



Learning Disability Development Board Programme Plan



Document information

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Contents

Document information	2
1. Programme Definition.....	4
2. Vision and outcomes	5
3. Commitment to co-production	10
4. Stakeholder Mapping	11
5. Programme scope	11
6. Objectives.....	13
7. Drivers for change	13
8. Where are we now?	17
9. Financial Analysis.....	25
10. Building an approach to change.....	26
11. Programme performance indicators	26
12. Barriers and key issues to address	27
13. Programme timeframe and key mile stones.....	27
15. Links	28
Appendix 1 – ADASS themes	31
Appendix 2 – Policy Mapping	33

1. Programme Definition

This Programme Plan describes how the council's approach to supporting all adults with a learning disability, ranging from those with less severe needs to those with profound and multiple disabilities, will promote a strength based approach.

The progression model utilises continuous steps to promote social inclusion and increase an individual's ability to become an active citizen within their local community, to make their own choices, and have control over their own lives so that they can reach their full potential.

The work of the Learning Disability Development Board (LDDDB) seeks to ensure that people with a learning disability are in control and have clear involvement through co-design, planning and decision-making. Information will be provided so it is accessible and services are person centred.

The programme is underpinned by the 'Be in Control Charter', a document which has been co-designed and developed by individuals with a learning disability who access services in Derbyshire. The Charter states that:

- You should have a person-centred plan and have control of it.
- You should have the offer of Direct Payments.
- You should be involved in choosing staff.
- You should have the choice of being at meetings that are about you and that make decisions that affect you.
- You should help to run the services you get.
- You should be supported to do the things you want to do.
- You should be supported with your friendships and relationships.
- You should be listened to when you are worried and upset and know that something is being done about it.
- You should be able to live in a way that suits you.
- You should have help to understand things and to tell people what you want them to know.
- You should have help to stay healthy.
- You should have a choice of where you live and who you live with



In addition some examples of evidence gained through early engagement work is featured within this document in purple text boxes to provide evidence of the ideas and concepts discussed in this document.

2. Vision and outcomes

Our vision for people with a learning disability in Derbyshire is that:

People with a learning disability have choice and control over their life. Individuals can choose how they spend time during the day and are part of their local community, accessing and enjoying all the things life has to offer in terms of leisure opportunities, sports, hobbies, friendships, relationships and employment.

To achieve this we need to co-produce a model of support which provides progression and recognises a person's potential to be an active citizen. Individuals are supported to take appropriate risks, whilst partners take appropriate steps in relation to safeguarding. The model of support focuses on utilising their existing strengths and provides opportunities for the development of skills, builds confidence and utilises support which exists within communities.

Derbyshire County Council wants to utilise the progression model, which is a person centred development approach for people with learning disabilities. The model seeks to support an individual to achieve their aspirations for independence. This means the support offered is designed to help people do as much as they possibly can for themselves. The wider system of care and support for people with learning disabilities compliments this by enabling each person with a learning disability to progress to higher levels of independence over a period of time. A person's progression is at a rate that suits them, is undertaken in ways that the person is comfortable with, and a proportionate approach to risk is considered.

Social Work Support

In line with the Care Act (2014) a key element will be the provision of quality social work support to individuals, their families and carers to facilitate person centered assessment and care and support plans. These will seek to establish eligibility and build on the individuals strengths, qualities and networks and seek to assist them to establish lifestyles of their choosing in their local communities which are in keeping with the aspirations and opportunities enjoyed by their none disabled peers. Central to this will be identifying the eligible needs and aspirations of the person in the ten Care Act outcomes areas.

These are:

- Managing and maintaining nutrition
- Maintaining personal hygiene
- Managing toileting needs
- Being appropriately clothed
- Being able to make use of the home safely

- Maintaining a habitable home environment
- Developing and maintaining family or other personal relationships
- Accessing and engaging in work, training, education or volunteering
- Making use of necessary facilities or services in the local community including public transport and recreational facilities or services
- Caring out any caring responsibilities the adult has for a child

(Care Act 2014)

Person Centred tools such as 'This is Me' will be used to establish what is '**important to**' and 'important for' the person' not only at the present time but also to identify what information, experiences and opportunities are necessary to enable more informed decision making and longer term planning. This will also involve ensuring the necessary actions are taken to maximise the person's ability to participate in the process including the assessment of mental capacity, provision of independent advocacy or ensuring the participation of people with the necessary skills to support people with Autism or sensory disabilities. In addition the person centred assessment will identify where necessary an indicative budget which is a provisional amount of money that we agree is likely to be required to enable the person and their family/carers to begin to develop a care and support plan

Person centred care and support plans will not only set out the outcomes the person wishes to achieve but also what has been agreed should be done and by who to make these a reality. This might include support to assist the person themselves to acquire or build on existing skills, describe the way support needs to be delivered to best meet a person's individual needs and outcomes, identify any sustainable support which can be delivered by others including informal carers, local community provision, GP or community health providers, housing and support and also set clear expectations for any commissioned services that require funding through a personal budget.

Care and support plans will also be regularly reviewed to ensure they continue to be fit for purpose, recognise and account for changes in the person's situation achievement and the need to set new goals/outcomes.

The vision for 2020

By 2020 we will have fully developed a model of care based on the a new service model focused on supporting people with a learning disability to achieve their own outcomes, as described in the vision above, and is in line with the LD Progression Wedge (further details on page 15).

In summary, the new approach will result in the following system-wide or individual outcomes:

Where people with a learning disability live

- Fewer people with a learning disability will be living in residential or nursing care homes
- There will be a wider range of housing options which offer choice, control, and flexibility and promote independence. This will include mainstream housing.
- People with a learning disability who would like to live in a family setting will have more opportunity to do so through an expanded Shared Lives scheme.
- People with a learning disability and their families will be supported to plan for the future, especially for our current cohort of older carers. This planning will start when young people with a learning disability are in transition to adulthood.
- Assistive technology will be championed and fully utilised to effectively increase the independence of people with a learning disability.
- Improved life skill and short-term support will be in place to reduce the need for long-term support.

“You don’t see/people with complex needs rarely go to Birthday parties in the same way that people without disabilities celebrate birthdays with a party?”

What people do during the day, evenings and weekends

- People with a learning disability will be able to choose from a range of day, evening and weekend opportunities that provide social interaction and exploration of ‘who we are’ and ‘what we want out of life’. These will be situated in localities and enhance opportunities for citizenship and community participation.
- Building based day services will be available for people with a learning disability who would benefit from them, it is acknowledged that it is more likely to be people with complex needs, and a smaller cohort of people than in 2017.
- People with a learning disability who want to have paid employment or voluntary work will be supported to do so. This could be through Community Connectors or the Disability Employment Team and will not depend on eligibility.
- Community Connectors will work with people whether they are eligible or not for Adult Care support, to identify what outcomes they want to achieve and support them to do so. The service will focus on those individuals progressing to adulthood.

