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THE BIG PLAN

Making a Difference for Adults with Learning Disabilities

2012-2015

Contents

	Page
Introduction	2
PART 1	2
How has the Big Plan been developed?	2
Where are we now?	4
Where do we want to go?	4
Making Change happen	9
Choice and Control	10
Families staying together	12
Own home	14
Better health	16
Active lives	18
Keeping Safe	20
Value for Money	22
Monitoring and reviewing the Big Plan	24
PART 2	25
Appendix A – What do People Think?	25
Appendix B – Population Information	29
Appendix C – Policy Guidance	32
Appendix D – Analysis of Resources	35
Appendix E – Current Services	43

The Big Plan

Making a Difference for Adults with Learning Disabilities

Introduction

This is the Big Plan for adults with learning disabilities in Oxfordshire.

The Big Plan describes how Oxfordshire County Council (Social & Community Services Directorate and the Supporting People Programme) and NHS Oxfordshire (presently the Primary Care Trust but soon to be represented by the Clinical Commissioning Group) will, over the next three years use their resources to support adults with learning disabilities in the County. Both organisations contribute financially to the Learning Disability Pooled Budget. The total value of the Pooled Budget is almost £75 million per year. This money is used to meet the health and social care needs of around 2000 adults with learning disabilities in Oxfordshire.

The Big Plan is divided into two parts. The first part of the Big Plan provides an overview of Learning Disability Services and the changes that the Council and NHS Oxfordshire will make in how they deliver services for people with learning disabilities. The second part of the Big Plan will tell you more about the information which helped to inform the Big Plan.

PART 1

How has the Big Plan been developed?

The Big Plan has been developed through conversations with people with learning disabilities, their families, friends and advocates and with people who work in Learning Disability Services including providers of housing and support, health professionals, care managers, the commissioning team and quality monitoring officers (For more information, see Appendix A)

The Big Plan draws on population information about people with learning disabilities in Oxfordshire (For more information, see Appendix B):

- Each year, there are more people with learning disabilities needing support.
- There is an increasing number of people with learning disabilities with complex needs (this maybe because of multiple disabilities, poor physical or mental health or possibly related to an autistic spectrum condition).
- People are living longer. Whilst this is a positive indicator of improving health and well-being, it is also of note that the average age of the general population is increasing and more people with learning disabilities have needs associated with aging. This has important implications for services which must respond to the changing needs of people with learning disabilities and the family carers who might support them.

- People with learning disabilities are much more likely to suffer poor health than people who don't have learning disabilities. Health services have also been heavily criticised over recent years for not providing the best care and treatment to meet the needs of people with learning disabilities.
- The expectations of people with learning disabilities are increasing. People with learning disabilities want the same life chances as every other citizen, to be in control of their lives and make choices.
- Whilst the adult population of people with learning disabilities is only a small percentage of the general population, the needs of this group are diverse. People range in age from 18 years right through to old age. Some people are only mildly affected by their learning disability. Others find their lives are significantly affected. Many people have physical disabilities and sensory impairments as well as learning disability and lots of people might have poor physical and mental health. People with learning disabilities come from a wide range of ethnic and cultural backgrounds. All of these factors have an impact on needs and choices.

The Big Plan is driven by national and local policy. For people with learning disabilities, the most influential documents include the Government White Paper Valuing People¹ and its update, Valuing People Now². There is considerable influence from other policies, which not only stress the importance of rights, independence, inclusion, choice and control, but also press for greater personalisation of services. Within adult social care, the last three years have seen a major shift in the way services are delivered, moving away from the provision of 'ready-made' services to a self-directed support model whereby vulnerable people are offered a personal budget so that they can be in charge and make choices about how their needs are met.

Within health services, the NHS Operating Framework³ sets out the priorities for NHS organisations in 2012/13, including the introduction of clinical commissioning which increases the involvement and decision making power of clinicians who have significant knowledge of the health needs of patients and the needs of the local area.

Across both health and social care, there is an emphasis on local communities having greater influence and control in ensuring that services are more closely matched to the needs of the local community. Over the coming year (2012/13), Health and Wellbeing boards will be developed in readiness to take on statutory functions from April 2013. The Health and Wellbeing Board will be a forum for local commissioners across the NHS, public health and social care, elected representatives, and representatives of HealthWatch (The representative body which will give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality) to discuss how to work together to better to improve the health and wellbeing outcomes of the people in their area.

¹ Valuing People: A New Strategy for Learning Disability for the 21st Century - a White Paper (DH, 2001)

² Valuing People Now: A New 3 Year Strategy for People with Learning Disabilities (DH, 2009)

³ The Operating Framework for the NHS in England 2012/13 - (DH, 2011)

The overriding emphasis across the public sector is in favour of greater control and choice for people using services and on local communities having a lead role in decision making in their local area. (For more information, see Appendix C).

Where are we now?

The Big Plan has been produced at a time of unprecedented financial pressure and the focus of both national and local government is on reducing public spending and delivering greater efficiency in public services. This has to be achieved at the same time as an absolute requirement to provide good quality services and to ensure that vulnerable people are safeguarded. (For more information, see Appendix D)

In pulling together the Big Plan, the Council and NHS Oxfordshire have had to look carefully at the services currently available for Oxfordshire citizens. (For more information, see Appendix E). Whilst Oxfordshire has a strong and successful commitment to supported living (aided in part by the significant financial contribution from the Supporting People programme), a considerable number of people still live in residential care homes – most often outside Oxfordshire – and many people still live with their families. The Council and NHS Oxfordshire provide day time support, an employment service and respite care, as well as delivering specialist health services, including both integrated community learning disability teams and inpatient support. There is a broad range of good quality suppliers of both support and housing within Oxfordshire. At present, the Council still directly provides some services, but the majority of services are commissioned from the NHS, third sector and private providers. In October 2011, the Council decided that it would outsource all *in-house* supported living and day services to the external market and would no longer be a direct provider of social care.

Within Oxfordshire, strong partnerships between the Council, NHS Oxfordshire and both support and housing providers have enabled the delivery of good quality and cost-effective services. Although a wide range of provision is already available in Oxfordshire, work must continue to make sure that people with learning disabilities are supported safely and their needs can be met. This work has to be carried out in the context of both increasing need and expectation and significantly reducing financial resources across both Local Authorities and the NHS.

Where do we want to go?

The Big Plan has seven key themes and these are described below.

- 1. We want to support people with learning disabilities to have more choice and control over their lives**
 - Within Learning Disability Services, the Council and NHS Oxfordshire must continue to support people to have more choice and control over their services through the roll-out of personal budgets and self-directed support. As personal budgets become an established way of working, people will have more choice and control over their lives and more power to make decisions about the types of support they receive. More people may choose a direct

payment or to employ personal assistants. People with learning disabilities need to have good quality and accessible information so that they fully understand the options that are available.

- Inevitably, self-directed support will have implications for commissioning organisations, whose role will change from assessment and procurement of services to meet needs, towards shaping the market and provision of information; working with providers to ensure that services are available to safely meet people's needs and expectations.
- For the relatively small population of people with learning disabilities, there is huge diversity of both need and expectation. It is essential that this is recognised in the Big Plan. People need very different kinds of support dependent on their needs, with some needing only small amounts of support to others with very complex social, physical and health needs. People also differ in their expectations. Some people have a clear idea of what they want. They may have a good understanding that they have choice and control. Others, perhaps those from different cultural backgrounds, those who have received support for many years or spent time in institutions, have different expectations of the amount of choice and control which is rightfully theirs. This diversity and range of difference must be taken into account in the Big Plan so that solutions can work well for as many people as possible.
- Choice and control also comes through involvement in decision making at all levels. Over the recent years, people with learning disabilities have been meaningfully involved in decision making. This progress needs to continue and Learning Disability Services need to ensure that they continually challenge themselves about how people with learning disabilities can be involved and have influence. This not only means decision about learning disability services but also about all services which impact on the levels of people with learning disabilities as citizens of Oxfordshire.

2. We want to support people and their families so that people can carry on living together

- Families are an essential element of support for many people with learning disabilities.
- The average age of the UK population is increasing. This has a two-fold impact for Learning Disability Services. Firstly, the needs of people with learning disabilities change as age-related needs get more significant. Increasing age also affects carers and may impact on their ability to provide care and support to a relative with learning disabilities. Services need to be able to support people and their families to live together but also work with people and their families to think about the future when living together is no longer an option.
- Personal budgets allow a greater range of choice but it is critical that families are supported so that they can continue to stay together. One of the key aspects of this is around the provision of respite which can support families in their caring role and provide the opportunity for a person with learning disabilities to spend time away from their family. Families differ in the amount of support they need. For some a shared care arrangement or use of a personal assistant might make the difference in enabling families to continue living together. Effective planning must be in place. There is a particular need

for planning as young people approach adulthood but also a need for future planning to support people with a learning disability and their families to think about moving on from home.

- Over recent years, a small number of young people have had to leave home before reaching 18 years of age because local schools have not been able to manage challenging behaviours whilst meeting educational needs. It is important that services for young people and adults work together to develop solutions which will prevent young people leaving Oxfordshire at a very young age. A significant number of young people with complex social, health care and educational needs may need lifetime support. Robust partnership working and joint planning at an early age may reduce reliance on costly services in adulthood.

3. We want to support people with learning disabilities to have their own home when the time is right.

- As well as supporting people and their families to live together, the Council and NHS Oxfordshire need to make sure that people are supported to move away from home when the time is right. People with learning disabilities and their families tell us how important it is that people can be supported locally so that relationships and connections in the local community can be sustained. Local support is a particular need for people with more complex needs, especially those whose behaviour can be challenging to services and those with both high physical health needs and physical disabilities. It is often more difficult to find services for people with complex needs and challenging behaviour and at present there is a greater likelihood that services to meet their needs will be commissioned further afield.
- As the numbers of people with a learning disability continue to grow, expectations increase, and both people with learning disabilities and their carers get older, it is essential that the development of supported living keeps pace so that essential needs can be met. As there is an increasing need for services at a time when resources are limited, it is essential that further work continues to ensure that support can be delivered cost effectively. This includes intensive work to support people to become more independent and less reliant on paid support and detailed consideration of available housing and support to make sure services are set up effectively to balance quality and affordability. This does mean changing the model of housing offered so that more supported accommodation enables people to share some elements of support, thus moving away from a support model where high levels of support are required solely because of the geographical isolation of a service. As previously stated, it is essential to work with people with learning disabilities and their families to ensure support can be delivered in a timely way and support can be provided in County. This needs to be delivered in partnership with housing and support providers to ensure effective supply. The financial contribution from the Supporting People programme is also a critical element in ensuring continued delivery of supported living services.
- For some people, the decision to leave the family home arises unexpectedly as the result of crisis. This can leave insufficient time to set up local supported living for people who require specialist support. The current amount of spending on residential care placements outside of Oxfordshire, arising from

the need to urgently support people with specialist needs is significant. This necessitates a flexible approach that is both more appropriate and cost-effective. There is a strong case for the development of a flexible residential service in Oxfordshire to meet the needs of people with complex and challenging needs who are moving on from home for the first time.

- The Shared Lives service, where people with learning disabilities can live with a host family can offer affordable and family based support to people with learning disabilities. There is scope to extend the use of Shared Lives. Traditionally, the service has not supported people with challenging behaviours but there may be an opportunity for exploring how a service can be offered if it works in tandem with other learning disability support services.

