



‘Live Well, Live Longer’: Joint Strategy for Learning Disabilities for North Yorkshire 2016 – 2021

15th July 2016

Presented by: Kathy Clark (Assistant Director Health and Adult Services)

Summary:

The Council and the NHS have made significant improvements to the lives of people with Learning disabilities from North Yorkshire over the years, however we want to build upon our success and continue to support people to become more independent, lead healthier lives, be part of their communities, have more choice and control, feel ready for adulthood, gain meaningful employment, and also to support carers and families, as this is what people have told us matters most to them and which will enable them to ‘live well and longer’.

Having said this there is still room for much improvement. We recognise the real challenges ahead, particularly against a backdrop of austerity measures and with the thrust of significant national developments, namely the Winterbourne Concordant and latterly ‘Building the Right Support’, the Council and NHS identified the need for a learning disability strategy which would underpin an approach for both organisations to further improve the lives and outcomes for people with learning disabilities more effectively and address many of the challenges people with learning disabilities face day-to-day.

This will require radically rethinking, how both organisations commission and provide services differently that challenge traditional models of care, and look to make better use of universal services and utilising existing social capital. We recognise a key outcome of this strategy is how strategic investment can give greater support to universal access whilst acknowledging for a smaller number of people with more complex needs more specialist support will be required. Unlike previous Learning Disability strategies a key focus of this strategy is on delivering outcomes both for individuals and organisations.

The Strategy was developed by analysing data from the JSNA, National Demographic projections, statutory requirements, on-line questionnaire and stakeholder engagement from users and carers.

An overwhelming majority of people who responded agreed with the Council's and NHS's ambition and priorities which are as follows;

- choice and control
- health inequalities
- moving back into County
- social inclusion
- supporting families and carers; and
- preparing young people for adulthood

Which of the themes and/or enablers in the North Yorkshire Joint Health & Wellbeing Strategy are addressed in this paper?

[Please tick as appropriate]

Themes	✓
Connected Communities	✓
Start Well	✓
Live Well	✓
Age Well	✓
Dying Well	✓
Enablers	
A new relationship with people using services	✓
Workforce	✓
Technology	✓
Economic Prosperity	

How does this paper fit with other strategies and plans in place in North Yorkshire?

- Mental Health Strategy 2015-2020 'Hope, Control and Choice.'
- Autism Strategy
- Dementia Strategy (in development)
- Care and Support Where I Live strategy 2014.

What do you want the Health & Wellbeing Board to do as a result of this paper?

- To provide the Health and Wellbeing with an opportunity to comment on the integrated Learning Disability Strategy.
- To agree and endorse the strategy subject to any amendments the Board wishes to make.

Author: Warren Tweed (Commissioning Manager)
Date: 4th July 2016



Partnership Commissioning Unit
Commissioning services on behalf of:
NHS Hambleton, Richmondshire and Whitby CCG
NHS Harrogate and Rural District CCG
NHS Scarborough and Ryedale CCG
NHS Vale of York CCG

NHS Airedale, Wharfedale and Craven CCG logo– to be added



‘Live Well, Live Longer’

Learning Disabilities:

Joint Strategy for North Yorkshire

2016 – 2021

NB. This word document is for ‘content’ final review/approval only. Graphic design (front cover design, page layout, pull-out boxes, redesigned visuals and improved resolution, etc) will follow once content/copy is approved (to keep ‘design’ fees to a minimum).

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Introduction

Over the last thirty years there has been significant progress which has enabled people with a learning disability to lead fulfilling lives as citizens in the community, with the same rights as anyone else. With the introduction of personalisation and personal budgets, individuals now have greater choice and control over how they are supported to live their lives and be more independent.

The Council and the NHS are proud of the progress made in North Yorkshire, particularly over the last 10 years, as individuals have had greater choice and control by having their own tenancies, gaining employment and being part of the wider community. We want to build upon our success to date and continue to support people to become more independent, lead healthier lives, be part of their communities, have more choice and control, feel ready for adulthood, gain meaningful employment, and also to support carers and families, as this is what people have told us matters most to them and which will enable them to '*live well and longer*'.

We recognise that achieving this will mean considerable change, as we are facing some of the most significant challenges in the history of the public sector at the same time. Demand for services is increasing, people are living longer with more complex needs, legislation and service user expectations are changing and this is against a backdrop of reducing public sector budgets. We know that we cannot do what we have always done and that we need to challenge traditional service models, create new solutions, harness community resources and develop services that will provide for people now and for future generations. We recognise that for some people, these changes will be difficult as not everyone will get exactly what they want, however we will support individuals and work together to find local solutions that can meet individual needs.

This strategy concentrates on what matters most to people with a learning disability in North Yorkshire, commencing from young adulthood. Our strategic approach is centred around what is known as promoting protective factors and maximising people's capabilities and support within their communities. This means promoting people's health and wellbeing, preventing, delaying or reducing the need for services, and protecting people from abuse, thus providing a foundation for continuous improvement in learning disability services and better lives for the people who use them.

The NHS and Local Authority are committed to delivering this strategy and finding creative and innovative new ways of delivering services and solutions that achieve our organisational and individual outcomes including those which are set out in NYCC's 2020 vision and the implementation of the Care Act 2015.

