

Cumbria Learning Disability Partnership Board

Services for Adults with Learning Disability



The draft commissioning strategy
2007 - 2010

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The Draft Strategy

1 The Purpose of the Strategy

At the moment, this is a 'draft' strategy. It explains what the Cumbria Learning Disability Partnership Board thinks should change between now and March 2010. The Partnership Board acts on behalf of people with a learning disability and their family carers. It influences the way in which all organisations used by people with a learning disability work. Cumbria County Council and Cumbria Primary Care Trust ("The Partners") take notice of what the Partnership Board says. When it is finished, this strategy will say how they will spend the money they have available to make sure that people are able to have the sorts of services that they want.

Anyone interested in learning disability services for adults can now say what they think. They can comment on what the draft strategy says, and can either object or support it. How to do this is explained on page 7. The Partnership Board will look at all comments before it finishes the proper Strategy, which will then be formally agreed by the Partners.

2 How we decided what should be in the Draft Strategy

This Strategy concentrates on what we want to change. Some strategies also include a detailed picture or report on how well the local 'system' works. Our local report was published in March 2006, and was called a 'stocktake'. It will be brought up to date every March when the Partnership Board holds its Annual General Meeting, and will be called the Annual Report in future.

To help us decide what should be in the strategy, we used the information from the last report. We also talked to people who use services now, their families, and to people who provide services. This was called an 'inquiry.'

3 What we have found in the Inquiry

- a. Everyone wants the 'system' to be easier to understand
- b. People want to have the same housing choices as the rest of the population
- c. People want to find it easier to get a job
- e. People want more choice and variety in their lives, with paid carers to be even better at their job; and more support rather than care
- f. People want better support to family carers
- g. People want to have better health and to feel that they are treated like others
- h. People want to have more control in their life
- i. Everyone wants to know how well we are doing and what is 'going on'

4 The Commissioning Intentions

Making the System Easier to Understand

Everyone finds the system difficult to understand and to find their way around it. We will change this by:

- Using Plain English, and - sometimes - pictures, videos and sound
- Resource Allocation – telling people how much money is available to spend on their support
- Simplifying our relationships with providers, and asking them to do different things and to work in different ways

Getting the same Housing Choices as Everyone Else

What people said:

“I would like the same choice of housing as other people in my community.”

“I want my own flat, can I get one?”

“I would like to move into a house with my friends could we share a house?”

“If I get my own place can I get staff to support me there?”

People think that more people should live in ordinary housing, rather than in residential care. We will change this by:

- Continuing to increase the amount of supported living available
- Working always to use services and buildings which offer the least restriction and greatest freedom and choice
- Setting standards for housing contracts

Making it Easier to Get a Job

What people said:

“I would like day-service staff to help me get a job, so I can have my own money and make new friends!”

Many people want to get a job. We will help this to happen by:

- Getting employment services to work better in identifying employment opportunities and sustaining employment

- Expecting organisations we contract with to create employment in their services
- Asking any other organisations we work with to create employment in their services
- Working in partnership with Job Centre Plus to get more people into work

More Choice and Variety

What people said:

“I would like to do things in the evenings and sometimes at weekends but I don’t have any support.”

“Can I do things that others who don’t go to day-centre do? I like going to animal parks and libraries.”

“Do I have to go to centre, to get support to do things?”

People feel that the choices they have are limited to standard traditional services. We will create more variety and choice by:

- Telling people how much money there is to spend on their support (a ‘resource allocation’)
- Changing the system so that people can choose what, when and how they spend their time, and who supports them (‘Self directed support’)
- Being clear about how providers will support people, particularly those people who need support all the time.

Improved Support and Breaks for Carers

What people said:

“I would like more information on things that affect my Son.”

“I would like a break when I need it – not when I’m told I can have it.”

“Sometimes, I just need to get away. Can my Brother be cared for in our home if I’m not there?”

“We are not getting any younger, will our Daughter be cared for and have somewhere to live when we are unable to look after her?”

