



**Appendix 1**

**‘Making Change Happen’  
Commissioning Strategy  
2014-17**

Our vision and plan for where resources will be invested in services and support for adults with a learning disability

**Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group working together as the  
Cambridgeshire Learning Disability Partnership**



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## Introduction & Foreword

The strategy and its delivery plan have been developed to provide a clear framework for the commissioning and delivery of support and services to people with learning disabilities who live in Cambridgeshire.

The plan looks at the money to be invested for the next three years to commission services and support for people with a learning disability.

We have used many of the key priorities identified in Valuing People Now, Putting People First and other key policies, as well as listening to what local people have told us. This will make sure we focus on the right things to make services better each year. For example, we want to give more people a choice on how they organise their own support by telling them how much money they will have. Alternatively, they may want the commissioner to carry on buying the support they need.

People with a learning disability have the same rights as anyone else. We need to make sure that they have the same opportunities and choices as anybody else. To do this we will make sure all services are able to provide the support people want, at the right time.

We also want to make sure that all the good work we have done in the last three years is built upon. In order to support this we will strengthen the Learning Disability Partnership Board. We will continue to talk and listen to people who use services, their families and carers.

The Health and Wellbeing Board for Cambridgeshire will strengthen the strategic framework essential for the successful delivery of services and support. This will help to implement our promise to ensure effective commissioning that best supports the right outcomes for people with a learning disability and their families.

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Children, Families & Adults  
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## Executive Summary

Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group, working together as the Cambridgeshire Learning Disability Partnership have produced this commissioning strategy with input from service users, carers, local GPs, service providers and other professionals working in learning disability services.

This strategy builds on the vision, values and principles set out in the Cambridgeshire's Shaping Our Future – A Framework for Action: Transforming Adult Social Care in Cambridgeshire through Personalisation which has a golden thread linking to the Integrated Plan and the Joint Strategic Needs Assessment (JSNA).

Shaping our Future embodies the national direction of travel set out in the 'Putting People First' concordat (Dec 2007), which can be equally applied to all citizens. Themes have been developed in this document to provide a sound foundation from which to incorporate the main elements of 'Valuing People Now' (2009), and to then develop specific action plans for people with learning disabilities living in Cambridgeshire.

The Integrated Plan 2011-2012 outlined the Learning Disability Partnership's long-term vision, the strategic priorities and planned activity for the next five years. The 3 key priorities being:

1. Supporting and protecting people when they need it most
2. Helping people to live independent and healthy lives in their communities
3. Developing our local economy for the benefit of all

Relevant to this strategy are the plans for services provided by the Children, Families and Adult Services Directorate. These are underpinned by the Council priorities as follows:

- Safeguarding adults with vulnerabilities from abuse and discrimination and ensure they are treated with dignity and respect
- Promoting health, well-being, quality of life and independence at an individual, family and community level, and addressing the range of factors that impact on this
- Promoting choice and control with particular emphasis on engagement, prevention and localism

The Council is facing exceptional financial challenges. There are 3 primary ways in which Adult Social Care can make savings and efficiencies:

- a) Preventing people with emerging vulnerabilities from needing to make use of the most expensive services
- b) Transformation – systematic and focused multi-disciplinary work that proactively helps users to regain independence and their abilities

- c) Reduce unit costs
  - require providers to find efficiency savings
  - increase income and charges
  - workforce changes /rationalisation
  - rigorous review and reduction of high cost placements

This strategy will seek to achieve these priorities and respond to the challenging transformation agenda, working with key partners to ensure more effective working to ensure that services are delivered and efficiencies are found across different organisations. Further we will aim to establish how 'Valuing People' (Department of Health, 2001) and 'Valuing People Now' (Department of Health 2009) will be implemented in line with the outcomes outlined in the White Paper 'Our Health, Our Care, Our Say' (Department of Health, 2006).

The strategy has also been reviewed and endorsed by GP representatives of the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG). It will build upon the original vision for 'World Class Commissioning' (2007) by commissioning services which deliver better health and well-being for all, better care for all, and better value for all. This can be more easily achieved by having a strategic vision based on clear outcomes.

Locally, the CCG strategy to tackle health inequalities has key strategic objectives with some outcome targets, which are very closely aligned to the Learning Disabilities strategy, these are around:



## Vision, Aims & Objectives of this Strategy

The Learning Disability Commissioning Strategy seeks to describe the role of commissioning over the next 3 years. It will determine the priorities to improve access to health care for people with a learning disability and influence how the local social care market within and around the County develops and responds to the challenge of providing support in more personalized ways which empower people to shape their own lives by allowing them to use resources more flexibly to suit their needs. It is important to recognise that these include people's own social and family networks, community based networks and access to information and advice so that everyone can be as independent as possible, and where people need more support then it is about access to health and social care resources. In short it is about helping you to live the life you want.

In line with 'Putting People First' we are working to enable people to live the life they want and promote independence and health and wellbeing of service users and carers by focusing on prevention, early intervention, enablement and high quality, personally tailored services.

We have identified six key objectives, which we believe will make a significant impact and place people at the heart of health and social care in the County.

These are:

1. A move towards more independence focused services
2. Putting service users and carers in control of services
3. Developing a market of services for people to choose from
4. Working in partnership to deliver services to the community
5. Stimulating local communities and maximising social capital to increase the focus for prevention in the County.
6. Maintaining the momentum of local work in recent years to improve health outcomes for people with a learning disability

This document builds upon these themes and aims to provide a clear strategic direction for the support and services for people in Cambridgeshire with learning disabilities. It identifies clear objectives and actions for the next three years to make this strategy a reality. The strategy reflects local needs within a national framework and is based on a clear vision and guiding principles.

We will seek to ensure that people with learning disabilities are supported to:

- Determine for themselves what support they receive, how they spend their time and participate as equal members of the community
- Have a lifestyle which offers the same opportunities as any other adult in the local community

The above vision is underpinned by the principles contained within 'Valuing People' and 'Valuing People Now', which sets out its aims that people with learning disabilities, will:

- Be treated as individuals
- Use mainstream services wherever possible
- Be offered more choice and greater control and influence
- Play an active role in their community
- Be involved in planning and purchasing their care and support services
- Not be forgotten, lost or stuck in the system
- Receive services which offer value for money
- To have the same opportunities to have improved health outcomes
- Be helped to develop and progress in life, learn and take risks
- Have the right to feel safe and be free from abuse
- Opportunities for employment are offered

To achieve our vision, we need a joined up approach from council departments, the voluntary and independent sector and health bodies. This will be a working document and a tool to assist making change happen. Any new information will be incorporated into the strategy as it arises, such as any new relevant national policy. The key partners to this plan are Cambridgeshire and Peterborough Clinical Commissioning Group, and Cambridgeshire County Council. Cambridgeshire and Peterborough Clinical Commissioning Group is currently responsible for commissioning health services locally and Cambridgeshire County Council is responsible for commissioning social care services.

We are confident that the Health and Well-Being Board will further strengthen partnership working between all relevant agencies locally as described in the Health and Well-Being Strategy.

Though the commissioning partners will change, by jointly commissioning services, we can make the best use of shared resources and make sure that no-one falls through the gap between health and social care services. To do this, there is a formal Partnership Agreement and a pooled budget already in place. Though these arrangements will need to be reviewed in line with any future changes in the NHS or County Council organisational structures, we will only deliver the transformation of services that are required through joint working across the Council and the NHS.

This plan will set out:

- ✓ the shared vision and strategic aims of the partners the policy framework underpinning the strategy
- ✓ an analysis of the current and future needs of people with learning disabilities in Cambridgeshire
- ✓ what sort of services and support people with learning disabilities and their carers want in the future
- ✓ what services are currently provided, what they cost and how they perform, how services need to change to meet future needs and deliver what people want
- ✓ the commissioning intentions and priorities of both agencies including a detailed delivery plan with costs and timescales
- ✓ Identification of the gaps in the provision of services for people with a learning disability

It is important that the needs of people with learning disabilities are embedded in all mainstream strategies – for example assistive technology, housing, wider transition policies, the operational delivery of personalisation and wider prevention strategies – and that this commissioning strategy only covers those services that need to be specifically commissioned to support people with learning disabilities and their families and carers.

### **Local views**

- Transport is key to access in a number of areas including improving social networks, leisure opportunities, work and housing choices.
- Access to community based services and more flexible and varied day care services is essential with more opportunities to go out into the community and to learn new skills.
- People with learning disabilities want the right to get part-time work, voluntary work or work experience as well as a full time paid job depending on their wishes. It is felt that a person centred approach and more support is needed to enable this.
- People with learning disabilities want a choice about where they live and who they live with.
- Consultation with people with learning disabilities and their carers highlights a number of areas where they face difficulties accessing and using health services.

### **Priority needs for People with Learning Disabilities in Cambridgeshire**

- Supporting good quality transitions from children and young people's services to adult services; mid-life transition where family carer's may be elderly and frail and may not be able to continue caring for the person with a learning disability and later life transitions to older people's services.
- Ensuring access to health checks, screening and other preventive health care.
- Being treated with dignity and respect in all areas of life, including specialist health and social care services; housing, employment and other universal services.
- For carers to be consulted, valued and supported in their role, including forward planning as the carer ages.
- Receiving person-centred care and self-directed support with the option of a direct payment or an arranged provision.
- Exploring increased provision of services within the county for people with learning disabilities including children, to reduce the need for high cost out of county placements.

## The Policy Framework

Over the past 10 years there have been a number of government documents and policies about how health and social care services should be delivered in the future. All of these policies contain a number of common themes that are about supporting people better to enable them to live in the community; to provide support and care closer to home; to avoid people going into hospital un-necessarily, and to provide new alternatives to residential care and other inflexible service models. Fundamentally there has been a shift to giving people much more choice and control over their lives, supported by new flexible ways of working, such as Direct Payments and Personal Budgets, rather than just offering people a limited range of services on a “take it or leave it” basis.

‘Valuing People Now’ was published in January 2009. This told us what services should look like in the future. It states that all services and support should be person-centred, personal and offer control, choices and opportunities to people. This report also said we must still carry on with many of the important things within the first ‘Valuing People’ White Paper. We have also had to look at other government reports. For example,

‘Our Health, Our Care, Our Say’,

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_4127453](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_4127453)

‘Putting People First’,

[www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DH\\_079373](http://www.dh.gov.uk/en/SocialCare/Socialcarereform/Personalisation/DH_079373)

‘The Mansell Report’ (Revised).

