

Learning Disability Commissioning Strategy 2010-2013



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1 Vision

The London Borough of Richmond upon Thames (LBRuT) believes that people with learning disabilities should receive support local to their homes and communities so that they can live as independently as possible. People with learning disabilities will be supported to live as active citizens and have the same life experiences and opportunities as everyone else. As a commissioning authority we will put the individual at the centre of the commissioning process, ensure that people are appropriately supported and that their quality of life is enhanced within the resources available, including making the best use of the resources available in the community.

1.1 Aims

We aim to achieve the following by 2013:

- All people with a learning disability will know what resources they are entitled to for their support
- More people will live independently in the borough, having their own tenancies and some will have opportunities to own their own home
- More people whose behaviour is perceived as challenging and those with profound or complex needs will live and be supported within the borough
- More people will be making decisions about things that affect them
- More people will choose who supports them and decide how they are supported
- More people will be in paid employment
- Carers of people with a learning disability will have greater support to maintain their caring role and will have equitable access to a range of respite options when they need it.

We aim to ensure that the personalisation agenda is embedded within all local services and developments for people with learning disabilities and their family carers, and is underpinned by good person centred planning.

1.2 Objectives

The following value objectives will be used to demonstrate the progress made by individuals with learning disabilities.

- **Improved health and emotional well being – ‘I am as healthy as I can be’:** More people living healthier lifestyles. People living longer and with better physical, mental and emotional health.
- **Improved quality of life – ‘I am able to live a fulfilled life’:** Better access to ordinary housing, transport, leisure, information, life long learning and support

that promotes well being. More people living in a supportive community with a good local environment and little crime.

- **Making a positive contribution – ‘I can participate as a full and equal member of my community’:** People living, working and taking part in community life as equal members. More people involved in planning and making decisions about things that affect them. More people reporting positive experiences about things in their lives.
- **Exercise of choice and control – ‘I have the same life chances as other adults’:** People having a personal budget and deciding for themselves where they live, how they are supported and how they spend their time. People able to speak out and complain if they need to. Reliable information and advice available in formats people can understand. More people using assistive technology.
- **Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:** Action is taken against maltreatment, neglect and exploitation, including hate crime. More people reporting reduced discrimination, harassment and abuse. People have opportunities to build and sustain valued relationships.
- **Economic well being: ‘I am financially stable and have as much control as possible over my money’:** More people have access to financial information, welfare benefits and employment opportunities
- **Maintaining personal dignity: - ‘I feel valued by others’:** People experience privacy in their lives – in their own homes or in residential care or hospital including appropriate levels of confidentiality. People feel they are treated with respect and are listened to, have a sense of self worth and are valued by others.

1.3 Background to the Strategy

This Commissioning Strategy sets out a clear direction for how services for adults with learning disabilities will develop over the next three years from 2010-2013. It has been written at the request of members of the Local Learning Disability Partnership Board in order to clearly lay out how we intend to spend the resources available to give people with learning disabilities more choice and control over their lives.

This strategy is intended to replace the Joint Commissioning Strategy 2007-2010 (Specialist Services for People with Learning Disabilities) in light of changes in the delivery and funding of social care in the borough to people with a learning disability.

The Local Learning Disability Partnership Board is committed to involving people with a learning disability, carers and all other stakeholders in the planning of future services and has supported the co-design of this strategy. Since it is vital that this strategy responds to the needs of people with a learning disability and for those who care for them, the key issues in the strategy have been summarised in easy-to-read language. This final version has incorporated the feedback received during the consultation period (July – October 2009), details of which are outlined in Appendix 5.

Importantly, as a result of feedback from local partners, service users and carers during the consultation we have included a section on key principles which support the 4 big ideas (see Section 3 Supporting Principles).

1.4 Drivers for Change

The Commissioning Strategy is led by the need to respond to the changing needs and expectations of service users with a learning disability and to deliver the key policy drivers outlined below.

1.4.1 Valuing People Now

In January 2009, Valuing People Now was launched setting out a clear national direction of travel for learning disabilities, re-iterating and re-enforcing the focus set out in the original Valuing People strategy published in 2001. Valuing People Now is based on the premise that people with learning disabilities are people first and the focus should be on what they *can do*, with support if necessary, rather than what they *cannot do*. It emphasises the principles of rights, choice, independence, and inclusion. Achievement of the aims laid out in Valuing People Now will mean working across the boundaries of social care. This will include employment, housing, benefits, leisure, transport and health and mean working with partners from the private and voluntary sector. The LBRuT Local Learning Disability Partnership (LLDP) as a whole is responsible for ensuring that we respond locally to Valuing People Now with a clear imperative to *make things happen*.

1.4.2 Putting People First Concordat – Self Directed Support and Personalisation

2008's Putting People First Concordat focused on the development of personalisation and Self Directed Support (SDS) in the provision of social care and support services. As a national lead borough on transformation and SDS, Richmond needs to continue to ensure that all adults are in receipt of a personal budget and are given real choice and control over the way this money is spent. The four key areas in Putting People First are:

- ⇒ Choice and Control
- ⇒ Social Capital
- ⇒ Early intervention and prevention
- ⇒ Universal Services

1.4.3 Commissioning services and support for people with learning disabilities and complex needs - National report of joint review

In 2008, the Commission for Social Care Inspection, the Healthcare Commission and the Mental Health Act Commission (now jointly the Care Quality Commission) worked together in nine areas of England to see how well people with learning disabilities and complex needs were being supported by local services.¹ The findings from this review included three key recommendations:

- ⇒ To review the effectiveness of planning system to meet the needs of people with learning disabilities and to make changes to commissioning practices and provision

¹ The report of the joint review can be found at http://www.cqc.org.uk/db/documents/Report_for_commissioning_LD_joint_review.pdf

- ⇒ To put in place arrangements to develop the personalised services required by people with learning disabilities and complex needs
- ⇒ For the Care Quality Commissioning to put mechanisms in place that give assurance to people with learning disabilities and their families that the recommendations are acted upon and the implementation of the *Valuing People Now* delivery plan receives proper scrutiny.

1.4.4 Finances, savings and efficiencies targets

Currently the Borough spends 24% of the total Adult Community Care budget on people with a learning disability who make up approximately 13% of all LBRuT service users. One of the key reasons for this is the number of service users who are currently living in residential settings, many at large distances from the borough.

Nationally, and particularly within London, local authorities are facing significant financial pressures in adult social care services. The main pressures relate to increased demand for domiciliary care and cost and demand pressures relating to specialist services for adults with learning disabilities and complex needs. Councils are also expecting to face demand pressures on mental health and drug and alcohol misuse services as well as potential reductions in income collected from service user contributions related to the impact of the recession.

Given this financial context, the Council's Learning Disability Commissioning approach must champion the efficient use of available resources, taking into account the Local Authorities' responsibilities following the transfer of NHS funds In April 2009. (£8million was transferred from NHS Richmond to the Local Authority) This funding transfer is a landmark move nationally since it promotes a shift away from health-focused provision for people with learning disabilities. This gives us, as a Local Authority, the opportunity to look at new ways of spending funds for people with learning disabilities. Commissioning will additionally need to focus on delivering efficiency savings as well as enabling some funding to be released for cost pressures due to increasing demand for care services.

[Note: NHS Richmond remains responsible for commissioning *health care services* for people with learning disabilities resident in the Borough.]