- There will be an asset based approach to supporting individuals in their own community, recognising their strengths and the contribution they can make and challenging risk adverse practice.
- People with a learning disability who have been assessed as non-eligible for funded support will be able to access informal advice and support as and when required in order to maintain their independence.

“There are too many risks to let my daughter travel on the buses’
“People who can’t read or write can’t catch a bus?”

Family Carers

- Will be better supported through a health and social care environment which is ‘carer aware’ and therefore their needs will be identified at an earlier stage.
- In some cases, we will need to recognise that carers needs and the needs of people with learning disabilities may be different and relationships/ environments need to be nurtured which enable progression and independence where appropriate.
- There will be a more creative approach to short breaks so that more options are available including holidays and Shared Lives arrangements.

Supporting people who have additional needs

- There will be access to independent advocacy from the earliest stages of involvement where appropriate.
- There will be improved access to community therapies delivered by the NHS.
- There will be increased and timely access to preventative challenging behaviour services delivered by the NHS.
- An integrated crisis response joint approach with the NHS will be available to prevent people from unnecessarily being admitted to hospital or residential care.
- People with a learning disability have a right to quality healthcare and at times this means in some circumstances admission to hospital will be appropriate.
- Support people with a learning disability to lead as healthier lifestyle as possible, providing advice, support and guidance to individuals and their carers’ in relation to personal wellbeing, active lifestyles and tackling key health concerns such as obesity.

To demonstrate how we want to work towards achieving this vision we have included some case studies of how we have utilised the progression model to date and these are summarised on the next page:

Olivier's Story: Olivier is a 22 year old woman with a learning disability who left special school when she was 19 years old. For the next three years she lived in a specialist residential college for the next three years undertaking a life skills course. Olivier came to the end of her college funding and returned home to live with her Mother. A referral was made to Adult Care and the option of Olivier attending a formal day service was discussed, however Olivier and her Mother wanted a different outcome. Olivier had ambitions to work and to follow her dream of becoming an actress. The social worker referred Olivier to the Community Connector Service. The Community Connector worked closely with Olivier and her Mother and talked about her interests and ambitions. The Community Connector had lived in the same locality as Olivier and had developed relationships with a number of people and businesses in the village where Olivier lives. As a result she managed to organise interviews for Olivier at the local pub and café, who agreed to take Olivier on as a volunteer. After a few weeks the local pub was so pleased with Olivier's work they offered her paid work in the kitchen. Olivier has also become a member of the local theatre company and has recently taken part in production.

James' Story: James is a 21 year old man with Autism. When the Community Connector first started to Connect James he wasn't doing much with himself only a little gardening for his family. James was lacking in self-confidence and was socially isolated. James mother found out about the Community Connector Service and made a referral on James behalf. The Community Connector spend time talking to James finding out about his interests and ambitions. James said he was interested in volunteering in a garden centre or shop as gardening was a real interest of his. The Community Connector contacted 'The Range', a large home and garden store near where James lives. After an initial interview, supported by the Community Connector, 'The Range' agreed to take James on as a volunteer. At first James would go along with the Community Connector on a Thursday and Friday for three hours at a time. This built up to James' volunteering to six hours on these two days, and doing this unaccompanied. The Range were so impressed with James that they approached him to offer James paid work. James has now been working at The Range for almost a year and has fifteen hours paid work every week. James continues to be supported by the Disability Employment Service who offers advice and support to James and The Range whenever needed. James and his Mother are very grateful to the Community Connector Service. James' mother described how he has always wanted to be a working man, who works for a living. Despite supporting his ambitions, I was doubtful that they were achievable given the statistics for Autistic people in paid work and was happy for him to be involved in volunteering projects to give him a sense of worth and increase his self-esteem. The outcome is, for us, above and beyond what we could have hoped before. James gets so much more than monetary value from his job. He feels valued, useful and part of a team. To see him preparing for work, proudly pinning his name badge onto his uniform is a joy to behold.

3. Commitment to co-production

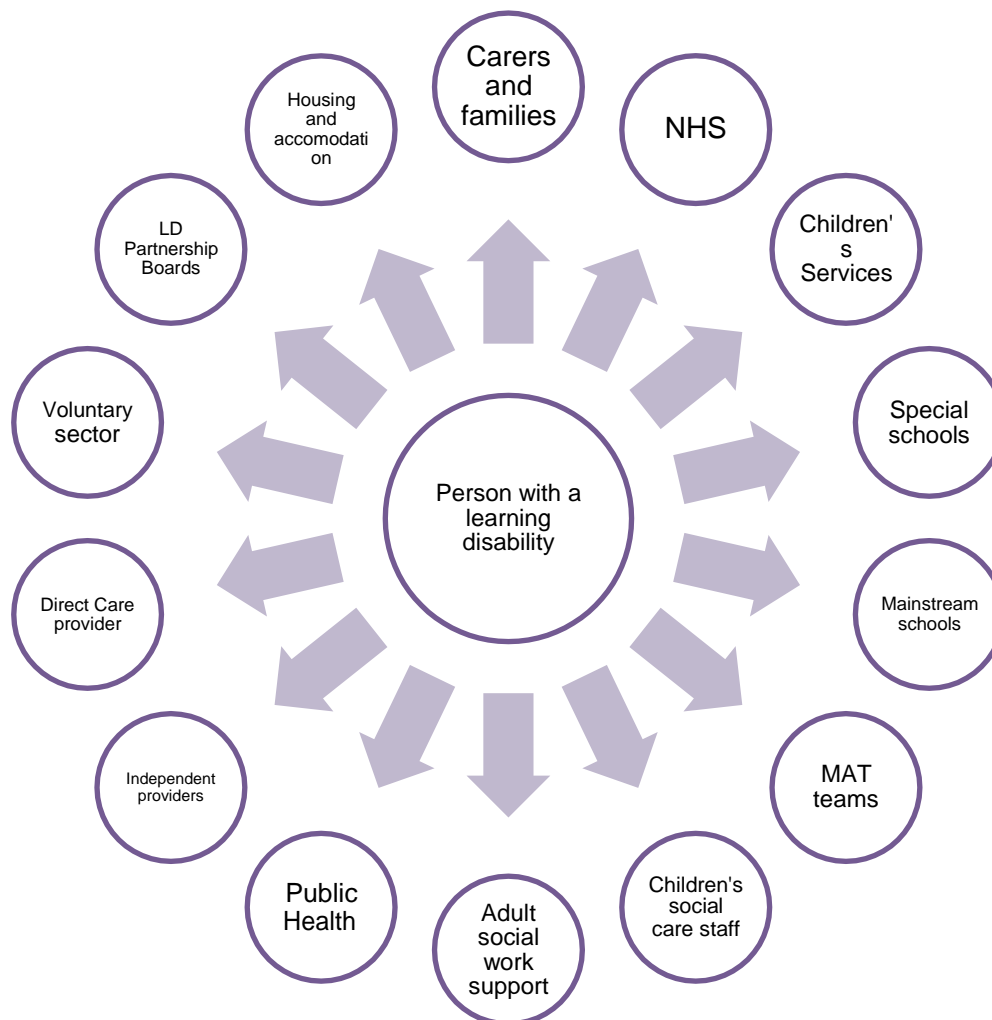
Changes to services understandably results in increased anxiety for the existing workforce, current service users and carers. Developing the progression model and promoting independence may further increase anxiety in some cases as this will potentially result in a less risk adverse approach and this may require greater sharing of risks across partners. To minimise the resistance to change it is essential that the approach seeks to build trust across both the professional network and with families, but also with wider stakeholders.