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_080129](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_080129)

‘No Health without mental health’,

[www.dh.gov.uk/mentalhealthstrategy](http://www.dh.gov.uk/mentalhealthstrategy)

‘Fulfilling and rewarding lives: the strategy for adults with autism in England’,

[www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_113369](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_113369)

Winterbourne View investigation and concordat

<https://www.wp.dh.gov.uk/publications/files/2012/12/Concordat.pdf>

Many of the reports have many of the same themes mentioned in ‘Valuing People Now’. Such as:

- ✓ Services to be personal
- ✓ People to have choices and control over the services they get
- ✓ Focus on independence
- ✓ Same rights and equal access to services (health, employment, housing and education)

✓ Local services working together better

The strategy also incorporates the recommendations set out in the Michael Report 'Healthcare for All' (Department of Health 2008) resulting from the independent inquiry into access to healthcare for people with learning disabilities, as well as the Joint Committee on Human Rights report "A life like any other?" (2008). A sub-group of the LDP has monitored local work to implement the recommendations of the Michael Report since its publication. The key actions arising from its annual self-assessment of progress with implementation have been incorporated into this strategy. More recently, the obligations on authorities arising from the Winterbourne View Concordat have been integrated into the strategy.

This strategy has also grown from the expressed views of people with learning disabilities, their families and advocates. We talked to representatives from the voluntary and third sector; associated professional groups and people with direct experience of having services provided to them.

The implications of the policy framework are that the joint commissioning arrangements must:

- ✓ Ensure the right balance of investment between different services
- ✓ Shape the market so that high quality, safe services are available for personal budget holders and self funders
- ✓ Ensure people, including carers, have access to information and advice about health and social care services
- ✓ Develop local partnerships to deliver a wider range of services including those that enhance social inclusion and community development
- ✓ Collaborative working with people who use services and their carers so they can influence how they are designed and evaluated
- ✓ Ensure all citizens have access to universal health services and public services
- ✓ Commissioning services that promote the public good as well as services that people may wish to purchase

The Adult Social Care Outcomes Framework 2011/12 (Appendix 1) highlights outcomes measures that are applicable to learning disability services. One of the benefits of the ASCOF is the local use of data for benchmarking and performance management. These National outcome measures offer only a start for what local areas will want to consider. The ASCOF will be aligned with other frameworks, the NHS and Public Health Outcomes Frameworks will come into effect in later years, as this and joint strategic needs assessments and joint health and wellbeing strategies are implemented, there will be opportunities for realignment of measures. Continued, vigorous monitoring and user feedback combined with outcome measures will be crucial.

Guidance for Clinical Commissioning Groups for services for people with learning disability was published in October 2012. This highlighted particular priorities within primary care, local hospitals and specialist learning disability community teams. These are set out in more detail later in this document and reflected in the Strategy Action Plan.

## What we know about people who need services

In Cambridgeshire the Learning Disability Partnership teams currently provide health or social care support to around 2,230 individuals with learning disability, of whom around 1,600 adults receive social care support. There are also around 800 young people (14-18) who have a learning disability and are known to services.

	Number
Age 18-64	1510
Age 65+	120
Male	923
Female	717

The Joint Strategic Needs Assessment (2013) <http://www.cambridgeshirejsna.org.uk/physical-disabilities-and-learning-disabilities-through-life-course-2013> , highlights the following in relation to Learning Disabilities:

- The number of people with learning disabilities is projected to rise by 3.8% by 2016 and by 17.3% by 2030
- The life expectancy of this demographic is increasing.
- The number of people with learning disabilities known to be working is low

### Demography

Across Cambridgeshire there are estimated to be over 11,000 people with learning disabilities aged 15 and above, the majority being people with mild learning disabilities who mainly do not require specialist health or social care support.

### Data and inequalities

Cambridgeshire Learning Disability Partnership teams provide health and/or social care support to around 2,230 individuals with a learning disability, of whom around 1,600 receive social care support. There is a higher than expected number of service users in Fenland. It is predicted that by 2021 the number of adults with learning disabilities needing support will increase by between 300 and 450.

There are estimated to be around 3,800 adults with Autistic Spectrum Disorder (ASD) in Cambridgeshire, of whom around 750 would meet the criteria for learning disability services. Individuals who do not meet these criteria may still need significant support and their needs will be assessed by the vulnerable adults team.

- People with learning disabilities maybe amongst the most vulnerable and at risk of being marginalized within Cambridgeshire

They are more likely to:

- be socially excluded;
- have poorer physical and mental health;
- have difficulties in accessing healthcare;
- be at risk from abuse;
- be discriminated against;
- need support to access housing, health, employment and independent living;
- be at greater risk of ending up in prison.

The learning disabilities profile for Cambridgeshire for 2012 compiled by the Learning Disabilities Observatory compares Cambridgeshire with other areas in England.

It shows that on the main indicators of improving health Cambridgeshire residents benefit from above average performance compared to other counties in England, especially in the proportion having a GP health check (75% compared to an average of 49%). However there is a worse performance in identifying people with a learning disability in psychiatric in patient statistics (31% compared to a 56% average)

In social care and accommodation performance is about average, although Cambridgeshire residents are more likely to receive direct payments (67% compared to an average of 24%) and more likely to live in settled accommodation

Further details can be obtained at the address below:

<http://www.improvinghealthandlives.org.uk/profiles/index.php?pdf=E1000003>

## **What people with learning disabilities and their carers want from services**

Cambridgeshire County Council engages with the wider public in the development of plans and strategies.

This strategy is based on consultation with people who use learning disability services and family carers. The key priorities for people who use services are based around health and well being, personalization, access to housing, transition and employment.

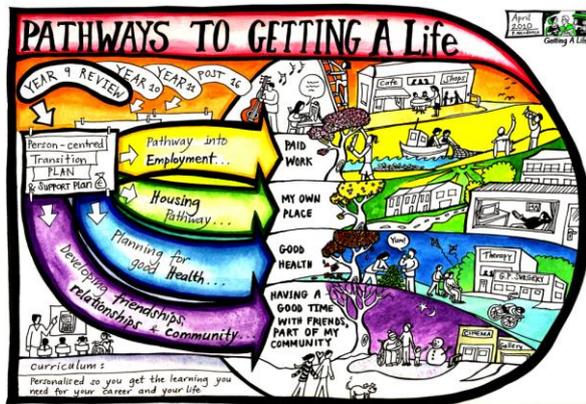
### **Local views**

- Transport is key to access in a number of areas including, improving social networks, leisure opportunities, work and housing choices.
- Improved access to community based services and more flexible and varied day care services with more opportunities to go out into the community and to learn new skills.
- People with learning disabilities want the right to get part-time work, voluntary work or work experience as well as a full time paid job depending on their wishes. It is felt that a person centred approach and more support is needed to enable this.
- People with learning disabilities want a choice about where they live and who they live with. There are concerns about the funding for housing, particularly for tenancies.
- Consultation with people with learning disabilities and their carers highlights a number of areas where they face difficulties accessing and using health services.

### **Priority needs for People with Learning Disabilities in Cambridgeshire**

- Supporting flexible transition between age 14-25 from children and young people's services to adult services; mid-life and also later life transition to older peoples services.
- Ensuring access to health checks, screening and other preventive health care.
- Being treated with dignity and respect, addressing the issues outlined in the 'local views' section above.
- For carers to be consulted, valued and supported in their role, including forward planning as the carer ages.
- Receiving person-centred care and support, self-directed support and the option of a direct payment or an arranged provision.
- Exploring increased provision of services within the county for people with learning disabilities including children, to reduce the need for high cost out of county placements.

The Learning Disability Partnership Board will take the lead role in bringing together key partners, including people with learning disabilities and their carers, to develop plans for delivering services that people want and addressing these key areas.



Following a review in March 2012 the Board has been restructured to ensure greater involvement of people with a learning disability and carers in decision-making. The board now has three sub groups dealing with the subjects that are most important for people with learning disabilities

Health  
‘How I feel?’

Housing  
“I like where I live”

Employment  
“I like what I do”

NHS Cambridgeshire held a Big Health Day in 2010 to consult with people with learning disabilities, including those with complex needs and behaviours that challenge services, with the findings influencing the development of the overall Commissioning Intentions.

Key issues were:

- ✓ a need for support for people to use acute hospital services
- ✓ making sure that care pathways included people with learning disabilities, in particular those with mental health needs
- ✓ making sure that health needs form part of transition planning

Young people who are on the autistic spectrum but do not have a learning disability and ‘vulnerable adults’ remain at risk of lack of appropriate service response due to lack of a policy around support for chronically excluded individuals. The MEAM (Making Every Adult Matter) project has a pilot focused on chronically excluded adults which will seek to address this area of concern.

Family carers and service users would like to be better engaged in the recruitment and training of staff and in the planning and development of services. The Board is addressing this issue by increasing the number of family carers and people with a learning disability who are members of the Board and strengthening the support available to both groups, to enable more effective participation. They now represent about 40% of the overall membership. Customer feedback should be used to improve services and inform commissioning.

Despite some areas of priority remaining an area of concern, there have been many successful achievements. We have included some of these successes below:

- ✓ carers are encouraged to have a Carers Assessment in order to access local support and guidance to consider their own aspirations (e.g. education, work)
- ✓ Cambridgeshire has implemented individual budgets for all service users and this will help with the work on personalisation. All service users now have a personal budget and may take this in the form of a direct payment should they wish to do so. Advice and support is available to assist people to purchase their own care.
- ✓ Service users/carers were involved in the recruitment and interview process of Health Facilitators
- ✓ Cambridgeshire launched a countywide multi-disciplinary floating support service in July 2011 providing housing related support for a wide range of clients, including those with learning disabilities and those on the autistic spectrum
- ✓ Cambridgeshire and Peterborough Clinical Commissioning Group was one of three Clinical Commissioning Groups (CCG) across the country chosen to work with the Department of Health and the learning Disability Observatory on a pathfinder project to improve the commissioning of services for people with a learning disability
- ✓ There is a GP lead for learning disability within the Cambridgeshire and Peterborough CCG.
- ✓ As at the end of March 2012, 92 per cent of local GP surgeries now offer a Local Enhanced Service for people with a learning disability, and 73 per cent of people with a learning disability received an annual health check during the year 2011/12
- ✓ There is ongoing work to develop electronic templates for health checks for use in primary care to ensure equal standards and to be able to move towards assessment of outcomes for people with learning disability
- ✓ A range of initiatives have been implemented to improve access to and the experience of local people with a learning disability of local NHS services. These have included developing a 'flagging system' at local hospitals; contract negotiations within acute hospitals to better ascertain whether or not reasonable adjustments have been made; staff training to increase awareness of learning disability and greater provision of easy-read materials.
- ✓ The Joint Strategic Needs Assessment has been updated and includes for the first time the needs of people on the autistic spectrum

The implications of the demographic profile and broader population needs are significant for adults with learning disabilities who traditionally are more excluded than other population groups. This will include:

- The impact of poverty and deprivation on the ability to address health inequalities, including lifestyle risks and access to health screening.
- The double impact of learning disability and ethnicity both in relation to accessing universal services and specific services that meet cultural needs
- Patterns of prevalence and longer term demand for services

## **Health & Social Care needs – Learning Disability Partnership**

The learning disability partnership (LDP) is an integrated team of specialist health and social care professionals. The service aims to ensure the provision of person centred planning, and enables specialist health and social care staff to promote an individuals rights, choice, health and well being in line with their assessed needs.

