



# The Big Plan: Oxfordshire's Learning Disability Strategy 2015 – 2018

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## **Foreword**

There are around 11,000 adults with a learning disability living in Oxfordshire today. This document, The Big Plan: Oxfordshire's Learning Disability Strategy 2015-2018, sets out Oxfordshire County Council and Oxfordshire Clinical Commissioning Group's vision for all adults with learning disabilities in Oxfordshire.

In some areas of learning disability services we are doing better than in other parts of the country. We want to build on these strengths and ensure services are consistently excellent.

We recognise that some services we have commissioned have failed people - we want to make sure that this never happens again. We also recognise that we have not always succeeded in enabling people with learning disabilities to have full and independent lives that have meaning, and that are part of our community.

We want to create services that support independence, encourage ambition, and enable futures. We want people who have a learning disability to have choice and control, to live as independently as possible as part of the broader Oxfordshire community, to live in the right home for them with the right support, and to be healthy and safe.

Significant number of people engaged with the consultation for this strategy which ran from 10 November 2014 to 9 February 2015. There were 577 people who took part in the consultation, of which 118 people responded to the questionnaire online. There were 20 submissions by email from the members of the public and stakeholder groups/organisations, and one letter. We also consulted with social and health staff working in learning disability services in Oxfordshire.

Our proposed approach will enable more people to be independent whilst keeping care for those who need it.

We want raised expectations from people with learning disabilities and their families about independence and access to mainstream services, and lower assumptions about access to specialist funded support from Oxfordshire County Council.

Delivering this vision will require significant change and the full support of adults with a learning disability, their families, friends and carers. We will work together with them to make these changes happen through the design and provision of effective social and health care services.

This plan contains a broad overall vision, developed with people with learning disabilities, their families, and professionals. It also contains some detailed proposals for how services could look different.

**Councillor Judith Heathcoat** 

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Oxfordshire County Council's Cabinet member for Adult Social Care

Clinical Chair of Oxfordshire Clinical Commissioning Group

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The Big Plan 2015-2018

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## Introduction

Oxfordshire Health and Wellbeing Board's vision is that:

- more adults will have the support they need to live their lives as healthily, successfully, independently and safely as possible, with good timely access to health and social care services:
- everyone will be given the opportunity to voice their opinions and experiences to ensure that services meet their individual needs:
- the best possible services will be provided within the resources we have, giving excellent value for the public.

Oxfordshire County Council's Social & Community Services vision is to support and promote strong communities so that people live their lives as successfully, independently and safely as possible. We believe that people themselves, regardless of age or ability, are best placed to determine what help they need to meet this aim.

The Big Plan 2015-2018 describes how Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will make changes over the next three years. These changes will begin to make the vision of the strategy a reality for adults with learning disabilities in Oxfordshire.

It takes into account the following:

- the progress against the previous Big Plan;
- what people with learning disabilities, their families, friends and carers, staff and other professionals and members of the public told us during public consultation;
- national and local developments affecting the commissioning and provision of learning disability services;
- the financial context.

## The Big Plan vision

Oxfordshire Clinical Commissioning Group and Oxfordshire County Council want people who have a learning disability to have choice and control, to live as independently as possible as part of the broader Oxfordshire community, to live in the right home for them with the right support, and to be healthy and safe.

We will build on the skills, resources, and abilities that people and communities already have, rather than focusing on what they can't do. We will simplify the social care system, making it more personal, flexible, and accountable to people who need to use it.

In order to do this we will provide information and advice so that people know how to get the right support at the right time. We will enable people to move between levels of support, building on their individual strengths and capacity so that they live as independently as possible.

## Where do we want to go?

We want people who have a learning disability to have choice and control, to live as independently as possible as part of the broader Oxfordshire community, to live in the right home for them with the right support, and to be healthy and safe.

People with learning disabilities, their families, friends and carers, and people who work with them have told Oxfordshire County Council and Oxfordshire Clinical Commissioning Group what is important to them - their priorities. We will use these priorities to make decisions during the next three years. This will help us to keep on track with where we want to go and to make decisions that are consistent with this plan.