4. We want to support people with learning disabilities to have better health

- The health of people with learning disabilities is an area of significant concern and one where improvements can continue to be made. One focus of the Community Learning Disability Teams (CLDTs) over the coming three years will be on facilitation, ensuring that all health services are meeting the needs of people with learning disabilities and that people with learning disabilities get the health care and intervention to which they are entitled. Another core activity of the CLDTs is prevention. This includes work with other services to ensure people with learning disabilities get access to the full range of health services, that staff teams are supported to develop skills to prevent health deterioration, and that people with learning disabilities get access to preventative programmes, such as screening, health action planning, enhanced care programme approach and emergency planning.
- CLDTs provide direct intervention and support for people with the most complex needs, working with them and their families to ensure that people are effectively supported. Where there is a need for intensive treatment, this may include support for people in inpatient services but always with least restrictive option being considered first. The intention over the next three years is to reduce the need for inpatient admission, maximizing the possibility of people staying in their own homes to receive treatment, with inpatient admission being an option for those whose needs cannot be met in any other way. If inpatient admission is unavoidable, then patients will be admitted into Oxfordshire Services whenever possible and supported to return home as soon as it is safe to do so.
- Over the coming months, the development of strong links with the emerging Oxfordshire Clinical Commissioning Group will be essential for the on-going development of learning disability health services. Of note, the major provider of specialist health services for people with learning disabilities in Oxfordshire is Ridgeway Partnership NHS Trust. Ridgeway will shortly be joining Southern Health NHS Foundation Trust and it is essential that the Council develops a positive working relationship with Southern Health which will form the basis for the on-going improvement of services for people with learning disabilities.

5. To support people with learning disabilities to work, be independent and have active lives and full citizenship

- Many people with learning disabilities are very keen to work and to contribute to society, and increasing opportunities may come through creative use of personal budgets and self-directed support. Some of the barriers to work are complex and beyond the scope of local control (including welfare benefits). Presently only a small proportion of the Pooled Budget funding is spent on supporting people into work.
- Over the next 3 years, the provision of employment and day service opportunities needs to be reviewed so that more people have the chance to get paid and voluntary work, possibly through the use of apprenticeships, job carving and work with local colleges.
- There is a clear need for day services to offer a range of activities, as well as supporting people with learning disabilities to spend time with friends and build relationships. Over the next three years, services need to become more outcome focused so that people have more choice and control over what they get out of the day service. Greater flexibility may also be demanded as people want support to see friends and get involved in activities outside of traditional day services hours. This flexibility may also offer greater support to carers.
- As has been mentioned previously, services need to be able to meet the needs of a diverse population. This does present a challenge as there is a need for different kinds of resources, alongside pressure to deliver local solutions. Some people may have to travel further if they need a specialist type of service or support and this may have an impact on travel costs.
- It is important that people are supported safely, but also in a way that allows maximum opportunity to develop independence. This means effective planning and risk management as well as support to change the culture of services to allow people greater independence and choice. In part this is about creating safer communities and safer places to live. Another aspect is the use of fast developing technologies, which can provide real alternatives to paid support, particularly if combined with creative housing solutions.
- The needs of people with learning disabilities cannot solely be met by Learning Disability Services and lives would be impoverished if that were the case. People with learning disabilities are very clear that they want to be involved in decision making, not just about their own services, not just about Learning Disability Services, but about all services which affect their lives as citizens of Oxfordshire. Part of the role of Learning Disability Sector is to ensure that people with learning disabilities and their families are involved in decision making and to offer challenge, encourage development, provide information and support other services and organisations so that they can open their doors to people with learning disabilities. This in turn, will enable people with learning disabilities to pursue their vision of active citizenship.

6. We want to support people with learning disabilities to be safe from harm

- A BBC Panorama programme which aired in May, 2011, brought into sharp focus the vulnerability of people with learning disabilities and the need for rigorous attention to safeguarding and to supporting people with learning disabilities to be safe.
- Keeping people safe from harm requires a holistic approach. People are who are supported to have more choice and control, who are active participants in society and can recognise their rights have greater protection from harm. The significant vulnerability of some people with learning disabilities, particularly those who are unable to speak up for themselves and do not have active family involvement, means that the approach, attitude and skill of those who support them is an essential component in remaining safe.

7. We want to make best use of resources and increase value for money

- It is paramount that the Big Plan takes into account the need to deliver cost effective support for people with learning disabilities at a time of significant pressure on financial resources across the public sector. Within Learning Disability Services, the need to deliver greater and greater efficiency has increased year on year. At the same time, the needs and expectations of the population have increased. The need for efficiency forms a thread through the entire Big Plan but so too does the requirement to deliver good quality support which fairly meets the needs of the population and safeguards vulnerable people.
- Over recent years, a significant amount of work has already been carried out to improve the efficiency of services for adults with learning disabilities. Successful delivery of efficiency savings owes a lot to the high level of commitment, engagement, creativity and partnership working across the whole Learning Disability Sector. This work has sought to find more cost-effective ways of delivering support whilst preserving values and maintaining service quality.
- In 2010, the Council initiated the *Managing with Less Money* initiative to work alongside people with learning disabilities and their families and support and housing providers. Over the next three years, learning disability services intend to continue to engage with people who use services and to work in partnership with them so that work can continue to identify different ways of delivering support to more people while using less money.

Making Change Happen

The next part of the Big Plan will tell you more about the strategy to deliver on these seven commissioning intentions. It will explain what actions will be taken over the next three years to make a difference. This part of the plan will be reviewed and updated each year.

WHAT OUTCOME DO WE WANT?



1. To support people with learning disabilities to have more choice and control over their lives

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to support people with learning disabilities to be involved at all levels of decision-making and in all walks of life, to speak up and express their views so that they can make a difference. We need to be inclusive so that even those who cannot express themselves still 'have a voice'.
- We need to make sure that people with learning disabilities who need support to meet significant social and health care needs, have a fair personal budget which is sufficient to meet their needs.
- We need to support more adults with learning disabilities to have direct payments and sufficient support to manage their direct payments. If people don't want direct payments, then we need to make sure they still have a say in how their support service is run. This will include supporting people with learning disabilities and their representatives to make choices about which provider they want to support them.
- We need to continue working with adults with learning disabilities to improve the quality of services so that services are more personalised and can meet people's individual needs.
- We need to make sure that better information and support is available so that people with learning disabilities and their families can make informed choices and be in control.
- We need to make sure that learning disability services reach and provide services for all sectors of the population, including people from black and minority ethnic groups.

Priorities for action in 2012-2013

Personal Budgets

- Assess and review all support packages and allocate personal budgets to all adults with learning disabilities and eligible needs.
- Work with people with learning disabilities, their representatives, support providers and housing providers to ensure services are available which can meet needs and are affordable.

Information

- Ensure that the needs of people with learning disabilities and their carers to have accessible information about Learning Disability Services, self-directed support and personal budgets are met through the Council's plans for information, advice and guidance.

Self-Advocacy

- Extend the availability of self-advocacy services by increasing the number of local self-advocacy groups which are run in Oxfordshire from 6 to 8.
- Review the involvement and influence of people with learning disabilities across the Council, NHS Oxfordshire and learning disability providers.

Choosing a service

- Support people to have direct payments so they can have more control over their support and, in some cases, employ their own staff / personal assistants.
- For those who don't choose a direct payment, enable people and their families to look at different options and choose how to use their personal budgets. This will include people who are directly supported by the Council in supported living and day services who will be meaningfully involved in choosing which organisation will provide their service in the future.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
Number of people with learning disabilities in receipt of a personal budget	100% of people with a learning disability who are eligible for social care support will have been allocated a personal budget by 31st March 2013.
Number of people with learning disabilities in receipt of a direct payment. Number of people employing personal assistants	15 more people with learning disabilities will receive a direct payment in 2012/13. (2012/13 baseline –314 people) Baseline to be set for use of PAs.
Feedback from people using services and their families.	People using services and their families will report greater understanding of self-directed support and will feel they have greater choice and control over services.
Number of local self-advocacy groups	8 self-advocacy groups across Oxfordshire by 30 th September 2012 (2010/11 – 6 self-advocacy groups).
People with learning disabilities, their families or advocate will be involved in choosing the service provider.	100% of people with learning disabilities, or their family or an advocate will be involved in choosing the service provider when the Council is setting up services on their behalf.
Number of people using services from black or ethnic minority backgrounds.	In line with expected percentage for general population of Oxfordshire.

WHAT OUTCOME DO WE WANT?



2. To support people and their families so that people can carry on living together

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to make sure that people with learning disabilities and their families have reliable and affordable respite services and other support services that meet their needs.
- We need to be able to provide more support to people and their families who need extra support so people can carry on living together.
- We need to work with people to plan their future, so that they can be involved and make real choice about their next steps.
- We need to work with people as they approach adulthood, so that they feel supported and well-informed about adult services.
- We need to make sure that emergency plans are in place and that services are working with people with learning disabilities and their families should there be a crisis.
- We need to make sure that families who provide support to people with learning disabilities have a carer's assessment so that their own needs are acknowledged and met.

Priorities for action in 2012-2013

Respite Services

- Increase the amount of available respite by opening a 5th County respite service in Oxfordshire.
- Work with respite providers to develop County respite services so that people can choose to use their personal budget flexibly to meet their needs.

Residential Educational Service for Children and Young People

- Work with Children's Services to support the development of a local service to meet the educational, social and health needs of children and young people with learning disabilities and complex behavioural needs.

Planning

- Ensure that all people with learning disabilities and complex needs have been allocated a personal budget 6 months before they turn 18 years old.
- Ensure that all carers are offered a carer's assessment and their needs are taken into account in planning.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
Number of available guest rooms in Council commissioned respite services	5 additional guest rooms will be available by 31st December 2012. 19 rooms are available as of 31 st March 2012.
Feedback from people using services and their families.	People using services and their families will report with services.
Allocation of personal budgets for young people reaching adulthood.	85% of young people with learning disabilities known to adult services will have been allocated a personal budget, 6 months before they reach 18 years of age.
Effective partnership work with Children's Services to develop a residential school for children with autism in Oxfordshire and to plan for impact on health and adult services.	Agreed plan in place by March 2012 for development of a residential school for 11-19 year olds. September 2013 open.

WHAT OUTCOME DO WE WANT?



3. To support people with learning disabilities to have their own home when they need to leave the family home

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to increase the availability of affordable supported living for people with learning disabilities to ensure we meet increasing demand. Where possible, we will support people to live locally with people they get on with. There is a particular need for more specialist supported living, which can meet the needs who have learning disabilities and autistic spectrum conditions and also a requirement to ensure that sufficient provision is available to meet the needs of people with high physical health needs.
- We need to work with Shared Lives to increase availability for people with learning disabilities. We also need to review again whether Shared Lives can meet the needs of people with more complex needs.
- We need to minimise the use of out of area placements by developing a local service within Oxfordshire for young people with challenging behaviours. This service will need to be able to respond quickly to need and support people to become more independent and settled before moving on to their own home.
- We need to examine the range of registered residential care services which is currently purchased in Oxfordshire, support people to move into supported living where possible and to work with providers of registered residential care to make sure that services deliver good quality support and meet the needs of residents.
- We need to work with Older People's services to make sure that their services can also meet the needs of older people with learning disabilities.

Priorities for action in 2012-2013

Supported Living

- Increase the total number of supported living placements available by 12 places each year whilst reducing the costs of services to ensure that support is affordable within personal budgets. This number includes an increase in the number of ground floor supported living vacancies to support people who have mobility needs.

- Re-provide for specialist supported living services to meet the needs of up to 12 people (over three years) who have complex and challenging behaviours, find it difficult to live with others but who need high levels of support. NB: This is not intended to be an increase in the total number of supported living placements (as above) but re-provision of supported accommodation to more effectively meet need.
- Support people with learning disabilities, directly supported by the Council (Outsourcing Project), to be involved in choosing the provider they want to provide their service.
- To work across Social & Community Services, with the District Councils and housing providers to develop a Housing Strategy to clarify the housing needs of people with learning disabilities and other vulnerable people.

Development of Transitional Services

- Commence engagement work to develop a young person's transition service for up to 6 people (which may be registered residential care) which will prevent people with complex and challenging needs being placed out of County and will support people to gain independence to move on to supported living services.

