PARTNERSHIP STRATEGY FOR LEARNING DISABILITY IN KENT 2012-2015

Foreword by the Kent Partnership Board

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Foreword by the Kent Partnership Board

Kent has had a very active Learning Disability Partnership Board for the past 10 years. Over this time, many good things have happened with and for people with learning disabilities in Kent. There have been many different plans, people and groups that have made these things happen but often working away from each other and not always in full partnership.

The Partnership Strategy for Learning Disability in Kent 2012-2015 is a very important document that will help Kent County Council and partners work together for a better future for people with learning disabilities who live in Kent.

This main document is a piece of work that has taken considerable time to bring together and has involved a great deal of work with partners, people with learning disabilities and family carers.

The Board understands that all public services are under more financial pressure, not only because of reduced government spending but also as people are living longer sometimes with very complex needs.

The Kent Learning Disability Partnership Board endorses this strategy and recognises this as the main plan for people with learning disabilities in Kent. The Board looks forward to working with all partners to make sure that the challenges and changes shown in this strategy are clearly planned, acted on and achieved. We hope this will mean that more people with learning disabilities who live in Kent experience living their life the way they choose.

Sign by Director + Kent Partnership Board

Pictures/Titles to be included

Website link /photos

http://www.kentldpb.org.uk/
1. BACKGROUND

1.1 INTRODUCTION

This Partnership Strategy for Learning Disability in Kent establishes key priorities for 2012-2015 and details plans to deliver them. The content of the strategy has been determined by feedback from stakeholder groups across Kent as well as national and local policies for health and social care. The underlying principle is that people with learning disabilities have the same rights and are entitled to the same opportunities and services in their communities as anyone else.

It must be acknowledged that the current financial context has had a significant impact. The Council will have to make savings of 12% per year over the life of this strategy, so it is now more important than ever that services are providing value for money. Achieving such a significant spending reduction will require a transformation in the way services are delivered to the public.

KCC’s Medium Term Plan to 2014/15, Bold Steps for Kent, outlines how service delivery will need to change and identifies three ambitions that will underlie these changes:

- tackling disadvantage – doing as much as possible to help the most vulnerable people in Kent
- putting the citizen in control – empowering local residents and communities to become involved in how services are designed or delivered
- growing the economy – supporting regeneration and economic development throughout Kent

The influences are many and varied, however the central theme running throughout this strategy is a clear commitment to furthering the personalisation agenda for people with learning disabilities in Kent. This will be accomplished by giving people real choice over the areas of their lives that are important to them and support to have the same experiences and opportunities as everyone else, working towards inclusive commissioning for all adults so that all services are universally accessible.
1.2 NATIONAL PICTURE

Policy

The national strategy for learning disability services is set out in *Valuing People Now* (2009). Four guiding principles form the basis of this strategy:

**Rights**

People with learning disabilities and their families have the same human rights as everyone else.

**Independent Living**

This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives; greater access to housing, education, employment, leisure and transport opportunities and to participation in family and community life.

**Control**

This is about being involved and in control of decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

**Inclusion**

This means being able to participate in all the aspects of community – to work, learn, get about, meet people, be part of social networks and access goods and services – and have the support to do so.

The current coalition government are continuing with this strategy and have identified health, housing and employment as the priority areas. In addition, the current government’s Big Society agenda emphasises the empowerment of all citizens and local communities. These initiatives form the broader national context within which Kent’s Partnership Strategy for Learning Disability is established. Further influence comes from national policies for health and social care, most notably:

- *Our Health, Our Care, Our Say* (2006)
- *Services for people with learning disabilities and challenging behaviour or mental health needs*, The Mansell 2 report (2007)
- *Putting People First* (2008)
- *High Quality Care for All: Lord Darzi’s final review* (2008)
Demographics

It is not possible to get exact figures of the number of people with learning disabilities in the population as records of this are not kept nationally. In 2004 Eric Emerson and Chris Hatton of the University of Lancaster produced data on prevalence which has become nationally accepted, they estimate that 2% of the adult population will have learning disabilities and 0.47% will be known to Adult Care Services.

Prevalence of severe and profound learning disabilities is fairly uniformly distributed across the country and across socio-economic groups. Mild to moderate learning disabilities, however, have a link to poverty and rates are higher in deprived and urban areas. The number of people with severe and profound learning disabilities in some areas (including Kent) is affected by past funding and placement practices, especially the presence of old long stay hospitals and people placed outside of their original area of residence by funding authorities.

Due to advances in medical science and the promotion of healthier lifestyles, people with learning disabilities are, like the rest of the population, living longer. Research by the University of Lancaster estimates that the number of people with learning disabilities will grow by 14% over the two decades 2001 – 2021, this represents an increasing social care need across the country.

Summary

Changing demographics and the current economic climate will present challenges in providing services for people with learning disabilities across the country. It will be necessary to ensure value for money when contracting services while improving personalisation. Local strategies must look for ways to support people to exercise their human rights, be involved in their communities and have greater independence and control over their lives, while ensuring that systems are in place to safeguard vulnerable people.

1.3 LOCAL PICTURE

Policy

Kent County Council has published a Medium Term Plan to 2014/15, called Bold Steps for Kent. This plan lays out the approach that the County Council will take to service delivery over the next three years and represents the local context that will inform our Partnership Strategy for Learning Disability. (Bold
Steps for Kent is available online at

Bold Steps for Kent describes how KCC needs to change the way key services are provided in order to reflect central government plans. The clear message running through the plan is that residents should have more influence on how services are provided locally. Key themes are:

- empowering residents through greater personalisation
- improvements in education
- further integration of health and social care
- provision of job opportunities
- development of greater choice in housing
- supporting voluntary and community groups to deliver services
- continuing to ensure that safeguarding procedures are robust and effective.

KCC will respond to this by moving away from provision of services and toward becoming a purely commissioning body. This means that direct services currently provided by KCC will be submitted to service option reviews to look at new ways of providing them in line with the Council’s strategic vision. This new direction represents an opportunity to find innovations that will allow for improved outcomes for people while developing local communities and economies.

Information about the number of people living in Kent

In order to plan for future needs for learning disability services in Kent, information about the present population has been gathered in the Kent Learning Disability Needs Assessment. An overview of this information is outlined below, the full assessment is available online at https://shareweb.kent.gov.uk/Documents/adult-Social-Services/learning-disability/learning-disability-needs-assessment.pdf.

Kent is the largest county in England with a population of 1,427,420 (source: 2010 Mid Year Population Estimate). Demand for services is not uniform throughout the county; about 85% of Kent is rural and almost 30% of the population live in rural areas. Ethnic population figures show that 93.7% of Kent's population are white (89.9% white British, 3.8% white non-British).

It has not been possible to identify the total numbers of adults with learning disabilities in Kent as many do not access statutory services. Applying the national prevalence rate (2%) would imply that there are about 28,000 adults with learning disabilities in the county. Current caseloads (November 2011) show 4,086 adults with learning disabilities known to KCC, records from GP Practices show a similar number, 4,003. This represents 0.3% of the total adult population.
Future numbers

Because of the current age demographic and because people are living longer, there will not be a uniform growth in Kent’s population across the age ranges. The figures in the chart below are based on the predictions from the Projecting Older People Population Information System (POPPI, http://www.poppi.org.uk/).