Strategic intentions determine the actions we are planning to take over the next three years to turn our priorities into reality. We know some of these will take time to do, or may need more detailed planning to turn these intentions into reality.

#### The Big Plan 2015-2018 has four overall priorities:

**Priority one:** We will enable people with learning disabilities to have more choice and control over their lives.

**Priority two:** We will enable people with learning disabilities to take an active part in their community, through work, volunteering, friendships, and other opportunities.

**Priority three:** We will enable people with learning disabilities to make choices about where they want to live, and support them and their families with their decision.

**Priority four:** We will have the right support in place for people with learning disabilities to enable them to remain safe and keep well.

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## **The Policy Context**

This document is informed by a number of national legislative and leadership developments relevant to the commissioning of care and support for people with learning disabilities. These are also being reflected in the updating of the Council's policies, processes and guidance.

This document incorporates and is in line with the national and regional learning disability commissioning guidance. It will deliver against the national objectives from the Winterbourne View/ transforming care programme which aims to:

- improve quality of life through empowerment, choice, control and improved inclusive support that effectively meets people's needs;
- reduce the prevalence and incidence of behaviour that challenges amongst people with learning disabilities;
- reduce the number of individuals placed in more restrictive settings which are inappropriate for their needs;
- reduce the use of psychoactive medication, restraint and seclusion to manage behaviour that challenges.

#### The Care Act 2014

The Care Act 2014 represents the most significant legislation in adult social care in over 60 years, and it aims to develop a clearer, more person-centred and fairer system. It brings together law that has grown incrementally over the years into a single statute and makes important changes to the way the care and support system works to promote people's wellbeing, prevent and postpone needs for care and support, and put people in control.

This includes putting carers on the same legislative footing as those they care for. Thirdly it introduces funding reform, legislating for a cap on care costs to limit what people would pay for their care over their lifetime.

#### The Children and Families Act 2014

The Children and Families Act 2014 seeks to improve services for vulnerable children and support families. The changes to the law to give greater protection to vulnerable children, better support for children whose parents are separating, a new system to help children with special educational needs and disabilities, and help for parents to balance work and family life.

It makes changes to the adoption system meaning more children who need homes could be placed more quickly. Reforms for children in care include giving them the choice to stay with their foster families until their 21st birthday

#### **Driving Up Quality Code**

The Driving Up Quality Alliance has developed a code for providers and commissioners to sign up to, to demonstrate their commitment to driving up quality in services for people with learning disabilities. The code has a particular focus on people with challenging behaviour who have longstanding and complex support needs but can be applied to all people with learning disabilities, including those who have autism. It outlines what good support looks like and provides examples of good and bad practice.

#### Winterbourne View Joint Improvement Programme

The Winterbourne View Joint Improvement Programme has been refreshed and is working in local areas to provide swift and lasting action across the system to ensure that the services that are commissioned throughout people's lives are personalised, safe and local. The Local Government's Association and NHS England's joint improvement programme will provide leadership and support to transform services locally, building on current good practice.

National partners have committed to a programme for change to transform health and care services and improve the quality of the care offered to children, young people and adults with learning disabilities or autism who have mental health conditions or behaviour that challenges to ensure better care outcomes for them.

This should result both in a movement away from the use of long stay, large-scale hospital services and also lead to real change in the attitudes and culture.

## The Population in Oxfordshire

In 2010 it was estimated that around 900,000 adults aged 18 and over in England had a learning disability, of whom 191,000 (21%) were known to learning disabilities services. In 2010 Oxfordshire was home to around 1.2% of England's adults aged 18 and over. On a proportionate basis, this suggests that around 11,100 adults in the county might have a learning disability.

In September 2013, 1,923 people with learning disabilities were known to social services in Oxfordshire.