We also need to be aware that the Borough's default operating system is now Self Directed Support which alongside choice and control has at its core the principle of fair and equitable allocation of resources based on need. As stated, local learning disability services have historically been in receipt of a significant proportion of the overall adult Community Care budget. As we further develop Self Directed Support in the borough we must recognise that this may change. We believe that this will be a positive change and will ensure that all service users are controlling their support in a way that makes sense to them and maximises their independence. Whilst we have to make these changes we are also clear about our responsibilities to people with learning disabilities within finite resources alongside our responsibilities to local taxpayers.

National trends have shown that a shift in emphasis towards personalised community services often result in a reduction of the total expenditure on services whilst delivering better outcomes for individuals.

1.4.5 Preparing for Change

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 and the local situation will be kept under regular review by the Local Learning Disability Partnership Board.

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 and de-commissioning some existing services as well as from re-commissioning ever more creative and cost effective services. However, 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.

1.5 Commissioning health care services for people with learning disabilities

This commissioning strategy lays out the commissioning intentions and strategic direction for the Local Authority, in terms of services and support which meet the social care needs of people with learning disabilities. This therefore does not include the commissioning intentions of NHS Richmond which takes responsibility for commissioning specialist health care services for people with learning disabilities and mainstream health care services for the wider local population. The Local Learning Disability Partnership Board will lead the implementation of Valuing People Now in securing access to, and improvements in healthcare, with NHS Richmond being responsible for, and leading, this work.

Evidently the difference between what constitutes health or social care services is not always easily defined. However, for the purpose of this strategy we will define health care as being the treatment and management of illness, and the preservation of health of people with a learning disability through specialist services and social care as being the micro-commissioning of services to meet the needs of people with a learning disability.

Broadly, the commissioning intentions of NHS Richmond around health care for people with learning disabilities align with those of the Local Authority in that they commission specialist services which promote individual health and well being, alongside promoting the use of mainstream services.

It is worth noting here that for those of our population who are currently living outside of the borough, health care services are commissioned by other NHS commissioning organisations that are local to that area (i.e. not NHS Richmond). We must endeavour to work in partnership with providers and those NHS organisations to ensure that the health and well-being needs of all of our population are being met, irrespective of where they currently live.

The Local Authority is committed to working in partnership with NHS Commissioners and statutory and non-statutory health providers.

1.6 What do we want to achieve by writing this Strategy?

We hope that this document will help us to do a number of things:

- start a process by which we think together with people who use services and their family and friends about what is important in where they live and how they are supported in the future
- use a holistic approach to ensure people using services have a more positive experience that places their needs at the centre of thinking and planning.
- set out priorities for the future, stating clearly and transparently what can and cannot be commissioned within the available resources
- communicate clearly to all stakeholders a vision for the future of local services and opportunities for people with learning disabilities
- set out person centred commissioning intentions which will ensure the needs of adults with learning disabilities are met
- start to work with people and organisations that provide services to develop a greater range of services so that people have more choice and to make them responsive to the individual requirements of people with learning disabilities.
- promote communication between people with a learning disability, providers and the wider community
- provide a framework for local policy making with the voice of local people with learning disabilities at the centre
- increase our understanding of what we need to provide in the future and plan how this will be funded.
- develop an action plan that will describe what we will do to increase the range of local support services and improve opportunities for people with learning disabilities. The action plan will be overseen by the local LDDP.

2 The Local Position

2.1 Demographics and prevalence

Overall, as the 309th least deprived borough in the country, the population of the London Borough of Richmond upon Thames is healthy and wealthy. However, this masks the experience of those living in either deprived parts of the borough or those who are marginalised or vulnerable for any reason.

Estimating the number of adults with a learning disability within Richmond is difficult due mainly to the lack of robust national prevalence information.

National modeling using the Projecting Adult Needs and Information System for 2008 estimates that there are 2916 adults in the London Borough of Richmond upon Thames who have a learning disability, 668 of whom have a learning disability which could be described as a moderate or severe (i.e. 23% of the total with a learning disability).²

The number of people with learning disabilities is expected to rise by 10% by 2025 in line with expected population increases generally. The total number of people with a learning disability is therefore estimated at 3,223 in 2025, with 741 with a moderate or severe learning disability.

The proportion of black and minority ethnic residents across the whole population of Richmond is expected to increase. Currently 6% of those in receipt of Local Authority funded services for people with learning disabilities in Richmond are from black minority and ethnic groups.

In March 2009, a snapshot of our care management database indicates that there were a total of 403 individuals in receipt of services due to having a learning disability (services may include care management only). We recognise that the prevalence based estimates above indicate that there are a large number of people with learning disabilities locally who are not currently in receipt of services. Evidence indicates that this is the case nationally which suggests that the prevalence rates applied are not accurate.

The demographics of this group were as follows:

Age Group	Frequency	%
18-29	77	19%
30-39	65	16%
40-49	100	25%
50-59	72	18%
60-69	65	16%
70+	24	6%

² Data extracted from Projecting Adult Needs and Service Information System for 2008, www.pansi.org.uk

Overall, this generally matches the demographic of the population as a whole which indicates a high proportion of residents in the 30-44 age bands. The Joint Strategic Needs Assessment which was completed in 2008 indicates however that in the next 10 years there will be an overall increase in the 65+ age group³.

2.2 Current service provision

The Projecting Adult Needs and Service Information System (PANSI) indicates that in Richmond 50% of those in receipt of local authority funded services are in residential or nursing care, in comparison to a London average of 35% and an English average of 29%.

Currently only 10% of all service users are living in sheltered housing or supported living arrangements whilst 39% are living at home. *Note:* 'home' in this context may refer to living with parents/family/carers or living independently. The larger part of the group is known to live with parents

Accommodation of current service users (403) at March 2009

Accommodation	Frequency	%
Adult Placement	4	1%
Home	159	39%
Residential (includes residential education)	201	50%
Sheltered Housing	5	1%
Supported Living	34	9%

In March 2009 there were 73 individuals (18% of the total number of service users) placed outside of the borough with a large proportion at a distance of 25 miles or more from the borough boundary (estimated at 65% of the total placed outside of the borough). National research indicates that out of borough placements can have a negative impact on service users and their families due to difficulties people face in staying in contact with family, friends and their local communities as well as difficulties in becoming part of life in the new area and the potential for not enough contact from their placing authority, particularly for those at a distance.⁴

There is a range of non accommodation based services provided by both the Local authority directly and by voluntary and private sector organisations. These services include a Community Support Service, a Supported Employment Service, domiciliary and home care services, a respite service, leisure services, Advocacy Services and a wide range of social and activity based services.

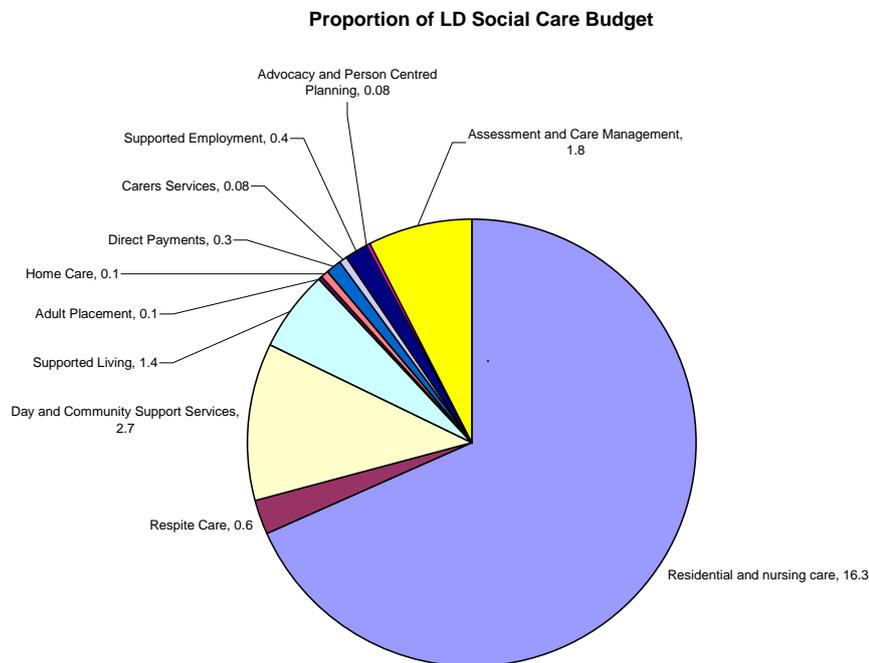
³ For more detail on current and future local demographics – see the Joint Strategic Needs Assessment p.13 http://www.richmond.gov.uk/home/council_government_and_democracy/council/civic-offices/departments/adult_and_community_services_directorate/joint_strategic_needs_assessment_.htm

