



A Joint Strategy to Support People with a Learning Disability in Stoke-on-Trent

2010 – 2015



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1/ Introduction

1.1 This document is a joint strategy to support people with a learning disability in the City of Stoke-on-Trent. The strategy has been agreed and adopted by the Learning Disability Partnership Board, NHS Stoke-on-Trent and Stoke-on-Trent City Council

1.2 The strategy has been written with input from a range of stakeholders and so thanks must go to people who took part in the consultation on what should be in the strategy and who commented on the first draft.

1.3 Special thanks must go to the REACH self-advocacy group who have done a lot of work looking at what people with learning disabilities need and want. The group has spent a large amount of time commenting on the draft document and suggesting improvements and ideas.

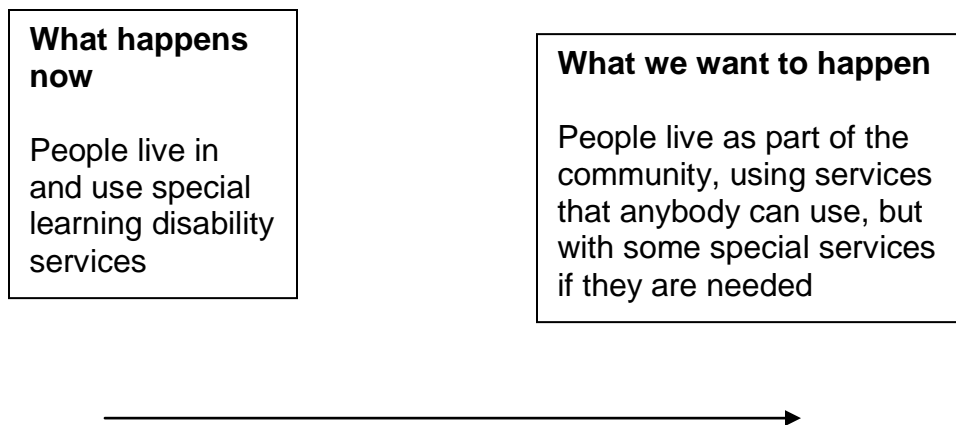
1.4 We have tried to keep the content of the strategy simple and to write things in plain English. We wanted to have a strategy that was clear and could be understood by anybody who was interested. However, we have had to use some long words or bits of jargon which we have tried to explain in the Glossary at the back of the strategy.

1.5 The strategy has been written at a time of great change for the NHS and also for Local Authorities. The financial situation in the country as a whole is well-known and reductions in budgets will affect services that are used by people with learning disabilities. Whilst this strategy was being written, the government published its 'White Paper' (or planning document) about the future of commissioning in the NHS. Because there is so much change happening at the moment, it is likely that parts of the strategy will have to be revised before the document's end date. However, it is still important to have a strategy in Stoke-on-Trent that sets out clear principles about how people with a learning disability want to be supported and how services should be organised to help this happen.

2/ Vision for the Future

2.1 This strategy is based upon a vision of how the needs and wishes of people with a learning disability and their carers can be met. This vision builds upon the direction set out in 'Valuing People Now', 'Our Health, Our Care, Our Say' and other national documents but also reflects what commissioners in Stoke-on-Trent have been told by the people who use services. The vision also reflects 'Achieving Personalised Services', the policy framework agreed in Stoke-on-Trent for the future delivery of support and services (See Chapter Three for more details)

2.2 The direction of travel for how we see services being delivered can be summed up in the following diagram:



2.3 Some examples of what these changes might mean are:

From Here	To Here
Most people with a learning disability live in a residential home or with their parents	Most people with a learning disability are able to live in their own home if they want to
People with a learning disability go to places and do activities with other people who have a learning disability	People with a learning disability go to places where lots of different people go and do activities with lots of different

	people
People with learning disabilities can only go out in the daytime when support staff are working	People with learning disabilities will be able to go out in the day, in the evening and at week-ends, because they can get support staff at different times that suit them.

2.4 Services that everybody can use are sometimes called ‘Universal Services’. These are things like the local library, sports centre or local doctor’s surgery. Some universal services will need to change to make it easier for people with a learning disability to use them.

2.5 Some people might still need special services that are designed especially for people with a learning disability. These might be services that support people with complex needs or challenging behaviour. We would like use of special services to be kept to a minimum and see people having their needs met in services where there are as few restrictions as possible.

2.6 We will be able to see what progress we have made in Stoke-on-Trent by measuring people’s experiences against some statements. This will enable commissioners to see what outcomes have been achieved. Our outcomes will be:

I am as healthy as possible

People with a learning disability live longer and have better physical and mental health. People with a learning disability are supported to live healthy lifestyles and are encouraged to attend regular health checks, screening programmes, dental check ups, etc.

I enjoy my life

People with a learning disability can access good quality housing, leisure, transport, education and have meaningful occupations. People have adequate support and are encouraged to be independent.

I am part of my community

People live, work, and take part in their local community as equal members. People are involved in planning their services and measuring how good their services are. People with learning disabilities are respected and listened to.

I have choice and control over my life

People with learning disabilities can have a person centred plan, can choose where they live and who they live with and can choose how they are supported. Information is available in formats that people can understand and is kept up to date and accurate. People have the chance to use Direct Payments and Individual Budgets. People know how to complain. People have good access to a sufficient level of advocacy services.