Registered Residential Care

- Where appropriate, to recommission registered residential care services in Oxfordshire and, to support people with learning disabilities to move to supported living.

Older People's Services

- Work with Older People's Services to ensure that the needs of older people with learning disabilities can be met by generic providers.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
Number of available supported living tenancies.	12 more supported living tenancy opportunities will be created in 2012/13. (Some of this will be through people developing services using personal budgets.)
Feedback from people using services and their families.	People using services and their families will report satisfaction in the support available.
Number of residential care services purchased by the Council both in and out of Oxfordshire	Maximum of 8 additional people placed in residential care services out of County during the year.
Development of Transitional Services for young people with complex and challenging needs.	Project group established and plan for delivery in place by 31 st December 2012.

WHAT OUTCOME DO WE WANT?



4. To support people with learning disabilities to have better health

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to make sure that people with learning disabilities get good support from their GP, primary and acute health services and that they are able to access preventative services (e.g. screening programmes and annual health checks) which increase the likelihood of prompt treatment and swift recovery.
- We need to support people in a way which helps them feel in control of their own life. A sense of control is associated with better health outcomes and can come from life choices like having a job, having your own home, friendships and relationships.
- We need to make sure that people with learning disabilities and their families get the extra health support they need to support them to live full and healthy lives. Wherever possible, health support and treatment will be provided at home, to people with learning disabilities.
- If a person needs to go into hospital for intensive treatment in relation to their learning disability, we will make sure their lives are not restricted any more than is necessary. Whenever possible, we will make sure that people can receive treatment and support in Oxfordshire and that they are discharged home as soon as they are well. We will reduce the need for people with learning disabilities to receive treatment outside of Oxfordshire.
- A number of organisational changes will take place over the next few years. We need to build strong partnerships with Oxfordshire Clinical Commissioning Group and Southern Health NHS Foundation Trust which will be responsible for delivering community learning disability teams and inpatient services.

Priorities for action in 2012-2013

Clinical Commissioning

- Establish effective joint commissioning arrangements with Oxfordshire Clinical Commissioning Group.

Annual Health Checks

- Promote uptake of Annual Health Checks and monitor the role of providers in supporting people to access annual health checks.

Merger and Acquisition of Ridgeway Partnership by Southern Health

- Work with the Strategic Health Authority and Ridgeway Partnership to develop positive working relationships with Southern Health to take over the functions and contract of the organisation and to deliver plans.

Learning Disability Teams and Specialist Inpatient Services

- Complete the review of the Community Learning Disability Team ('The Beehive Project') which aims to share good practice across all three teams, promote preventative services and provide intensive support to people with complex needs.
- Review systems and structures which support effective joint work between community and inpatient services, minimising the risk of admission, providing support and treatment at the lowest level of restriction and promoting timely and co-ordinated patient discharge.
- Ensure all actions arising from the Winterbourne investigations are fully embedded in practice.
- Work with the Strategic Health Authority and other commissioners to identify preferred providers to support the purchase of out of area treatments when an inpatient admission is unavoidable and there is no capacity in local services.

Forensic Services

- Work with the Specialised Commissioning Group to ensure that patients who need low and medium secure forensic services are supported to return to the community in a safe and timely fashion.
- Explore ways of reducing forensic risk by ensuring prompt and effective community treatment for people with a high risk profile.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
Commissioning Strategy and Pooled Budget (Section 75) agreement between the Council and Clinical Commissioning Group	Agreed and implemented by 31 st March 2013.
Feedback from people using services and their families.	People using services and their families will report greater satisfaction in the available specialist health support.
Learning Disability Teams	Delivery of Beehive Project outcomes
Out of area treatments	Reduction in the number of treatment days purchased in specialist hospitals
Inpatient Services for People with Learning Disabilities	Embedding of Winterbourne Action Plan
Number of people registered with a GP who have had a recent annual health check	Target of 60% of people, known to have a learning disability, will have an annual health check in 20012/13.

WHAT OUTCOME DO WE WANT?



5. To support people with learning disabilities to work, be independent and have active lives and full citizenship

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to increase the number of opportunities that are available for people with learning disabilities to volunteer, gain work experience and paid work. Employment and volunteering can improve people's quality of life and provide opportunities for people to make friends and improve their health.
- We need to work with people with learning disabilities and their families to review the range of day service opportunities that are available. Services must meet people's needs - actively involving people with learning disabilities in decision making and delivering the outcomes that people with learning disabilities want, whether this be opportunity to develop skills, achieve qualifications or to spend time with friends.
- We need to support the development of local area groups so that people can build friendships and share knowledge of resources in their local area.
- We need to extend the use of assistive technologies which can offer real alternatives to paid support and enable people to have more choice, control and independence.
- We need to make sure that 'universal services' which are intended for the general population take into account and make reasonable adjustments to include people with learning disabilities.

Priorities for action in 2012-2013

Day Time Opportunities

- Work with service users and their representatives to support the outsourcing of the Council's directly provided day services, reviewing day service needs for each local area, promoting links with employment, user involvement affordability and delivery of locally determined and personalised outcomes.

Employment

- Embed the throughput model for Employment services, supporting joint work with providers, the self-advocacy service, local colleges and day services. Develop an outcome focused model and pathway into employment.

- Support and encourage opportunities for people with learning disabilities to be employed in public sector organisations (such as the County Council, District and City Councils and NHS Oxfordshire) and by organisations which support people with learning disabilities (such as support and housing providers).

Assistive Technology

- Increase resources available to support the use of assistive technology. Continue to encourage tenants, support providers and housing providers to look at assistive technology as a positive alternative to paid support.
- Increase the use of assistive technology to support people with learning disabilities who are living with their families.

Local Networks

- Pilot a local learning disability networking group in South Oxfordshire, bringing together people with learning disabilities, support providers, housing providers and other services to promote local knowledge, opportunities for partnership working and friendships.

Getting about in the Community

- Encourage and support people with learning disabilities to travel independently in the local community, including support from other people with learning disabilities through the My Life My Choice 'travel buddy' scheme.
- Increase the use of assistive technologies which can support people in safe, confident and independent travel

Universal Services

- Work at a senior level and across the Learning Disability Partnership Board to raise the profile of people with learning disabilities. Ensure Learning Disability Services are directing people to generic services where appropriate, and raising issues of discriminatory practice.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
People with learning disabilities in work	Increase in the number of people with learning disabilities in work (including with the Council and NHS Oxfordshire). Baseline to be established.
Feedback from people using services and their families.	People using services and their families will report satisfaction in day time support and employment services.
Local Networking Group	Pilot initiated by 30 th September 2012
Use of assistive technologies	Increase in number of families who are being supported to use assistive technologies. Baseline to be established.
Independent travel with support from people with learning disabilities	10 people to be supported by MLMC to travel independently over 1 year.

WHAT OUTCOME DO WE WANT?



- 6. To support people with learning disabilities to be safe from harm**

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to maintain the values of our learning disability services – choice, control, independence, rights and inclusion.
- Whilst respecting every person's right to choice and independence, we must support vulnerable people to be safe from harm. For some people, this may mean supporting them to make informed choices about their lives, for others this may mean working with important people in their life to make decisions in their best interests.
- We need to work with the Partnership Board, the Safeguarding Board and providers to improve service quality, so that people with learning disabilities are supported by the right staff with effective training, that people with learning disabilities are informed and able to make choices, that people know how to complain about a service, recognise when something is not good enough and know how to do something about it.

Priorities for action in 2012-2013

Quality monitoring

- Work with support providers in Oxfordshire to improve service quality and promote service user involvement, choice and control.
- Establish plan to empower people with learning disabilities and their families to check on the quality of services and take action when they have concerns.
- To improve systems for reviewing support provision for people who are living outside of Oxfordshire.

Involvement of People who use Services

- Increase the involvement of people who use services in the quality monitoring process.
- Increase the involvement of people with learning disabilities and their families in the quality reviewing and checking of out of area hospital placements.

Complaints and Safeguarding

- Support and encourage people with learning disabilities and their families to complain; and staff to whistle-blow if they are not happy with the quality of a service or the way a person with a learning disability is being treated.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
Quality Monitoring of providers in Oxfordshire	Completion of all planned annual quality monitoring reviews. Improvement in quality scores of providers Oxfordshire. Baseline to be established.
Reviews of out of county residential care placements	All high-risk placements identified and reviews completed by 31st March 2013.
Feedback from people using services and their families.	People using services and their families will report increased feelings of safety.
Involvement of people with learning disabilities and their families in reviewing	Increased involvement of people with learning disabilities as 'experts by experience' in quality monitoring reviews. Baseline to be set. Completion of pilot project to increase the involvement of people with learning disabilities and their families in monitoring of out of area hospital placements.
Safeguarding alerts	No target set but numbers monitored for significant change.

WHAT OUTCOME DO WE WANT?



7. To make best use of resources and increase value for money

WHAT MUST WE DO TO MAKE SURE THIS HAPPENS?

- We need to review support packages and make sure that people have a fair Personal Budget and are able to meet their eligible needs.
- We need to work with people who use services and their families to find different ways of providing support which maintain quality and values, whilst ensuring that sufficient resources are available to meet the needs of a growing population of people with learning disabilities.
- We need to continue to engage with stakeholders and work in partnership to generate and deliver creative solutions which can reduce cost and reduce the need for *transitional top up* funding. This is the money which is being paid for services, over and above the target Personal Budget to ensure continuity whilst plans are put into place to reduce costs to the level of the target Personal Budget.
- Supported living needs to be affordable so we will aim to work with tenants, their representatives, and housing and support providers to reduce the cost of supported living services by making good use of properties which are available at present.

Priorities for action in 2012-2013

Working together to use money wisely

- Deliver the *Managing with Less Money* initiative which brings together people with learning disabilities, families, support and housing providers, health and social care professionals to look at how we can support more people with less money without compromising quality.
- Where the current cost of services is higher than a person's target personal budget for their level of need, assess and plan with tenants, their representatives, support and housing providers to reduce the cost of support. This may be achieved in some of the following ways:
 - Explore opportunities for people to share support, e.g. developing more shared social activities.
 - Increase use of assistive technology, e.g. to meet night time needs.
 - Extend and convert properties to allow more sharing of support, e.g. through annexes, linked or clustered accommodation.

- Address the legal charge relating to some properties so that there is greater opportunity to sell unsuitable properties and buy properties which are more able to sustain cost effective support.
- Cease use of properties which are no longer able to deliver affordable supported living services.

HOW WILL WE MEASURE PROGRESS?

Measure	Target
Cost of supported living and registered residential care	1% reduction in average cost of supported living and registered residential care
Transitional top up funding to Personal Budgets	5% reduction in transitional top up funding for people with learning disabilities.
Feedback from people using services and their families.	People using services and their families will be able to buy services to meet their needs within their Personal Budget.
<i>Managing with Less Money</i> initiative	Plan in place for good practice workshop by 31 st March 2013.
Learning Disability Pooled Budget	Efficiency savings delivered and balanced budget.

MONITORING AND REVIEWING THE BIG PLAN

The Pooled Budget Manager is responsible for monitoring and reporting on the delivery of the Big Plan.

The Pooled Budget Manager:

- i. Produces action plans to deliver the priorities agreed each year, and these are implemented and reported on through the line management structure and through contracts with provider agencies.
- ii. Collates activity, financial reports and updates on progress in implementing changes to provision and reports these to the Joint Management Group on a monthly basis.

The Joint Management Group consists of two representatives from Social & Community Services and two representatives from the Primary Care Trust and a representative of Oxfordshire Clinical Commissioning Group. The Pooled Budget Manager and two parent carers from the Partnership Board attend all of meetings, but do not vote.

