

Learning Disability strategy for Hampshire 2009 – 2011



Ordinary People
Leading
Ordinary Lives



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Values:

This document is about putting the building blocks in place to enable people with a learning disability to live ordinary, good quality lives.

Organisations within Hampshire will work together to ensure that people with a learning disability will be able to enjoy the same basic rights as anyone else.

They will be housed. They will be supported to find work that is suited to them. They will be able to enjoy time with friends and family and to take part in the county's culture. Hampshire belongs to all its residents, including those with a learning disability.

Key Changes:

1. Personalisation will be developed to offer people more choice and control.
2. Employment services will be developed in Partnership with Job Centre Plus. More people will have paid jobs.
3. Post-16 Education and Training will be improved in partnership with the Learning and Skills Council and colleges.
4. Resource Centres will be established to provide expertise for service users and carers.
5. Day services will respond to Self-Directed Support and be remodelled to provide individualised responses from smaller, socially integrated bases.
6. Everyone will have a G.P. and annual health checks.
7. All NHS Campus provision will be closed by 2010.
8. Access to housing will be improved.
9. Advocacy and Person Centred Planning will be developed with the voluntary sector.
10. People living at home with older carers will have a greater range of choices open to them.
11. Hate Crime will be tackled.
12. The process of transition from Children's Services to Adult Services will be strengthened through Transition Social Workers and a clear Transition protocol.
13. The LD Partnership Board will be strengthened and more effective. It will set clear targets for improvement and monitor them.
14. NHS Resources for Social Care for Learning Disability services will transfer to Adult Services.
15. Services will be spot-purchased using costing tools
16. Care brokerage will be extended for both Residential and Day Services.
17. There will be a greater emphasis on those individuals with the most complex disabilities, individuals whose behaviour challenges services, those from minority ethnic communities, people on the autistic spectrum and people with learning disabilities who offend.
18. There will be a greater emphasis on the needs and expertise of carers

The Vision

For years, people with a learning disability have been telling people who commission and provide services for them that they want the same quality of life as anyone else. That they have the same dreams and wishes as other people, and that they want the same chance as anyone else of being able to realise these dreams.

This strategy looks at the most basic aspects of our lives, such as where we live and work, how we spend our free time and with whom we spend it. This strategy is about getting these basic building blocks of people's lives right for those who have a learning disability. The strategy also has an Action Plan which sets out how we are going to make the changes and by when.

Background

Hampshire Learning Disability Partnership Board has developed this strategy. It has consulted with service users, carers, the voluntary sector and other public sector organisations. The strategy also responds to the central government guidance and legislation and to other priorities that have been agreed locally.

To quote *Valuing People Now* "all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens."

To take these important documents in turn:

National Guidance and Law

The Green and White Papers and the Health and Social Care Bill

The Green Paper (*Independence, Well-being and Choice*) and White Paper (*Our Health Our Care Our Say*) introduced individualised budgets, care brokers, a greater move towards independent housing including the right to request not to live in residential care and telecare.

Health and Social Care Act 2008

This introduces the Care Quality Commission, which will bring together existing health and social care regulators into one regulatory body. It also extends Direct Payments to those that lack mental capacity and creates a power for the Secretary of State to give financial assistance to social enterprises.

Valuing People Now

Valuing People Now presents six main priorities for 2009-10:

- To raise awareness of *Valuing People Now* across national and local government, private and voluntary sectors, and within wider society.
- To have an effective Learning Disability Partnership Board operating in every Local Authority area.
- To secure access to, and improvements in, healthcare, with Strategic Health Authorities and Primary Care Trusts responsible for, and leading, this work.
- To increase the range of housing options for people with learning disabilities and their families, including closure of NHS campuses.
- To ensure that the Personalisation agenda is embedded within all local authority services and developments for people with learning disabilities and their family carers, and is underpinned by person centred planning.
- To increase employment opportunities for people with learning disabilities.

Local Policy

Green Paper on funding of Adult Social Care

The Department of Health has published a Green Paper (July 2009) which sets out a new funding system that will cope with the high numbers of people that now need, or will soon need, social care.

Hampshire County Council's Corporate Strategy

This aims to

- Make Hampshire safer and more secure for all
- Maximise well-being
- Enhance our quality of place



Getting Personal

This report of Hampshire County Council's Commission of Inquiry into the future of adult social care sets out key recommendations for responding to the personalisation agenda. In particular it describes a Universal Offer for adult social care that is underpinned by the following characteristics;

- Access to information, advice and supported self-assessment for all, regardless of level of need or financial situation;
- Links to other local services that promote health and well being, such as housing, (employment) equipment and adaptations;
- Multiple points of access to good quality and reliable information, advice, advocacy and self-assessment.

Hampshire Adult Services Vision and Departmental Plan

This includes the following vision: Adult Services will support the most vulnerable adults in our community to ensure that they can say:

"I am able to live safely, independently and with dignity"

"I am able to have choice and control over my life"

"I am supported to stay healthy"

"I am included in my community"

"I am as economically independent as possible"

This strategy will respond to the national and local policies referred to above. *Valuing People* and the 2007 refresh, *Valuing People Now* remain the guiding documents for the development of services for people with a learning disability.

Local Consultation

We consulted local people on this strategy. We undertook a 13 week process with over 550 people, including 180 people who use services.

People told us:

- We need to make sure that we do what we say we are going to do
- We need to be clearer about how we respond to people with complex needs
- We need better support for carers

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Where are we now?

National

It is widely accepted that the implementation of some aspects of *Valuing People* have been slow. One of the key challenges faced nationally has been the change in demography for people with a learning disability. Demographic changes were mentioned in *Valuing People*, but weren't looked at in detail.

Valuing People Now has proposed that work in this area will begin in June 2009. They will commission scoping work, with other Government Departments as appropriate, on the collation of existing data on people with learning disabilities and family carers. This will include data on age and gender, as well as on people with complex needs and those from black and minority ethnic communities. The scoping study will then be used to identify gaps and action. This demographic profile will then be used to inform future policy and spending proposals.

Some information is available. It is estimated that around 2% of the general population have a learning disability, of which about one quarter are known to specialist social care and health services. It is predicted¹ that the English population will rise from 50.9 million in 2007 to 53.5 million in 2017 (+5%) and 56.0 million in 2027 (+10% from 2007). Assuming there are no changes in the incidence and prevalence of learning disabilities, these changes in the general population will result in equivalent changes in the population of people with learning disabilities². Three factors have also been identified which may lead to an increase in the age-specific prevalence rates for adults with learning disabilities in England over the next two decades.

- The increase in numbers of younger English adults who belong to South Asian minority ethnic communities
- Increased survival rates among young people with severe and complex disabilities
- Reduced mortality among older adults with learning disabilities³.

The factors described above have led to an increased demand for services. The increase in demand has not been met by adequate increase in provision (especially for those with high support needs) so prices have risen as different local authorities compete for the same placements, putting pressure on budgets across the country.

Total expenditure by local authorities in England for 07/08 on social care for people with learning disabilities was £3.45 billion (gross)⁴. This expenditure was split between £1.86 billion on residential and nursing care (54%), £1.39 billion on domiciliary and day care (40.2%), and £200 million on assessment and care management (5.8%)⁵. This expenditure highlights a continued reliance on buildings based provision such as residential, nursing and day care. These services are not very cost effective, flexible or enabling. By their nature they segregate people.

Poor governance, highlighted by the recent Cornwall and Sutton and Merton reports, is also responsible for some poor quality service provision. It is therefore clear that much service provision nationally is neither acceptable nor sustainable.

¹ Pi Emerson, E and Hatton, C (2008) *People with Learning Disabilities in England*. Centre for Disability Research, Lancaster University

² Pi Emerson, E and Hatton, C (2008)

³ P3 Submission on future expenditure on social care for people with learning disabilities. Learning Disability Coalition, 2009

⁴ P3 Submission on future expenditure on social care for people with learning disabilities. Learning Disability Coalition, 2009

⁵ P.12 Personal Social Services Expenditure and Unit Costs England, 2007-08. The Information Centre, 2009

Local

In Hampshire there are 2348 adults with a learning disability currently receiving a service funded by Hampshire County Council Adult Services Department. National statistics indicate that this is approximately one quarter of the total of adults with a learning disability in Hampshire.

Of those known to the Adult Services Department, 1298 (55.28%) are male, and 1050 (44.72%) female. There is a slight predominance of people aged 35-44.

Amongst the general population of Hampshire, 95.57% are recorded as white, 1.66% as Asian, 1.08% as mixed, 0.77% as black, 0.47% as Chinese and 0.43% as other⁶. These figures do not correlate when compared to the recorded ethnicity of adults with a learning disability receiving a service funded by Hampshire County Council. This may indicate that we are not meeting the social care needs of black and minority ethnic communities.

Fig 1 - Adults with a learning disability receiving a service funded by Hampshire County Council Adult Services Department, by ethnicity compared to general population.

Ethnicity of general population (mid 2007)		Ethnicity of Adults with Learning Disability*	
	%	%	
White	95.57	97.78	White
Asian	1.66	0.44	Asian
Mixed	1.08	0.61	Mixed
Black	0.77	0.43	Black
Chinese	0.47	0.09	Chinese
Other	0.43	0.44	Other

* Receiving service funded by Hampshire County Council, as of 22/06/09

Based on figures for March 2009, of 2348 people receiving a funded service, 1166 service users use day services, just under 50% of the total. There are 885 people in residential care, representing approximately 38% of the total. Within their own home, 824 people (just under 37%) use domiciliary care.

In 2008/09 £1.79m was spent on Direct Payments, and 235 service users funded by Hampshire County Council Adult Services are currently receiving a direct payment.