LDP referrals are received through Cambridgeshire Contact Centre and referrals are forwarded to LDP team duty workers who undertake initial contacts.

The Contact Centre and LDP team duty systems provide a safety net for vulnerable adults by ensuring that safeguarding issues are reported efficiently and effectively to the appropriate lead practitioner for investigation and by identifying care quality concerns and reporting these to the appropriate service area for action.

The LDP is a partnership jointly funded by Cambridgeshire County Council and Cambridgeshire and Peterborough Clinical Commissioning Group through a Section 75 agreement which enables both organizations to 'pool' money for the delivery of integrated specialist health and social care services. The County Council is the lead commissioner for services for people with a learning disability in Cambridgeshire and is responsible for the performance of the pooled budget. For 2013/14 the projected outturn forecast based on identified cost pressures of current service provision and projected demography is approximately £71 million, which is the biggest challenge for the service in the coming years.

The partnership is ensuring compliance with relevant Care Quality Commission standards and any nationally or locally set performance indicators that are applicable.

Areas for development:

- Develop and implement a care programmed approach policy and framework that is appropriate to LDP services
- Ensure that the review process is inclusive of service users and where appropriate their carers; focuses on quality of outcomes achieved, especially progression towards more independent living, where appropriate; evidences that services provided deliver value for money and where possible efficiencies are identified
- Ensure that employment outcomes for service users are seen and adopted as a key focus when developing support plans
- Review service criteria and produce a revised statement in relation to housing options for specialist learning disability services in order to accommodate more people in Cambridgeshire
- Ensure continued effective management of the pooled budget to ensure spend is kept as far as possible within available resources
- Review contracts with all providers to ensure appropriate contracts are in place which include all necessary terms and conditions
- Ensure Assistive Technology and Telecare is considered in all support plans
- Continue to ensure people placed out of county are enabled to return where possible
- Comply with the requirements of the Winterbourne Concordat
- Continue to ensure that both family carer's and service users are supported to make an active contribution to the Learning Disability Partnership Board
- Ensure the actions recommended by the Autism Consortium are carried out(see Appendix 4)
- Develop key performance indicators for health

- Implement a 'flagging' system so people with learning disabilities are identified by acute health service
- Contribute to the implementation of Adult Integrated System to improve electronic recording of data across Cambridgeshire County Council, Cambridgeshire Community Services NHS Trust and Cambridgeshire and Peterborough NHS Foundation Trust
- Continue to ensure as far as possible that people with learning disabilities or autism are safe and free from abuse of any kind
- Improve access to health services by people with learning disabilities or autism (See Appendix 2)

For further detail on the above areas please see Appendices 2, 3 and 4 at the end of this document

## Market/Gap Analysis

Over the last year we have undertaken a number of pieces of work to identify what the gaps are in three key areas – health, housing and employment.

**Health -** There remains plenty of scope to improve the sharing of information between NHS services  
 We need to continue to monitor the Action Plans of local acute hospitals, community services and mental health services to ensure that plans to improve access to health care are implemented throughout the local NHS  
 We need to monitor health outcomes so that we know which initiatives are actually having an impact on the health of people with learning disability  
 Education and training of staff working in primary care, social care, acute hospitals, community and specialist mental health services needs to be maintained  
 We need to be clearer as to the specific role of "health" specialists within local specialist community learning disability teams  
 Inability of people who suspect they may have an autistic spectrum disorder to obtain a specialist diagnosis  
 Identify gaps in provision for those on the spectrum to receive support.  
 Provision for local residents in contact with the criminal justice system or recently discharged from prison  
 Ensuring those people with Continuing Health Care needs are assessed  
 Not all of the local GPs have yet signed up to Local Enhanced Services.  
 Continue to highlight the need to make reasonable adjustments to local services. Not everyone who has a learning disability has had the opportunity of a health action plan or annual health check

We need to be responsive to the concerns of people with learning disability and their families about specialist services such as epilepsy to ensure that they are working in an integrated way to offer best practice in service delivery

### **Housing -**

- Options for people buying their own homes need to be explored.
- Greater use of assistive technology
- Demographic data needs to be better used to inform commissioning
- Measuring the impact of the changes to housing benefit via Local Housing Allowance changes introduced in 2013

### **Employment –**

- There are various initiatives to support people into employment but these need to be linked as part of an overall plan
- Council and health authorities should be encouraged to provide more employment opportunities
- There is limited Job coaching work undertaken with employers

We have also engaged with a wider group of people to find out what services people would like to buy as part of personalisation. Successes around this were captured in a DVD 'It's All About Us'. We recognise that in difficult economic circumstances it is imperative to make the best use of limited resources. We will seek to ensure a balance between this and helping people to live the life they want.

The market gap analysis falls broadly into two parts:

How we can ensure that people with learning disabilities access mainstream services such as health and ordinary life expectations

How we redevelop social care services to enable more choice and control

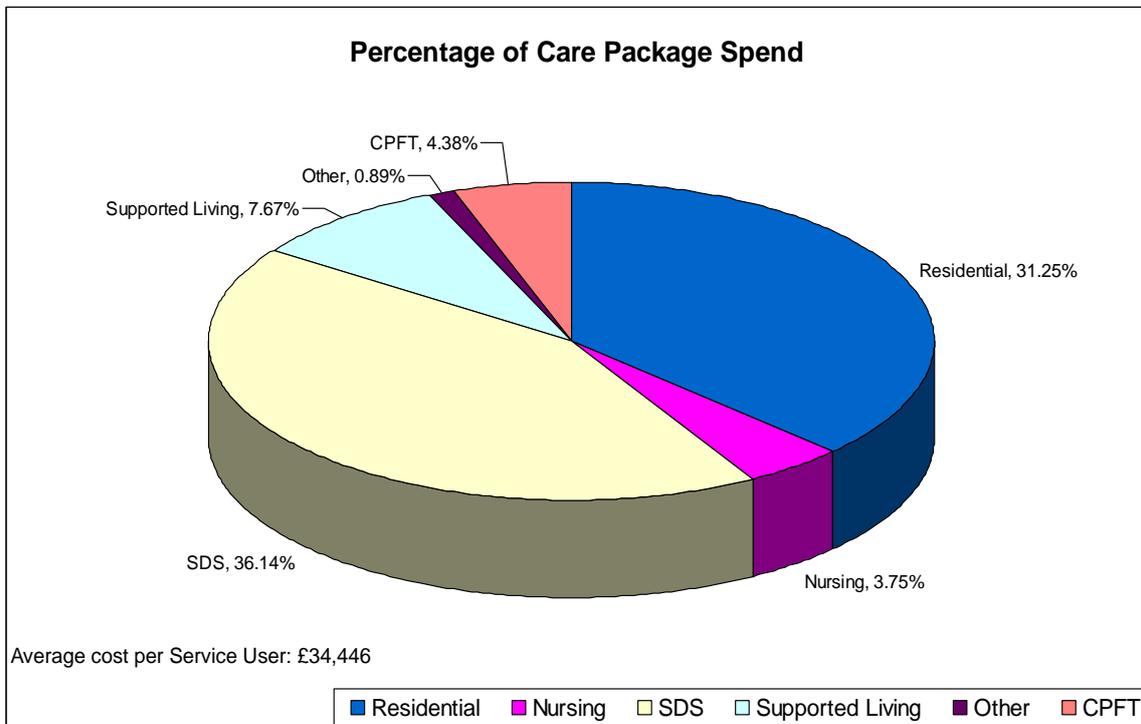
The majority of Adult Social Care Services are commissioned from the independent and voluntary sector, with a pooled budget in 2012/13 of £69,991,000 being spent on services provided to meet health and social care needs.

Other funding for people with learning disabilities outside of the pooled budget such as that for floating support is accessed to provide greater opportunities. There is a move towards a more holistically commissioned continuum of services for people with a learning disability.

The Learning Disability Partnership has a pooled budget managed under a Section 75 agreement. This budget for 2013/14 is £74,038,000, 8% of which is forecast to be spent on in-house provision, that is services provided for people with learning disabilities by the County Council. Of this amount about 50% is spent on accommodation services, including supported living and respite services; the remainder is spent on day services.

Most of the budget (85%) is spent on care packages and of this amount the largest proportion is spent on Self Directed Support (36%). The next largest proportion is spent on residential care (31%). Of the 324 people placed in residential care, about 78 (24%) of them are in placements costing over £1,500 per week.

**Table 1. Percentage of Care Package Spend 2012/13**



The reliance on residential care is also reflected in the market share, with independent sector residential providers dominating the local market and providing over 50% of the places in residential care.

There are a small number of providers of community services, providing packages to people in supported living tenancies. However, these are generally based on a high cost model of supported living.

There is a lack of market capacity generally for all levels of community support, which needs to be balanced with those eligible for social care support and those with housing related support needs. Based on a continuum, supported living needs to include a full range of options from low level floating support and Key Ring schemes to more intensive specialist outreach support.

Specialist outreach services are under-developed and health services need to be redesigned to better support the enablement model by providing more effective community based services. There needs to be improved links with floating support services, which could prevent people from needing statutory services in the first place (or delay the need); meet the needs of those that don't meet statutory criteria, and could assist in moving people out of statutory provision to greater independence where appropriate, especially those with lower level support needs that don't need permanent

statutory support. There needs to be improved access to services such as extra care housing for people with learning disabilities who are aged over 55 years.

Most day service provision is provided by the local authority and includes group based community support services and traditional day centre provision for people with multi-disabilities and people who challenge, with some voluntary sector provision that is mainly targeted to specific community groups. There are both voluntary sector and council managed supported employment services. In addition one Voluntary sector delivers a small day service and specialist Autism services.

## **Autistic Spectrum Disorders**

People with an autistic spectrum condition can have an accompanying learning disability or mental health condition, but this is not always the case. There is a risk that people who have need for support can fall through the gap created by traditional learning disability and mental health boundaries of both health and social care. In view of this a vulnerable adults team has been created to assess the needs of people who would otherwise fall through the net. There are growing numbers of children who will progress into adulthood and increase the demand for services in this area.

