

Agenda

Health and Well-Being Board

Tuesday, 3 March 2015, 2.00 pm
County Hall, Worcester

This document can be made available in other formats (large print, audio tape, computer disk and Braille) on request from Democratic Services on telephone number 01905 728713 or by emailing democraticServices@worcestershire.gov.uk

If you can not understand the contents of this document and do not have access to anyone who can translate it for you, please contact 01905 765765 for help.

বাংলা। আপনি যদি এই দলিলের বিষয়বস্তু বুঝতে না পারেন এবং আপনার জন্য অনুবাদ করার মত পরিচিত কেউ না থাকলে, অনুগ্রহ করে সাহায্যের জন্য 01905 765765 নম্বরে যোগাযোগ করুন। (Bengali)

廣東話。如果您對本文檔內容有任何不解之處並且沒有人能夠對此問題做出解釋，請撥打 01905 765765 尋求幫助。 (Cantonese)

普通话。如果您对本文件内容有任何不解之处并且没有人能够对此问题做出解释，请拨打 01905 765765 寻求帮助。 (Mandarin)

Polski jeżeli nie rozumieją Państwo treści tego dokumentu i nie znają nikogo, kto mógłby go dla Państwa przetłumaczyć, proszę zadzwonić pod numer 01905 765765 w celu uzyskania pomocy. (Polish)

Português. Se não conseguir compreender o conteúdo deste documento e não conhecer ninguém que lho possa traduzir, contacte o 01905 765765 para obter assistência. (Portuguese)

Español. Si no comprende el contenido de este documento ni conoce a nadie que pueda traducirselo, puede solicitar ayuda llamando al teléfono 01905 765765. (Spanish)

Türkçe. Bu dokümanın içeriğini anlayamazsanız veya dokümanı sizin için tercüme edebilecek birisine ulaşamıyorsanız, lütfen yardım için 01905 765765 numaralı telefonu arayınız. (Turkish)

اردو۔ اگر آپ اس دستاویز کی مشمولات کو سمجھنے سے قاصر ہیں اور کسی ایسے شخص تک آپ کی رسائی نہیں ہے جو آپ کے لئے اس کا ترجمہ کر سکے تو، براہ کرم مدد کے لئے 01905 765765 پر رابطہ کریں۔ (Urdu)

كوردی سۆزانی. ننگهر ناتوانی تێبگهی له ناوهرۆکی نهم بێلگهیه و دهستت به هیچ کس نایگات که ویهیگهریتنوه بۆت، تکلیه تملظون بکه بۆ ژمارهی 01905 765765 و داوای رینۆینی بکه. (Kurdish)

ਪੰਜਾਬੀ। ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਦਾ ਮਸ਼ਹੂਰ ਸਮਝ ਨਹੀਂ ਸਕਦੇ ਅਤੇ ਕਿਸੇ ਅਜਿਹੇ ਵਿਅਕਤੀ ਤੱਕ ਪਹੁੰਚ ਨਹੀਂ ਹੈ, ਜੋ ਇਸਦਾ ਤਰਜਮਾ ਲਈ ਅਨੁਭਵ ਕਰ ਸਕੇ, ਤਾਂ ਕਿਰਪਾ ਕਰਕੇ ਮਦਦ ਲਈ 01905 765765 'ਤੇ ਫ਼ੋਨ ਕਰੋ। (Punjabi)

Health and Well-Being Board
Tuesday, 3 March 2015, 2.00 pm, Council Chamber, County Hall, Worcester

Membership

Full Members (Voting):

Mr M J Hart (Chairman)	Worcestershire County Council
Dr C Ellson (Vice Chairman)	South Worcestershire CCG
Mrs S L Blagg	Worcestershire County Council
Mrs E A Eyre	Worcestershire County Council
Mr Simon Hairsnape	Redditch and Bromsgrove CCG / Wyre Forest CCG
Mr B Hanford	NHS England
Mr A I Hardman	Worcestershire County Council
Dr Richard Harling	Director of Adult Services and Health, Worcestershire County Council
Dr A Kelly	South Worcestershire CCG
Ms Clare Marchant	Chief Executive, Worcestershire County Council
Mr Peter Pinfield	Healthwatch, Worcestershire
Ms Gail Quinton	Director of Children's Services, Worcestershire County Council
Dr Simon Rumley	Wyre Forest CCG
Dr Jonathan Wells	Redditch and Bromsgrove CCG