Throughout the process of change the LDDDB is committed to co-designing and co-producing approaches with people with a learning disability and their families and carers. Utilising Healthwatch's recently published guidance regarding public consultation best practice the Board will continuously check to ensure engagement takes place at an early stage and the views, opinions and feedback gathered informs and shapes the proposals which will then be subject to consultation. This early developmental phase will involve regular engagement with the Learning Disability Partnership Boards and where appropriate specific groups of people who currently receive support from us.

We will also recognise the value of case-studies and story-telling to allow us to allow us to understand and support the required culture shift within our workforce, stakeholders and carers to ensure that an assets based approach builds progression and enables a person with a learning disability to have positive outcomes in terms of the care and support they receive.

4. Stakeholder Mapping

A number of stakeholders have been identified through an initial mapping exercise, however a more detailed piece of work regarding stakeholder mapping will need to be coordinated by the Board as work progresses.



As work progresses the stakeholder mapping will be reviewed to assess, which of these groups or particular sub sections of these groups need to be kept satisfied, managed closely, kept informed and those stakeholders simply need to be monitored. This will be assessed using a high to low scoring and appropriate actions developed to ensure that groups or individuals are appropriately supported.

5. Programme scope

This programme plan outlines the role and function of the LDDDB in terms of shaping and managing a programme of work to transform our current range of services for people with a learning disability so that it moves away from a building based offer to one which provides progression. This programme will

develop an approach which enables people with a learning disability to receive support within the local community allowing them to achieve more positive outcomes. Transforming our current approach will also allow the authority to create sustainable approaches to support people in line with available budgets.

Over the last few years Derbyshire County Council has made significant progress in introducing more personalised approaches that help people to have more choice and control over the care and support they receive, enabling them to live the life they want. One examples of this more personalised approach is the introduction and use of personal budgets. However, there continues to be a lack of choice and availability of community based opportunities and an over reliance on in-patient treatment and high cost residential placements for those with more complex needs.

Specific responsibilities of the LDDB:

Throughout the programme of work, the LDDB will ensure that:

- Supports people with a learning disability to have choice and control to fulfil their potential.
- Delivers within its agreed parameters (i.e. cost, organisational impact, expected/actual benefits, timescales, social value).
- Co-ordinates individual work streams to minimise duplication.
- Tracks progress against programme timelines, targets and project plans.
- Assesses and addresses barriers to achieving progress.
- Identifies risks and mitigating factors.
- Ensures that there is effective stakeholder engagement built into the programme contributing to the direction of travel and informing the approach.
- Ensures that there is effective communication with all internal and external stakeholders regarding the programme.
- Reports to the Transforming Care Programme Board and Cabinet as required.
- Reviews and provides expert advice and input into business cases, reports and other strategic documents to ensure that their content reflects the emerging vision for the provision of services for people with learning disabilities across Derbyshire.
- Ensures meaningful participation within our services for service users and carers.

"I want to go on holiday, I want to learn to cook; I want to get fit, I want to live on my own; I want to go to a drama class; I want to learn how to play the piano; I want to make my own choice as to where I live and who I live with, I don't want my activities to keep being cancelled, I don't want my centre to close."

The Board will be supported by a number of sub-groups, all of which will be accountable to the main Board and will be required to regularly update the

LDDDB on progress against agreed actions outlined in this document and they will be monitoring against specific project plans detailing key actions which will be developed for various elements of the work.

At this stage it is anticipated that there will be sub-groups specifically looking at workforce, stakeholder engagement and co-production, finance and management information and preparing for adulthood. The role, number and purpose of sub-groups will be kept under review in line with the programme plan.

6. Objectives

The programme objectives are:

- To achieve better outcomes for people with a learning disability, their carer's and families by developing and delivering a programme of change.
- To work with key stakeholders to make the most efficient use of resources available to people with a learning disability, their carer's and families.
- To have an overview of all the projects/work streams associated with services for people with a learning disability in Derbyshire.
- To ensure key interfaces and activities are identified and the Programme is being implemented within Derbyshire County Council.
- To interface with the Transforming Care Partnership Programme Board.

7. Drivers for change

National policy changes are leading to more integrated approaches between health and social care, particularly for people with a learning disability and/or autism who have behavioural support needs. The national policy set out in Valuing People (2001) and Valuing People Now (2009) is still influential in the principles which they set out, these are:

- Rights;
- Independent Living;
- Control and Inclusion.

Change can bring anxiety but equally getting a job and raise self-esteem."

The Care Act (2014) builds on recent reviews and reforms, replacing numerous previous laws, to provide a coherent approach to adult social care in England. The Act aims to achieve:

- Clearer, fairer care and support
- The development of strength based approaches to working with people, their carer's and their communities
- A focus on delivering outcomes to support the physical mental and emotional wellbeing of both the person needing care and their carer.
- Prevention and delay of the need for care and support

- That people are in control of their care and support
- A positive approach to risk taking/management

Since the investigation into the abuse at Winterbourne View and other similar hospitals, there has been a cross-government commitment to transform care and support for people with a learning disability and/or autism who display challenging behaviour, including behaviour that can lead to contact with the criminal justice system. The national focus and direction delivered locally via the establishment of Transforming Care Partnerships (TCP), has been on ensuring:

- Individuals are enabled, supported and cared for in an appropriate environment
- Increased community capacity
- There is a reduction in inappropriate hospital admissions.

There is a clear expectation on both the NHS and local authorities to accelerate the delivery of a new model of care, locally and in partnership with a range of stakeholders, by March 2019 as part of the national transforming care approach.

Financial analysis indicates that Derbyshire currently spends more than the East Midlands average to support people with a learning disability. Therefore, the development and utilisation of the progression model through this programme of work may allow both improved outcomes and better value for money to be demonstrated.

In addition, regional peer review work led by the Association of the Directors of Adult Social Care has identified nine key themes as to 'what good looks like' in relation to these areas of practice and these are:

1. Co-production
2. Preparing for Adulthood
3. Choice and Control
4. Housing Options
5. Support for family carers
6. Transforming Care
7. Strategy and Partnerships
8. Connecting into Communities
9. Supporting people to get a job

“Getting a job if you want to: to build confidence and day centre staff help with this; everything coming together – life skills, housing, raising awareness – how they support people within community groups; people knowing where to come back to for help and support”

In addition of these themes are a series of detailed statements against which local authorities are asked to benchmark their current and emerging approach to supporting people with a learning disability, these are attached as appendix 2 to this document for reference.