All contracts are monitored on an annual basis and this includes feedback from service users and families. Quality monitoring reviews draw on the views of people with learning disabilities as 'experts by experience' and lead to the development of action plans, which support service providers to continue to develop their services in line with the Big Plan. There is an annual satisfaction survey which collects feedback from a sample of people who use services.

Consultation on the Big Plan and future planning take place through discussion with a wide range of stakeholders, including service users, carers and service providers. Quarterly meetings of the Joint Management Group invite additional stakeholders, and there will be a programme of other opportunities for interested parties to provide feedback and input to the planning process. The Big Plan will be updated annually.

PART 2

Appendix A: What do People Think?

1. Development of the Big Plan draws on the thoughts and feelings of people with learning disabilities, their friends, families and advocates. It also involves talking to other people who are involved in supporting people with learning disabilities, including providers of housing and support, the Learning Disability Health Professionals, Commissioners, Care Managers and Quality Monitoring Officers.
2. The views of people with learning disabilities, their families and providers of housing, health and social care services have been essential in developing the Big Plan and provide insight into the needs and wishes of people with learning disabilities and their families, as well as getting an impression about the effectiveness of services and their views about future developments.
3. Over the last 10 years, since Valuing People (2001) and Valuing People Now (2009), the messages which have come through local consultation and engagement have demonstrated a remarkable degree of consistency about our future direction.
4. The information below is a summary of views which have been expressed from some of the following sources:
 - The Big Plan Advisory Group (2010-11)
 - Learning Disability Team Plan Consultation (2011)
 - Extended Joint Management Group (2010)
 - *Managing with Less Money* Workshops (2010 and 2011)
 - Independent consultation on the future direction of Learning Disability Health Services (2010)
 - Future of Day Services Consultation (2006)
 - Consultation around the development of a residential educational service for young people with LD & ASC (2011).
 - Engagement work on the future planning for autism services (2010)
 - Partnership Board Survey on services (2005)
 - On-going feedback through Quality Monitoring of Services and contract management
 - Feedback from the Learning Disability Teams, including health and social care professionals.
 - Feedback from safeguarding work around Winterbourne View following the BBC Panorama programme.
 - Provider Forum
 - Partnership Board
 - Oxfordshire Family Support Network
 - My Life My Choice
 - Hearsay (2010 and 2011)
 - Best Value review (2003)

Themes

5. Service quality is of paramount importance to both people using services and families. Services need to keep people safe from harm but this is counterbalanced by a need to avoid an overly risk averse approach which inhibits people's ability to choose, control their lives and be independent. Some people are worried about the impact of funding cuts on the quality of services. The availability of fast developing new technology has much to offer people with learning disabilities.
6. Recent systemic changes within social and health services and changes associated with self-directed support and personal budgets are still underway. A lot of people are keen for more information as changes are embedded. This includes information about services, prices and self-directed support.
7. In relation to health services, some people have had good support from health services, but other people have not had such a positive experience. People need more information about services. The quality of health services is really important and it is crucial that people get the treatment and health support and advice they need to stay as healthy and well as possible.
8. Evidence and engagement from families has highlighted the need for effective and flexible respite services. A particular concern has been the need to increase the availability of respite and to avoid the inconvenience of last minute cancellations because of emergency admissions. It is clear that some families need more respite and services that can meet the needs of both people with high physical health needs and those who find it difficult to spend time with others. A very significant need for families is to be confident in the availability of support. This is particularly important when a child reaches adulthood and moves into adult services, but is also important when planning for a son or daughter to move on from home.
9. Another common theme is the need to support people with learning disabilities into employment. As discussed earlier, very few people with learning disabilities have paid work yet many hold this as a long term wish. With it, paid work brings improvements in quality of life, in health, standard of living, community inclusion and self-esteem. The local provider does support people to get into work but once they have found employment, some people need longer-term support to keep their job. Across services, a number of providers have had some success in supporting people into employment - both through day services and supported living providers. Job carving is being piloted and this is an opportunity that could support more people into work. The development of an employment pathway would be valued, which can support people through options such as work experience, voluntary work, apprenticeships, supported employment and paid work. This could make use of a wider range of resources to support people into work, hopefully recognising that for some people full independent paid work is not always a possibility but that this does not preclude the benefits of work experience or voluntary work as contributing elements to improve people's health and well-being.

10. Day time opportunities are valued strongly by service users and family members alike. People with learning disabilities clearly value the opportunity to spend time with friends and to get out and about. Family carers also emphasised the benefit of day services as an opportunity to learn new skills and gain independence. Some people are positive about larger and more traditional day services, especially in accessible buildings in easy to reach locations. Other people valued the more locally developed smaller services. Almost all respondents valued the availability of a base. People liked to be supported to get involved in a variety of activities. One key aspect of successful day support was the availability of good quality staff and smaller day services were more likely to have difficulties in providing consistency and reliability, sometimes leading to the cancellation of activities and frustration. Some people have indicated a need for day service support to meet the needs of people who need more space and find it difficult to spend time with others.
11. Transport is a source of frustration for many people with learning disabilities and their families. The cost and limited availability of affordable transport in a largely rural county is a particular pressure.
12. A strong commitment to supported living is a major theme for people with learning disabilities and their families. The development of supported living has been a defining strategy for Learning Disability Services for a number of years and the high proportion of people with learning disabilities living in supported living as opposed to registered residential care evidences Oxfordshire's success. Suitability of affordable and accessible accommodation, with an increased need for ground floor and wheel chair accessible accommodation is important - particularly accommodation that is thoughtfully designed to maximise independence. Another need identified through consultation is accommodation for people with autistic spectrum conditions who may benefit from accommodation specifically designed to meet their needs. This could include consideration of factors such as physical space and external noise.
13. A high number of people with learning disabilities live with their families. For some, carers are themselves getting older and are less able to provide support. There is a need to provide sufficient local provision to meet the needs of older people with learning disabilities who are currently living with older carers.
14. Although Oxfordshire has a long commitment to supported living, the Council does continue to purchase registered residential care for people with learning disabilities although this has tended to be on a spot purchase, ad hoc basis dependent on individual needs. One question often raised in consultation has been whether a local residential care home should be developed to meet the needs of people with complex behavioural needs. It was felt that the development of local registered residential care might provide for the needs of people with complex behaviours - perhaps enabling more structure for people with autistic spectrum conditions and enabling prompt placement when the

only alternative has been out of County provision. Whilst such a service couldn't meet all demand, it is possible that a transitional unit (possibly with a 2 year maximum residence) could support people with complex needs to move on from their family homes and onwards into supported living, whilst maintaining close contact with their families, friends and local area. A locally commissioned service would also enable closer local monitoring of the health and well-being of residents.

15. Some people have also identified the needs of younger people with dementia as a particular area of development, although opinion remains divided as to whether specialist services are needed for people with learning disabilities with dementia or whether needs can be met by older people's services with specialist input and advice.
16. A common theme from consultation has been the need to combat loneliness and isolation, with people drawing attention to the importance of relationships and friendships as sustaining and improving health and well-being, increasing confidence and reducing reliance on paid support. Activities such as the Stingray Night Club and Mates 'n' Dates were highlighted as positive developments which support people with learning disabilities to build relationships and be more independent. A number of people indicated that the development of drop in services, or community cafes could help combat loneliness as well as the possibility of more flexible day service opening hours. People with learning disabilities want to feel safe and welcome to use services in the community in much the same way as other citizens of Oxfordshire.

Appendix B: Population Information

17. The Big Plan describes how Oxfordshire Learning Disability Services will meet the priority health and social care needs of people with learning disabilities once they reach the age of 18.
18. A person with a learning disability often needs extra support to live a full and independent life. Some people with learning disabilities are very severely affected by their learning disability and may well have other disabilities which impact on their life, necessitating help and support with every aspect of daily living. Other people live independent lives with only a small amount of support from those around them.

How many people have learning disabilities?

19. In 2010, Oxfordshire had an estimated total population of 644,100. This is predicted to grow by 2.4% over the next 5 years, reaching almost 660,000. Further information is available in the Joint Strategic Needs Analysis (JSNA). Within this population, it is difficult to get an accurate estimate of the number of adults with learning disabilities who may need support from the Learning Disability Service. Currently the Service supports almost 2000 people and this number is getting larger each year.
20. National prevalence studies⁴ can provide a reasonable prediction of the numbers of people with learning disabilities. These studies suggest that around 2500 adults with severe and moderate learning disabilities were living in Oxfordshire in 2010 and that this number would increase by 3.6% to 2,600 by 2014. People with severe and moderate learning disabilities are often amongst the most vulnerable members of society and very likely to need support services. The national prevalence data suggests that some people with learning disabilities might not be in contact with the Learning Disability Service. Understanding the reasons for this is important in ensuring that services are fair and accessible to everyone in the population.
21. Prevalence studies suggest that the total number of people with learning disabilities in Oxfordshire was around 12,000 people in 2010. Whilst this number is much higher and also growing, it does include a very large number of people with mild learning disabilities who are less likely to be in receipt of support from the Learning Disability Service than those with severe or moderate learning disabilities.
22. Extensive analysis of the demography of people with learning disabilities in the national population reinforces the understanding that the number of people with learning disabilities who will be eligible for services (as a result of substantial or critical need) is growing each year. The rate of growth is expected to slow from 2009 and stabilise at around 2% in 2018/19, reflecting

⁴ Care Services Efficiency Delivery (CSED) – Projecting Adult Needs and Service Information System (PANSI) and Projecting Older People Population Information System (POSSI), 2011

the declining birth rate between 1991 and 2001. The rate of growth was predicted at 3.1% for 2011.

23. There are some notable changes in the age profile between 2010 and 2014 including a significant increase in the numbers of people with learning disabilities exceeding 65 years, reflecting an aging general population and the increased longevity of people with learning disabilities.
24. Further analysis of the Oxfordshire population also highlights several differences between the Districts and the City. Reflecting the wider population, Oxford City is home to a higher proportion of young people with moderate to severe learning disabilities than the Districts. Conversely, the Districts are home to a higher number of people with severe and moderate learning disabilities over the age of 65 than Oxford City.
25. It is useful to have an understanding of the reasons behind the changing demographic needs of people with learning disabilities. Each year, the number of people with learning disabilities needing health and social care support is growing. In part this reflects wider demographic changes, but is also in part due to improvements in health care and opportunity which have seen more young people with very complex needs surviving into adulthood and older people with learning disabilities enjoying longer lives. This means that resources have to be used more effectively, but also the types of service on offer must meet the needs of a changing as well as growing population.
26. It is of note that the number of people from ethnic minority groups in Oxfordshire has increased significantly since 2001⁵. It is important that sufficient attention is given to the cultural needs of the population and to understanding potential barriers that minority ethnic groups may face in accessing services.

What does it mean to have a Learning Disability?

27. The aspirations of people with learning disabilities are very similar to people who do not have a learning disability. When people are asked what they want, most will say they want to live a fulfilling life, to have friends, a relationship, somewhere to live, a job and money to spend on the things they enjoy. Despite this, people often face considerable barriers to full participation in society, which can have a huge impact on their lives. Not only are people's lives affected by their learning disability and other disabilities, but people with learning disabilities often face prejudice and can easily be misunderstood by others in society, leaving them excluded from regular activities, services and opportunities.
28. Most people with learning disabilities are not in work and must rely on social security benefits. As such, they can face deprivation and choices may be reduced both by a lack of personal resources or control over those resources. Limited opportunity to work and earn a reasonable wage may well mean that

⁵ Office for National Statistics, 2011

choices about where to live, who to live with and what lifestyle to lead are restricted.