Associate Members

Ms Hannah Campbell	South Worcestershire District Councils
Mrs C Cumino	Voluntary and Community Sector
Mrs A T Hingley	North Worcestershire District Councils
Supt. James Baker	West Mercia Police

Agenda

Item No	Subject	Presenter	Page No
	<p>1.00pm PRIVATE SESSION - HWB MEMBERS ONLY. Lakeview Room Richard Humphries, Assistant Director Policy. The Kings Fund.</p>		

To obtain further information or a copy of this agenda contact Kate Griffiths, Committee Officer on Worcester (01905) 766630 or Kidderminster (01562) 822511 (Ext 6630) or minicom: Worcester (01905) 766399 email: KGriffiths@worcestershire.gov.uk

All the above reports and supporting information can be accessed via the Council's website.

Date of Issue: Thursday, 19 February 2015

Item No	Subject	Page No
1	Apologies and Substitutes	
2	Declarations of Interest	
3	Public Participation <i>Members of the public wishing to take part should notify Legal and Democratic Services in writing or by e-mail indicating the nature and content of their proposed participation on items relevant to the agenda, no later than 9.00am on the day before the meeting (in this case 9.00am on 2 March 2014). Enquiries can be made through the telephone number/e-mail address below.</i>	
4	Confirmation of Minutes	1 - 10
	For Decision	
5	Learning Disability Progress Report and Strategy	Sharon Paterson/ Ray Eades 11 - 96
6	Autism Strategy	Richard Keble 97 - 132
7	Review of the Health and Well-being Board Strategy (2013-16)	Frances Howie 133 - 134
	For Consideration	
8	CCG Commissioning Plans 2015/16	David Mehaffey/ Mick O'Donnell 135 - 136
9	Primary Care Co-Commissioning	Lynda Dando 137 - 142
10	Urgent Care Study - Healthwatch	Jo Ringshall 143 - 146
11	Review of Urgent Care Patient Flow	To Follow
	For Information and Assurance	
12	Better Care Fund	Frances Martin To Follow

Item No	Subject	Page No
13	Five Year Forward View into Action - New Models of Care	Frances Martin Verbal Update
14	Future Meeting Dates Public Meetings Tuesday 12 May Wednesday 15 July – Pershore Civic Centre Tuesday 30 September Tuesday 3 November – Malvern District Council Offices All meetings start at 2.00pm. To be held at County Hall unless otherwise stated. Development (Private) Meetings 2015 Tuesday 14 April Tuesday 16 June Tuesday 13 October Tuesday 8 December All meetings start at 2.00pm and will be held at County Hall.	

This page is intentionally left blank

Health and Well-Being Board**Wednesday, 28 January 2015, Council Chamber, County Hall
- 2.00 pm****Minutes****Present:**

Mr M J Hart (Chairman), Mr A N Blagg, Mrs S L Blagg, Simon Hairsnape, Richard Harling, Frances Howie, Peter Pinfield, Gail Quinton and Carole Cumino

Also attended:

Peter Fryers, Caroline Galloway, Jo Ringshall and Laurence Tressler

Available Papers

The members had before them the Agenda papers (previously circulated) which included the minutes of the previous meeting. The agenda will be attached to the signed minutes.

274 Apologies and Substitutes

Apologies were received from James Baker, Hannah Campbell, Carl Ellson, Liz Eyre, Brian Hanford, Adrian Hardman, Anne Hingley, Anthony Kelly, Clare Marchant, Simon Rumley, Margaret Sherrey and Jonathan Wells.

Anthony Blagg attended for Liz Eyre and Frances Howie attended for Clare Marchant.

275 Declarations of Interest

None

276 Public Participation

None.

277 Confirmation of Minutes

The minutes of the meeting of 4 November 2014 were agreed to be a correct record of the meeting and were signed by the Chairman.

278 Worcestershire Public Health Annual Report

The Public Health Annual Report was a duty of the Director of Public Health. The report concentrated on health inequalities which were defined as variations in health not explained by biological factors such as age or sex. Poor health for people who live in certain areas was not inevitable and could be influenced by the choices and actions of individuals and organisations. There was a clear economic case for tackling inequalities because of the cost of lost productivity as well as the health and social care costs. For individuals, the Marmot Report

highlighted that nationally those on the lowest income lost around 17 years of disability free life compared to the highest. There was a gradient of health right across the population and the costs of dealing with poor health fell on taxpayers.

