

Report of the Interim Strategic Director Designate of Adult and Community Services to the meeting of Shadow Health and Wellbeing Board to be held on 20 March 2012.

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Subject: Progress report on the implementation of the Learning Disability Commissioning Framework “Changing lives through real partnership” 2007-2012.

Summary statement:

The learning disability strategic commissioning framework “Changing lives through real partnership” was agreed by Bradford Council, NHS Bradford and Airedale and Bradford District Care Trust (BDCT) in 2007. The change programme to implement the recommendations was established in September 2008. The strategy recommended a range of changes to services. This report outlines the changes which have been delivered and the areas which require more joint work in order to complete implementation of the strategy.

Services for people with a learning disability will require scrutiny from the Board in the future, the Board is asked to consider how this should be undertaken.

Janice Simpson
Interim Strategic Director Designate of
Adult and Community Services

**Portfolio: Social Care
Councillor Amir Hussain**

Report Contact: Lyn Sowray
Phone: (01274) 431829
E-mail: lyn.sowray@bradford.gov.uk

**Improvement Area:
Health and Social Care**



2006-2007
Improving Rural Services
Empowering Communities



INVESTOR IN PEOPLE

Suzan Hemingway, Assistant Director Corporate Services (City Solicitor)



1. Summary

The learning disability strategic commissioning framework “Changing lives through real partnership” was agreed by Bradford Council, NHS Bradford and Airedale (NHSBA) and Bradford District Care Trust (BDCT) in 2007. The change programme to implement the recommendations was established in September 2008. The strategy recommended a range of changes to services. This report outlines the changes which have been delivered and the areas which require more joint work in order to complete implementation of the strategy.

Services for people with a learning disability will require scrutiny from the Board in the future and the Board are asked to consider how this should be undertaken.

2. Policy Context

- 2.1 Valuing People (2001) and Valuing People Now (2009) are the main policy documents relating to adults with a learning disability.
- 2.2 The Government is committed to improving the life chances of people with learning disabilities and the support provided to their families. Government policy is that people with learning disabilities should lead their lives like any other person, with the same opportunities and responsibilities, and be treated with the same dignity and respect. This means inclusion, particularly for those who are most often excluded, empowering those who receive services to make decisions and shape their own lives.
- 2.3 In 2008 as part of Valuing People Now and in support of the principles in 2.2 the Department of Health (DH) required PCTs to transfer the responsibility of the commissioning of social care for adults with a learning disability from the NHS to Local Authorities along with the appropriate level of funding. In Bradford the funding transferred which is now part of the specific revenue funding allocation for learning disabilities is £12m in 2011/12.
- 2.4 In 2007 Mencap published “Death by Indifference” which reported on the deaths of people with learning disabilities as a result of not receiving equal access to health services. As a result the DH commissioned the report “Healthcare For All”, and the Ombudsman’s report “Six Lives” followed in March 2009. The DH issued a letter in February 2012 to PCTs stating “that people with learning disabilities continue to face real health inequalities and that it remains a priority for the NHS to work to improve health outcomes for this excluded group”.

3. Outline Needs Analysis in Bradford

It is estimated that there are approximately 8,700 people with a learning disability in Bradford District. The Council’s Adult services are currently funding support plans for 1,870 people, the figure in 2007 at the time of the strategic review was 1,385 (source BDCT).

The number of people over 65 years old is 168, this has doubled since 2007 and a third of them are in residential or nursing care.

Young people transferring from children’s services to adult services has averaged between 60 to 80 per year over the past three years. In 2011 there were 17 people

with a learning disability in receipt of services who died, this means that there are increasing numbers of people with a learning disability in Bradford who require support from the council and PCT.

General Practice learning disability registers in May 2011 had 2,027 recorded with 1,321 having an annual health check (67%).

NHSBA commission specialist health services for adults with a learning disability from BDCT and 1,700 people are known to the service. The health facilitation team have 498 open referrals, therapists have 932 open referrals, and specialist psychiatrists have 323 open referrals.

NHSBA have in February 2012, 68 people with Learning Disabilities who are continuing healthcare funded and 28 who are jointly funded between the Council and PCT, this has increased from 36 people fully funded in 2009 and 7 jointly funded.