29. Not only are people with learning disabilities often excluded from employment, but also other services and opportunities often fail to include people with learning disabilities. There is clear evidence⁶ that people with learning disabilities have higher health needs, both physical and mental (e.g. higher rates of epilepsy, respiratory illness and cancer), than the general population and are more likely to die at a younger age. Healthcare is critical to people with learning disabilities and their families. Not only do people with learning disabilities have very significant health needs which can in turn be compounded by social deprivation, but they also face numerous barriers to the services which might help to alleviate this. Acute health needs can be overshadowed by the learning disability 'label'. Of greatest significance is perhaps the level of understanding of learning disabilities across the National Health Service which was exposed in recent investigations into the treatment and care of people in hospital. Over recent years, this has led to significant focus on improving healthcare for people with learning disabilities across all settings and the requirement to make reasonable adjustments to ensure that people with learning disabilities do not face discrimination.
30. Other factors are also important. People with learning disabilities, especially those with more severe learning disabilities rarely get married or live with a partner, nor do many people with learning disabilities have children. Even those who do make these choices can often face prejudice and discouragement. As such, people with learning disabilities can often find themselves following a different life-path to people who do not have a learning disability and can be excluded from many opportunities.
31. People with learning disabilities might find themselves living with family for a longer period of time than non-learning disabled counterparts, but they might then spend the majority of their lives living with other people with learning disabilities who they probably have not chosen to live with. In older age they don't have the same access to support which might be afforded to non-learning disabled people from partners and grown up children.
32. The last 10 years, however, have seen dramatic changes in the life expectations of people with learning disabilities and their families. It is now not simply a hope that a person with a learning disability will have support and their own home, it is increasingly an expectation. Families which at one time would expect to care for relatives into middle-age now want their children to have the chance to move on from home. So too, those families are no longer in the same position to provide the same levels of support as they once were, partly as a consequence of the need for both parents to work and also as a result of the rise in number of single parent families.

⁶ Death by Indifference (Mencap, 2007); Healthcare for All (Michael, 2008); Six Lives (LGO 2008 and DOH 2010)

Appendix C: Policy Guidance

33. Throughout England, the delivery of learning disability services has benefited from clear and value driven national policies which have provided a strong direction for over 10 years.
34. In 2001, the national Government set out its aspirations for people with learning disabilities in the white paper Valuing People
35. This plan affirmed that people with learning disabilities should have:
 - The same human rights as all citizens.
 - Real chances to be independent
 - Choice and control in their daily lives.
 - Inclusion and participation in their local communities - to work, to learn, to get about, have friendships and relationships.
36. Although Valuing People (2001) had a positive impact on people's lives, within a few years, concerns were expressed that targets hadn't been met and the strategy was not having the necessary impact on people's lives. Marked areas of concern were around the provision of health care to people with learning disabilities and the need to include harder to reach groups. These concerns led to a national consultation exercise in 2007, and in 2009 a new three year strategy was adopted - Valuing People Now
37. The key messages remained the same, that people with learning disabilities have the same rights and choices as everyone else, should be treated with dignity and respect and have the same chances and responsibilities in life as everyone else. Key elements of the new strategy are:
 - Making sure that life changes happen for everyone with a learning disability and that no one misses out. This particularly includes people with lots of complex needs, people from different backgrounds and cultures, people with autism and people who have been or are in prison.
 - A strong focus on personalisation of services, so that people with learning disabilities and their families have choice and control over how they are supported and who supports them.
 - Making sure that people with learning disabilities can have a life, live independently in the community, make choices and be in control. In particular, this means that people will:
 - Get good healthcare to live a healthy life.
 - Have a choice about where they live and who with.
 - Have chance to work, study and enjoy social activities.
 - Be supported into paid work.
 - Have the choice to have relationships and be parents.
 - Be treated as equals.
 - Be able to speak up about what they want from life.
 - Be able to use public transport safely and easily.
 - Feel confident in their right to live safely in the community, with support from the police and criminal justice system as necessary.

38. Not only is the direction of learning disability services set out through Valuing People, but it has also been reinforced through the wider national direction for adult health and social care services which has been established by the Government. The strong drive to personalise services for all people who need extra support in their lives has been repeatedly emphasised in public sector policy statements over the last 5 to 6 years. This impacts not just on people who have learning disabilities but includes those who have additional needs as they grow old, people with physical disabilities, sensory impairments and mental illness. Of particular note is the move to deliver services in a very different way - through personal budgets. This means that people are no longer offered a service solution to meet their needs, but rather the person is offered control over a budget and has much greater choice over how they meet their own needs. Over the last three years, the Council has run a programme called Transforming Adult Social Care which has made significant advances in the delivery of personal budgets within Oxfordshire. Whilst the programme ceased in March 2011, further work to embed changes continues.
39. National policy changes in health will also have implications for people with learning disabilities. Key priorities are identified in the NHS Operating Framework. There is a move away from centralised commissioning by Primary Care Trusts, towards localised commissioning which is led by clinicians and strongly driven by knowledge of patients. Policy is developing in this area and it is crucial that people with learning disabilities are appropriately represented in the context of any changes. Another area of change in health matches the transformation which is happening in social care services, with national pilot work being carried out to test the potential of personal health budgets which will enable people with high health needs to have greater choice over how money is spent to meet their health needs. Oxfordshire is a pilot area for the delivery of personal health budgets.
40. Health and Wellbeing Boards will be established during 2012/13, with the expectation that they will take on full statutory powers in April 2013. The Government expects Health and Wellbeing boards to play a key role in plans to modernise the NHS to ensure stronger democratic legitimacy and involvement; strengthen working relationships between health and social care, and encourage the development of more integrated commissioning of services. The boards will help give communities a greater say in understanding and addressing their local health and social care needs.
41. A final area of policy change is the drive to promote locality working. At a national level, the 'Big Society' agenda is keen to see local groups have more control and leadership in local area decision making. Within Oxfordshire, the 'Closer to Communities' programme seeks to make locality working more accessible and roll it out across Oxfordshire, strengthening the role of town and parish councils and devolving decision making and services.

42. On a local level, two significant changes will be very important in the delivery of learning disability services. As will be described in more detail in the next section, a very large percentage of services are delivered by two statutory organisations in Oxfordshire – Ridgeway Partnership NHS Trust and also by the Council itself. Significant changes are underway for both organisations:

- a. Ridgeway Partnership took a decision in 2010 that it would not proceed with a bid for Foundation Trust status and could not continue to operate as a standalone service. A merger & acquisition process led by the Strategic Health Authority, in conjunction with Ridgeway and the Council (as main commissioner of Ridgeway services) recently identified Southern Health NHS Foundation Trust as the successful organisation to take on the services delivered by Ridgeway. It is anticipated that Southern Health will deliver services from autumn 2012.
- b. At present the Council both commissions and delivers services. It is seeking to increasingly concentrate on its role in the commissioning and monitoring of service delivery. The Council recently ceased direct delivery of home care services, instead moving to reliance on personal assistants and external agencies. The Council also provides both supported living and day services for people with learning disabilities and has taken a decision to outsource these services to the external market. It is anticipated that this will be fully achieved by October 2013.

Appendix D: Analysis of Resources

Money

The Pooled Budget

43. The Learning Disability Pooled Budget is brings together financial contributions from NHS Oxfordshire and Oxfordshire County Council to meet the social and health care needs of people with learning disabilities. It is the main source of funding for services to meet the needs of people with learning disabilities, including supported living, residential care, respite, day time opportunities and health services.
44. For the current financial year, 2011 to 2012, NHS Oxfordshire is contributing £11,959,127 to the Pooled Budget. Oxfordshire County Council is contributing £62,830,287. The Council's contribution includes Supporting People funding. The total value of contributions to the Pooled Budget is £74,789,414.
45. There is very significant financial pressure on the Learning Disability Pooled Budget. There is a critical need to ensure that the needs of people with learning disabilities can be met from available and finite financial resources, especially in the context of an increasing demand for services as people live longer, have higher expectations and more complex needs.
46. On a national and local level, there is significant pressure on all public sector services and substantial reductions in Local Authority funding from the Department for Communities and Local Government as the National Government seeks to reduce the UK structural deficit. Details of Oxfordshire County Council's commitment to reducing expenditure are detailed in the Service & Resource Planning – Financial Plan 2010/11 to 2014/15. The Finance Plan is updated every year.

Other Sources of Funding

Independent Living Fund

47. For a number of years, people with learning disabilities with high support needs, living in their own homes, have been able to use funding from the Independent Living Fund. This is a nationally available resource to support people to purchase care to meet their needs. Whilst people already in receipt of funding from the Independent Living Fund will continue to receive this financial support, the Fund has now been closed to new applicants. This will inevitably increase the financial pressure on the Pooled Budget as people with learning disabilities will no longer be able to use ILF funding to meet needs.

Welfare Benefits

48. The majority of people with learning disabilities are financially dependent on social security benefits and have limited income from employment or personal resources. As such, people with learning disabilities are particularly vulnerable to changes in the social security benefits system which is currently being

reviewed on a national basis. Of note, some recent changes in housing benefit legislation are having implications for people with learning disabilities who rent their own home and claim housing benefit. Limits to the available housing benefit rates is already affecting people with learning disabilities who have more complex housing needs which have led to them taking on tenancies where higher rents are required.

The Social and Health Care Market

49. Within Oxfordshire, the Council provides or procures a range of services to support people with learning disabilities.
50. The Learning Disability Provider market is well developed and a wide variety of provider organisations deliver services in Oxfordshire. The majority of these providers are statutory or not-for-profit organisations.
51. In order to ensure the availability of services, The Council:
 - Commissions and procures services from provider organisations to meet the needs of a group of people with learning disabilities. Examples of this include specialist health services, supported living, community support, residential care, respite, advocacy, employment and day time support.
 - Directly provides some services.
 - Arranges and 'spot' purchases support to meet the needs of specific people with learning disabilities.
52. When the Council commissions services from provider organisations to meet the needs of a number of people with learning disabilities, it must follow robust procurement procedures during which a provider's ability to deliver a cost-effective and good quality service is assessed. Contractual agreements between the Council and the providing organisation make it clear what the provider must deliver. These contracts are monitored and service delivery is subject to regular quality monitoring to ensure that the services continue to deliver good quality support.
53. The Council continues to provide some services directly. This includes both supported living and day services for people with learning disabilities. Services provided by the Council are also subject to both contract management and quality monitoring. Approximately 12% of funding spent on learning disability supported living services is spent on services provided by the Council. In relation to learning disability day services, however, the proportion of services delivered by the Council is much higher at around 68%. The Council has recently taken the decision to outsource the supported living and day services it provides for people with learning disabilities. It is anticipated that all supported living and day services will transfer to other support providers by autumn, 2013.
54. Some services are also purchased on an individual basis. A significant number of people with learning disabilities are supported in residential care homes both within Oxfordshire and in other Counties. The majority of residential care placements are purchased under individual purchasing

arrangements which are reviewed and monitored by care managers from the Community Learning Disability Teams. There are significant reasons for people being supported outside of Oxfordshire. Understanding the reasons why people moved out of County and what this means is important in determining future strategic approach. Firstly, some people moved out of Oxfordshire many years ago and have now settled and have built up local connections and ties. Secondly, some people have moved out of Oxfordshire because no local service was available to meet their needs when they needed supported accommodation.

55. As well as residential care, the Council arranges a small number of out of area health treatments for people with learning disabilities who need inpatient support which cannot be provided in County. On the whole, Oxfordshire County Council seeks to provide support for people within Oxfordshire so that it is easier for people to maintain contact with friends and family. It is easier for local professionals to remain involved in on-going care and support.