Overall health in Worcestershire was good and mortality from some of the common preventable conditions was low but there are differences between certain groups. The Report looked at the variations between groups and compared figures in the current report to the previous report of 2008 to examine progress, as well as considering local implementation of the recommendations of the Marmot report.

Life expectancy across the County had increased across the population since 2008. Death rates had fallen across the population and to a greater extent in more deprived groups, which meant that health inequalities had narrowed by this measure.

The report confirmed how important it was to give children a good start in life because inequalities at birth persisted throughout life. Babies from deprived areas were more likely to have mothers who were young, overweight or smokers and be under unprepared for school. Individuals' start in life had an effect on their future health and achievement throughout their lifetime.

Unemployment was lower in the county than the national average. Unemployment and low income had an effect on health outcomes. There were few low income households in Worcestershire and these tend to be concentrated in particular areas.

The areas with the best access to green space tended to be healthiest and have the highest levels of satisfaction with their area.

A small number of conditions were responsible for the majority of premature deaths and were all attributable to health related behaviours such as smoking, poor diet, physical inactivity and drinking too much alcohol.

In conclusion health inequalities had been reduced but persisted in some areas. The public sector had an important role in continuing to reduce health inequalities but could not do so alone. A more sustainable asset based approach, drawing on the resources of individuals, families, communities and businesses would be necessary for continued improvement. The

recommendations in the report were:

1. Intensive ongoing support for vulnerable families,
2. Intensive focus on early years development in priority areas,
3. Employment opportunities in priority areas,
4. Change to a place and asset-based approach to commissioning, and
5. Strengthen and improve prevention of ill health.

In the following discussion it was clarified that:

- The NHS used a formula to distribute money to CCGs according to need. Access to primary care services was typically poorer in the more deprived communities, with disproportionately high access to more expensive secondary care,
- There needed to be more discussions with communities about their role in improving their own health, perhaps through Local Councillors and with the support of Healthwatch,
- The Report gave some suggestions for investment, for example in prevention services for under 5s,
- Households living in poverty were measured using indices of deprivation which looked at whether households were in receipt of certain benefits,
- Information was not available to show if there had been a shift from people who were out of work and living in poverty to an increased number of people who were in work and living in poverty. However it might be possible to examine the relationship between employment and well-being in a future report,,
- The Council had a responsibility for giving people information about healthy lifestyles in a way they could understand, and individuals needed to take responsibility for taking action.

RESOLVED that the Health and Well-being Board:

- a) **Noted the contents and endorsed the recommendations of the Annual Report;**
- b) **Asked Board Members to disseminate the key messages and recommendations within their own organisations and should seek further endorsement; and**
- c) **Requested that member agencies working through the Health Improvement Group and Children's Trust develop a single action plan**

to address health inequalities based on the recommendations and priorities for action in the Annual Report.

279 Implementing the 2015/16 Better Care Fund Plan- Section 75 Agreement

Section 75 of the 2006 NHS Act formed the basis of a legal agreement between local authorities and the NHS for aligning funding and for one agency to commission on behalf of the other. The current section 75 agreement was being reviewed to reflect the Better Care Fund Plan and the respective priorities and commissioning intentions of the County Council and Worcestershire CCGs.

The 2014/15 Better Care Fund was monitored through the Integrated Commissioning Executive Officers Group and reported to the HWB. The forecast underspend was almost £800,000 but health and adult social care services had been under unprecedented pressure so far this winter and much of this was expected to be used by year end.

RESOLVED that the Health and Well-being Board:

- a) Approved the revision of the Section 75 Agreement for 2015/16 to reflect the better Care Fund Plan and other emerging priorities, operating models and Commissioning intentions; and**
- b) Noted the current budgetary position for the 2014/15 Better Care Fund.**

280 Pharmaceutical Needs Assessment

Caroline Galloway and Laurence Tressler from Arden commissioning attended the meeting for this item.

Following the report at the September meeting, which had launched the Pharmaceutical Needs Assessment (PNA) for consultation, the Board was asked to approve the final version.

A 60 day consultation had been completed and a good response received. The main difficulty people reported was accessing information about services rather than the services themselves and this was reflected in the recommendations.

