



West Dunbartonshire
Community Health & Care Partnership

**West Dunbartonshire
Community Health & Care Partnership
Commissioning Strategy For
Adult Learning Disability Services**

2012 – 2021

March 2012

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An electronic version of this document can be downloaded from the
WD CHCP website: www.wdchcp.org.uk

1. OUR AMBITION

1.1 Vision

West Dunbartonshire Community Health and Care Partnership's (CHCP) vision for the provision of adult learning disability services across the West Dunbartonshire Council area is to provide and commission services that improve the quality of life for people affected by learning disability.

1.2 Scope

The Institute of Public Care (IPC) has defined a commissioning strategy as “a formal statement of plans, for specifying, securing and monitoring services to meet people’s needs at a strategic level. This applies to all services, whether they are provided by the NHS, the Local Authority, other public agencies or by the voluntary and private sectors”.

The focus of this commissioning strategy reflects the requirements of Scottish Government as they relate to the provision of community based older people’s services. It forms part of a suite of commissioning strategies covering the breadth of operational responsibilities of West Dunbartonshire Community Health and Care Partnership (developed jointly on behalf of NHS Greater Glasgow and Clyde and West Dunbartonshire Council).

Its aim is to provide a strategic framework for on-going activity to project and address changes in demand for local community-based services over the course of the next decade (i.e. 2012 to 2021) within the context of policy/legislative requirements, emergent best-practice and available resources.

1.3 Values

There are four core values that underpin the CHCP’s approach to strategic commissioning, namely:

- Quality
- Fairness
- Sustainability
- Openness

These values are manifested through a systematic concern for the following principles:

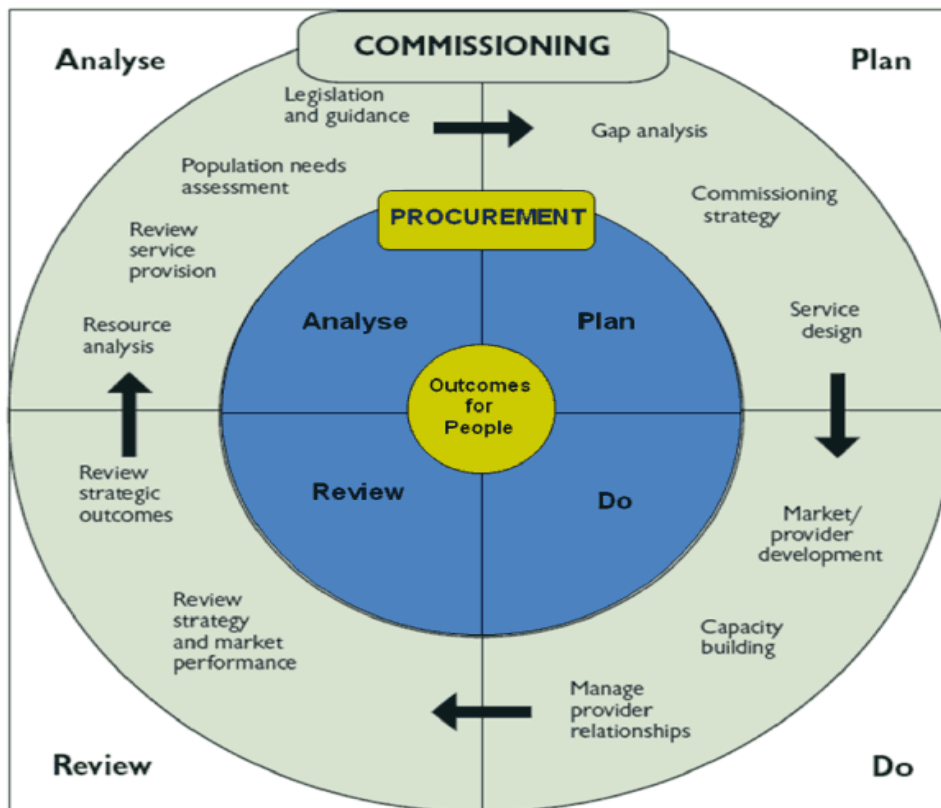
- Optimal outcomes for individual service users.
- A client-centred approach appropriate to individual needs through an emphasis on informed self-care, co-production and personalisation of services.
- Effective and safe services that draw upon the best available evidence and local feedback from service users.
- Equalities-sensitive practice.
- Acceptability of service provision informed through constructive engagement with local stakeholders – including staff, community groups and elected representatives.
- Affordable and efficient services that continue to be reflective of the relative demands across the West Dunbartonshire population as a whole.

This document provides an important framework to ensure that these values and principles are explicitly reflected as part of the routine review of services and the development of new models of care.

1.4 Delivering Strategic and Outcome-based Commissioning

This document is a key element of an on-going process of commissioning as advocated by the IPC and illustrated below (Diagram 1) and further detailed in Appendix I.

Diagram 1: Strategic Commissioning Cycle



The Audit Commission (2003) has emphasised three particular strengths of this model:

- The cyclical nature of the activities involved, from understanding needs and analysing capacity to monitoring services.
- The importance of meeting needs at a strategic level for whole groups of service users.
- The importance of commissioning services to meet the needs of service users, no matter who provides them.

Audit Scotland has emphasised the challenging financial climate in which the public sector will be expected to deliver services over the coming years. Alongside the realities of a reduction in public sector budgets, CHCP services also have to manage the increasing complexity of demands for and capacity of services whilst being responsive to demographic changes within the population. Robust commissioning of community-based older people's services is essential to ensure that high quality and sustainable services are available to those who need them. This document will shape the substance of relevant operational service plans on an annual basis, within the wider context of the Community Planning Partnership's multi-agency Single Outcome Agreement (SOA) and the CHCP's wider set of development priorities as set within its annual CHCP Strategic Plan. It will provide a framework for a number of existing and emerging local workstreams concerned with delivering key outcomes for service users and carers within a process to align relevant budgets within a future integrated resource framework. These workstreams will be informed by guidance from the JIT and Audit Scotland (2012) to collate and utilise demand and capacity information to support increasingly detailed commissioning activities on an iterative basis (in keeping with the cycle above). This will require increasingly detailed analysis across a range of partners providing services; and will have implications for statutory, voluntary and private sector providers.

The CHCP will account for the delivery of the above approach primarily through its core governance arrangements to NHS Greater Glasgow and Clyde and West Dunbartonshire Council (as articulated within its Scheme of Establishment).

2. LEGISLATIVE AND POLICY CONTEXT

- 2.1 The Scottish Government has set a clear purpose for its policy and spending programmes, i.e. “to focus Government and public services on creating a more successful country with opportunities for all of Scotland to flourish, through increasing sustainable economic growth”.

Within this overall purpose, the Scottish Government has established strategic objectives of making Scotland *wealthier and fairer, healthier, safer and stronger, smarter and greener*. At a local authority-level, the above are reflected within agreed Single Outcome Agreements (SOA) that bring together national outcomes with local priorities; and the delivery of which are overseen by Community Planning Partnerships (CPP). All health and social care services are expected to deliver outcomes in relation to:

- User satisfaction.
- Faster access to services.
- Support for carers.
- Quality of assessment and care planning.
- Identifying those most at risk.

Both the corporate priorities of NHS Greater Glasgow & Clyde and West Dunbartonshire Council reflect the above in general terms as well as the following key policy directives:

2.1.1 The Same As You? - A Review of Learning Disability Services (2000)

The Scottish Government is working to improve services for people with a learning disability through implementing the recommendations of this review.

The Review described people with learning disabilities as individuals who “have a significant, lifelong condition that started before adulthood, that affected their development and which means they need help to understand information; learn skills; and cope independently”. It set out the following key principles –that people with learning disabilities:

- Should be valued - that they should be asked and encouraged to contribute to the community they live in.
- Should not be picked on or treated differently from others.
- Are individual people.
- Should be asked about the services they need and be involved in making choices about what they want.
- Should be helped and supported to do everything they are able to.
- Should be able to use the same local services as everyone else, wherever possible.
- Should benefit from specialist social, health and educational services.
- Should have services which take account of their age, abilities and other needs.