<table>
<thead>
<tr>
<th>Age Group</th>
<th>2010 to 2015</th>
<th>2010 to 2020</th>
<th>2010 to 2025</th>
<th>2010 to 2030</th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64</td>
<td>1.7%</td>
<td>4.2%</td>
<td>6.5%</td>
<td>7.8%</td>
</tr>
<tr>
<td>65+</td>
<td>16.3%</td>
<td>27.5%</td>
<td>41.0%</td>
<td>58.8%</td>
</tr>
<tr>
<td>75+</td>
<td>12.3%</td>
<td>30.3%</td>
<td>59.6%</td>
<td>76.8%</td>
</tr>
<tr>
<td>85+</td>
<td>16.1%</td>
<td>38.3%</td>
<td>71.1%</td>
<td>111.9%</td>
</tr>
<tr>
<td>90+</td>
<td>30.8%</td>
<td>63.3%</td>
<td>110.0%</td>
<td>177.5%</td>
</tr>
</tbody>
</table>

There are significant population increases expected among older age groups, with the greatest projected rise in the over 90’s group at 30.8% within the next 5 years. In addition, among people aged 65 and over there is predicted to be a 32.6% increase in the incidence of dementia within the next 10 years (to 2020). This is also likely to represent an increase in dementia among the learning disability population as they are now also living longer lives and have an increased risk of developing dementia.

1.4 RESOURCES

The 2011/12 budget for Learning Disability services is set at £142.199 million. This represents 23% of the overall Kent Families and Social Care budget. It is important to recognise the challenging financial situation that KCC faces over the period of this strategy. Funding for public services will fall significantly over the next four years and it will be necessary to make overall budget savings of 25-40% during this period. A range of methods are being adopted to achieve these savings, including mutually agreed reductions, reductions in order to achieve value for money targets and review of client needs to ensure that the services being delivered are actually needed.

Resource Implications

National trends have shown that a shift in emphasis towards personalised community services often results in a reduction of the total expenditure on services whilst delivering better outcomes for individuals. The strategy will reflect this move toward more Self Directed Support, which alongside choice and control has at its core the principle of fair and equitable allocation of resources based on need.
<table>
<thead>
<tr>
<th>Gross Expenditure - £000s</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Direct Payments</td>
<td>11,573</td>
</tr>
<tr>
<td>Domiciliary care</td>
<td>6,257</td>
</tr>
<tr>
<td>Nursing and Residential Care</td>
<td>76,154</td>
</tr>
<tr>
<td>Supported Accommodation</td>
<td>33,096</td>
</tr>
<tr>
<td>Day care</td>
<td>13,079</td>
</tr>
</tbody>
</table>

There will be significant implications for everyone involved in the commissioning, procurement, provision and monitoring of services for people with learning disabilities during the timeframe of this strategy. For some people change will be difficult, and increasing pressures on resources will mean that not everyone will get exactly what they want.

Budget pressures mean that the majority of service improvements in this strategy will have to come from both efficiency savings, including de-commissioning of some existing services, and from commissioning ever more creative and cost effective services. KCC and NHS will work in partnership with provider organisations to find innovative ways of providing the services people need while achieving value for money.

In order to ensure that resources are used efficiently, there needs to be a joined up and inclusive approach to providing all public services. It will be important to take every opportunity to make learning disability everybody's business and ensure that all public services and community resources are available and accessible. By continuing to work closely with people using services and all our partners, this strategy will provide a foundation for continuous improvement in learning disability services and better lives for the people who use them.
The vision driving the Partnership Strategy for Learning Disability in Kent is to provide quality services in a personalised way so that each individual is getting the support they need, delivered in a way that enhances their independence. We will work with partners to make learning disability a part of everyone’s planning so that services are truly inclusive. We will look for meaningful outcomes for people so that we can tell if services are working for them.

The strategy will focus on five key areas:

- **Citizenship** – Being treated as an equal citizen in society and supported to enact your rights and fulfil your responsibilities.

- **What You Do** – Having a fulfilling life of your own, including opportunities to work, study, enjoy leisure and social activities and to have relationships and friendships.

- **Where You Live** – Real choice over where you live and with whom.

- **Health** – Mainstream health services providing you with good, accessible health care.

- **Bold Steps** – Partnership working to induce innovation and improve efficiency by giving people new power to influence the areas above.

### 2.1 CITIZENSHIP

People with learning disabilities have the same rights as anyone else to be treated as equal citizens in our society. This means being able to speak up and be heard about how things work in their community and having the same opportunities as others to access services. It’s also important that people are safe while going about their daily lives, whether at home or in the community. People with learning disabilities are often victims of abuse, including hate crime and harassment. KCC takes this very seriously and works with partners in the police and criminal justice system to safeguard vulnerable people. Work is also done to educate people about their rights to ensure that, if they are victims of a crime, they will have access to justice and appropriate support.

The Kent Learning Disability Partnership Board helps to give people with learning disabilities a voice in the way services are delivered in Kent. The board involves key people from KCC, the NHS and service providers so that
their messages are getting to the right place. The board oversees work by project groups to explore how well services are being delivered and to make recommendations for how things could be improved. The Kent Learning Disability Partnership Board has played an important role in setting the targets in this strategy and will be checking to see that progress is made to achieve them.

2.2 WHAT YOU DO

People with learning disabilities want to lead ordinary lives and do the things that most other people take for granted. They want to go to college, get a job, have relationships and friendships and enjoy leisure and social activities. Many will need support to do these things and some will need higher levels of support than others. Ensuring a good transition into adulthood is a key to finding out what people want in their future and providing appropriate support to achieve this. Person centred planning is an essential part of the transition process and should be ongoing for each individual so that they have involvement in making decisions that will affect their lives.

Because so few people with learning disabilities have a job, there is little expectation from others that they can or want to work. It will be necessary to challenge these assumptions so that schools, colleges, employers and service providers are able to see that work can be a genuine possibility for many people with learning disabilities. Services need to work together to achieve this and planning for people needs to start early and be followed through in the transition process.

The opportunity to interact with others in the community, whether it is working or engaging in leisure pursuits, allows people to form friendships and relationships. Because they are often excluded from the kinds of places where other people meet, people with learning disabilities don’t have these opportunities and are often lonely. Supporting people to build and sustain relationships requires a change in attitude about how they access their community. Historically, even leisure opportunities for people with learning disabilities usually took place in segregated settings. Changing this approach will go a long way toward helping to change attitudes so that people with learning disabilities can begin to have a life like anyone else.

2.3 WHERE YOU LIVE

All people with learning disabilities should have the opportunity to make an informed choice about where, and with whom, they live and how their support is provided. Most people with learning disabilities continue to live with their parents into old age, others live in residential care. These options are fine for people who wish to choose them, however emphasis needs to be placed on alternative ways of providing housing that people want and need.
Living in their own home needs to be a possibility for people with learning disabilities. This doesn’t mean living without support but having a package of care specifically designed to allow them to maintain a tenancy or even to buy their home. Experience has shown that supported living can also be possible for people with complex needs because their support is tailored to their particular requirements. Advances in assistive technology have contributed to enabling people to have greater independence while still receiving high quality support. Taking advantage of new approaches to providing support can open up more options for people to choose where and how they want to live.

2.4 HEALTH

Having good health begins with promoting well-being and preventing illness. In order to promote well-being, it is hugely important that attention is paid to all areas of this strategy as each one will make a contribution to improving quality of life for people with learning disabilities.

Of course, access to healthcare services is crucial in order to prevent and treat illness. People with learning disabilities often have poor experiences compared to others when they need to access healthcare services and additional attention must be given to addressing these inequalities. Healthcare for All (2008) makes a series of recommendations to improve the delivery of healthcare services to people with learning disabilities. We support these recommendations and continue to work with partners in the NHS to make progress in putting them into place.

Appropriate support to have equal access to mainstream health services is a key goal, however it is sometimes necessary for people with learning disabilities to access specialist services for treatment with respect to challenging behaviour or to address mental health issues. It will be important to ensure that these assessment and treatment services are available locally when needed and that they are used appropriately. People should be discharged when ready and not left for long periods in specialist hospitals. In order to achieve this it will be necessary to have specialist community provision to prevent admission and deliver after-care that will enable people to stay in their own homes for as long as possible.