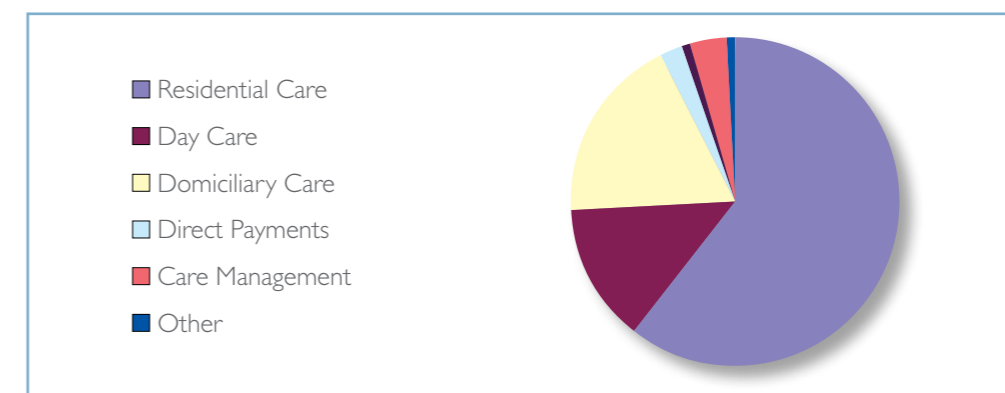
Local Challenges

There are a number of challenges facing Local Authorities on a national level. These include demographic changes and a shortage of provision leading to rising prices, with the predominant model of service being traditional buildings based provision. The national picture is reflected and possibly slightly exaggerated in Hampshire.

Locally, there has been a rapid rise in demand for adult learning disability services, with high cost long term commitments to very disabled young people being identified through the transition process. Some demand management techniques have already been considered and have either been rejected (tightened eligibility criteria) or implemented (the revised charging policy).

In 2008/9, Hampshire County Council Adult Services Department spent over £81m (gross) on learning disability services. Approximately £48.7m (60%) was spent on residential and nursing care (including in-house services), comparable to the forecast national average of 61.77%¹.

Fig 2 - Hampshire County Council Adult Services Department expenditure on learning disability services, 2008/09



Both Hampshire County Council Adult Services Department and NHS Hampshire continue to monitor the governance of services carefully. Hampshire County Council Adult Services have recently invested in additional Adult Protection posts to ensure that vulnerable adults are protected.

The overall proportion of people with a moderate or severe learning disability is increasing, especially within Black and Minority Ethnic groups. It is notable at present that the increasing B.M.E. population within Hampshire does not make use of Adult Services. Work on this issue indicates that this is due to lack of information rather than a conscious decision not to access them.

Feedback from our consultations illustrated that many individuals would welcome access to mainstream services, especially in terms of social opportunities. One of the main perceived barriers seemed to be that people with a learning disability regularly feel they are not accepted by the wider community and they are often not safe in their communities. The challenge is to enable people with a learning disability to access mainstream opportunities through better information and support but to also educate the wider community around learning disabilities.

¹ P7, P24. LGA/ADASS/Treasurers' Societies Adult Social Services Expenditure Survey 2008-09

Chapter 1: Including everyone

To do this, this strategy needs to respond to Valuing People Now by delivering improvements in the following areas:

1. Personalisation

People will be able to choose from a greater range of high quality integrated services. People will have greater control over the kind of care and support that they receive.

2. What people do during the day.

More people will have paid employment or will be doing voluntary work as a pathway into paid employment. Less people will be going to traditional day services, although this will still be an option for people who want and need this form of care. More people will have help to choose a suitable college course and be enabled to lead fulfilling social and personal lives.

3. Better health

People with learning disabilities will be able to access mainstream primary and secondary healthcare. Everyone with a learning disability will be registered with a GP and people will find it easier to go to hospital to get the specialist care that they need.

4. Improving people's housing situation

People will have more choice over where they live and over their tenure. More people will live in mainstream housing, some people will live in supported living arrangements and less people will live in residential care.

5. Making change happen

Improvements will be made in the way that issues are discussed and decisions are made. The Partnership Board needs to be strengthened and more people will be involved.

The Action Plan details how all of these changes will take place.

Valuing People Now overall policy objective:

All people with learning disabilities and their families will benefit from *Valuing People Now*.



Valuing ALL People

Valuing People Now states that people with a learning disability who are most often excluded should be supported to become empowered citizens.

The Hampshire Model states that social care systems should be 'fairer, clearer, accessible and inclusive to all' and that personalised services should be offered to all, including those with the most complex needs.

'Including everyone' means that we make sure that we are meeting the needs of:

- People with more complex needs
- People from black and minority ethnic groups and newly arrived communities
- People with autistic spectrum conditions
- Learning disabled offenders in custody and in the community
- Children with learning disabilities
- Family carers and families

The consultation in Hampshire on the Learning Disability draft strategy told us that we need to be clearer about how we respond to people with complex needs and that we need better support for carers.



1.1 People with more complex needs

More people with complex support needs are surviving into adulthood and old age. Service provision for these people has not always moved forward in the same way that it has for people with less complex needs.

Support for people with complex needs will be developed. Closer working is needed between health and social care especially for people who are dependent on assisted breathing or feeding.

In-house services will respond to this group of people to provide a person-centred response that promotes social integration. There will be a move towards assuming that people have valuable skills and that they have a right to live in the place of their choice.

It is acknowledged that for this group specialised support may be needed and specific adjustments, for example around communications needs, made to enable them to live socially inclusive lives. We should not set a ceiling on what people can achieve. Especially close working with health partners and family carers will be required.

We will:

1. Deliver short term breaks that are developmental for the service user
2. Ensure advocacy services are accessible to people with complex needs
3. Ensure in house services focus their expertise on this group
4. Ensure people with complex needs are not left behind in traditional services
5. Ensure that people with complex needs get support to access ordinary living and employment

1.2 People from Black and Minority Ethnic Groups and newly arrived communities

Valuing People Now says that this group of people are often faced with double discrimination. They get insufficient and inappropriate services

Hampshire has an increasing population of people from BME and newly arrived communities, with a consequent increase in the numbers who have learning disabilities

The Hampshire Model specifically refers to the need to ensure that people from BME communities must be fully involved and included in the move towards self directed support.

The Ethnic Minority Learning Disability Project has developed the Learning Disability and Ethnicity Action Plan for Hampshire that was launched in April 2007. The project provides signposting and information to assist support services with communication with people whose first language is not English

The Project also alerts services to possible cultural needs and can take part in consultations to implement changes to make services suit individual needs. The project actively participates in multi agency approaches to ensure adults and children with learning disabilities can have their cultural and language needs catered for and so that their families can receive appropriate information and explanation.

At every stage, specific cultural information, views and experience will inform future projects, used in training sessions, and will be compiled to be presented to the Partnership Board.

We will:

1. Respond to the Race Relations Amendment Act and develop better data about people from ethnic minority communities. This will enable culturally appropriate services.
2. We will continue to engage with established community groups and newly arrived individuals in Hampshire. Innovative approaches will be used to build up interest in the project.
3. Ensure links and contacts are fostered with diversity officers at county and district levels and other organisations engaged in work with ethnic minority communities.

1.3 People with autistic spectrum conditions

Valuing People Now responds to people on the autistic spectrum who also have a learning disability. More information needs to be collected to plan effectively for this group. We will target people coming through transition to develop a service response that is suitable for Hampshire.

The Department of Health has launched a consultation on a National Strategy for services for people with autistic spectrum conditions (ASCs) and a final strategy is expected Spring 2010. Hampshire Learning Disability Partnership Board will respond to the consultation and also develop a Hampshire Strategy for people on the autistic spectrum in line with the national strategy

Services for people with ASCs who also have learning disabilities need to respond to their very particular needs. Hampshire is piloting a day service in one of its in house services which will be evaluated. We are aware that many people on the autistic spectrum do not get the right services and can 'fall through the net'

Adult and Children's services are working together to better understand the numbers of children with Autistic Spectrum Conditions who will need support in the future as adults.

We will:

1. Ensure that the development of personalised services includes people with Autism and Aspergers
2. Develop a Hampshire Strategy for people with ASCs in partnership with health and Children's services
3. Collect data about the numbers of children and adults with ASCs in order to better plan future services.

1.4 Learning disabled offenders in custody and the community

It is estimated that between 20-30% of offenders nationally have a learning disability. Hampshire Learning Disability Partnership Board will make stronger links with the Prison Partnership Board to help monitor the effective delivery of services for learning disabled offenders.

Many of these offenders have learning disability and mental health or substance misuse problems.

In 2007 good practice guidance was issued to people working in the criminal justice system on how to work with and support people with learning disabilities, this should be monitored to ensure these offenders have the correct and appropriate access to education and rehabilitative programmes.

This work will include ensuring offenders who have a learning disability have the right support to access Person-centred Planning and Health Action Plans initiated by effective health screening programmes.

We will:

1. Develop stronger links with Prison Partnership Board and its subgroups to help monitor and improve the support on offer for offenders with a learning disability who are in prison or accessing the criminal justice system and to help prevent re-offending in the future.

1.5 Children with learning disabilities

Hampshire County Council Children's Services has received funding under the 3 years Aiming High for Disabled Children programme 2008-2011. Priority areas have been to improve access and empowerment, create capacity and responsive services. Short breaks have been a key area for development.

Children's Services are partners on the LDPB. We are working closely in partnership with colleagues in education, social care and health to improve services for young people with learning disabilities and their families at the time of Transition. (see Chapter 3)

1.6 Family carers and families

Valuing people Now says: 'Families are often the main source of love care and support for people with learning disabilities' and carers often continue to offer a lifetime of involvement support and advocacy.

All Carers

Hampshire Adult Services have developed a Carers Strategy. They are involving carers in finding out how we are doing and in planning for the future. There is a carers' reference group that ensures that any developments in one area or one client group can be learnt from and shared across Hampshire. This includes carers of people with learning disabilities

Carers will be supported to recognise the knowledge and skills they have in respect of the person they care for. This will be integral to ensuring effective personalised plans and services for individuals with a learning disability.

Our consultation revealed that some carers sometimes felt unsupported in their role and that services do not respond adequately when help is needed. It is therefore essential that carers are involved in processes of change, have their needs as carers recognised and supported and have a voice on decision making bodies such as the Learning Disability Partnership Board and Local Implementation Groups.

Valuing People Now highlights the vital role of family carers as key partners in planning and delivering services, as well as people with a right to live their own lives.

Older Carers

Of the 2348 people with learning disabilities known to Adult Services in Hampshire there are 609 who live with their family (26%). 194 of these service users are aged 40 and over.

It is therefore clear that families are continuing to act as carers as they become increasingly frail themselves and that service users are continuing to live with them into middle age. It is important to plan sensitively for the future where possible with older carers and their relatives with learning disabilities.