⁴ Evidence in more detailed is included in Emerson, E. and Robertson, J, 'Commissioning person-centred, cost-effective, local support for people with learning difficulties', *Adults' Services Knowledge Review 20*, Social Care Institute for Excellence (Lancaster, 2008)

In 2008/09 the borough went through the process of reducing reliance on day care through a move for those in residential care to be supported from their homes, rather than through regular attendance at day centres. To date, this has included 71 individuals who now have Individual Service Funds from which they are supported to choose meaningful daytime activities.

2.3 Current spend

The London Borough of Richmond’s gross budget for Learning Disability Services in 2008/09 was £23.9 million (including management overhead and central support service costs). A detailed break down of the budget allocation for 2008/9 is listed in Appendix 1. A representation of the proportion of budget spent in different areas is shown below.



It is clear from the above that the majority of the budget is spent on residential placements for 50% of all service users with a learning disability. A breakdown of the cost banding of residential placements is shown below. Approximately 60% of residential placements in 2008/09 cost in excess of £1,250 per week, with 13% costing in excess of £2,000 per week.

Breakdown of Residential Placement Costs 2008/09

Cost Band/week	Number	%
£0-£500	5	3
£501-£750	22	11
£751-£1,000	38	20
£1,001-£1,250	14	7
£1,251-£1,500	56	29
£1,501-£1,750	18	9
£1,750-£2,000	14	8
£2,000+	25	13
TOTAL	192	100

This spending pattern results in money being tied up and opportunities for local development are restricted. This position needs to change since we believe that many individuals currently placed in residential care could live more independently if supported to do so. We are also clear that both local accommodation and support options should be more varied and therefore offer individuals a better opportunity to live a full and meaningful life.

The table below shows the projected LD budget looking forwards to 2013 and how it will change as a result of implementing this strategy. The figures reflect the move from a reliance on residential care to a greater proportion of the budget spent on supported living options.

Learning Disabilities Projected Budget spend 2010-13

<u>Service</u>	Outturn 2008/09 £000 (Gross*)	Budget 2009/10 £000 (Gross*)	Budget 2010/11 £000 (Gross*)	Provisional Budget Allocation 2012/13 £000 (Gross*) (based on commissioning intentions)
Care Management	623	636	623	623
Residential and Nursing	15,833	16,129	15,935	12,347
Supported Living	1,936	1,696	1,852	3,000
Day and Community Support	2,082	2,305	1,653	1,653
Direct Payments	546	303	810	1,500
Other Services	1,140	1,143	1,284	2,034
Cashable Efficiencies/Demand-led Growth	-	-	-	1,000
TOTAL	22,160	22,212	22,157	22,157

* Budget figures shown above exclude management overheads and central support service costs.

3 Supporting Principles

The overarching principles which guide our commissioning approach are:

- To **improve the lives and broaden the experiences** of individual service users with a learning disability in Richmond.
- Promote **social inclusion** and equal **citizen rights** for all people with a learning disability.
- Support service users and carers to make decisions and navigate the health and social care system by providing **timely and appropriate information and advice** and ensure that all information is accessible and easily available.
- Create **friendship and relationship networks** by enabling support providers to work together in making opportunities for service users and carers.
- To **listen** to service users and carers and **involve** them in shaping and commissioning services.
- Ensure that key partners understand our vision and aims and are clear on the part they play in supporting this and ultimately **making it happen**.
- Ensure providers deliver high quality **person centred services** that meet the needs of service users. Timely and effective quality assurance and monitoring processes will provide assurances that services are responding to the required needs of individuals.
- Support people with the most **complex needs** to exercise choice and control – in whatever way this is possible.
- Create a workforce equipped to work in new and more person-centred ways. We will encourage providers and voluntary organisations to work together on **training and development** and review our own workforce development programme to ensure it meets the challenges of this strategy and the needs of local organisations.
- Ensure the **safety and dignity** of our service users. We will ensure that our safeguarding arrangements keep people safe from harm and abuse whatever their circumstances and we will work closely with providers to ensure the services they provide enable this.

4 Big Ideas for Richmond

We have identified four key 'big' ideas which together will define our commissioning priorities for the next three years which will seek to tackle the issues identified.

Our 'big' ideas are:

- Self directed support for everyone
- People to live locally and as independently as possible
- Employment for all people where appropriate
- Supported Carers

4.1 *Self Directed Support for everyone*

The principle of personalisation is now firmly established at the core of all LBRuT's commissioning activity. The Borough is committed to ensuring that all those eligible for support from the local authority are supported to self assess and be made aware of the funds allocated to them to meet their support needs. We feel that for people with learning disabilities this is particularly significant – as one of the most marginalised groups in society today it is of huge importance that people with learning disabilities have a right to choose how they are supported to live their lives and that there are choices available locally.

A key principle of personalisation is ensuring that all service users are assessed in an equitable and transparent way, and that there is a direct correlation between the needs of an individual and the funds that are allocated to them. Additionally, self directed support puts the individual at the centre of the commissioning process – the individual can choose how their funds are managed and how they are spent.

Historically, self directed support began with people with learning disabilities and LBRuT remains committed to SDS being used to give individuals the opportunity to live as any other citizen with or without a disability in their local community. We will work with local Crime and Disorder reduction Partnerships to identify and tackle hate crime issues in the community and ensure service users with a learning disability are supported to live as equal and valued citizens.

4.1.1 **Assessment, Support Planning and Personal Budgets**

All new service users are supported to engage in the Assessment process using a Self Assessment Questionnaire (SAQ). The information gathered from the questionnaire determines the indicative budget allocated to an individual using the local Resource Allocation system (RAS). In some cases the indicative budget may not be sufficient to fully meet identified needs, and additional funding is considered. By 2012 everyone eligible for social care funds with a learning disability will know what resources they are entitled to for their social care support.

All individuals with Personal Budgets will have a detailed support plan which lays out how the budget will be spent to meet the individual's support needs. Good person-centred support planning, alongside improved access to a wide range of mainstream services will enable people to make choices about how they are supported to live meaningful lives.

We recognise that for many people planning and organising their own support will be difficult:

'Many disabled people aren't capable of putting together their own plan of activities or of trying to get hold of and stay connected with support services'
Carer feedback from Consultation

We are therefore developing a range of options around support planning, offering individuals a choice in how their support plan is presented and who supports them in creating it. The newly formed Richmond Independent Brokerage Service (RIBS) is a consortium of a number of local voluntary sector organisations which offers individuals truly independent support in support planning and determining how best to spend their Personal Budget. During the lifetime of this strategy we expect to develop further options alongside Care Management capacity around support planning to ensure that all service users are given the opportunity to develop a truly person centred and aspirational plan.