The report had suggested that the Board ask NHS England to ask pharmaceutical service contractors to provide an action plan against the points raised under "Strategy to Reduce Barriers to Access Highlighted in

Public and Service User Engagement". Unfortunately NHS England was not able to ask for an action plan, but the Local Pharmaceutical Committee had agreed that it would work towards implementing the Joint Health and Well-being Strategy.

During the ensuing discussion the following points were raised:

- Contributors to the consultation were sought through the Viewpoint Survey,
- There had been some complaints about the hours that services were available, but although some supermarkets offered services for long hours it was realistic to accept that people in some areas of the County would have to travel further at certain times,
- Commissioners needed to be aware that out of hours prescribers should be able to carry medicines or be aware how the medicines would be available,
- Public Health worked closely with pharmacies in many areas,
- It was queried whether the 17% who were not satisfied lived in rural areas where there may be less accessibility to services, but information was not available about the location of those not satisfied.

RESOLVED that the Health and Well-being Board:

- a) Approved the pharmaceutical needs assessment for publication and dissemination; and**
- b) Approved the key messages to accompany the PNAs publication:**
 - **The evidence shows that there is no fundamental unmet pharmaceutical need in Worcestershire,**
 - **There is a high level of satisfaction with the pharmaceutical provision available to the public; and**
 - **There is an opportunity for community pharmacies to contribute to implementing the joint health and well-being strategy**

Action

increase. A number of organisations within Worcestershire had joined the Dementia Action Alliance and Jeremy Hunt, the Secretary of State for Health had written to the Chairs of all Health and Well-being Boards to encourage them to sign up to the Carers' Call to Action to help to improve the lives of carers of people with dementia.

The five aims were that carers of people with dementia:

- Have recognition of their unique experience,
- Are recognised as essential partners in care; valuing their knowledge and the support they provide to enable the person with dementia to live well,
- Have access to expertise in dementia care for personalised information, advice, support and co-ordination of care for the person with dementia,
- Have assessments and support to identify the ongoing and changing needs to maintain their own health and well-being,
- Have confidence that they are able to access good quality care, support and respite services that are flexible, culturally appropriate, timely and provided by skilled staff for both the carer and the person for whom they care.

Following sign up by the Board, commissioners of health and adult social care services would incorporate these aims into their commissioning intentions.

It was suggested that this be linked to the Carers Strategy and taken to the Older Peoples Forum.

RESOLVED that the Health and Well-being Board signed up to the Carer's Call to Action.

282 Crisis Care Concordat

The Crisis Care Concordat was a government policy priority for partner agencies to commit to working together to deliver better outcomes for people experiencing mental health crisis.

The Concordat was published in February 2014 and the first stage required local agencies to sign up to it by December 2014. The second stage required local agencies to produce an action plan by 1 March 2015.

RESOLVED that the Health and Well-being Board:

- a) **Noted that all local organisations had signed**

up to the Mental Health Crisis Concordat ; and

- b) Requested relevant officers to develop an action plan for sign off by the Chair and submission before 1 March.

283 Local Government Declaration on Tobacco Control

Tobacco use remained the primary cause of preventable illness and premature death. The Local Government declaration on Tobacco Control was a statement of a local authority's commitment to ensuring that tobacco control was given a high priority. The Council intended to sign the Declaration and would ensure implementation through the Tobacco Control Plan 2014-17 for Worcestershire; which was approved by the Health Improvement Group (HIG). The Plan would be co-ordinated and monitored by the Tobacco Control Alliance reporting to the Health Improvement Group (HIG).

There was a short discussion of E-cigarettes. There was some emerging evidence of harm and that they might be a gateway to the use of normal cigarettes. It was suggested that the Board keep this position under review.

RESOLVED that the Health and Well-being Board:

- a) Supported the signing of the Local Government Declaration on Tobacco Control by Worcestershire County Council and implementation through a partnership approach; and
- b) Encouraged the signing of the Declaration by District Councils, as well as the NHS Statement of Support by local NHS organisations.

284 Access to Services for Deaf People

Jo Ringshall, a Director of Healthwatch Worcestershire, explained that the issue of access to services by deaf people had been raised with Healthwatch by GPs and patient groups.

After a meeting with Deaf Direct it was decided to survey GPs to find out about existing practice and what was offered to deaf and hard of hearing patients. It was hoped to find examples of good practice which could be spread around other GPs and health services.

Questions were asked about whether there were:

- visual prompts in waiting rooms,

- flags on notes,
- set procedures in place,
- whether BSL interpreters could be booked,
- training for staff.