It set out that people with learning disabilities should have a range of support and services to meet the following needs.

- Everyday needs – e.g. a place to live, security, social and personal relationships, leisure, recreation and work opportunities.
- Extra needs because of their learning disability – e.g. help to understand information, support to make decisions and plan, learn skills, help with communication, mobility or personal care.
- Complex needs – e.g. needs arising from both learning disability and from other difficulties such as physical and sensory impairment, mental health problems or behavioural difficulties.

It acknowledged that for any of the above needs the level of support will vary – so a person with learning disabilities may need:

- Occasional or short-term support.
- Limited support, for example, only during periods of change or crisis.

- Regular long-term support, perhaps every day.
- Constant and highly intensive support if they have complex or other needs which are related.

One of its most important aspects was a focus on a person-centred approach that ensures that the person with learning disabilities is involved in decisions about their life, what they do and the services they receive. This policy is fundamental to the delivery of local authority services.

2.1.2 Caring Together: The Carers Strategy for Scotland 2010 – 2015

The vision set out within this national strategy is for a society in which:

- Carers are recognised and valued as equal partners in care.
- Carers are supported and empowered to manage their caring responsibilities with confidence and in good health and to have a life of their own outside of caring.
- Carers are fully engaged as participants in the planning and development of their own personalised, high-quality, flexible support and are not shoe-horned into unsuitable support. The same principle applies to carers' involvement in the services provided to the people they care for.
- Carers are not disadvantaged, or discriminated against, by virtue of being a carer.

The strategy sets out to achieve and sustain a number of key outcomes, i.e. that carers will:

- Have improved emotional and physical well-being.
- Have increased confidence in managing the caring role.
- Have the ability to combine caring responsibilities with work, social, leisure and learning opportunities and retain a life outside of caring.
- Not experience disadvantage or discrimination, including financial hardship, as a result of caring.
- Be involved in planning and shaping the services required for the service user and the support for themselves.

2.1.3 Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020 (2011)

This Strategy sets out a national vision for a housing system which provides an affordable home for all. It emphasises this we will need a strong recovery in the construction sector; and a substantial increase in the number of homes of all types, including (importantly) housing to meet the needs of disabled people and older people for independent living.

2.1.3 National Targets

The Scottish Government's national Community Care Outcomes Framework (2008) includes a number of indicators relevant for learning disability services – most notably:

- Percentage of carers who feel supported and capable to continue in their role as carer.

The Scottish Government's over-arching suite of national indicators also include a number of relevance to learning disability services, notably:

- Improve support for people with care needs.

2.1.8 Health Improvement and Health Inequalities

Health improvement is “pursued both through wide ranging health promotion effort, aimed at promoting good health and preventing ill-health, and through maximising the population benefits of treatment of ill health” (Scottish Executive, 2005). While the overall health of communities in Scotland is improving, it is clear that the most rapid improvements are within more affluent communities resulting in marked differences in health status, life expectancy, and premature mortality. The widening gap in health status between the most affluent communities and most

deprived communities demonstrates that socio-economic factors impact on health and are determined by life circumstances and where people live. The Scottish Government has acknowledged that inequalities in health such as these are no longer acceptable, and have introduced three key social policy documents which together aim to address the ongoing cycle of poverty and inequalities which persist in deprived communities: Equally Well; the Early Years Framework; and Achieving Our Potential.

The role of the CHCP in improving health and reducing health inequalities is set out in the WD CHCP Scheme of Establishment in terms of its corporate responsibility for health improvement; and reinforced by the 2009 CEL 26 Health Improvement and Community Health Partnerships Advice Note, i.e.:

- To take action to reduce health inequalities.
- To prioritise health improvement.
- To plan for health improvement.
- To strengthen partnership working.
- To build capacity and resources for health improvement.
- To integrate improving health activity across all functions/services.

Current policy stipulates that the delivery for improving health and health inequalities should be tackled across all Community Planning Partners with the CHCP having a key leadership role in co-ordinating the health improvement activity specifying that this should be 'outcome focused'.

2.2 The above, alongside other national guidance, have provided the core tenets for how the CHCP will increasingly discharge its responsibilities for adult learning disability services in West Dunbartonshire over the decade, i.e.:

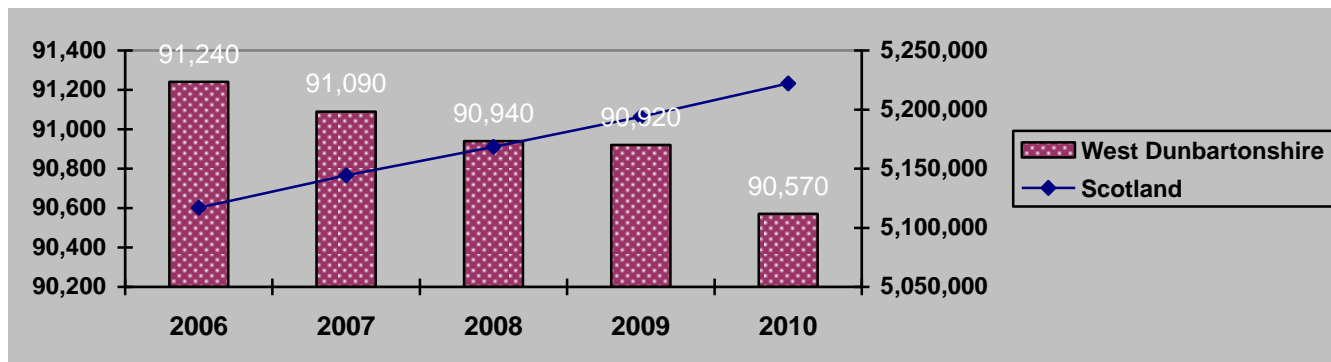
- A person-centred and outcome-based model of delivery that emphasises independence, self management and productive activity.
- Integrated care pathways and planning for each individual service user reinforced by co-ordinated assessment systems.
- An effective contribution to the early intervention agenda, both at individual and whole population level.

3. DEMOGRAPHIC PROFILE AND NEED

3.1 Population Size

The population of West Dunbartonshire reported in the 2001 census was 93,388. By mid-2008 the population had reduced to 90,940, and in 2009 that figure dropped to 90,920 with a further reduction by mid-2010 to 90,570 (Chart 1 - General Registrar for Scotland).

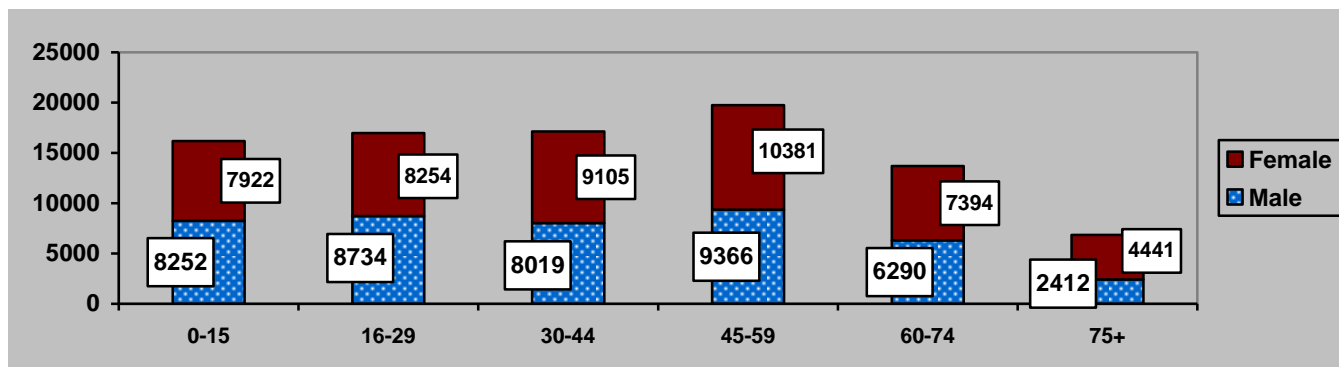
Chart 1: Population number 2006-2010



3.2 Age and Gender Profile

The population of West Dunbartonshire continues to age, and in 2011 the proportion of people over pension age (65) exceeds those of school age (under 16 years). There are more men than women in the population. Sixty seven percent of men and 59% of women are of working age (Chart 2).