Procurement Strategy

56. Through self-directed support, personal budgets and direct payments, the Council aims to give people with learning disabilities and other vulnerable adults, greater choice and control about how they meet their needs. This has meant a number of changes to commissioning, procurement and contracting arrangements in the provision of services for people with learning disabilities.
57. Broadly, the Council will support people to receive their personal budget as a direct payment so that they can directly arrange their own services. Where people with learning disabilities and their families do not wish to take a direct payment, the Council will support people in a way which increases the choice and control they have over their services.
58. In late 2009, the Council entered into 'Framework Agreements' with fifteen providers for the provision of supported living, day time opportunities and respite services. These contracts were awarded to provider organisations on the strength of the quality and cost-effectiveness of the services they could provide. When the Council wants to enter into a new contract, it will first approach these providers who have already established their ability to provide good quality services to people with learning disabilities. The establishment of the 'Framework' was an action arising from the last Commissioning Strategy. The intention of this arrangement was to reduce the amount of time and money spent on procurement by both providers and the Council alike and to promote stability and partnership working. By working with a smaller number of providers, the Council is able to foster strong partnership working with providers as well as work with providers to improve the quality of services and work towards greater efficiency.
59. The advent of the Framework for procurement has been closely aligned with the inception of self-directed support within Oxfordshire, and it has been critical for the Council to use the Framework to procure services in a way that is compatible with self-directed support and Personal Budgets. A key benefit

of Personal Budgets is the control and choice that is afforded to people using services. The Council, in purchasing, is bound by national procurement legislation which reflects the principles of European Union treaties. It needs to ensure fair processes in purchasing and this can sometimes conflict with the drive to increase personal choice. In order to overcome this, the Council is enabling people who use services to choose from the Framework, the provider they want to deliver their services. As long as the service provider is able to support the person in a way which is affordable, then the Council will contract with the provider which is chosen by people who use the service. This could, for example, be a group of tenants in a supported living service or a group of people who use a day service. Although the contractual arrangement will still lie between the Council and the provider, the person using services and their family are kept at the centre of the relationship.

Contract Management and Quality Monitoring

60. All contracts held by the Council for services which are commissioned for a number of people with learning disabilities are currently managed by the Learning Disability Commissioning and Contracting Team. The Team also includes Quality Monitoring Officers (QMOs) whose role it is to monitor the quality of contracted services and to work with providers to support continuous improvement.
61. The QMOs carry out reviews of all the learning disability services provided by the Council and delivered through these contracts. The level of review for each service is determined by a number of factors including the outcome of the last review, delivery of action plans, any significant change in management or service, level of safeguarding concerns etc. A quality monitoring review is likely to include examination of records, interviews with staff, managers, people who use the service, their families, learning disability team staff, and any other interested parties. The QMO produces a report and recommendations and the provider develops an action plan to address the recommendations.
62. Delivery of the action plan is monitored by the Council. If any safeguarding concerns are identified during the course of a review, safeguarding processes are followed. If a provider does not deliver improvements in line with agreed action plans, this is escalated to senior managers and if the issues are not addressed the Council can terminate contracts. The Council is continuing to refine and improve its approach to contracting to ensure delivery of quality standards and safeguarding of vulnerable people.
63. Care managers also carry out individual annual reviews to ensure the care package is continuing to meet each person's needs.
64. Individual spot placements are made where it is not possible to source a suitable placement within a contracted service to meet the necessary timescales. This can arise because a person has a very urgent need to move and there is no suitable vacancy, or because they have complex needs which make compatibility with other service users difficult, and there is not currently

a vacancy with a compatible group of service users. Many of these spot placements are out of county and are monitored by the person's care manager who then visits to carry out an annual review. When a care manager goes to review someone in a spot placement they are primarily concerned with the experiences of that person, how well their needs are being met, and resolution of any problems that have emerged. The Local Authority in whose area the service is situated is responsible for investigating any safeguarding concerns. The Learning Disability Team will raise a safeguarding alert locally and remain involved with any investigations to ensure they are carried out satisfactorily and any amendments to the person's care plan are implemented. The provider must be registered with CQC, have a complaints process and a system for internal quality assurance.

Housing

65. The cost of property in Oxfordshire is high and this has implications for all citizens of Oxfordshire, including people with learning disabilities who want their own home.
66. The Council has for many years worked with a number of Registered Social Landlords and other housing providers within Oxfordshire to support the delivery of affordable ordinary housing for people with learning disabilities. Currently, the Council is actively working with 16 housing providers, not including arrangements with a small number of private landlords. Accommodation for people with learning disabilities is provided in around 250 supported properties. The Council has agreed nomination rights for many properties provided by these landlords across Oxfordshire. Of the available housing stock, the majority of properties provide accommodation for 3 to 4 people with learning disabilities. There are a small number of larger properties accommodating 5 or 6 people and some smaller properties, which are home to 1 or 2 people.
67. Other accommodation is available to people with learning disabilities who have a right to accommodation through the District and City Councils. As with other citizens, there is a waiting list for accommodation. It is important that people with learning disabilities register their need for housing with their local Council, which has responsibility for managing and meeting the housing needs of the Oxfordshire population.
68. Some people with learning disabilities are finding accommodation on the private market. This can increase the range of options, but there are some cost barriers and changes to Housing Benefit legislation make this a higher risk option. As mentioned above, recent changes to benefits legislation have had implications for people for whom higher rental costs are no longer being fully met by Housing Benefit and for some who have purchased properties through shared ownership schemes.
69. The availability of adequate housing is crucial in the delivery of supported living solutions for people with learning disabilities. Creative design and planning of properties can support choice and independence for people with

learning disabilities and reduce reliance on staff support. Four years ago, working in partnership with Social Landlords and providers of support, the Council started a project called the Supported Accommodation Review. This project was developed as a way of creating greater efficiency in the use of supported accommodation whilst not compromising quality.

70. As part of the Supported Accommodation Review, a number of properties were identified for redevelopment to provide affordable and better quality supported accommodation for more people with learning disabilities.

Redevelopment options have included:

- Garage and loft conversions to increase the number of available bedrooms thereby providing accommodation for more people.
- Improvements to the design and layout of properties to provide accommodation to people with physical mobility needs.
- The decommissioning of smaller and/or unsuitable properties and reprovision of housing and support in more cost-effective and better quality accommodation.

71. The project has also overseen new developments, bringing together the best of housing design to meet the needs of people with learning disabilities in supported living solutions who might otherwise be unable to live in their local area or in their own home. The benefits of single person accommodation have been well documented for some people, yet for those with complex needs, this can be a costly solution as it is difficult to share any element of support and can lead to difficulties in sustaining support. Effective housing design can ensure that some people have the opportunity of living in their own home with individual space, with the provision of cost effective support. The right kind of housing can have a positive impact on independence, particularly for people with physical mobility needs and for people with autistic spectrum conditions for whom thoughtful housing design can significantly reduce the incidence of challenging behaviours.

72. A large proportion of the housing stock used by people with learning disabilities was initially purchased when people moved from long-stay hospitals to the community over 25 years ago. Initially, people were supported in registered residential care homes but the majority of these properties were deregistered in 2003 and people with learning disabilities became tenants. As properties were initially purchased as part of a hospital reprovision, however, many have a legal charge placed upon them which means that if they are sold the monies released from the sale can be returned to the Department of Health and not reinvested in another property. This arrangement has limited the potential for redevelopment of some older properties which could otherwise be sold to reinvest in more suitable accommodation. The renegotiation of this legal charge will remove a significant obstacle to the continued refresh of accommodation provided for people with learning disabilities in Oxfordshire.

Workforce

73. The delivery of support to people with learning disabilities relies significantly on the availability of a skilled workforce. Oxfordshire is the most rural county in South East England. Around a quarter of the population live in Oxford City and a further 40% live in market towns or larger settlements. Workforce availability has an impact on the location, spread and effective delivery of a range of services. Oxfordshire is a comparatively wealthy county and this can have an impact on service provision. Land values are high and this can create capacity difficulties in recruiting and retaining suitably skilled/trained staff and securing a sufficient supply of services. This is inevitably linked to the economic fortunes of the country, with the recession impacting positively on recruitment and retention to lower paid roles. In a stronger economy, it becomes increasingly challenging to recruit skilled workers in a low paid sector.
74. With an ageing population, the demand for support services will continue to increase over the next 20 years whilst the number of younger people of working age declines. This has significant implications for planning for a workforce to provide care to people with learning disabilities, as well as others needing social and health care support. A diverse population, especially in Oxford City and Banbury, presents further challenges to recruiting a social care workforce that is more representative of the diversity of the communities it serves.
75. The development of self-directed support provides opportunities and further challenges. It may open up additional sources for support workers, creativity in meeting needs and new models of support, but it also sets challenges in terms of ensuring access to information, training and skill development across the entire workforce. The demands and expectations of work are changing. Technology has had a major impact on traditional skills and tasks and staff are needing to embrace new ways of working. The challenges for Learning Disability Teams and service providers are to attract and retain a high quality workforce in a high cost of living area and to meet the increasing needs of the population of people with a learning disability.

Families, Friends and Informal Carers

76. Many people with learning disabilities are known to be living in their family homes. Some people live with their families for the whole of their lives and receive substantial amounts of support from their family to have active and fulfilled lives.
77. People with a learning disability and their families are typically supported by a variety of support services which might include day time opportunities, home care and respite which make it possible for the person with a learning disability to develop skills and independence away from home and also offers a break for families who otherwise have to provide high levels of care. A combination of support from paid carers and from family members can make it

possible for carers to work and have a life of their own whilst continuing to provide care.

78. Over the last few years, Oxfordshire has seen changes in the expectations of people with learning disabilities and their families. A number of people with learning disabilities are living with older carers who are very concerned about the long term future care and support of their child. These families can be very vulnerable, as often the health of older carers is deteriorating too. It is not unusual for older families to feel more excluded and it is essential that they are supported to understand new systems, processes and developments.
79. Younger parents are also a critical group and it is exceptionally important that support and information is provided to young people with learning disabilities as they approach adulthood and their parents to fully support the family as the young person becomes an adult. The Oxfordshire Family Support Network has done excellent work over recent years to provide information to young people in transition - providing newsletters, support and organising an annual information fair.