Carers feel that there is not enough respite care available, and that 24-hour respite is not fairly shared out. We will change this by:

- Making sure that the level of support offered to carers is based on what they need (through a 'carers assessment')
- Providing more information about the increasing range of supports that are available
- Giving carers more choice about how and when they take their breaks
- Improving access to short break services in South Cumbria

Better Health, Better Experience of Health Services

We know that people with learning disabilities have poorer health than the rest of the population. Often, their experience of general and acute health services is very negative. We will change this by:

- Asking providers to promote healthy living in all their services
- Helping G.P. Practices to have registers of people with learning disabilities
- Making Health Action Plans and Health Records available for all people with learning disabilities
- Agreeing quality standards with community and hospital NHS services – including mental health services
- Looking at the assessment and treatment service in South Cumbria and deciding if the current building is 'fit for purpose', and if there are other more important health priorities.

More Control

What people said:

"I would like to be included in talking about things that affect me."

"We should be involved in planning our services."

People with learning disabilities want more control over their lives and the system that supports them. We will increase their control by:

- Continuing to use the In-Control project to give people a resource allocation and to take control of how they use it
- Helping people to choose their support provider ('Self directed support')
- Helping more people to use a direct payment so that they have even more control over how they receive services
- Asking organisations to show how they will include people with learning disabilities in their management arrangements
- Involving people with learning disabilities in all activities of the Partner Agencies

Knowing how well our local system is doing, and what is going on

The Partnership Board will do this by:

- Comparing ourselves with other places, and our changes over time
- Writing this in an Annual report that everyone can understand
- Having an Annual General Meeting every March
- Putting information on the Partnership Board Website

5 How you can help us to finish this Strategy

As we said at the beginning, this is the Partnership Board's draft strategy. We want you to help us finish it by telling us what you think about it. You can also ask for more information if you need it to help you understand. You can ask for someone from the Partnership Board to come to meet you or your group.

If you would like to say anything about this draft, or you want to ask for more information, or an explanation, or a meeting, you can do so by:

Writing to:

Bill Colmer
Assistant Commissioning Manager – Strategy & Development
Adult Social Care Directorate
Brogden Street
Ulverston
Cumbria
LA12 7AH

Or by E-mailing:

bill.colmer@cumbriacc.gov.uk

Or by telephoning:

Bill Colmer
01229 894022

Or you can ask someone to do it for you. We do not need any names unless you want to give us them.

6 Making it Happen

Writing and agreeing the strategy is the easy part. Making it happen is much harder, which is why we think it will take us 3 years.

When we have agreed what the strategy says, we will work out what needs to happen in each of the next 3 years. This will be written in a Business Plan for each year. We will report on progress at the Partnership Board's Annual General Meetings.

This is a challenging and exciting time. Many of the ways we have all worked together in the past will have to change as self-directed support and resource allocation increasingly replace the traditional models of meeting need.

7 Conclusion

That is the end of the draft strategy.

We have said what we think needs to change and why. We have said how we will plan our work and report on progress.

We have also explained how people can help us to finish it.

We will all have to work closely together and help each other to remember why these changes are important. The fundamental principles of Valuing People are at the heart of this strategy; and the Learning Disability Partnership Board will be the place where all stakeholders, including people with learning disabilities and their carers, come together to make sure that this strategy – when finished – happens.

We think it says all that it needs to. We also know that some people like to have more background information; and we have added some sections to the strategy for this.

The Background

A Commissioning Services

Both Cumbria County Council's Adult Social Care Directorate and Cumbria Primary Care Trust have responsibilities for people with learning disability.

The Adult Social Care Directorate has to ensure that vulnerable people get the social support and care services they need.

The Primary Care Trust has responsibility to ensure that people with a learning disability get the general health services they all need, and the specialist health services that some of them need.

The Adult Social Care Directorate and the Primary Care Trust work together to identify, to arrange and - in some cases – to pay for services to meet people's needs. This is called joint commissioning, and includes:

- Being clear about the policy and strategy context we work in
- Gathering information about good ideas and what people think
- Helping the Partnership Board to set its strategic commissioning intentions
- Making arrangements for implementation
- Contracting with providers
- Performance managing the services
- Evaluating progress
- Making sure that the needs of people with learning disability are properly met by other services.

