Governance for Learning Disability Commissioning Strategy