2.5 BOLD STEPS

Bold Steps for Kent is KCC’s medium term plan to 2014/15. It outlines how the council will work within much tighter budget constraints to continue to deliver public services. This will require a transformation in how the council engages with the communities it serves as well as with partners in the public, private and voluntary sectors. KCC will take a One Council approach, delivering services as a single organisation and reducing duplication in order to improve efficiency. The council will also move towards becoming a commissioning authority, finding partners to take over delivery of current in-house services.
The Big Society is the government’s focus on reshaping the relationship between the state, the individual citizen and local communities. The Big Society approach is to empower citizens and local communities by increasing civic activism, getting individuals to tackle problems in their local communities and by giving the voluntary and community sectors more responsibility for running local public services. By definition, KCC should not lead on the Big Society, however it will have a role in facilitating and encouraging its growth in Kent.

There are three clear ambitions that run throughout Bold Steps for Kent:

- To help the Kent economy to grow – to support and facilitate new growth in the Kent economy, with a focus on building strong relationships with key business sectors, improving skills, transportation and delivering new housing.
- To put the citizen in control – giving power and influence to local people so they can take responsibility for their own community and service needs, reducing the role of the state and encouraging the growth of the Big Society.
- To tackle disadvantage – make Kent a county of opportunity where aspiration rather than dependency is supported, particularly for those who are disadvantaged or who struggle to help themselves and their family.

To ensure these are being realised, three Ambition Boards have been created and the Kent Learning Disability Partnership Board is directly linked to two of these, the Citizen in Control Board and The Tackling Disadvantage Board. These aims will form the basis of this Partnership Strategy for Learning Disability as they define the background against which we implement our vision.

The new Localism Bill will be an important influence and it fits in with the themes in the Big Society agenda and Bold Steps for Kent.

The new bill will cover a range of proposals around:

- New freedoms and flexibilities for local government.
- New rights and powers for communities and individuals.
- Reform to make the planning system more democratic and more effective.
- Reform to ensure that decisions about housing are taken locally.

Of particular significance will be the Community Right to Challenge, which will give voluntary and community groups the right to express an interest in taking over the running of a local authority service.

These proposals are designed to:

- Allow local authorities, parish councils and communities new powers (such as the General Power of Competence) and freedoms
which will encourage innovative public services and deliver better value for taxpayers’ money.

- Increase local residents’ participation in the issues that matter to them, including more involvement in planning decisions through Neighbourhood Plans.
- Give local people the right to suggest votes on any local issue that they think is important. Local authorities and other public bodies will be required to take the outcome into account as they make their decisions.
- Give significant new rights direct to communities and individuals, making it easier for them to own and run public services and assets in innovative new ways.
Buying services follows a procedure that incorporates commissioning, procurement and contracting. These are the tools used to ensure that resources are directed as effectively as possible to meeting identified objectives. This section of the strategy describes these processes and how we plan to use them to ensure that services people need are available when and where they are required.

Commissioning

Commissioning is the process of assessing, specifying, securing and monitoring services to meet individuals’ needs at a strategic level in the short and long term. This process is best conveyed by the commissioning cycle below.
This cycle shows how commissioners must continually review service provision, consider the needs of the market, identify gaps and decide priorities, develop new service models and work with providers to implement these or, where necessary, to decommission inappropriate services. Commissioners will seek the views of service users, their families and other stakeholders as part of this process. Understanding the needs of service users is an important part of service delivery, because providing services which are inappropriately designed is inefficient. By targeting resources where they will be most effective we can maximise our impact and deliver more competitive, value for money services which benefit everyone.

KCC uses Equality Impact Assessments as a way of rigorously checking all council policies and services, to ensure that they are easily accessible. These provide a clear system of quality assurance, and help us to focus on meeting the needs of service users in relation to age, disability, gender, gender identity, religion and belief, race and sexual orientation. Results of Equality Impact Assessments are published at www.kent.gov.uk/diversity.

**Contracting & Procurement**

Our strategy will ensure that we are able to commission quality services by stimulating the market to seek continual improvement and through ongoing quality monitoring. We will direct investment to develop good practice, instead of continuing to fund services which, while they may solve some problems in the short term, do not contribute to long term solutions.

We will provide the services that people need by collecting and analysing data and communicating the results to providers in the market. This will assist providers to position themselves so that they can respond as people with a learning disability and their families make more of an impact on the market through increased use of personal budgets. By inviting new service providers into the county we will expand the level of competition and help to increase service quality.

We will aim to evaluate existing services to ensure that they are delivering to contract specifications and that the provision continues to match user needs. Members of the public will also have the opportunity to comment on care services via the care directory published on the KCC website. Contracts will require outcomes based on individuals’ person centred plans and where possible will incorporate a payment by results element so that service providers are engaged in helping people to progress.

Value for money requires a judgement about the benefits and outcomes produced as well as the costs incurred. Since virtually all services claim to provide individualised care based on the latest assessment methods it is essential to really differentiate between good and mediocre performance. It is important to look at the lives of the people served (how they spend their time, how much help they get from staff, what relationships they have and so on)
and not just to rely on the statements and beliefs the service has about itself. Further development of a framework to help commissioners assess services will enable them to make good value for money judgements.

There will be opportunities to achieve efficiencies through different methods of strategic tendering, developing framework agreements with providers, or establishing long term development partner status. Finding solutions which have a benefit for service providers will allow the council to provide more services using the same resources.

The Learning Disability Contracts and Brokerage Team use a cost model, a tool which determines the price we are prepared to pay for a service based on an individual’s needs. A cost model is applied to all supported living placements to ensure that KCC is receiving value for money on each person’s service. A strategy is currently being developed to contract all community services (services known as domiciliary care, community support services or supported living) for people with a learning disability, physical disability or a mental health problem. This new contract will change the way these services are purchased.

For residential services, there are a range of call-off contracts in place. These are contracts where a weekly fee is pre agreed. For residential placements a cost model may be applied if there is no call-off contract in place. Again, its aim is to ensure that we achieve value for money based on individuals’ needs. There will be a review of the residential contract during this financial year (2011/12) to determine whether this contract will remain in place, be terminated or varied.

Other services are contracted on an individual basis or via a tender process if purchased on a block basis.

Health Commissioning

Social care will be affected by the NHS White Paper, Equity and excellence: Liberating the NHS (2010) and the Public Health White Paper, Healthy lives, healthy people (2011). By 2013, Primary Care Trusts (PCTs) and Strategic Health Authorities will be abolished. Consortia of General Practitioner (GP) practices will take on responsibility for commissioning most health services from PCTs, while councils will take on PCTs’ public health functions and be charged with leading the integration of health and social care locally.

3.1 PERSONALISATION

Personalisation is about people having more choice and control over their lives and the services they receive, with support tailored to their needs rather than requiring the individual to fit into existing services. Person centred planning, along with family support or advocacy, is the way to determine what the person wants or needs and supporting them to make choices about how
best to achieve it. Bold Steps for Kent, the Medium Term Plan to 2015, identifies the Personalisation Agenda as one of its 17 priorities.

**Self Directed Support**

Self directed support is an important step towards personalisation as it allows the individual to take control in deciding the support they need and how it is delivered and paid for. There are two main methods of self-directed support:

- Personal budgets - an up-front, transparent allocation of social care resources to individuals. This could be managed by a council or other organisation on behalf of an individual, be paid as a cash sum (a direct payment) to the individual, or be a mixture of both.
- Direct payments – these are payments made to an individual by the local authority to enable them to buy social care services themselves.

When assessing an individual for direct payments or personal budgets, KCC will ensure that they receive an assessment that is proportionate to their need and has placed the person and those who know them best at the centre of the process. Self directed support will have significant implications for the way we commission and influence development of the social care market.

The Department of Health is also piloting the use of Personal Health Budgets and it is expected that these will become more common. Personal Health Budgets are particularly suitable for long term care package funded through Continuing Health Care.

Another step towards personalisation is the use of co-production, which encompasses many of the same values. Co-production means designing and delivering services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become more effective agents of change.