Learning disabilities account for 20% (195) of the referrals to Safeguarding adults with 60% of these referrals being substantiated and 26% inconclusive.

4. Background

- 4.1 The Council agreed a Section 31 Partnership Agreement with Bradford District Care Trust in 2002. Social care services for adults with a learning disability transferred from the Council to Bradford District Care Trust as a result of this agreement in 2002.
Section 31 Partnership Agreements were repealed under the National Health Service Act 2006 and were replaced by the provisions contained in Section 75 of the Act.
- 4.2 In 2007 the Council, NHS Bradford and Airedale and Bradford District Care Trust agreed to commission a strategic review of all services for adults with a learning disability. The learning disability strategic commissioning framework "Changing Lives through real partnership" was accepted by Bradford Council, NHS Bradford and Airedale and Bradford District Care Trust (BDCT) in 2007. The strategy recommended a range of changes to services; Appendix 11. 1 provides a detailed progress report on implementation of the recommendations.
- 4.3 The Changing Lives Learning Disability programme has been established within Adult Services since September 2008 to implement the changes in partnership with NHS Bradford and Airedale and Bradford District Care Trust. The Programme Director is a jointly funded post between NHS Bradford and Airedale and the Council with a programme team resourced by the Council.
- 4.4 Scrutiny of the implementation of the recommendations from the strategic review has been ongoing as outlined in section 13.
- 4.5 The independent review into three serious untoward incidents and subsequent developments in the learning disability services in Bradford published in January 2010 concluded that, "successful implementation of the change programme has the potential to ensure the system risks are removed and that services provided are of a high quality.

5. Progress Report

- 5.1 The programme plan has been derived from the commissioning framework and consultation work undertaken in 2008 with people with learning disabilities, their family carers and staff through the Learning Disability Partnership Board. The values and benefits realisation plan agreed in 2008 have been used as the basis for all decisions throughout the past three years.
- 5.2 A number of nationally recognised specialists have contributed to the change programme in developing a system that promotes person centred thinking/planning, with a focus on outcomes, social inclusion, independent living, self advocacy and carer advocacy.
- 5.3 The Lean Academy has worked with the multidisciplinary community team to draft efficient and effective pathways, this work included implementing the personalisation customer journey.
- 5.6 An independent reviewing team has been commissioned in 2011 from the voluntary sector to review support plans. Commissioners will receive aggregated information which can be used to commission services. Working together for Change events, which involve people with learning disabilities and family carers in discussion about what are the common themes coming from reviews have been held to use as the basis for planning for this year. The Partnership Board will overview this work and it will be included in the annual report. Any issues about the quality of providers identified at reviews will be communicated from the reviewing team to contracting, this will be used to performance manage providers.
- 5.7 Development work has been undertaken with the Partnership Board along with commissioned work for a stronger role for the People First organisations (self advocacy groups) and Carer organisations to participate in the Partnership Board and reference groups.
- 5.8 The number of providers able to provide support to people has increased via the procurement of a provider framework for support, including housing related support. We have 29 providers available in Bradford now; all quality assured and contracted to provide support at a fixed hourly rate which offers improved value for money.
- 5.9 The Section 75 Partnership Agreement between Bradford Council and BDCT has been revised and was signed in May 2010. The strategic commissioning function had previously transferred back to the Council in October 2008 and operational commissioning in April 2010; this included the transfer of the management of the social work team back to the Council.
- 5.10 The revised Section 75 Partnership Agreement between the Council and Bradford District Care Trust set out an agreed timetable to transfer all social care services for people with a learning disability provided by Bradford District Care Trust to third party providers or in default, for the Council to take direct responsibility for the services. The changes offer more choice and control for people using the services and their families.