All 68 surgeries in Worcestershire were surveyed and 28 responded. With a 41% response rate the results had to be considered indicative rather than conclusive. The results were reviewed by a Task and Finish Group, who found:

- 50% had no visual indicators,
- 71% did mark files,
- Some offered a telephone only appointment system,
- 46% of staff had received deaf awareness training.

There was a concern that a lack of consideration towards deaf people had a cost to patients and their families and also to the NHS with missed diagnoses and worse health outcomes.

Patients were asked about their preferences and it was found to differ between profoundly deaf patients and those with some hearing loss. Most had to rely largely on friends and families to help with appointments which had implications for their privacy. It was part of the Public Sector Equality Duty for GPs and other health services to consider the needs of deaf people.

Board Members made the following comments:

- This was a good report that highlighted an issue which unfortunately was not new. NHS England was the commissioner for GP practices and needed to encourage and support practices to improve. People should also complain to register their views,
- It was important that receptionists had at least a basic level of training to ensure they spoke clearly. This applied to all health services, not just GPs.
- It would be useful if surgeries with good practice could be identified and examples disseminated.

RESOLVED that the Health and Well-being Board encouraged implementation of the recommendations of the report by all commissioners and providers of GP services in line with their Public Sector Equality Duty.

285 Health Protection Group

Frances Howie reassured the Board that the Health Protection Group had been meeting during 2014. The Group gave assurance that multi-agency arrangements were in place to prevent and respond to threats to health. The Group routinely considered issues such as emergency preparedness, immunisation, screening and infection control and in addition had considered air quality, the impact of funding reductions in regulatory services and outbreak management during 2014 and had not found any cause for concern. The Chairman confirmed that they had been reassured about Ebola.

RESOLVED that the Health and Well-being Board:

- a) **Noted the work of the Health Protection Group during 2014;**
- b) **Requested that a further report be brought back to the Board in a year; and**
- c) **Agreed to ensure the contribution of member organisations to health protection where required.**

286 Autism Strategy

Following the Board meeting in November The Autism Strategy was undergoing revision and consultation and a final report was expected in March 2015.

Resolved that the Health and Well-being Board noted progress with consultation of the Autism Strategy.

287 Carers' Strategy

Discussions had taken place at the November meeting about the need for further co-operation with carers on the production of the Carer's Strategy. A meeting had taken place with family carer's representatives and agreement had been reached on a document for consultation. After the twelve week consultation the strategy would be brought back to the May meeting.

Members wished to record that credit was due to the officers who were willing to go back and re-look at the strategy and work with users and carers to produce a strategy which was more likely to be acceptable.

RESOLVED that the Health and Well-being Board noted progress with development and consultation of the Carers' Strategy.

**288 Future Meeting
Dates 2015**

Public Meetings

Tuesday 3 March
Tuesday 12 May
Wednesday 15 July – Pershore Civic Centre
Tuesday 30 September – (Change of date)
Tuesday 3 November – Malvern District Council Offices

All meetings start at 2.00pm at County Hall unless otherwise listed.

Development (Private) Meetings 2015

Tuesday 14 April
Tuesday 16 June
Tuesday 13 October
Tuesday 8 December

All meetings start at 2.00pm and will be held at County Hall.

The meeting ended at 3.45 pm

Chairman

Learning Disability Progress Report

Agenda item 5

Date	3 March 2015																
Board Sponsor	Richard Harling and Gail Quinton																
Author	Sharon Paterson																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>No</td> </tr> <tr> <td>Mental health & well-being</td> <td>No</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	No	Mental health & well-being	No	Obesity	No	Alcohol	No	Other (specify below)	Yes	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
Older people & long term conditions	No																
Mental health & well-being	No																
Obesity	No																
Alcohol	No																
Other (specify below)	Yes																
Children & young people	Yes																
Communities & groups with poor health outcomes	Yes																
People with learning disabilities	Yes																
Item for	Decision																
Recommendation	<p>That the Health and Well-being Board is asked to:</p> <ol style="list-style-type: none"> 1. Note the comments raised by Expert Members with a Learning Disability and Family Carers [see Appendix 1 and 2] 2. Formally respond to the key issues raised by Expert Members with a Learning Disability and Family Carers as set out in paragraphs 8-14[see Appendix 3] 																