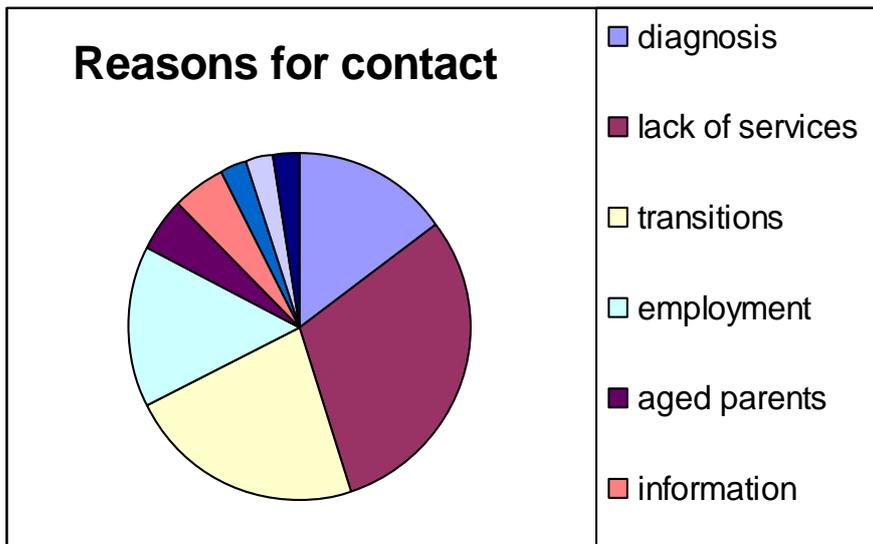
A particular problem locally has been the inability of people who may have an autistic spectrum disorder to obtain access to a diagnostic service. This gap has been addressed with the review and re-commissioning of the diagnostic clinic.

It is more frequently the case that people with learning disabilities who have autism are placed out of county, as it is generally this group of people and those with mental health difficulties who have very complex and specialist health and social care support needs which pose a challenge to existing services. Whilst not all private hospitals are a cause for concern it has to be noted that there have been cases of abuse that have come to the attention of the media and this has quite rightly raised the question as to whether these establishments are best placed to meet the needs of this client group. There is a need for appropriate resources in-county to minimise the need for out of county placements.

In 2010-11 Cambridgeshire commissioned a project development worker to:

- To develop an effective working partnership with parents.
- To develop collaborative practice with other agencies and services such as community health, social work, speech and language therapy, voluntary agencies.
- To work alongside other agencies in supporting families and people with autism.
- To provide a framework for professional development.
- To build the capacity of establishments to provide appropriate support

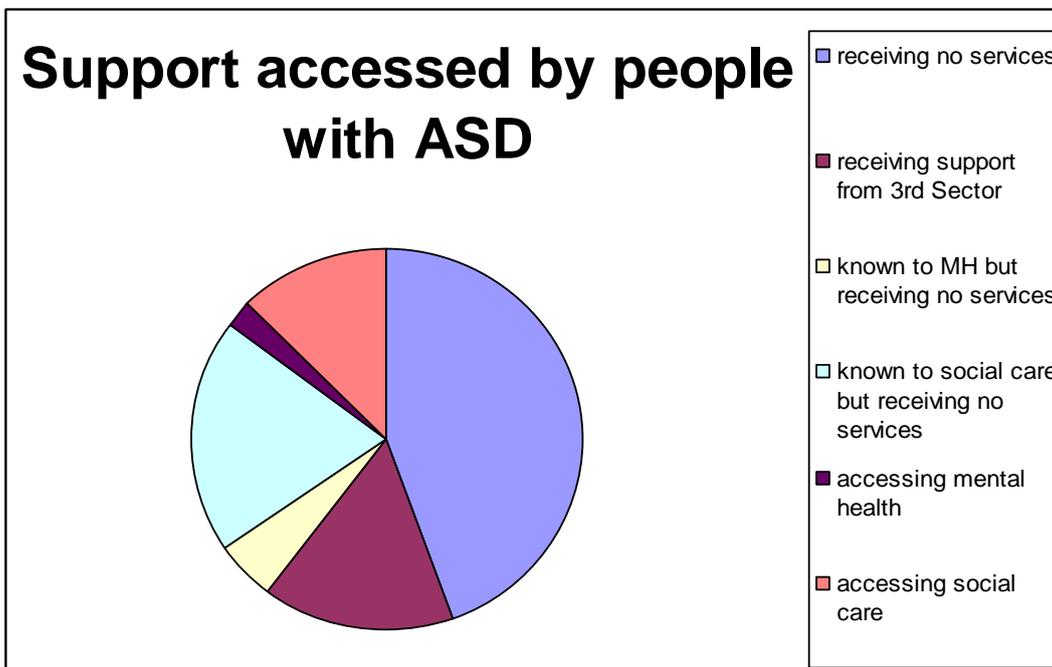
During this time the project worker gathered information on 41 individuals on the autistic spectrum aged between 14 and 50 years old. Table 2 shows that the main reasons for contacting the project worker were either lack of services or because the person was in transition from children's to adult services



**Table 2.  
Reasons for  
Contacting ASC  
Project Worker**

Table 3 shows clearly that the majority of people seeking advice were not in receipt of any services and a minority were accessing mental health or social care services. This points to a gap in service provision for people on the autistic spectrum.

**Table 3. Type of Support Accessed**



In 2011 Cambridgeshire established an autism consortium consisting of major stakeholders, including people on the autistic spectrum, to improve the life experience of people on the spectrum. The consortium devised an action plan which addresses the main concerns, including health, housing, employment and

diagnosis and a copy of this plan, including the progress made on the action points, is included in Appendix 3 below.

## **Mental Health**

Children, young people and adults with learning disability experience the same range of mental health difficulties as the rest of the general population yet they are 3-4 times more likely than the general population to become mentally unwell.

Mental health difficulties can be associated with 'challenging behaviour' and as such there is a need for services to focus on presenting need rather than the 'disability'.

'No health without mental health' is a cross government strategy of 2011, a strategy for people of all ages. This strategy outlined 6 objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

Care and support should be appropriate for adults of all ages and all protected groups. Services should be designed around the needs of individuals, ensuring appropriate, effective transition between services where necessary, without discriminatory, professional, organisational or location barriers getting in the way.

Although about 25% of people with a learning disability aged 24 and above also have poor mental health (JSNA 2007-08) they do not always get the appropriate assessment and treatment of mental illness and can end-up in expensive out of area placements or spend too long in hospitals receiving treatment. Partnership working between mainstream mental health services and learning disability services is essential to ensure an individual receives the right support to meet their assessed needs.

It is important that work continues on using the 'Green light tool kit' (GLTK) to understand and improve the delivery of mental health services for people with a learning disability. A key aspect of Valuing People and GLTK relates to the importance of close collaboration between Adult Mental Health Services and Learning Disability Services with the realisation of clear protocols outlining access to services and joint working. It also states that each local service should have access to an assessment and treatment resource for people with significant learning disabilities and mental health needs that cannot be appropriately supported in general psychiatric wards, even with the availability of specialist learning disability support.

## **Transition**

The transitions team is county wide and provides advice and information to young people 14-19 years old, with disabilities (learning disability, physical, high functioning

ASD or mental health issues), who meet eligibility criteria under fair access to care services criteria.

The team sits within adult services and works with professionals, young people and families to complete assessments and support plan for their future. The team influences service development across Children's and Adults services working alongside education, social care, health and connexions.

The team works with approximately 200 young people with disabilities and their family carers per year. 70-80 young people a year transfer through to adult services, a majority of whom are young people who have a learning disability.

In 2011/12 there were 83 people aged 18 to 24 years who were eligible for services, many of whom would have come from Children and Young People's Services. Most of this number have person centred support plans.

A key priority for the transition team is to undertake early identification of young people with disabilities through the transitional protocol, that enables us with the support of education to actively engage hard to reach groups, such as the travelling community; young people with sensory impairments and physical disabilities, and those young people who have parents with learning disabilities and people from ethnic minorities.

It is also important to acknowledge that stages of transition may occur in later life, such as in middle age when family carer's are older and may become too frail to look after their adult son or daughter. The loss of a family carer may also trigger significant changes in the life of someone with learning disabilities. More people are transferring into older people's services at age 65 which requires closer working between the Learning Disability Partnership and older people's services to ensure a smooth transfer.

## **Physical disability and sensory**

Up to 20% of people with a learning disability aged 24 and above have some form of sensory impairment (JSNA 2007-08). In this instance, or where someone with a learning disability also has a physical disability, case responsibility will usually rest with the Learning Disability Partnership and there is a joint working approach between services to ensure the right specialist support is accessed.

The physical disability service supports the social care needs of disabled people aged 19 to 64, including people living with HIV and terminal illness. Sensory services support the social care needs of adults aged 19+. Sensory services provide visual impairment and deaf services equipment, visual impairment rehabilitation and on going communication support.

Physical disability services have introduced self directed support to all new service users and have met their target for transferring existing users. Areas for development will be the introduction of reablement services for people under 65.

## Families and Carers

For families and carers of people with learning disabilities caring is often a lifelong role. “Recognised, valued and supported: next steps for the Carers Strategy” was published by the Department of Health on the 25<sup>th</sup> November 2010 to set out a refresh and continuance of Carer Support published in the National Carers Strategy in 2008. It was published in conjunction with another paper ‘Carers and Personalisation: Improving Outcomes’ that sets out the direction of travel for supporting Carers and improving their outcomes on a personal level.”

The Cambridgeshire Carers Strategy identifies the actions that the Government will take over the next four years to support its priorities to ensure the best possible outcomes for family carers and those they support, including:

- supporting those with caring responsibilities to identify themselves as carers at an early stage, recognising the value of their contribution and involving them from the outset both in designing local care provision and in planning individual care packages
- enabling those with caring responsibilities to fulfill their educational and employment potential
- personalised support both for carers and those they support, enabling them to have a family and community life
- supporting carers to remain mentally and physically well

The Cambridgeshire Carers Strategy has been refreshed and the action plan updated to reflect the new strategy.

There is a need to support those with caring responsibilities to identify themselves as family carers at an early stage. The provision of an individual and needs led Carers assessment is an important part of the support mechanism both for previously unidentified Carers as well as the regular review and reassessment of existing/known Carers. Outcomes from that assessment process can then be identified and directly linked to specific Carer needs and which reflects the aspirations of the ‘Improving Outcomes’ for Carers mentioned above.