National estimates predict that demand for services will increase at a rate between 0.6% and 4% per year between 2009 and 2026. Although there has been a steady increase in the number of people open to learning disability teams in recent years (from 1792 in March 2012 to 1923 in September 2013), the number of people in supported living and care homes increased between 2011/12 and 2012/13 but fell in the first 6 months of 2013/14. (Oxfordshire Joint Strategic Needs Assessment 2014)

Of the approximate 11,100 adults with a learning disability in Oxfordshire, 2,600 have a learning disability that is moderate or severe<sup>1</sup>.

In September 2014, 2,066 people received support from a social care learning disability team of whom 1,794 had a paid for service. The other 272 will be open to the teams for low level support and monitoring, including concerns over safeguarding. There were 2,311 eligible for health support, and 820 service users with a current open health referral. The health and social care service users overlap.

Of the 1,794 people who received a paid for service:

- 282 are currently in a care home (190 outside Oxfordshire)
- 659 are currently in supported living
- 469 people are receiving a direct payment and of these 48 people are using their direct payment to pay for a care home or direct payment place

- 82 people are receiving home care
- 54 people are in long term shared lives placements
- 75 people are in short term placements with shared lives
- 429 people are getting day care
- 6 people using hospital services. About half of the people using assessment and treatment hospital services do so for mental health reasons.

The need for social care services for adults with learning disabilities in England is likely to increase over the next decade, changes driven by three main factors:

- there are more people
- who are living for longer
- with increased complexity of need

Each year the council funds this increasing need for services for adults with a learning disability. This is worked out by applying national changes in prevalence rates to local population. The prevalence rates are taken from a study by Emerson & Hatton<sup>2</sup>

<sup>1 &#</sup>x27;Estimating Future Need for Social Care among Adults with Learning Disabilities in England: An Update' 2011 Emerson & Hatton from Improving Health and Lives Learning Disabilities Observatory

<sup>&</sup>lt;sup>2</sup> http://www.learningdisabilitycoalition.org.uk/download/CeDR November.pdf

## The Financial Context

There are two big financial challenges facing Oxfordshire County Council and Oxfordshire Clinical Commissioning Group in relation to supporting people with learning disabilities. These are the increasing levels of need and demand, and there are requirements to deliver financial savings. These are challenges that we share with many parts of the UK.

The Learning Disability Pooled budget for 2015/2016 is £81.843m. This is made up of £74.241m gross budget and -£5.481m Client Contributions budget from Oxfordshire County Council and £13.083m from Oxfordshire Clinical Commissioning Group.

	2015-16	2016-17	2017-18	Total
	£m	£m	£m	£m
Oxfordshire County Council				
Budget brought forward	68.085	74.241	72. 306	
Short Term Additional funding	4.893	-2.360	-3.350	-0.817
Demography	2.100	2.100	2.100	6.300
Efficiency Savings	-1.125	-1.675	-1.100	-3.900
In year adjustments	0.288			0.288
Total Gross Budget	74.241	72.306	69.956	1.871
Client Contributions	-5.481	-5.481	-5.481	
Total Net Budget	68.760	66.825	64.475	1.871
Oxfordshire Clinical Commissioning †				
Budget brought forward	12.153	13.083	12.644	
Short Term Additional funding	0.930	-0.465	-0.465	0.000
Demography*		0.550	0.406	0.956
Efficiency Savings *		-0.524	-0.507	-1.031
Total Budget	13.083	12.644	12.078	-0.075
Total Pooled Budget	81.843	79.469	76.553	1.112

<sup>&</sup>lt;sup>†</sup>Clinical Commissioning Group contributions are subject to change

Oxfordshire County Council have committed to funding known demographic increases (see population section) using a national estimate. This means we will increase the budget by £2.1m each year. Oxfordshire Clinical Commissioning Group have also committed to fund demographic pressures.

However the number of adults known with a learning disability has increased more than the expected 2.7%. In addition, we have seen increased demand for services over and above what we had anticipated. The Council and the Clinical Commissioning Group have put short term additional funding in to the pooled budget in 2015/16 over and above the funding for demographic growth. This funding will be withdrawn over 2016/17 and 2017/18 and further savings will need to be achieved in order to bring spending in line with budgets so that the pooled budget can support more people within the available resources. We will need to make this money work more effectively to be able to fund this extra demand.