- 5.11 New providers have been procured in order to transfer services from Bradford District Care Trust .Three providers were procured from the provider framework for supported living services, all three are specialist charities. Day services were transferred to a specialist charity after a competitive dialogue process and residential and nursing services have transferred to a specialist charity which has a learning disability division. Respite care services will transfer to a limited company at the end of March. The value of services transferred is £25m. It involves around 1700 service users and has affected around 780 whole time equivalent members of staff. This has required a significant amount of project work for the Council and for BDCT over the past year.
- 5.12 In 2009 the Strategic Health Authority (SHA) established a Learning Disability Health Assessment Framework to establish how well Primary Care Trusts and their partners were achieving four targets. The four targets were:
- People still in hospital settings
 - Access to mainstream health services
 - Safety
 - Services for those needing more support

Bradford has completed four annual assessments

In 2011 the SHA assessed Bradford as being green on all targets and to having met the key challenges set by the Partnership Board. The SHA commended the following:

- 100% of GP practices received full points on the Quality and Outcomes Framework for having registers of people with a learning disability
- Bradford People First mystery shopping in Bradford GP practices
- Good access to mental health services for people with a learning disability
- Implementation of the Six lives action plan including the focus on trend analysis linked to complaints involving people with learning disabilities.
- Safeguarding Adults Commissioning Policy in provider organisations
- Enhanced specialist health services provided by BDCT

- 5.13 The NHSBA have commissioned additional specialist health services from BDCT in 2009/10, including a strategic health facilitator and health facilitation team.
- 5.14 In May 2011 a BBC Panorama programme was broadcast showing disturbing scenes of people with learning disabilities and autism being abused within a hospital. The Care Quality Commission confirmed concerns and the hospital was closed. The SHA identified immediate lessons to learn and commenced an assurance process. The Council commissioner and the PCT commissioner have completed the assurance process which has been validated as amber with some areas green.

6. Programme of work in the next year

- 6.1 The Changing Lives programme is planned to close in 2012, however there is still work outstanding which will be undertaken as part of the future joint working between the Council and PCT/Clinical Commissioning Groups.

6.2 The outstanding work to note is:

6.2.1 Further development of the Learning Disability Partnership Board so that people with Learning Disabilities and their family carers can move to the co production of services.

6.2.2 Learning Disability services will need to be included in the JSNA and Health and Wellbeing Strategy given national policy as outlined in section 2 and the increasing numbers of people requiring services with the associated costs to the Council and health services.

6.2.3 The implementation of an operating model for the Access, Assessment and Support function for Learning Disabilities which will align with specialist health staff and follows safe and efficient pathways as mapped out in the work with the Lean Academy.

6.2.4 In line with the recommendations in the Strategic Review there was a requirement to consider the development of a commissioning 'pooled' arrangement with an associated risk management agreement, the Board should consider this within the integrated commissioning arrangements.

6.2.5 Continue to maintain a positive assessment in the Strategic Health Authority. Health Assessment Framework which is likely to require significant work as it has been changed substantially as a result of the SHA assurance process.

7. Financial and resource appraisal

7.1 The total spend on Learning Disability Services in the PCT is £14.3m as reported in the Learning Disabilities Partnership Board Report for 2011/12.

7.2 Adult and Community Services budget from 2011/12 is £45m but the projected spend for this financial year is likely to be higher.

7.3 The change programme has undertaken significant work over the past year to ensure value for money services, but more work will be required over the next year

7.4 The demand for services has increased with increasing numbers of people with Learning Disabilities as outlined in Section 3.

7.5 The cost of services has also increased because the number of people with complex needs has increased, and people are living longer with the consequence that they experience the associated health problems which relate to aging.

8. Other Implications

8.1 Equal Rights

The Equality Act affects the commissioning of services and all service providers in that provision has to be made in respect of "reasonable adjustments" for people when using services. This has already proved to be beneficial in raising the profile of the quality of service provision for people with learning disabilities.

An Equality Impact Assessment has been carried out on the Changing Lives Programme.

8.2 Human Rights Act

Any new contracts with new providers have incorporated the legal responsibilities in relation to human rights.

8.3 Trade Union

Employees and their trade union representatives have been fully consulted on the changes which have been implemented as a result of the programme. The Unions will continue to be consulted on any further changes.

9. Not for publication document

None

10. Recommendations

10.1 The Board are asked to note the report and are invited to comment.

10.2 The Board are asked to approve the outstanding work to be undertaken over the next year including the inclusion of Learning Disability Services in the Health and Wellbeing Strategy.