Support can be organised either by the individual themselves, or by family members, advocates, brokers or a service provider on their behalf. The money can be taken either as a

- direct payment (cash) which gives maximum flexibility to an individual with minimum restrictions
- an Individual Service Fund (ISF) paid to a provider, Trust or Broker for a service which gives flexibility within the areas a service provider can offer
- or to the Local Authority to buy services and supports on behalf of an individual. This option gives a more limited range of services, but with some individual choice about what to buy and when.

We have developed these options recognising that not all individuals and their carers/families want to manage the money. We are planning to develop further options during the lifetime of this strategy.

Self Directed Support ensures that people are more in control of the way in which they lead their lives. The needs of service users will be reviewed regularly. Information from individual reviews and support plans will be analysed and used to plan ahead and shape the market to deliver services that people want and need.

All services bought via the Local Authority will be quality assured to ensure they are being delivered in a person centred way that best supports individual outcomes.

4.1.2 Access to universal services and increasing choices within the borough

It is known that people with learning disabilities are often not connected within their communities, particularly people with complex needs. Our partner organisations have a wealth of knowledge and experience in identifying and tackling the barriers that people with learning disabilities face when accessing mainstream services. We will continue to work together to make additional recommendations and improvements so that local social, leisure and community activities become accessible to all.

'more people should be actively involved in the local community'
Carer feedback from Consultation

Many of the barriers [to accessing mainstream services] are already very well understood by people working 'on the ground' in the sector
Partner provider organisation feedback from Consultation

The Partnership Board will play a key role in ensuring the needs of people with learning disabilities are supported in their local community and that individuals are enabled to become active community citizens.

We are currently working with the South West London St George's Mental Health Trust and other partners in considering options for developing support for people on the autistic spectrum.

We will also work with providers to make sure that they offer support arrangements that include natural, community and informal supports as well as paid staff. Feedback from consultation has highlighted the availability and willingness of a strong local volunteer force which could be developed in future.

People with learning disabilities will have the opportunity to become employers and commissioners of their own supports which in turn will help develop the local market. We will support local market provision to respond flexibly to future demands.

4.1.3 Availability of a range of quality advocacy services

For people with learning disabilities to be treated as equal citizens in society and have real choices and control over their lives, we recognise that it is essential that individuals have appropriate support to access information and to express their views within the limitations of their abilities. The shift to a service user led focus will require a greater emphasis on quality advocacy to move towards this vision and ensure that the rights of service users are at the centre of the process. We are committed to commissioning a broad range of high-quality advocacy services and support to include professional advocacy, citizen advocates and peer advocacy support.

We also aim to develop stronger links with mainstream advocacy services e.g. the Independent Mental Capacity Advocacy Service (IMCA) and Citizens Advice Bureau to improve access for people with learning disabilities to these services.

4.2 People to live locally and as independently as possible

We are committed to ensuring that people with learning disabilities live inside the borough (or at least within the locality – within 5 miles of the borough boundary) and that they are supported to live as independently as possible. We will ensure that placements further outside of this radius are only considered when all other options have been exhausted and this remains the only suitable option to meet the needs of the individual.

Valuing People Now (VPN) comments that social care, health and housing professionals must work together to enable people with learning disabilities to have greater choice and control over where and how they live, who they live with and who supports them. People do not need a special house just because they have a learning disability. Most people want to live ordinary lives in ordinary homes. VPN emphasised that people with learning disabilities can live successfully in many different kinds of housing and can manage, with support, a full range of tenures, including owning their own homes. Indeed housing can be the key to social inclusion. Our aim is to have more people in settled accommodation i.e. their own home, as opposed to living in residential care.

'It's [living independently] the natural progression in life'

Carer feedback from Consultation

The multi-disciplinary Learning Disabilities Accommodation task group of the local Learning Disability Partnership Board published a Housing and Support Plan for people with Learning Disabilities (2007 -10) in response to Valuing People. This plan was intended to be very much a living document, and some of the tasks in the Action Plan have been achieved (for example setting up a local Keyring scheme and an adult placement scheme) There remains the need for care managers to include the integration of a housing and support survey with the annual SDS review process for all individuals. It is also necessary to ensure that our current IT systems are developed so that this information can be stored on the local care management recording system as part of a single assessment process. A more detailed assessment of current and future housing needs remains a priority to inform the continued development of this commissioning strategy and ensure that we are able to respond to changes in housing needs.

4.2.1 The current situation and what needs to change

4.2.1.1 Bringing people back

Bringing Richmond residents back into the borough was highlighted as a high priority in the accommodation strategy of 2002 and some progress has been made in this respect since then as the total number of people in out-of-borough placements has reduced from 112 in 2002 to 73 in 2009.

National studies have shown that out-of-area placements are generally made for predominantly negative reasons such as placement breakdown and dissatisfaction with local services as opposed to positive reasons such as being nearer to family, or meeting religious or cultural preferences. The LBRuT Care Management team are concerned that the level of contact we can maintain with people placed at large

distances from the borough could leave vulnerable individuals in a situation where the quality and appropriateness of their placement cannot be closely monitored. Additionally, out-of-area placements are generally expensive which has a negative impact on our ability to invest locally. High expenditure on out-of-area placements ties up resources which could be invested in developing improved local services for local people.

In 2008/09 nine moves from out of borough placements back to Richmond took place with 4 individuals moving into supported living and 5 into local residential placements. These 9 moves have realised a total of £380k in efficiency savings and have brought individuals back into much closer contact with their families and local communities.

We plan to move 15 individuals back to Richmond from out-of-borough placements over the next three years. The LBRuT Care Management team are planning moves back to the borough for a number of individuals, working together with families, our specialist health team and local providers. Planned moves may be into supported living settings or moves into voids in our residential portfolio where this is considered more appropriate and meets the needs of the individual.

Currently a large number of individuals are in placements over 25 miles from the Borough boundaries. We will operate on the principle that individuals are best served by being closer to home, and will seek to facilitate this at all reviews, unless it is shown that such a move would be detrimental to an individual's health and well being. We will review the current care needs of the individuals in order to ensure that the residential care package remains appropriate, is safeguarding the individual and is offering the correct level of personal development and support. For those individuals where a move back to the borough is inappropriate (e.g. because families have relocated to be nearer to the host borough) we will explore with the individual and their family the potential for moving to a more independent and personalised service in the locality.

All residential support is expected to be of a high standard and delivered in a person-centred way. We will review all placement costs using a funding calculator (Care Funding Calculator) to ensure they accurately represent the support being given to meet the individual's needs effectively and cost efficiently. Where this is not the case, service fees will be renegotiated or services may be recommissioned.

Whilst it is important that we consider moves back to the borough wherever possible we know that for some people with complex needs who have lived outside of the borough for many years this could be difficult and not appropriate.

<p>'it should be acknowledged that there will probably always be a small number of cases where it is not feasible for the specialist care required to be provided within the borough'</p> <p style="text-align: right;"><i>Carer feedback from consultation</i></p>

We will therefore consider each individual's needs using person centred approaches and work closely with families to facilitate moves or any other changes in service provision when that change is considered feasible.

4.2.1.2 Local residential placements

The current local provision for people with learning disabilities is characterised by an over-reliance on residential care options with over 50% of service users presently living in residential care.

Currently there are a total of 30 residential care homes for people with learning disabilities in Richmond, providing a total of 202 places, of which 75% are occupied (or contracted to be occupied) by Richmond service users. These are managed by 12 different organisations, mainly in the independent, not for profit sector. Four registered residential homes with 24 places are managed directly by the Local Authority as well as a respite care facility with 6 bedspaces.