To ensure the best outcomes relating to the above priority support areas Cambridgeshire Carer Support services include:

- Carer Short Breaks
- Carer Peer Support Groups
- Opportunities after Caring (relating to volunteering and other confidence building initiatives)
- CrISP Training for carer’s of people with dementia
- ICER – Emergency Planning Service for Adult Carers
- Emergency Planning Service for Young Carers and Parent Carers
- Parent Carer Web Forums to provide a peer support mechanism
- Planned Countywide Activities
- Health and Wellbeing Training (e.g. Back Care, Stress and Anxiety Management)

- Primary Care support including GP Prescription Service which offers Carer Breaks and information to Carers
- Provision and access to Information and Advice that is relevant, timely and helpful. For example, Quarterly Carers Newsletter, Carers Information Directory, 'Your Life Your Choice' dedicated Carers web pages.
- Carers Direct Payments (formerly Carers Grant)
- Advocacy service

Different caring relationships provide different challenges. Of specific concern in Learning Disability Service provision is the early identification of individuals who themselves have a Learning Disability and were previously cared for by their parents. As parents age the service users themselves are now required to take on the role of Carer to their aging parents, therefore there is a dual and mutual caring role which can bring added stress and anxiety.

Improved access to and development of the carers' emergency plans and commissioning of flexible, responsive short-term support services will support provision of appropriate care and support during a period of crisis and unplanned need. In order to do this it is important to engage fully with people with learning disabilities and their families. This is carried out through the Carer's Partnership Board and the Learning Disabilities Partnership Board, which meet regularly and are attended by people with learning disabilities and family carer's

## **Assistive Technology**

Telecare and telehealth supports people to remain independent in their own homes while reducing avoidable admissions to hospital and residential care.

The Department of health's evaluation of the 'whole-system demonstrator', published in June 2012, found Telehealth is associated with lower mortality and emergency admission rates. This report provides evidence of the cost effectiveness and savings potential of using equipment and adaptations across health and social care.

Training in telecare is available across Cambridgeshire and care managers need to ensure this is accessed and embedded within the assessment process. There is a need to raise awareness of the outcomes possible through the use of assistive technology. Telecare needs to be more fully established as an integral part of initial support planning for any person who is eligible for community care services.

There is a significant under-use of telecare in LD services, which is limiting the range of service solutions that are available. This means that opportunities for increased independence and efficiency are being missed. Consideration should routinely be given to the use of assistive technology earlier in the assessment and support planning process to improve effectiveness and prolong independent living. A 'Champion' for assistive technology within the integrated learning disability team is being developed.

The Assistive Technology and social care strategy identified cost effectiveness to be found in three areas:

- The greatest savings are found where informal carers are enabled by assistive technology to manage without the need for night time professional carers (ODI, 2007)
- The most significant savings of home care costs are mainly found for younger disabled people compared with frail older people. For younger people the adaptations pay for themselves in reduced home care costs between a few months and three years and save £1,200-£29,000 per annum.
- The other savings for social care are made in costs of residential care. Research and case studies show that investment in assistive technology where this make independent living possible usually pays for itself in 12 months or less and saving £26,000 to £80,000 per year (ODI, 2007).

Assistive technology has been utilised within some of the learning disability supported living environments which has removed the need for 24/7 staff support. In addition the Learning Disability Partnership in 2012/13 recruited one full time assistive technology worker in order to exploit the benefits gained from the increased independence and cost effectiveness that assistive technology brings. This initiative is planned to continue.

## Health

Keeping healthy and well is very important for us in Cambridgeshire. We have promoted Health Action Plan's (HAP) and 91% of patients who have a learning disability have had access to a health check in the last year. 83% of GPs practices are registered on Local Enhanced Schemes. The number of patients with a learning disability recorded on Cambridgeshire GP registers as at the end of March 2012 is 1666. This compares with 1714 people with a learning disability known to local authorities.

The Council and the PCT undertook and evaluated a number of key pieces of research in 2010 which has informed the priorities for the coming years. These are:

- The Health Equity Audit
- The Six Lives Audit, Getting it Right
- The Health Self Assessment

A number of gaps were identified through this research. These included:

- Accessible information about health
- Support for people to use community and acute hospital services, especially Accident and Emergency
- Training for mainstream health professionals, especially in acute services
- Making sure that acute and primary care pathways include people with learning disabilities
- Making sure that health needs form part of transition planning
- A need for stronger partnership and governance arrangements between the shadow CCG/PCT and the Council at both operational and strategic levels.

- The need for improved management of long term conditions, as about 90% of people with a learning disability are on at least one Quality Outcomes Framework register for other long term conditions.

The Cambridgeshire and Peterborough Clinical Commissioning Group has also initially identified the following key gaps and priorities for improvement for people with a learning disability:-

- Information-sharing, including more accurate registers between primary and social care, ensuring that people with learning disability are recognised within local hospitals, hospital passports are used, reasonable adjustments are made, and information is accessible in easy read format. Ideally, all relevant information will be in one place.
- Monitoring of health outcomes across primary and secondary care, so that underperforming services can be more easily identified and remedial action taken. This could include education and training as well as making better adjustments.
- Systems are in place at all local hospitals to identify people with learning disabilities. There are liaison nurses, and reasonable adjustments are made including accessible patient information
- Making best use of the health staff within specialist community teams. This includes offering advice and support to other members; establishing the most effective forms of communication; specifically addressing those with challenging behaviour or high-support needs and generally clarifying their role.
- Ensuring that the service redesign of local mental health services addresses the needs of people with learning disability, particularly as regards access and information
- Provision of community services for obesity, hearing and visual problems
- Working with local pharmacists to improve support to family carers and people with learning disability

With the emergences of clinically led commissioning there is a need to work with the GP commissioning clusters to ensure equitable provision and targeting of services for people with a learning disability, with particular focus on those with specialist health needs. Good health facilitation and use of health action planning is important in order to inform decision making. This is being facilitated by the GP mental health and learning disability leads network.

The opportunities to improve health and social care outcomes, through an increased public health role for local Authorities and the strategic potential of Health and Wellbeing Boards is welcomed and should be developed to it's full potential by all partner agencies.

## **Housing**

Access to housing and support is one of the priority areas in Valuing People Now (DH 2008). We know from both national evidence and local consultation that people want:

- a secure and homely place to live;
- to live alone or with people whom they choose and like to be with;
- sufficient levels of support to live full lives in their local community.

Whilst some individuals live in residential or nursing care current trends are to access mainstream housing opportunities. In general, people want choice about the type of accommodation, where they live and whom they live with. Current demand for both housing and support outstrips available resources.

The Learning Disability Partnership Board has contributed to the Disability Housing Strategy to raise awareness of the housing needs of people with learning disability.

We recognise locally that we could do more to make sure the people with learning disabilities have housing of their choice. This will mean embedding the principle of an 'ordinary house in an ordinary street' in all person centred plans and support plans from transition to self- assessment and at review. Links between the Learning Disability Partnership and District Councils, who are key housing enablers, should be improved.

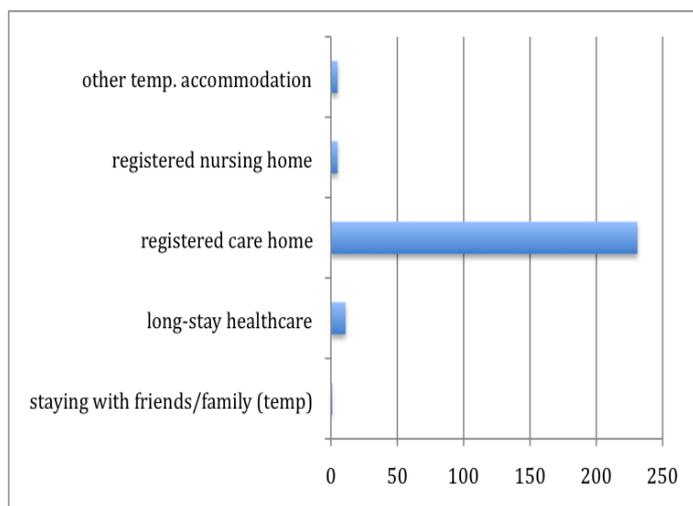
Staff are making referrals where appropriate to the countywide multidisciplinary floating support service so that people can live in mainstream housing with floating support to meet some of their needs.

Learning disability is recognised as a user-group eligible for extra care housing. This is a vehicle by which the needs of older people with learning disability can be delivered and by which improved outcomes can be achieved.

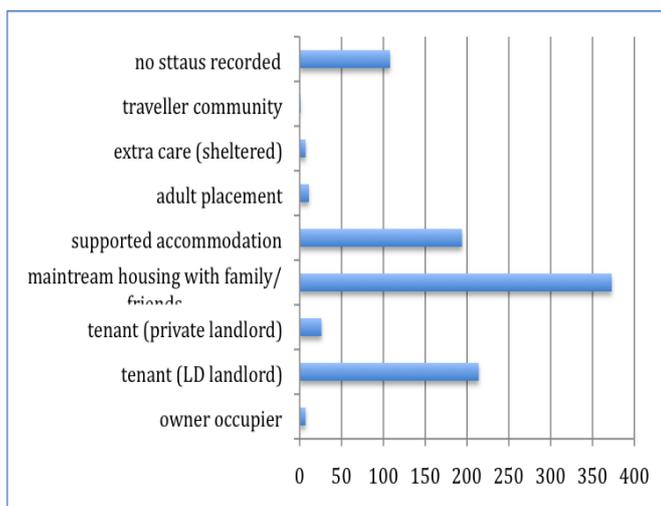
Of the known learning disability community, 941 people live in settled accommodation, the majority of whom (39%) remain at living at home. 253 are in unsettled accommodation, a vast majority of which is residential care (91%). Other services received are day care, support for employment, accommodation & transport, telecare, equipment for daily living and adult placement and housing related support provision.

In Cambridgeshire over 91% of those in unsettled accommodation reside within registered care homes. 72.7% of people with learning disabilities are in settled accommodation, which is above county's comparator group (64.1%) and also above England's average (69.9%). 39% of who remain living at home with family or friends.

Unsettled Accommodation



Settled Accommodation



The integration of supporting people investment into the learning disability budget from April 2013 has given an opportunity to align housing related funding with social care. The future route for provision for learning disability would be aimed at skills transfer and floating support: moving away from shared housing to independent floating support; moving away from specific accommodation schemes to people living in their own homes with their own friends and family.