This continued demand, over and above the expected increase, means that as of 31 August 2015 the council's share of the pooled budget is forecast to overspend by £0.719m.

<sup>\*</sup> Clinical Commissioning Group Demography and Efficiency Savings are estimates calculated as a percentage of the budget brought forward

The learning disability service has a strong history of delivering efficiency savings and managing the health and social care pooled budget in a way that supports greater independence and an improved quality of life through community-based, less restrictive, more independent and lower cost services.

#### **Priorities**

## Priority one: choice and control

We will enable people with learning disabilities to have more choice and control over their lives.

We will work with people with learning disabilities, their families, friends and carers, and with providers to develop a clear service pathway for people with learning disability that leads towards greater independence and equal access to mainstream services and the broader community.

We will ensure that people who use services have personal plans that enable them to meet their personal goals and live as independently as possible. We will help people to review what their life looks like now, and what they want it to look like in the immediate and long term future. These plans will also outline what they need to do to meet their goals and what support they will get to assist them in this.

We will make sure that people are able to choose different types of support, not just different support providers. We will work to develop the market so that real choice is available. This will include work to enable people with learning disabilities, their families and carers, to know what good quality support looks like.

We will work to help people make and communicate choices that matter to them. This will be alongside the people that care for them where the person wants to receive help and support. We will ensure that people who need help to make their views known have access to advocacy services, and will support self-advocacy so that people can have their own voice.

## **Priority two: part of Oxfordshire**

We will enable people with learning disabilities to take an active part in their community, through work, volunteering, friendships, and other opportunities.

We believe that people with learning disabilities want to be able to do the same things as any other citizen of Oxfordshire. We will support people with learning disabilities, their families, friends and carers, to identify opportunities to participate and contribute through work and volunteering in their local community. We will work with employers and will develop volunteering opportunities that are available to people with a learning disability.

We will ensure that people can use their personal budgets to purchase the care and support they need to achieve their goals, from a choice of providers with a choice of the types and times of support. This would include evening and weekend support, and individual and group activities in community settings, as well as more traditional day services if people want this.

We will enable people with learning disabilities to be fully participating citizens, with access to the same opportunities as everyone else. We will support people to develop their own

networks that help them live independently beyond the funding and support that they receive from Oxfordshire County Council and Oxfordshire Clinical Commissioning Group.

## Priority three: living in the right home

We will enable people with learning disabilities to make choices about where they want to live, and support them and their families with making and implementing their decision.

We will have a clear pathway for people with learning disabilities that will enable them to live in the place that is right for them, with support that enables them to live as independently as possible.

We will provide clear, easy, and efficient ways to help people get the support they need, and to help them move on when they no longer need support. This means providing services that respond quickly in a crisis, and that enable people to move towards living arrangements where they no longer need support.

We will enable people to use personal budgets to purchase respite support from a choice of providers with a choice of the types and times of support. This would include evening and weekend support, a range of respite that can meet the needs of people with complex health needs, as well as flexible support to enable family carers to work. We will continue to explore different models of affordable shared housing, including extra care provision, and the full range of supported provision in the community.

We will ensure that people with learning disabilities, mental health needs and substance misuse issues who have lower support needs but may behave in ways that put themselves or others at significant risk have support that keeps them safe and helps them address their needs.

## Priority four: healthy and safe

We will have the right support in place for people with learning disabilities to enable them to remain safe and keep well.

We will make sure that everyone who provides care and support to people with learning disabilities provides a good service. We will work with the Care Quality Commission and with self-advocacy groups to ensure that services are monitored by professionals, families, and people with learning disabilities regularly.

We will ensure that locally commissioned mainstream health services providing support for physical and mental health (such as psychological therapies like cognitive behaviour therapy, and services in hospital and the community) are accessible. We will work with NHS England to ensure that nationally commissioned services (such as primary care, dentistry and some specialist services provided in hospital) are accessible. We will work with local providers to encourage them to offer services funded nationally that are designed specifically for people with learning disabilities (such as health checks in primary care).