It’s important to recognise that the personalisation agenda is about including everyone by finding personalised solutions to ensure that all can access the same services. It will have an impact on how communities are organised to meet the needs of all people, including those with learning disabilities.

**Advocacy**

Effective advocacy can transform the lives of people with learning disabilities by enabling them to express their wishes and aspirations and make real choices. Advocacy helps people put forward their views and play an active part in planning and designing services which are responsive to their needs. This applies to people with severe and profound disabilities as well as to the less severely disabled.
In 2010/11 KCC spent £304,000 on advocacy support for adults with learning disabilities. This contract is due to end in March 2012; there will be a new tender for issue based advocacy services across Kent and this will be followed with a similar process for self-advocacy/speaking up services. In addition we jointly commission Independent Mental Capacity Advocates (IMCAs) with the NHS and Medway Council to provide specialist advocacy services as required by the Mental Capacity Act.

Current position on personalisation in Kent:

1. Person centred plans – all KCC learning disability clients should now have a person centred plan.
2. Advocacy services are available to all who need them.
3. Direct payments – at December 2011, 794 people with learning disabilities were receiving direct payments, representing 19.1% of the total caseload.
4. Kent Card – The Kent Card is a VISA enabled Chip and PIN card which KCC will credit with a person’s VISA enabled Chip and PIN card which KCC will credit with a person’s direct payment, allowing them to pay for services themselves, so long as the provider is able to accept VISA.
5. 37% of people with learning disabilities who are eligible for services have a personal budget.

Over the next three years we will:

- Look at developing more individualised, local solutions. Engage with people through person centred planning, families/carers and the Kent Partnership Board to gain a holistic view of what services are needed and how these could best be provided.
- Ensure the process for setting personal budgets is transparent and give people appropriate support to purchase their own services while ensuring that they have real power to make the choice.
- Continue to ensure that effective advocacy services are available for people when and where they need them.
- Increase the number of direct payments to learning disability clients to 50%.
- Aim to ensure that 100% of eligible people with a learning disability have a personal budget.
- Expand use of the Kent Card.

3.2 SUPPORT FOR CARERS

National figures show that 64% of people with learning disabilities live with their families and 40% are cared for by a parent over 60 years old. In Kent, 63% of adults with learning disabilities who receive support or are known to health and social care services live with their families in the family home.
The National Carers Strategy sets out the plans for all carers until 2018. Kent has a Carers Strategy looking at the needs of carers of older people and vulnerable adults. This will link with the Partnership Strategy for Learning Disability to ensure that carers of people with a learning disability get the best possible support.

In Kent we recognise and value the important role that family carers play in supporting and enriching the lives of people with learning disabilities. They frequently have a key role in supporting their family member to have more choice and control over what happens in their life. We see families as expert partners and value their expertise.

Development for Carers

As part of the implementation of Valuing People Now some additional development work has been undertaken with groups of carers in Kent:

- One project looked at developing family/carers as leaders; leaders in terms of their own life and with a view towards developing leadership skills to engage with public organisations. The groups have explored issues around being a carer of people with learning disabilities and the major changes occurring to Health and Social Care. The groups are also keen to promote peer support models and to look at how they can influence and support the development of local policy for carers.

- Another project looked at work around young people and housing options. This has seen the exploration of a much wider range of options including shared ownership, private tenancies, the use of direct payments and personal budgets. This work has led to individual planning and outcomes for a number of young people and their families identifying how they would like live in the future.

Both of these examples have emphasised to commissioners the positive results that can be achieved through the training and development of carers and families, as well as the cared for person, however there is still more to do. Families and carers report that they need more help and advice about resources and services available, especially with managing individual budgets and identifying appropriately trained personal assistants.

Respite/Short breaks

Current short break provision includes overnight stays in independent residential care homes, directly provided accommodation services, adult placement schemes and day services accommodation. Another option is a more flexible, community based service that can either support people in their own family home to allow carers to take a break elsewhere, or support people to take part in activities outside the family home. People have the option of
arranging and paying for short break services themselves using direct payments or personal budgets.

The provision of short breaks is often cited as the single most important issue by carers both in terms of their own quality of life and their capacity to continue in their caring role. Short breaks allow family carers and the person for whom they care to obtain a break and experience new and different activities in their own right. Sometimes they may also be needed in an emergency in order to support a carer in unexpected circumstances.

Feedback from families and people with learning disabilities indicates that a choice of short term break options is a requirement for the future. This has been demonstrated to a certain extent through the progressive use of Direct Payments with their flexibility in enabling people to have a wider choice of options for short term breaks. KCC and health are working together to review current services and ensure that in the future a range of short break services are easily accessible in a crisis and bookable in advance.

**Day Services**

Day services provide a crucial support to carers, allowing them time to live a life of their own alongside their caring role. KCC spends £13.7 million (2011-12 budget) on day services for people with learning disabilities. Kent’s in-house day provision currently offers a service to 568 people, many of whom live at home with family carers. In addition to this, several other organisations provide a significant number of day service places, many of which people access using their direct payments. We will continue to provide a flexible day service for people with learning disabilities and the strategy with respect to day services is outlined in the next section, What You Do.

**Current position on support for carers in Kent:**

1. The Kent Carers Strategy provides an overall strategy for Kent in line with the National Carers Strategy.
2. Most short break provision is located in the east of the county.
3. In house provision of respite and day services are located in aging buildings no longer suited to use.
4. KCC in-house respite accommodation provides 2640 beds annually, with a 72% occupancy rate.

**Over the next three years we will:**

- Feed into the Carers Implementation Plan to deliver the Kent Carers Strategy, ensuring that we are commissioning services that meet the needs of carers of people with learning disabilities.
- Support and contribute to the development of a web resource and telephone line to provide information to carers.
• Review respite services in order to improve efficiency, availability and to increase the occupancy rate. Ensure that they can safely accommodate the needs of a wider range of people, including those with complex needs.

• Continue to support carers to engage with organisations in their communities and sponsor local carer support groups.

• Support carers to explore the range of potential housing and support options available for their family members with a learning disability.

### 3.3 WHAT YOU DO

In order to meet the aims of Bold Steps for Kent, we intend to empower and support all people to exercise their rights as citizens, having control of what goes on in their local community and benefiting from improvements in the Kent economy through increased opportunities. For people with learning disabilities this means getting the support they need to have fulfilled lifestyles that include opportunities to work, study and enjoy leisure activities; the choice to have relationships and to build social and natural support networks; and to feel safe and free from harassment both in their homes and when out and about.

We will work to engage with local transport, leisure, sport and other community service providers such as restaurants and shopping centres to ensure reasonable adjustments are made so that information and services are accessible to adults with learning disabilities. We will work in partnership with local crime and disorder reduction services to promote safe neighbourhoods and the personal safety of people with learning disabilities. We will look to commission from providers which actively involve learning disabled people in the process of engaging with services.

### Transition

A good transition plan is key to assisting a person to move into adulthood and should provide opportunities to make choices about further education, employment and where to live. Families and people with learning disabilities have said that their outcomes from transition are often not as good as for other people and we need to work to improve this.

Our strategy is to work with partners on person centred plans for young people with learning disabilities, and ensure that these plans lead to opportunities for paid employment wherever possible. Where a lack of adequate choice or opportunity is apparent we will take steps to address these issues by communicating with the relevant agencies. Kent has an established Transition Protocol, however this is not always followed. We will review and relaunch this protocol in order to give a fresh start to person centred transition planning and review.
The Good Day Programme

In Kent there has been a history of day services being provided in large segregated settings; attendance at these centres has been dropping, especially among young people. The Good Day Programme is a response to the many people with a learning disability living in Kent who want to see a change in the way they access day services. They want to see an increase in the range of opportunities to live full and meaningful lives. The programme is in its 4th year and has developed over 60 different projects across Kent, promoting investment in local communities in order to deliver a range of person centred services for people with a learning disability. For more information, see Better Days for People with Learning Disabilities in Kent (2008, revised 2010), available at https://shareweb.kent.gov.uk/Documents/adult-Social-Services/learning-disability/better-days-leaflet.pdf.