We will:

1. Develop forward planning and service provision for people living with older carers.
2. Provide clear information for families about their rights and services, available through Local Information Points and resource centres.
3. Deliver effective carers assessments.
4. Deliver short-term breaks that are developmental for the service user.
5. Support people with a learning disability who are caring for others.
6. Ensure that family carers are represented and heard at the Partnership Board and LIGs.
7. Undertake a scoping exercise for the county to look at carers organisations and groups strengthen the link between these and create opportunities to share information and good practice
8. Use information from these carers groups to inform future spending
9. Ensure that carers for people with learning disabilities benefit from generic carers services in Hampshire

Chapter 2: Personalisation

Valuing People Now overall policy objective:

All people with learning disabilities and their families will have greater choice and control over their lives and have support to develop person centred plans.



2.1 What is Personalisation?

Personalisation is about two main issues: choice and control. It is at the heart of the transformation programme for adult social care. Self-directed support and the use of direct payments and personal budgets have all demonstrated real improvements for individuals as they take control of the support they get to live the lives they want. Making this happen for people with the most complex needs, however, requires a more concerted approach.

2.2 The Hampshire Model

Hampshire County Council organised a Commission of inquiry into Personalisation. The Commission listened to a wide range of local people to consider how people in Hampshire could have more choice and control over their support and care, while at the same time people's needs were increasing. It proposed some changes to take place nationally and others that could happen locally. These local changes form "The Hampshire Model".

The key points of this model for people with a learning disability are as follows:

a. The Universal Offer

Universal services (services that everyone uses) such as health, housing, employment and leisure need to become better at responding to people with a learning disability. This is key to people being able to live ordinary lives. To do this, there needs to be better information, advice, support and advocacy. Universal services need to be aware of their responsibilities to people with a learning disability and respond to them.

b. Self Directed Support

Self-directed support means that people will have control over the money that is allocated to them. They will also have a person-centred support plan showing how they are going to spend their money to meet their needs. They will be able to choose the services that they want and make choices about how they want to live their lives. People will be able to take reasonable risks.

c. LD Transformation

To mark the importance of area of work, changing services for people with a learning disability has become a priority in its own right. This means that decisions about key pieces of work for adult services can be made in one targeted group. This will include looking at the integration of social care and health in local teams and Hampshire County Councils own in-house services.

d. Market Development

In order to for people to have more choice, there needs to be a wider variety of services available. Within Learning Disability services, we will work with service providers to support them to develop services that respond to what people want. We will also identify where there are gaps in the services that are available and encourage new providers to come into Hampshire to offer more choice for individuals. In order to be able to develop new services more efficiently, we will develop a Framework Contract for supported living.

The Hampshire Model also includes responses to User Involvement, Carers and Processes and Efficiencies. These are covered in the relevant sections of this strategy.

2.3 Person-centred Planning

Personalisation and Self-directed Support can only work effectively for many people with a learning disability if they are founded on Person-centred Planning (PCP). PCP also needs to inform commissioning to ensure that the market is responsive to individuals

PCP is a key feature of *Valuing People Now* and 'when done properly, person centred approaches, support planning and personal budgets can make significant difference in people's lives'. Hampshire Partnership Board has already invested in teams that have provided training and support for service users and providers in all parts of Hampshire. Over 2,750 people have been trained in over 180 organisations.

To make PCP work effectively the following must happen:

- a. PCP must be supported by skilled and trained staff
- b. Good services for people with a learning disability must start with person centred planning, and with the assumption that everyone can benefit from direct payments and personal budgets
- c. Choice and control for people with a learning disability will be a reality through the use of person centred plans. An individual's plan will provide the basis for making choices and taking control over the support and services they access and receive.
- d. A person's plan is constantly revisited to ensure that their current needs are being met.

In order to do this, support to develop and facilitate person-centred plans is being delivered by the voluntary sector, monitored by the Partnership Board. Work will be undertaken to develop a way of ensuring that these organisations can do this at an early stage, before services are purchased. Person centred Planning and person centred approaches will be integral to the processes for Self-directed support. This will ensure that PCP becomes an effective tool in empowering people to have choice over service delivery. Information from PCP will then inform the commissioning process.



We will:

1. Build capacity around person centred approaches and planning so that all people with learning disabilities and their families have support to develop plans which identify what is important to them now and in the future, and support and services that are informed by their person centred plan.
2. Develop Person-centred approaches as part of the overall approach to personalisation.
3. Develop the overall care pathway to respond to PCP and SDS.
4. Ensure that Self-directed Support is phased in during 2010.
5. Develop the care market to respond to individual needs.
6. Increase the number of people on Direct Payments and Personal Budgets.
7. Ensure that services have person centred plans for everyone they support, and to use these to review and improve the support they provide to individuals to ensure that agreed outcomes continue to be met.
8. Ensure that there are user-led organisations which make support available to people with learning disabilities and their families

Chapter 3: Having a life

Valuing People Now overall policy objective:

All people with learning disabilities get the healthcare and the support they need to live healthy lives.



3.1 Better Health

Valuing People Now overall policy objective: All people with learning disabilities get the healthcare and the support they need to live healthy lives.

Reprovision of all NHS Campus provision

By the end of 2011 all NHS Campus services in Hampshire will close and be replaced with new modernised services based on Person-centred Planning.

The following objectives form part of the Hampshire Health Strategy for people with a learning disability Good Health for All.

A GP register and inter-agency database

The PCT will work with GPs and other organisations to create a register for people with a learning disability in Hampshire.

The register will provide information that will:

- Assist in planning future services based on local need
- Enable services to monitor how many people are receiving annual health checks
- Enable services to monitor how many people are participating in appropriate screening programmes

Annual Health Checks

In line with the Directed Enhanced Service for Learning Disabilities (DES), all adults with a moderate or severe learning disability will be offered an annual health check by their Hampshire GP.

A system will be put in place to evaluate the outcomes of the health checks and to assess the benefits to people's health.

As part of the implementation of this DES a lead GP, Practice Nurse and receptionist from each practice in Hampshire will be offered a comprehensive learning disability training.

Health screening programmes

Following on from the implementation of annual health checks, a project will be established to ensure people with a learning disability have equal access to mainstream screening services. They will also have equal access to health promotion initiatives and health education material.

Health Action Plans

A shared strategy for health action planning will be developed between primary care, Hampshire County Council, Hampshire PCT and service providers. An implementation plan will be produced and agreed. Young people moving to Adult Services will be the first group to be looked at.

Review of Learning Disability Assessment and Treatment Beds

A project will be undertaken to review the current provision and need for inpatient learning disability beds for the people of Hampshire.

The project will develop care pathways for people with complex needs in line with the Mansell reports and Learning Disability specialist health commissioning guidance.

Approved Provider List for Domicillary Care

NHS Hampshire will develop an approved provider list in partnership with Hampshire County Council. In line with world class commissioning, specialist providers will be identified who can meet the needs of people with complex needs in particular; mental health; behaviour that challenges; epilepsy, autism

Review of Specialist Community Learning disability Services

In line with Health Care for all, a review of the local specialist learning disability community Health service will be conducted. Services will be monitored against the requirements set out in the Commissioning guidance for specialist learning's disability service. New service specifications will be developed.

Practitioners with interest in Health Inequalities

The PCT is assessing the feasibility of developing a new post to help provide support to people in primary care. This post will first work on behalf of people with a learning disability, providing specialist training and support to GPs and other staff in primary care.

Improving the Secondary Care experience

In line with Health care for All, the experience of people going to hospital will be improved and people will be discharged in a safe, timely way. The PCT will undertake a project to review the experience people from Hampshire have when going to hospital and when being discharged. The PCT will also develop a clear service specification based on best practice for hospitals. From this a plan will be developed to improve people's experience. This may include identifying staff training needs, or producing accessible information.

We will:

1. Ensure that the key recommendations from Healthcare for All are at the centre of our practices and that health providers are aware of the need for reasonable adjustments to reflect the needs of people with a learning disability.
2. Ensure that everyone with a learning disability has a GP.
3. Ensure that more people have an Annual Health Check.
4. Ensure more people have Health Action Plans.
5. Develop a Register to ensure that we have better information and we can monitor services better.
6. Improve access to mainstream Health Screening programmes.
7. Improve the experience for people going into a hospital or needing other secondary health care.
8. Improve the experience for people being discharged from hospital.
9. Ensure that people with a learning disability and their family carers are partners in improving healthcare for people with learning disabilities.
10. Ensure that the PCT uses information about the health of people with learning disabilities – and their engagement with people with learning disabilities – to commission mainstream and specialist health services.
11. Ensure that the majority of people have an identified health facilitator, health action plans and regular comprehensive health checks.
12. Ensure that the PCT is actively engaged as a full partner in the multi-agency planning and review of learning disability services.

3.2 A Home of your own

Valuing People Now overall policy objective: All people with learning disabilities and their families have the opportunity to make an informed choice about where, and with whom, they live.

The consultation for this strategy identified four key areas in particular that we need to address;

- People want real choice over with whom they live.
- People want to be supported and encouraged to live with their chosen partners as and when they want.
- People who live at home or who own their own home would like the opportunity and support to have more [peer] company within their home.
- There need to be more specialist agencies as providers and they need training to work with people who have complex needs, challenging behaviour and autism.

Local Overview

Valuing People Now tells us that people with a learning disability are not having the same choice of housing as other people. The difference between where people with a learning disability known to Hampshire Adult Services and the population as a whole is shown below:

Population as a whole:	Adults with a learning disability known to Hampshire Adult Services:
Home owners: 71%	Home owners: 0.7%
Social renting: 19%	Social renting: 18%
Private renting: 10%	Private renting: 5.5%
	Residential care: 35%
	Living with family: 26%
	Other: 17.5%

The majority of people with a learning disability known to Hampshire Adult Services live in residential care. There are also a lot of people still living at home with their families. Many other people live in housing that they have not chosen. Some people have tenancies but their rights are not always fully respected by their landlords and their care and support agencies. Some people in Hampshire still have the NHS providing their accommodation, but there are plans to end this. There are also examples of high quality, enabling supported living schemes that provide real choice and independence.

Hampshire County Council's Local Area Agreement (LAA) includes a commitment to increase the number of people living in settled accommodation. This includes supporting people to have their own tenancy and/or own their home.