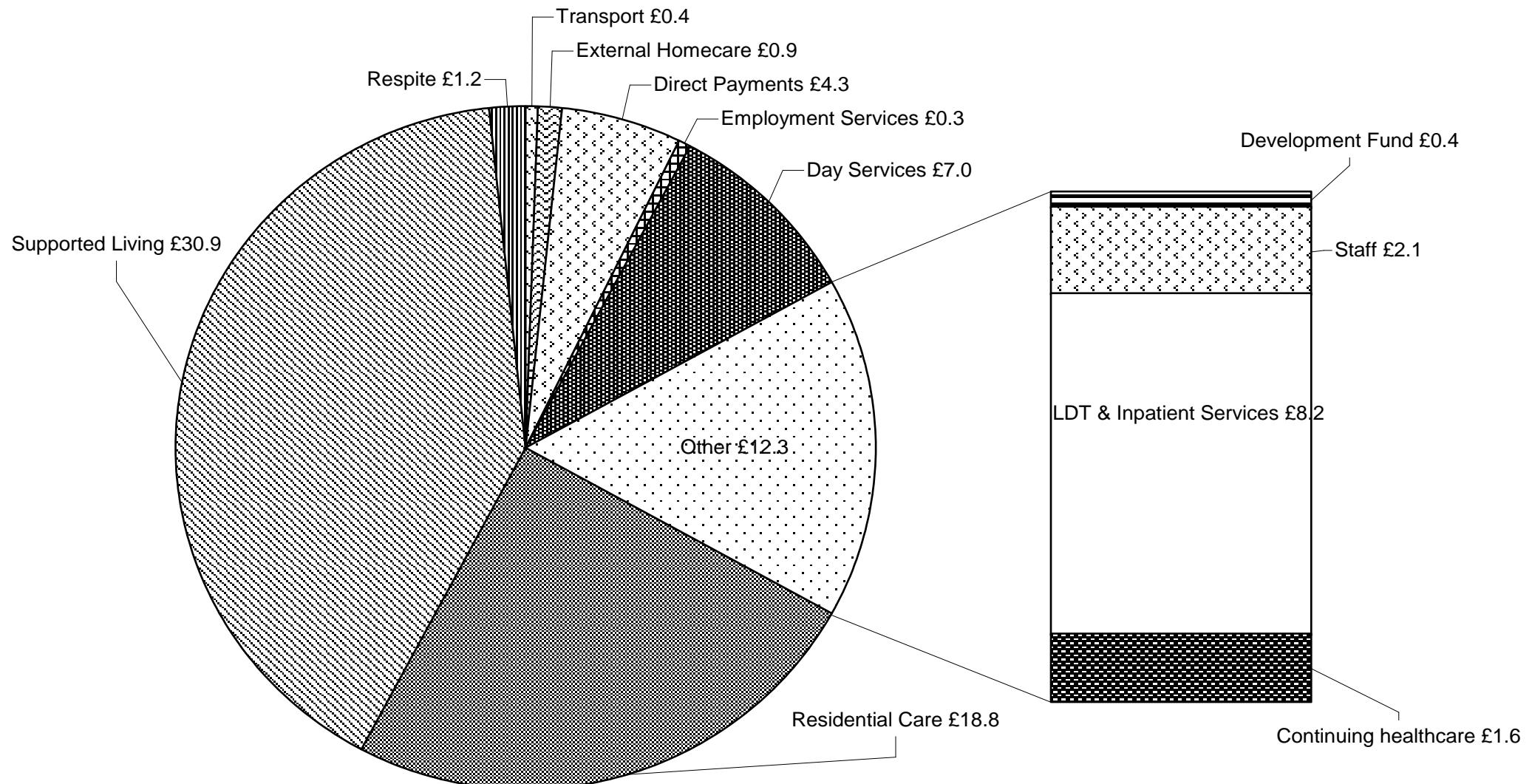
Appendix E: Current Services

80. Figure 1 below shows how the money in the learning disability pooled budget was spent in 2010 – 2011.

Direct Payments

81. In 2010/11, funding of £4.3 million was paid to 229 people with learning disabilities as a direct payment. This is an arrangement whereby people are given money and arrange their own support, rather than receive services which are arranged and procured by the Council.
82. The number of people receiving direct payments has grown significantly over recent years as people recognise the opportunities this may bring to take greater control over their services. In 2010/11, direct payments were paid to an additional 65 people. The Council does not hold detailed information on how people choose to spend their direct payments, but anecdotal evidence suggests that people are looking to use direct payments to buy support which cannot be directly accessed through the Council. This could include, for example, the purchase of support from a Personal Assistant.
83. Self-directed support systems encourage people to consider the option of direct payments and it is almost inevitable that the number of direct payments will continue to rise. This seems to be a particularly attractive option to younger people coming into services who are keen to have more choice and control over how their needs are met. Of note, some people do not find the idea of direct payments attractive, possibly because of the responsibility for managing large sums of money and sometimes employing staff. This potentially reflects a changing culture where people with learning disabilities in established services seem more inclined to want the Council to continue arranging their services. Whilst this indicates a potential area for development, targeting information and support at particular groups to increase the take up of direct payments, it also indicates a need to make sure the Council maintains support for people who do not want direct payments. It is also essential that people have support to manage their direct payments. The availability of support will enable people to feel more confident in choosing a direct payment, giving them the benefits of greater control over their services but supporting them to manage the financial systems around this.

(Figure 1) LEARNING DISABILITY POOLED BUDGET - HOW THE MONEY WAS SPENT (2010-2011)



Specialist Health Services

84. People with learning disabilities have a right to National Health Service (NHS) health care and treatment from the primary and acute sector in the same way as any other citizen of Oxfordshire. This includes support and treatment from their doctor (GP) at a General Practice Surgery, access to screening and other preventative services, dental care, acute hospital treatment, community hospitals and support to meet mental health needs.
85. In addition to primary and acute health support, additional health services are funded through the Learning Disability Pooled Budget to meet the needs of people with learning disabilities. Last year, £8.2 million was spent on additional health services. This includes:
- a) Learning Disability Specialist Health Services in Oxfordshire - health professionals in integrated community Learning Disability Teams, assertive outreach, short term assessment, treatment and rehabilitation inpatient services and services to support move on from secure services.
 - b) A small number of out of area treatment packages for people with learning disabilities who need inpatient support and whose needs could not be met by Oxfordshire services when required.
 - c) Support for people with learning disabilities and high health needs who are living in the community. This area of spending is known as Continuing Health Care (CHC).
86. Oxfordshire County Council recently entered into a contract with Ridgeway Partnership NHS Trust to provide specialist health services for people with learning disabilities in Oxfordshire. This contract has a value of £6.2 million per year. The key element of the contract is the Community Learning Disability Team Service which can offer specialist health support to people with learning disabilities in Oxfordshire. The CLTDs are multi-disciplinary which means they can offer a range of different kinds of support and knowledge to help people to have better health and improve their lives. At the core are professionals from occupational therapy and nursing, supported by speech & language therapy, physiotherapy, psychology and psychiatry. Notably, the CLDT offers an integrated service where health professionals work alongside social care professionals (employed by the Council) who offer social work and care management as part of a service which is jointly managed by the Council and Ridgeway Partnership. As people with learning disabilities often have poorer health than the general population, a key role of specialist health services is to support people with learning disabilities to be able to access mainstream services and to help those mainstream services to ensure that they can offer services to meet the needs of people with learning disabilities.

87. The second key element of the contract between Ridgeway Partnership and the Council is for the provision of inpatient support for the small number of people with learning disabilities who need very intensive health intervention which goes beyond the support that is available through the Community Learning Disability Teams. The Council purchases 9 inpatient beds across a short term assessment and treatment unit, a medium term rehabilitation unit and 3 beds within a registered residential step-down service which supports people to move from secure inpatient services into the community.
88. An important aspect of the Ridgeway Specialist Health Service is the delivery of a whole service solution which should see the majority of people with learning disabilities receiving support from the community Learning Disability Teams whilst those who need more support should be able to use inpatient services before returning to the community as part of a seamless transition. Whilst inpatient services are provided on locked wards, it is important that assessment, treatment and rehabilitation is provided in an environment which least restricts people's rights and independence. Where possible, people with learning disabilities receive health support in their own home. If this cannot be done safely or effectively, then a person may be admitted to inpatient services with the intention of returning home as soon as they are well enough. A small number of people with learning disabilities are known to engage in chaotic behaviours which put themselves and others at risk. They might also be reluctant to receive support. An assertive outreach service is available to reach out to this group and to support them to positively engage.
89. Over the course of a year, additional inpatient capacity is sometimes needed. On the whole, this can be provided locally but on occasion inpatient health care has needed to be purchased from other providers outside of Oxfordshire. All patients are supported in Oxfordshire if it is possible so that people can keep in touch with family, friends and local services which will hopefully promote a speedy discharge. In May 2011, the BBC (Panorama) alleged that patients were experiencing significant abuse in an independent hospital for people with learning disabilities in Bristol. The investigations around the use of this service have confirmed the importance of supporting people close to home and have led to improvements in the assessment and monitoring of inpatient health services.
90. Finally, some people with complex and on-going health needs are supported to live in the community - often in ordinary housing, sometimes in residential homes. This element of funding is called Continuing Health Care and is intended to support people with very high health needs to live outside of hospital accommodation.

Supported Accommodation

91. People with learning disabilities live in a variety of types of supported accommodation. This includes:

- Living in their own home as a tenant, or as a full or part owner.
- Living in a registered residential care or nursing home.
- Living with another family as part of the Shared Lives Scheme (previously called Adult Placement)

Tenancies and home ownership

92. Over 600 people with learning disabilities are known to be living in their own homes either as tenants or as home owners. This is a very significant area of spending for the Council with over £31million being spent on supported living services last year.

93. The majority of people live in supported living arrangements, typically sharing their home with 2 or 3 other people with learning disabilities and receiving support from a provider to meet their needs. The levels of support that people need, varies considerably. Some people need one or two hours of support each week whilst others may need substantial support which might include the assistance of one or two staff throughout the day and the availability of waking support during the night.

94. Supported living services are available across the County and provide opportunities for people to live in their local communities. Wherever possible, people are offered accommodation and support in their local area with people they get on with. Unfortunately on occasion, no suitable accommodation is available at the time when it is needed and some people with learning disabilities do move away from their local area despite the best efforts of care managers to prevent this.

95. In contrast with other Counties in the South-East, Oxfordshire County Council provides much more supported living than registered residential care. The Council has a long term commitment to the delivery of supported living as opposed to registered residential accommodation, clearly driven by what people with learning disabilities want and by national policy. The Council has worked with both housing and support providers to move from a registered residential care model of provision to a supported living model of provision which offers greater rights to tenants and allows support to more closely fit to the needs of the tenant. This move from institutional care has advantaged huge numbers of people who have been able to leave residential care and live in their own homes with more money in their pocket and the keys to their own house.

Registered Residential Care or Nursing Home

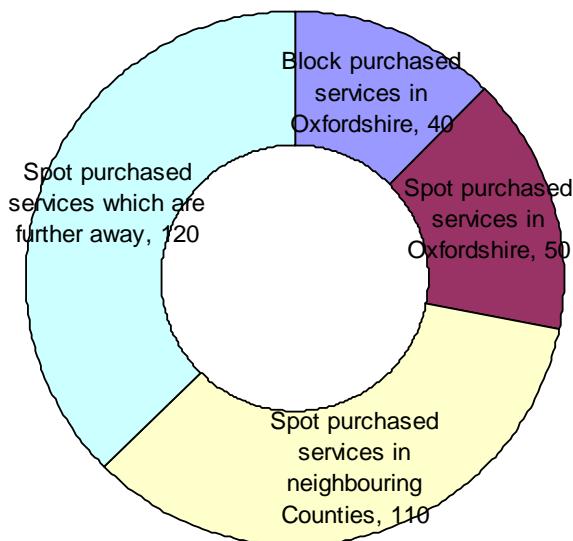
96. Whilst no new residential care services have been directly commissioned by the Council for over 10 years, around 320 people with learning disabilities live in residential or nursing homes. Last year, almost £19 million was spent on this type of care.

97. The main areas of purchasing include:

- Spot purchased provision outside of Oxfordshire.
- Spot purchased support in Oxfordshire - This includes older people's residential and nursing home support and placements for people with complex needs.
- Block commissioned residential care provided within Oxfordshire.

98. The majority of people in registered residential care live outside of Oxfordshire with people living across the UK from Scotland to Cornwall. Around 230 people live outside of Oxfordshire, although almost half live in the Counties which border Oxfordshire - Berkshire, Buckinghamshire, Gloucestershire, Northamptonshire, Warwickshire and Wiltshire. About 90 people live in registered residential and nursing home care in Oxfordshire. Almost 40 registered residential care placements are in contracted services, all of which were commissioned over 10 years ago (See Figure 2). It is the Council's intention to review and re-commission these services where possible and to support people to move into their own tenancies.

Figure 2: Registered Residential Care and Nursing Home placements



99. It is important to look in more detail at the reasons behind the placement of people in registered residential care and nursing homes, especially when thinking about whether things can be done differently. Some placements were made a long time ago and people are settled in their local area and have no wish to move. Other placements have been made for people with complex needs - particularly those with challenging behaviours who have moved to registered residential care homes out of County because it has not been possible to meet their needs within Oxfordshire services at the time they needed it. Some people are living in older people's residential care homes as their needs have changed and they are more appropriately supported in services which can support people with needs associated with aging.