The strategy for the future is to operate a new service model within the community so people use space in existing community facilities, which have much longer opening hours and will include evenings and weekends. The work we are doing is across all of Kent and is not focused around any particular day service, it is about implementing a range of projects that will enable people to have more choices. It’s about person centred planning, investing in local community services and working in partnership with other organisations. It’s not about creating new segregated services but developing a range of integrated services within a local community.

We will continue to develop community-based day opportunities commissioned in a way that maximises the use of the same facilities as others in the community, for example within leisure centres. So that we maintain an inclusive approach, KCC is committed to supporting community partners to improve access. This includes having more ‘Changing Places’ so anyone who needs assistance with their personal care can still access their community. Partnership working and sharing community resources is important for sustainability and because access is necessary for many other groups, not just learning disabled people.

Employment


KCC is committed to ensuring that people who want to work are supported in doing so. We know that jobs are as important to people with learning disabilities as to everyone else, with an estimated 65% of people with a learning disability not in work wanting a job. Kent’s Jobs Action Group developed a toolkit to let more people with learning disabilities, family carers,
schools, colleges and day services know that people with learning disabilities want to work, can work and do jobs that employers value.

Our Employment Project with Innovation and Efficiency South East (IESE) produced outcomes showing that, along with the benefits to the individual of gaining real employment, there is the potential to find significant reduction in cost by re-investing money from day services into employment. This presents an opportunity to interlink with a number of other projects including the Good Day Programme, Residential Change Programme, transition and Getting a Life.

**Transport**

Access and support to use transport is essential to enable people with learning disabilities to lead full and purposeful lives. However, they currently face many obstacles in using public or private transport. Transport staff and operators may not understand their needs and people may lack the necessary support and training to become independent travellers.

Services which include the use of public transport as an option will enable people to have better access and opportunities to travel to the places they need to get to. Some people may always need support with transport (travel buddies / personal assistants etc.) but can still benefit from wider access to different forms of transport. We will support travel training schemes and will continue to engage with local transportation providers to ensure that their services are accessible to people with learning disabilities.

**Current position on support to have a normal life in Kent:**

1. Not all young people are receiving a person centred transition plan when preparing to move into adulthood and for those who do, it seldom includes plans for finding employment.
2. The Good Day Programme is working to transform the way day, leisure and work activities are provided in Kent.
3. Employment projects such as the Employability Hub, Project Search and the Vulnerable Learners Apprenticeship Project have shown that it is possible for even people with severe learning disabilities to find employment and that it has a beneficial effect.
4. Kent Supported Employment supported 73 people with learning disabilities into work this year; this organisation is the main provider of supported employment for people with learning disability in Kent.
5. Among people with learning disabilities who are known to services, there are just 5.9% in paid employment, compared with the national average of 6.8%.
Over the next three years we will:

- Review, update and relaunch the Kent Transition Protocols to ensure a person centred transition approach for all young people. Identify gaps in transition services and work in partnership with education and children’s services to facilitate solutions for young people with learning disabilities. Particular areas we will give attention to are school leavers at 16 and young people with autism.
- Change day service provision through the Good Day Programme so that people with learning disabilities can engage in mainstream opportunities in the community. Support this through the promotion of inclusive private and voluntary sector community services.
- Invest in employment services to work with Jobcentre Plus to ensure that people with learning disabilities are supported to benefit from Department for Work and Pensions services.
- Aim to do business predominantly with support providers from the private and voluntary sector who offer permanent employment opportunities to people with learning disabilities.
- Encourage innovation and support social enterprises that seek to provide employment or microenterprise opportunities for people with learning disabilities.
- Re-invest money currently spent on day services to enable people to access other activities such as employment and volunteering.
- Use the Safeguarding Vulnerable Adults competency framework to evidence the competence of community teams to deal with safeguarding issues.
- Promote use of local transport services and/or mobility cars for people to access their communities.

3.4 WHERE YOU LIVE

All people with learning disabilities and their families should have the opportunity to make an informed choice about where and with whom they live.

“Most people with learning disabilities still do not have their own home. Over half of adults continue to live with their families, many into middle age and even older. Some people and their families want this to be the case – many more do not. Many others live in residential care, adult placements or other forms of shared housing that they have not chosen. Only 15% of adults with learning disabilities have a secure, long-term tenancy or their own home – compared with over 70% of the general adult population who own their own home and nearly 30% who rent.” (Valuing People Now, 2009).

<table>
<thead>
<tr>
<th>Overall population</th>
<th>Adults with learning disabilities</th>
</tr>
</thead>
<tbody>
<tr>
<td>homeowners</td>
<td>71%</td>
</tr>
<tr>
<td>social renting</td>
<td>19%</td>
</tr>
<tr>
<td>private renting</td>
<td>10%</td>
</tr>
</tbody>
</table>
Our strategy is to continue to develop a broad range of housing and support based on present and future needs. We believe that housing for people with learning disabilities should look like other housing in the area and not appear different, it should be near to good transport routes and have easy access to peoples’ employment, education, shops and leisure facilities.

The imbalance of available housing across the county will be addressed by encouraging service providers to shift provision from residential care to more community based, flexible services that meet individuals’ person centred plans. We will also work with local Councils and Registered Social Landlords to ensure that housing options are developed locally. It will be beneficial to begin a dialogue with providers to clarify for them the vision for personalised inclusive services over which service users have more influence. This way they will be able to align their business plans with our aspirations and develop a wider range of alternative service models.

Residential/Nursing Care

Kent’s Learning Disability Needs Assessment includes sophisticated mapping in relation to the supply of housing and accommodation options. One of the ways that this information has been used, for example, is to show geographically the variation between the location of residential care services and where adults with learning disabilities live now and wish to live in future; this is being used to work with residential care providers to explain why some of the existing provision will not be required in the future.

The map above illustrates the mismatch between the population of adults with
learning disabilities (black dots on the map) and the location of residential care services (shown as coloured clusters).

KCC currently places 1,035 people with learning disabilities in residential care (October 2011), with the majority of homes on the coastal areas of East Kent. Our intention is to commission fewer residential placements over the next three years and give people living in residential care the opportunity to move into other models of care. We will continue to work with providers to ensure they are in a position to respond to this change in demand.

**Supporting Independence Service**

The Supporting Independence Service will be an enablement service that supports people to live as independently as possible in their own home. It will take the place of services that were previously called supported living, domiciliary care and community support.

It is important that people with learning disabilities have the opportunity to live in their own accommodation, either as a tenant within the rental market or as a home owner. The campus reprovision project has demonstrated that many people with learning disabilities, even those with complex needs, are able to manage their lives and be a part of their local community. Those who have had this opportunity are showing how important it is to them to have choice and control over where they live. Too few people with learning disabilities have been given this choice.

One of the most important elements of supported living is that each individual has their own tenancy. They rent their accommodation from a housing provider, generally a Housing Association, but could also rent from a private landlord. As a tenant they have more rights and cannot be made to leave their home. Similarly, many people with learning disabilities may choose to continue to live in their family home and they should also have the opportunity to access additional support, either as respite for their family carers or to meet a specific need.

Our strategy will increase the availability of supported living arrangements by commissioning a diverse range of responsive, quality services for people with learning disabilities that will focus on enabling them to achieve their aims in life and have maximum independence and control.

**Assistive Technology**

Effective use of Assistive Technology (AT) has the potential to support people with complex needs in the community. AT can be defined as any piece of equipment that helps people to perform everyday activities. This incorporates a large number of devices, ranging from ‘low-tech’ mobility devices such as
Zimmer frames to ‘high-tech’ speech synthesizers or a variety of sensors that can alert support staff.