11. Appendices

11.1 Changing Lives Progress Report on implementing the recommendations January 2012.

12. Background documents

12.1 Report of the Strategic Director Adult and Community Services to the meeting of Executive on 30 March 2010 –Bradford District Care trust Section 75 Partnership Agreement.

12.2 Report of the Strategic Director of Adult & Community Services to the meeting of Executive held on 22 July 2010 – Options for the future provision of day services for adults with learning disabilities.

12.3 Report of the Strategic Director of Adult and Community Services to the meeting of Executive held on 5 November 2010 – Appraisal of options for the future provision of day services for adults with learning disabilities.

12.4 Progress reports to Social Care Overview and Scrutiny Committee on the Learning Dis A BBC Panorama programme was broadcast on Tuesday ability programme on 16 September 2009 and 13 January 2011.

12.5 Provider Framework Pre Contract Brief report to Social Care Overview & Scrutiny Committee on 16 September 2010.

12.6 Residential, Respite and Nursing Home Pre Contract brief to Social Care Overview & Scrutiny Committee on 13 January 2010.

- 12.7 Report to Social Care Overview & Scrutiny Committee on the Variation to the Section 75 Partnership agreement 31 March 2011.
- 12.8 Report of the Strategic Director, Adult & Community Services to the meeting of Corporate Governance on 15 April 2011 – Project management arrangements for the Learning Disability Change Programme which will include the transfer of social care services for adults with a learning disability from Bradford District Care Trust.
- 12.9 Report to the Social Care Overview & Scrutiny Committee 6 July 2011 Transitional arrangements within the Section 75 Partnership Agreement between the Local Authority and Bradford District Care Trust on services for people with learning disabilities.
- 12.10 Strategic Review of Learning Disabilities Council Executive 18 December 2007 – Changing lives through real partnership a commissioning strategy 2007-2012.
- 12.11 Progress report to the Health Overview and Scrutiny Committee 1 March 2012 on the Learning Disability Healthier Lives project and SHA assurance process.

City of Bradford Metropolitan District Council and NHS Bradford and Airedale in conjunction with
Bradford District Care Trust.

‘Changing lives through real partnership’

Commissioning Framework for learning disability services
- A model
(2007 - 2012)

Progress report on Implementation of Recommendations through the Changing lives Programme
which was established September 2008.

Lyn Sowray
Programme Director
March 2012

Reference to document	Recommendation	Progress to date	Action outstanding
<p>Community Leadership</p>	<p>The Council and the PCT should revise the role and function of the Valuing People Board and place it under an independent Chair, linking it to the joint partnership and commissioning mechanisms of the statutory partners.</p>	<p>The People as Citizens project group have led on this work. The Partnership Board has been re-constituted in line with 'Good Learning Disability Partnership Boards Making it happen for everyone'. An independent Chair was recruited in September 2009, along with a Co Chair in April 2010. All of the programme project groups have either a reference group or people with learning disabilities and family carers on the boards. The Partnership Board has received training and development during 2009.</p> <p>A review of the Board was undertaken in early 2011.</p> <p>In April 2011 the Strategic Director of Adult and Community Services took on the role as Chair after the Independent Chair's contract ended.</p> <p>Full time officer support was agreed by Adult Services as part of the Department restructuring in October 2011.</p>	<p>Further development of the Board will take place in 2012 supported by Inclusion North this will include preparing the Board for the future. A new Chair will be required due to the retirement of the Strategic Director of Adult and Community Services.</p> <p>The Learning disability Programme will support this development as part of sustaining the changes over the next 6 months.</p>

<p>13</p>	<p>Identify and develop new joint leadership for the commissioning function including a change director.</p>	<p>Joint Programme Director appointed in June 2008, established programme governance arrangements using 'Managing Successful Programmes' methodology. Partnership Board established reference groups to work with officers to establish project plans. Blueprint of new service models co-produced.</p>	<p>The Programme will close at the end of March 2012 with a three month consolidation period up to June 2012. The Joint Commissioning strategy was written up to 2012 and requires a refresh to reflect the reduction in resources available to the Council which is a significant challenge, when set against a backdrop of increasing numbers of adults with a learning disability across the Bradford District.. The commissioning partnership arrangements require consideration in the context of the Health and Social Care Bill and organisational changes.</p>
<p>1 & 2</p>	<p>Strategic needs analysis of the likely level and type of need for adults with a learning disability.</p>	<p>Work has been undertaken over the last 3 years to formulate a needs analysis of the adult population of people with learning disabilities. In 2007 the Strategic Review identified 1,385 people in receipt of services. In 2011 1,870 people with a learning disability are in receipt of a service. GP registers have 2,050 people with a learning disability identified and 67% had an annual health check.</p>	<p>Over the next 5 months a commissioning plan using updated JSNA information for people with learning disabilities and their family carers will be produced as part of the Health and Wellbeing Strategy.</p>