Our shared vision for people with a Learning Disability

‘Live Well and Live Longer with a Learning Disability in North Yorkshire’

The North Yorkshire Health and Wellbeing Strategy was refreshed in 2015. The overarching vision of the strategy is:

“People in all communities in North Yorkshire have equal opportunities to live long healthy lives “

In North Yorkshire, our aspiration is for all people with a learning disability to **‘Live Well and Live Longer’**. This means that people with a learning disability will

- Have the right to choose, and be in control, of their daily life (where possible)
- Enjoy the best health and well-being possible
- Lead a fulfilling and active life
- Feel safe and supported
- Be respected and treated with dignity
- Possess positive self-esteem

Our Priorities

Our underlying ethos and fundamental way of working with any commissioning activity is **to provide the best quality services that meet local needs and offer the best value for money.**

Additionally, having listened to people with a learning disability and their carers we have set out six priorities specific to learning disabilities to help us deliver our vision in this area:

1. Improve choice and control
2. Improve health and reduce health inequalities
3. Increase access to care ‘closer to home’ within community settings and improve opportunities for ‘independent/supported living’
4. Improve social inclusion
5. Provide support for families and carers
6. Support young people into adulthood

Our Ways of Working

To support meeting our priorities, the Local Authority and Clinical Commissioning Groups are committed to:

- The co-production of any development and change with people with a learning disability
- A focus on delivering real measured outcomes for individuals
- A willingness and commitment to working in partnership
- A commitment to achieving a good quality service for the best possible price
- A focus on working in a person-centred way
- Delivering support wherever possible through the use of personal budgets
- Ensuring that commissioning decisions are built on an understanding, and an analysis, of the information and evidence available.

What have people and their carers told us?

In developing this strategy, we have sought the views of people with a learning disability and their carers through our joint working with the North Yorkshire Learning Disability Partnership Board and Local Area Groups. We have also held engagement sessions over the last two years and have been told that people with a learning disability and their families in North Yorkshire want:

- **More choice and control over my life:** to make my own decisions and have a say in my own care (where possible); and to have a home of my own and be more independent - safe and secure places where my needs can be met by skilled support staff when needed.
- **To be healthy:** to be well and healthy and have equal access to health care and health promotion services and to receive reasonable adjustments from mainstream health services to achieve this.
- **To be socially included:** to play an active role in society, to have a job and be able to make a valued contribution to the local work force either through paid employment, voluntary work or work experience, to occupy my time with learning opportunities and meaningful daytime activities, and to make friends and have relationships.
- **Support for my carer:** for my carer to feel supported and make sure he/she has a fulfilling life too.
- **To move into adulthood successfully:** have the right support to become as independent as possible in my adult life.

These views have informed the vision and our priorities within this strategy.

National and Local Picture

National Picture

Policy

Momentum has gathered pace and has been energised by many government policies, national directives and reports; just a few of which are highlighted below.

- Putting People First Concordat - development of personalisation (2008)
- Valuing People Now – Department of Health (2009)
- Death by Indifference and Getting it Right Charter (2007/10)
- Valuing Every Voice, Respecting Every Right (2014)
- No Voice Unheard, No Right Ignore (2015)

The Winterbourne View scandal compelled the need for change and transformation for the care and support for people with learning disabilities and has resulted in three significant pieces of policy, i.e.

- The Winterbourne View Concordat – Programme of Action (2012): vulnerable people, particularly those with learning disabilities and autism should receive safe, appropriate, high quality care. The overriding presumption is that services are local and that people remain in their communities. Hospitals are not homes and thus a substantial reduction in reliance on inpatient care for these groups of people is needed.
- Transforming Care – A National Response to Winterbourne: sets out the lessons that must be learned and the actions that need to be taken to prevent the abuse that took place at Winterbourne View from happening again.
- Building the Right Support: a reinforcement of the ‘homes, not hospitals’ principle but with a specific focus on people with a learning disability and/or autism with more complex needs who display behaviour that challenges, including those with a mental health condition. On condition that they are well enough and no longer need specialist in-patient hospital care, these individuals should have their own home and be supported to live in their communities like everybody else.

The local authority and health commissioners have responded by jointly reviewing all people with learning disabilities living out of area to ensure they are safe and to determine whether they are able to return to the local area. Within North Yorkshire we currently have 121 out of county places with plans to bring 27 of these individuals back into county¹. Due to the size and scale of North Yorkshire, many of these people who are classed as out of county, live within a 30 mile radius of the North Yorkshire boundary and remain close to their homes, families and friends.

¹ Figures are accurate at time of writing – *update accordingly at final publication (combined figures from LA and Health TC returns)*

In the last year we have also seen the introduction of two new Acts, The Care Act and Children and Families Act². Both Acts have informed our future direction and emphasised the importance of outcomes, personalisation, transitions into adulthood and the integration of services, which are an essential part of delivering this strategy.

What is a learning disability?

Learning disability is defined as the presence of:

- a significantly reduced ability to understand new or complex information, to learn new skills (impaired intelligence, often defined as an IQ level of 70 or less), with;
- a reduced ability to cope independently (impaired social functioning);
- which started before adulthood, with a lasting effect on development.³

Co-existing health conditions

People with learning disabilities are more at risk of developing health problems when compared with the general population. Respiratory and heart disease are the leading causes of death for this group, and they are more likely to have diabetes, sensory impairments, mental health problems or epilepsy.

- 40% of people with learning disabilities also have physical and/or sensory impairments
- 25-45% of people with learning disabilities also have a mental health condition
- 36% of children and adolescents with learning disabilities also have a diagnosable psychiatric disorder and are 33 times more likely to be on the autism spectrum⁴

Health inequalities

We know that people with a learning disability are no different from anyone else when responding to their ill health concerns. However, they are 58 times more likely to die before the age of 50 than those who do not have a learning disability. Findings from the 2013 Confidential Inquiry into premature deaths of people with learning disabilities found that men and women die 13 and 20 years sooner, respectively, than those without. Furthermore, Mencap estimates that 1,200 people still die avoidably every year.

There have been several reports on the health care of people with learning disabilities. Emerson and Baines, in their research report 'Health Inequalities & People with Learning Disabilities in the UK: 2010' state that

² Live Well, Live Longer focuses on individuals with a learning disability from age 14+

³ Valuing People White Paper 2003

⁴ Mental health in people with learning disabilities – Alison Giraud Saunders, Aug 2011

“The health inequalities faced by people with learning disabilities in the UK start early in life, and result, to an extent, from barriers they face in accessing timely, appropriate and effective health care. The inequalities evident in access to health care are likely to place many NHS Trusts in England in contravention of their legal responsibilities defined in the Disability Discrimination Acts 1995 and 2005 and the Mental Capacity Act 2005”.