Chart 2: West Dunbartonshire population (number) by age and gender (mid 2010)



3.3 The Learning Disability Population

The *Health Needs Assessment Report – People with Learning Disabilities in Scotland* (2004) noted the difficulties in identifying the actual number of people with learning disabilities in Scotland: estimates were in the region of 20 people in every 1,000 with mild or moderate learning disabilities and 3 to 4 people in every 1,000 with severe or profound learning disabilities.

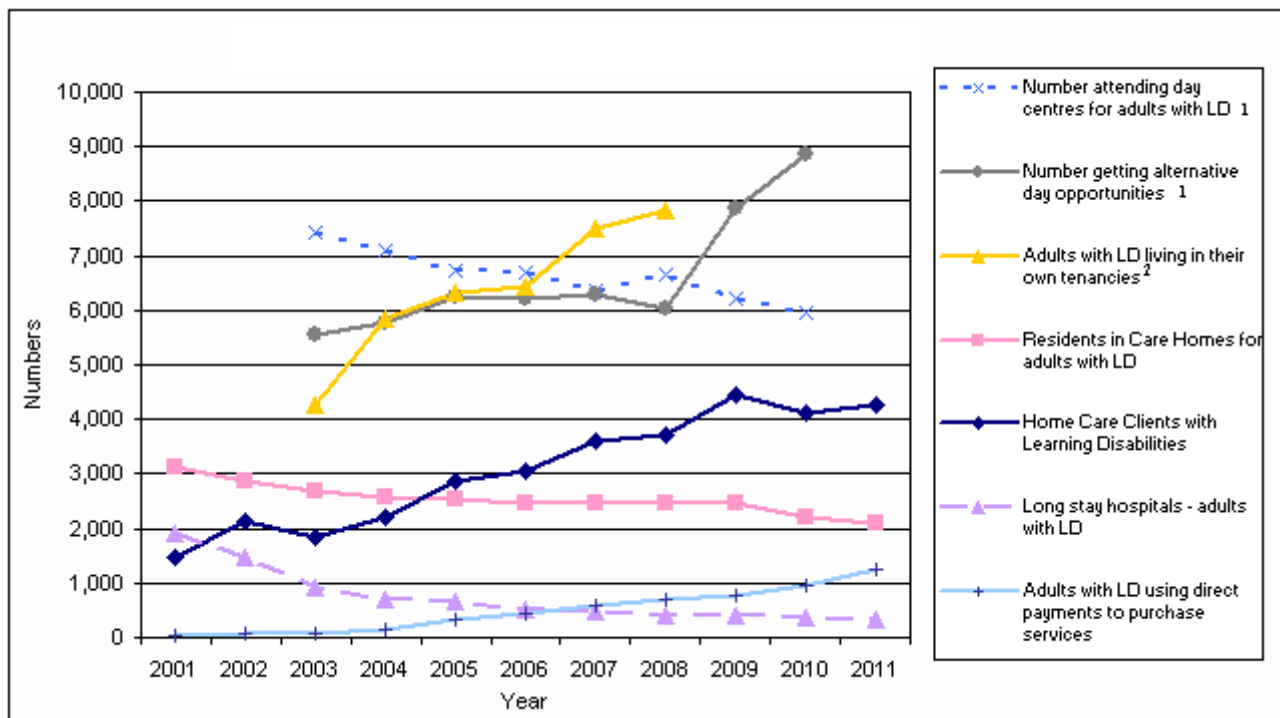
The Scottish Consortium for Learning Disabilities' 2008 Statistical Release reported that:

- 25,252 adults with learning disabilities were known to the 32 local authorities in Scotland in 2008, an increase of 10% on 2007. The number of adults in 2008 corresponded to approximately 5.9 adults with learning disabilities per 1,000 population.
- Amongst 18-20 year olds, the number of young adults with learning disabilities corresponded to 9.9 per 1,000 population.
- There were over 2,000 adults with learning disabilities aged 65 years or older.
- 1,494 adults were known to have a diagnosis of Autism Spectrum Disorder (ASD), 11% of those for whom this information is known. Eighty six percent of adults known to have a diagnosis of Autism Spectrum Disorder also had a learning disability.

- 7,793 adults known to local authorities in Scotland lived with a family carer. This represented 48% of the adults for whom this information was reported.
- 303 of the adults living with a family carer were themselves aged 65 or over, representing 4% of the adults for whom this information was known. A further 934 (12%) were aged between 50 and 64.

The Scottish Government has reported that since 2001, the number of adults with learning disabilities resident in long-stay hospitals has decreased substantially from over 1,900 in 2001 to around 330 people in 2011 (Chart 3).

Chart 3: Adults with Learning Disabilities in Scotland – Balance of Care 2001-2011



Over the same period the number of adults with learning disabilities in care homes has fallen by nearly a third from around 3,100 in 2001 to around 2,100 in 2010. At the same time the number of adults with learning disabilities receiving home care services has increased from nearly 1,500 in 2001 to 4,300 in 2011. Around 7,800 adults with learning disabilities now live in their own tenancies, an increase of over 3,500 since this data was first collected in 2003. Although numbers are still small an increasing number of adults with learning disabilities are using direct payments to directly purchase the services they require.

Based on an intrapollation of the national prevalence estimates described within *Health Needs Assessment Report – People with Learning Disabilities in Scotland* (2004), the learning disability adult population of West Dunbartonshire with a mild to moderate learning disability could be in the region of 1,500; and the number with a severe or profound learning disability in the region of 300. Chart 4 sets out the number of adults with learning disabilities known to by local services, and illustrates the trends in recent years, with Chart 5 then illustrating the proportion of those people actually receiving services for the three years of 2009 to 2011.

Chart 4: Adults with Learning Disabilities within West Dunbartonshire known by Services 2005-11