The focus for housing related support funding is currently towards those not meeting social care eligibility criteria. This creates a challenge to move from funding currently committed in long-term accommodation services in to more preventative services. The rent caps for Housing Benefit purposes may disadvantage those in supported living services where the cost of renting a staff flat or room is shared between tenants thereby increasing rent levels. However a recent court judgment has emphasized that local authorities must take account of the needs of people with disabilities when applying the rent cap. Although Universal Credit may slow down the rate at which benefits are withdrawn for those who are able to work there will be a greater expectation that people with mild to moderate learning disabilities will work, even though employment rates amongst this group are very low.

The Alder Report (2012) which was commissioned by the Eastern Region Strategic Health Authority and included an analysis of current housing opportunities in Cambridgeshire, recommended that:

1. The out of county work to review placements and consider bringing people back to Cambridgeshire should continue
2. Greater use should be made of assistive technology to benefit people at home
3. The capacity of the Adult Placement Scheme should be expanded in order to increase housing options
4. People who are receiving 24/7 care should be reviewed to ensure it is still appropriate.

These recommendations are reflected in the Action Plan in Appendix 3

## **Employment**

A recent Voiceability Speak Out Council confirmed that people with learning disabilities want:

- The right to get part-time work, voluntary work or work experience as well as a fulltime paid job dependent on their wishes.
- To get information about opportunities and schemes that provide support.
- To get advice about the impact on benefits.
- To get training and work experience that leads to real work.
- To get support with “getting ready for work”, like job clubs.
- To have support when looking for work and applying for a job. This would include support in interviews and when in work.

In Cambridgeshire, about 5% of people with learning disabilities who are in receipt of social care services are in paid employment. On the indicator measuring the

employment outcomes for people with learning disabilities, Cambridgeshire is slightly below its comparator group (6.3%) and below England's average (8.4%)

We want to increase the number of people with learning disabilities who can economically contribute to the County by increasing the number of people in work and exploring better use of social enterprises. This is being addressed through the work of the 'What I Do' sub group of the Learning Disability Partnership Board. The group have carried out a survey of employers who may be interested in employing people with a learning disability or those on the autistic spectrum. This information has been collated and made available to people with a learning disability or on the autistic spectrum and their family carer's and other support networks. The County Council will work with providers to ensure they are employing people within their organisations.

The Council recognises the needs of people with disabilities and the importance of health to employability and well-being. The movement towards Work Capability Assessments and the production of 'fit notes' by medical practitioners, which highlight the work that people can do, with the right support, is an important part of the agenda that is being taken forward by the Departments of Health and Work and Pensions. Issues arising from local implementation will need to inform any local work and skills plan.

We need to build upon the services and expertise that we have and develop a clear employment pathway for people. This will mean embedding the principle of employability in all person centred plans and support plans from transition to self-assessment and at review. In order to do this, we will need to further review what happens in transitions, what people do during the day, evening and weekend, including college, and the opportunities and barriers to paid work and voluntary work.

## **Personalisation**

In the year 2011-12, 30% of those assessed as eligible for support were in receipt of a direct payment and personal budget. For other people services continue to be commissioned as an arranged budget or spot purchased.

Developing a more personalised agenda for people with learning disabilities will mean many services within the County going through a period of change and will, in some cases, require de-commissioning, from providing traditional methods of service delivery to services which are more innovative and person centred as advocated in 'Valuing People' and 'Valuing People Now'. This needs to be done jointly across all commissioners so that gaps in services are identified, duplication is prevented and most effective use of resources is explored.

Internal working procedures and processes are also impacting on the market, reinforcing the current market share and depressing market development by the lack of demand for new types of services. For example, contracts that are negotiated by practitioners on an individual basis with providers do not always achieve value for money and may reflect the type of services on offer rather than what an individual may wish to purchase. This is an inefficient and ineffective use of resources and works against the principles of personalisation and choice.

A lack of effective transitions planning can put pressure on residential care budgets over a longer period of time and there is evidence that some reviews are failing to promote independent living and the potential for change. These result in inefficient support that does not enable effective outcomes. Inadequate or delayed support to carers sometimes leads to family breakdown and crises that are resulting in more expensive care needs. A vision has been developed in Cambridgeshire to ensure a smoother and more person-centred transition to Adult Services between the ages of 14 and 25 years of age.

A full menu will be developed setting out how people's needs can be better met in the future based on a person centred model of service delivery. This requires a shift of services, particularly day services, accommodation and some health services, to one which continues to embrace the concept of inclusion, and in particular adopts as the norm, person centred and self directed services as well as the use of personal budgets.

Safeguarding is a high priority within Adult and Community Services and the Learning Disability Partnership. As part of this we will need to make sure that people are safe wherever they go. We will work closely with our Community Safety Partnership to make sure that the needs of people with learning disabilities continue to be addressed in the Community Safety and Hate Crime Strategies. We already work closely with the Safeguarding Adults Board responsible for monitoring and implementing the "Six Lives Audit – Getting It Right". The Learning Disabilities Partnership Board reports directly to the Safeguarding Board on safeguarding issues as they affect people with learning disabilities.

Work is currently underway to improve the recognition of abuse through the development of easy to read information and awareness sessions for people with learning disabilities. The Safeguarding Adults Board will also provide regular reports to the Learning Disability Partnership Board.

## **Value for money**

Demographic change and financial pressures are combining to create tough times for adult social care. The general population is ageing; by 2015 18% of the population will be aged over 65. People with a learning disability are living longer; spending on their needs will increase between 3.2% and 7.9% a year to 2026. Cost pressures on adult social care have increased while central government funding to local authorities has been decreasing.

Unit costs vary significantly. Some of this variation may be explained by differences in the needs of people or by difference in the quality of services provided. High quality, timely data is essential to inform decision making. We need to ensure we are capturing and using good quality data on the costs of service provision.

People using a personal budget need to access quality-assured services. There is more work to be done to ensure this information is available and that the market is providing services that people want. A more flexible and responsive provider market is required.

Local authorities continue to be challenged in making the best use of resources, balancing user expectations and delivering quality outcomes within the priorities of wider local authority and NHS services whilst also meeting central government

expectations. This means the LDP needs to deliver efficient, effective and economic Adult Social Care (ASC) and specialist health care in an affordable and accountable way.

The review of people in high-cost placements and out-of-county will continue and coincide with the need to develop alternative and community-based housing within Cambridgeshire. In December 2012 there were 153 who live out of the area, at a cost of over £10,500,000 per year.

## **Winterbourne View**

The Government's recent response to the Winterbourne View investigation emphasises the importance of reviewing out of county hospital placements and recommends that people are given the opportunity to come back in county unless there are specific reasons for them to remain. The Department of Health mandate to the new NHS Commissioning Board and the concordat agreed with key national stakeholders states that:

'The presumption should always be that services are local and that people remain in their communities'

The Government's response also states that a pooled health and social care budget is the preferred means for the delivery of local services. Cambridgeshire already operates a pooled health and social care budget therefore is in a good position to plan and deliver a range of health and social care provision in the county.

In accordance with Government requirements, Cambridgeshire will:

1. Create and maintain a Register of specialised hospital placements
2. Implement the out of county policy in terms of enabling people to 'come home' using the agreed criteria to facilitate that process.
3. Regularly review out of county placements to determine whether needs are best met in or out of county
4. Develop services in county so people can return to local services which offer high quality care at a reasonable cost and substantially reduce future hospital placements for new people

See Winterbourne Action Plan in Appendix 5.

## **Market Development**

When the Valuing People White Paper was published in 2001, it established local Learning Disability Partnership Boards as part of its delivery mechanism. Partnership Boards were set up to bring together all the relevant local agencies and stakeholders, and to give a voice to people with learning disabilities and their family carers. The Partnership Board is a vehicle for including family carers and people with a learning disability in the development of the market.

The approach to market development will follow the lead from the 'Shaping our Future Strategy' in that people with a learning disability will receive an individual budget, supported by individual person centred plans developed through collaborative co-production. Those individuals who do not want to manage their own budget in the form of a direct payment will be able to have their support commissioned on their behalf by the LDP teams. The principles of commissioning will be to encourage independence, celebrate prevention and social inclusion through better access to universal services, and to work in partnership with providers to shape a market that is able to respond to the personalisation agenda. We recognise that people with learning disabilities will need access to additional support to ensure that they are able to make informed choices.

A series of forums were held with providers to explore opportunities around 'Market Development'. Providers wish to understand the services which the council will be looking to set up in the near future, and to understand how this work will be taken forward. A transparent and informative process is being established to ensure two-way information sharing is available. Many providers have creative ideas around the provision of support services which we need to embrace.

Providers have requested information about actual numbers of people coming into adult services, the number of shared services and the level of funding which is likely to be provided. We recognise that provider understanding in this area is vital to market development and have a clear action around how we capture data and utilize this for the purpose of informed commissioning. It is important that needs are identified at an early stage to inform strategic planning and the procurement of quality services

There is to be a significant decrease in the Adult Services provider budgets in forthcoming years, on top of decreases in the past. It is important therefore that the local provider market is functioning in the most flexible and efficient way to ensure that this reduced funding does not impact on the quality of life of people with a learning disability or those on the autistic spectrum. The market will need to be developed to ensure that it is in a position to offer a wider range of services, as appropriate to the outcomes of the current reviews.

Partnership Boards are now part of a new governance structure aligning to the activity of Health and Well-being Boards.

## **The future model for services**

The broad approach underpinning the future model for the delivery of services will be, as for all adults, based on self directed care, including assessment and supported self assessments, personal budgets and personalised services, combined with the care pathway approach. This document does not set out the assessment and care management process in detail as this is set out in other documents outlining the new customer journey for all service users receiving adult social care services.