NHS Quality Checkers Programme

This national programme is being implemented by NHS England to help address the ‘significant barriers’ people with a learning disability and/or autism can face when accessing NHS services. These barriers can include tackling complicated forms and language, navigating their way round confusing building layouts and encounters with staff who are unsure of how to interact with them. People with a learning disability and/or autism will be recruited to become Quality Checkers helping to design and create the right tools to measure and inspect the quality of NHS services they use in the below seven service areas.

1. Emergency Department (separate from Acute Hospital care)
2. Community services
3. Acute hospitals
4. Primary care (GP’s)
5. Dentistry
6. Mental health services
7. Learning disability services

Local Picture

Demand

Although we know there are still health inequalities, the good news is that within North Yorkshire people with a learning disability are living longer as healthcare improves. This means an increase in demand for support services over a longer period of time, particularly those services associated with young people with complex needs and those related to old age – e.g. dementia and physical frailty.

Current statistics are detailed in our Joint Strategic Needs Assessment (JSNA) and Market Position Statement (MPS) (*insert web links to these documents*). Some of the key statistics are highlighted below.

- The total number of adults in North Yorkshire aged 18-85 and over with a learning disability is predicted to be **11,338**; rising to 11,870 by 2030.⁵
- The total number of adults locally aged 18-85 with **a moderate to severe** learning disability, and hence likely to be in receipt of services, is predicted to be in the region of **2,300**.⁶

⁵ PANSI 2015 data

- **1,883** adults aged 16–64 are funded by and known to North Yorkshire Health and Adult Social Care. Of these, 1,590 are currently in receipt of services. (This does not account for those people who fund their own care.)
- There are a total of **2,300** people with a learning disability **registered with GP practices** across North Yorkshire. The accurate identification of people with a learning disability is complicated by a reliance on ‘read code’ searches on GP practice systems and can result in underestimation of the true number.
- The total population for young people with a learning disability **aged 14-18** in North Yorkshire is approximately **550**.
- On average annually, just over **100** young people will ‘move’ from Children’s Services to Adult Social Care, of whom over a third will have an array of complex needs and will require support with their health needs also.
- There are **310** people with learning disabilities who **also have autism** known to the local authority. The largest cohort of 162 is age 18 – 34 (*insert link to Autism strategy*).

Cost, Quality and Budget

North Yorkshire County Council is making every attempt to protect frontline services through its pioneering 2020 North Yorkshire change programme. Since 2011, the county council has implemented and made plans for total cuts in its spending of around £170m as required by the Government’s austerity drive. A programme of savings totalling more than £90m has been completed so far, ahead of schedule. This represents a reduction of approximately 36% in the council’s spending power.

We have had many successes to date and have assisted people with a learning disability to live independently in their own communities and to access employment opportunities. However, we know that there is more to be done and that we can no longer do things the way we have done them traditionally. This is being driven both through the budget cuts but also our desire to continue to improve outcomes.

Budget

Budget 2014/15 – Social Care

In 2014-15, NYCC spent approximately **£45.6 million** on social care provision for people with a learning disability which represents 30% of the overall Adult Health and Social Care Budget. This figure excludes funding received from the NHS under Continuing Health Care, and expenditure relating to supported employment.

Budget 2014/15 - Health

There are approximately **400** patients with a learning disability funded by North Yorkshire-based NHS Clinical Commissioning Groups (CCGs) receiving a

⁶ As above

Continuous Health Care (CHC) package (i.e. a life-long care package), representing a total cost of approximately **£22 million** (average cost per patient **£56,000**) – of which **£10 million** is joint funded with NYCC Adult Health and Social Care.

Additionally, there are **38** vulnerable adults with a learning disability aged 18-64 who are in receipt of healthcare services funded by the CCGs, representing a total cost in the region of **£3.3 million** (average cost per patient **£86,000**). Of this amount, approximately **£1 million** is joint funded.

Local Strategies

The 2015 Health and Wellbeing Strategy is shaped around four themes: *Connected Communities, Start well, Live well, Age well*. A fifth theme around 'dying well' is to be developed.

The strategy sets out ambitions for:

- Vibrant and self-reliant communities in all parts of North Yorkshire, with local people and organisations working together to develop community libraries, community transport services and activities for all age groups;
- Dementia friendly communities;
- Fewer people saying that they feel socially isolated in their local communities;
- More people receiving personal budgets for their care, to give them choice and control over their lives;
- Improved employment opportunities, including in rural areas and particularly for young people and those people who often face most barriers in the labour market (for example, people with mental health issues, people with autism and people with disabilities).

Significant work has taken place in developing a 2020 vision for NYCC; an ambitious programme designed to fundamentally realign the council in the face of a future of significantly reduced funding levels. The 2020 vision for the Adult Health and Social Care division includes four key strands as follows:

- A distinctive Public Health agenda for North Yorkshire
- Independence with Support when I need it
- Care and Support where I live
- Better Value for money

By focusing on these priorities, we will change the way we do things. We will look at what people can do for themselves and find new ways to help them live independently and make their own choices. This will assist us to deliver our £21.5 million savings as part of North Yorkshire's 2020 programme of efficiency savings.

We have also developed several other joint local strategies in the areas of autism (*The Changing Landscape of Autism in North Yorkshire*), mental health (*Hope, Choice and Control*) and children's services (*Young and Yorkshire*). Many of the priorities and strategic themes identified within these plans compliment the joint thinking revealed in this local strategy for people with learning disabilities.

DRAFT

Where are we now?

What is happening in North Yorkshire?

Changing services

Within North Yorkshire there is a steady rise in the numbers of people with a learning disability and autism, an on-going pressure from government to reduce expenditure on adult social care and health, and a steady rise in costs to provide the required services. This means that we need to change what we do and how we do it. We have already started on this journey and have re-shaped some services and decommissioned others (for example day centres and residential care which have been replaced with more personal budgets and more supported living), working with service users to develop the best solutions for them. This work needs to continue whilst we also encourage the use of universal services by providing support for people with a learning disability to access these services.