Supported Living Services

Valuing People Now states “local authorities should concentrate on promoting access to and increasing the numbers of people who live in their own homes or have assured tenancies in rented accommodation”. A new performance indicator will measure how well councils are doing this. Central government is going to work on a number of initiatives that will improve housing opportunities for people with a learning disability but there is still work to be done locally.

Overall, Hampshire Adult Services and Supporting People commission 93 Supported Living schemes for 457 people. Some existing supported living schemes offer people high quality services that promote real independent living in accordance with the REACH standards. Other schemes offer a service that is based more on a residential care model.

In Hampshire, all supported living schemes will meet REACH standards by 2011 and promote independence, choice and social inclusion. This will be done through developing clear guidelines about how support should be provided and will be monitored through the care management reviews and through the Supporting People review process.

Work will be undertaken with the Housing Corporation to develop more schemes where people have their own accommodation rather than shared housing, including Extra-care housing.

Supporting service users into mainstream housing

The Local Area Agreement previously included a target for more people with assessed housing needs to be housed in mainstream housing through District Council processes (LPSA2).

Overall, this target has been very successful. However, the take-up for people with learning disabilities has not been strong. Of the 144 people housed last year, only 29 had a learning disability. Of these, 12 were supported to move into mainstream housing. This will be addressed by targeting people in transition, new service users, and those presently in residential care to assess if people could benefit from living in their own home.

Supported Living Facilitators will work with Locality Housing Officers to ensure that people can access independent living options.

Home ownership

At the moment, 17 people with a learning disability who are known to Adult Services own their own home. We will work with Housing providers to enable as many people as possible to purchase their own home through Shared Ownership schemes.

Care and Support

People can only move into their own accommodation if the care and support is available that they need. Providers will be supported to respond to this change through being given information about what people want, likely demand for services and being able to access training for their staff. The move towards independent living will have to be made gradually to give care and support providers time to develop their workforce and business plans.

Residential Care

There are 222 residential care homes registered for adults with a learning disability within Hampshire. Hampshire Adult Services only commission 41% of the available spaces provided within these homes. This means that there are a significant number of people funded by other local authorities living in Hampshire.

Hampshire Adult Services Department spends £48.7 million per year, or over 60% of its learning disability budget, on residential and nursing care (including in-house services). This is comparable to the forecast national average of 61.77%.

Hampshire developed and is actively using the South East Region Cost Model to ensure a fair and transparent costing system is applied to all funding negotiations with service providers. Hampshire will continue to implement the South East Region Cost Model whilst also actively working strategically with service providers to review their business model and response to personalisation.

Overall, Hampshire plans to reduce the amount of residential care that it purchases from the independent sector. We will work with the residential provider sector to identify opportunities for the development of alternative models of provision or specialisation as appropriate.

In-house provision

Hampshire County Council has nine in-house residential learning disability units, eight of which offer respite care. Three currently accommodate long stay service users (approx 22). These services offer a total of 34,777 bed nights per annum. They currently run at 73.5% capacity, using 25,406 bed nights per month. The total budget for the nine units is £3,966,000 (gross) although more money may be being spent on care, through care management budgets.

The Residential Services Manager, the In-house residential unit managers and the commissioning team will work to review the service provision and to develop proposals for the future in line with personalisation and local demand. There are a range of service models that will be explored including:

- a. Respite
- b. Emergency short-stay
- c. Assessment
- d. 'Compatibility' trials, especially for young people in transition
- e. Developmental 'pre-tenancy' work.
- f. Extend the workforce to deliver expert/specialist support to individuals away from building based services.

Summary

National guidance and initial consultation with service users locally show that residential care is becoming increasingly unpopular with younger people as a service solution. Alternatives to residential care are:

1. Supporting people to live in mainstream housing.
2. Supporting people to live in designated housing, including Shared Lives schemes.
3. Supporting people to live at home with their families, where this is their choice.

We will:

1. Ensure that more people move into mainstream housing or supported living.
2. Support people to purchase their own homes through the promotion Of shared ownership schemes.
3. Provide information about housing and support options to people With learning disability, their carers and professionals.
4. Support people living at home with carers to enable them to plan for Their future housing needs.
5. Work with providers to develop the domiciliary care and support market, with special regard to people with complex needs including Autistic Spectrum Conditions.
6. Review the service models of in-house residential care for respite, short-stay, emergency and transition.
7. Develop Telecare services for people with a learning disability.
8. Ensure that the housing needs of Adult Services Department service users are included in Housing Departments' plans by collecting housing need data through the strategic needs assessment and supported Housing Panels, which are fed into local housing plans.
9. Ensure that people's rights as tenants are respected by making sure that landlords and care providers are aware of and implement REACH standards.
10. Ensure that no-one is living with the NHS as their landlord by: Ensuring that no-one is living in NHS Campus provision by 2010. (Monitored by the Partnership Board).
11. Ensure that services offer value for money by using and developing the South East Region Cost Model.
12. Make sure that people have maximum choice and control about how they are supported in line with personalisation.
13. Manage the care and support market to ensure that the support is available is of a high quality and promotes person-centred outcomes.
14. Ensure more people are owning their own home or living in rented accommodation with tenancies.
15. Ensure housing departments know about the housing needs of people with a learning disability and include this in their plans.
16. Ensure people's rights as tenants are respected by landlords.
17. Ensure no-one is living with the NHS as their landlord.

3.3 Work, Education and getting a life

Valuing People Now overall policy objective: All people and their families to have a fulfilling life of their own, beyond services, that includes opportunities to work, study, and enjoy leisure and social activities. This includes supporting people with learning disabilities into paid work, including those with more complex needs.

Transition

Transition to adulthood is a key stage in people's lives. This is when young people decide who they want to be, how they want to live and what they want to do. Like all young people, people with a learning disability need support to make these decisions.

New processes for transition are being put into place that will give people more support at this crucial time and ensure that the skills and aspirations that they have developed are built upon.

By the time people come into transition at 16, they will have spent 12 years at school, working to develop their skills and competencies. These skills will be developed to give people the opportunity to live fulfilling lives and to gain paid employment.

Hampshire Adult Services are working with Children's Services and other partners to improve the experience of transition for young people and their families. Young people often experience multiple transitions moving from one service into another in social care, health and education, and this is often over an extended period of time. Families say that it can be a time that is full of uncertainty

In 2008 Hampshire County Council established a Transition Board where senior officers from social care and health, young people and carers are working together to improve transition. The Board is jointly chaired by the Executive Member for Adult Social Care and the Executive Member for Children's Services.

Hampshire is also working with the National Transition Support Team (NTST) advisor to implement an action plan for transition. The Board will oversee the progress on this, as will the Learning Disability Partnership Board. The four main areas for attention are, governance arrangements for transition, information for young people and their families, developing a single transition plan (where many currently exist) and improving opportunities for young people age 16 and over in housing and employment.

For transition to work well there need to be effective partnerships across health, social care and education as well as with the voluntary sector, who can for example provide access to PCP and advocacy.

The implementation of Self Directed Support and individual budgets should enable young people entering adulthood who need support from Adult services, to have more choice, and control over their lives

A Team Manager for Transition was appointed in 2009 to enable the Transition Social Workers in Hampshire to work together in a more consistent way across the County.

There is evidence that many young people with more complex needs are reaching adulthood and require support from adult services. Typically in any year 60-100 young people move to get support from Adult Services at 18.

We will:

1. Ensure that young people in transition are offered Person-centred Planning which gives them the opportunity to access mainstream services in adulthood.
2. Continue work with the National Transition Support Team to improve transition in Hampshire.
3. Revise and widely distribute the Transition Handbook for families and carers.
4. Revise Hampshire's multi-agency good practice guide for professionals which was published in 2007.
5. Work with partners to harmonise and reduce transition assessments and plans.
6. Ensure that young people in transition are equipped with the skills to lead fulfilling lives, to live in the place of their choice and to gain paid work.
7. Ensure that more people are in real paid jobs.
8. Ensure more people are doing the post-16 education courses that they want and this helps people towards getting real jobs.
9. Ensure that every young person with a learning disability and with a 'statement' has person-centred reviews from the age of 14 to 19.
10. Ensure the year 9 review in school produces a person-centred transition plan that will inform the commissioning and provision of future services and supports. This will be reviewed each year and be at the core of a smooth transition to adult services.
11. Ensure young people leave school and enter education and paid work in far greater numbers than at present.
12. Ensure that there is a substantial increase in the number of young people taking up personal budgets and direct payments.
13. Develop a multi-agency transition strategy led by a senior officer and supported by all stakeholders.
14. Ensure person-centred transitions are the norm
15. Make young people in transition the focus for change.

Transition to Older Person's Services

Decisions about transition to Older Person's services for people with a learning disability will be made on the basis of individual need, not on the basis of age. A protocol will be developed for care managers to enable them to work with service users to enable them to receive the services that are best suited to their needs.

We will:

1. Develop a protocol for Care Managers on the transition arrangements between learning disability and older person's services.

Post 16 Education and work related training

We believe that in order for people to make the best decisions about future college work or training options they will need support from appropriate staff. We are aware that there a number of different professionals who could be involved in that process and we will work to ensure that we adopt a joined up approach. We know this is doubly important as the responsibility for this provision will move from the Learning and Skills Council to the Local Authority (by April 2010). Despite these changes we aim to develop an attractive Post 16 offer that broadly falls into three discrete areas:

1. Post-16 academic and leisure learning. Presently people with a learning disability do not have much opportunity to pursue their academic or leisure interests. People may want to learn a variety of skills or subjects for their own enjoyment. A range of subjects will be available and taught in a way that is appropriate and accessible. Hampshire Adult Services Department will work with Hampshire Children's Services and Recreation and Heritage Departments to develop and implement a vision for Adult Learning in Hampshire.
2. Daily living skills. People want to have the opportunity to learn to shop, cook, clean, budget and manage ordinary daily lives. These courses exist but in many cases are being taught on day service premises. People will have equal access to these courses across the county. They will be taught in mainstream educational establishments. These courses will also be delivered flexibly where possible to support the individual in their current situation as our consultation demonstrated that if skills and knowledge were not used regularly and reinforced they were often forgotten by learners with a learning disability.
3. Work-related training. If people want to have paid jobs then they need skills that they can sell on the labour market. People will be offered training that helps them to get jobs that suit their skills and interests. Training may be delivered in the workplace or in educational establishments.