The Partnership Board and its commissioners work with 4 types of services:

1. Services available to everyone in the community (for example social and leisure activities, employment, healthcare and college). Sometimes these services need help and advice to improve the way they respond to people with learning disability.
2. Individual services based on contracts with providers. Increasingly these will be based on an "In-Control" assessment of need, and directed by the person or their agent. This agent could be a family member, a support provider, or a social worker. In this case, the commissioning role is to ensure that the providers of the services are fit for purpose, and work together in the interests of the people who use the services.

3. Services which provide specific support to particular groups of people in the community, and where, again, these services need help and advice to improve the way they respond to people with learning disability. Examples are job training, advocacy and housing related services.
4. Specialist services. These could be social or health services, and include residential care homes for people with more complex needs, and specialist health services. In this case, commissioners work to define the role of these specialist services, making sure that they are fit for purpose, and work well with other services.

B The Framework around Services

Various reports and groups set the framework for our local services:

Valuing People showed the Government's commitment to improving the lives of people with learning disabilities. It was based on four key principles of:

- Rights
- Independence
- Inclusion
- Choice

11 objectives were set as challenges to local commissioners, and included the setting up of Learning Disability Partnership Boards to oversee the modernisation, commissioning and development of Learning Disability Services.

Our Health, Our Care, Our Say set national goals for health and social care services to achieve together:

- To provide better prevention services and earlier intervention
- To give people more choice and a louder voice
- To do more to tackle inequalities and improve access to community services
- To deliver more support for people with long term conditions

Commissioning a Patient-led NHS asked all Primary Care Trusts (PCTs) to concentrate more on effective commissioning of services, and to involve local doctors and nursing staff in primary care services more. This resulted in the replacement of 4 PCTs with the new Cumbria PCT.

The Cumbria Health and Wellbeing Board

This is responsible (amongst other things) for setting the overall direction for joint work on health and wellbeing for all residents of Cumbria, and ensuring joint working across agencies.

Cumbria Learning Disability Partnership Board

In Cumbria, this Board acts on behalf of people with a learning disability and their family carers. It is made up of people who use services, self-advocates, family representatives and representatives from statutory and voluntary sector organisations.

Over the last year, the members have reviewed the Board's progress and ways of working; and this has led to the development of this draft strategy.

A number of local reports and other activities also influence the ways in which agencies work together, and the ways in which services are commissioned and provided. These are listed in the Explanations section.

C What we know about Cumbria and its population

Cumbria is made up of six District Councils. Many areas are rural and isolated with a network of local roads providing transport links and boundaries to main towns. The M6 motorway serves the County and provides a major north/south transport link.

Cumbria has a population of just under 500,000; mainly white, with a small but growing number of people from other ethnic communities (0.18%). The general population is on average older than that of England.

Over the next 12 years, the population will go up by 12,000, but the numbers of younger people will drop by about 10,000. Both of these changes will impact on the need for services, but the fall in young people entering employment may harm our ability to provide services.

In the Spring of 2006, the Partnership Board's Annual Report, included information on population change, use of services and our performance. It will be updated in March, and we already know that the numbers in the service have risen. At the time of the last report, however,

Location	Total Population (15 to 74)		Known to Service	
East Cumbria	114,000	31%	392	33%
South Cumbria	127,200	35%	349	30%
West Cumbria*	122,000	34%	436	37%
	363,200		1177	

*There are slightly more people than expected in West Cumbria and less in South Cumbria. This is partly explained by the numbers of people choosing to live in West Cumbria when Dovenby Hall Hospital closed.

D What we know about our services

The services that people want now are very different to what they used to be.

People don't want to live in large groups with other disabled people. As we have shown in the Inquiry, they want to have more choice about how they are supported, and they want to have their own homes.

Support providers, housing providers and many others have been working hard with us to provide more choice, and to give people the sort

of services they want. We need to keep on with this work to help people to choose and direct their own support.

We will use individual budgets to help people to take control of how they are supported in services that are person centred, helping them to live their lives as independently as possible.

The numbers below show how many people are in the services that we provide now, and how this has changed since 2003, where this is available. We expect that these numbers will continue to change, as we are able to make more choices available to people.

Day Services:

617 people go to day services organised by Cumbria Care
76 people go to day services organised by other providers

Supported Living:

224 people have a supported living service.
This has risen from 48 in 2003, an increase of 177.

Residential Care:

238 people are supported in residential or nursing home care. Although this has fallen from 293 in 2003, most of this has been the result of a change to supported living.