These ADASS themes form the main direction of travel, in terms of identified best practice and therefore the programme of work will be developed utilising these nine areas of focus.

Underpinning this work is the locally developed LD Derbyshire Progression Wedge, which describes the current service approach and gaps:



The model illustrates the large number of resources already available from Direct Care and private and independent sector providers and highlights the known gaps. The gaps highlighted following analysis by council officers and professionals are:

- Joint health and social care **TCP crisis response** at point of crisis to avoid hospital or residential care admissions.
- **Generic crisis response**, which provides a small number of short-term/intermediate community based beds.
- **TCP outreach** that is focused on short-term joint health and social care interventions to support people to remain out of hospital.
- **Generic outreach** which provides short-term support to allow people to remain in their own homes.
- **A safety-net in community settings** where people who have been assessed as non-eligible for funded support could access informal advice and support as and when required in order to maintain independence.
- **A wide range of community based day opportunities** to provide activities and support, including social enterprise or work related training opportunities.
- **Appropriate housing and accommodation options** to appropriately

support individuals in community based settings, including for example approaches such as Shared Lives.

Underpinning the model is the more extensive use of assistive technology, personal health budgets, personal budgets and the Framework for Day Opportunities. In addition to the formal service response, we will look to build local networks of support within communities that allow people with a learning disability to access a range of activities.

The importance of a healthy lifestyle is also recognised in terms of ensuring positive outcomes. Support will be provided for people with a learning disability and their carers to understand more about the benefits of positive wellbeing, addressing key health issues obesity and inactivity. Individuals will also be encouraged to access annual health checks and also ensure that the uptake of flu vaccinations is promoted, for example.

The model aims to ensure that people with a learning disability continue to progress and build their independence. In addition it strongly aligns to the strategic intention to reduce the numbers of people entering hospital and residential care. Learning from other local authorities who have developed a progression model to support people with a learning disability recognises that:

- Carers reinforce the progression approach
- Transition for all ages focuses on progression and skills.
- Planning and practice enables progression for young people transferring to Adult Care Services.
- Commissioning shapes the market to deliver progressive approaches.
- Providers deliver and support progressive approaches, enabling people with learning disabilities to develop new skills and in line with this the provider is prepared to manage risk innovatively.
- Health interventions also support the progression model.
- Underpinning the model is the development of workforce culture, which focuses on achieving outcomes, revised procedures that supports progression alongside safeguarding.
- Appropriate gateway checks are developed to ensure that progression is widely understood, adopted and utilised across organisations which support people with a learning disability.

The model will be delivered in partnership with district and borough councils, the NHS and voluntary sector that all play a key role in supporting the development and implementation of various elements of the progression model.

8. Where are we now?

There are currently elements of the progression model in place alongside other examples of good practice which supports this approach. For example initiatives such as, Safe Places and Changing Places are already in place to support the move to greater independence within localities (Level 2 in the LD Progression Wedge).

Progress has also been made following specific work in levels 2 and 3 of the LD Progression Wedge in relation to reviews of Supported Living resulting in significant cost reduction by ensuring support is focused on independence not dependence, improved risk management and up to date review information.

The Community Connectors have been developed as a vehicle to move more people towards level 2 of the LD Progression Wedge and again this service will help people with a learning disability to have a range of support within the local community that can enable them to have as much independence as possible.

“I have a job as a volunteer in an old people’s home as a handyman....I like going on trips, enjoys going to church and helping out there. I write a newsletter with K & P”

However, we know from the work done to date that some services lack focus and others duplicate other provision leading to inefficient use of resources. This is particularly evident in levels 2 and 4 in the LD Progression Wedge.

Addressing these issues and promoting this shift in provision is a key priority for the programme.

A **policy mapping exercise** to collate the range of local and national guidance that currently shapes policy, strategy and the operational context for adults with a learning disability has taken place and this is summarised in Appendix 2.

In addition to the policy framework and assessment, Derbyshire County Council service data captures some key trends and provide a snapshot of the composition of how people with a learning disability are currently supported. A summary of key indicators and service information is provided below:

- Across Derbyshire the number of people with a learning disability in paid employment remain low.
- Derbyshire has a higher gap between those with a learning disability and the overall employment rate than that for East Midlands and England.
- Whilst many people with a Learning Disability are in settled accommodation and this has increased, it needs to remain an area of focus.

- The proportion of people with a learning disability who receive a NHS Health Check is similar to England as a whole.

Table 1: Compares the total clients between 18-64 year of age with a learning disability in paid employment and/ or settled accommodation

Year	Total number of LD clients	Number of LD clients in paid employment	Number of LD clients in settled accommodation
2010/11	1,875	20	1,115
2011/12	1,795	70	1,380
2012/13	1,625	95	1,260
2013/14	1,895	75	1,475
2014/15	1,900	30	1,688
2015/16	1,871	32	1,577
2016/17	1,836	46	1,565

Table 2: Public Health Outcomes Framework: Gap in the employment rate between those with a learning disability and the overall employment rate - 2014/15

	Derbyshire	East Midlands	England
All	72.7	70.2	66.9
Male	75.4	74.9	71.8
Female	70.6	65.8	62.3

Table 3: Public Health England: Proportion of eligible adults with a learning disability having a GP health check – 2013/14

	Derbyshire	East Midlands	England
All	47.3	47.3	44.2

In 2013, a Learning Disabilities Needs Assessment, was undertaken by East Midlands Public Health Observatory and is the latest needs assessment analysis of adults with a learning disability specific to Derbyshire. The needs assessment contains a number of key points which can inform the work of the LDDB.

- Approximately 0.5% of the population in Derbyshire are known to have a learning disability and this is similar to the national average. However it is estimated that the true prevalence is just over 2%.
- There are higher proportion of clients receiving both direct payments and services provided by the local authority than the national and regional averages. There is a lower rate of clients receiving direct payments only in Derbyshire compared with other areas.
- The proportion of people in Derbyshire is higher than the national average. The proportion of who live independently, without support from family and friends, is also higher than the national average.
- The percentage of people with learning disabilities using home care services is significantly lower in Derbyshire than Derby City, the reverse is true in use of day care services.

- The population structure of Derbyshire suggests that increasingly there will be higher numbers of people with LD reaching older age, and in other cases parents and carers of individuals with LD will themselves become older and may require additional support.

The Needs Assessment suggests that deprivation can be a key factor as higher levels of deprivation are associated with higher levels of mild and moderate learning disabilities, suggesting that services may need to be directed to the areas of highest deprivation. As deprivation is more of a feature on the eastern fringes of the county this may result in different services models being required across Derbyshire. Local data from GP practices in Derbyshire County show that people with learning disabilities are more likely to have diabetes, asthma, epilepsy or schizophrenia, bipolar disorder or psychoses than the general practice population. The median age of death where a learning disability was recorded is 59 years in Derbyshire County.