Preparing for Adulthood

Some young people may continue in education and training and may move into employment, whilst other young people may need support with housing, transport and developing a social life. This can be a difficult and challenging time for young people and particularly those with a learning disability. We want to ensure that our planning for young people at the point of transition into adulthood is smooth and take a holistic approach which enables young people to take advantage of wider opportunities that support their aspirations, such as greater independence, employment and accessing social and leisure services in the community.

We know from consultation with young people from the Flying High Group, other local groups and relevant professionals that our planning often starts too late, is short term and lacks clear outcomes for individuals. Improvements could be made by being clear on roles, working together and reducing jargon. We have responded to this, by establishing a Transition Steering Group of senior officers from Children and Young People's Services (CYPS), Health and Adult Social Care (HAS) and the CCGs (via the NHS Partnership Commissioning Unit) and local transition groups. These are multi-agency forums in each area of the county, which share information, coordinate assessments and identify suitable pathways into adulthood for young people with complex special educational needs and disabilities (SEND). We are also continuing to develop a greater range of pathways into adulthood, including local personalised learning for young people aged 19+ with the most complex needs whom would previously have been placed out of county. Importantly, from the age of 14 onwards all Education, Health and Care Plans (EHCP) must include a focus on preparing for adulthood.

The next phase is to establish our 'Preparing for Adulthood' team. This team will build on good practice so that a larger group of young people will not go out of

county, can return at an earlier stage and can ensure that the move from transition as a child to becoming an adult is smoother and easier for both the young person and the family. This model will ensure the integration of the work and responsibilities of CYPS and HAS for young disabled adults. Once staff are in place, and the model is embedded, further work will be undertaken to integrate services from health, housing and leisure, and other relevant agencies. The enhanced support that this model provides will contribute to more efficient planning, reduced costs and improved outcomes for young people with SEND.

Carers

As people with learning disabilities are living longer, their carers are getting older. Locally, there are **432** people **living with a parent or carer over the age of 65**⁷. A large proportion of these may not be known to Adult Health and Social Care currently but they are likely to require care and support at some point in the future as they become older themselves. Importantly, they will also need support and reassurance from statutory services about future planning and measures being put in place when they are no longer able and alive to provide care nor potentially a future home for their adult children themselves.

Carers of people with long-term illness and disability are at greater risk of poor health than the general population, and are particularly likely to develop depression. All carers now have the statutory right to an assessment whether their cared for person has eligible needs or not. The carers' assessment will look at carers' well-being, mental and physical health and if the carer has eligible needs, a support plan will be developed to meet those needs.

Treating 'Common' Health Needs

We know from the annual self-assessments we undertake, and the feedback from people with a learning disability and their carers, that we need to improve some areas of health provision e.g. increasing the uptake of annual health checks at GP practices (and subsequent use of health action plans and where appropriate 'Hospital Passports'), cancer screening and eye enhanced tests. When embedded within primary care practice, the annual health check is an effective tool for identifying and treating any health concerns or issues at an early stage to prevent problems from escalating into bigger health worries requiring more specialist intervention.

We have developed a local relationship between the NHS, Public Health, the Learning Disability Partnership Board and North Yorkshire County Council and continue to plan together to make improvements in these areas.

⁷ NYCC Market Position Statement

Treating Complex Health Cases

There are a small number of people who have a range of complex health and support needs. This diverse group includes people with profound intellectual and multiple disabilities who often have physical and sensory disabilities as well as epilepsy. These individuals have long term complex health and care needs that require carefully managed support packages.

Another extremely diverse group includes people with disabilities who display behaviour that challenges and may have coexisting mental health problems. They require highly individualised treatment and intensive support and care at an early stage in their life-long care planning to avoid unwanted events and lengthy stays in hospital. We need to look at identifying those at risk at an earlier stage (via the continual development of the 'at risk of admission' register); ensuring their care is more proactive, planned and co-ordinated by integrated specialist multidisciplinary teams who work together through a 'Collaborative Care' model.

Additionally, in line with Building the Right Support national policy and to help the shift from a reliance on in-patient care we need to enhance Community Health Learning Disability Team services and provide more small-scale supported living locally with access to expert and resilient care staff trained and experienced in 'Positive Behavioural Support' methods to support people with complex needs.

Not to be confused with mainstream in-patient services, with the right preventative services in place in the community, use of learning disability-specific in-patient services should be rare and for defined purposes only. However, sufficient bed numbers will need to be protected and ring-fenced for use on an ongoing short-term basis at times of acute need.

NHS England Secure Placements

Again, there are low numbers of local people in secure accommodation with highly complex learning disability and/or autism who display self-injurious, or aggressive or risky behaviours which may put themselves or others at risk.

Based on current experience, and because they are well enough to do so, around two to three people with a learning disability leave secure accommodation each year, and require support to re-integrate into the community. People move out of secure accommodation on the basis of their individual needs, rather than via a stepped approach. For example, people currently in medium secure accommodation maybe ready to move into residential or nursing home placements on discharge. People will have a range of needs in addition to their learning disability, either due to substance misuse, mental health, autism, ADHD or a personality disorder.

NHS England is the lead commissioner for this provision and there is no secure accommodation within the North Yorkshire patch. Locally these services are commissioned by the North England Specialist Commissioning Group, but local

commissioners are working with the specialist commissioners to look at more local options for people as part of the Transforming Care and Building the Right Support programme.

We also need to identify at an early stage those people with a learning disability who may be at risk of coming into contact with the criminal justice system and support them to stay out of trouble. These individuals should have access to the same services aimed at preventing or reducing anti-social or offending behaviour as the rest of the population. They should also be supported by community ‘forensic’ services to reduce offending behaviour and the risk they pose to others.

Services and Choice in North Yorkshire

Within North Yorkshire, similar to the National picture, we have a good market place of services for people with learning disability.

Note for designer to add: Preventative / Early Help bubble – Annual Health Checks in Primary Care. Community-based bubble – Community nursing / health services. Also, consider adding a new bubble ‘Education/Supported Employment’



We know however, that there are still areas where we could make further improvements in provision. We need to grow our range of housing and accommodation options, and there is a lack of available suitable providers to support

those with complex needs in a local community setting where 24 hour support is required. This impacts on the ability to discharge people from a hospital in-patient service and may result in people staying in a hospital setting inappropriately and longer than necessary.