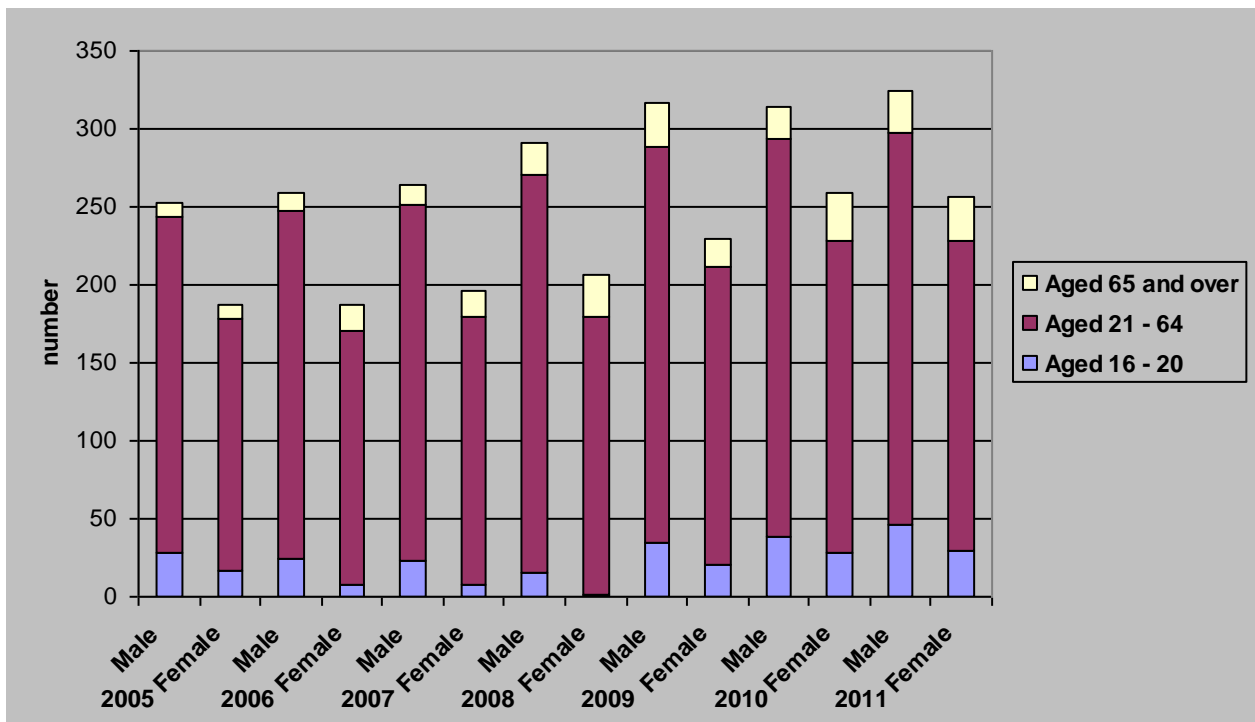
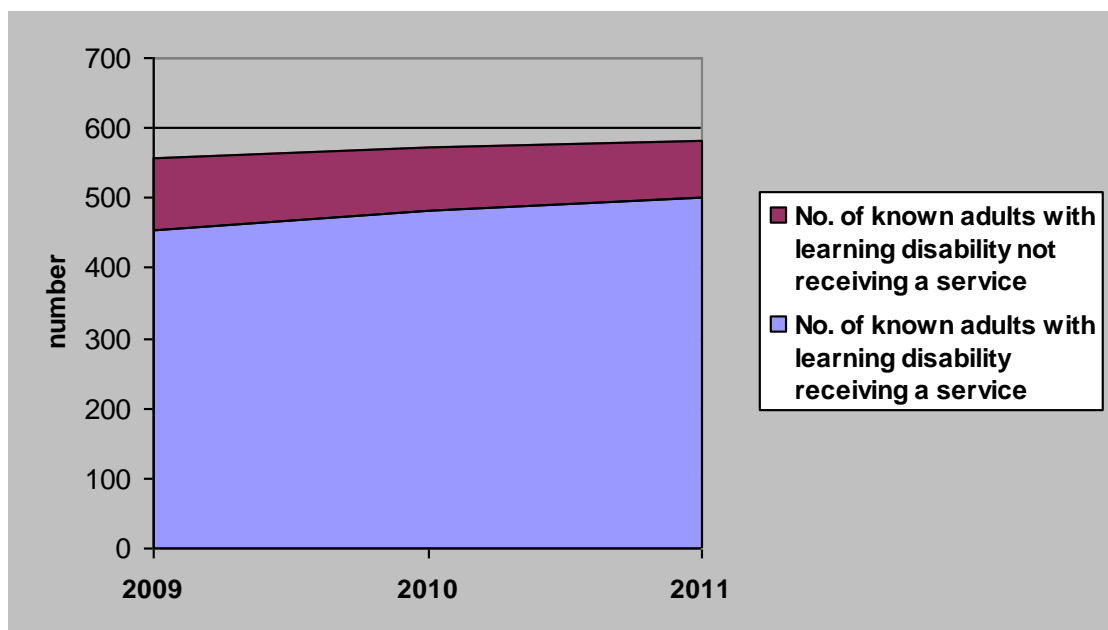


Chart 5: Number and Proportion of Adults with Learning Disability in West Dunbartonshire Known by Services and Receiving Services 2009-11

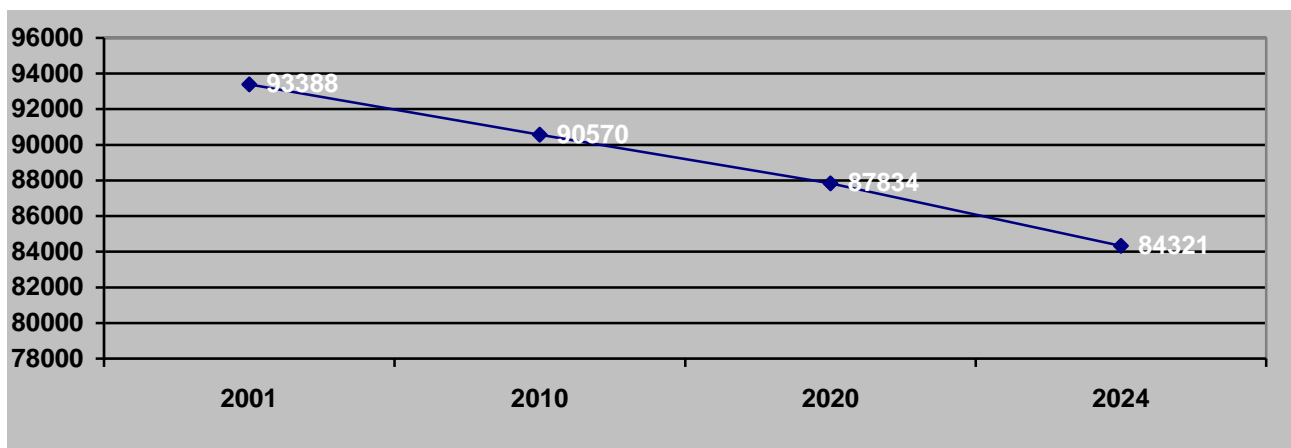


4. PROJECTED PROFILE OF FUTURE NEED

4.1 Population Size and Profile

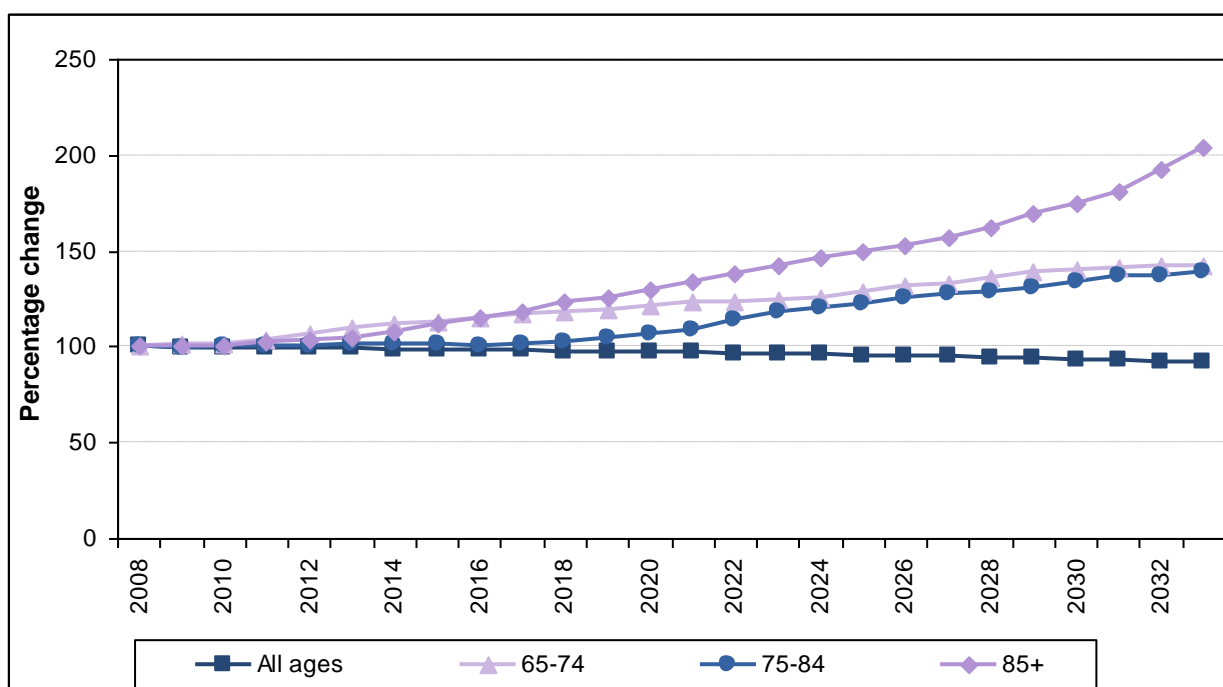
Analysis of the data taken from the General Registrar Office for Scotland and projecting likely trends in the population of West Dunbartonshire indicates a continued reduction in population size of approximately 3.2% over the next 10 years. Assuming this trend continues the population will continue to decrease at a rate of 3.2% over 10 years with a projected population of 87,834 in 2020 (Chart 3).