We will:

1. Use the Transfer of responsibility to the Local Authority for this area of work to review the suitability, sufficiency and accessibility of all current education and training provision for people with a learning disability

Employment

Hampshire's aim is to enable more people with learning disabilities to participate in all forms of employment (whenever possible in paid work) and to make a valued contribution to the world of work. The underlying principle as stated in the recent publication of 'Valuing Employment Now' in June 2009 is that paid employment is the key to real independence, fulfilment, empowerment and well being.

One area we are keen to explore is how the relatively new arrangements for the "Pathways to Work" initiative (which is run by Shaw Trust under contract to JCP) is progressing.

Looking downstream to young people coming through transition, the aim is that people will be supported through the education process to make informed and realistic choices about future training and career options. For this to happen, a number of key actions need to take place:

- The transition process needs to change to ensure that the young person is supported through the period of change from childhood to adulthood in such a way as to maximise their life opportunities (see section on Transition, page 37).
- Work-related training needs to be more readily available for people with a learning disability.
- More employment opportunities need to be developed across the continuum of provision from designated employment schemes for people with a learning disability to open employment.
- Locally, Hampshire Adult Services and The Partnership Board presently spend over £500,000 per annum on Supported Employment Contracts. Best use needs to be made of this funding through adopting an inter-agency approach that meets local and national objectives. Work undertaken will support Hampshire's inter-agency employment strategy, "Prosperity through Diversity".
- Employment needs to be valued. People who are offered jobs are to be supported to maintain them. People with learning disabilities can make a very valuable contribution that will not be under-estimated by employers. We are also aware of the concerns from families that where adults with a learning disability are encouraged to take up employment, that this might adversely affect the 'family income' through loss of a benefit(s).

Designated Employment

Employment that is aimed at people with learning disabilities provides a valuable step on the road to a person gaining paid mainstream employment.

It can consist of:

- a) Volunteering
- b) Supported Employment
- c) Social Enterprise

There is a place for designated employment within the range of employment options. However, it needs to be viewed as part of a pathway towards mainstream employment rather than a job for life.

Mainstream Employment

People who have had the right training will develop marketable skills. These skills may be for jobs normally classified as "unskilled" or "semi-skilled" but people with a learning disability may still require training to do them.

Locally, we believe if we were to increase the number of people gaining mainstream employment, three things have to happen:

- a) People will be supported to apply for appropriate jobs
- b) Employers have to be receptive to employing people with a learning disability.
- c) People will receive on-going support to do the work if required.

We will:

1. Ensure that more people are in real paid jobs by implementing Hampshire's inter-agency employment strategy "Prosperity through Diversity". This will:
 - a. Promote the employment of people with disabilities in public sector employment, including Hampshire County Council.
 - b. Promote partnership with Job-centre Plus to ensure that more people presently on Incapacity Benefit move into real jobs.
 - c. Develop the Social Enterprise model in Hampshire, in line with the proposals in the Health and Social Care Bill 2007.
 - d. Help to provide people with skills that suit their interests and provide them with a better chance of employment.
2. Promote 'Valued In Public' a guide to employing people with a learning disability in the public sector..
3. Ensure that more people are doing the post-16 education courses that they choose. This will help people towards getting real jobs, by working in partnership with Children's Services and Recreation and Heritage Departments and the Learning and Skills Council to develop "Hampshire Learning".
4. Explore the concept of targeted short courses around independence, life skills and employment that are offered through mainstream colleges and training providers to ensure that people are not disadvantaged by academic years and have access to training and learning in skills at a time that is responsive to individual need and current circumstances.
5. Write and agree an action plan for this area of work with the Partnership Board.

What people do during the day (and evenings and weekends) and the role of Day Services

Valuing People Now states that we need to move away from the concept of day services and consider how people spend their time in a way that meets their own wishes and needs.

National and Local Direction

Any development of day services needs to be viewed in the overall context of what people do with their lives during the day or evening.

Central government guidance is that more people will be enabled to access education, training and employment. Also, more people will be able to access mainstream services for sport, leisure and recreation.

'*Valuing People Now*' aims to include people with a learning disability in local community provision and therefore avoid, by implication, the creation of segregated provision.

Hampshire County Council Adult Services, via the Commissioning and Partnership Team, have recently undertaken a review of the In-House Learning Disability Day Service provision. The review suggested that we need to embark upon a programme of change to ensure that these services meet the challenges presented by the personalisation agenda. It is also likely that a similar programme of change will have to be undertaken with the purchased care providers.

Present use of Day Services

Presently approximately half of all learning disability service users (1087 people) use learning disability day services. This costs £13 million gross per annum. Day Services are mainly used by people in their forties. There is a corresponding rise in direct payments for the younger age groups. This statistical evidence is backed up by the results of the consultation process (July to October 2007), which suggests that younger people are less attracted to present Day Service provision and would rather choose their own care.

Of the 1087 people that use Day Services in Hampshire, 772 of them attend the eleven Day Services provided by Hampshire County Council (in-house services), while 317 people use services purchased from independent organisations. There are 11 main In-House Day Service sites but several have smaller satellite locations for reasons that are largely historical. Some of our buildings are not ideally located to afford immediate access to local provision.

The large proportion of in-house provision would indicate that Hampshire has a comparatively low level of independent provision. To offer the greatest range of services and to meet the preventive agenda, we need to ensure that we have a better balance of in-house and purchased provision with less overlap in service delivery models; more attractive delivery to attract young people and greater range and depth of (viable) services for those people with either more complex needs and or challenging behaviour is required. This is an area that needs to be developed urgently.

Opportunities Brokers

Day Opportunities Coordinators now exist across Hampshire and are proving to be an innovative approach to finding alternative opportunities to Day Services. At present their work is divided into three parts:

- Work within Day Services with existing service users
- Work with people to find more suitable alternatives to them entering Day Services
- Developmental work with local mainstream and designated LD services, to ensure that services are able to respond to the needs of service users

The brokerage service needs will be extended to provide countywide coverage. Brokers are an integral part of the move towards person centred approaches and personalisation and could be a valuable link with services focussed upon transition.

Resource Centres

Consultation with both voluntary organisations and staff has indicated a strong demand for resource centres. More work needs to be done, both to define the model of service and to identify finances to fund any possible development.

However, it is recognised that people have identified a need for a meeting point that is easily accessible and provides information and expertise, supported by an up-to-date website. Parallel needs have also been identified by other client groups so a generic centre model will be considered. A review of how other Day Services have used the Resource Centre model is currently underway.



Services for people with severe and multiple disabilities

Some form of Day Service will continue to exist for people with severe and multiple disabilities. This will not be in the form of much of the present provision, but will be small, integrated and focused on meeting needs in a person-centred way. It will become the core business of the remodelled in-house Day Services to meet the needs of people with severe and multiple disabilities.

Way Forward

As a working vision for our Day Services we believe they should be based upon a shared understanding and commitment to:

- People with learning disabilities living, working, learning and participating in the community alongside other community members
- People with learning disabilities having the opportunities to contribute to and benefit from community life as valued and equal partners
- People with learning disabilities having opportunities to build and sustain valued relationships
- An equality of access to community life for all people with learning disabilities regardless of their level of learning disability, physical and sensory impairments, ethnic community or health care support needs
- Clearly defined and appropriate criteria to services which are person centred, sustainable and that promote dignity, safety, independence and personal achievement

The move to offering people real choice through Self-directed Support will also have a radical impact on the market. Hampshire needs to respond to this change pro-actively and move provision towards a model that is 'fit for purpose'.



We will:

1. Ensure that more people are spending more time doing what they choose during the day, rather than receiving traditional Day Services and using Individualised Budgets and Direct Payments to do this
2. Review the service models of in-house and purchased day service provision
3. Ensure that there is a transparency of costs (and value for money) by developing an appropriately robust costing model for all day service providers
4. Work with providers to develop the day opportunity sector with special regard to people with complex needs, challenging behaviours and autistic spectrum conditions.
5. Improve support provided by all day opportunity providers for adults with a learning disability to gain paid employment
6. Pilot the 'Resource Centre Model' via a multi agency approach
7. Write and agree a detailed action plan for this area of work with the Partnership Board

3.4 Relationships and having a family

Valuing People Now overall policy objective: People with learning disabilities have the choice to have relationships, become parents and continue to be parents, and are supported to do so.

National evidence is that people with a learning disability have limited social relationships and therefore have limited access to the wider network of family and friends for relationships, support, information and advice. Yet relationships are a crucial factor in people's quality of life, identity and self-esteem. It is therefore important that individuals have the opportunities to develop and sustain personal relationships and friendships and are able to request accessible information on topics including relationships and sex education.

People's relationships and circle of support are a key feature of PCP. Their relationships will therefore be reflected in their service. For example a person's friendships and personal preferences will be considered in the decision-making process regarding where and with whom they live. These aspects of people's personal lives must be recognised and promoted in planning and delivery of support and services.

We will:

1. Ensure that services respond to and develop people's social and personal lives.
2. Ensure better collation of information relating to the number of Hampshire residents who are parents with a learning disability.
3. Work to the recommendations of Putting People First which identifies the significance of supporting disabled people to sustain a family.

Chapter 4: People as Citizens

3.5 Parents with a learning disability

Nationally, there are more people with a learning disability who are becoming parents. Evidence suggests that they do not always get sufficient access to support, putting families at risk of enforced separation. Such parents are more likely than the general population to have their children removed into care.

It is particularly important that we work closely with Children's services to ensure the needs of parents with learning disabilities are met in a proactive way.

We will:

1. ensure that advocacy services are available to parents with learning disabilities
2. ensure that parenting courses are available to and appropriate for people with a learning disability.

Valuing People Now overall policy objective:

People with learning disabilities will be treated as equal citizens in society and supported to enact their rights and fulfil their responsibilities.



4.1 Advocacy

Valuing People Now overall policy objective: All people with learning disabilities can speak up and be heard about what they want from their lives – the big decisions and the everyday choices. If they need support to do this, they should be able to get it.