Our aim is to ensure that, for the majority, residential care is provided as a housing option only as part of a transitional approach to move to a more independent living environment.

We also need to ensure a more equitable provision across the different localities in the county. This will mean reviewing our current services and challenging traditional service models in some places.

We know that people with a learning disability and their carers in North Yorkshire rightly expect high quality services, and our younger people have different expectations about the support they require than their older counterparts.

Addressing all of these issues, means that we need to ensure there is a greater range of new support options available which can be tailored to individual need. We are working with the market to develop a full range of care and support services at an individual and local level to assist people with learning disabilities to make choices and decisions.

Moving forward, health and social care will take a joint strategic approach to developing the market where possible to ensure a consistent and a coherent approach across North Yorkshire also encouraging efficiencies. Together, the commissioning teams will review current service provision across the county and develop or modify future commissioning activity.

Out of Area Placements

We have 121 out of area care placements for adults, however approximately 88% of these placements are for people who still live within a 30 mile radius of the North Yorkshire borders⁸.

We want to enhance and improve any placements that we consider to provide poor quality and outcomes. This will involve a strategic review of accommodation and service needs to understand where we have gaps across the county and to work with providers to fill these gaps.

Regular reviews are held for those people who live out of county and everyone who has a learning disability and/or autism has been reassessed within the last 18 months and where possible and appropriate have returned to North Yorkshire. Our reviews ensure effective safeguarding of people out of county with a learning disability. NYCC regularly reviews any information about safeguarding risks or Care

⁸ Figures are accurate at time of writing – *update accordingly at final publication (combined figures from LA and Health TC returns)*

Quality Commission issues, and acts to review early on anyone where these concerns are identified.

The national Transforming Care agenda provided guidance that 50% of protracted hospital discharges should be completed by 31 March 2015. All hospital patients have been reviewed and all patients have discharge and review plans in place. Personal care plans are also in place for all patients with the exception of recent admissions.

Employment

The current government policy is ambitious with its target of 48% of people with learning disabilities to be in paid work by 2025, (Valuing Employment Now – Department of Health 2009). At present, the national average is 6.1% of people with learning disabilities are in paid employment.

The Joint Health and Social Care Learning Disability Self-Assessment Framework has highlighted the need to develop and publish a local employment strategy and as part of this, it will be important to define clearly what we mean by paid employment. The employment strategy will highlight best practice and ensure that the aspiration to be in paid employment for people with a learning disability becomes customary from a young age; ensuring that the expectation starts from childhood throughout school. We intend to challenge local NHS organisations and the council to lead by example and identify recruitment opportunities internally in order for local employers to see the business case.

Encouragingly, a new NHS initiative has been announced whereby NHS England and NHS Employers are developing practical support to make progress in this area⁹. There is also the 'Valued in Public' guidance issued by the Department of Health in 2009 which offers guidance to Local Authorities and other public organisations on actively employing people with a learning disability within their own organisations.

Local Voluntary Sector

North Yorkshire benefits from a widespread and diverse group of voluntary sector organisations that deliver support across the whole county. These groups play an invaluable role in providing extra services that supplement those already provided by the local council and NHS.

We have established some good solid links contractually and operationally with voluntary organisations. We would want to build on these relationships so that we have a better understanding of the additional support that the voluntary sector can offer people with a learning disability and to enable us to provide clear signposting to service users to enhance provision and choice.

⁹ NHS jobs pledge for people with learning disabilities – NHS England 2015

Safeguarding

The importance of keeping service-users safe and protected from avoidable harm, outlining clearly what is not acceptable practice, is intrinsic when planning and delivering services for people with a learning disability.

Regionally, NHS England lead a monthly Quality Surveillance Group that include a broad number of partners including the Care Quality Commission, Healthwatch and Public Health England. Within North Yorkshire itself, we have established our statutory safeguarding board and a multi-agency approach to safeguarding with the Police, Police and Crime Commissioner, Safer and Stronger Communities, Children and Young People's Services, Community Safer Partnerships, the Fire Service and Health to ensure that our approach to safeguarding is consistent and robust. We know that a particular issue for people with a learning disability is hate crime and have established hate crime reporting centres in libraries and police stations. Over the course of this strategy, we need to continue to build on our practice to date and also to implement our safe places initiative.

Where do we want to be?

The next five years will be a period of major transition and transformation for health and social care within North Yorkshire, as we undergo efficiency programmes and revamp how we provide and commission services. Much of what we intend to do and how we intend to do it is aligned to the narrative in the Care Act 2014 and North Yorkshire's 2020 vision. Services for people with a disability will become more flexible so they can be personalised and offer people greater choice and control over every aspect of their lives, from the place where they live, to the way they choose to access support and care. Personalisation will also take account of access to education, employment, leisure and social opportunities, so that individuals are enabled to live full and rewarding lives.

Priorities

Our underlying ethos and fundamental way of working with any commissioning activity is **to provide the best quality services that meet local needs and offer the best value for money**. To realise the vision of 'Live Well, Live Longer', the priorities specific for people with a learning disability have been distilled as follows:

1. Improve choice and control
2. Improve health and reduce health inequalities
3. Increase access to care 'closer to home' within community settings and improve opportunities for 'independent/supported living'
4. Improve social inclusion
5. Provide support for families and carers
6. Support young people into adulthood

Outcomes

Direct matches with the 2020 vision are highlighted in brackets to indicate how it is aligned with this local strategy in learning disabilities. In the next 5 years we aspire for people to live longer, healthier and more independent lives and we will know that we have achieved this when we see the following outcomes:

1. Increased self-determination and independence

(Live an independent life – with support when I need it)

More people with a learning disability will have a greater say and be able to decide for themselves the way they live their lives and choose how they are supported.