Furthermore, the model needs to align with Prevention and Early Intervention Strategy and be based on the DH framework with 5 key elements of intervention:

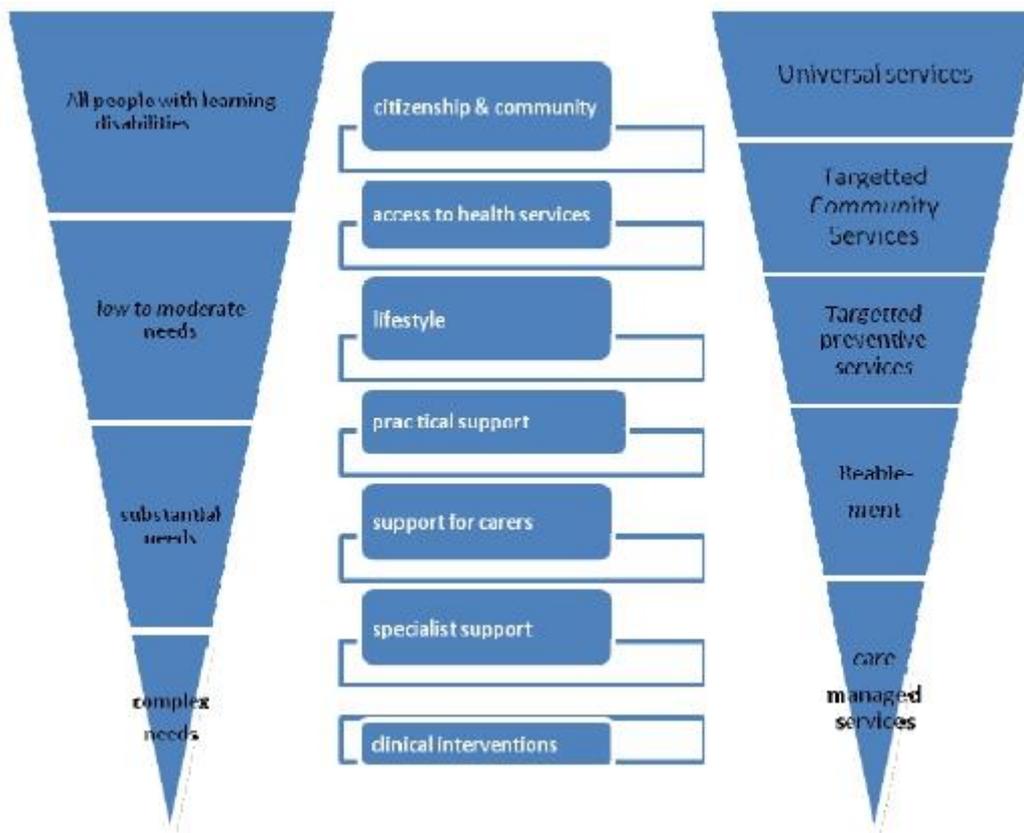
- Promoting health and wellbeing
- Maximising independence and functionality
- Delaying or reversing deterioration
- Reducing risk of crisis or harm
- Providing care and support closer to home

This aligns well with the care pathway approach, which is recognised best practice within learning disability health services. Care Pathways are a means of determining locally agreed multi-disciplinary practices based on guidelines and evidence for a specific service user group or need. An agreed sequence of procedures ensures better management of clinical processes and outcomes for service users & patients. Good care pathways ensure a high quality patient/service user experience, improve team working across providers, avoid duplications and ensure improved continuity of care. Though commonly used within health, integrated care pathways improve both health and social care outcomes and can be applied to any type of process. Care pathways for people on the autistic spectrum have been developed through the work of the Autism Consortium.

There is an agreed Transition Pathway for young people in transition from children's to adult service and for adults to older people services. People with learning disabilities will also benefit from other care pathways that are in place, such as COPD, cancer and the new customer journey.

In line with government policy, adult social care services provided to people who meet the Fair Access to Services criteria will be limited more effectively to those people who cannot be supported through universal services and targeted community services. The support and assistance available to people must first and foremost keep them safe from abuse irrespective of where they live, will involve people in decision making, and will promote choice based on clear and timely information. Services will focus on retaining and regaining people's place in the community, avoiding wherever possible institutional forms of care and based on the least intrusive options available. This will require adult social care services, other council services and health services to be integrated and co-ordinated.

This is illustrated in the inverted triangle, which highlights the types of interventions needed to achieve key outcomes against each level. It should be noted that the definition of needs (low/moderate; substantial and complex) does not relate the diagnosis of mild/moderate/severe/profound learning disability as a person with a mild learning disability may well have complex needs due to a combination of other factors, such as mental illness.



The aim is to ensure that all people with learning disabilities can access universal services – that is mainstream acute primary and secondary care and the full range of public services that are available to all. Some people will also need to access targeted community and preventative services that are available without an assessment, and could also be purchased using personal budgets. For those people requiring a needs based assessment, the first step is to access reablement and intermediate care services with a focus on trigger points within the customer journey. Those with higher levels and complexity of needs will need to access specialist services – which again can be purchased using personal budgets. Reablement is utilised across older people services and within physical disability. It is not yet clear how effective this approach may be for learning disability.

However, this approach aligns well with the Stepped Care Model for mental health, and people with learning disabilities and mental illness should access mental health services in the same way as anyone else with mental ill health.

Current services are largely reliant on more traditional service models with high numbers of people with learning disabilities living in residential care compared to other areas. Day services are being modernised with the aim of using buildings more effectively. At the same time the development of community based opportunities will take place and will result in smaller scale, localized services that will continue to provide group activity rather than more individualized access to community activities.

Social Training Enterprise services have recently been reviewed and Cambridgeshire is an exemplar of good practice with some innovative projects in place. The short breaks strategy recommends more person centred and innovative approaches. Current provision, both provided in-house and purchased from the independent and voluntary sector includes:

- A wide range of residential home provision across all levels of need and cost, and some nursing home provision.
- Shared Lives adult placement scheme
- Day services provided by in-house Community Opportunities service, largely group based in local areas and Access All Areas for people who challenge
- Day activities, community support and employment services provided by the voluntary sector
- Some independent sector respite care beds and a small flexible community based respite service
- Community support services for people living in their own home
- Community health services and in-patient facilities provided by county-wide NHS Trust

In recognition that Cambridgeshire will continue to be challenged in making the best use of resources, balancing user expectations and delivering quality outcomes within the priorities of wider local authority services whilst also meeting central government expectations, we will take into account the recommendations of the Alder Project.

Cambridgeshire will be informed by the Alder Project about how we are using our resources to meet the needs of people with Learning Disability and to identify opportunities for improving the cost effectiveness of the current pattern of service provision. Particular emphasis will be given to opportunities to use supported living and assistive technology based alternatives to residential care and to use early intervention and preventative approaches.

To achieve the vision for the future model of services requires current services to be remodelled as follows:

Services need to move from:	To:
High cost residential care	Extra care housing Intensive supported living packages Limited specialist residential/nursing care Improved health outreach and step down Services Intermediate care
Medium cost residential care	Sheltered housing Supported living opportunities Group homes/shared tenancies Specialist Health services Intermediate care
Low cost residential care	Sheltered housing Supported living opportunities Increased support for carers and families Supporting people style floating support Shared Lives
Buildings based respite care beds provided by Local Authority and independent sector	Commissioned short breaks services including some independent sector bed provision, holiday breaks, and home based support
Home care services	Community support packages
Day Care	Progression Model Community support services Low level preventative services Supported employment
Specialist health services	Improved access to primary care dental etc Reduced inappropriate acute admissions Create Personal Health Plans Create End of Life Plans

## Commissioning Priorities 2014 - 2017

All potential commissioning priorities have been mapped against key Council and NHS documents, user and carer views, and performance benchmarking. Priorities have been grouped under 5 key themes and represent the high level analysis of potential commissioning intentions over the next 3 years, recognizing that work will need to be targeted on those priorities that will impact most on the transformation of services to meet the vision and outcomes identified earlier in this plan, address key areas of poor performance and meet efficiency targets.

The long list of priorities includes (in no particular order)

### Review learning disability community health services

- a. Integrated care pathways that support the specialist needs of individuals
- b. A Multi Disciplinary Team approach to meet the needs of people with a LD and a MH difficulty, including those with challenging behaviour. Assess whether any additional crisis response capacity is required
- c. address the needs of people with Autism who have a learning disability
- e. ensure the needs of people from ethnic minority communities are met
- f. provide an advisory, supportive, and enabling service to people with Learning Disability, their families and support workers
- g. provide specific advice on matters of particular relevance to people with Learning Disability, e.g. establishing the most effective and appropriate forms of communication, the development of living and self-help skills, help with parenting skills.
- h. specifically address the needs of those with a Learning Disability who also; require assistance with eating and drinking and are at risk of malnutrition due to poor food intake, and/or choking and aspiration because of swallowing difficulties; have complex and problematic epilepsy (in collaboration with neurology services); those whose behaviour may, or has, brought them into contact with the criminal justice system consequent upon being suspected, charged and /or convicted of an offence
- i. Carry out the actions agreed as part of the 2012 annual health self assessment (See appendix 2)

### Increase availability of supported living opportunities and reduce residential placements

- a. Residential re-provision (moving on) programme
- b. Development of new services to meet future demand
- c. Meeting needs of young people in transition

- d. Repatriation of people from out of area, with particular focus on individuals placed in hospitals
- e. Planning for older age in terms of Housing and care needs

Support people with learning disabilities and their carers to take up and manage direct payments and personal budgets

- a. Develop the market to ensure high quality and flexible support
- b. Continue to prioritise self directed support through assessment and review
- c. Provide accessible information through the 'Your Life, Your Choice' website

Redesign and redevelop the range and availability of community activities and short breaks services

- a. Improve access to employment
- b. review and monitor current contracts
- c. Continue to implement the day opportunities modernisation programme

Develop a wider range of community support services across the continuum from prevention to intensive support

- a. Access to prevention services and low-level support
- b. Support for carers and targeting older carers
- c. Support for people in transition
- d. Support for parents who have a learning disability
- e. Support people at risk
- f. Access to information

Prioritise the review and scrutiny of assessments, placements and support plans within the Partnership.

- a. use of person centred tools
- b. quality monitoring and quality assurance
- c. engagement and social inclusion
- d. effective reviews against quality outcomes

## **The Progression Model and Preventative Services**

Some of these priorities will be met or partly met through other initiatives – for example the transformation action plan and increasing uptake of direct payments. The Carers Strategy implementation plan will address issues relating to supporting carers.

The top **4 commissioning priorities** for the next 3 years are therefore:

- **Development of a model of progression so people move through services rather than being 'stuck' in the same service for year after year. Enhance accessibility to mainstream services as this will contribute to the prevention agenda.**
- **Reduce reliance on residential care and develop more supported living options.**
- **Bring people back from out of county placements, particularly hospital placements.**
- **Maintain the momentum of local work to improve health outcomes for people with a learning disability.**

To deliver these priorities the following **actions** will be taken (as outlined in the action plans attached):

- √ The refocus of **services** that support people wherever they live and avoids unnecessary admission into hospital
- √ The development of an **enablement service** for people coming out of hospital
- √ Development of the **supported living model** for both new service users and to move on those already living in residential care
- √ The redesign of the **residential care model** for adults of working age, based on the premise that no one is placed permanently within a residential establishment
- √ Development of a **progression model** to enable people to 'move through' services
- √ Embedding the work of the **out of county project** in day to day practice to ensure as many people as possible are placed in high quality local services that offer value for money.
- √ Consolidate the use of **Assistive Technology** to ensure greater independence

Community support services provided by the learning disability partnership will be re-focused to support the development of a progressive model and new ways of working with a refocus of specialist health provision to support independence and low level prevention and reduce the need for high level intensive services. This will include rolling out integrated health & social care pathways developed county wide, ensuring these meet local needs. Service specifications for the specialist health services in the LDP will be reviewed in partnership with Cambridgeshire and Peterborough Foundation Trust as the employers of those staff to ensure that the health resource is mapped against service needs.