3 & 4	Identify the overall envelope of spend in support of people with a learning disability. Develop comparative financial information in relation to key areas of development.	This work was completed in 2009, in the Partnership Board report in 2010/11 the Social care budget was reported as £45.4m and the Health spend at £14.4m.	The overall spend on support for people with a Learning Disability will continue to be reported to the Health and Wellbeing Board.
5 & 6	To develop clear outcomes for people with a learning disability that can supplement and add value to the performance agenda. To draw strands from recommendations 1-5 together into a Commissioning Portfolio that links needs, service response and current and expected performance to support the development of a commissioning Section 75 pooled budget arrangement.	All contracts for services for people with a learning disability have been reviewed or re tendered and all have performance indicators which focus on outcomes for people using the service. An independent review team (BIRT) was commissioned to provide 1700 person centres review of people in receipt of services .This contract includes the requirement that commissioners will receive reports if a provider is not providing positive outcomes for people. Twice a year “working together for change “events will be held to identify issues or areas that require action from Commissioners.	The Partnership Board will consider at their development day how they will overview how the action plan derived from the “working together for change events” will be implemented.
7	Remove the strategic commissioning function currently undertaken by BDCT.	Council and PCT took back strategic commissioning function in October 2008.	Completed
8	Identify the necessary	As described in 5&6 all contracts has	

<p>i.</p> <p>ii.</p> <p>iii</p>	<p>procurement and contracting capacity necessary to undertake:-</p> <p>A thorough review of the current contractual arrangement of each element of service with a service level agreement.</p> <p>Market test a proportion of the current accommodation profile based on the proposals for the re-assessed needs for each individual currently contracted for by BDCT.</p> <p>Establish a quality framework to inform the procurement and contracting review process.</p>	<p>been reviewed .Specialist Health services have been specified by the PCT and are performance managed. Domicillary care and housing related support was tendered as a framework in order to develop a market to enable choice f or people and their families. The framework has fixed hourly rates and all the providers have been quality assured.</p> <p>All the BDCT social care services have been market tested and new providers procured .In order to do this service people’s needs were reassessed.</p> <p>A quality framework was established. A provider forum is established and plans have been agreed between providers to work together on workforce development and in developing the market.</p>	<p>The provider framework requires embedding into the system, the market requires further development as not all the framework providers are able to operate in Bradford. A framework for providers of residential and nursing services will be tendered and procured for all the remaining providers of these services over the next year, this will assure quality and value for money .The Council and PCT are jointly working on this work.</p> <p>This is completed and requires embedding into the system over the next 6 months.</p>
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<p>9</p>	<p>i. Remove the operational commissioning function for Keighley and Bradford from BDCT.</p> <p>ii. Accelerate and implement within 9 months a person centred planning system alongside a life planning approach.</p> <p>iii. Accelerate and implement within 9 months individualised budgets to initiate a culture and market change and within the context of a resource allocation model.</p>	<p>Completed.</p> <p>Significant work has been completed on this recommendation.</p> <p>Significant work has been undertaken to implement personalisation with a steady rise of people having a personal budget.</p>	<p>.Work will be ongoing in this area and will be measured by the Independent Reviewing outlined in 5&6.</p> <p>Work will be ongoing to increase the numbers of people with a personal budget.</p>
<p>10</p>	<p>Utilise and link PCP into a commissioning database to inform analysis trends.</p>	<p>Completed as described in 5&6.</p>	<p>.</p>
<p>11</p>	<p>Identify (using current workload management methodologies / waiting list information) core size requirements for CTLD and promote actively a community support worker workforce plan to support professional roles. Link specific workers to</p>	<p>Significant work has been undertaken to support and develop the Community team for Learning disabilities with investment from the PCT into a health facilitation team, community matrons, and additional therapists. Additional social workers have been recruited into the care management team but work is</p>	<p>An operating model for the care management team which will be aligned with other client groups and will work to agreed lean pathways with specialist health staff requires implementation. This is a priority for the next year.</p>