Local Advocacy

Person-centred approaches, advocacy and service user involvement are key to the successful implementation of the strategy and are key to the successful development of the personalisation agenda

We presently spend over £200,000 of Learning Disability Development Fund (LDDF) funding and approximately £100,000 HCC funding on learning disability advocacy services. LDDF also funds 5 Person Centred Planning facilitators to support the development of the personalisation agenda.

The Partnership Board is responsible for overseeing and monitoring the work carried out by person centred planning facilitators who are employed in voluntary sector organisations across Hampshire

Learning Disability advocacy services will achieve three objectives:

- a. Self-advocacy will be available and of equitable quality across the County.
- b. Individual issue based advocacy will be available to people across the County, delivered to a common service specification.
- c. Commissioners will also work in partnership with advocacy providers to ensure that people have access to advocacy services at times of planned service change.

Service user involvement

Service users will be involved in a way that is both genuine and democratic. Service user involvement needs to be effective;

- a. At local level through the Local Implementation Groups (LIGs).
- b. At county level through the Partnership Board, associate sub-groups and through user led organisations.

The process developed will respond to both service users who have used services for some time and young people coming through transition.

We will review our current pattern of provision to ensure that services are meeting all of these aims.

We will:

1. Develop a strategy which ensures that expenditure on advocacy, Person-centred Planning and service user involvement meets agreed objectives.
2. Commission county wide advocacy services that maximise existing expertise and promote user-led self-advocacy in every locality.
3. Support service users to have their voice heard at regional and national level.
4. Develop user led organisations and support meaningful participation in the work of the Partnership Board, LIGs and sub group meetings and events. Explore payment for this involvement where appropriate.
5. Ensure that the Partnership Board monitors implementation of the DDA.
6. Develop Service User Forums drawn from key audiences e.g. local day services to support the 'LIG' structure to be more responsive to user need and or interest. We will also be looking at potential schemes for paid attendance by service users at Partnership Board meetings.
7. Ensure hate crime against people with learning disabilities is properly addressed in every area.
8. Enable people to feel confident reporting hate crime, believing that action will be taken.
9. Ensure the transport needs of people with learning disabilities are clearly included in local transport plans.
10. Enable people to feel more confident about using public transport and are find it easier to get about.
11. Ensure more parents and their children receive appropriate support, resulting in a smaller percentage of children of parents with a learning disability being subject to care orders.
12. Ensure children's and adult's health education and social care services work together to provide personalised support to parents with learning disabilities and their children.
13. Ensure more money will be spent on advocacy and there will be more advocacy organisations.
14. Ensure every local area will have a user-led organisation that involves people with learning disabilities.
15. Enable more people to be active self-advocates at regional and national levels.

4.2 Transport

Valuing People Now overall policy objective: By 2011, people with learning disabilities will be able to use public transport safely and easily and will feel confident about doing so.

Accessible transport is fundamental to people being able to access work, leisure services and social networks. We will work with transport planners to ensure that the needs of people with a learning disability are included in future plans.

Generally there are three key issues we need to address and these were emphasised at all consultation events held for this strategy;

- Access
- Information
- Attitudes of some staff

We will:

1. Work with transport planners to ensure that transport plans respond to people with a learning disability.
2. Write and agree an action plan for this area of work with the Partnership Board.

4.3 Access to leisure services and recreational activities

Although leisure and recreation is a key aspect of most of our lives, it has not been regarded as a priority for people with learning disabilities. Through PCP and Self-directed Support people will be encouraged to consider more fully how they would wish to spend their leisure time, given support to access community facilities and encouraged to take up healthy lifestyles. We will encourage the improvement of access to community facilities through supporting the development of accessible information, signage and access.

4.4 Being safe in the community and at home

Valuing People Now overall policy objective: People with learning disabilities will be able to lead their lives in safe environments and will feel confident that their right to live in safety is upheld by the criminal justice system.

People with learning disabilities have a right to live in safety and to be taken seriously when they complain about abuse or being a victim of a crime. It is often difficult for people to make complaints as processes can be unwelcoming and they can experience a poor response from the criminal justice system.

Feedback from our consultation showed that people with learning disabilities in Hampshire do not always feel safe in their communities.

In order to tackle this problem we will work with mainstream services to support them to implement the Disability Discrimination Act. This will help them to be fully inclusive of people with a learning disability.

Hampshire's Partnership Board and LIGs will actively seek representation from local organisations and providers to engage the community in working with people with learning disabilities and their family and carers. The Partnership Board currently uses its Learning Disability Development Fund to support projects that link with local communities and mainstream services as well as to provide information and training to local organisations and services.

Hate Crime

Hate crime against people with learning disabilities is often not recognised or reported. More information and training is needed for people with learning disabilities, their carers and advocates to enable them to be aware of hate crime and to recognise when instances of hate crime are occurring.

Valuing People Now states that 'The Department of Health, through the offender team, will work with the police, probation and prison services to address hate crime in the criminal justice system', this work will link into the current development of a national Hate Crime Strategy.

In Hampshire, support will be made available, particularly through advocacy services, to support people with learning disabilities to report hate crime and pursue prosecutions with the police. More information will be publicised about hate crime in the wider community to enable it to be more widely recognised and responded to. The Partnership Board currently supports a county wide Hate Crime project which is already making good progress in raising awareness for agencies and for people with learning disabilities.

It is a major priority for the Partnership Board and all LIGs to create stronger links with local police and emergency services for support for people with a learning disability to access local services safely and without fear. Awareness of the needs of people with learning disabilities needs to be addressed in training programmes for staff in the wider health system, the Police and other public services, for example public transport.

We will:

1. Ensure that the Partnership Board works through the LAA to link to Crime and Disorder initiatives to stop hate crime against people with a learning disability.
2. Ensure the Hate Crime project identifies and addresses major areas of work to be done in local communities
3. Establish a subgroup of the LDPB which includes hate crime in its brief.

Safeguarding

The Adult Safeguarding Board is a partnership committed to working together to ensure:

- Vulnerable adults living in Hampshire are supported to safeguard themselves from abuse and are enabled to report any concerns they may have
- Safeguarding vulnerable adults and their carers from abuse is everyone's business and responsibility
- There is a zero tolerance approach to the abuse of vulnerable adults wherever this occurs
- Supports are in place to prevent abuse from occurring
- Vulnerable adults and their families, carers or representatives have access to information regarding the standards, quality and treatment they can expect to receive from any individuals (paid or unpaid), services or organisations involved in their lives.
- People working or involved in supporting vulnerable adults and/or their carers have the appropriate level of skills, knowledge & training to safeguard adults from abuse
- Where abuse of a vulnerable adult occurs, or is suspected, it is recognised and there are effective processes in place across all partner agencies and organisations to respond quickly, proportionately and appropriately to safeguard vulnerable adults from further abuse. This response is as inclusive and empowering of the service user as possible.

Safeguarding work in Hampshire aspires to the standards expected by the 11 good practice standards set out in the Association of Directors of Social Services *Safeguarding Adults* framework (2005) and complies with the mandatory guidance set out in *No Secrets* DH 2000.

The Safeguarding Board will achieve the above vision through the working out of the following strategic objectives, within the LD sector; both commissioning & provider sectors, we will seek to fulfil these objectives:

- Raise awareness of safeguarding across all sectors of the community
- Provide a framework for development and maintenance of governance arrangements in and across agencies.
- Actively engage all stakeholders in the protection of vulnerable adults influencing policy and decision making at the highest levels in organisations.
- Influence practice across agencies through leadership of the workforce planning and development agenda and specific training and development.
- Lead and assure the SCR process.
- Ensure effective links between safeguarding and personalisation agendas with particular emphasis on involving service users at all levels in the safeguarding agenda.

Key actions/tasks in support of the strategy

- Communication of key information and promotion of awareness to the public and professionals ensuring that all sectors of communities are reached. E.g. we have recently published publicity in an accessible format
- Workforce planning: ensuring that all member agencies have plans in place to meet the demands of safeguarding work
- Workforce development: ensuring the above plans are underpinned with learning and development in order to develop the necessary knowledge and skills at all levels in organisations and groups. Each organisation to have in place a training strategy.
- Collection of annual data by the relevant agencies.
- Governance: arrangements in place in each member organisation and across agencies via the Safeguarding Board to monitor the effectiveness of the partnership's work and standards of practice to safeguard vulnerable adults from abuse. These arrangements will include; formal links between the Safeguarding Board and Local Authority Members; regular audits; clear responses to local and national incidents and inquiries; ensuring quality assurance processes and data are used to inform forward planning for learning and development; service development; information dissemination; prevention and intervention.
- Safeguarding is linked as appropriate to other key strategies across the Council area as set out in *Safeguarding Adults*, (ADSS, 2005)
- Prevention: there is a clear programme of work to reduce the risk of abuse/neglect across the range of settings (community/care settings)
- The above to include a focus on positive practice; values and attitudes across agencies to promote wellbeing and prevent abuse and including a focus on whistle blowing on poor practice..
- The inclusion of safeguarding in commissioning strategies and in contracts
- Continually updating policy and procedures in line with national and local developments both within safeguarding and in other key agendas
- Holding Serious Case Reviews and acting on them
- Development of services capable of responding to those who have been abused/are at risk of abuse/are perpetrators of abuse / neglect
- Achieving the above through engagement with the whole range of stakeholders including service users and carers e.g. we have wide Ld representation on Safeguarding User Forum and involvement of Service Users on safeguarding Board. We are also making connections with Hampshire Partnership Board.

Mental Capacity and Deprivation of Liberty

The Mental Capacity Act came fully into force in October 2007. It supports people who find it difficult to make decisions some or all of the time or to plan ahead in case they are unable to make important decisions in the future.

We will ensure that:

1. a person is legally able to make a decision for themselves unless it is shown that they are unable to make it
2. a person will be supported as much as possible to make their own decisions before anyone concludes that they cannot make their own decisions
3. a person will be allowed to make a decision that may seem to others to be an unwise or strange decision
4. if a person lacks capacity to make a decision, any decision or actions taken on their behalf will be taken in their best interests
5. if the person making the decision has a variety of options, our staff will consider how they can decide or act in a way that will best support the freedoms and rights of the person

The Deprivation of Liberty safeguards have been introduced into the Mental Capacity Act and set out the process to follow to identify whether a person is at risk of being deprived of their liberty. They also set out the safeguards to be put in place to ensure that whenever a person is deprived of their liberty, it is done on a lawful basis. We are working to implement this legislation and ensure that no one deprives another person of their liberty unless it is essential to do so, in the person's best interests and for their own safety.