We will develop a community-based intensive support service that will enable most people who become unwell to receive health assessment and treatment at home rather than in an assessment and treatment unit.

We will make sure that when people have a mental health crisis effective timely support is available so that, people are assessed and receive the right treatment. Wherever possible this should take place in their own home and any admission should focus on a swift return to their own home alongside assessment and treatment.

We will make sure that safeguarding works for people with learning disabilities and that the new Multi-Agency Safeguarding Hub manages safeguarding issues as they arise.

## **Strategic Intentions**

Oxfordshire County Council and Oxfordshire Clinical Commissioning Group will work together to commission and provide a range of health and social care services that will support people with learning disabilities, their families and carers to achieve things that are important to them, and will achieve the priorities set out in this plan. The strategic intentions we set out below give a broad overview of the actions we plan to take over the next three years. We will do this within the context of available financial resources, feedback from people with learning disabilities, their families and carers, and national policy developments.

We will use a single Resource Allocation System for everyone who receives support from us and ensure that it works equally for all adults. The Resource Allocation System uses a formula to calculate personal budgets for people who are eligible for support from adult social care.

We will commission universal information and advice services for the population of Oxfordshire in line with the requirements of the Care Act and ensure that they are adequately meeting the needs of people with learning disabilities, their families, and carers.

We will commission advocacy and self-advocacy services within Oxfordshire to enable people with learning disabilities to speak for themselves about the services and support that they want. We will support people to use personal budgets to make choices and buy support for personal development and activity during the day, and respite support for families and carers.

We will commission supported living in a way that ensures that everyone can live locally in a way that supports the priorities of 'The Big Plan' and is within the personal budget envelope of funding.

We will continue to work together with children, education, health and social care commissioners to ensure that young people are supported to prepare for adulthood in line with the requirements of the Children and Families Act. This will include planning transition (the process of moving from children's to adults services) which is an important element of any person-centred plan for someone with a learning disability.

We will ensure health services make reasonable adjustments so that people with learning disabilities get the right level of care for their condition and advice on living well. This includes general practice, dentistry, acute health care, physiotherapy, and speech / language therapy.

Rather than commission different health services for people with Learning Disabilities we will ensure mainstream health services make reasonable adjustments so that people with learning disabilities get the right level of care for their condition and advice on living well. To facilitate this work we will commission a Reasonable Adjustments Advisory The Big Plan 2015-2018

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service whose main function is to ensure that all services make reasonable adjustments to enable access.

We will work with NHS England and local providers to ensure that nationally commissioned health services also make reasonable adjustments to support people in Oxfordshire living with Learning Disabilities. This includes primary care and dentistry and some hospital services.

We will change the way we commission and provide learning disability specific health and social care. Our intention is to integrate any services delivered around the person receiving them, wherever possible. We will establish a clear process for assessing eligible needs for specific health and social care and we will provide services that maximise independence whilst continuing to meet assessed eligible needs.

We will work together with mainstream health services to ensure that needs of people with complex health needs continue to be met. As part of this work we will commission a complex health needs case management function and a continuing health care service.

## **Commissioning Intentions 2015 – 2016**

Below is an outline of plans for Community Learning Disability Teams and hospital specialist assessment and treatment services for adults with a learning disability in Oxfordshire.

In line with the priorities outlined in this Big Plan and our strategic intentions, we will reshape these services over the next three years to deliver them to everyone with a learning disability in Oxfordshire more effectively.

#### The current situation

For adults with a learning disability in Oxfordshire, Health and Social Care currently jointly purchase some health provision (certain kinds of physical health support, mental health support, and learning disability health support) and all social care is provided by the County Council. This includes eight assessment and treatment beds. The health and social care teams are located together. This service is available to the 2,000 people who are currently in contact with the Community Learning Disability Team.

Additionally a range of day services, respite, supported living, employment support and advocacy services are provided for people with learning disabilities. There are no changes planned for supported living and advocacy services. Plans for changes to day services and respite services are still being developed and the people who use those services will be involved in this process.