There are many different arrangements for AT and commissioning is complex as it requires close working between agencies such as health, housing, education and voluntary and private sector service providers. Our strategy will promote the use of Assistive Technology to make it possible for more people to have greater independence and control in their lives.

**Adult Placement Scheme**

The Kent Adult Placement Scheme places people with Adult Placement Carers in local communities, giving them the opportunity to be part of a family or household and other social networks. The people supported by the Adult Placement Scheme may want to live in a homely environment, but cannot manage on their own. Living or staying with an Adult Placement Carer for either a short term break, or on a permanent basis, enables them to live as members of the community, to learn to take on responsibilities, to make choices and to participate in new experiences. For some it means they can continue to enjoy living with a family at a time when their own, for whatever reasons, can no longer manage to care for them.

**Out of Area Placements**

KCC has endeavoured to minimise the number of people placed out of the county. There are currently 172 people (December 2009 figures) placed in other areas. Many of these are close to Kent’s borders, have become settled in the communities they are living in, or are close to their families so it is not considered to be in their interests to move back to Kent. However, where people have been placed out of Kent and their person centred plans indicate that they would like to return, we will take steps to develop services to make this possible. Similarly, where people are placed within Kent but far from their families, we will work to develop housing options closer to their home community.

Kent is a net importer of into area placements from other authorities. A 2005 study estimated that 57% of the 3,483 residential places in Kent were filled by other authorities. This creates a drain on Kent’s community teams as they have safeguarding and health responsibilities for these people but no additional resources. It also skews the market, making it more difficult for KCC to manage the quality and price of services.

**Current position on accommodation in Kent:**
1. The campus reprovision project saw the transfer of over 400 people from NHS campus provision, with many of them moving into supported living services.

2. There are a small number of Kent people placed out of county who may want to return but larger numbers placed in Kent in a different area from their family home.

3. As at December 2011, KCC records show:

<table>
<thead>
<tr>
<th>Number of Clients in</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Registered care</td>
<td>1,298</td>
</tr>
<tr>
<td>Supported living</td>
<td>417</td>
</tr>
<tr>
<td>Adult Placement Scheme</td>
<td>109</td>
</tr>
<tr>
<td>Family homes</td>
<td>2,324</td>
</tr>
</tbody>
</table>

4. Provision of residential services is unbalanced, with most being in the east of the county, especially along the coast.

5. KCC needs to make budget savings of approximately 12% per year over the term of this strategy.

Over the next three years we will:

- Contribute to the Kent Housing Strategy and continue working with all local boroughs, district Councils and Registered Social Landlords to ensure the housing needs of people with learning disabilities are known and that appropriate options are developed locally.
- Promote mainstream housing and options such as tenancy and home ownership via Housing Options.
- Launch the Supporting Independence Service to provide a range of enablement services to give people the support they need to have fulfilled lives and reach their full potential to live as independently as possible.
- Promote the use and development of assistive technologies that will improve opportunities for people to have greater control over more areas of their lives.
- Conduct a review of the Adult Placement Scheme to ensure it is delivering the service that people need now and in the future and is being administered in the most efficient way.
- Link to provider forums and networks to make providers aware of our strategy and offer guidance to help them change to a supported living model of service delivery that meets our specifications. It will be important that supported living providers have the expertise to provide services for all, including those with more complex needs.
- Review current cost model and all call-off contracts as well as void agreements/contingencies with providers in order to ensure efficiency.
- Work with large providers with a significant number of homes in Kent to help reshape the residential care market in the county and stabilise the market to ensure that it matches local demand.
• Work to reduce the average weekly cost of residential placements while securing a core range of residential homes that deliver personalised services.
• Work towards increasing supported living placements to a target of 1000 while reducing residential placements to below 900.

3.5 HEALTH

Our strategy is to work with, and require, mainstream health services to provide good, accessible services for adults with learning disabilities, and to ensure all planning includes this group of people. We will move from our present system that is heavily dependent on specialist beds-based services to one where services are provided in ordinary community settings, and admissions are only for time-limited, focussed periods of assessment and treatment. We will ensure no one considers the NHS, or other similar services run by the private sector, to be their home.

Integrated Community Learning Disability Teams

The Integrated Community Learning Disability Teams (CLDTs) provide health and social care for people with learning disabilities across the six localities in Kent. The teams are comprised of learning disability nurses, care managers, speech and language therapists, physiotherapists, occupational therapists, sensory services and dietetics (dedicated dietetics are not in all teams). As health commissioning structures are undergoing change, the contract for the health portion of these teams will be reviewed in 2013.

The objective of integrated CLDT services are to provide specialist health input, advice and support to people with learning disabilities, their carers and families. The teams have a responsibility to enhance and promote the health literacy of individuals receiving services as well as their carers, who play a critical role in promoting good health and healthy lifestyles. The teams work closely with primary care services to ensure that services are in line with local needs. The teams will link with psychology and psychiatry services to ensure integrated, seamless working where individuals might be accessing services from both mental health and learning disability providers.

Reducing health inequalities

The Learning Disability Direct Enhanced Service for Primary Care 2011/2012 requires GP surgeries to create and maintain a practice register of adults with moderate to severe learning disabilities and to offer Annual Health Checks. The GP Annual Health Check follows a detailed checklist beyond the requirements of the usual annual check for mainstream populations. In addition to alerting to any health conditions, the Annual Health Check will raise inequalities that may exist, i.e. previously some people with learning
disabilities may not have been offered a screening test for long term conditions.

A named professional from the local CLDT is assigned to each GP practice across Kent to encourage them to sign up to the Annual Health Check, provide appropriate support where required in the form of awareness training, support individuals and carers in any complex situations that might arise and to ensure that people with learning disabilities get the care they need.

NHS Kent works with all hospitals to help them improve access for people with learning disabilities and Acute Hospitals provide evidence and examples of how service access is improving year on year. The same process is in place for mainstream community and mental health services across Kent.

Assessment and Treatment Services

NHS Kent and Medway commissions Assessment and Treatment services from the Birling Centre, a service of Kent and Medway Partnership Trust (KMPT), the main mental health provider in Kent. Some of this service is commissioned as a block service with the flexibility of individually commissioned services. The Birling Centre accepts male and female service users from the community for planned admissions where there is a learning disability and mental health need and it is determined by the admission criteria that the individual requires intensive specialist input. The accepted care pathways and clinical treatment of the presenting mental and psychological disturbance are significantly altered by the presence of a learning disability because of the cognitive impairments.

NHS Kent and Medway commissions secure services from the Tarentfort Centre, a Forensic Psychiatry Service provided by KMPT. The Tarentfort Centre offers low security inpatient provision to adult males with a learning disability whose offending behaviour and mental health needs require that they be detained under the Mental Health Act. The service aims to enable users to progress along the care pathway to achieve integration into community living where appropriate, having reduced their risk of re-offending.

Some secure services are commissioned in the private sector allowing for increased flexibility as to where people want to receive service. These will have access to specialist community services for people with a learning disability. All secure service placements are visited before an individual is placed, three months after placement and then a minimum of six monthly for Care Programme Approach (CPA) meetings.

Community Mental Health of Learning Disability

Elements of this service include the Positive Behaviour Support Team (East Kent), East Kent LD Psychiatry and the Psychology Service covering West Kent & Medway. A recent business case has been agreed by NHS Kent and
Medway (September 2011) to supplement this service with Dual Qualified Nursing staff.

The service is to deliver specialist assessment, intervention and management of people with learning disabilities and concurrent mental illness. The key aim is to provide timely, comprehensive and where necessary, intensive interventions in the community in order to prevent mental health crisis and/or need for admission to hospital.

**Mainstream Community Mental Health**

While learning disability commissioning will not directly commission community mental health services we will ensure that there are reasonable adjustments and accessibility to services for those people with a learning disability who need a community mental health service. Many people with mild to moderate learning disabilities will benefit from the early intervention of a community mental health service such as the Improving Access to Psychological Therapies (IAPT) programme. The community mental health care pathway is referenced in the delivery model of the CLDT service specification and states that all referrals to mental health services will be made through the mainstream ‘Access’ referral route.