100. The Learning Disability Service has looked, on a number of occasions, at enabling people who have been placed in other areas to return to Oxfordshire. A few people have successfully moved back to Oxfordshire and are living as tenants in supported living services. A lot of people, however, have been very reluctant to move when they are settled in services, have local links. Sometimes families have moved to live nearby. Generally, it is felt that it would be beneficial to develop a local residential service to support the needs of people with complex behavioural needs - perhaps enabling more structure for people with autistic spectrum conditions and enabling prompt placement when the only alternative is out of County provision. A transitional unit (possibly with a 2 year maximum residence) could support people with complex needs to move on from their family homes and onwards into supported living, whilst maintaining close contact with their families, friends and local area. A locally commissioned service would also enable closer local monitoring of the health and well-being of residents.

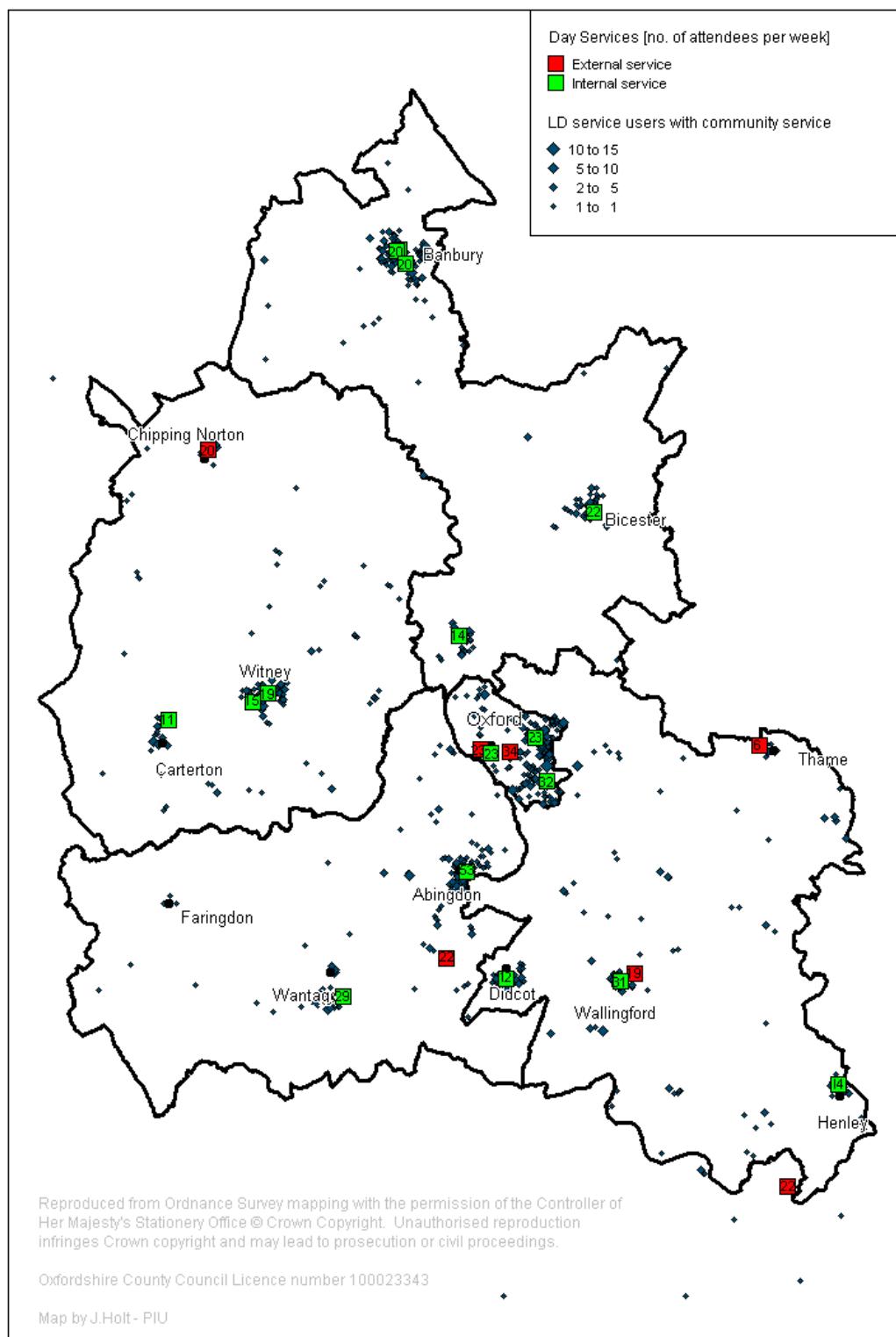
Shared Lives

101. A number of people with learning disabilities live in the Shared Lives service. This service, previously called Adult Placement, supports vulnerable people, including people with learning disabilities to live with paid carers who accept people into their own homes. People with learning disabilities benefit from the opportunity of living and being supported in a family home. On the whole, Shared Lives provides support to people with less complex needs and there is scope for extending the scheme. Some people living in Shared Lives receive additional forms of support including employment and day time opportunities.

Employment and Day Time Opportunities

102. On the whole, many people with learning disabilities are keen to work and have jobs. Work can lead to significant benefits in well-being – better health, friendship, more money and increased independence and feelings of empowerment. Some people need extra support to do this. The Council currently commissions an employment service to help people with learning disabilities get into work. The cost of this service is around £300,000 per annum and up to 150 people per annum can be supported each year. The service supports about 30 people to find paid work each year. Oxfordshire Employment Services (OES) also offers support to vulnerable people, including people with learning disabilities, to get into work.
103. For those not ready or able to work, the availability of daytime activity is an important element of support. Currently, the Council spends at least £7 million on the provision of day services, providing opportunities for around 500 people with learning disabilities across Oxfordshire. Daytime support is greatly valued by people with learning disabilities and delivers a number of positive outcomes - an opportunity to meet friends, to get involved in activities, to increase independence, as well as ensuring that people get support when informal carers are out at work.
104. Most day services offer a service between Monday and Friday and people attend for anything from a half day to five full days a week, depending on level of need. Currently, daytime opportunities are offered by different providers across the County. The majority of services are either provided or commissioned by the Council, although people are increasingly using direct payments to buy alternative forms of daytime support. In 2010, the Council awarded zero-hours contracts to all providers on the Learning Disability Framework. This enables people to use their personal budget to buy day service support.
105. The map of Oxfordshire below (Figure 3) shows the location of day services within Oxfordshire, for people with learning disabilities. This map, set against the spread of the population of people with learning disabilities, indicates that, on the whole, day services are located in areas which reflect population need. What is less clear, however, is the suitability of some locations and venues, which mean that those with specialist needs - including people who use wheelchairs and need higher levels of physical support and people with more challenging behaviours, who benefit from more spacious or structured environments, cannot always use the local day service. In turn, this has implications on both travel and time as people need to be supported to get to further away locations.

Figure 3 – Learning Disability Day Services



Respite and Short Term Breaks

106. Many people with learning disabilities benefit from the support and care provided by their families and it is essential that people with learning disabilities and their families are effectively supported. Respite and family support services enable carers to have a break and offer people with learning disabilities the opportunity to spend time away from the family home and develop their independence.
107. The Council spends at least £1.2 million on respite services and directly commissions respite support from three organisations in Oxfordshire which are able to offer respite from 4 locations - Banbury, Witney, Oxford City and Didcot. Plans are in place to establish a further service in South Oxfordshire. This additional service is a response to increased demand and the wish to support more people with learning disabilities and their families to continue providing support in the family home. Respite breaks can be offered on a flexible basis, most of which is currently centre based. Services can provide support for people in their own homes or for a trip away (for one person or a group of friends). This flexible service is designed to meet the changing expectations of people with learning disabilities and their families. Some people want to continue to receive a traditional stay away from home, whereas others want something different, which will fit in with their lifestyle. The increasing capacity of respite services will hopefully go some way towards addressing the frequent concern of carers that respite breaks are cancelled to accommodate people who need emergency accommodation and also enable support to be extended throughout the day for those who want this kind of support.
108. With self-directed support and personal budgets, it is anticipated that people with learning disabilities will start to make different choices about how they receive respite. Some anecdotal evidence suggests that the flexibility of self-directed support may be more effective in meeting the needs of families from black and ethnic minority backgrounds who perhaps have felt that their needs are not met by current services. Self-directed support and the use of direct payments will enable people to make much more individualised and flexible choices and to use friends and family members to provide culturally specific support.

Advocacy

109. A fundamental principle of the learning disability service is to ensure that people who use services and their families are engaged in planning and decision making and supported to make choices. People in control of their own lives can make better choices and are happier and healthier.

110. In 2010/11, £65,000 per year was invested from the Learning Disability Pooled Budget into self-advocacy services. My Life My Choice (MLMC), a local, user-led charitable organisation supporting the delivery of self-advocacy services received funding from the Partnership Board Development Fund and from the Council directly, to support people with learning disabilities to speak up for themselves and take control their own lives. Self-advocacy not only empowers people with learning disabilities but also offers opportunities for people to develop friendships and to break away from the reliance on paid support. MLMC has been very successful in supporting people to have different opportunities, all of which increase independence and citizenship. Examples of the work of MLMC include the *My Cafe* project, *Champions* which involves people with learning disabilities 'championing' the vision of Valuing People Now (2009) and social activities such as the *Sting Ray Night Club*.

111. Over the last few years, MLMC have been commissioned to support people with learning disabilities to actively participate in decision making groups within Learning Disability Services. The organisation has also supported people with learning disabilities to be involved in the selection of organisations which will work with the Council to deliver supported living, respite services, day time opportunities and health services. MLMC supported people with learning disabilities to be involved in the selection of providers who were offered Framework contracts with the Council.

112. The Council invests a further £8,000 per annum in Independent Mental Health Advocacy (IMHA) services and contributes £25,000 towards Oxfordshire Advocacy Development Group which runs the Independent Mental Capacity Advocacy (IMCA) services, both of which support vulnerable people who cannot speak up for themselves or don't have anyone to speak up for them, at times of significant change.

Transport

113. Over the last year, at least £400,000 was spent on transport specifically. This figure is known to be a gross underestimate of transport costs as transport is often provided as part of supported living, residential care and other support packages. The actual figure is probably closer to £1m. Oxfordshire is a very rural County with large distances between towns and villages. As such, people often have to travel extensively to reach services. Whilst effective public transport is available in Oxford City and the main urban areas, many of the rural areas are covered only by infrequent bus services.

114. People with learning disabilities often find it difficult to travel independently and are only very rarely able to drive. As such, getting around can be costly. Some people use public transport effectively, sometimes with support and sometimes without. Other people have travel support from friends, families, staff or volunteers. Some people

have their own vehicles, which may have been purchased through Disability Living Allowance Motability schemes, and are able to get around with support from a driver. Other people use the Council's integrated transport services or taxis to get around. All of these options are costly and sometimes involve people with learning disabilities spending long periods of time travelling.

115. Recently, a number of initiatives have been started to explore how people with learning disabilities can be supported to have greater independence in getting around. This has included '*travel buddying*'; a scheme run by My Life My Choice which pairs people with learning disabilities who are confident travellers with people with less experience, as a way of supporting people to develop their skills and confidence to use public transport. Other options include the use of assistive technology to support people in making journeys. It is notable that some people with learning disabilities do need particular types of support and this may not always be available in the local area - an example might be an accessible building as a base for daytime opportunities, or a local respite service.

Commissioning and Care Management Services

116. The Council invests approximately £2.1million of funding in a number of support services to ensure Local Authority duties are met.

117. This includes the following:
- Care Management and Social Work Services - The Council employs a number of care managers and social workers to support people with learning disabilities. Most of these staff work within the Community Learning Disability Teams as part of the integrated service, but some also work within the Commissioning and Contracting Team.
 - Commissioning, Contract Management and Quality Monitoring - The Council is responsible for developing and delivering the Big Plan and for working with providers to ensure the availability of services. As part of this function, the Council carries out regular and rigorous checks on the quality of services and works with providers to bring about any necessary improvements.

Further Information:

For further information, please contact:

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