Chart 6: West Dunbartonshire – Actual and Projected Population Number



National and local evidence indicates that the population of West Dunbartonshire is ageing (Chart 4) due to a combination of factors: that the number of births within the area are dropping; the number of people migrating to other council areas within the 15 – 44 age group is increasing; and the number of deaths registered annually is falling. This mirrors the situation for Scotland as a whole.

Chart 7: West Dunbartonshire Percentage Population Changes 2008- 2033 (Projected)



Whilst the population projections indicate a down ward trend in the total population, and that the trend is of an older rather than young population, additional information using 5 yearly projections from the General Registrars Office for Scotland demonstrate that there will be more females than males. Specifically the number of males in the 0 – 15 age range is higher than the number of females. However, as we progress through each of the age ranges that is reversed with the number of females being greater than males in each of the remaining 5 age ranged identified within Charts 5 and 6.

Chart 8: West Dunbartonshire - projected population by gender and age (2018)

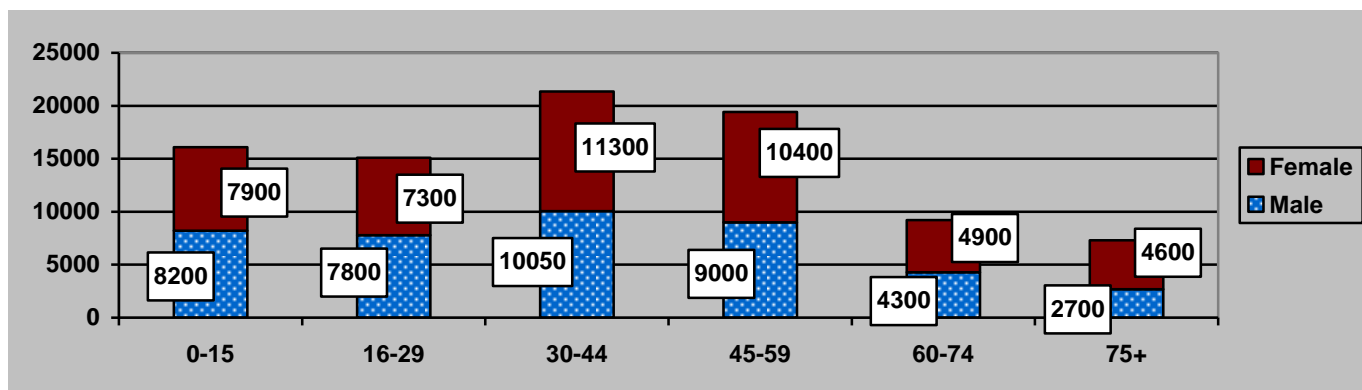
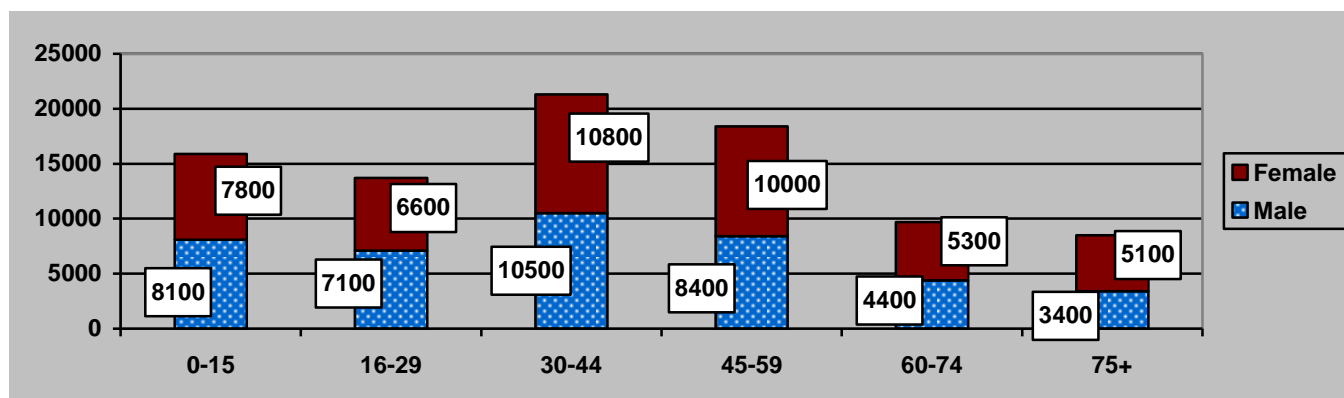


Chart 9: West Dunbartonshire - projected population (number) by gender and age (2023)



The *NHSGGC Health Needs Assessment for People With Learning Disability* (2011) underscored the difficulty in ascertaining accurate prevalence projections. The eSAY Project, co-ordinated by the Scottish Consortium for Learning Disability, gathers data annually and this should lead to more accurate information in future.

The number of people with a learning disability known to CHCP LD adult services has been increasing, as demonstrated in the annual returns over the period 2005 – 2011 (which accounts for individuals known to the service in the previous three years). As per Chart 4, there has been a slight upward trend which is anticipated to continue, particularly for people aged 65 years and over.

PROVISION AND DEMAND

- 5.1 Adult learning disability service provision in West Dunbartonshire is geared towards supporting people with a learning disability to:
- Live at home, whether that is with their family or carer, independently, or in accommodation with supports.
 - Realise full and enriching lives through access to education, training, employment, recreation and the achievement of personal goals and aspirations.
 - Enjoy supportive and fulfilling relationships.
 - Maintain good health and well being.
 - Be in control of managing their welfare and financial interests.
 - See themselves and be seen as equal members of society and their community.
- 5.2 Needs are met through a range of services provided and/or support by the CHCP (either directly, through service level or partnership agreements), including:
- Assessment and care management.
 - Day services (community and building based).
 - Respite.
 - Housing support.
 - Support at home.
 - Local area co-ordination.
 - Residential care.
 - Income maximization (including welfare rights and money management services).
 - Education and training.
 - Employment support.
 - Psychiatry.
 - Clinical psychology.
 - Speech & language therapy.
 - Occupational therapy.
 - Learning disability nursing service.
 - Dietetics.
 - Sensory impairment.
 - Physiotherapy.
 - Advocacy.
- 5.2 The evidence suggests that people with learning disabilities have higher health needs compared to the general population. People with learning disabilities require care across all areas of the health service and tend to be high users of health care. Through the Century 21 Health Check Programme adults with a learning disability in West Dunbartonshire have been offered a health check.
- 5.3 The issue of an aging population is well documented, and the life expectancy for people with learning disabilities has increased. This has and is changing the demand for clinical services, housing support and social work interventions (e.g. 50% of people aged over 55 years with a learning disability are likely to develop dementia).
- 5.4 West Dunbartonshire CHCP provides a wide range of multi-disciplinary services which support people with learning disabilities, with processes in place to ensure that each service can access a range of care and expertise for any given individual. These exist and operate in tandem with services provided by other operational units of NHSGGC (e.g. acute/secondary care departments), other Council services (e.g. extra care housing) and NHS external contractors (i.e. general practice, dentistry, optometry and community pharmacy).
- 5.4 For people with profound learning disability, swallowing and feeding problems are common. This can often lead to secondary conditions such as aspiration and respiratory infections. Hence the need for detailed input from speech and language therapy in dealing with dysphasia in conjunction