I can live free from fear, harm and prejudice

People with learning disabilities can live free of discrimination and can be confident that hate crime or other mistreatment or exploitation will be taken seriously and dealt with by the authorities. People know how to report hate crime and discrimination.

I am in control of my money

People with learning disabilities are supported to have their own bank account and be in control of their money. People get all the welfare benefits that they are entitled to receive. People are supported to work in paid jobs where they are able to.

I feel valued by other people

People receive good quality care and support. People are treated with respect and their dignity and privacy is respected at all times. People's views are listened to and respected.

I am included

People have equal access to support and services. This includes people with Profound and Multiple Learning Disabilities, people with a learning disability who also have physical needs or mental health needs, people from minority ethnic backgrounds and people with a learning disability who are on the Autistic Spectrum.

3/ 'Achieving Personalised Services'

Re-focussing support

3.1 In November 2009, NHS Stoke on Trent and Stoke on Trent City Council agreed the policy framework document 'Achieving Personalised Services'. This document is the blueprint or plan for how commissioners will plan, design and buy services in the future. This plan is for all groups of people, not just for people with a learning disability.

3.2 Therefore, this strategy must reflect what has been said in 'Achieving Personalised Services' (which is also known as the blueprint) The vision that is outlined in Chapter Two of this strategy fits very well with what is said in the blueprint document.

3.3 The blueprint says that there are four levels, or tiers, of need. These are:

Tier 1 – Self Help and Prevention

Tier 2 – Front line Community Services and Primary Care

Tier 3 – Specialist Community Services/Primary Care/Social Care

Tier 4 – Acute/Residential Services

3.4 There are 3 stages of service availability. These are:

Stage 1 – Access

Stage 2 – Support to Recovery

Stage 3 – Longer-Term Support

3.5 The overall idea of the blueprint is that people should be able to receive a service that is personalised to their individual needs. This includes more use of Direct Payments, Personal Budgets and Personal Health Budgets and also creating a wider range of services in Stoke-on-Trent that people can choose from.

3.6 The focus will be on people receiving the support that they need through the lower tiers outlined above wherever possible. This

means more emphasis on supporting people in the community and on services which support people to gain or regain independence or services which can prevent a person's needs increasing.

3.7 The blueprint also means more emphasis on keeping people well and helping people to cope in their current environment. Where somebody's need change, the response should be to see what adjustments can be made to enable the person to carry on living in their home, rather than assume that they have to move to receive additional support or care. Rehabilitation plays an important role in this model, aiming to work with people to regain and retain skills to enable them to return to as independent a life as possible.

3.8 Some examples of what this might mean could be

- More people being supported to live in their own home with support rather than living in a residential care home.
- People being helped to develop the skills that they need to look after themselves. This could be people learning skills for the first time, or people needing to regain their skills after illness or an accident.
- People being able to get support or care from community based teams instead of having to go into hospital or have an out-patient appointment.
- People being supported to attend health checks, screening, dentists or opticians to enable them to stay healthy
- People with an individual budget being able to choose what services best suit them, possibly with help from a care broker or other advisor, instead of having to fit in with whatever services currently exist.

3.9 The commissioning intentions contained within this strategy (see Chapter Ten) are designed to mirror the contents of the blueprint by focussing on prevention, helping people to stay well, helping people to live in the community with the support that they need, making services that everybody in the community use more accessible for people with a learning disability, making sure that there are enough specialist services available for people who need them, making sure that specialist advice is available for other staff working with people

who have a learning disability and trying to give people with a learning disability more choice and control over their lives.

4/ Priorities in Stoke-on-Trent for the next five years

The 'Top Ten'

4.1 The detailed commissioning intentions for learning disability services are contained in Chapter Ten of this strategy. However, it is worth being clear on what the overall priority areas are over the next five years or so. These priorities shape the commissioning intentions in Chapter Ten.

4.2 Some of the priorities have come from national guidance or policy. Others are priorities that commissioners have been made aware of through feed-back from people with a learning disability in Stoke-on-Trent or people who support them.

4.3 The priorities listed in this chapter are not everything that commissioners are planning to do. Each priority might need several pieces of work to be done before it can be met.

4.4 The priorities are

Priority Area	What Commissioners Want to Do
Accommodation	Make sure that people with a learning disability have a choice of where to live and who they live with
Personalisation	Make sure that people with a learning disability are encouraged to take up Direct Payments and Personal Budgets and can buy support and services that suits them.
Access to healthcare	Make sure that people with a learning disability enjoy good health, receive a good service from hospitals or their local doctor, and attend health checks and screening.
Access to information	Make sure that there is more information for people with a learning disability that is in formats that people can understand easily.

Data about people with a learning disability	Make sure that we understand how many people there are in Stoke on Trent with a learning disability and can predict accurately how many there will be in the future. Make sure that we understand the range of needs that people have and that we have good information about hard-to-reach groups and people from minority ethnic groups.
Universal services	Make sure that people with a learning disability find it easier to use the same services as anybody else in the community. These could be things like Housing Offices, Libraries, Sports Centres, etc.
Respite and short breaks	Make sure that there is more choice in the types of respite that can be offered to people with a learning disability and their carers.
People with Autism	Make sure that people with Autism have services that meet their needs.
Joining things up	Make sure that all services work together to support a person with a learning disability and build on the joint working that already exists.
Transition – young people with a learning disability entering adult services	Make sure that we have good information about how many young people with a learning disability there are in the City, and that we are prepared to meet their needs when they become adults. Make sure that the change from a children's to an adult's service is as smooth as possible

Valuing People Now – The implementation plan for 2010-11

4.5 The national implementation plan for 'Valuing People Now' for the financial year 2010-11 has been published by the Department of Health. This sets out what the Department sees as the key priorities for improving learning disability services for this year.