	practices.	required to implement this recommendation	
12	Commission a LES to accelerate development of registers and health planning.	PCT commissioned local enhanced service in 2008. Numbers of health checks offered has risen by 68%. Public Health has reviewed data and analysis will assist the Strategic Health Facilitator in focusing the health facilitation service.	This is ongoing and will be reported annually to the Partnership Board and Health and Well Being Board. It will be included in the JSNA and used as the basis for commissioning services.
14 & 15	The PCT/DASS to develop a commissioning 'pooled' arrangement with associated risk management agreements in order to introduce the necessary critical mass and financial flexibility for the future programme.	The Changing Lives Programme has effectively been an integrated commissioning team reporting to the Integrated Commissioning group. Pooled budgets and risk management agreements are required as the programme closes.	. Agreement is required at the Health and Wellbeing Board to include Learning Disability commissioning as an area for pooled budgets and risk sharing agreements.
16	The joint commissioners should re-examine the current manner in which carers groups across Bradford and Airedale are organised and how dialogue is undertaken.	Significant work has been undertaken on developing carers groups and resources in the District. Family carers have been involved in the recruitment of new staff and in the procurement of New providers.	. This will be overseen by the Partnership Board.
17	Negotiate the establishment of a joint agency / joint function transitions team to properly plan, procure and contract appropriate services for those	A transitions team has been developed and co working between health and care managers takes place with improved outcomes for people in transition.	Work is required this year to strengthen the arrangements.

	in transition.		
18	Develop a 'transition' approach to those 'older' service users whose needs require re-assessment due to the impact of the ageing process and/or the potential inappropriateness of their service arrangements.	. Work was undertaken in 2009/10 to support older carers.	The operating model in CTLD will ensure that this recommendation is fully embedded in the system in the next year.
19	The commissioners to further discussions with the 'advocacy' organisations to develop models of brokerage on individualised budgets and to strengthen the role of the third sector in this area.	Some preliminary work has taken place on this area.	.Work has commenced to run a pilot Project with the National team for social inclusion (NDTI) .The intention would then be to procure providers to provide brokerage.
24 -49 Fulfilling lives – having a good day.	Develop a clear strategic commissioning approach working with a wider set of local partners through the Local Strategic Partnership building and integrating this into the Commissioning for Wellbeing agenda locally. Invest in Person Centred Planning to undertake a re-assessment of people's needs	Short Break strategy approved last year. BDCT day's services transferred to new provider on 1 February 2012 and as part of the contract will transform day services in line with this recommendation. Other providers are providing personalised support for people to access community activities and significant improvements have already been made by the improvement projects	The first "working Together for Change "event has resulted in an action plan that incorporates elements of this recommendation. It will therefore be a priority area this year.

	<p>and aspirations in relation to leading more fulfilled lives. Re-align the 'community activities' current day services outside BDCT through exploring and consulting on co-ownership model for the organisation of future models.</p>	<p>undertaken by BDCT day services over the past 3 years.</p>	
<p>20 – 23 Having a suitable place to live.</p>	<p>Undertake a re-assessment of individual needs and aspirations and ensure that each individual is provided with 'real' choice and control over where and with whom they live. Prioritise the care groups of people with learning disabilities who need to have their needs re-assessed:- Individuals who are currently living with older carers. Individuals who are coming through transition from adolescence to adulthood.</p>	<p>Where People live Project established with reference group. Accommodation Strategy launched in June 2010 with action plan. Re-assessments of all people living in Yorkshire Housing supported accommodation and nursing homes completed –86 residents / tenants. Weaver Court resident's assessments completed project group established BDCT residential homes residents to be re-assessed by December 2010. BDCT supported accommodation tenants have been reassessed. Bradford Housing Partnership established for people with learning disability. Housing broker working with Registered social landlords to identify accommodation for people wishing to move. Identify suitable properties/houses for people to move to</p>	<p>Housing pathway requires work to embed into the system and new operating model in CTLD.</p>