Background

Expert Members and Family Carers Learning Disability Report

3. **Note the Self-Assessment Framework submission on behalf of Worcestershire [see Appendix 4] and request that an Action Plan to address the 'Red' categories is developed and reported to the LDPB**
4. **Approve the draft Adults Learning Disability Strategy [see Appendix 5]**
5. **Approve the joint position statement of children's and adults' in respect of support for people with learning disabilities**
6. In previous years, Expert Members, Carers and Providers have been able to submit a Joint Partnership Board report to a Senior Level Board as part of a nationally driven process. This process has now been replaced by an Integrated Self-Assessment Framework (SAF) designed and led by ADASS and NHS England. Expert Members and Carers have been involved in the SAF process; however they felt it important to ensure a voice at the Health and Well-being Board, commenting not just on a nationally set agenda; but responding to local issues in Worcestershire. Key issues raised are summarised in this report. Providers have also been given an opportunity to contribute to this process. The Expert Members and Carers report is in Appendix 1 and 2.
7. Expert members who represent people with a Learning Disability would like assurance that they are actively engaged with and involved in strategic planning across the council and the 3 CCG's.
8. Expert members would also like assurance from the Council and other partners that people with

a learning disability will get proper access to information technology and that information is in easy read.

9. Carers would like to see a continued commitment from the Council and other partners to develop strategies, plans and outcomes that are joined up and person centred, developed with a whole family approach.
10. Carers ask for a commitment by the council to consider a mechanism for Direct Payments to adjust in line with the consumer price index or average earnings. It is felt if this does not happen there are risks to the external market place in terms of survival of smaller local providers and quality once providers have reached a tipping point in terms of price.
11. Carers ask for a comprehensive means of evaluating and measuring the outcomes of the strategy both qualitatively and quantifiably. Methods of evaluation are reflected in the strategy through governance arrangements and performance measures. It is recommended to reinforce scrutiny of delivery, progress on the Strategy should be reported annually to the Health and Well Being Board.
12. Carers ask that Worcestershire's Carers' Strategy encompasses the needs of LD Carers and that the definitions and values will be applied equally in delivering the Learning Disability strategy. There is still an opportunity to influence the Carers Strategy that will be presented to the HWB in May 2015. The Partnership Board will oversee delivery of the strategy ensuring there is consistency with the Carers Strategy.

Summary of Key Issues raised by Expert members and Family Carers

Worcestershire's Learning Disability Self-Assessment Framework Submission

Data

13. Carers ask that the Council and partners build in a "Think Carer" approach into contractual arrangements beyond social care contracts. Being carer aware would recognise the value of carer expertise in terms of service planning, training and recruitment.
14. There is a national requirement by ADASS and NHS England each year that every area completes a Learning Disability self-assessment. This assessment gives us a baseline of how mainstream and learning disability services are ensuring access and equity for people with a learning disability and their family carers by submitting data and scoring red, amber, green ratings against a nationally benchmarked Self-Assessment Framework (LD SAF). The 2014 LD SAF submission is in Appendix 4.
15. The submission date for the Learning Disability Self-Assessment Framework was 30 January 2015. With a peer review taking place for the West Midlands on 27 February, from which draft action plans will be drawn up and signed off at the Learning Disability Partnership Board in May 2015.
16. A group of representatives completed the local verification process to score each of the standards. This included people with a learning disability, family carers, commissioning, WHCT, CCG's quality team and Worcestershire Acute Hospitals Trust.
17. The standards included:
 - Staying healthy
 - Staying Safe
 - Living well
18. This year several of the scores will be provided

centrally by Public Health England (IHAL – Improving Health and Lives) as the data is held on a national level, we don't expect to receive these scores till April 2015. Local scores included:

19. **Section A: "Staying Healthy"** was locally verified against the benchmark measures as scoring: 5 ambers and 2 reds across the standards. Two of the scores have moved up from red to amber, and we are awaiting 2 scores to be provided centrally.
20. **Section B: "Staying Safe"** was locally verified against the benchmark measures as scoring: 3 greens, 6 ambers across the standards. One of the scores has moved up from red to amber and one green score dropped to amber as the team looking at the scoring felt on reflection last years' score was overgenerous against the criteria.
21. **Section C: "Living Well"** was locally verified against the benchmark measures as scoring: 2 greens, 5 ambers, and 1 red across the standards. One of the scores has improved from amber to green, one red to amber and 1 will be scored centrally, the rest have remained consistent with last years' scores.
22. We were able to gain data direct from a central extraction of GP registers this year for 2 of the 3 CCG's for adults. At 31 March 2014, 2025 people with a Learning Disability were on the GP registers. The data showed as of 31 March 2014 26% of people on learning disability registers had a BMI of over 30, 21% were on the epilepsy register, 8% have diabetes. Further data can be found in appendix 3.
23. Wider data analysis will be produced as part of a Learning Disability brief to inform this year's Joint Strategic Needs Assessment.