121 more people are living out of the family home than in 2003.

Employment:

100 people are in employment. This includes paid work, voluntary work, work experience, and workstep schemes.

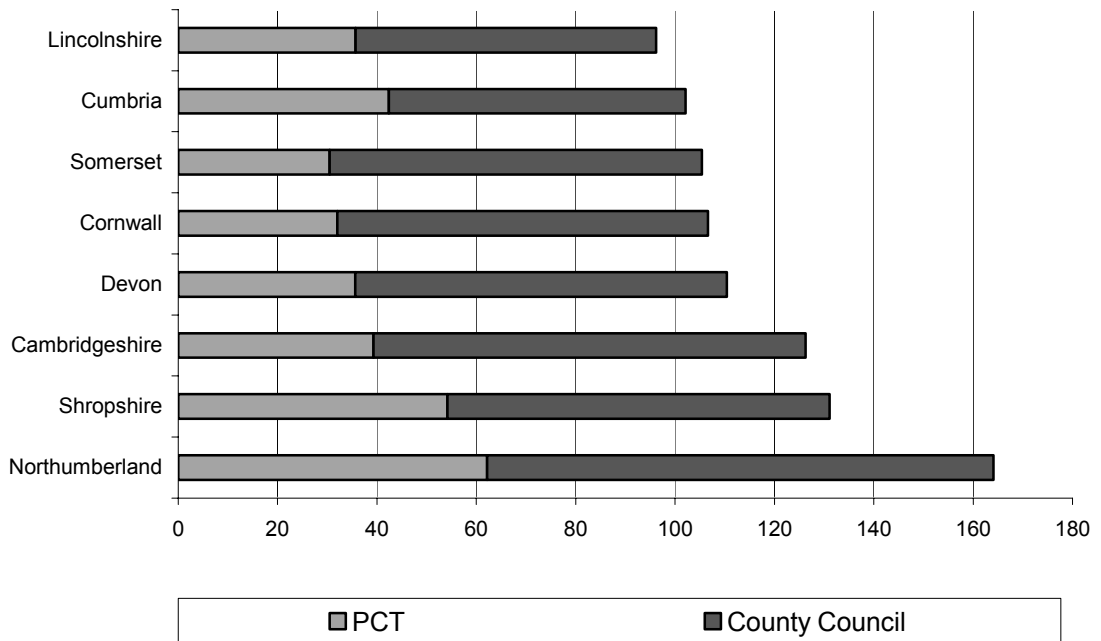
Living somewhere else

About 40 people live outside Cumbria. We think about 30 of them could and should return to Cumbria; but we need to change some of our local services to make this happen.

E What we know about the amount we invest in Services

Adding together the money spent by both the County Council and the Primary Care Trust, we seem to invest significantly less than similar services in similar areas....

**Comparison of LD Spend per Adult
2005-2006**



PCT and County Council Total Spend per adult aged 18 to 64 - £	
Lincolnshire	96.16
Cumbria	102.08
Somerset	105.40
Cornwall	106.63
Devon	110.47
Cambridgeshire	126.29
Shropshire	131.04
Northumberland	164.05
Average	117.77
Cumbria distance from average (equals about £8.5m)	-21.61

The partners in Cumbria will probably spend about £40,000,000 next year. This is nearly double their spending in 2001. Cumbria is not alone. Why has this change happened?

- There have been changes in what people expect to receive from services, and the costs of providing services – especially by the statutory agencies – have gone up a lot. But it is also clear that the number of people with learning disability has gone up faster than the rest of the population, and that the numbers of people who also have other needs (complex needs) has gone up even faster.
- According to a report published two years ago more young people with complex needs are becoming adults. In Cumbria last year 68 young adults required a direct service or direct payment for services on leaving school – the highest number in the five years of our records. The forecast is that this increase will continue over the next 5 years. This is probably because of better healthcare for very young children.
- The report also pointed out that although everybody's lifespan is increasing, this is even more so for people with a learning disability. The rate at which people with learning disabilities die dropped by 27% in the 10 years up to 1999, and by a further 15% between then and the report being published. This is probably because of better healthcare for adults.
- It is suggested that the proportion of people with learning disabilities in the general population will rise from 2% to 7% by 2021.