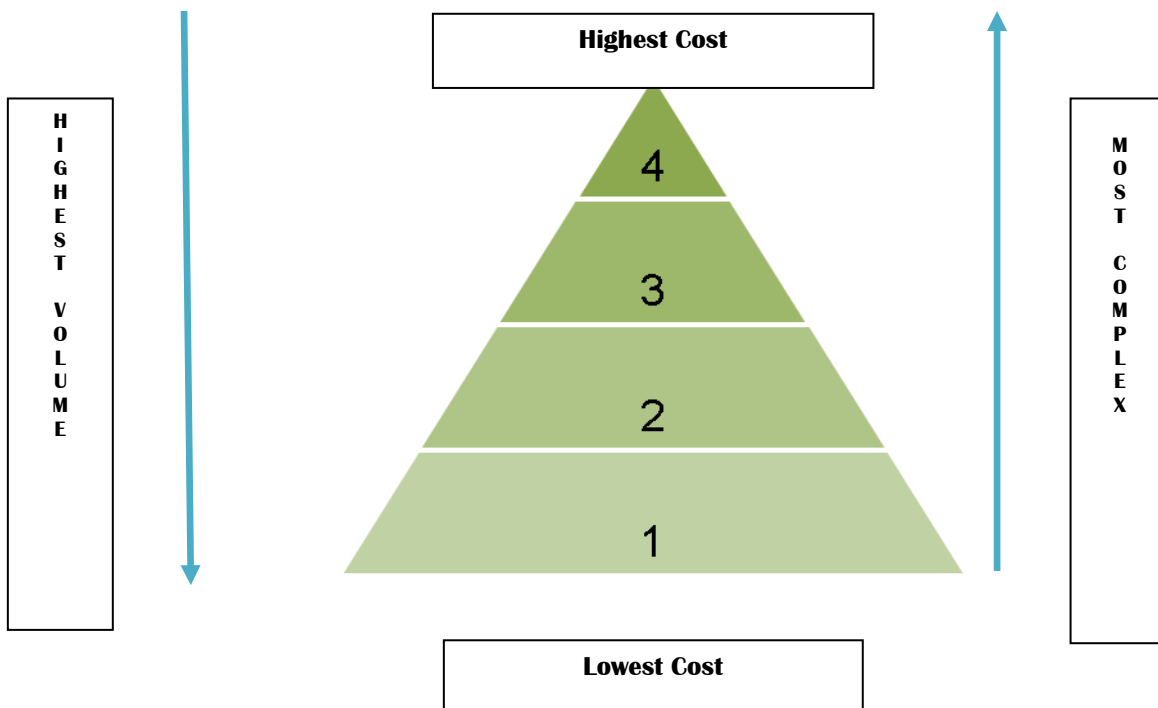
with disciplines such as physiotherapy and dietetics (all of whom also play an input role in providing training and support for carers).

- 5.5 The Scottish Health Survey and local health checks indicate that around one third of people with a learning disability are either obese or morbidly obese. With this, other health complications (e.g. diabetes) become an additional risk. People with Down's Syndrome have particular needs and health assessments are carried after they reach their fourth decade (recommended by the British Psychological Society and the Royal College of Psychiatrists) to ensure that their health needs are monitored and met. The CHCP learning disability dietetic service supports individuals and families directly and promotes awareness of healthier lifestyles through training and health promotion activities.
- 5.6 Going into hospital can be a daunting experience particularly for people with cognitive or communication difficulties. The CHCP learning disability nursing service 'shadows' the patient's journey and ensures that hospital staff are aware of the person's individual needs.
- 5.7 Equipment and adaptations are an important part of an integrated community care service, enabling some of the most vulnerable citizens to achieve their individual outcomes, helping them to live in their own homes for as long as possible, as independently as possible. EQUIPU is an innovative partnership of local authorities and NHS organisations in the West of Scotland which supports those who need assistance to live at home. The service provides a comprehensive range of equipment for children and adults of all ages across a number of authority areas including West Dunbartonshire.
- 5.8 While good collaborative/partnership working is a strong feature of local services, their organisational arrangements in many cases still reflect the historical and distinct responsibilities of West Dunbartonshire Council and NHSGGC. The implementation of this document within the context of an integrated CHCP provides the opportunity and the impetus to more appropriately amalgamate structure, processes and resources to further streamline access and delivery.
- 5.9 Analysis has identified the following key issues to inform the future shape and scope of CHCP adult disability services:
- Owing to improved health and social care services/interventions, service users are living longer. However, many inevitably develop increasingly complex health and social care needs (including dementia); and more people with learning disability will outlive their parents and carers.
 - Recent years have seen a rapid expansion of community based services in keeping with the *shifting the balance of care* agenda. However, supporting increasing numbers of individuals to live in their own homes (rather than in large institutional care) poses challenges that services need to respond to in a high quality and sustainable manner.
 - Increased expectations, not only of the quality of services, but also in relation to their diversity and individualisation.
 - Increasing expectations for more flexible and a broader range of respite services, with older carers increasingly needing access to support services,
 - The Personalisation agenda legitimately demands development of an increasingly wide range of services to ensure greater choice and individualisation of service delivery,
 - Increased awareness of adult protection in the wake of legislation introduced in 2008.
- 5.10 Based on available data then - including service usage and service fallout - the level of demand for services has already begun to increase, and will continue to do so year-on-year. This is also going to be accompanied by further changes in the nature of the needs within the population, the types of demands that are expressed, the expectations concerning how best to meet them and the reduced finances available to resource them. The CHCP has the benefit of a strong local track record for improvement that provides a solid foundation for the further developments necessary, especially in engaging and building relationships with existing forums, local and national service users' organisations and carers groups.

6. MODEL OF SERVICE PROVISION – BUILDING ON STRONG FOUNDATIONS

- 6.1 West Dunbartonshire CHCP provides integrated health and social care services for adults with learning disabilities. In delivering these services, social and health care staff will consider the physical, medical and social needs of individuals. This, along with the use of Integrated Care Planning of services, will ensure that local services - and indeed the care plans of individuals - focus on addressing individual needs.
- 6.2 Increasingly, learning disability services are driven to develop and provide interventions which ensure that the individual (and their carers) is central to the development, implementation and management of their own care package. This is reflected in the use of a tiered approach to service delivery (Diagram 2). This model of delivery enables providers to respond to, and support, individuals in accessing appropriate care which reflects their own needs.

Diagram 2: Tiered Model of Care



6.1.1 Tier 1: Self Care – including:

- General information provision about learning disability services.
- Community capacity building.
- Identification and referrals to other services.
- Communication of information about learning disability services to a wide range of stakeholders.
- Local Area Co-ordination activities.
- Transition planning (non assessment & care management).
- Adult protection.
- Advocacy.
- Access to mainstream healthcare.

6.1.2. Tier 2: Basic Support – including:

- Assessment & care management (health and social care).
- Self directed support and direct payments.
- Networks of support.
- Employment support.
- Day services (building & community based).
- Respite.

- Homecare.
- Access to learning disability specialist health care.
- Advocacy.
- Adult support & protection.

6.1.2 Tier 3: Multiple Care Needs – including:

- Housing support/supported living service.
- Complex packages of care.
- Advocacy.

6.1.4 Tier 4: Complex and Intensive Care Needs – including:

- Residential assessment.
- Residential care.
- NHS continuing care.
- Advocacy.

6.2 Assessment and care management is pivotal to the delivery of good quality services - it is the starting point for other services. Accurate assessment is essential to define needs, and care management is required to ensure effective implementation and monitoring of care plans to meet these needs. Learning disability services will apply a three stage process to ensure effective targeting of resources:

- Stage 1 - Care management of cases presenting 'critical and substantial' need.
- Stage 2 - Care coordination of less complex and changing need.
- Stage 3 - Monitoring framework for fundamentally stable cases.

The Single Shared Assessment (SSA) process is a cornerstone in harnessing the multidisciplinary team in a common and comprehensive assessment. Assessment, care management and review processes will all include service users and carers and aim to achieve personalised outcomes.

This model also emphasises an enablement approach across services. *Enablement* refers to the process of health and social care staff supporting people through promoting self help and health improvement and by encouraging them to be as independent as possible. An enablement approach requires a shift from an intervention/episodic approach (where inappropriate) to a more continuous, systematic approach incorporating anticipatory care and self management (including lifestyle change and health improvement activities).

7. CARE PATHWAY

- 7.1 Audit Commission reports suggest that the drive to expand community services requires a well-planned “journey of care” with a package of support. The pathway below (Diagram 3) reflects the key the CHCP’s commitment to personalisation in relation to learning disabilities services [as expressed within the Scottish Government’s *Changing Lives Report* (2009)].

