

Learning Disability All Age Strategy



TRAFFORD
COUNCIL



Trafford
Clinical Commissioning Group

Date: April 2016

Introduction

This strategy signals the beginning of an approach to deliver whole system change to improve the lives of children, young people and adults with learning disabilities with or without autism in Trafford.

We now understand better than ever our local population of people with learning disabilities and/or autism – both through analysis of the information we hold, and through consultation – seeking the views of service users, families, provider and our own workforce.

All of these activities have identified areas where there are good examples of positive outcomes – but they have also identified areas where significant improvement is required to make sure that we continue to provide services to children and adults who need them, at a time when our resources are shrinking.

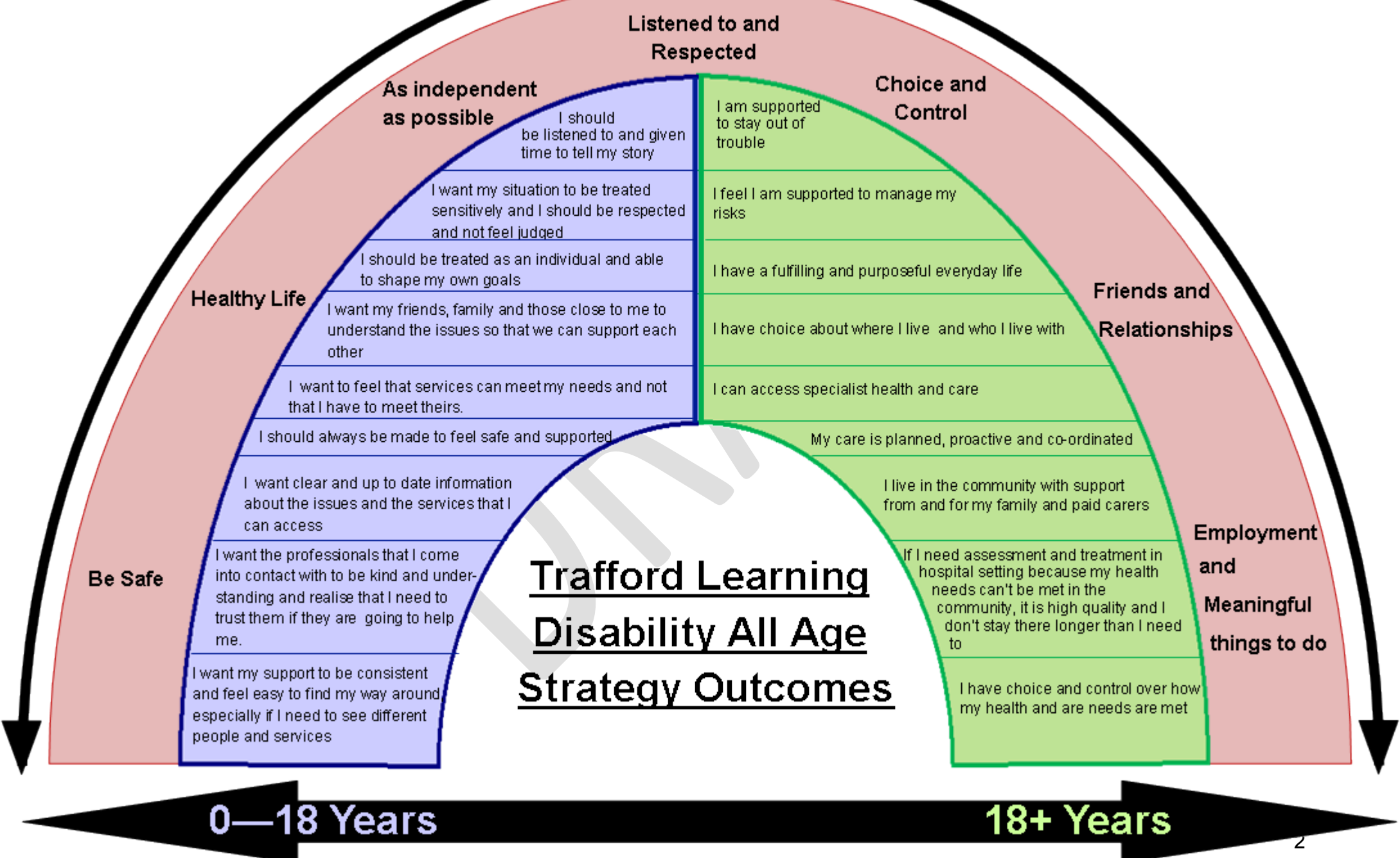
This cannot be achieved by doing more of the same – we must do things differently, taking a life span approach to ensure timely interventions, and we must recognise the expertise of our key partners, including families, to deliver significant aspects of the strategy.