4.6 The six key priorities have been identified as:

- to have strong leadership and 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 the 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 the number of people with learning disabilities in real paid jobs of 16 hours a week for all who can, including in the public sector;
- to improve joint strategic planning, commissioning and service development across children's and adult services, so that people are supported to plan for future employment and a full life.

4.7 Out of these six priorities, three have been identified as having the greatest impact on improving the outcomes for people with learning disabilities. These are:

- Health
- Housing
- Employment

4.8 The Valuing People Now key priorities match with the Top Ten priorities that have been identified in Stoke-on-Trent.

5/ Current spending to support people with a Learning Disability

5.1 The following is a brief breakdown of the funding committed to supporting people with a learning disability in the financial year 2009-10. Funding is provided by Stoke-on-Trent City Council, through the Adult Social Care, Health and Communities Directorate and the Supporting People Team, and from NHS Stoke-on-Trent.

5.2 From the 1 April 2010 the responsibility for commissioning and managing a number of services transferred from NHS Stoke-on-Trent to the City Council in line with national policy. The funding for these services also transferred from the NHS to the City Council.

5.3 This change means that the NHS now only funds services for people with a learning disability which have a direct healthcare element, such as Assessment & Treatment beds or Community Nursing Teams.

Area of Activity 2009/2010	City Council £,000	NHS Stoke on Trent £,000
Residential/Nursing Care	6,399	1,643
Supported Living	1,049	4,148
Day Opportunities	3,216	250
Acute In-patient Services	0	1,144
Specialist Services	0	1,733
Continuing Healthcare	0	2,008
Community LD Nursing Team	0	265
LD Social Work Teams	1,003	0
Direct Payments	384	0

NHS Campus	0	2,557
Supporting People contracts	243	0
Other	993	1,164
Total	£13,287,000	£14,912,000
TOTAL SPEND	£28,199,000	

TOTAL SPEND £28,199,000

5.4 It is recognised that the next three to five years will be financially challenging for all public sector organisations and that this has implications for the future funding that is available to support people with a learning disability, whether it is a service that is directly provided by the City Council or NHS Stoke-on-Trent, or whether it is something that either organisation purchases.

5.5 What is important is that spending decisions are made on a strong evidence base and that services and support that receive funding can demonstrate their effectiveness and that outcomes achieved for investment can be measured and analysed.

5.6 As services in Stoke-on-Trent continue to be modernised, it is expected that a change in the proportions of funding between types of service shown above will change. For example we might expect to see less money spent on residential care and a greater percentage on supported living. The amount used to fund Direct Payments and Personal Budgets should increase.

5.7 The commissioning intentions contained in this strategy assume no increase in the money that is available for learning disability services until 2015. It is recognised that the financial climate for all service provision will be a difficult one and it is very likely that some savings from current spending will have to be found.

5.8 For this reason, many of the commissioning intentions are about re-designing services and making care pathways more efficient rather than commissioning a series of new services on top of what we have now.

5.9 In July of 2010 the government launched a policy document, (called a White Paper) about how the NHS would plan and buy services in the future. This document is called 'Liberating the NHS', and is available from the Department of Health's website. Responsibility for planning and buying services in the NHS will transfer from the current system of Primary Care Trusts to new groups of doctors who will be known as 'GP Consortia'

5.10 At the time of writing this strategy, the new system has not been finalised and so we do not know exactly how this will work and what affect the new system will have on services that support people with a learning disability.

5.11 These changes only affect services that are bought and provided by the NHS.

6/ Important changes in Stoke-on-Trent during 2009-10

6.1 Although this strategy is about making things better for people with a learning disability in Stoke-on-Trent, some things have already changed and progress has been made. There is a lot more to do, but it is important to recognise the hard work and investment that has been put into learning disability services in the City over recent months.

6.2 This list is not everything that has happened, but some examples of progress that has been made in the City recently. The commissioning intentions in this strategy will continue this work.

6.3 Some examples of recent changes are:

- The City Council's day services for people with a learning disability have changed and now offer a wider range of opportunities often based in the community rather than in the centre building.
- Plans are being made to redevelop the Newstead Day Service to better cater for people who have more complex needs or physical needs as well as a learning disability. This will include new sensory facilities.
- NHS Stoke-on-Trent has invested in expanding the team of Health Facilitators from one person to three people. This gives far more capacity to support people with a learning disability to understand their own health needs, have health checks, attend clinics and also enables the team to provide training about learning disabilities to all NHS staff.
- A Changing Places toilet has been installed in the Potteries Shopping Centre in Hanley. There is a consultation exercise taking place on the location of a second Changing Places toilet.
- The Hamilton adult training centre has been replaced with a more modern employment service based at Riverside.
- Life Skills services have been developed and put in place to help teach people with learning disabilities how to carry out household tasks like cooking, cleaning and looking after their

- money. These skills enable people to live in their own homes rather than have to live in residential or nursing homes.
- A project has been set up with colleagues in Staffordshire to close what are known as 'NHS Campus' services. This will enable people who currently live as NHS patients to live in their own homes as tenants and have a more individualised support package during the day and evenings.
 - The City Council has developed a Housing and Accommodation Strategy for people with learning disabilities which aims to ensure that people with learning disabilities have access to a wide range of housing with easily accessible information and advice.
 - The Supporting People Team are working with colleagues in Adult Social Care and others to re-model existing housing related support services for people with learning disabilities to ensure that support will be more flexible and enable more people to live in the community with support.