Diagram 3: The Person-Centred and Outcome-Focused Care Pathway



- 7.2 A key element of this person-centred and outcome-focused model is the provision of services that are locally based within a community setting. While there will continue to be a need for specialist acute/secondary care provision, the evidence suggests that better outcomes are achieved when individuals can access a range of care in their own communities.
- 7.3 CHCP adult learning disability services will thereby consistently deliver and demonstrate processes and outcomes that are:
- Person centred and personalised.
 - Responsive and inclusive.
 - Delivered through a partnership approach involving service users, carers and all key partners.
 - Promote opportunity and social inclusion.
 - Give recognition and support to carers.

8. FINANCIAL FRAMEWORK

8.1 The financial framework for West Dunbartonshire CHCP has been prepared on the basis of an aligned budget process that complies with and respects the integrity of the distinct financial governance and accountability arrangements of its parent organisations, i.e. West Dunbartonshire Council and NHS Greater Glasgow & Clyde. The corresponding financial framework for each and all CHCP service areas are rigorously reviewed on an ongoing basis with an increasing emphasis in ensuring a clear relationship with and understanding of the service priorities that need to be met, both in-year and going forward. As noted, the financial framework is estimated and the figures provided are indicative. The composition (of the framework) is extremely complex and there are many strands of service provision connected to individual packages of care, which require to be financially evaluated on an on-going basis. The total financial framework for CHCP adult learning disability services in the 2011/2012 financial year is estimated at circa £12.7million (see below):

Local Authority Expenditure	£
Housing Support	4,402,794
Support People	2,566,714
Residential	1,069,710
Day Support	279,982
Respite	868,654
Direct Payments	175,000
Advocacy	92,291
Transport	54,461
Carers	167,200
NHS Expenditure	
Local Area Coordination	43,700
Medical	53,500
Nursing	164,700
Professional and Technical	204,200
Total Cost	12,662,746

- 8.3 The rising gap between provision and potential need will be further challenged as local services manage further limitations on budgets. Increasing emphasis on efficiencies and effectiveness will become the norm, as will an increasing need to review the wider partnership demands to collaborate to reduce the impact on the individual and the community. Importantly any substantial dependence on such non-recurrent and time-limited funding streams poses risk in terms of sustainable service delivery, especially in the challenging financial climate anticipated to continue for some years ahead.
- 8.5 In addition to its directly managed services, the CHCP has also funded activity and service provision from third sector organisations. It is both appropriate and fair that the CHCP's external funding arrangements are robustly and routinely tested to ensure best value against the resources available and the model of provision identified. In doing this, it is important to appreciate that local voluntary sector partners have often faced challenges of managing a range of short-term funding streams and appropriate weight should be attached to continuity of defined service provision for individuals. It is also important to understand that while matched funding arrangements between third sector organisations with the local authority and/or NHS has to-date enabled successful leveraging in of further external resources, the changed financial climate will likely diminish the scope for such arrangements and the capacity it supported going forward (not least because of the increased pressures on and reduced availability of such external funding). Reviews of all service provision, in house and externally purchased in line with best value competitiveness/benchmarking principles is required corporately and departmentally. This may result in a shift in both service provision and the associated financial framework. This new service design or reconfiguration will be carried out in accordance with the Procurement Guiding Principles set out in Appendix II and will be detailed as part of the procurement planning within the service's Operational Plan.
- 8.7 The Scottish Government has initiated some scoping on the Integrated Resource Framework (IRF): this is specifically to improve the quality of financial frameworks across Local Authorities and NHS organisations. This work will require to be undertaken by the CHCP as part of the improving and developing financial framework for the service.

9. DELIVERING OUR AMBITION – NEXT STEPS

9.1 At the heart of the CHCP’s vision for improving learning disability services is a focus on a person-centred approach that ensures that the person with learning disabilities is involved in decisions about their life, what they do and the services they receive.

9.2 Robust commissioning of these services is essential to ensure that high quality and sustainable services are available to those who need them. This commissioning strategy provides a framework for the substance of relevant operational service plans on an annual basis within the wider context of the annual CHCP Strategic Plan. The following provides a synopsis of the key issues for continued prioritisation in the short-term as per the vision and values set out at the start of this document.

9.2.1 Quality Service Provision

National Quality Standards call for all areas across Scotland to offer a range of service routes, and for the quality of services to reflect a minimum standard. Service inspections and supported self-assessments for and by the Care Inspectorate aim to ensure that quality standards and personalised services achieving good service user outcomes are maintained. Whilst CHCP services have a good track record, there is no room for complacency. Fortunately there is clear commitment to quality and a commitment to sustain achievements.

The CHCP will continue to identify ways of improving both choice and service quality. Using the Public Service Improvement Framework (PSIF) there will be an expectation on services, internal and externally purchased to set fresh, aspirational goals which continually drive further improvements. Regular, internal audits of the Single Shared Assessment (SSA) process and documentation will continue to provide an overview of service delivery and support a shared approach to Care Planning and Review.

9.2.2 Personalisation

The CHCP works with people using our services to offer more flexibility, choice and control over their support so that they can live at home more independently. It is important that local services create arrangements which will facilitate more choice and control over service provision and promote the opportunities for co-production with service users. This will include ensuring built in flexibility by the introduction of framework agreements that enable individuals to access these services via Self-Directed Support (SDS) options. Direct payments for social care have enabled people who use them to achieve greater independence. West Dunbartonshire Council has a duty to offer a direct payment to eligible people assessed as needing community care services, this payment can be used to purchase all defined community care services and support, except long term residential accommodation. The updated Guidance from the Scottish Government suggests that eligibility for services is recorded at the end of an assessment. The recording of Eligibility Criteria is a mandatory field on all Single Shared Assessments (SSA) and Specialist Assessment templates across client groups and service areas. West Dunbartonshire will be applying the criteria to all Community Care Client groups and services and will be able to report on this in the near future following the updated Scottish Government Guidance.

The third and independent sectors - as service providers and through the co-production model - will also be part of the wider system changes to support the development of personalisation within West Dunbartonshire. The CHCP Learning Disability Service’s recent collaboration with the RNIB, Lomond & Argyle Advocacy Services and the Carer’s Centre to develop a robust self evaluation framework will greatly enhance the local capability to deliver services in line with the personalisation agenda.

9.2.3 Early Intervention

The 2011 Report by the Commission on the Future Delivery of Public Services (the *Christie Commission*) made strong recommendations that public services across Scotland must do more to:

- Empower individuals and communities receiving public services by involving them in their design and delivery.
- Integrate service provision and improve outcomes by ensuring public services work in partnership.

- Prioritise preventative spending to reduce demand and inequalities.
- Improve efficiency to raise performance and reduce costs.

All of these elements have been and will continue to be characteristics of the CHCP's approach to the development of all of its services. The emphasis on early intervention within the report particularly resonates with the ethos of enablement described within this commissioning strategy - and it is crucial that its subsequent implementation reinforces that key requirement.

9.2.4` Transition between children and adults services/support

The transition from children and young people's services to adult services is a key stage, with the CHCP's aim being to ensure that the transition is planned, informed, and meets the needs of the young person and their family. Work has been underway to improve this through targeted initiatives, such as the involvement of adult services' staff in school information events; multi-disciplinary assessment involving adult and children services' personnel; and the co-located working of the transitions worker from the children's disabilities team within adult services. Transition planning is an area that demands on-going attention, particularly in relation to delivering consistent and compatible identification and assessment of need within local CHCP services in relation to both children and adults with learning disabilities.

9.2.5 Carers

Carers play an often critical role in the support, care and treatment of people with learning disabilities. With appropriate and timely support carers are able to care for longer, and enjoy better health and improved well-being. Carers do not usually 'down tools,' but unsupported they can experience real hardship financially, physically and emotionally. It is much more likely that a cared-for person will be admitted to hospital and the carer's own health deteriorates if the carer is unsupported. Carers can easily reach crisis point without appropriate and timely intervention. The CHCP is committed to identifying, assessing and supporting carers in a personalised and outcome-focused way and on a consistent and uniform basis (including the provision of short breaks or respite). The CHCP's local Carers Strategy is being refreshed and will be finalised later in 2012.