2. Reduction in premature deaths

(Live a longer life and Live a healthier life)

More people with a learning disability will have health concerns or problems identified and treated at an earlier stage via increasing the uptake of annual health checks

3. Increased opportunities for independent living locally

(Care and support where I live)

More people will be supported to live independently and safely within their own homes and community for as long as possible, having their own tenancies – or even have the opportunity to *own* a home. We will also see a ***reduction in the number of people cared for ‘out of area’ and a reduction in the use of in-patient services and length of stay in hospital settings;*** ensuring that those with more complex needs are able to live, and be supported, locally.

4. Improved quality of life: health and wellbeing

(Live a healthier life)

People with a learning disability will become more active citizens in their communities. By supporting people with their personal goals e.g. seeking employment and/or learning opportunities, we hope that their personal resilience and self-esteem will increase. By supporting families and carers, we will be able to maintain and uphold their vital role in caring for their family members who have a learning disability.

5. Raised awareness and understanding of future adult world for young people and their families/carers.

Young people and their families will be supported and prepared effectively to move into adulthood.

Success in delivering all of these outcomes will also contribute to more people having a ***positive experience of healthcare and social care services*** (a key outcome in the NHS Five Year Forward strategy).

How do we get there? – The North Yorkshire Approach

In order to tackle our priorities and achieve our outcomes, we will need to embed a number of approaches to commissioning and new ways of working which will help us overcome some of the issues we have identified in North Yorkshire. Our approach is a framework and not a comprehensive list of the work we will undertake as this will be detailed in the implementation plan. Overall our strategic approach will be to place a much greater emphasis on personalisation, prevention, delivering the right care in the right place, building resilience and active citizenship.

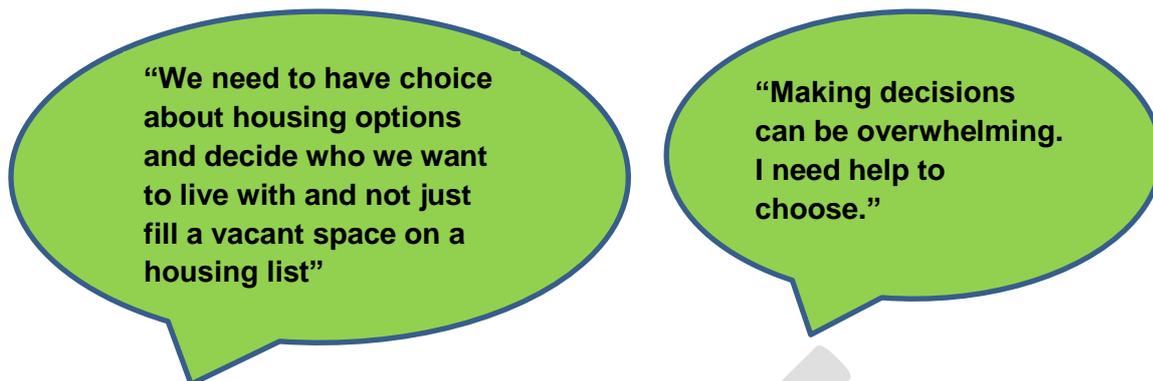


Personalisation and Choice

Individuals will have real choice and control over how their personal outcomes are achieved. This can include personal budgets (and a personal health budget for those whom are eligible and receive a Continuous Health Care support package), direct payments and co-producing a range of individually tailored ways of support. This fundamentally involves a shift in power from the Local Authority and the NHS to individuals themselves as we move towards working in partnership with each individual to understand their specific needs and develop tailored and 'personalised' care plans accordingly.

A clear theme that emerged from the consultation on this strategy with users of services and their family carers was that to improve choice, people must first have a much better knowledge and understanding of what's on offer; i.e. the full range of services, options and opportunities available locally (including those provided by local voluntary sector organisations). Additionally, strong support must be provided

to help facilitate the decision-making process when making choices via receiving independent advocacy, brokerage and financial planning advice.



To achieve this we will

- Focus on developing person-centred care, treatment and support plans in partnership with individuals and their family carers
- Increase the availability and choice of services via clear signposting; 'what's on?' guides and directories
- Explain clearly the advantages and benefits of direct payments and personal budgets; providing access to independent advocacy and financial advice services so that sensible, practical and 'informed' choices can be made
- Develop a local offer to provide personal health budgets for those whom are eligible and promote the advantages and benefits of this option
- Conduct a review of all local housing and accommodation options; identifying gaps and work with local housing providers to fill gaps
- Stimulate the market to develop personalised and flexible services

Prevention, Early Help, Treatment, Support and Care

A greater focus on early intervention and prevention in terms of health treatment will help to tackle health inequalities and reduce premature deaths. It also means supporting people with a learning disability to stay as independent as possible, including the right low level support being in place to help people to remain at home. This might include ensuring that someone has the right opportunity for exercise and equipment so they do not have to go into hospital or supporting someone with a learning disability into employment rather than into a day centre.

Naturally, the same principle of prevention and early help applies to those individuals who have more complex health needs in order to avoid and/or delay hospital admissions and prevent episodes of crisis or breakdown. With regard to those who exhibit offending behaviour emphasis will be on putting in place early measures to avoid contact with the Criminal Justice System.

Feedback from the consultation ranged from ensuring that healthcare professionals in mainstream health services receive better training in learning disabilities, to

providing more support and extra time for routine health appointments, to understanding fully my rights and entitlements in relation to health care and to always ensuring information is clear, accessible and available in easy-read formats.