7/ What people say they want

7.1 When work began to put together this strategy, commissioners asked the REACH Parliament to do some work to decide what the members thought should be in the final document.

7.2 REACH is a self advocacy group for people with learning disabilities based in Stoke-on-Trent. REACH members elect MPs to the Parliament to represent views and raise issues or make suggestions. REACH MPs attend the Learning Disability Partnership Board and have a time assigned on each agenda to bring reports to the Board or ask questions. One REACH MP is the co-chair of the Partnership Board.

7.3 REACH produced a report looking at what they felt people with a learning disability need. The full report can be obtained by contacting REACH. The report was presented to the Partnership Board.

7.4 The following is a summary of the key points of what the report said. People said that they wanted support;

- To do things during the day like go to college, use the bus, go to clubs and do hobbies, go swimming, watch Stoke City or go to meetings
- To help with day to day tasks like shopping, housework, getting a hair cut, getting dressed, cooking meals
- To go to the doctors or other health appointments and take medication
- To advise on money, benefits and budgeting
- At difficult times, like when people were moving house

7.5 People also had lots of ideas about what should be in the strategy. These included:

- More choice and variety when moving house and support to make sure people don't lose touch with friends if they move. Changes to people's houses if they have other conditions and get older. Making it easier to get hand-rails, bath seats or stair lifts if people need them.

- Choice and variety in day services, to be able to go out more
- Better support in the evenings
- More training and information for staff about learning disabilities – people like doctors and nurses or the Police for example
- Being able to go out and about – wheelchair space on buses, Changing Places toilets
- More support on how to complain – who to and how you make a complaint
- Making things happen quicker for people
- Better information for people with a learning disability. More information in clear words and pictures
- More training to help people find jobs

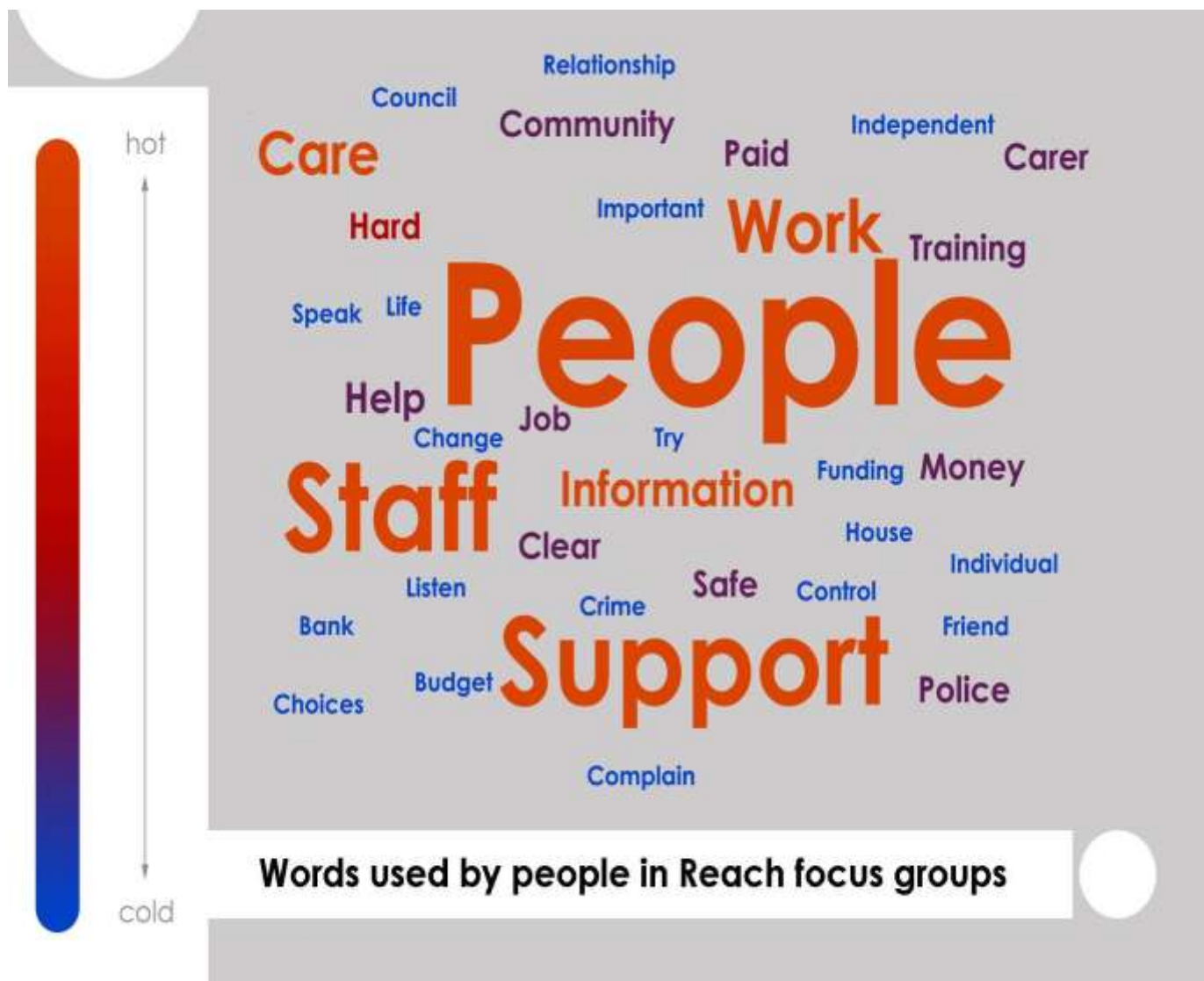
7.6 What people with a learning disability have said has informed the vision for this strategy which we outlined in Chapter Two. There should be a clear link between the vision, what people with a learning disability have told us is important to them, and the commissioning intentions in Chapter Ten.