		<p>with personalised support. Provider framework for support including housing related support is now in place as outlined in section 8.</p> <p>New providers procured for BDCT supported living services (SLS) and previously managed Yorkshire Housing SLS.</p> <p>All people in these services will have tenancy agreements with landlords so will be able to move house without affecting their support and will be able to choose their support provider. This has been difficult to achieve with large numbers of people requiring Best interest meetings,</p> <p>New providers procured for nursing, residential and respite care services. Where people Live reference group put forward proposal to explore options of how Choice advocacy, self advocacy groups can support people</p>	<p>Ongoing work will continue to build on the positive changes made and to ensure it is embedded in the system.</p> <p>The contracts for these services are transformational and will require significant contract management.</p>
<p>50 Fulfilling lives – Housing a</p>	<p><u>Fulfilling lives</u> Invest and enhance the role of independent advocacy services to support individuals and their</p>	<p>Additional investment has been made in Choice Advocacy. A review of the contract was undertaken in 2009/10 and a refreshed contract agreed.</p>	<p>Choice Advocacy and the Carer Advocacy group along with the two People First organisations are and will continue to be involved in the</p>

Good Day	families / carers in developing their PCP and aspirations for involvement in community activities.	The user led organisations have also had increased investment and been supported to develop services.	system changes as described in sections 5,6 and 19.
51 Fulfilling lives – Having a Good Day	Develop better partnerships with the wider community such that it creates a more welcoming infrastructure for people with learning disabilities – seek and invest in local community champions, explore possibilities of engaging with local elected members and key people in the community.	The People First organisations have over the past 3 years made significant progress in developing Partnerships within the Community .Significant work has been undertaken on training on Hate Crime. Snoop (a day service provider for young people) launched a” I am lost scheme “.	The development day s arranged for the Partnership Board will include a focus on this recommendation.
52 Fulfilling lives – Having a Good Day	Invest in the development of new posts of Community Development support workers (geographically based) to enhance broader community engagement across independent and voluntary sectors.	This recommendation has not as yet been implemented but will be considered as part of the new models of services in the re-provided BDCT day services.	Over the next year we will explore this as an option in the new model of service in day services. Explore this in relation to support planning and brokerage.
53 Fulfilling lives – Having a Good Day	Work specifically with local black and minority ethnic communities to create and build local opportunities which are gender, religious and culturally	BDCT Day Services have specific improvement projects which focus on this recommendation. The PCT and Partnership Board using LDDF fund to fund specific voluntary	Build on work already undertaken and use learning to further developments. Monitor use of services and impact of changes on BME service users

	sensitive to individual needs and aspirations.	sector organisations to support people from BME groups. The Partnership Board have a BME Voice Forum who provide feedback	and carers via BIRT review and performance information. Use feedback from Partnership Board as a basis to change services in order to respond to specific needs.
54 – 61 Health and Wellbeing	To create a strategic role within the PCT Strategic Health Facilitator linked to the public health function to support the strategic development of promoting health and wellbeing and access to mainstream health services for people with learning disabilities.	Strategic Health Facilitator commissioned from BDCT, recruited and in post from July 2010. Healthier Lives Reference group is supported by Strategic Health Facilitator (Person with a learning disability supported by self advocacy group chairs the group) Regular reports to Partnership Board and Health Overview and Scrutiny Committee	. Healthier lives Reference group have a plan .
55 – 57 Health and Wellbeing	Review the current processes at practice level to ensure that the health needs of this population group are identified (through effective health action planning) and aggregated so as to inform the local commissioning plans. Commission a local enhanced service.	Healthier lives project has delivered:- Local enhanced service and review of Quality and Outcomes framework. Community Matrons (4) who will provide case management for adults with learning disabilities who have complex health needs. Support for people going into hospital to support care coordination and enable reasonable adjustment. Training has been provided for primary and community care providers.	Continue reviewing QOF information and use a basis to focus efforts of Health Facilitators. Monitor caseloads of Community Matrons and outcomes for service users. Strategic Health Facilitator monitors and reports on complaints, and incidents relating to people with a learning disability.