The Needs Assessment also cited evidence to suggest that levels of obesity are higher amongst people with a learning disability than in the general population, with differences being more obvious among those with mild learning disabilities and those who live more independently. Levels of physical activity are lower among people with learning disabilities and the overall nutritional content of diet, such as fruit and vegetable consumption may be worse.

Derbyshire County Council have also undertaken modelling to consider the potential change in the population of adults with a learning disability up to 2030 and this will inform the programme's work. The table below summarises key trends:

Table 4 and 5: Baseline estimates for people aged 18 and over predicted to have a learning disability, by age group, projected to 2030

	2014	2015	2016	2017	2018	2020	2025	2030
18-24 years	1,590	1,570	1,534	1,501	1,468	1,396	1,335	1,452
25-34 years	2,149	2,176	2,211	2,253	2,286	2,326	2,298	2,129
35-44 years	2,401	2,351	2,295	2,248	2,222	2,222	2,384	2,533
45-55 years	2,832	2,858	2,878	2,877	2,841	2,719	2,363	2,267
55-65 years	2,293	2,306	2,341	2,390	2,447	2,571	2,777	2,638
65-74 years	1,935	1,992	2,043	2,084	2,103	2,104	2,068	2,316
75-84 years	997	1,016	1,031	1,056	1,104	1,214	1,519	1,599
85 years and over	382	395	411	427	441	476	590	765
Total aged 18 and over	14,579	14,662	14,744	14,836	14,911	15,029	15,334	15,700

	2014	2015	2016	2017	2018	2020	2025	2030
18-64 years	11,265	11,260	11,260	11,269	11,263	11,234	11,158	11,019
65 years and over	3,314	3,402	3,484	3,567	3,648	3,795	4,176	4,680
Total aged 18 and over	14,579	14,662	14,744	14,836	14,911	15,029	15,334	15,700

Figures may not sum due to rounding

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Table 6 and 7: People aged 18 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age group, projected to 2030

	2014	2015	2016	2017	2018	2020	2025	2030
18-24 years	367	363	355	348	341	325	315	345
25-34 years	462	468	475	484	491	500	494	458
35-44 years	604	591	577	565	558	559	600	638
45-54 years	637	642	646	645	637	609	531	516
55-64 years	497	500	508	519	532	559	600	565
65-74 years	316	325	333	337	338	338	335	376
75-84 years	104	106	107	110	115	126	157	162
85 years and over	36	37	39	40	41	44	55	70
Total aged 18 and over	3,022	3,032	3,040	3,049	3,054	3,060	3,086	3,130

	2014	2015	2016	2017	2018	2020	2025	2030
18-64 years	2566	2563	2562	2562	2559	2551	2539	2522
65 years and over	457	468	479	487	495	509	547	608
Total aged 18 and over	3,022	3,032	3,040	3,049	3,054	3,060	3,086	3,130

Figures may not sum due to rounding

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Table 8: People aged 18-64 years predicted to have a severe learning disability, and hence likely to be in receipt of services, by age group, projected to 2030

	2014	2015	2016	2017	2018	2020	2025	2030
18-24 years	121	120	117	115	112	107	104	114
25-34 years	129	131	133	136	138	140	138	128
35-44 years	163	160	156	153	151	151	162	172
45-54 years	141	142	143	143	141	134	117	115
55-64 years	117	118	119	122	125	131	142	134
Total aged 18-64 years	672	670	668	668	666	663	662	663

Figures may not sum due to rounding

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Table 9: People aged 18-64 years predicted to have a moderate or severe learning disability, and hence likely to be living with a parent, by age group, projected to 2030

	2014	2015	2016	2017	2018	2020	2025	2030
18-24 years	243	240	235	231	226	215	210	229
25-34 years	238	241	245	250	253	257	254	235
35-44 years	233	228	224	220	218	218	234	249
45-54 years	146	147	147	147	144	137	119	118
55-64 years	45	45	46	47	49	51	54	49
Total aged 18-64	905	902	898	894	890	878	870	880

Figures may not sum due to rounding

Crown copyright 2014

NOTES: The above tables have been reproduced from www.pansi.org.uk. These projections have been based on prevalence rates defined by Emerson and Hatton (Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, 2004). These prevalence base rates were adjusted to take account of the increased prevalence of learning disabilities in South Asian communities, the increasing survival rates of young people with severe and complex disabilities and the reducing mortality among older adults with learning disabilities. The figures are based on an estimate of prevalence across the national population; locally there may therefore be a degree of overestimation because the South Asian community is smaller in Derbyshire than is seen nationally.

In addition, Derbyshire County Council has undertaken analysis of the current scope of provision provided by Direct Care as well as by the private and independent sector. This analysis provides change over time analysis across a number of client groups and summarised on the next two page.

Continuing healthcare clients					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	6	9	2	0	17
2013/14	7	8	3	0	18
2014/15	15	8	3	0	26
2015/16	19	10	5	1	35
2016/17	26	21	9	1	57

Continuing healthcare clients					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	6	8	0	0	14
2013/14	7	7	1	0	15
2014/15	15	8	2	0	25
2015/16	19	8	3	1	31
2016/17	26	19	5	1	51

Difference
3
3
1
4
6

Known carer - Daycare PO					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	93	57	1	103	254
2013/14	91	54	2	139	286
2014/15	92	51	1	143	287
2015/16	92	48	3	132	275
2016/17	123	76	4	144	347

Known carer - Day care centres					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	90	52	1	68	211
2013/14	88	49	1	105	243
2014/15	92	48	0	98	238
2015/16	92	44	1	80	217
2016/17	123	72	2	93	290

Difference
43
43
49
58
57

Figures stated 22 June 2017

CHC clients					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	9	3	0	6	18
2013/14	12	4	0	7	23
2014/15	27	7	0	16	50
2015/16	32	7	0	19	58
2016/17	37	9	0	20	66

CHC clients					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	9	4	0	6	19
2013/14	12	3	0	7	22
2014/15	27	7	0	16	50
2015/16	32	7	0	18	57
2016/17	36	9	0	20	65

Difference
-1
1
0
1
1

Known carer - Daycare PO					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	300	22	11	198	531
2013/14	294	23	13	269	599
2014/15	305	29	12	340	686
2015/16	288	26	11	360	685
2016/17	276	31	14	462	783

Known carer - Day care centres					
Year	18-64		65+		Grand Total
	Clients with LD	Other Client groups	Clients with LD	Other Client groups	
2012/13	299	22	11	167	499
2013/14	294	23	13	242	572
2014/15	304	29	11	324	668
2015/16	288	25	10	346	669
2016/17	274	31	13	451	769

Difference
32
27
18
16
14

Figures stated 22 June 2017

Analysis has also been undertaken of the current utilisation of day centres provided by Direct Care across the county and this is summarised below:

Based on 29/05/17 to 04/06/17	Total number of funded individuals who attend the day centre	Total number of Direct Care trading individuals who attend the day centre	No of places available per centre per week	Funded days provided	Direct Care Trading days provided	Utilisation, including Direct Care Trading
Alderbrook Day Centre	95	1	400	294	1	74%
Bolsover Day Services	14	0	60	44	0	73%
Coal Aston Day Services	17	1	125	74	4	62%
Newhall Centre	64	0	326	224	0	69%
No Limits (Prev PMLD)	9	0	45	33	0	73%
Outlook	84	0	436	282	0	65%
Parkwood Day Centre	93	0	372	334	0	90%
Renishaw Day Service	16	0	125	56	0	45%
Shirebrook Day Services	26	0	175	81	0	46%
South Dales (Ashbourne) Day Opportunities (LD clients only)	17	0	50	46	0	92%
Whitemoor Centre	65	0	400	229	0	57%
Whitwell and Clowne Day Services	18	0	125	60	0	48%
Wirksworth Day Service (Waltham House)	8	0	16	12	0	75%
Total	526	2	2655	1769	5	67% (Avg)

Figures correct 06.06.17

Day centre clients have also been analysed by broad age band:

Day centre	18-54	55+	Total
Alderbrook Day Centre	79	17	96
Bolsover Day Services	11	3	14
Coal Aston Day Services	14	4	18
Newhall Centre	51	13	64
No Limits (Prev PMLD)	9		9
Outlook	59	25	84
Parkwood Day Centre	64	29	93
Renishaw Day Service	12	4	16
Shirebrook Day Services	16	10	26
South Dales (Ashbourne) Day Opportunities (LD Clients ONLY)	12	5	17
Whitemoor Centre	55	10	65
Whitwell and Clowne Day Services	14	4	18
Wirksworth Day Service (Waltham House) (LD Clients Only)	5	3	8

Similar analysis of independent sector day service utilisation has also been undertaken and is summarised on the next page:

Provider Name	Total Number of places available Weekly	Total number of places taken	Number of places vacant
Ability Chesterfield (Ash Lodge Day Service)	60	27	33
Ability Chesterfield - Victoria Street	100	82	18
Autism East Midlands (Mundy Street Day Service)	40	33	7
Bright Opportunities CIC (Day Service Standard Package)	37	36	1
Bright Opportunities - Sat club	30	25	5
Derventio Housing Trust	12	11	1
Edmund Street -	40	35	5
Freedom Centre (Day Service - Enhanced)	125	120	5
Home Farm Trust (Pinebank Day Service)	115	62	53
IBC Quality Solutions Ltd. (Day Services)	25	1	24
Inspirative Arts	24	6	18
Landmarks (Littlemoor House Day Service Enhanced)	3	3	0
Landmarks (Littlemoor House Day Service Standard)	56	56	0
Lane End Farm Trust	33	26	7
Leonard Cheshire Disability	150	134	16
Level Centre (Performance Group)	26	22	4
MacIntyre (Holmewood Learning Centre)	Provider Not Supplied Data		
MacIntyre (New Square Learning Centre)	Provider Not Supplied Data		
MacIntyre (Swanwick Learning Centre)	Provider Not Supplied Data		
Pure Innovations Creative Arts	75	63	12
Royal Mencap (Me Time session - enhanced)	Provider Not Supplied Data		
Royal Mencap (Me Time session - standard)	Provider Not Supplied Data		
Royal Mencap (Swadlincote Social)	Provider Not Supplied Data		
Stockport CP (Daytime Leisure and Social Group)	8		8
Stockport CP (Evening Sports Group)	16		16
Umbrella	312	151	161
EMH Care and Support - Golding Grange	116	111	5
EMH Care and Support - Medway Centre	60	58	2
EMH Care and Support - Enable Resource Centre	70	65	5
EMH - Care and Support - JT Project -	57	52	5

Older People's Services that can at times provide places to people with Learning Disabilities

Provider Name	Total Number of places available Weekly	Total number of placed taken	Number of places vacant
Age UK (Hope Day Service - standard)	48	44	4
Age UK (Hulland Day Service - standard)	16	10	6
Age UKDD (Bakewell Day Service)	80	55	25
Chesterfield Care Group (Dementia Group Day Service)	39	31	8
Chesterfield Care Group (Main Centre Day Service)	120	111	9
Chesterfield Care Group (Outreach Group Day Services)	76	43	33
Disability Derbyshire Disability Derbyshire - Wellbeing	15	9	6
Excell for Training	40	2	38

Children with Special Educational Needs – Needs Assessment 2016

A further needs assessment focusing on children and young people was undertaken in 2016. This data provides an indicative view of potential future Derbyshire County Council caseload and demand as individuals prepare for adulthood. Within this assessment there is evidence that the needs of children and young people are becoming increasingly complex, and there has been a rise in the identification of children and young people with some conditions including Autistic Spectrum Disorder (ASD). The numbers of children and young people identified may rise further, with medical advances and more awareness of conditions such as ASD.

9. Financial Analysis

Analysis from December 2016 provides a snap shot of spend for LD in Adult Care. There is a projected spend of £70.6 million for 2016/17 compared to 2015/16 costs of £65.0 million, an increase of £5.5 million. This suggests that costs are increasing, and this needs to be balanced against future budget savings that may be required, but also the desire to bring spend per head more in line with the average for the East Midlands.

There is variation in spend across districts in Derbyshire, despite in some cases very similar caseloads. Therefore, more work needs to understand why this is the case and this needs to inform the work of the LDPB.

Evidence suggests that costs may also have increased due to meeting changes associated with the national living wage and a higher number of individuals with complex needs.

Another area of focus is continuing healthcare payments (CHC). There is local intelligence to suggest that packages which have previously been split between health and social care are now increasingly being paid solely by social care. Further

work needs to be undertaken both regionally and locally to understand the impact and implications, and whether further work needs to take place in conjunction with partners from health to explore more equitable solutions.

10. Building an approach to change

The current range of services on offer for people with a learning disability is complex and interlinked. The programme plan timeline at the end of this document describes the key tasks and how the approach to change will be delivered. Whilst the programme timeline provides an operational focus and working document, underpinning all activity there needs to be a focus and clear commitment to engagement, co-production and co-design with individuals who have a learning disability, their families and their carers.

People with a learning disability told us:

“They would like to try something new – such as - move house, wheelchair exercises, look after animals, want to do some charity work but she would need someone to take her there and home again, to do things in the evening, with friends groups like go to the cinema or theatre or music concerts.”

11. Programme performance indicators

A programme performance dashboard will be developed which will allow the LDDB to track the necessary changes in baseline data to ensure that the approach is meeting key aims and objectives.

Programme Indicators include:

- Number of people supported in day centres reduces (Derbyshire County Council data)
- Average days per client at day centres reduces (Derbyshire County Council data).
- Number of people supported in community based activities increases (Derbyshire County Council data).
- Number of people in residential and nursing home placements reduces (Derbyshire County Council data).
- % of LD clients in settled accommodation increases (ASCOF).
- % of LD clients in employment increases (ASCOF).
- % of LD clients undertaking volunteer placements increases (Service info).
- Number of people accessing Community Connectors increases and outcomes are in line with progression model (Derbyshire County Council data)
- % of clients accommodated in Extra Care facilities (Derbyshire County Council data).
- % of clients accessing supported living opportunities increases (Derbyshire County Council data).