7.7 Part of the REACH work was to produce a ‘word cloud’ which showed how often important words were used compared to each other by people during the consultation. This word cloud has been put into the strategy at the end of this chapter so that people reading the strategy can easily see what people think is important.

7.7 The City Council’s Housing and Accommodation Strategy for people with learning disabilities was written after a lot of consultation with people who have a learning disability and their carers. Pages 14-20 of this strategy give an overview of feedback received about housing and accommodation from

- People with a learning disability
- Families and carers
- Stakeholders
- Commissioners
- Housing providers
- Care and support providers

REACH's Word Cloud



8/ The population of people in Stoke-on-Trent with a Learning Disability

8.1 The following table shows the predicted number of people in Stoke-on-Trent with a learning disability. ¹ This is not the same as the number of people who get support from either the City Council or NHS Stoke-on-Trent.

	2009	2015
Total number of people in Stoke-on-Trent	240,200	243,400
People aged 18-64 with a learning disability	3,657	3,594
People aged 65+ with a learning disability	807	904
Total number of people with a learning disability	4,464	4,498
People aged 18-64 with a moderate or severe learning disability	817	808
People aged 65+ with a moderate or severe learning disability	109	124
Total number of people with a moderate or severe learning disability	926	932
Number of people aged 18-64 with a learning disability who live with their parents	312	305
Number of people aged 18-64 with Downs' Syndrome	94	92
Number of people aged 18-64 who are on the Autistic Spectrum	1,497	1,463

¹ PANSI website figures May 2010

8.2 At a quick glance, the numbers of people with a learning disability seem to be quite stable and the overall figure shows a slight reduction over the next five years. However within the overall figures we need to take note of some changes, for example the significant increase in people over 65 years old with a learning disability. We also need to note the number of people with a learning disability who live with their parents and bear this figure in mind when planning for future accommodation needs.

8.3 Other information that has been collected across the country seems to say something different to the figures that are predicted for Stoke-on-Trent. Some academic research² says that

- About 2% of the population have a learning disability. For Stoke-on-Trent, this would mean 4,800 people: 200 more than other predictions.
- The number of adults with a learning disability is predicted to rise by 11% between 2001 and 2011. This is different to the Stoke figures that are showing a small decrease over the next five years.
- The number of adults over 60 years old with a learning disability is predicted to rise by 36% between 2001 and 2011. The Stoke figures do show a rise over the next five years, but only of 5%
- Generally only 20% of adults with a learning disability are known to social services departments. This would be 893 people in Stoke on the above figures, whereas the actual figure for people known to services is over 100 less: 769 people

8.4 Therefore we need to be careful that we have better information about how many people in Stoke-on-Trent have a learning disability and what their needs are. Commissioners need to

- Make sure that accurate information is being kept by the City Council, NHS Stoke-on-Trent and providers of services for people with a learning disability.

² Estimating Future Need/Demand for Support for Adults With Learning Disabilities in England, Lancaster University 2004, quoted on Foundation for people With Learning Disabilities website.

- Work with information management colleagues to ensure that IT systems can produce information that is important to use in planning services.
- Make sure that registers of people with a learning disability kept by GP surgeries are accurate and up to date

8.5 In March 2010, 769 people with a learning disability were known to the City Council. Of these;

- 675 (88%) were aged 18 – 64
 - 94 (12%) were aged 65 +
 - 433 (56%) were men
 - 336 (44%) were women
 - 238 (31%) were described as having complex needs
 - 55 (7%) were described as having behaviours that challenged services
 - 57 (7%) were on the Autistic Spectrum.
-
- 727 (95%) described themselves as White or White British
 - 19 (2.5%) described themselves as Asian or Asian British
 - 2 (0.025%) described themselves as Black or Black British
 - 4 (0.5%) described their ethnicity as mixed
 - 15 (2%) did not state their ethnicity

In July 2010, just under 1,400 people were recorded on GP registers as having a learning disability in Stoke-on-Trent. It would be expected that this figure will be larger than the number of people receiving social care as no eligibility criteria will have been applied to receive a service. However, it can be seen that this figure is far lower than the predicted number of people in the City with a learning disability if we use national predictions.

8.6 In March 2010, there were 512 young people aged 13-17 with a learning disability in Stoke-on-Trent. All 512 young people have a Person Centred Plan and Transition Plan and the type and levels of support that each will require on reaching adulthood is understood.

8.7 Of these young people 55 are currently placed outside of Stoke-on-Trent and so work needs to be done to see if it would be

advantageous to commission suitable services for these young people within the city.

8.8 At the time of writing (May 2010), the City Council and NHS Stoke-on-Trent are working together to produce a document for the City called the Joint Strategic Needs Assessment (JSNA). The JSNA collects information about the people in the City, about what needs they currently have and what the likely needs for healthcare or social care support will be over the next few years. This document is important because the information that is in it helps Commissioners to plan and design the support that will be needed.