4.5 Access to justice and redress

Valuing People Now says that people need to be given extra support in order to access justice and redress. Very often they have low expectations of the system because they have had poor experiences. Systems and processes are often complicated and hard to understand.

Advocacy services are key to assisting people to be able to make complaints and have their voice heard. Accessible information on people's rights is also needed.

We will:

1. Develop accessible materials to help people with learning disabilities and their families understand their rights and how to complain.
2. Make sure advocacy services are supporting people to make complaints as individuals and developing, through self advocacy groups, people's confidence to speak up for themselves.

Chapter 5: Making it Happen

***Valuing People Now* overall policy objective:**

To put leadership, delivery and partnership structures in place that will make sure that the outcomes set out in this strategy are delivered.



5.1 Leadership and Delivery Structure

Valuing People Now says: "Key to delivering the vision for people with learning disabilities and their families will be the development of capacity and capability at local levels to design and commission the support services that people need to enable them to live independently and close to their families and friends. Partnership with people with learning disabilities and their families at local level will be crucial to this, and Learning Disability Partnership Boards have a vital role to play."

5.2 The Partnership Board

The Partnership Board presently meets six times a year and annually makes decisions over the expenditure of LDDF finance. It also maintains an overview of service provision and calls both public and voluntary sector agencies to account regarding the quality of the service provided. It is capable of doing more than this. The Partnership Board will own this strategy and oversee its implementation. To do this, the structure needs to be strengthened. A major target for the Partnership Board, its sub-groups and the LIGs has to be a commitment to improving the meaningful involvement of people with a learning disability and their families and carers.

The remit of the Partnership Board will be to implement the Joint Learning Disability Strategy. All organisations included in implementing the strategy, either as commissioners or providers of services, are jointly responsible for its delivery and can be held to account by the Board for their contribution to the overall performance. New Terms of Reference will be drafted for the Board.

Responsibilities of the Board will include measuring performance through annual targets & evaluation with strong involvement from service users. It will remain informed of overall Health and Adult Services expenditure and performance on services for people with a learning disability and of any changes to these.

The Partnership Board will form part of the overall corporate and inter-agency governance system, linking to the Health and Well-being Partnership Board and the Local Area Agreement and the Crime and Disorder Reduction Partnership Board.

The Partnership Board and the system that supports it will be managed through democratic processes. It will be co-chaired by a representative of Hampshire County Council and an elected service user.

Its membership will be reviewed in response to expected Department of Health guidance on Partnership Boards.

Partnership Board Sub-groups

The Partnership Board will have sub-groups tasked with delivering on key aspects of *Valuing People Now*. These sub-groups will support and influence the *Valuing People Now* networks.

Each sub-group will develop a detailed strategy which will ensure that this strategy is implemented. They will report back to the Partnership Board. There will be regular reports on their progress on the website.

Local Implementation Groups (LIGs)

The LIGs are the "eyes and ears" of the Partnership Board. They ensure that the voices of service users and their carers are heard as the strategy is implemented. They will keep the Partnership Board informed as to what is, and what is not, working at local level.

We will:

1. Review the Partnership Board membership.
2. Establish clear reporting mechanisms on progress against performance targets through the LIG's.
3. Ensure that the LIG's and Partnership Board are effectively linked in to other inter-agency groups such as the LSP's and the LAA.
4. Implement the Learning Disability Strategy through the Partnership Board, reporting annually on progress to the Health and Well Being Board.
5. Report at least annually to the *Valuing People Now* Regional Programme Board.
6. Generate better information for monitoring progress towards county wide and local targets.
7. Target LDDF funding through the ongoing development of local and county wide work plans and priorities.
8. Ensure that the Partnership Board, its sub-groups and the LIGs move away from a model of meetings towards a model of networks of people doing things.
9. Develop a Partnership Board website and newsletter to share good practice and hold and share local information.
10. Generate a communication strategy and new terms of reference to ensure public accountability and better understanding of member's roles and responsibilities.
11. Promote the development of sub groups to tackle specific areas of work and report back on progress.
12. Enable the partnership Board to influence decisions about the planning and delivery of public services.
13. Ensure the Learning Disability Development Fund (LDDF) is fully used across the county in line with the national indicator set.

5.3 Better Commissioning

Valuing People Now overall policy objective: To ensure effective commissioning in a way that best supports the right outcomes for people with a learning disability and their families.

Commissioning in the future will be based on the principles of Personalisation. People will be supported to have more control over the services that are purchased either by or for them. The focus in future will be on individualised solutions rather than traditional services.

Commissioning responsibility is presently divided between the PCT and the local authority. The PCT will continue to purchase all mainstream and forensic/offender healthcare. Specialist learning disability services will be commissioned in partnership between the PCT and the local authority. Social Care resources will be transferred from the PCT to Hampshire County Council. Some funding and responsibility has already been transferred (in 2009/10) but all should be agreed by March 2010.

Data collection

Commissioning needs to be based on accurate data about both present and predicted level of demand for services. Commissioning will be based on the information gathered through PCP, but overall levels of demand need to be assessed through the Strategic Needs analysis and through Learning Disability Specific systems. A multi-agency register will be developed that covers all people with a learning disability and meets the needs of partner agencies.

Cost-effective Commissioning

Hampshire County Council has been instrumental in the development of a cost model, which, following further development with East Sussex, has been adopted across the South East and is referred to as the South East Region Cost Model. Application of the cost model has become integral to the commissioning and procurement of residential care for adults with a learning disability and ensures that a person's support needs are clearly identified and that the costs of residential care represent value for money.

The South East Region Cost Model has two key components:

1. a care needs matrix that enables a person's needs to be understood
2. a proforma that is completed by care providers to demonstrate the core costs of a residential service and the hours of support that are included.

Application of the SE Region Cost Model promotes transparency of commissioning for Adult Services, providers, service users and their families.

As the principle underpinning the cost model is that it is based on an individual's needs, it has the potential to be applied to any model of service provision. The Cost Model has been developed to identify the support a person needs to live in supported living.

Local services

Hampshire presently has 284 people in out-of-county residential placements, with a total of 82 people being placed in Taunton, Bournemouth and Surrey. National policy is for people to be placed near to their home if that is their choice. Local services will be developed to prevent people having to move out of the area due to a lack of appropriate support provision.

Promoting quality and choice in the market

In order to ensure that people have choice of high quality support an Accreditation Scheme and a Framework Agreement for supported living will be developed.

The Accreditation Scheme will set explicit standards and expectations about service quality for all service types. Providers will be able to join the scheme by evidencing that they have the appropriate values, experience and expertise to deliver person-centred, high quality support.

In order to promote independent living options, the domiciliary and support work market needs to be developed. The Framework Contract will include a range of providers who are able to demonstrate the skills and experience to effectively support people with a learning disability to live in their own accommodation. The Framework Contract will facilitate more responsive commissioning that focuses on outcomes for individuals.

We will:

1. Reach an agreement on NHS resources to be transferred to local government.
2. Stop commissioning NHS or independent sector in-patient beds other than for active assessment and treatment.
3. Ensure that value-for-money is delivered through use of the South East Region Cost Model.
4. Ensure that young people in transition are offered care and support close to their home if that is their choice.
5. Ensure that people presently in out-of-county placements are offered the opportunity to move closer to their home.
6. Implement the recommendations from person centred commissioning – now; a pathway approach to commissioning learning disability support.
7. Develop an Accreditation Scheme for all services.
8. Promote choice in the domiciliary and support work market through the development of a Framework Contract.
9. Ensure fully integrated local authority-led commissioning of learning disability services is taking place.
10. Ensure investment in learning disability services reflects changing patterns of demand.
11. Ensure there is significant reduction in the numbers of people placed to live outside their area.

5.4 Developing the Workforce

Valuing People Now overall policy objective: The workforces across public services are given the appropriate support and training to equip them with the values, skills and knowledge to deliver the *Valuing People Now* priorities for all people with learning disabilities.

Completion of the Learning Disabilities Qualification (LDQ) award

A rolling programme is in place to ensure that all new staff have completed LDQ induction award training within 12 weeks of starting employment. This is run externally in partnership with the University of Winchester that is an accredited LDQ centre. All staff from services that are required to obtain the LDQ are accessing the course. All new staff from day services are also undertaking the award to promote best practice.

Discussion is underway to have service user involvement in the delivery of the LDQ programme. LDQ workbooks are to be developed for each module within the induction award. These workbooks will be used to develop staff that are not currently employed in a direct care/ support role, such as drivers and escorts.

Use of LDQ by generic staff

A training strategy group has been established which has identified the training of generic staff in LDQ as a priority area for 08/09. The group will identify key partners within HCC to promote awareness and shared knowledge.

Health professional training

All courses that are commissioned through the HCC Learning and Development Training unit, either specific LD or generic topics, promote the principles of *Valuing People*. Training is evaluated to ensure that these principles are embedded.

Integration of the Workforce (Health and Social Care)

Hampshire Adult Services and Hampshire Partnership Trust are working to establish joint community teams. Service users will be able to have a single place where they will access health and social care services. The integration project has to achieve an integrated management structure for the teams, appropriately located with effective support systems. The main outcome needs to be an integrated approach to care for service users.

Staff development to respond to Personalisation

Staff will be supported to develop creative individualised responses to need, based on the principles of personalisation.

We will:

1. Involve service users in the delivery of the LDQ programme.
2. People with a learning disability will be working as trainers
3. Training will cover the “whole life” approach of *Valuing People Now*.
4. Establish integrated health and social care teams.
5. Develop staff to respond to Personalisation.
6. Support providers to develop their workforce in line with strategic priorities and personalisation.
7. Ensure all new staff complete the Learning Disabilities Qualification (LDQ) induction award within 12 weeks of commencing employment, (in line with National Minimum Standards) and ensure there is significantly increased take-up of the LD qualification.
8. Ensure all LDQ modules are used by generic staff (police, leisure, commercial, etc.) to promote general disability awareness.
9. Ensure the content of health professional training is demonstrably in line with the *Valuing People* agenda.



5.5 Measuring Performance and data collection

Valuing People Now overall policy objective: Learning disabilities will have a clear position in the new performance frameworks for the NHS and local authorities, and there will be a comprehensive range of data sets and reporting mechanisms.