Specialist services for people with Autism will be extended and developed in partnership with other stakeholder organisations and access to mainstream services will be enhanced. (See separate autism action plan at Appendix 4.) Historic day services that no longer fit with current practice and personal budgets will also be decommissioned, in

line with the strategy outlined below relating to the future provision of community support services.

## **Residential Care and Supported Living**

The model for residential care for people with learning disabilities will be redesigned and based on a progression model. The work of the out of county project will be embedded in day to day practice and will aim to move existing residents out of residential care, and through the development of Supported Living options, reduce the number of future residential placements. However, it needs to be assumed that most, if not all, of existing residents will eventually move on, to live in their own homes. Though residential placement will reduce significantly in future years, an approach needs to be adopted that assumes that any new residents will not be placed “for life” but would actively work towards moving on.

In addition some people moving out of residential care may receive an outreach service with residential staff working alongside community staff during the transition period.

The future model for preventative support will be based on a mixture of 2 elements:

- Low-level flexible support from the voluntary sector provided as targeted community services, and linked to accessing universal services, social interaction and self help support. Service users may also wish to use personal budgets to purchase this type of service.
- The use of personal budgets to purchase a range of community support services provided externally to the council that increase people’s chances of moving onto employment

This work will require:

- Development of a new pathway for residential/nursing care
- A new service spec and contract
- Working with residential providers to change working practices and retrain residential care staff
- Encourage providers to diversify and offer outreach services

People moving on will therefore receive support whilst still in residential care, followed by a period of more intensive support following discharge to their own home. This will be critical to success as a significant number of residents have been living in residential care for long periods and need to develop daily living skills and confidence.

The future model for supported living will be further developed to include a wider range of types of accommodation and levels of support as current provision of supported living services tend to be based on the more expensive models. This will include:

- Pathways for both accessing housing and accessing community support packages
- Development of a new service specification
- The range and type of accommodation will be based predominantly on individual tenancies/home ownership with possibly some limited buildings-based “supported housing” schemes of a “sheltered” nature
- A wider range of levels of support will be commissioned from providers

including Key Ring schemes, floating support/low level support as well as more intensive outreach services (health & social care) for people who challenge, both of which are gaps in current provision.

- The model will be based on a low level/low cost core support service (floating support) and the use of personal budgets to cover additional community support when required.

Currently we are reliant on the more expensive models of Supported Living options for people with LD and current arrangements will be reviewed to achieve better value for money. This could be achieved through:

- Application of Care Funding Calculator to high cost Supported Living packages
- Reassessment of need, revised service specs and negotiations with existing providers or retendering
- Commissioning Key Ring schemes and floating support

## **Support planning**

It is recognized that the person centered support planning process requires skilled and dedicated support to ensure that the client remains at the heart of the planning. There is a need for facilitators to be innovative, flexible, responsive and have an ability to 'think outside of the box'. The Alder report highlighted the need for support planning to be more progressive and aimed at planning for more choice and independence. This can be achieved through incorporating these requirements in the workforce development strategy.

## **Improving Health Outcomes**

- Continue the regular monitoring of work by each local NHS service provider to improve access to services as set out in the Annual Self-Assessment Action Plan attached as Appendix 3
- Ensure information sharing between all NHS services
- Ensuring the right information is collected to be able to analyse service developments
- Monitoring of health outcomes to identify areas of poor patient experience
- Access to Dental and Optometry , hearing and obesity etc
- Intelligence gathering /complaints/compliments

## **Resource Implications**

### **(a) Financial implications**

The commissioning plan will result in a shift from investment in residential care and

high cost placements to targeting resources on the provision of a more progressive model and an increased range of community support/supported living services filling the current gap of a lack of low-level support services. Planned redesign between 2014 and 2017 will include the following key changes, which will be planned into a three-year programme.

Restructuring of services to reduce the number of residential care placements and increase the range of supported living options will impact on budgets and activity by:

- ✓ reducing the costs of out of county placements
- ✓ reducing the total number of high cost placements
- ✓ reducing medium cost placements
- ✓ reducing low cost placements

This may require short term investment for health and social care staff to carry out more focussed work with people currently in residential placements that wish to move into supported living options, although the exact method of delivery will be determined by the outcomes of the Alder review planning process. Getting the model right for supported living will also reduce the cost of existing high cost supported living contracts by replacing them with more flexible needs based models. Investment into the commissioning of new and existing floating support services and 'Key Ring' services will provide lower level support options within the community; reduce any current over-provision and target resources more effectively to maintain independence.

The impact of personalisation and modernising day services in line with the plans for better community support services will include:

- Increased access to and use of assistive technology to promote independence and security
- Development of more progressive models of care, which maximise independence and self reliance
- Increased community opportunities from voluntary sector
- Redesigned day/resource centres
- Use of mainstream community resources

To summarise; resources will need to be invested in moving people through accommodation based services where possible, to enable people to retain their independence and avoid unnecessary admissions to residential care.

## **(b) Market development implications**

The commissioning plan has significant implications for market development. There will be a reduced need for residential provision and a need for increased capacity in the voluntary and independent sector for the provision of care packages and community support services that support people's independence. The use of personal budgets will see a culture change with a reduction in large block contracts and "in-house" provision and replaced by a greater market mix and more flexible services that people will choose to spend their money on.

Current residential providers will need to change the way they work and diversify to provide outreach and community support services that either replace or supplement a smaller residential market. All independent sector and voluntary sector providers will need to develop new ways of working to respond to the new demands of people using personal budgets. Delivery of the plan will be dependent on the ability of the third/ independent sector to respond and develop capacity.

### **(c) Workforce implications**

The workforce implications are not significantly different to those set out in the existing Workforce Development Plan, including:

- A greater role for mainstream staff in primary and secondary health care and public services
- Development of new skill mixes within integrated services. Community support staff needing to be multi-skilled and able to support people with learning disabilities with higher levels of need and complex needs.
- Development of a learning plan for workers across sectors, including family carers and those directly employed by individuals, around responding appropriately to people who require positive behaviour support is required. This needs to link with the SCiP approach, which means adopting a positive range of options to avoid crisis and use therapy as well as Strategies for Crisis Intervention and Prevention
- All staff being developed as a “public health” workforce at all levels – from mainstream to specialist roles
- Person centred approaches and person centred planning fully rolled out to all staff across all organisations with access to good and creative support planning.
- Assessment & care management staff will be required to deliver against the new customer journey and personal budgets including improved delivery and quality of Carers Assessments.
- Requirement to address current risk averse practice, ensuring that people are supported by accessing mainstream and preventative services and the lowest level of intervention required to maintain and support independence
- The significant shift from residential care to supported housing options will require local housing and support providers having appropriately skilled and trained staff.
- The shift from traditional council managed day activities to a range of community services funded from personal budgets will require existing staff to work in different ways and independent and voluntary sector organisations to have appropriately skilled and trained staff
- Training and development of personal assistants and the needs of people with learning disabilities who become employers
- The ongoing pivotal role of people with learning disabilities and carer trainers in paid employment in the areas of learning and development, advocacy, recruitment, planning and quality.
- Universal services that can respond positively and inclusively to people with learning disabilities. Considerable investment in market development and community capacity building and associated workforce requirements in relation to new roles in this area.
- Workforce development support and learning and development for both mainstream and specialist employment/supported employment services

- Development of a Carers Learning Plan to analyse Carer's learning needs and respond in a variety of ways including signposting to existing provision, multi-agency response and commissioning opportunities
- Response to the development of the Qualification Credit Framework (QCF) and changes to both Induction Standards and Vocational Qualifications
- Support for local Hate Crime initiatives including learning and development for workers and people with learning disabilities and carers delivered by people with learning disabilities.
- Response to Autism Act 2010 including work with Cambridge County Council and Cambridgeshire and Peterborough Clinical Commissioning Group to develop a learning plan across sectors.
- Development of Guidance for the Cambridgeshire Partnership Boards around promoting a full range of productive relationships.
- Development of a learning plan and learning opportunities to ensure a positive response from workers
- Develop the workforce to support the provision of community based services, including supported living services, to enable the return to Cambridgeshire of people currently in hospital placements

## Risk Analysis

The key risks are:

- Concerns about the accuracy of available data and information may impact on some of the assumptions regarding future service delivery options. There may be a need to further scope some activities to evidence that assumptions are accurate
- There will be a risk to implementation if the components of transformation across adult social care are not fully joined up – i.e. personalisation, joint commissioning strategies, efficiency plans and financial strategy plus the cultural change that is required to change practice both in the short and the long term.
- Resistance to change from existing providers, service users, carers, practitioners and politicians could all impact on delivery
- There is evidence of risk averse practice and staff anxieties about new ways of working that need to be addressed through operational services.
- Cambridge city is a net “importer” of people placed in residential care and there is a risk that residential providers fill empty bed capacity with people from outside the area with a resultant increased demand for universal and community services, and increased migration into the city on a permanent basis.
- Public sector efficiencies impact on the availability of universal services as well as reducing funding available for personal budgets
- Some new services commissioned may cost more than existing residential services. There may be a lack of capacity within voluntary and independent sector to meet demands for increased community services
- Potential gaps in the current workforce regarding the skills and skill mix to deliver new ways of working
- Transition procedure and pathway could be improved. The new Children’s, Families and Adult services directorate gives the opportunity to ensure smoother transition and to join up strategies between children’s and adults
- There may not be suitable housing in place to maximise accommodation options
- Current contracting and procurement arrangements may not be aligned to new ways of Working

### Adult Social Care Outcomes Framework 2011/12

Relevant outcome measures:

Domain 1: Enhancing quality of life for people with care and support needs

- Social care-related quality of life
- the proportion of people who use services who have control over their daily life
- proportion of people using social care who receive self-directed support, and those receiving direct payments
- proportion of adults with learning disabilities in paid employment
- proportion of adults with learning disabilities who live in their own homes or with their family

Domain 2: Delaying and reducing the need for care and support

- permanent admissions to residential and nursing care homes

Domain 3: ensuring that people have a positive experience of care and support

- overall satisfaction of people who use services with their care and support
- the proportion of people who use services and carers who find it easy to find information about support

Domain 4: Safeguarding adults whose circumstances make them vulnerable and protecting them from harm

- the proportion of people who use services who feel safe
- the proportion of people who use services who say that those services have made them feel safe and secure