Ensuring that children, young people and adults with learning disabilities with or without autism live good lives is not solely the responsibility of the Council or the Clinical Commissioning Group, it is the responsibility of the whole community, including friends, neighbours, local shops and businesses as well as the specialist services that we commission.

Locally, Reshaping Care has begun to provide a foundation for maximising the use of local resources and natural assets in Trafford and this will be further developed, building on individual and community assets to maximise independence and community connections.

Nationally, Transforming Care has set out a strategic framework for specialist interventions for some of the most vulnerable people with learning disabilities and autism whose behaviour challenges our services, and who, because of our service response, often end up stuck in hospitals and secure provision where they are unable to live the lives they deserve. We will develop an approach across Greater Manchester based upon collaboration, learning from each other and developing a shared approach to service provision and commissioning where this makes sense.

Right Place, Right Help, Right Time



What this means for service users and families – focus on strengths and skills.

Our approach to supporting children, young people and adults with learning disabilities and their families will be based upon recognition of their strengths and skills, complementing our needs assessments.

We understand that families have a lot of expertise and knowledge about family members and we will build stronger relationships with families from the first point of contact – offering support to strengthen their abilities to care for family members, of all ages, where this is required and facilitating involvement in assessment and support planning processes.

Person centred support plans for families and children, young people and adults with learning disabilities with or without autism will promote an asset based approach which promotes independence and growth in all areas of life. Natural supports will be used wherever possible, and links will be made to enable people with learning disabilities to contribute to local community initiatives. Support will focus on enabling children, young people and adults with learning disabilities to achieve their milestones and goals, fully utilising universal services, such as leisure and playing a valued role in society. Short breaks will be offered to ensure that families can continue to cope.

There are often concerns from families and young people themselves when young people are preparing for adulthood (transitions). We will smooth out the process by aligning the assessments and policies, providing dedicated support for people aged 14 – 25 and exploring commissioning opportunities for all age services.

Where children, young people and adults with learning disabilities cannot have their needs met by families or universal services, or when they go into crisis, there will be timely access to support, including specialist services that will offer treatment and clinical intervention in the least restrictive setting, close to home. Where children and adults have behaviour that challenges services, a positive behavioural support approach and intervention will underpin work with both the child or person with learning disabilities, their families and/or support workers. Risk will be managed in a way that promotes choice and control, through a consistent approach based upon principles of positive risk taking. This balances the opportunity to try out new activities with an empowering way of dealing with managing if things go wrong. This will enable people to feel and be safe and to learn how to stay out of trouble.

Choices and change will be promoted by service providers who will develop pathways, including those outside of their own services, which reflect the achievements that individuals have made on their life journeys.

What this means for service providers – innovative and outcome focused

We will develop a new way of commissioning services – one which encourages the delivery of outcomes in a collaborative way. This will mean a radical appraisal of both our procurement methodology and our commissioning approach, including the opportunities that commissioning on a Greater Manchester basis will offer.

We often commission in service silos which prevent the delivery of the outcomes we want to encourage, in particular growth and development, and consistency across the lifespan. Through discussion with current and new providers we will develop an approach which enables providers to flexibly use their expertise to offer services which wrap round and support young adults, working age and older people across their life journey, rather than focusing on one area of life e.g. supported housing. As part of this approach we will expect providers to work much more collaboratively to deliver the choices and outcomes which service users and families have said they want – using resources flexibly across their organisations.

We recognise that the adult social care market is fragile and that this is largely because the austerity measures have necessitated driving down costs, and minimising inflationary uplifts at a time when costs such as wages are increasing. At the same time, some providers continue to provide packages of care which only ever increase in cost whilst only providing a basic level of care. This must change.