8.9 The JSNA is not just about people with a learning disability, but about everybody in the City. The last JSNA that was written did not include much information about people with a learning disability and so it is important that this is included in the new document.

8.10 The City Council's Housing and Accommodation Strategy for people with learning disabilities identified demand for housing over the five years from April 2009. A housing needs survey showed that 69 people would require housing in that time. When young people with learning disabilities who will become 18 years old over this period are included, it is likely that 279 people will require housing over this five years.

9/ Current services

9.1 Services provided by the City Council.

In March 2010, the City Council either provided or funded services used by **753** people with a learning disability. The following table gives a brief break down of what services people were using.

Type of service	Number of people aged 18 - 64	Number of people aged 65+
Care Homes	202	40
Home Care	142	33
Day services	221	13
Meals	0	1
Short term residential	2	0
Direct Payments	58	1
Professional support	109	4
Equipment & adaptations	36	1
Housing Related Support (Supporting People Services)	79	3
Other services	47	0

The numbers in this table add up to more than 753 because some people use more than one type of service.

The City Council currently directly provides some services and also social work support for people with a learning disability. Current service provision is as follows.

- Complex Needs social work team
- Places to Live social work team
- Transition social work team
- Person Centred Planning workers
- Handley Drive residential home
- Duke Street respite/short break unit
- Shelton day service

- Newstead day service
- Portland House day service

9.1.1 Universal Services

People with a learning disability also use many other services that are provided by the City Council for the wider community. For example, people will be using libraries, sports and leisure facilities, museums or they may need to make use of neighbourhood offices and housing services.

It is important that these services, known as 'Universal services', are accessible to people with a learning disability and that staff groups have adequate knowledge of learning disabilities to be able to give a good service.

9.1.2 Supporting People

Supporting People is the government's long term policy to enable local authorities to plan, commission and provide housing-related support services that help vulnerable people to live independently.

In Stoke on Trent, the Supporting People team currently purchases

- 17 units of accommodation based support
- 21 units of floating support

From April 2009 to March 2010, 53 people who identified themselves as having a learning disability used a Supporting People service for the first time. Of these, seven people used accommodation-based support services which were especially for people with a learning disability, and five used accommodation-based support services which can be used by other people as well. The other 41 people used generic floating support services in their own home. Floating support can be provided if you live in a home that you own or in a home that you rent.

The Team will be reviewing their services that are specifically for people with a learning disability in late 2010 to try and provide more flexible services that meet the housing related support needs of

individuals. Tender exercises will be carried out in 2010 for new services to start in April 2011.

9.2 Services provided by the NHS

9.2.1 North Staffordshire Combined Healthcare NHS Trust

Specialist services for people with a learning disability are provided by North Staffordshire Combined Healthcare NHS Trust. Some of these services are purchased by NHS Stoke-on-Trent and some by the City Council.

Combined Healthcare's services include:

- Stoke Community Learning Disability Team (CLDT)
- Assessment & Treatment services
- Interim Forensic rehabilitation service (Telford Unit)
- Chebsey Close Active Rehabilitation service
- Adult respite services
- Day assessment and outreach service (Broom St), including a transition service
- Community Living Support Team
- NHS Campus services
- Consultant Psychiatry and Psychology services
- Occupational Therapy services

All of these services (except the Stoke CLDT) are services that cover North Staffordshire as well as Stoke-on-Trent.

Over the life of this strategy, Combined Healthcare will stop providing some of these services.

NHS Campus services are being re-provided as part of a national programme. These services will transfer to an independent sector provider in late 2010.

Combined Healthcare will stop providing respite/short break services from December 2011. A review of respite needs will be undertaken and these services re-designed in consultation with all stakeholders.

9.2.2 NHS Stoke on Trent

The Primary Care Trust directly provides a team of Health Facilitators to work with people with a learning disability to support GPs to provide health checks, validate GPs' registers of people with a learning disability and to provide support and advice to people with a learning disability and health professionals to ensure that people attend appointments and screening programmes. The team also facilitates health promotion workshops for people with a learning disability and their carers to understand and manage their own health. The team works jointly with other professionals to develop and promote best practice in working with people with a learning disability. The team has also developed a range of health information in accessible formats.

9.2.3 Universal NHS Services

When considering the healthcare of people with a learning disability, it is important to recognise that people will be using universal or mainstream NHS services as much as, or more than, ones that are especially designed to support people with a learning disability. So people will be attending GP surgeries, being treated at hospitals (either through Accident and Emergency services or through planned treatment), be using dental or opticians services and getting medicines from pharmacies and so on.

In recent years there have been several reports that have highlighted cases where people with learning disabilities do not always receive a good level of service whilst in hospital or using these mainstream NHS services.³ Therefore it is important that mainstream NHS services are made accessible for people with a learning disability and that training about learning disabilities is improved across staff

³ "Death by Indifference" – Mencap 2008
"Healthcare for All" – Sir Jonathon Michael report 2009

groups. (This is part of the role of the Health Facilitation Team referred to in paragraph 9.2.2 above.)

9.3 Services Provided by the Independent or Voluntary Sector

In March of 2010, just under half (48%) of spending on services that support people with a learning disability was with organisations that are outside of the NHS or City Council.

This money was spent on a range of services and support. For example, this amount includes spending on care home placements with independent sector providers, or day support services provided by organisations other than the City Council.