- % of clients accessing Shared Lives schemes increases (Derbyshire County Council data).
- Number of clients accessing out of area hospital placements decreases (Derbyshire County Council data).
- DCC costs are more in line with the regional and national average spend per client (ADASS).
- Increase in proportion of LD clients receiving NHS health checks (PHOF).

Additional sub-group specific measures will be development by work stream leads and this will allow the LDDB to monitor progress and ensure implementation is in line with agreed timescales.

12. Barriers and key issues to address

A number of issues have been highlighted that will be potentially challenging to address or mitigate. These issues will need to be carefully considered by the LDDB and where appropriate mitigating actions put in place:

- Lack of appropriate accommodation in the right places and involvement and engagement with housing providers.
- Welfare reform, specifically to the Local Housing Allowance, will have potentially adverse implications for individuals but also prevent necessary investment to develop appropriate housing provision.
- Delivering a truly joined up approach across health and social care.
- Addressing fragmented approaches to service design and delivery.
- Securing the necessary buy-in to change (staff, clients, carers, decision makers).
- Workforce availability and capacity.
- Reduced funding across local government and NHS.
- Availability of new models of care and the viability of these options.
- Stigma and prejudice in the general population.
- The ageing profile of carers.
- Developing a system wide risk enabling culture.
- Making sure progression pathways are identified and in place e.g. employment.

A risk log will be developed and reviewed at every LDDB. Where appropriate the risks will be escalated and added to the departmental risk register, which is reviewed by Adult Care SMT.

13. Programme timeframe and key mile stones

Following the self-assessment exercise undertaken in January 2017 it was agreed that the ADASS themes could be utilised as the main framework for the work of the LDDB. It is proposed that the programme is split into three phases, which based off current planning can be characterised as follows:

Phase 1 will consider how the new strategic approach will be developed. Activity will focus on undertaking the necessary qualitative, quantitative, policy, financial and needs analysis to develop a vision and narrative for change. Work will also take place to improve and enhance our current understanding of need and expenditure through improved data quality and the development of a LD Management Information dashboard. In addition the Community Connector service will be mainstreamed and we will ensure that existing services which support the progression model are operating well. Engagement work will begin, initially with a small group of carers and people with a learning disability to start co-designing an approach in line with the aims of the progression model. Work will also take place with the voluntary sector to help shape the approach.

Phase 2 will seek to ensure appropriate political buy-in so that work can be progressed. Initial work will take place to confirm and re-design where appropriate the Learning Disability offer from Derbyshire County Council. This piece of work will act as a key enabler to then help shape the wider community based offer for people with a learning disability across Derbyshire.

Phase 3, focuses on undertaking the formal decision making process and documenting the strategic approach for adults with a learning disability across Derbyshire. At this stage, a workforce plan, including organisational development requirements will be developed and finalised.

14. Links

A number of key links and interdependencies were identified by the LDDDB and these include:

Accommodation and Support Strategy for LD which states that:

- Increase availability of accommodation in some geographical areas.
- Extend choice of accommodation and support options.
- Including accommodation that reflects the makeup of ordinary streets.
- Support individuals and their carer to plan for the future, particularly older carers.
- Reduce over reliance on building based care and support increase the quality for those living in registered care.

The Housing and Health Systems Group is working with representatives from district and borough councils as well as Derby City Council to develop a number of collaborative approaches to enable people to remain healthy and independent in their own home. The group is looking to develop a pipeline approach to identifying the needs of people with learning disabilities in terms of accommodation and support.

Preparing for Adulthood Pathway which supports the statutory functions to the Childrens and Families Act 2014 and suggests the following principles:

- The participation of children, their parents and young people in decision-making
- The early identification of children and young people's needs and early intervention to support them
- Greater choice and control for young people and parents over support
- Collaboration between education, health and social care services to provide support
- High quality provision to meet needs of children and young people with special educational needs
- A focus on inclusive practice and removing barriers to learning
- Successful preparation for adulthood, including independent living and employment

To support this work a Derbyshire and Derby City Preparing for Adulthood Task and Finish Group has been established. This group will review the way in which children and young people with additional needs in Derbyshire are supported to achieve their potential and develop independence. This group has representation from Adult Care, Children's Services, NHS providers and the CCGs. In addition it will make recommendations that will improve the experience of young people and families as they prepare for adulthood, reduce the perception of a 'cliff edge' in services at age 18. The group will be accountable to both the Derbyshire and Derby City SEND Strategic Boards, and will report on progress to those Boards regularly. Highlight reports will also be presented from the group to the Transforming Care Partnership Board in relation to the specific commitments in the Transforming Care Plan.

Support parents with learning disabilities to care for their children

Close working between Adult Care and Children's Services also needs to take place to ensure appropriate support is in place for parents who have a learning disability to co-ordinate assessment and support for these individuals as they will not be formally addressed through the SEND arrangements.

Transforming Care Partnership

The main ambitions of this partnership include:

- Promote delivery of care/support at home or as close to home and provide more reliable support for families and carers
- Provide high quality person centred approaches, prevention and early intervention services.
- Promote and prioritise joint investment in positive behaviour training to provide positive behaviour support for all ages
- Offer Personal Budgets and Personal Health Budgets
- Provide joint solutions to individual funding and risk sharing.
- Commissioners will review specialist learning disability health services against the national core service specification toolkit and develop new care pathways to strengthen health and social care responses for adults with a LD.

- Support communities and providers to manage the care of people with complex needs living in their local areas to stay living in their own home, to prevent unnecessary hospital admissions, unnecessary out-of-area packages and to support people to be moving back to their home area
- The new pathways / offer will be defined to ensure that any inpatient services commissioned by the CCG's are only utilised after responsive intensive community interventions have been delivered and agreed jointly with Adult social care
- Introduce a Care coordination process for individuals who have complex needs.
- Design individual community approaches that deliver;
 - a reduction in the prevalence and incidence of behaviour that challenges amongst people of all ages who have learning disabilities and / or autism
 - a reduction in the number of individuals placed in more restrictive settings which are inappropriate for their needs (for example, inpatient hospitals, 52-week school/ college placements or residential care homes), especially those that are out of area.
 - a reduction in the inappropriate use of psychoactive medication, restraint, and seclusion to manage behaviour that challenges
- Prioritise the management of and approaches to behaviour that challenges in quality monitoring processes.
- Continue to work closely with Housing colleagues to ensure access to a variety of accommodation.
- Develop future workforce plans, market management and community capacity building to support care closer to home.