“Screening appointments can be worrying – I need support for it to be explained carefully”

To achieve this we will

- Identify, offer support and treat as early as possible (from childhood onwards)
- Assist people with a learning disability to access universal and mainstream health and wellbeing services; making reasonable adjustments where necessary and having ‘liaison’ staff in place
- Roll-out the gold standard version of an Annual Health Check within primary care across North Yorkshire; including a basic mental health assessment¹⁰
- Raises awareness of individuals being entitled to an annual health check; which must be viewed as compulsory activity within primary care together with a dedicated and routine approach to cancer screening and enhanced eye tests
- Tailor health promotion programmes to meet individual needs; empowering young people with learning disabilities to make healthy decisions and lead healthy lifestyles with regard to diet, exercise, sexual health and alcohol awareness
- Embed ‘at risk of admission’ register and ‘Collaborative Care’ models for individuals with highly complex needs
- Invest in enhancing community learning disability health services; psychology, crisis, Positive Behavioural Support, primary care liaison, transitions and forensic outreach
- Support and train the wider ‘mainstream’ workforce to increase their understanding of learning disabilities
- Embrace the ‘Quality Checkers’ approach

Right Care in the Right Place; Maximise Community Support

We will place a growing emphasis on stronger support in the community and more person-centred delivery. This strategic area has a strong focus on human rights, supporting independent living and will also help tackle health inequalities. A greater use of individual social capital – being a part of the community in which you live is a key part of being an active citizen. Ensuring that those natural community and family supports are in place and supplemented by paid support services will be an important part of an individual's support plan.

¹⁰ 25-45% of people with learning disabilities also have a mental health condition

This will involve improving access to mainstream/universal resources, making reasonable adjustments to achieve this. Universal services have a critical role in making sure that the services and support they offer are available to the whole community, including people with a learning disability and in supporting people to remain healthy and socially active. This includes health services, adult education, employment services, information and advice, advocacy, housing and leisure.

At the most specialised and complex end of the learning disability and/or autism spectrum and with the right community measures, the availability of expert 24 hour care supported living in local settings and integrated pathways in place, individuals who are well enough can expect to live their lives in their own 'home' and not a hospital setting. In-patient services would then only need to be used by those who present with severe and immediate risk to their own health (and/or the safety of others) for as short a time as possible.

“Local services need to be ‘as good as’ or better than an out of area service; there’s no point in returning to a poorer local service”

To achieve this we will

- Provide care and support within own home or community, or as close as possible
- Develop and invest in community-based care and support projects (NYCC Public Health Agenda: Stronger Communities Programme)
- Explore different models of suitable accommodation and reduce the need for out of county placements; including providing small-scale specialist supported living for individuals with more complex needs and short term accommodation (available for a few weeks) used in times of potential crisis to prevent an avoidable admission into an in-patient setting
- Assist individuals to access mainstream services – for example, using the Green Light Toolkit to make improvements for people with a learning disability when accessing mainstream mental health services
- Put in place clear discharge planning to return individuals to the community or their own home
- Review traditional service models of delivery; replacing any outmoded in-patient provision with enhanced community services for those who are well enough to be cared for and supported in a community setting
- Support and train the wider 'mainstream' workforce; incorporate Positive Behavioural Support (PBS) training where relevant

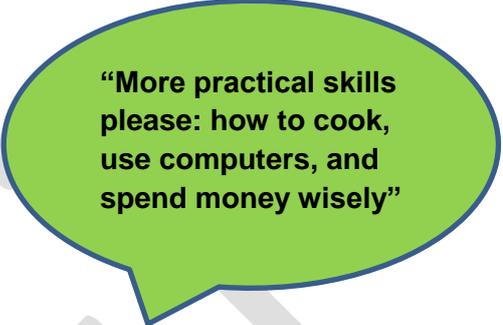
Empowerment and Enablement

We will facilitate and support people to do things for themselves rather than 'doing it for them.' This will involve building skills and strengths and providing and promoting opportunities for people who have the capability to be involved, to learn and go to work and socialise within their communities.

A strong theme emerging from consultation is that we must also champion diversity and cultivate respect within the community by celebrating the achievements of local people with a learning disability to inspire others.



“Encourage participation in local community activities that are for everyone and not just for those with a learning disability”



“More practical skills please: how to cook, use computers, and spend money wisely”

To achieve this we will

- Strengthen the voices of people with learning disabilities locally (co-produce in designing services)
- Strengthen personal and practical 'life' skills to increase independence and confidence
- Provide access to learning opportunities; take part in education
- Encourage the pursuit of every day leisure activities and hobbies - sports, music, the arts, gardening, cooking, DIY – the list is endless!
- Encourage and support more people with a learning disability into paid employment; matching capabilities with appropriate jobs
- Encourage the uptake of voluntary work to develop skills and improve integration within the community
- Share success stories and case studies to inspire others

Caring for the Carers

We recognise that family carers of people with a learning disability often experience difficulty negotiating their way through the various health, social care and education systems and that this can be extremely challenging. We also know that having a break and finding support is crucial to meeting the needs of our carers. We want to ensure that our levels of support are appropriate and that our carers are well equipped and informed, feel part of a wider network and are able to flourish as individuals within their own right.

Throughout the consultation, several family carers shared their very 'real' concerns about the future of their adult children when they experience ailing health and are no longer fit enough or around to care for them themselves. There is strong experience

and examples locally where effective 'end of life' planning has provided much needed reassurance to family carers about the future support and new home prospects for their adult children and this practice needs to continue and be adopted more widely.

“The support I’ve received from our local Mencap group has been invaluable over the years – I don’t know what I would have done without them.”

“I prefer to have cover offered throughout the year for a night or two when needed to regain sleep instead of booking an annual two week block.”

To achieve this we will

- Provide support, information and advice
- Offer opportunities to network and feel part of a larger 'care' community; signposting to local voluntary organisations and groups who can be an invaluable source of information and support
- Review respite provision with a view to providing more flexible respite services; tailoring options to individual carers' needs
- Ensure all carers receive their statutory right to an annual assessment
- Provide specialist support and Positive Behavioural Support (PBS) training for family carers of those with more complex needs and whose behaviour can be challenging
- Adopt a proactive approach to 'end of life' planning

Preparing for Adulthood

The first four priorities highlighted in the strategy naturally apply to all people of all ages with a learning disability and/or autism. However, we recognise that the strategic area of 'Prevention and Early Help' and getting this right is critical for children and young people and that the move from the world of Children's to Adult services needs careful planning and management.