59 people in total receive Direct Payments and so can use this funding to purchase support in ways that suit their individual circumstances. This will include services or support provided by a wide range of organisations. As Direct Payments and Personal Budgets are further developed in the City it is expected that a higher proportion of people supported by the City Council will receive these payments to be used to purchase support rather than receive a service directly. This move to personalisation of services is for all people who are eligible for support from the City Council and not just for people with a learning disability.

10/ Future service priorities and commissioning intentions. (What the NHS and City Council are planning to do). 2010-11 and 2011-12

10.1 Intentions About Improving People's Health and Well-being

<i>Intention</i>	<i>Target Date(s) for completion and funding source</i>
NHS Stoke-on-Trent will work with North Staffordshire Combined Healthcare NHS Trust to review the capacity and remit of the Community Learning Disability Nursing service. Proposals will be developed for the future capacity and model of service provision.	By June 2011 Existing funding
NHS Stoke-on-Trent completed a self assessment framework return on the people with a learning disability's access to healthcare services. Of the four areas reported on, Stoke-on-Trent was Amber on two and Red on two. The Good Health Sub-group of the Partnership Board will develop an action plan to address the areas of weakness identified by the self assessment and to suggest ways to improve things	By October 2010 No funding required
The Joint Commissioning Manager, Health Facilitation Team and Programme Manager will work with colleagues in information management to ensure that accurate data about people with a learning disability and their needs is recorded and made accessible	By April 2011 No funding required

NHS Stoke-on-Trent will work with the University Hospital of North Staffordshire to establish an acute liaison service to support people with a learning disability entering hospital.	By April 2011 Funding to be identified
The Good Health Sub-group of the Partnership Board will work with the Joint Commissioning Manager to revisit the 'Green Light Toolkit' on how easily people with a learning disability can use mental health services if they need to	By January 2011 No funding required

10.2 Intentions About Increasing People's Choices of Where to Live

<i>Intention</i>	<i>Target Date(s) for completion and funding source</i>
The Joint Commissioning Unit will continue work with NHS Stoke-on-Trent, the City Council and colleagues in Staffordshire to complete the re-provision of current NHS campus schemes.	Final completion date dependent on Project Plan: within 2011 Funding has previously been agreed
The City Council will remodel current Group Supported Living Schemes to provide a more individualised service that promotes choice and control. In some cases tenants will be supported to move into more suitable accommodation	This is a phased programme. Some schemes to be remodelled in 2010-11 and some in 2011-12 Existing funding
The Joint Commissioning Unit will lead a review of the current usage of respite services and look into future demand and levels of need. This review will be carried out jointly with colleagues from Staffordshire.	By December 2011 Existing funding

<p>Following consultation, new models of respite will be introduced into Stoke-on-Trent to increase the range of choices available to people with a learning disability and their carers.</p>	
<p>The City Council will continue to implement the recommendations of the City Council's Housing Strategy aimed at people with a learning disability</p>	<p>See Housing Strategy document for details</p>
<p>NHS Stoke-on-Trent will work to implement the target of the NHS West Midlands QIPP on mental health and learning disability 'Out of Area' placements</p> <p>The stated aim of the QIPP is "To reduce by 10% over three years the number of people with a learning disability or a mental health problem who have to be treated out of area because there are no appropriate services in the region"</p>	<p>Work on the QIPP will be on-going over 2010/11 and 2011/12</p> <p>Existing funding</p>
<p>The Adult Social Care, Health and Communities Directorate will continue to review current residential and nursing home placements to identify people with a learning disability who could potentially live more independently with support</p>	<p>Reviews to continue as required</p> <p>Existing funding</p>

10.3 Intentions About Increasing People's Choice and Control Over Their Lives

<i>Intention</i>	<i>Target Date(s) for completion and funding source</i>
The Adult Social Care, Health and Communities Directorate will continue to commission life skills training services to support people with learning disabilities to acquire and maintain the skills that they need to live independently	March 2012 Existing funding
The Adult Social Care, Health and Communities Directorate will continue to support people with a learning disability to receive Direct Payments and Personal Budgets. NHS Stoke-on-Trent will develop systems to allow people with a learning disability to receive Personal Health Budgets	On-going through 2010/11 and 2011/12 Existing funding
The Joint Commissioning Unit will lead a review of the provision of information and advice to people with a learning disability and their carers and produce proposals to address any gaps that are identified. This will include information produced by the City Council and by the NHS.	March 2012 Existing funding
The Adult Social Care, Health and Communities Directorate will consider the re-design of current long term provision of residential services that it provides.	March 2012 Existing funding
The Joint Commissioning Unit will review current levels of advocacy services available to people in Stoke-on-Trent	March 2012 Existing funding

10.4 Intentions About Working Better Together

<i>Intention</i>	<i>Target Date(s) for completion and funding source</i>
<p>The Joint Commissioning Unit will work with North Staffordshire Combined Healthcare NHS Trust to develop ways of making services accessible by people who have an Autistic Spectrum Condition.</p>	<p>March 2011</p> <p>Existing funding</p>
<p>The Adult Social Care, Health and Communities Directorate will continue work to forge links between Social Care and Universal services such as libraries, museums and sports and leisure facilities.</p> <p>Ways of making Universal services more accessible to people with a learning disability will be devised and the training needs of staff will be scoped with a training plan developed to begin to address these needs.</p>	<p>On-going through 2010/11 and 2011/12</p> <p>No funding required</p>
<p>The Adult Social Care, Health and Communities Directorate, the Joint Commissioning Unit and the CYP Joint Commissioning Unit will undertake further work to ensure that the numbers and needs of young people entering adult services is understood and that suitable planning arrangements are in place to ensure smooth transition.</p>	<p>March 2012</p> <p>No funding required</p>
<p>Work to make services able to meet differing cultural needs</p>	<p>To be included in each service re-design/ review carried out during the lifetime of this strategy</p>