#### Our plan for services post January 2016

We plan to reshape services in line with the proposed service model (appendix 1).

#### Tier 1: Education, awareness, and prevention

#### **Learning Disability Wellbeing and Employment**

Our vision for the future is that the Learning Disability Wellbeing and Employment Service will have a broad responsibility to support people with learning disabilities across Oxfordshire to work, volunteer, and connect to their local community. Building on models with an evidence base of success this will be a supported employment model<sup>3</sup> alongside a community connector model.

The Wellbeing and Employment service will be expected to work closely within the Mental Health pathway, and the Autism and Behaviour Support pathway. It will receive referrals from the Learning Disability Intensive Support Team. There may be scope for this service to work with a number of people currently using day services and thus increase the funding available to it. This will be covered in the development of plans for the future of day services

#### Tier 2: General Health and Social Care

#### **Learning Disability Reasonable Adjustments Advisory Service**

The Learning Disability Reasonable Adjustments Advisory Service will work across the health and social care system to ensure that all services make reasonable adjustments (in line with their Disability Discrimination Act requirements) to enable access. This advisory service will support our overall intention of enabling everyone with a learning disability in Oxfordshire to successfully access general health and social care services.

The service will comprise people with learning disabilities, families, and health and social care professionals. The support and challenge it will offer will be training, advice, and policy/practice support for staff.

All health and social care contracts in the future will include a requirement to allow this service access and for the services to take account of any recommendations arising from this.

#### **Physical Health Support**

Physical health support for adults with a learning disability will be provided by NHS services that are available to the general population. We will explore how this can be achieved as part of our service integration plans and what this means for non-specialist services in terms of reasonable adjustments required.

This is likely to be community health provision for speech and language therapy, neurology for epilepsy support, physiotherapy, dietetics, community nursing, dementia support and occupation therapy in relation to mobility and other physical issues.

#### **Mental Health Support**

Mental health support for anybody with a mental health problem will be provided through universal mental health services. It is our ambition to bring the needs of people with learning disability and severe mental illness into scope of our developing approaches to outcomes-based contracting. People would have the same approach to their care. This would include community and bed based care.

The Improved Access to Psychological Therapy service has been reviewed and now includes provision for people with learning disabilities and autism. This service will make the necessary reasonable adjustments to ensure that talking therapies are available and accessible.

#### **Tier 3: Learning Disability Social Care**

Learning Disability Social Care First Response, Complex, and Reviews Function Oxfordshire County Council has been engaged in a comprehensive programme (the Adult Service Improvement Programme) to improve the way that adult social care operates for everyone in the county. This takes into account changes in legislation, in technology, in public expectations, and in available resources.

This has resulted in an agreed new model for the delivery of social work. Learning disability social care assessment and planning will be delivered in the same way as social care assessment and planning for everyone in Oxfordshire.

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<sup>&</sup>lt;sup>3</sup> http://www.ndti.org.uk/major-projects/current/employment-support-for-disabled-people1/

"Three functions - First Response, Complex, Reviews: The new model will separate staff into functions. Current arrangements have the same member of staff being responsible for quick incoming work, long term complex work and scheduled annual reviews. This has led to waiting lists, client complaints and poor staff morale. 'Lean' principles suggest that separating these functions so that staff are able to focus on one of these three types of work will bring efficiency into the system."

Responsible Localities: End Stage Report - Stage 1 approved at Adult Services Improvement Programme Board, 17.03.2014

The learning disability social care assessment and support planning function will continue to be discharged by Oxfordshire County Council. This will be delivered in line with the process approved by the Adult Service Improvement Programme.

## Adult Social Care Learning Disability First Response and Long Term Complex Function

The assessment, reassessment and support planning function will continue to be provided by the specialist learning disability practitioners. There is an on-going need to ensure efficient management, so management will be reviewed again alongside the development of the locality teams.

#### **Review Function**

The countywide generic review service includes a learning disability review responsibility. This includes ensuring that everyone who receives a service has this service reviewed at least on an annual basis, to ensure that it still meets their needs.