We will improve our planning for young people at the point of transition into adulthood through a holistic approach that enables young people to take advantage of wider opportunities that support their aspirations, such as achieving greater independence, accessing employment and/or learning opportunities and accessing social and leisure services in the community. We will also continue to develop a greater range of pathways into adulthood, including local personalised learning for young people post-19 with the most complex needs and ensure that they are equipped with the right skills to achieve their individual outcomes.

“More education and support is needed for young people to make wise choices – this will assist in empowering them to progress”

To achieve this we will

- Ensure clear and consistent planning through into adulthood and that services are better integrated; commencing and preparing for transition from age 14+
- Equip young people with practical 'life', independent and decision-making skills
- Inform and educate about 'keeping safe' in the community: hate crime, mate crime, good sexual health, drug and alcohol awareness, etc.
- Implement the Preparing for Adulthood Model

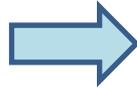
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'Live Well, Live Longer' - North Yorkshire Learning Disability Strategy Overview

Where Do We Want To Be?

PRIORITIES

Improve choice and control

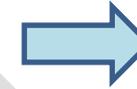


How Will We Get There?

STRATEGIES

Personalisation

Flexible services; tailored personal plans according to individual need

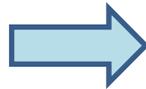


What Will Success Look Like?

OUTCOMES

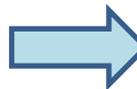
Increased self determination

Reduce health inequalities



Prevention, Early Help & Support

Offer AHCs, early treatment, support
Tailored health promotion and
Screening programmes



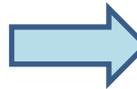
Reduction in premature deaths

Increase access to care 'closer to home'
& improve opportunities for independent/
supported living

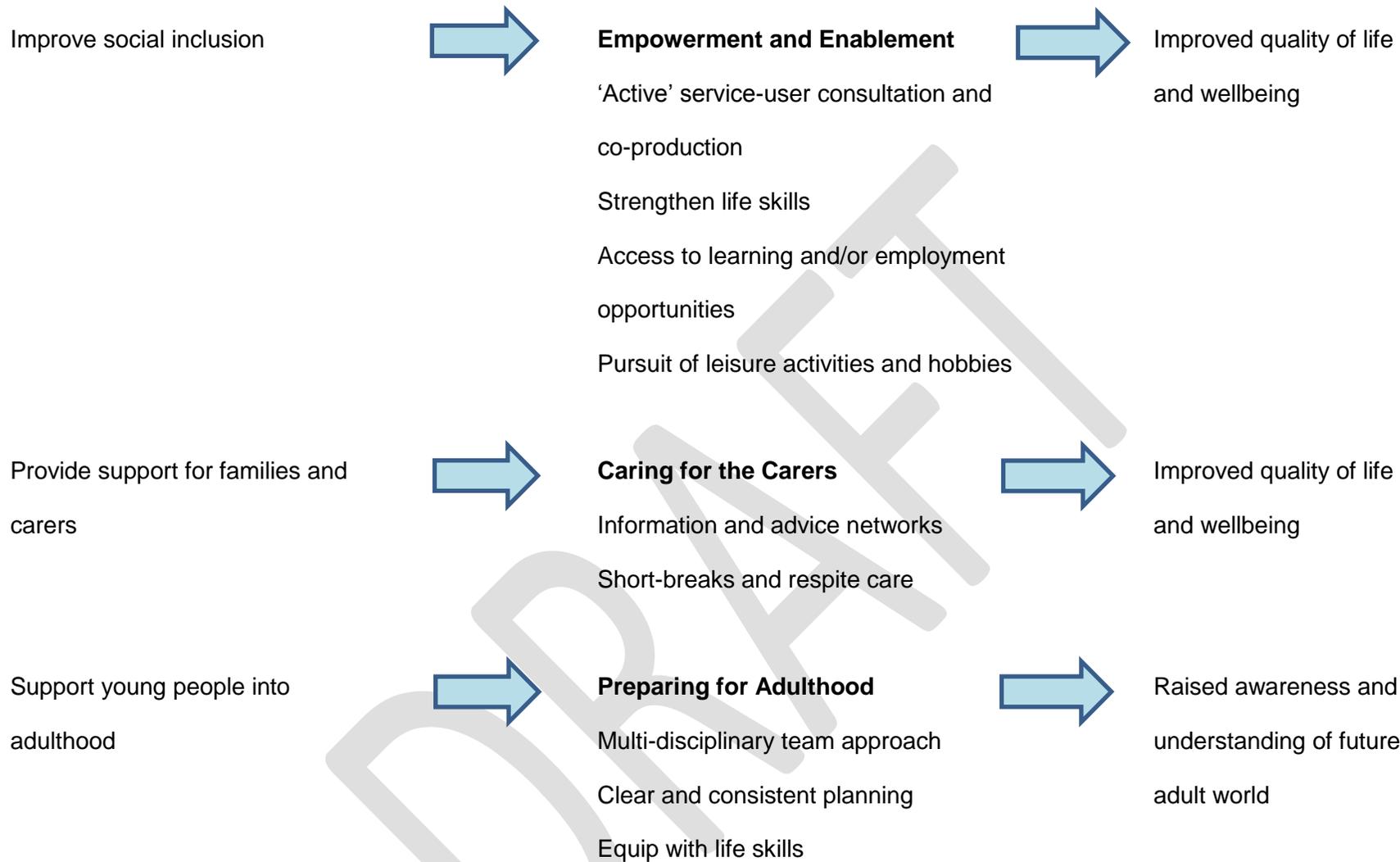


Right Care in the Right Place

Care and support within own home
or a community setting
Review accommodation needs



Increased opportunities for
living independently and locally



Next steps / Timeline

Over the next 12 months, our joint plan for people with learning disabilities in North Yorkshire will outline in detail the actions we need to undertake to deliver this strategy and the resources available. This will be co-produced with people with a learning disability to make sure that we devise the right solutions for them.

We will scope and define measurements for each outcome that we have established and report on progress against these on an annual basis to the Health and Wellbeing Board and the North Yorkshire Learning Disability Partnership Board.

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