Work to make generic older people's services accessible to people with LD	March 2012 No funding required

10.5 Intentions About Supporting People in Their Daily Lives

<i>Intention</i>	<i>Target Date(s) for completion and funding source</i>
Development work at Newstead Day Centre will be undertaken to modernise this service and provide additional sensory facilities	Completion date to be decided Capital funding previously identified by City Council
A Changing Places facility will be installed in the Potteries Shopping Centre in Hanley. The Housing, Environmental and Neighbourhood Services department of the City Council will consult on the best location for a second Changing Places facility	July 2010 Funding allocated March 2011 Funding allocated
The University Hospital of North Staffordshire will work to provide Changing Places facilities at the hospital	March 2012 Funding to be identified
The Adult Social Care, Health and Communities Directorate will, through tendering, increase capacity in domiciliary care that has the skills to work with people who have a learning disability.	March 2012 Existing funding
The Joint Commissioning Unit will continue to support the LD Working Group of the Carers' Partnership Board.	On-going through 2010/11 and 2011/12

<p>The Adult Social Care, Health and Communities Directorate will continue to support the Active Carers' Forum</p>	<p>No funding required</p>
<p>The Learning Disability Partnership Board will continue to work with the Police and local Crime and Disorder Reduction Partnership to raise awareness of and act against hate crime carried out against people with a learning disability.</p>	<p>On-going through 2010/11 and 2011/12 No funding required</p>
<p>The Supporting People Team, in partnership with the Adult Social Care, Health and Communities Directorate, will review their current provision of services for people with a learning disability.</p> <p>New service specifications will be drawn up in line with the Supporting People Strategy and Housing and Accommodation Strategy for People With Learning Disabilities. Services will be put out to tender.</p>	<p>March 2011 Existing funding</p>

10.6 Intentions About Governance

<i>Intention</i>	<i>Target Date(s) for completion and funding source</i>
<p>NHS Stoke-on-Trent and Stoke-on-Trent City Council will work together to produce a new Joint Strategic Needs Assessment (JSNA) for the City. The JSNA will include information about the numbers and needs of people in the City with a learning disability which can be used to inform future commissioning of support.</p>	<p>January 2011 Funding previously identified</p>

The Learning Disability Partnership Board will carry out a review of it's membership and Terms of Reference to make sure that the Board includes everybody who should attend and works as effectively as possible	December 2010 No funding required.
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10.7 Progress against the commissioning intentions will be measured by the Joint Commissioning Unit and reported to the Learning Disability Partnership Board at the end of the financial year, in March 2011 and March 2012.

10.8 Commissioning intentions for 2011-12 will be revised and agreed with the Partnership Board during the final quarter of 2010-11.

10.9 Commissioning intentions for the 2012 onwards will be developed by commissioners with the input of the Partnership Board according to the requirements of the planning processes of funding organisations.

11/ Making it happen – the implementation plan

11.1 Once the commissioning intentions outlined in Chapter Ten of the strategy are agreed, the Joint Commissioning Unit will produce a detailed implementation plan showing how each intention will be put into practice.

11.2 The implementation plan will give details of

- Which organisation is responsible for making an intention happen
- Who the lead person for each intention is
- Who else needs to be involved for each intention
- A breakdown of the pieces of work that will be needed to make each intention happen (consultation, planning, service specification, producing a business case and so on)
- A timetable of when each of these pieces of work should be completed by, leading to completion of the intention by the date stated in Chapter Ten

11.3 The Implementation Plan will be circulated to the Partnership Board for approval.

11.4 Progress made with making each commissioning intention happen will be reported to the Partnership Board.

Glossary – Help to understand some of the words used in this strategy

WORD	WHAT IT MEANS
Assessment	Finding out what somebody needs
Carer	A person who supports or who look after somebody else. This can be family carers or somebody with a learning disability who looks after somebody else
Commissioning	Planning and buying services
Consultation	Asking what somebody thinks about something
Direct Payment	Having money from the City Council to buy your own services
Green Light Toolkit	A system that providers of services for people with a mental health issue and a learning disability can use to make sure that people with a learning disability can use mental health services.
Health Action Plan	A list of how somebody will look after their health
Implement	To put a plan into action, to make something happen
Independent sector	Services run by private companies or voluntary organizations
Partnership Board	A group set up in line with 'Valuing People' which represents all people or organisations with an interest in learning disability services
Person Centred	Making sure that everything we do is based on what the person concerned wants and that all decision making involves the person
Re-providing services	Getting new and better services
Review	Checking back to see how well things have worked
Specialist	A service, or staff member, with extra knowledge, training or experience in a

	particular area of work
Strategy	A plan that shows how things will change in the future
Supporting People	Services that help people to run their own home
Transition	A time when things change for a person. This can be when a child leaves school and starts to use adult's services, or when a person grows older and what they need changes because of this
Valuing People	A big document that was written by the Government. It says how the NHS, Councils and others should work together to improve the lives of people with a learning disability.