9.2.6 Housing

Housing has a key role in supporting independent living for adults with learning disabilities, as recognised within the local Housing Strategy. Local authorities and housing associations have a long tradition of providing low level, preventative support services (such as housing support, handyperson, Care and Repair and community support), either as part of housing management services, provided under tenancy agreements, or through separately funded housing support services, such as the former Supporting People programme. These services are particularly useful for people who just need a small amount of help to live independently and need to be available across all housing tenures. There is a growing body of evidence that investments in services, which support people to remain independent, avoid accidents in the home and social isolation, make an enormous difference to quality of life and are cost-effective (reflecting the the Christie Commission's emphasis on prevention). Housing services have committed to work with partners to identify the housing needs of different client groups.

9.2.7 Best Value

The financial challenges facing the public sector are well documented. The scale of the reduction in finances brings immediate challenges for the CHCP to manage expenditure more efficiently and effectively but also to ensure long term sustainable services. Whilst there is scope to make further efficiency savings the funding gap currently faced is unlikely to be bridged by efficiency savings alone. The need to reduce costs provides the CHCP with an opportunity to reconfigure and streamline service delivery. However, in doing so there is a need to focus on two things, long-term financial sustainability for services and the achievement of good outcomes for service users. This requires a clear understanding of service costs including how different activity levels affect costs, and a clear methodology for setting service specifications and budgets based on priorities and the outcomes to be achieved for the people who use those services. In keeping with the IPC's cyclical

commissioning process, this necessary work stream (including the application of the Procurement Principles appended here) will be taken forward as an explicit element of service planning processes.

9.2.8 Population Needs

The Equality Act 2010 imposes a general equality duty designed to integrate consideration of the advancement of equality into the day-to-day business of public authorities. The CHCP, in the exercise of its functions must have due regard to the need to:

1. Eliminate unlawful discrimination, harassment and victimisation and other conduct that is prohibited by the Act.
2. Advance equality of opportunity between people who share a characteristic and those who don't.
3. Foster good relations between people who share a characteristic and those who don't.

All CHCP strategies, plans, performance reports and procurement activity are scrutinised to ensure that the requirements and duties laid out within Equalities legislation are being met. With constraints on budgets it is apparent that different approaches to service delivery are required to reflect the needs of different types of people and ensure equitable access to supports and services.

9.2.9 Information and Performance Management

The commissioning task starts with improvements to data collection and analysis. The *NHSGGC Health Needs Assessment for People With Learning Disability (2011)* underscored the difficulty in ascertaining accurate prevalence projections. The eSAY Project, co-ordinated by the Scottish Consortium for Learning Disability, gathers data annually and this should lead to more accurate information in future including at a local authority-level.

The National Performance Management Framework was introduced by the Scottish Government in December 2011 and builds on the outcomes based framework set out in 2007. Locally a suite of key performance indicators (KPIs) has been identified across all key areas for development – e.g. in relation to adult support and protection; and carers. However, there is a need to ensure that internal and external systems are better able to produce data fit for a range of purposes including “live” data for reporting and more long term trend data to allow for planning and trend analysis.

9.2.10 Strengthening Links with Other Service Areas

- This Commissioning Strategy has an additional complementary and reciprocal relationship with Mental Health Services and Children's Commissioning Strategy Strategies (both of which are currently being prepared).
- Adult Support & Protection

The CHCP and its partners are committed to the support and protection of adults at risk of harm, who by virtue of disability or illness, are more vulnerable to being harmed. The West Dunbartonshire Adult Protection Committee brings together Council, Health, Police and Third Sector members to provide cooperation, guidance and oversight of policies and services that support and protect adults at risk. There is an extensive programme of knowledge and skills based training that equips staff in the public and independent sectors to intervene, support and protect adults at risk and this priority will continue.

- Welfare Rights and Money Advice

The Welfare Rights and Money Advice (WRMA) has long been a cornerstone of CHCP learning disability services. A WRMA officer attached to the CHCP service has enabled more easily accessible income maximisation and money management support to services users, carers and staff.

- Criminal Justice

A minority of learning disabled service users enter the criminal justice system. Arrangements for joint working are maintained with Criminal Justice Services to provide support and ensure best outcomes.

COMMISSIONING: DEFINING THE STAGES OF THE PROCESS

Analyse

- Identify the impact that you wish to have in relation to your strategic objective. This will take account of the mission and key policy drivers within your organisation and will mean focussing resources on the achievement of results for people who use our services. This “Outcome based’ commissioning” is a strategic process of specifying, securing and monitoring outcomes to meet peoples’ needs at a strategic level.
- Develop an understanding of the needs of service users and link this back to the outcomes desired for service delivery. This will involve consultation with service users and organisations that advocate on their behalf. You will be seeking to understand ‘how’ you will know that the outcomes and impact you are looking for have been achieved.

Plan

- Resources or a budget for the service should be agreed based on the outcomes sought and the assessed need. Initial targets will become clearer once the budget is agreed. The process is reiterative and may require that you take a step back if it is clear that your budget will not allow you to achieve the desired outcomes.
- The best service available within resources should be designed based on the outcomes sought and the assessed need. Effective outcome based commissioning minimises the attention on inputs and the micromanagement of services and focuses on the achievements made by service users at the end of any programme.

Do

- Options appraisal helps decide how the service should be delivered. Purchasing the service through a competitive process – procurement – is often the best option in terms of securing Best Value. At this point you will engage more fully with procurement professionals to follow established processes that will take account of Best Value, EU legislation and the strategic aims of the procurement strategy.

Review

- Once your service delivery organisation is in place you will have to monitor and evaluate the service delivery, involving key stakeholders (particularly service users) as appropriate. Monitoring and evaluation should be proportionate to the contract value and contract length to ensure value for money. Information gathered from the monitoring/evaluation process should help you redesign the service and make decisions regarding any future contracting processes.

PROCUREMENT GUIDING PRINCIPLES

The following guiding principles for the procurement of care and support services reflect the complexity of procuring care and support services and the complexity and the challenges associated with upholding values, delivering high standards and responding to individuals needs whilst complying with procurement rules and securing best value. Taken together, the principles govern all procurement activity and will be used as a framework for evaluating local practice.

1. **Outcomes** – achieve positive outcomes for service users and carers through the delivery of good quality, flexible and responsive services which meet individuals’ needs and respect their rights.
2. **Strategic commissioning** – place the procurement of services within the wider context of strategic commissioning, reflecting strategic and service reviews.
3. **Personalisation** – secure personalised services which provide independence, choice and control for service users.
4. **Involvement** – involve service users and carers as active partners in defining their needs and the outcomes they require and in the design of their services.
5. **National Care Standards** – ensure services meet the National Care Standards and adhere to the principles underpinning the Standards (dignity, privacy, choice, safety, realising potential and equality and diversity).
6. **Codes of Practice (Scottish Social Services Council)** – ensure staff involved in procuring services promote the interests and independence of service users and carers, protect their rights and safety and gain their trust and confidence; ensure employers provide training and development opportunities which enable staff involved in procuring services to strengthen and develop their skills and knowledge.
7. **Best value**– secure best value by balancing quality and cost and having regard to efficiency, effectiveness, economy, equal opportunities and sustainable developments.
8. **Benefit and risk** – base strategic decisions concerning the procurement of services on benefit and risk analysis of the potential effects on: the safety and well-being of service users and carers; the quality and cost of services; and partnership working with service providers and workforce issues.
9. **Procurement rule** – ensure procurement exercises comply with the principles deriving from the Treaty on the Functioning of the European Union (equal treatments, non-discrimination and transparency), the requirements of the Public Contracts (Scotland) Regulations 2006, statutory guidance issued under section 52 of the Local Government in Scotland Act 2003 and Scottish public procurement policy.
10. **Leadership** – ensure senior managers give a high priority to the procurement of care and support services, setting clear strategic goals managing.
11. **Workforce** –ensure the procurement of services takes account of the importance of skilled and competent workforce in delivering positive outcomes for service users.
12. **Partnership** – promote collaboration between public bodies and partnership working across the public, private and voluntary sectors to make the best use of the mixed economy of care and bring about cultural change in all sectors.