Appendix 1 – ADASS themes

1. Co-production

- a. Requires co-production of individual assessments and care plans with people and families
- b. Requires senior member and executive engagement with co-production forums such as partnership boards
- c. Requires community/ neighbourhood governance structures to support co-production with and the release of assets from local communities
- d. Requires family and self-advocate leadership programmes and quality checking roles (including paid work)
- e. Delivers more responsive and relevant services that support the achievement of satisfaction and outcome measures
- f. Delivers the partnership needed between individuals, communities and public services in order to meet demand within limited public sector resources.

2. Preparing for Adulthood

- a. Collection of data from an early age to inform planning (basic data in year 1, updated in year 9 and detailed rolling three year projections from year 12)
- b. Place based (for example social cohort planning to support people to get what they need close to home)
- c. Early planning with individuals and families (involvement in year 9 and 11 reviews. Outline support plans and indicative budgets in year 13) to ensure that people are clear about the support they can expect to receive in adulthood
- d. Co-ordinated children's and adult social care work to minimise out of county placements and institutional care
- e. Educational institutions to promote high aspirations for independence and support people into and towards work
- f. Governance and management forums that ensure senior member and officer oversight family leadership roles and positive risk taking and promotion of independence at individual level
- g. This will help deliver clear understanding of what social care support is available in adulthood
- h. This will help timely implementation of care and support plans that maximise independence

3. Choice and Control

- a. Choices in the social care market and active supportive communities
- b. Effective support for individuals/ representatives to manage direct payments
- c. Training and investment in support personal assistants to provide high quality service
- d. A positive trajectory of people with direct payments (LD numbers within ASCOF 1c (2a) as a proportion of those with personal budgets (LD numbers within ASCOF 1c (1a))
- e. Coherent approaches to facilitating choice and control across health and social care
- f. This will help deliver a higher proportion of people who arrive in adult services with direct payments when compared to the average across all adults with a learning disability.
- g. This will change the way people get to the help they need to live the lives they choose

4. Housing Options

- a. Leadership from housing and authorities and partnerships with both social and private housing providers
- b. Availability and use of capital resources (private investment, council house sale receipts, section 106, capital programmes)
- c. Reasonable adjustments made to housing access processes, for example extended choice making periods in choice based lettings arrangements and clear references to adults with a learning disabilities in housing strategies
- d. Evidence that 'good' performance in this measure does not place undue strain on family carers
- e. This will help deliver housing opportunities that use pipeline planning to make effective use of preparing for adulthood data
- f. This will help deliver better than national average performance in relation to the ASCOF measure 1G

5. Support for family carers

- a. Tailored support for family carers of adults with a learning disability
- b. Detailing how the support provided by family carers factors into strategy
- c. Family leadership roles in co-production forums
- d. This will help deliver the support family carers need to maintain their caring roles and wellbeing
- e. This will help deliver Care Act responsibilities to carers

6. Transforming Care

- a. Creation of community capacity to facilitate the closure of specialist in patient services

- b. Reasonable adjustments made by mainstream mental health services to accommodate the support requirements of adults with learning disabilities
- c. Joint assessment and planning across health and social care with associated joint funding arrangements
- d. Joint work across children's and adult services
- e. Independent sector capacity to provide support and are to people who need extra support
- f. This will help deliver support for people close to home and elimination of unnecessary out of county placements

7. Strategy and Partnerships

- a. Learning disability strategy that has clear links to cross cutting initiatives (Council Plan, Better Care Fund, Community Safety, Economic Development, Place) and promotes access to universal and mainstream services
- b. Specialist support that ensure the necessary reasonable adjustments are made for adults with a learning disability
- c. Contributions from public sector partners – local authority directorates, children's social care, police, fire service, education and public health and the NHS community, acute and commissioning structures
- d. This will help deliver on wellbeing and safeguarding duties
- e. This will help deliver support from key partners that is necessary for improved life chances for adults with a learning disability – local authorities may lead on these issues but cannot deliver positive change alone.

8. Connecting into Communities

- a. Sophisticated approaches to listening e.g. ethnographic research and involving communities e.g. local governance for community and neighbourhood engagement
- b. Local area co-ordination or similar catalyst roles
- c. The application of appropriate practice models in social work and assessing services
- d. This will help deliver social return on investment
- e. This will help deliver increased access to mainstream services and working within financial limits

9. Supporting people to get a job

- a. Specialist posts being a catalyst for cross cutting action as well as the provision of individual employment support
- b. Contribution from partners such as LEPs and DEP, Employer forums, school and further and higher education
- c. Resources for careers advice and work preparation in schools and maximising use of existing initiative
- d. Role modelling from local authorities in terms of recruitment and employment practice
- e. This will help deliver jobs and work opportunities for adults with a learning disability in line with the ASCOF 1E measure

Appendix 2 – Policy Mapping

This list of document provides the broad framework for outlining how clients receive a range of care and support options. It is proposed that this suite of documents continues to be utilised and where appropriate updated or revised to allow services to achieve the necessary changes to achieve the vision outlined in this document.

ADASS Theme	Supporting documentation
1. Supporting people to get a job	Briefing paper on Community Projects for LG Challenge
	Community Connector specification
	Disability employment service
	IN DEVELOPMENT - Review of employment services and development of employment strategy
2. Connecting into communities	Shared Lives - funding additional management and admin support
	Adult Care Community Projects alternative delivery models
	Community Connector specification
	Care Services directory
3. Choice and Control	Decision making tool for CHC
	Care Funding Calculator
	LDPB Budget Guidelines
4. Housing Options	Framework for supported living
	Contract for accommodation in the independent sector
	Short break Strategy
	Housing, Accommodation and Support Strategy for LD – CURRENTLY BEING REFRESHED
5. Co-production	Be in Control Charter
	Engagement work with LD representatives
6. Preparing for Adulthood	Derbyshire Local Offer
	Social Care eligibility criteria
	Preparing for adulthood pathway
7. Support for Family Carers	Carers Strategy
8. Transforming Care	Derbyshire Transforming Care Plan (TCP)
	TCP Joint Plan on a page
	TCP route map
	TCP Housing Guidance
	Derbyshire LD Care Wedge
	Older peoples and learning disability day services redesign PID
9. Strategy and Partnerships	LD Joint Commissioning Strategy
	Support Standards – Practice Guidance for Independent Providers
	Learning Disability Partnership Board Terms of Reference
	Briefing paper on Community Projects for LG Challenge
	Day services for older people and people with learning disabilities DOT(contains definition)
	Briefing note to LD programme Bd. U65 Contracting and Compliance team
	ADASS: What is Happening for Adults with Learning Disabilities in the East Midlands? October 2016 and feedback response
	ADASS Concordat
	Derbyshire LD vision 2020

Enablers	Learning Disabilities Market Position Statement
	Home to school transport policy - Childrens
	Independent travel training
	Post 16 travel statement
	Transport Policy
National Guidance	Care Act
	Children and Families Act
	TLAP national voices - I statements
	Winterbourne Review
	Autism Act 2009
	Valuing People - DH guidance
	Valuing People Now - DH guidance