# Tier 4: Intensive Support Autism and Intensive Behaviour Support

Analysis of demand for assessment and treatment in hospital indicates that about half of adults with a learning disability who have used assessment and treatment hospital services do so on the basis of their behaviour challenging their current support provider or living situation. Many of these people also have issues wholly or partially caused by an autistic spectrum disorder. Many people could have been supported to stay at home if effective, early, and targeted support was available for them.

The Autism and Intensive Behaviour Support service will provide a 7 day a week early intervention and intensive support service for a small number (in the order of 250 in a year). The focus of the service will be on supporting the individual and the people they are living with (either family or support provider) to develop ways to effectively live together.

This will include autism advice and support, specialist behaviour support, additional capacity (including overnight stays) as required to maintain placements, training for individuals, families, and staff, and support to take part in a range of community activities. The service will also have access to a small amount of short stay respite (no more than 7 days at any one time) to provide family respite

The service will develop a robust relationship with NHS England specialist learning disability commissioners and case managers working together to reduce the number of people with a learning disability cared for out of county and to work in partnership to ensure early discharge back to local services.

We are exploring the possibility of a wider autism specific approach, pulling together

services that currently span a range of adult provision into a single clear service.

#### Case management of complex health needs

A number of people with a learning disability in Oxfordshire (approximately 150 people) have multiple and complex health needs and receive frequent health interventions from a number of health professionals and services. Analysis of current activity around managing health interventions for this group of people suggests that robust case management is critical to ensuring that health needs of this people are met. We are planning to commission a complex health needs case management function to enable this to happen.

#### **Continuing Health Care**

As part of the work to support people with complex health needs we will commission a continuing health care service to ensure that people who are eligible to receive this support will continue to have their needs met.

## Timeline for implementing these changes

We recognize that our vision is highly ambitious and that implementation of our strategic intentions will take time. This work started in April 2015 and will continue over the life of this Big Plan.

**Year 1** – Plan & commission some services (Well Being & Employment Support; Dementia Support; Improved Access to Psychological Therapy); manage & assess impact; new social services model begins working

**Year 2** – Transition period for learning disability specialist health services transfer to mainstream health begins; reasonable adjustments service scoped & best practice defined; commission further services (advocacy service; Medically Complex Case Management service)

Year 3 - Transition continues. Review new services

**Year 4** – all health services for people with learning disabilities & autism provided for by mainstream health services. Evaluate & review strategy; develop new strategic intentions post-2018.

## Year 1 in detail:

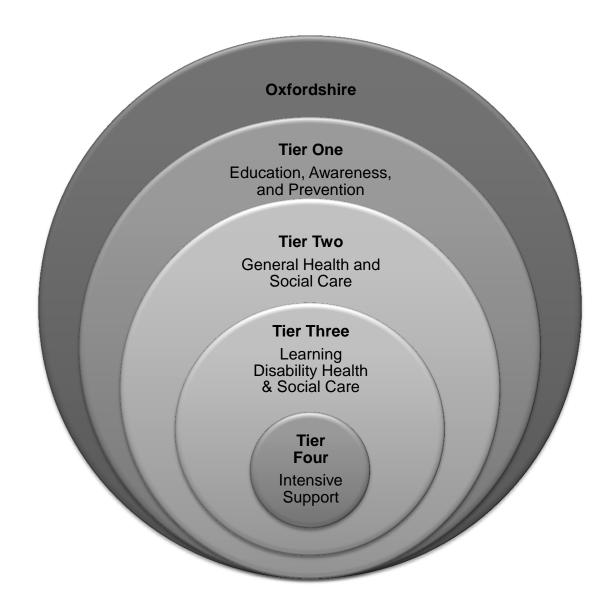
Strategic intention - What are we going to do?	Process - How are we going to do it?	Timeline - When are we going to do it?
Implement a single Resource Allocation System	Process agreed by the Adult Social Care Improvement Programme	Spring 2015
Intensive Support Team created in existing specialist health provider	Transfer required staff into this team	Autumn 2015
Commission a Well-Being and Employment Support service	Procurement	Summer-autumn 2015
Specialist Learning disability input to adult Multi Agency Safeguarding Hub	MASH Staff will co-ordinate response with Learning Disability staff	March 2016
Increase Access to Psychological Therapies(IAPT)	Integrate into procurement of new IAPT service (Oxfordshire CCG) with transfer of resource	Autumn 2015
Social Care	Re-organise in line with all Adult Social Care	Spring 2015
Dementia Advisory service	Integrate into procurement for countywide service	Autumn 2015

Implementation timetables for each year will be developed each spring.