Some people currently living residential care could be supported to live independently. As part of the annual review of individuals in residential care we will identify those people who do not require this level of support and consider more independent living options in the borough. Of the 39% of service users who live with their families, many live with older family members or carers. Supporting these families to plan for the future will be essential in preventing unnecessary placements in residential care and ensuring the best outcomes for people with learning disabilities and their families.

4.2.1.3 Block contracting arrangements

Richmond has several long-standing historic block contracting arrangements with in-borough residential providers, representing a significant financial investment. For many years these have not been monitored in any structured way. A block contract monitoring format (covering the areas of service delivery, customer care, partnership working, quality, best practice, equalities and diversity, service development and value for money) has been developed and is being rolled out to all block contract providers in LBRuT. As a result of this we may need to alter our contracts or retender them to ensure that they match the needs of service users.

We will be looking at ways to move away from traditional block contracting and are committed to personalising all our contracting arrangements by 2012.

4.2.1.4 New Placements

Strenuous efforts have been made to reduce the number of people moving into new residential placements. In the main, these are young people transferring from Childrens' Services where a residential placement has been seen as the only available option. Proactive casework with the young people and their family and carers to resist resorting to residential placements will continue. An enhanced range of local housing options and an increased range of local support services, including more further education facilities for people with complex needs, will provide choices closer to home which will lead to improved outcomes for young people in transition and their families and help to prevent new placements out of the borough. We are committed to working with the local education and training services to ensure that they are able to meet the needs of young people with a learning disability with regard to both educational and leisure courses, thus avoiding the need for out of borough residential college placements.

In future, we will only commission residential care services for people with learning disabilities (including college placements) where there is a need for this type of

service provision and all other options have been explored. Such placements must also demonstrate the best use of available resources; for example, the costs of residential college placements should not exceed the cost of a residential service which is able to meet that persons needs.

4.2.2 Places to live

4.2.2.1 Supported Living – pipeline options

In recent years we have worked in partnership with the Housing Department and Housing Associations to develop increased supported living options for people with learning disabilities. It is recognised that a larger number, and a wider range, of options needs to be developed in future.

Demand for all types of supported accommodation for adults with learning disabilities is anticipated to increase over the next three years. This is due in part to the changing expectations of young adults coming through transition who aspire to greater independence; adults with ageing carers requiring support and people brought back home from placements out of the borough.

A new supported living scheme opened in September 2009 at Colombo House, Ferry Road which provides ten additional supported living beds in six units in Teddington.

A further new supported living scheme at Seymour Road is due for completion in 2010 and will provide six additional supported living beds in four units. We may use this scheme to support individuals with autistic spectrum disorders, and develop specialist autistic services and supports which have been previously been lacking in the borough.

LBRuT commissioners are working with colleagues from the London Borough of Merton and Croydon to set up 12 supported living units in the region for people with complex needs (Mansell Project). Each borough will have nomination rights to 4 units which are expected to be ready for occupancy in 2012. The development benefits from a £1.57m capital grant from the Learning Disability Development Fund.

4.2.2.2 Supported Living – part way to independence

It is recognised that there is a need to have local independence-training projects in order to teach individuals skills in practical living so that they have the confidence to live independently in the community (with the right support). A transitions training scheme is being developed at 4 Station Road in partnership with a local support provider. The scheme aims to support young people aged 18-30 to develop independent living skills over a period of up to two years and support them to move on into more independent living.

We will be looking at commissioning a further 4 units as a transitional independent living training scheme over the next three years.

4.2.2.3 Supported Living – de-registration

The LBRuT portfolio of residential units contains a number of small units that are fairly domestic in scale. In the medium to long term, it should be possible to adjust the use of some buildings to provide supported living accommodation, without the need for extensive capital works and outlay. We are planning to deregister the care home at Lyndhurst Avenue in early 2010, and reconfigure it into a supported living scheme. We are committed to supporting the deregistration of three other small residential care homes to supported living schemes in 2010/11. Additionally we will discuss deregistration possibilities with our in-house residential service. Effective deregistration will depend on the size and layout of the existing building and the consequent ease of conversion as well as who owns and manages it at present and on the ability of some residents to make the change. The financial and staffing implications at each residence will also need to be taken into account.

The model of individual self contained flats within a single facility is considered the best model for supported housing. Residents have the security of living close to other people with similar needs for peer group support and the avoidance of social isolation without needing to share facilities. As far as possible we will consider people's friendship networks in looking at their suitability for each facility.

In order to develop supported living schemes and free up resources we intend to decommission 10 residential placements per year for the next 3 years. A matrix of criteria will be applied to our residential portfolio in order to identify which homes should be decommissioned. Criteria to consider are:

- Size and cost of the home
- Occupancy
- Physical layout of the home and suitability for alternative use
- CQC rating
-

We do not expect that all local homes which are decommissioned will be converted into supported living.

4.2.2.4 Homefinding

For many people, renting in the private sector is their first step towards independence, usually sharing a flat with friends or in a bedsit within a shared house. There is no reason why this should not be the same for people with a learning disability. However, due to the likely differences between the attitudes of private landlords and Registered Social Landlords a greater level of support is likely to be required. A degree of support for landlords may also be required to assist them in their understanding of the needs of people with a learning disability. With this in mind, Richmond has been part of a South West London joint commissioners Homefinding project group which has secured Golden Lane Housing as a developmental partner to run a service to help people with learning disabilities find ordinary housing options in the private sector with two years of DCLG trailblazer funding. The project was launched in September 2009 and will be the first of its kind in the country. In addition to a homefinding service, Golden Lane are able to offer an ongoing tenancy maintenance service at a competitive rate which should offer peace of mind to both tenants (and their families) and the landlord.

4.2.2.5 Ordinary Housing Options

There is an arrangement between Housing and Adult and Community Services, whereby a quota of 10 units a year, managed by Richmond's RSL partners, are let to people with learning disabilities. Their use is intended to facilitate move on from transitional supported living housing, but the quota has been underused in the last year with 6 referrals made and 4 of the 10 used. We will continue to work with Housing and look at ways to use the quota allocation more effectively.

We would also like to look at the potential for people with learning disabilities to become home-owners. Whilst we recognise the barriers to home owning for people on a lower income in a borough such as Richmond we do not feel the barriers are insurmountable and are encouraged by national evidence which supports the view that people with learning disabilities can own their own home.

4.2.3 Support to live there

4.2.3.1 Framework Agreement

We have awarded a 4 year Framework contract to 12 preferred providers for the provision of the full range of support services to people with learning disabilities living in a variety of settings (except residential)⁵. The framework has been designed to support the planned increase in supported and independent living in the borough, ensuring that we have a range of service providers available locally.

The Agreement covers a range of service types (including registered domiciliary/home care, community support, housing management and skills development) and includes providers with experience in supporting individuals with complex needs. Support services can be purchased from various categories and bands according to the needs of an individual including those with complex needs. The agreement has been developed for use by both the local authority and by service users with Personal Budgets. By including a comprehensive pricing schedule as part of the agreement, individuals will be able to buy their own support at the agreed Local Authority rate, thus ensuring value for money and quality of service. Although we would not wish to restrict the choice of an individual, the use of the framework can facilitate and support decision making.

Individuals may prefer to buy support services from organisations that are not part of the framework contract and can do so using their personal budget taken as a direct payment.

4.2.3.2 Community Support Service

The Local Authority's in house Community Support Service (CSS) has a key role to play in supporting many people who live locally with learning disabilities. It has recently been reconfigured into one service focusing on supporting people living in the family home or living independently, from what was previously the Community Support Service and Day Services.