**Dementia**

A dementia care pathway has been agreed across Kent and Medway that includes adjustments in the care pathway for people with a learning disability who require memory assessment services to facilitate a dementia care plan. A Memory Assessment Service has been established and is equally available to people with learning disabilities.

**Continuing Health Care**

Where individuals meet Continuing Health Care (CHC) criteria many of those placements will be in the same community services as other people with learning disabilities who receive funding through social care. While separate commissioners have individual responsibilities to ensure services are fit for purpose, comply with all statutory requirements and are value for money, it is when commissioners share information that we are able to improve support as health and social care are working to the same aims. Commissioners will need to seize opportunities where improvements in the delivery of services can be achieved by health and social care commissioning strategies being aligned.

The CHC Placements and Monitoring Team is moving into a Kent and Medway structure which will provide a consistent care pathway across Kent and gives a clear message to providers. The CLDT’s have an important role to ensure that the health needs of all CHC placed individuals are being met and
are reviewed six monthly with information shared with the CHC Placements and Monitoring Team.

Hydrotherapy

Hydrotherapy services for people with a learning disability are currently commissioned through the CLDT contract. There are three pools across Kent, in Dartford, Maidstone and Sevenoaks where CLDT physiotherapists can support people to receive hydrotherapy when it has been assessed that there are health benefits to be gained. A mapping exercise was undertaken in March 2011 to understand the current hydrotherapy provision across Kent for all groups. This work highlighted that there are many facilities that are often attached to special schools or in private services and that much of this provision is underestimated on weekends and evenings, presenting an opportunity to increase access.

Over the next three years we will:

- Continue to work with Local Involvement Networks (LINks) and support their transition into Local HealthWatch organisations.
- Develop a model for more integrated working between health and social care, making the transition smoother when people transfer to or from NHS or KCC care. Ensure that there are thorough partnership working agreements guiding day to day commissioning, service provision and reporting.
- Contribute to meeting and evidencing the targets of the South of England Strategic Health Authority Learning Disability Self Assessment Framework, including encouraging 100% of people with learning disabilities to have a Health Action Plan and Annual GP Health Check.
- Work with schools, leisure services and the existing community physiotherapy provider to find ways to improve access and capacity of hydro facilities for therapeutic use.
- Share provider and market information between health and social care to develop the provider market together.
- Ensure that the CHC process is clear to all services and commissioners, including applications for CHC and use of the Improver Protocol.
- Clarify roles and responsibilities with respect to Section 117 aftercare.
- Monitor compliance to the Dementia Care Pathway, ensuring that people with learning disabilities have access to services.
- Continue to work with community mental health commissioners and providers to ensure that reasonable adjustments are in place for people with a learning disability who need to access those services.
- Signpost appropriate services that aim to promote healthy lifestyles and improve access to mainstream health services such as dementia, community mental health, equipment and screening and diagnostics.
• Ensure that electronic reporting systems will allow accurate recording and checking of people’s access to health checks and other health screening programmes.

3.6 INCLUDING EVERYONE

Giving people a voice in the commissioning process is seen as vital and this should include all voices, not just those that are the easiest to hear. Our strategy is not to create a series of specialist services but to ensure that people’s additional needs are recognised while providing person-centred support to enable them to enjoy the same rights and access to the same mainstream services as anyone else. The following are some of the additional needs that will be given consideration throughout our Partnership Strategy for Learning Disability in Kent.

People with complex needs

People with complex needs means individuals who may have a variety of additional needs that require some type of specialist support. These could include behaviour that is described as challenging, profound intellectual and multiple disabilities (PIMD), sensory issues, complex epilepsy or dementia. Our strategy is to ensure a good level of service competency in supporting all individuals, including those in these groups. In addition, we will make sure that specialist skills are available to support those working with people who present with the most complex needs.

The number of people whose behaviour is identified as seriously challenging services is small in any given area. It is estimated that about 20 adults per 100,000 total population will present a serious challenge at any one time (Emerson et al, 1997). This represents approximately 300 people across Kent. This comparatively small number could rise as many people have the potential for their behaviour to deteriorate if they are not receiving appropriate support. It is important that all services for people with learning disabilities have the necessary skills to manage a degree of challenging behaviour in order to prevent this escalation.

Improvements in medical care have led to the survival into adulthood of a new cohort of adults with PIMD. These people have more than one disability and need high levels of support with most aspects of daily life. There are estimated to be 16,000 adults with PIMD in England and this number is increasing at nearly 2% per year. The report Raising our sights (Mansell, 2010) contains 33 recommendations for the development of services for this group. KCC commissioned the Tizard Centre at the University of Kent to undertake research which estimated that there are currently 355 adults with PIMD living in Kent. The report from this study and the Raising our sights recommendations have been incorporated into this strategy and will influence commissioning activity to meet the specific needs of these individuals.
Sensory impairments among people with learning disabilities are common: up to 30% may have significant impairment of sight while 10% are blind or partially sighted; prevalence of hearing impairment has been reported on a range of 22 – 68%, with about 7% being deaf or partially deaf. Such problems can worsen in later life but with the risk of under-diagnosis (Davies, 2008). Often an individual’s sensory impairment will not be recognised, even by those working closely with them, as it may be considered a consequence of their impairment of communication or social ability. Training in recognition of sensory impairment and strategies to support people is an important element of service provision and we will work with mainstream sensory services to ensure that these are accessible and that people with learning disabilities are signposted to them when appropriate.

**People with mental health issues**

The prevalence of psychiatric disorders is higher in people with learning disabilities than in the general population. We will work with health colleagues to ensure that appropriate services are available in the community to treat mental health issues for people with learning disabilities. This means access to mainstream mental health services so that recourse to expensive specialist services can be avoided.

In some cases, mental health diagnoses are further complicated by offending behaviour, leading to a higher degree of risk when placing these individuals in the community. We will work with service providers and health colleagues to ensure that appropriate services are made available to manage risk in the community so that people can have the opportunity to move on from specialist hospital admission.

**People from black and minority ethnic groups and newly arrived communities**

In Kent, 6.4% of the population are from black and minority ethnic communities. Evidence shows that an increasing number of children and young people from black and minority ethnic communities are being identified as having special educational needs and more profound disabilities.

Our strategy is to plan and commission services that ensure genuine inclusion, with adjustments made to achieve this where necessary. This includes developing innovative ways to engage with these communities which counteract any stigma or language issues, and supporting individual families in ways appropriate to their culture.

**People with autistic spectrum conditions**

The triad of impairments model is currently being reconsidered, however it is still useful to understand that people with all types of autistic spectrum
condition (ASC) share the following behavioural criteria, regardless of level of ability:

- Impairment in social interaction;
- Impairment in verbal and non-verbal communication;
- Markedly restricted repertoire of activities and interests.

Autistic spectrum conditions are strongly associated with challenging behaviours in people with learning disabilities. Most individuals with severe learning disabilities and challenging behaviours also have ASC. A small but significant proportion of people with mild learning disabilities and ASC commit crimes and become involved in the criminal justice system.

KCC is currently working in partnership with mental health, PCTs and other services to develop assessment, diagnosis, and support services for people with autistic spectrum conditions (including Asperger’s syndrome) who may not be eligible for a learning disability service. We are working to ensure that there is a defined pathway for all people with ASC with clear signposting and appropriately trained staff to diagnose and provide support. This is currently being overseen by a joint steering group chaired by the Director for Older People and Physical Disabilities.