## **Appendix 1**

## The Service Model

Our overall intention is to have a clear pathway of support that will enable people to move between levels of support flexibly, building on individual strengths and capacity so that people live as independently as possible, and are able to quickly enter and leave enhanced support as required.



#### Tier 1: Education, Awareness, and Prevention

We will provide information and advice enabling people with learning disabilities to live well and stay well in the community. This includes general information and advice for carers and the broader community ensuring Oxfordshire is welcoming to the needs and aspirations of people with learning disabilities.

Services in this tier will be provided by a range of voluntary and independent sector providers and are open to anyone who wants to use them. We would anticipate that many would be provided by organisations that are open to many people, including people with learning disabilities.

This will include services that enable people to connect to their local community, to develop local networks, supportive relationships, to work, and to volunteer.

#### Tier 2: General Health and Social Care

General health and social care is the support to which everyone in Oxfordshire with a health or a social care need is entitled. People with learning disabilities should be able to expect that such services are available through mainstream health and social care organisations.

This includes general practice, dentistry, acute health care, physiotherapy, speech and language therapy, access to community centres and day opportunities, and advocacy.

We anticipate that many of the health services in this tier will be provided by NHS organisations, and that the social care services may be provided by Oxfordshire County Council or by independent and voluntary sector partners. Where services are provided within mainstream structures we will work to ensure that reasonable adjustments were made to enable accessibility. This might include staff training or specialist frontline workers in more generic teams.

## Tier 3: Learning Disability Health and Social Care

Learning disability health and social care are specialist services that focus on the health and social care needs of people which are related to their learning disability. They work to enable people to live in their communities and access mainstream services. This includes specialist nursing social work, early intervention and support to family carers, respite and supported living services, and transition support and planning.

We anticipate that this will be provided in an integrated way with a specialist health partner. Our intention is for people to be supported as close to home as possible, and if they have to leave their home to return as quickly as practical.

## **Tier 4: Intensive Support**

Intensive support is available to people with learning disabilities who are significantly unwell as a result of mental illness, or other issues. It includes specialist support for people and the families and services that support them where behaviour challenges current support, a clear pathway to enable people to be supported when they are unwell and to recover, and to return to appropriate community provision. It includes assessment and treatment at home as an alternative to admission and access to inpatient services if needed.

We anticipate that this will be provided in an integrated way with a specialist health partner. Our intention is for people to be supported as close to home as possible, and if they have to leave their home, that they return to it as quickly as is practical and safe



Tier One

Education, Awareness & Prevention

**Tier Two** 

General Health & Social Care

The core offer

for Adults

with learning

disabilities

and their

families

**Tier Three** 

LD Health & Social Care

**Tier Four** 

Intensive Support

# Wellbeing and Employment Support

(includes a universal preventative service and a range of provision purchased through personal budgets) **Supported Living Services** 

(Purchased through personal budgets for those that have assessed eligible needs)

Learning Disability Health Support

(includes autism and intensive support service )

**Residential Services** 

Respite

Information, Advice and Support for Carers

**Social Care** 

**Reviews** 

**First Response** 

**Complex/ On-going Support** 

#### Learning Disability Reasonable Adjustments Advisory Service

(works to make all mainstream services accessible)

Physical Health Support

**Primary Care** 

**Medically Complex Case Management** 

**LD Continuing Health Care** 

**Mental Health Support** 

(mild to moderate issues)

Mental Health Support (incl.beds)
(Crisis and complex issues)

**Mainstream health services**