We will develop contracts with providers that specify the outcomes that they are expected to achieve and the financial rewards attached to these. This will focus on support which improves peoples' lives and reduces costs throughout the time that support is provided. This must be delivered by a skilled workforce, proficient in areas such as positive behavioural support, working in a person centred way utilising natural supports, universal services and delivering support packages that are tailored to promote growth.

Providers have indicated that monitoring is often arduous and meaningless and that self-assessment focused on agreed activity and outcomes would be preferable. We will revise our monitoring mechanisms as part of our new commissioning approach to ensure that we target input and maximise impact with particular reference to safeguarding, quality and value for money.

What this means for our organisations and workforce – new ways of working

The Council and the Clinical Commissioning Group will continue to form strategic partnerships within Trafford and Greater Manchester which will deliver key outcomes for local residents – these partnerships will include organisations such as the Trafford Lesiure Trust, DWP and the Chamber of Commerce as well as the police, fire brigade, educational establishments etc. to promote the delivery of services which form a comprehensive offer for all residents.

The Council and the CCG recognise that we need to fundamentally reshape the services we offer and commission to deliver the right care at the right time in the right place, ensuring that every contact counts, and offering the right kind of support at the first point of contact through the All Age Front Door. This will also mean rethinking what integration across health and social care looks like for children, young people and adults with learning disabilities. We know that the people we support have different needs from those 20 years ago and yet our structure does not reflect this. The skills that our practitioners have also need to change to reflect not just the changing needs of individuals, but also the changing environment in which we work in. We need to ensure that our services will deliver our identified outcomes, and this will require a shift of focus on needs rather than diagnosis, including those children, young people and adults with mild or moderate learning disabilities.

We will therefore develop an all age approach to supporting children, young people and adults with learning disabilities with or without autism so that we can ensure that there is access to the specialist interventions that are required at the earliest opportunities and that young people and their families are supported to manage the challenges they face. This will also enable a smoother transition to adulthood, based on dedicated support which enables young people and their families to effectively prepare for adulthood.

We will review the skills mix within the teams fully utilising social work's ability to assess holistically and the specialist clinical skills of occupational therapists and nurses to train, develop and support the implementation of clinical plans. All practitioners will be skilled in support planning, costing packages and interventions and will be supported to deliver effectively within a timely manner. A core training programme will be delivered to all learning disabilities staff to ensure that there is a solid foundation of knowledge which enables a consistent approach. There will be new relationships with families and providers which supports the delivery of positive outcomes – where needed, there will be consistent time-limited support to deliver agreed outcomes such as a core skill, or an intervention to increase community presence.

Our Trafford – information about our population

We have 1132 children with statements and 246 children with Education, Health and Social Care plans at November 2015. We also support approximately 550 adults with learning disabilities with or without autism and 280 children with complex and additional needs at any one time.

Most adults live in Trafford itself, with only 12% of people living outside of Trafford. Over 70% of people are living in supported living or at home with family.

We have high levels of direct payments with over half of our adults and nearly all of our parents receiving a direct payment to manage their support. Most people spend this on day activities and some people use it for personal support.

The largest group by age is people aged 18 – 25. The highest cost care package also falls within this age range. The highest average cost of care package by age is for adults aged 82 to 89, and the lowest is in the 90 to 97 years old range.

The PANSI¹ analysis has identified that the population is expected to increase over the next 5 years by 3%. However this is just for people with learning disabilities only and does not include adults with autism. The largest increases are likely to be in the 85+ and the 55 -64 age ranges for people with severe and moderate learning disabilities. Many of these people will be very frail and a significant proportion will need specialist services because of having dementia. PANSI also estimates that we currently have 63 people with learning disabilities and behaviour that challenges and that this will increase by 1 over the next 5 years. We know that this is an underestimation as we already support over 100 people with behaviour that challenges and that we have identified 6 people with significant behavioural issues aged between 14 and 17. Many of these people are likely to have autism which is why there is a discrepancy in figures. Population prevalency rates² suggest that we have 190 children and young people aged under 18.

In November 2015, we currently had 11 in-patients that are within the scope of the Transforming Care fast track work. 4 people are in low secure provision, 2 people are in acute psychiatric provision, 2 are in specialist rehabilitation provision and 3 in an assessment and treatment unit.

¹www.pansi.org.uk

² Emerson et al. Estimating the number of children in England with learning disabilities and whose behaviours challenge. Sept 2014