The CSS Service offers a range of group activities in the community alongside 1-1 support. The Service continues to undergo development and change in response to

⁵ See Appendix 7.3 for the full list of providers on the Framework Agreement

the needs of individuals and recognises the importance of operating as part of a local market place of available support.

4.2.3.3 Market Development

We recognise that both of our first two big ideas are dependent on ensuring that there is a choice of services and supports available locally for people with learning disabilities with a range of needs. In particular we recognise the need to develop autistic specific adult learning and support opportunities which are currently lacking.

Feedback from consultation events with service users, carers and partner organisations in the borough have highlighted that supporting individuals with the most complex needs is seen as an important area for development over the lifetime of this strategy.

We therefore recognise that we will need to work in partnership with the local voluntary and community sector to support them to develop their services, promoting good outcomes for people with a learning disability and family carers, and take advantage of external funding opportunities. We will work to ensure that community activities and opportunities are available and accessible to people with a learning disability, including transport and travel solutions. We are also committed to ensuring that there are a range of opportunities available locally which are culturally sensitive and recognise the needs of those service users from BME backgrounds.

We are also looking at market development opportunities across South-West London as we know that as a small London Borough we can benefit from working in partnership to attract a wider range of choices into the borough.

A large part of the development of the market will be focused on attracting innovation and opportunities that look beyond traditional services. We hope this will ensure that there will be a range of opportunities available within the borough forming a varied menu which supports people's independence.

4.2.3.4 Assistive Technology including telecare

The use of Telecare technology is useful in managing some of the risks associated with independent living by the continuous, automatic and remote monitoring of real time lifestyle changes over time. Telecare solutions can be tailored to meet the needs of an individual, to provide a personalised level of care that is unique to them or can be solutions that support a group of people living together. It is expected that all new supported living units should be equipped Telecare sensors/assistive technology such as door entry systems, smoke detectors etc. Additional sensors such as those that monitor night-time epilepsy seizures could be installed if required by an individual service user. We are also developing further assistive and mobile technology options which will work to minimise individual risk both when at home and in the community.

4.3 Employment

Nationally, employment for people with learning disabilities is a key focus, with both the emphasis within Valuing People Now on employment and the launch of a National Employment Strategy for People with Learning Disabilities; Valuing Employment Now (2009).

In Richmond currently only 8% of our service users are employed, which we believe is significantly below the national average. We need to change this and ensure that employment is the first choice for all service users (where possible) with people to have paid and meaningful work. By 'work', we mean real jobs in the open labour market that are paid the prevailing wage, or self-employment. We do not mean extended 'work experience' placements, unless this is part of a genuine pathway to real work. The choice to volunteer should be regarded as a meaningful lifestyle choice rather than a form of 'work'.

Our aspiration is for as many people with learning disabilities as possible to work at least 16 hours a week, because this is the point at which most will be financially better off and achieve greater inclusion. We know of some places where this already happens that this is a reasonable ambition.

<p>'A job would give people [with learning disabilities] the opportunity to give something back'</p>
--

Carer feedback from Consultation

<p>'I want to get paid to do a job'</p>

Service User feedback from Consultation

4.3.1 Supported Employment Service

We are committed to continuing to fund a Supported Employment Service which provides good quality support to both those in work and those seeking work. We will review the service and develop a clear and focused Service Level Agreement which specifies the service and ensure that it is funded appropriately and proportionally to maximise its availability.

4.3.2 Education and training

The Supported Employment Service and other employment agencies within the borough will be commissioned to focus on work preparation opportunities, ensuring that people with learning disabilities have the skills required to secure and maintain paid employment. In particular the borough needs to work closely in partnership with Job Centre Plus.

We are committed to working with the further education college and Richmond Adult Community College to develop meaningful learning opportunities for people with learning disabilities which focus on paid employment as a goal. We will ensure that learning opportunities are available within the borough wherever possible and cater for individuals with complex needs, including people on the autistic spectrum. Furthermore, we will ensure that housing options support attendance at local colleges and therefore prevent young people from moving outside of the borough due to a lack of provision locally. We will work with local employers to secure work opportunities.

4.3.3 'Getting a Life' Programme

Our commitment to young people with a learning disability remains to join up the processes for young people in transition from childrens to adult services and ensure

that good person centred holistic planning gives young people the same opportunities to think about their future as their non-disabled peers.

We are committed to our role as a pilot site for 'Getting a Life' which has employment as a key focus. Learning from this programme and from other authorities involved in the 'Getting a Life' programme will support us to better meet the needs of service users both at transition and later in life, ensuring that young people are supported to achieve their full potential.

The local *Getting a Life* work programme identifies the following outcomes which will be monitoring throughout the pilot:

- ⇒ Having Fun
- ⇒ Staying Healthy
- ⇒ Employment and Work
- ⇒ Education and Learning
- ⇒ Money and Personal Budgets
- ⇒ Making plans, participation and assessments
- ⇒ Family, carers and support
- ⇒ Housing

We aim to improve the transition process from children's to adult services for young people with learning disabilities and their parents/carers. A focus for the Borough is on exploring how to more effectively integrate children and adult assessment and decision making processes to enable young people with severe learning disabilities to use public resources flexibly to get the outcomes they want, including access to employment opportunities.

4.4 Supported Carers

Alongside individuals with a learning disability, we want to put carers at the centre of commissioning, in recognition of the huge importance that the role carers have in supporting positive outcomes for their family member. We want support to ensure that carers can maintain their caring role and enjoy the high quality of life that they deserve, including access to work and leisure opportunities within the local community. We recognize the need to ensure that carers are supported in a range of ways – reflecting the varying caring role and the important role of informal carers.

We need to build the confidence of carers in local support service provision so that families can enjoy more natural relationships rather than feeling 'burdened' by the caring responsibilities. As a principle we will consider that most people with learning disabilities should be supported to leave the family home and live independently in the same way as most young people in their late teens and twenties.

'Caring [for my son] has become my life'

Carer feedback to Consultation

'My carer should be listened to'

Service User feedback to Consultation

4.4.1 Carers Assessment

We will ensure that the needs of carers are assessed and that they are offered support in continuing their caring role. This will be provided through respite options, support from the voluntary sector including carers breaks as well as a small carers payment which can be spent at the carers discretion. Carers payments will be made fairly using a resource allocation tool.

4.4.2 Carers Support through the voluntary sector

We are committed to continuing to fund the provision of specialist support for carers of adults with learning disabilities through the Learning Disability Development Fund. The Carers Support Worker is now (and will continue) to be hosted by the Carers' Centre, which will ensure that support for all carers is accessed by those who care for someone with a learning disability. The Carers Support Worker is responsible for keeping carers informed about the range of services and opportunities available to them as well as ensuring that their views are represented at strategic forums. Support provided by the voluntary sector for carers includes support through the Carers' Centre.

4.4.3 Respite

We recognize the importance of respite as a service for carers of people with a learning disability which supports people to maintain their caring role. We will complete a review of the local respite service to ensure that it is being accessed in a fair and equitable way and that it is able to respond flexibly, especially if there is a need for emergency respite. We also recognise that some existing services, whilst not being labeled as respite, are currently fulfilling this role. We need to develop a range of flexible respite options and look beyond a building-based only approach to respite towards respite in the home and community. Additionally, we need to ensure that all respite where provided is appropriate and provided equitably.