<p>58</p>	<p>Support the development of Champions for people with learning disabilities in all partner organisations including Acute Trust, PCT and GP practices.</p>	<p>Development of Health Facilitation services within CTLD Additional 4 Health Facilitators and change in role for existing 12 learning disability nurses. Attached to practices and residential and nursing homes.</p>	<p>Reports are provided by BDCT to the PCT on these services.</p>
<p>59</p>	<p>Develop a re-balanced model of support for people whose behaviour poses a challenge which should reflect best practice and include:- Develop a 4-6 bedded community facility to support intervention with those of highest need.</p> <p>i. Accelerate the development of an integrated multi-disciplinary practitioner team for learning disabilities across Bradford.</p> <p>ii. Include roles of community support workers within the team to support professional roles.</p> <p>iii. Develop nurse liaison post to work into the local acute</p>	<p>Assessment and Treatment Unit reduced beds from 20-6 over the past 2 years, with a SLA specifying service to be provided.</p> <p>Significant work has taken place over the past 3 years to move towards this goal</p> <p>This has been achieved by health</p>	<p>BDCT have proposed a short term plan to begin to develop a behaviour Support team to work in the community. This will be piloted over the next year.</p> <p>This is a priority for the next year .</p> <p>. This objective will be considered as part of the implementation of a new operating model in CTLD</p>

	<p>hospitals.</p> <p>iv Recruit and develop an intensive support team, who will work alongside both the CTLD and other teams within the community to support mainstream services and support the transfer of knowledge and skills to front line staff on a 24/7 basis.</p> <p>v Service philosophy that encompasses the expectation that most people will have their care and support provided in their local community or an area of their choice based on a PCP approach.</p> <p>2. Develop a list of preferred providers – which enables targeted training and development to take place such that there is greater choice and options for both accommodation and support packages. Review all short break services and ensure that a broad range of options are available to</p>	<p>facilitation team.</p> <p>This is incorporated into all service specifications.</p> <p>See section 5,6 and 8.</p> <p>Short Break strategy in place and has been used to procure new provider to</p>	<p>BDCT have proposed a short term plan to begin to develop a behaviour Support team to work in the community. This will be piloted over the next year.</p>
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	<p>individuals and families in line with the above model.</p> <p>3. Review the needs of individuals who access the existing respite care unit (Rix House) and develop a range of 'short break' options for them based on their assessed needs using a person centred planning approach.</p> <p>4. Ring fence the financial resources to support packages based on individual needs and preferences to support people with complex needs and those whose behaviour is likely to present a challenge.</p> <p>5. Ring fence the financial resources to support packages based on individual needs and preferences to support people with complex needs and those whose behaviour is likely to present a challenge.</p>	<p>manage and transform BDCT respite services. Business plans to be developed by providers.</p> <p>Assessments are being undertaken in order of priority and will include individuals using respite services.</p> <p>Current expenditure on short breaks is included in the budgets and will be outlined in short term break strategy.</p>	<p>.</p> <p>This is within the contract with the new providers.</p>
60	<p>To expand and use creative individualised support packages based on individual needs and preferences to support people with complex needs and whose behaviour is likely to present a challenge.</p>	<p>Some small projects are offering individualised packages to individuals which are being very positively received. Young people coming into Adult Services are being offered individualised support packages.</p>	<p>This is incorporated into all the service specifications with new providers.</p>
61	<p>To ensure that the specific needs of people with learning</p>	<p>This has been completed. The green light toolkit paints a picture of what good</p>	<p>Action plan is implemented and commissioners monitor improvement</p>

	<p>disabilities who have mental health problems is identified and addressed as an integral part of the commissioned review of local mental health services.</p>	<p>mental health support services for people with learning disabilities look like, and gives a way of assessing how well local services measure up to it. This toolkit measured local services in 2008/9 and an action plan was formulated as a result to improve services.</p>	<p>via the contract with Bradford District Care Trust. The toolkit will be used to improve service specifications and pathways. Strategic Health facilitator will report on progress and any issues.</p>
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