Offenders in custody and in the community

Research by the Prison Reform Trust, detailed in the document *No One Knows* (2007), identified that 7% of prisoners have learning disabilities and up to 30% have other learning difficulties such as autistic spectrum conditions that interfere with their ability to cope within the criminal justice system. In his report entitled *Review of people with mental health problems or learning disabilities in the criminal justice system* (2009), Lord Bradley noted that “custody exacerbates mental ill health, heightens vulnerability and increases the risk of self-harm and suicide.” We recognise that this is an area of priority and that we need to work with partners in health, criminal justice, prisons and other key stakeholders to ensure that offenders with learning disabilities have access to assessment and adequate supports in and out of prison.

Medium and low secure facilities are commissioned by the NHS to care for people with learning disabilities who are detained under the Mental Health Act. The length of stay for some individuals in these services is a concern and work is under way to establish a clear care pathway to ensure that adequate supports are available in the community to allow timely discharge after treatment.

Use of person-centred planning to create individualised services is central to our strategy. Effective intervention for those at risk of offending will require close coordination between care management, service providers and professionals advising on the support people need, to ensure that advice is practicable and is acted upon. It appears that lifestyle opportunities are a
primary factor in determining offending behaviour so, as with all groups, our strategies around transition and employment will be important.
4. MEASURING OUTCOMES

In forming this partnership strategy, we have made an analysis of the needs of people with learning disabilities and of the market currently in place to provide for them. We have put forward plans to provide services over the coming three years that will meet these needs by developing new services or managing the market. These plans are detailed in a number of commitments to provide targets that we can work toward.

As was outlined in the description of the commissioning cycle, our next steps will be to monitor and review, both to ensure we are working towards our targets and to provide analysis for future commissioning. This section describes the mechanisms in place that we will use to measure the outcomes of our partnership strategy.

4.1 KENT PARTNERSHIP BOARD

The Kent Partnership Board is responsible for making sure that recommendations from *Valuing People Now* (2009) are happening in Kent. The board monitors outcomes through the work of their delivery groups. The groups focus on six areas:

1. Housing
2. Health
3. Employment
4. Personalisation
5. Citizenship
6. Transition

These groups gain local information by working closely with District Partnership Groups on projects to raise awareness and gain insight into peoples’ experiences. All of the groups report back to the Kent Partnership Board via the Partnership Board Cabinet.

The co-chairs of the board include a person with learning disabilities, a family carer and a senior representative from Kent County Council, while members of the cabinet include senior representatives from the NHS. This ensures that feedback from the delivery group areas is going to the right people to monitor the performance of health and social care services.

This feedback directly from people who use services is crucial in monitoring the outcomes of our partnership strategy.
4.2 PERFORMANCE MANAGEMENT REPORTS

Performance Management Reports are produced monthly and are used at all management levels within KCC to monitor performance against a series of measures. They provide information on the numbers of people with learning disabilities receiving services, the area they live in, what services they are using and how they are paying for them.

These reports give specific information about progress toward the targets in our partnership strategy and will enable us to identify trends and address issues where necessary. In addition to monthly review, they will form part of a quarterly strategic review of learning disability services.

4.3 INTEGRATED TEAMS

Social care and health staff work closely together in Community Learning Disability Teams, fostering the communication of information about all aspects of individuals’ care between their case workers. As part of our partnership strategy, there will be a review of how these teams work to ensure that they are able to be as responsive as possible to peoples’ needs.

Health staff in these teams work to a service provision contract which incorporates measures of performance against certain health targets. Data is collected on these measures and is reported quarterly to senior management teams in order to ensure ongoing monitoring and the opportunity to respond if quality issues arise.

All individuals placed in care by KCC receive an annual review and periodic visits. During these visits, health and social care staff look for evidence that the person is supported to regularly access activities that give them positive and meaningful experiences, that their health needs are being met and they are given opportunities to make choices about what they want to do with their lives. While these visits may not produce evidence supporting specific outcomes of this strategy, this direct involvement is essential in ensuring that we are delivering services relevant to individuals.

4.4 SELF ASSESSMENT

The South of England Strategic Health Authority has established a Health Self Assessment Framework that each NHS region must provide evidence to. This framework incorporates many of the areas we have identified in the Health section of our partnership strategy and provides an opportunity to measure our success as part of the formal annual reporting mechanism. Those areas that aren’t currently included in the framework are likely to be added in future years so that we will be able to measure results against them within the life of our strategy.
Although local authorities are no longer subject to regular inspection by the Care Quality Commission (CQC), councils will now be expected to produce annual reports on the quality of adult social care in their areas for local scrutiny. To supplement this, the Local Government Group and the Association of Directors of Adult Social Services will arrange for councils’ performance to be reviewed by other authorities to drive improvement. Where performance is particularly weak and a council fails to improve with help from the sector, there will be scope for inspections to be carried out by the CQC but a methodology has not yet been designed for triggering these probes.

4.5 SAFEGUARDING BOARD

KCC considers the Safeguarding of vulnerable children and adults as one of its most important functions. When allegations of abuse are received, directly, through whistleblowing or from CQC, adult protection procedures ensure comprehensive investigation and assessments are carried out to identify and address risks to any vulnerable individuals potentially affected. The approach is multi-agency and open lines of communication are maintained between Police, Health and KCC colleagues. This is reactive to initial incidents; however it is also preventive by signalling quality issues which may indicate future deterioration, allowing early intervention.

Where serious quality and/ or poor practices are reported or identified in care services the Safeguarding Quality in Care (QiC) framework is used to work actively with providers to address these concerns and improve the quality of life for service users. If the service is not able to improve to meet contract specifications the contract compliance policy and procedures will be used. Where these concerns arise in services which do not have a contract with KCC the QiC framework will engage with other authority commissioners.

The Kent and Medway Safeguarding Vulnerable Adults Board produces quarterly management reports on the performance of the statutory agencies (Health, Police and Kent and Medway Councils) as well as an annual report. This information is key to ensuring that processes are in place and working properly, however by maintaining a high profile for Safeguarding issues, there is an ongoing programme raising awareness of the rights of people with learning disabilities.

4.6 CONTRACT MONITORING

KCC has a comprehensive care home specification describing principles of good care which are central to developing a positive culture. As part of this strategy, this specification will be further developed for Supporting Independence Services. To support providers to maintain good practice, KCC publishes a range of good care guides; these form part of the contract between care providers and KCC.
Where concerns are reported to the contracting team, a monitoring visit takes place. Depending on the results of this visit, recommendations may be made to the provider or contract sanctions may be taken. There is currently a pilot project in place to train people with learning disabilities to assist in contract monitoring visits.

### 4.7 TRANSITION BOARD

As was identified in this strategy, transition is the key to ensuring that people with learning disabilities are able to have a voice in planning their own future. It plays an important role in ensuring that they have access to education and employment and often will determine where and with whom they live. Getting this right will go a long way to breaking down some of the barriers that have made it so difficult for people with learning disabilities to have a normal life.

Transition is also one of the most complicated areas to address. Doing it properly will involve many different organisations and it will be essential that they are able to work together to provide a necessary overlap of responsibility but also to effect a smooth handover.

To monitor the effectiveness of the transition process we hope to establish a Transition Board comprising representatives of each of the key agencies. This board will move forward with areas of this strategy relevant to transition and provide feedback to measure effectiveness and influence further work.

### 4.8 BOLD STEPS REVIEW

Bold Steps for Kent is KCC’s medium term plan to 2014/15. As part of this plan each directorate of the council will be responsible for reporting on their progress against 16 key areas. By necessity, these are broad areas and they incorporate many of the key elements of our partnership strategy.

In preparation for the annual Bold Steps review there are quarterly strategic reviews of learning disability services paying particular attention to trends. These offer the opportunity for reflection on the direction that services are going and whether modifications need to be made. It will be important to continue to manage our partnership strategy and all of the performance monitoring that is related to it as an ongoing mechanism for ensuring that we are providing the right services for people with learning disabilities.

The Bold Steps review provides another reporting and monitoring mechanism which will give a good overview of our partnership strategy as a whole and is especially useful as it places it within the context of the direction of travel for the council.