5 How we will do this together

5.1 Local Learning Disability Partnership Board

The Local Learning Disability Partnership Board will take responsibility for overseeing delivery of this commissioning strategy, reviewing progress on a regular basis. The Local Authority has a large responsibility for delivering on this strategy and in particular in managing the Community Care Budget. However, we recognise that other partners must be involved through the LLD Partnership Board and take a key role in delivering on many of the aspects of this strategy – including person centred approaches and local market development.

The LLDP has strong links to borough partnerships and the Joint Strategic Needs Assessment process, including the Local Strategic Partnership, the Local Area Agreement, and the Safeguarding Board as well as the local Overview and Scrutiny Committee. These links will be strengthened to ensure that the needs of individuals with a learning disability are considered and that social inclusion and safeguarding issues remain a key focus.

5.2 Change Programme Board

The Local Authority has established a Learning Disability Change Programme Board which has thus far taken responsibility for delivering on the Local Authority's challenging change programme for people with learning disabilities. The Change Programme Strategy is refreshed annually, and has been refreshed in 2009/10 to reflect the priorities outlined in this Commissioning Strategy. The Change Programme includes challenging targets which will support delivery of the 'Big Ideas' outlined here. The Board reports directly to the Joint Commissioning Group and provides updates to the Local Learning Disability Partnership Board and the Local Strategic Partnership. (membership of these groups is listed in appendix 6)

5.3 Working together

This commissioning strategy presents a huge challenge to the borough to dramatically change the way in which people with learning disabilities are supported. The focus on personalisation, self directed support and personal budgets will require partnerships to commission increasingly responsive and flexible learning disability services. We recognise that this won't be easy but we are convinced that delivering the objectives laid out will ensure the best possible outcomes for service users and families.

The only way we can deliver this strategy is by working together with the full range of local and national partners who we know are committed to improving the lives of people with learning disabilities living in Richmond. By working together we can pool ideas, experience and knowledge that will help to innovate at a local level and respond to the shift in models of provision over the next few years.

Appendices

Appendix 1 – Breakdown of the gross budget for Learning Disability Services in 2008/09

PLD gross cost budget 08/09	
Service/Budget area	Cost £m
Residential and Nursing Care	
Independent Sector	
Spot purchasing budget	8.0
Block contracts budget	5.8
In-house	
5 Residential homes	2.5
Total	16.3
Respite Care	
Residential Respite Care Service	0.6
Total	0.6
Day and Community Support Services	
In house Day and Community Support Services	2.0
Independent Sector Day Services and Transport	0.7
Total	2.7
Supported Living	
In house Supported Living Service	0.4
Independent Sector Supported Living Services	1.0
Total	1.4
Adult Placement	
In-house scheme development + existing service users in schemes	0.1
Total	0.1
Home Care	
Independent Sector Home Care	0.1

Total	0.1
Direct Payments	
Direct Payments	0.3
Total	0.3
Carers Services	
Carers services including breaks and a Carers Support Worker	0.08
Total	£0.08
Supported Employment	
Power Employment – in house supported employment agency	0.4
Total	0.4
Advocacy and Person Centred Planning	
Advocacy Services provided by the voluntary sector	0.04
Person Centred Planning Coordination (National Mencap)	0.04
Total	0.08
Assessment and Care Management	
Care Management	1.8
Total	1.8
Grand Total	23.9

Appendix 2 – Glossary of terms used in the strategy

Adult placement	Living with another family who is paid to support someone with a learning disability
Advocacy	Getting your voice heard and being able to say your views and worries
Assessment	finding out what someone's needs are
Assistive technology	alarms and other equipment that can be fitted into the home to get help in an emergency
Carer / carers	a person who provides support and looks after someone. In this document we mean family carers
Commissioning	planning what services are needed
Community inclusion	working and taking part in the same things as the general population
Consultation	asking for people's views on something
Direct payment	having money from the council to buy your own services
Independence	having choice and control of your life
Individualised	finding out how each person wants their needs met
Local Learning Disabilities Partnership	a planning group set up with partners working in Richmond in line with Valuing People. The membership is listed in Appendix 6
Meaningful life	having lots of choices and opportunities
Monitor	get information about how things are working
Outcomes	the difference that a service makes to someone's life
Person centred	making sure that everything we plan or do for people involves the person concerned and is based on their wishes
Placements	having a service arranged for you
Resources	this could mean money or people.
Review	looking back in the past to see how well things worked out and making changes if needed
Social exclusion	not finding it easy to use the services or enjoy the same things as the general population
Strategy	a plan describing how things will change in the future
Supported employment	having the right support to be able to do a job
Supported living	being in your own home, either on your own or with others, and having the right support to make a success of it
Transition	a time of change. It applies to those moving from being a child at school to being an adult and going to work or college. This normally happens around 19 years of age

Appendix 3 – Local Residential Care Homes

Provider	Home	Number of beds
Elizabeth Fitzroy Support	Silver Birches	15
Grove Care Partnership	31 King Edwards Grove	8
Grove Care Partnership	Hampton Road East	8
Metropolitan Support Trust	Langdon Park, 18	7
LBRuT	Princes Road, 46	6
LBRuT	Tudor Avenue, 3	6
LBRuT	26 Egerton Rd (Respite)	6
LBRuT	26 Cross Street	4
LBRuT	40B Cambridge Park	8
Owl Housing	The Swallows	6
Owl Housing	Harvey Road	5
Owl Housing	59 Lion Road	8
Regard Partnership	225 London Rd	6
Regard Partnership	Chertsey Road, 401	5
Regard Partnership	191 Kneller Rd	5
Richmond Fellowship Foundation International	The White House	8
Richmond Homes for Life Trust	Mayfair Ave	4
Richmond Homes for Life Trust	5 - 7 Cedars Road	8
Roy Kinnear Charitable Organisation	Roy Kinnear House	8
Royal Mencap	Lyndhurst Ave, 51	4
Royal Mencap	Woodlawn Crescent	4
Royal Mencap	20 Glamorgan Rd	10
Royal Mencap (from 1 st June 09)	42 Chudleigh Road	4
Royal Mencap (from 1 st June 09)	56 Holmesdale Rd	8
Royal Mencap (from 1 st June 09)	43a Hampton Rd	3
Orione Care	St John's House	6
United Response	16 Curtis Road	4
United Response	198 Powdermill Lane	5
United Response	45a Hampton Rd	5
United Response	Kneller Rd, 131	6

Appendix 4 – Providers on the Framework Agreement

The following 12 providers are on the Framework Agreement for the provision of support services for adults with learning disabilities:

Allied Healthcare Group Limited
Care Solutions UK (Care UK)
Enara Community Care
Flexible Support Options UK
Odyssey Care Solutions
Royal Mencap Society
Southside Partnership
Regard Partnership
United Response
Walsingham
Welmede Housing Association
Yarrow Housing Limited

Appendix 5 - Feedback from Consultation

Introduction

The draft Commissioning Strategy aimed to set out a clear direction for how services for adults with learning disabilities will develop over the next three years from 2009-2012. It was written at the request of members of the Local Learning Disability Partnership Board in order to be clear how we intend to spend the resources available to give people with learning disabilities more choice and control over their lives. We committed to involve as many service users, carers and partner organisations working in the sector as possible in co-designing the strategy. The final version has been amended to reflect the feedback received as far as possible.

Members of the LLDP have worked hard to ensure that the opportunity to co-design the Commissioning Strategy has been effective and that service users and carers have been actively engaged and listened to during the consultation process.

Responses were received from Service users living in a number of settings, and included comments from individuals living Out-of-Borough as well as people living independently, in supported living arrangements and residential care homes. We have also received responses from a wide cross section of family members, partner organisations and interested parties working with people with a learning disability.