Data collection

The Strategic Needs Assessment will collect and analyse data regarding people with a learning disability. To ensure that this information is robust, it needs to be informed by the inter-agency database (para 16.2).

National and Local Targets

PSA 16 includes two new national targets:

- The proportion of people with learning disabilities in real jobs
- The accommodation status of people with a learning disability and whether they have control over their housing situation.

Positive action will be taken to improve performance against these targets (see sections 6 and 8 on employment and housing). Performance will be monitored by the Partnership Board and the LIG's. The Partnership Board will also agree other local targets as part of this strategy and will monitor performance against them.

We will:

- Develop a multi-agency register to inform forward planning and ensure that the Strategic Needs Assessment includes robust information on people with a learning disability.
- Set clear local targets for change that will be implemented and monitored by the Partnership Board and the LIG's.
- Actively improve performance against the new national targets for housing and employment.
- Ensure all public bodies have accurate information about the lives of people with learning disabilities.
- Ensure the NHS reports on the health of people with learning disabilities.
- Ensure there is a focus on jobs and housing for people.
- Ensure local cross-agency targets and objectives are voluntarily set and monitored in relation to delivering *Valuing People Now*.

Abbreviations and glossary

Aiming High for Disabled Children programme

This is the transformation programme for disabled children's services, HM Treasury/ Department for Education and Skills, 2007

Annual Health Check

This is an annual health check for people with learning disabilities known to Local Authorities who have been assessed as being potentially eligible for services

ASC: Autistic Spectrum Condition

BME: Black and Minority Ethnic

Care brokerage

Support to arrange care services

Circle of support

A group of people who meet together regularly to support an individual to achieve their personal goals

CQC: Care Quality Commission

This body regulates organisations that provide health and social care services

Deprivation of Liberty safeguards

Introduced into the Mental Capacity Act 2005, through the Mental Health Act 2007 to safeguard patients in hospitals and people in care homes to ensure they can be given the care they need in the least restrictive manner

DES: Directed Enhanced Service

In primary care an 'enhanced service' is one not provided through essential or additional services. They offer a key tool to help primary care trusts (PCTs) reduce demand on secondary care, with their main purpose being to provide an opportunity to expand and develop primary care. 'Directed enhanced service' is one that must be provided by the PCT for its population.

Direct payments

These are cash payments given to people with learning disabilities in lieu of the community care services they have been assessed as needing. They are intended to give people greater choice in their care. The payment must be sufficient to enable the person to purchase services to meet their needs and must be spent on services that he or she needs. Recipients of direct payments take on all the responsibilities of an employer-payroll, meeting the minimum wage and other legislative requirements and establishing contracts of employment.

Disability Discrimination Act 2005 (DDA)

This Act promotes civil rights for disabled people and protects disabled people from discrimination

Ethnic Minority Learning Disability Project

This is a Hampshire Adult Services project which works to improve the lives of ethnic minority people with a learning disability, their families and carers.

Extra-care housing

This allows people to live independently but offers other services as and when required to enable people to retain their independence

GP: General Practitioner

Hampshire Model

Hampshire County Council organised a Commission of inquiry into Personalisation. The Commission listened to a wide range of local people to consider how people in Hampshire could have more choice and control over their support and care, while at the same time people's needs were increasing. It proposed some changes to take place nationally and others that could happen locally. These local changes form "The Hampshire Model".

Health Action Plan

These are individual health plans drawn up together by people with learning disabilities, their carers and health workers. Young people and adults with a learning disability should have health action plans.

Health and Social Care Act 2008

This act brought the introduction of the Care Quality Commission, the new integrated regulator for health and social care. It also extends Direct Payments to those that lack mental capacity and creates a power for the Secretary of State to give financial assistance to social enterprises.

Healthcare for All

Report of the Independent Inquiry into Access to Healthcare for people with learning disabilities, Department of Health, 2008

Individual Budgets

These were piloted in 2006 and involved bringing together six funding streams: social care, Supporting People, disabled facilities grant, independent living funds, access to work and community equipment services.

JCP: Jobs Centre Plus

LDDF: Learning Disability Development Fund

LD Transformation

To mark the importance of an area of work, changing services for people with a learning disability has become a priority in its own right. This means that decisions about key pieces of work for adult services can be made in one targeted group. This will include looking at the integration of social care and health in local teams and Hampshire County Council's own in-house services.

Learning Disability Partnership Board (LDPB)

These were set up under *Valuing People (2001)* to promote stronger local partnerships. Members include senior leaders in local authorities, PCTs and other local services, as well as third sector organisations, people with learning disabilities and families and carers.

Learning and Skills Council

This body was set up under the *Learning and Skill Act 2000*. It has overall responsibility for post-16 education below higher education.

Local Area Agreement (LAA)

These set out the priorities for a local area in a three-year agreement between central government and a local area (the local authority and the local Strategic Partnership (see below) and other key partners at local level). They simplify some central funding, help join up public services more effectively and allow greater flexibility for local solutions to local circumstances.

Local Implementation Group (LIG)

This is a locality sub group of the Partnership Board made up of local stakeholders. Again, members include senior leaders in local authorities, PCTs and other local services, as well as third sector organisations, people with learning disabilities and families and carers.

Local Strategic Partnership (LSP)

These are non-statutory bodies that bring together the different parts of the public, private, voluntary and community sectors working at local level. The lead player in an LSP is the local authority and other players will include the police and PCT.

Mansell reports 1993, 2007

These reports place emphasis on the responsibilities of commissioners to ensure that services meet the needs of individual people and their families or carers. Commissioners should be focussed and committed to ensuring that services can deliver a high level of support and appropriate care to people who have complex needs, who can challenge services and there is a strong emphasis that this support should be provided locally.

Market development

In order to for people to have more choice, there needs to be a wider variety of services available. In this context within Learning Disability services, the local authority will work with service providers to support them to develop services that respond to what people want. They will also identify where there are gaps in the services that are available and encourage new providers to come into the area to offer more choice for individuals.

NHS: National Health Service

NHS Campus Provision

It is a requirement of "Our Health, Our Care, Our Say, with the support of *Valuing People*, that services termed as NHS Campus sites, be reprovided. Following appropriate assessment and consultation processes, the transfer of services to a non-NHS provider will enable users to access more personalised living arrangements.

Opportunities brokers

Hampshire County Council posts which support users to plan their support, particularly around day, evening and weekend activities

PCP: Person centred planning

PCT: Primary Care Trust

Personal Budgets

These are an allocation of funding given to users of community care services after an assessment at a level that should be enough to meet their assessed needs. People can take them either as direct payments (see above) or – while choosing how their care needs are met and by whom – leave local authorities with the responsibility to commission the services. They may also choose to have a combination of the two.

Person-Centred Planning

This is an individual plan made by a person with a learning disability. It explains what they want to do with their life, bringing together all of the people who are important to the person including family, friends, neighbours, support workers and other professionals involved in their lives.

Personalisation

Personalisation is about two main issues: choice and control. It is at the heart of the transformation programme for adult social care. Self-directed support and the use of direct payments and personal budgets have all demonstrated real improvements for individuals as they take control of the support they get to live the lives they want.

Primary Care Trust

The local Health body responsible for commissioning healthcare for the residents within it's boundaries.

Putting People First

A shared vision and commitment to the transformation of Adult Social Care, Department of Health 2007

Race Relations Amendments Act 2000

This sets a statutory duty on local authorities to promote race equality

REACH Standards

A set of standards defining supported living

Self advocacy

People speaking up for themselves, either individually or as a member of a group

Self-Directed Support (SDS)

Self-directed support means that people will have control over the money that is allocated to them. They will also have a person-centred support plan showing how they are going to spend their money to meet their needs. They will be able to choose the services that they want and make choices about how they want to live their lives. People will be able to take reasonable risks.

Shared Ownership scheme

A lower cost option for buying your own home. Rather than buying a house outright, it gives an option to part buy, part rent.

Social enterprise

Social enterprises are business-like organisations with primarily social objectives. Their surpluses are mostly reinvested back into their business or the community to help achieve these objectives and change people's lives for the better. They often work closely with socially excluded groups.

South East Region Cost Model

This is a matrix designed to establish the total hours of care an authority is willing to pay for, as determined by the needs of the user. A cost is calculated by breaking down the needs hours required and directing how residential staff should be deployed to meet them.

Strategic Health Authority

Strategic health authorities manage the NHS locally and are a key link between the Department of Health and the NHS. They are responsible for developing and improving health services in the local area.

Strategic needs assessment

A joint document produced by local authorities and PCTs concerning the health and wellbeing of the local community

Supported Living

This enables people with learning difficulties to live independently as an alternative to shared residential care

Supported Living Facilitator

Hampshire County Council posts which work with people with learning disabilities to enable them to live independently

Supporting People

Grant programme that provides local housing related support to services to help vulnerable people live independently at home.

Telecare services

Telecare is a service that enables vulnerable people to live independently in their own home. An increasing range of electronic sensors in the user's home automatically raise an alert and organise - through human contact - an effective response should a problem arise.

Transition Protocol

The plan which supports young people through a smooth transition from children's to adult services

Transition Social Worker

A social worker who works with young people in transition from children's to adult services.

Universal Offer

Universal services (services that everyone uses) such as health, housing, employment and leisure need to become better at responding to people with a learning disability. This is key to people being able to live ordinary lives. To do this, there needs to be better information, advice, support and advocacy. Universal services need to be aware of their responsibilities to people with a learning disability and respond to them.

Valuing Employment Now

This strategy sets out an ambitious goal to radically increase the number of people with learning disabilities in employment by 2025.

Valuing People

A government strategy for learning disability. 'Valuing People' in 2001 set out how the Government would provide new opportunities for children and adults with learning disabilities and their families to live full and independent lives as part of their local communities.

Valuing People Now

Valuing people Now builds on Valuing People and sets out the Government's strategy for people with learning disabilities for the next three years following consultation. It also responds to the main recommendations in *Healthcare for All*, the independent inquiry into access to healthcare for people with learning disabilities.

World Class Commissioning

A department of health programme designed to transform the way in which health and care services are commissioned. It has four key elements: vision for world class commissioning; a set of world class commissioning competences; an assurance system; and a support and development framework.