In Cumbria, we also know that:

- The costs of statutory services which provide health and social care services have increased significantly
- Transport costs taking people from home to day care have increased
- There has been a rise in the numbers of people accessing residential educational places towards the end of their childhood, with follow on residential care
- Over £1m was withdrawn from Learning Disability Supporting People budgets
- Changes in Commission for Social Care Inspection (CSCI) requirements have increased costs to providers

The Explanations - What the Words Mean...

Acute Care:

Care for a disease or illness with rapid onset, severe symptoms and brief duration

Annual General Meeting:

A big meeting every March when the Cumbria Learning Disability Partnership Board explains to everyone how well it is doing, and asks for everyone's ideas.

Assistive technology:

A combination of equipment, monitoring and response that can help individuals to remain independent at home

Commission for Social Care Inspection (CSCI):

The single independent inspectorate for all social care services in England

Commissioning:

The full set of activities that local authorities and Primary Care Trusts (PCTs) undertake to make sure that services funded by them, on behalf of the public, are used to meet the needs of the individual fairly, efficiently and effectively

Community care:

Care or support provided by social services departments and the NHS to assist people in their day-to-day living

Direct Payments:

Money given to individuals so that they can organise and pay for the social care services they need, rather than using the services offered by their local authority

Fair Access to Care:

Guidance issued by the Department of Health to local authorities about eligibility criteria for adult social care

Independent sector:

An umbrella term for all non-statutory bodies delivering support, including a wide range of private companies and voluntary organisations

Individual budgets:

Individual budgets bring together a variety of income streams from different agencies to provide a sum for an individual, who has control over the way it is spent to meet his or her care needs

Primary care:

The collective term for all services, which are people's first points of contact with the NHS

Primary Care Trusts:

Free-standing statutory NHS bodies with responsibility for delivering health care and health improvements to their local areas. They commission or directly provide a range of community health services as part of their function

Social enterprise:

Businesses involved in social enterprise have primarily social objectives. Their surpluses are reinvested principally in the business or community

Supporting People:

A grant programme providing local housing-related programmed support to services to help vulnerable people move into or stay independently in their homes

Valuing People Support Team:

A Department of Health team working to improve services for people with learning disability

Voluntary and Community Sector:

A term referring to registered charities as well as non-charitable non-profit organisations.

The Explanations - What Reports have been used to help us make this strategy?

- Valuing People - A New Strategy for Learning Disability for the 21st Century, (Department of Health, 2001)
- Our health, our care, our say, (Department of Health, 2006)
- Independence, Well-being and Choice, (Department of Health, 2005)
- Commissioning a Patient-led NHS, (Department of Health, 2005)
- Service Needs of Today and Tomorrow (Lancaster University, Health Research Unit, 2004, Emerson E, Hatton C).
- Association of Directors of Social Services Report (2005)
- Programme budgeting cost data and 05/06 ASF extract (Audit Commission, 2006)
- Building Pride in Cumbria (Cumbria County Council) - How service delivery will be transformed, in ways that respond better to individual needs and wishes and acknowledging citizens aspirations, increasing inclusion for people with disabilities. A target is to increase the number of people with learning disabilities who use direct payments to manage their own care and support.
- Person Centred Planning - Ensuring people are at the centre of all decision making that impacts on their lives
- Positive Risk Taking Policy - Supporting individual empowerment, confidence and inclusion
- The Cumbria Supporting People Strategy - Creating independence through housing related funding and support for vulnerable people
- The Cumbria Carers Strategy - Acknowledging the needs of unpaid carers and families
- The Cumbria Housing Strategy - Looking forward to predict the numbers of houses needed for all groups

The Explanations - What do we spend our money on?

In the last full financial year (2005/06) the Cumbria Pooled Fund spending was:

Service	£
Community Supports: Day-Care Residential Respite Care Domiciliary Care Direct Payments Supported Living Short Breaks	17,221,000
Long Term Residential/Nursing Care	11,390,000
Assessment and Care management	3,328,000
NHS Treatment Services	2,855,000
Commissioning Costs	250,000
Advocacy	151,000
Other Costs and Overheads	217,000
Total	35,412,000
Overspend	1,963,000

Notes

Notes