The Consultation Process

The Learning Disability Change Programme Board was used as a reference group for the development of the initial draft Strategy. The full and easy read versions of the draft Strategy were presented to the Learning Disability Joint Commissioning Group on 1st June 2009 and subsequently to the Local Learning Disability Partnership Board (LLDP) on 9th June 2009. The presentation at the Partnership Board was undertaken in an inclusive style to encourage participation and feedback from people with a learning disability.

Subsequently 200 copies of the full version of the strategy and a response questionnaire were sent to all known carers and partners. Copies of the easy-read version and easy-read questionnaire was sent to over 400 service users with a learning disability.

Both questionnaires followed the model used by the Department of Health for the Valuing People Now consultation process in 2008 and focused in particular on the 'Big Ideas' for Richmond with the opportunity for wider and more general comments.

The deadline for receipt of completed questionnaires was the beginning of October 2009, with the opportunity for further contribution to the development of the strategy via two facilitated consultation meetings designed specifically for carers and other interested parties (held on 18th September) and a consultation meeting specifically for service users (held on 21st September).

Consultation event for carers (and other interested parties)

This event took the form of a facilitated workshop and included:

- Feedback from the consultation so far
- An opportunity to discuss both the positives and challenges of the four big ideas
- An opportunity to propose some 'Big Ideas' from their perspective

Consultation event for people with a learning disability

The Service User consultation meeting also took the form of a workshop which was facilitated by members of the LLDP. Each of the 'Big Ideas' was explored using small groups and a range of accessible tools. The tools had previously been developed at the Richmond Forum where service users were asked to make suggestions and improvements to make the workshop both accessible and interesting. Areas including looking at how people would spend their Personal Budget, barriers to employment, and the range of different housing options were explored.

Feedback from the Consultation Process

Service Users, Carers and other interested parties who attended the consultation events came up with lots of good ideas about the details of the 'Big Ideas' proposed and how they would impact on individuals and family carers.

The majority of respondents to the questionnaire and at consultation events welcomed the strategy and felt it was inclusive and represented the main needs of service users and carers. They broadly agreed that the four 'Big Ideas' were the right ones for Richmond and would provide a framework to promote equality as citizens and social inclusion for people with a learning disability.

Some respondents requested that the strategy was clearer about our core principles and so we have added Section 3 – Supporting Principles) to the final version. Some people also requested that the strategy was written in a more 'user-friendly' style and used less jargon. We have done our best to adjust the style and have included a glossary of terms to explain key words and phrases. (see appendix 1)

Some concerns were expressed that individuals with complex needs had not been considered and the strategy has been amended accordingly to be more explicit and recognise the need to include individuals with complex needs. (This is a key consideration in Section 3 - Supporting Principles)

Whilst many were positive about the strategy as a whole:

The Draft Commissioning Strategy is to be commended for its ambition and far-reaching objectives'
<i>Carer feedback from consultation</i>

There were some concerns raised:

'if it isn't broke, don't fix it.'
<i>Carer feedback from consultation</i>
I'm concerned that the Borough's ambitious savings and efficiency targets

cannot be reconciled with the altruistic aims and objectives'

Carer feedback from consultation

Some Carers were concerned that strategic plans are all about saving money and we have tried to be clear that the aims of this strategy are to make changes that will give people with a learning disability more choices and opportunities. This will necessarily mean changes in our future spending pattern and there is a need for the strategy to support the Council's ongoing Efficiency Strategy. However, we have tried to be clear that strategic commissioning is not about 'slashing budgets' (*comment from a Carer*) but rather about supporting individuals with a learning disability to have meaningful lives within available resources.

Service users identified holidays and the range of activities in general as being something that was missing alongside a feeling that the Council needs to know and understand the needs of individuals - which can vary due to the nature of a learning disability. Service users at the consultation event felt very strongly that they liked choices, socialising, feeling safe and having privacy. Some comments were: –

- I have heard about SDS from Partnership Board, Elleray Hall SDS Event, Richmond Forum and this Plan
- Access to other services/the mainstream is important
- Want accessible information – not just PLD information but ALL information
- Want to be social – not just with staff
- Those with more needs get left out
- I did have an office job – got paid £10 a month doing photocopying/shredding
- They wouldn't let me work on the till would they? I have done it at college.
- Not enough jobs available
- Carers should be listened to – whether paid or family carers

Some service user comments from the consultation event

We have strengthened the sections on market development and included our commitment to place service users at the centre of commissioning and ensure that personalisation and person centred approaches are embedded as core principles in the work of all organisations working with people with a learning disability.

Conclusions from the Consultation

The majority of the people felt that the strategy covered the key areas in terms of responding to the needs of existing and future service users. The main concerns expressed were about how the needs of service users with more **complex needs** would be met, how these service users would be enabled to make **real choices** and a concern that there was a need for **wider local market opportunities** to replace the buildings based services.

As a result of the feedback the strategy has been amended to ensure that it highlights how more complex needs will be addressed, how support to individuals and families will be provided to ensure that service users are safeguarded while

being supported to widen their experiences and to focus on market development that will help us to innovate at a local level and respond flexibly to what individual service users and family carers say they want and need.

Partner members of the LLDP will work together to oversee the successful delivery of this strategy as part of their commitment to improving the lives of people with learning disabilities living in Richmond.

Attendance at Consultation Events

Carers & Other Interested Partners Event

Carers attending this event had family members with varying degrees of disability and (currently) living in a range of settings including

- Residential support
- Supported living scheme
- Living independently in the local Community
- Living outside of the Borough
- Living in LBRuT residential provision
- Living in the family home

The following organisations were also represented:

Advocacy Partners, Carers Centre, CORLD, Richmond Homes for Life Trust, Richmond Mencap, RuiLs

Service User Event (facilitated by members of the LLDP)

Sixteen service users attending this event said they were living in the following settings:

- With my family
- On my own (with a bit of support)
- In residential care (in Richmond)
- With my friend from school (outside of Richmond; supported living)

Appendix 6 – Membership of Richmond Governance Groups

The Learning Disability Change Programme Board (LBRuT Officers)

- Chair – Assistant Director, Adult and Community Services
- Assistant Director – Community Services Operations
- Head of Care Provision
- Head of Service Development
- Service Development Officers
- Senior Finance Officer
- Deputy Head of Finance (ACS)
- SDS and Personalisation lead
- PLD Care Management Principal Officer
- Community Support Service Manager
- Power Employment Manager
- Support Officer

Learning Disability Joint Commissioning Group

- Chair – Assistant Director, Adult and Community Services
- Service User Representative – Richmond Mencap & Advocacy Partners
- Carers Group Representative
- Carers Representatives
- Voluntary Sector – CORLD & RCVS
- Local Authority Commissioning
- NHS Richmond Commissioning
- Local Authority Provision
- Local Authority Care Management
- Health Provision
- Service Provision - (co-chair of Provider Forum)
- Education Provider
- Policy & Planning (Housing and Well Being)
- Support Officer

Local Learning Disability Partnership Board (LLDP)

- Chairs – Assistant Director, Adult and Community Services and elected Service User co-chair
- Cabinet Member for Adult Services, Health and Housing
- Carers Group Representative
- Carers Representatives
- Voluntary Sector representatives
- Advocacy
- Local Authority Commissioning
- Local Authority Childrens Services representative
- NHS Richmond Commissioning
- Local Authority Provision – residential and employment services
- Local Authority Care Management
- Health Provision
- Service Provision - (co-chair of Provider Forum)
- Education Provider
- Service User Representatives and supporters
- Policy & Planning (Housing and Well Being)
- Support Officer