24. Improved scores were due to the work outlined in the following areas:

Staying Healthy:

The Integrated Commissioning Unit has worked collaboratively with Worcestershire Health and Care Trust to develop and ensure roll out of the Learning Disability CQUIN (stretch target). The Trust are working to ensure a proportion of the learning disability population have health targets as part of their health action plan, linked to their GP Health Check. The target will also ensure the capturing of vital health data about the Learning disabilities current health needs. This work has led to the Trust re-introducing a link worker role to GP's, to ensure that practices have a named worker as a first point of contact. A base line figure achieved through the CQUIN will allow a performance measure to be established with the Trust to embed this work into ongoing practice.

A CQUIN has been developed for 2015/16 for the Learning Disability Community teams to use an outcomes measure tool called the Health Equalities Framework, this will enable a more robust commissioning measure based on outcomes and provide useful baseline data about the LD Population to inform future commissioning intentions.

Being Safe:

A learning Disability Strategy and governance arrangements are now in place for approval.

Living Well:

The Young Adults team is fully established with

clear plans, governance arrangements and links to commissioning. Significant progress has been made with commissioners to develop the housing with support model, with additional staff being recruited to roll out plans. Other developments for this year include recruitment of an Employment Partnership Officer for Learning Disabilities and a business case to be presented for a Health Facilitator.

Clear plans are now in place for employment, with a new supported employment service to be in place by October 2015 and Employment Partnership Officer in post by July 2015. As part of the Learning Disability "Have a Job" plan SpeakEasy Now are leading on an awareness raising campaign in March and April 2015.

LD SAF Issues

25. The ability to centrally extract data from two of the three CCG's has helped this year to complete more detail on the data submission. We were unable to get data for Redditch and Bromsgrove as 12 practices at the time had not signed the data sharing protocol.
26. There is still an issue around some of the questions asked and green rating criteria for the LD SAF. Several standards are driven nationally by the GP contract and although we can do work locally to support the current contract, without further requirements placed on GP's by the contract we will continue to be amber on a number of the health measures. We will raise this at the West Midlands peer review.
27. In 2013 there was a local commitment made by the Directorate of Adult Services and Health to adults with a learning disability and family carers to develop a Learning Disability Strategy. The strategy was a way of directing the work of the

Draft Adults Learning Disability Strategy

Learning Disability Partnership Board, its sub groups and commissioning intentions for the next 3 years [see Appendix 3].

28. The Partnership Board has worked to produce the Strategy during 2014. Working with people with a learning disability and carers we have designed a strategy that is accessible and engaging in terms of layout and language. This is reflected in the photos, easy read and extra information in the back. Family carers also wanted a plan on a page and performance indicators against commissioning intentions, these have now been included. The Partnership Board has agreed on governance arrangements of how to deliver the strategy.
29. The strategy has been shared with key partners through sub groups of the Partnership Board, including: Worcestershire Health and Care Trust, Worcestershire Acute Hospital Trust, Health Watch, Police, Education, Advocacy and Voluntary Sector, Housing and Care Providers through the Provider Forum. Engagement with the 3 CCG's has been through the Clinical Executive meetings as well as representation through the Partnership Board arrangements.
30. The strategy builds on a range of national guidance and considers local plans and context including "The Big Conversation" (2013) where the Council talked and listened to over 950 users, carers and members of the general public about learning disability services.
31. The strategy highlights the importance of:
 - Working with key partners to make sure that universal services are accessible to the Learning Disability population in

**Children and Adults
Learning Disability
Joint Position
Statement**

Worcestershire

- Choice and control for the individual to maximize independence and inclusion
- Working closely with the Children's Directorate

The strategy has 6 Big Aims:

1. Staying Healthy
2. Living Well
3. Having a place to live
4. Having a job
5. Staying Safe
6. The right support for carers.

32. A joint position statement has been produced to make sure the draft Children's and Adults strategy connect. It was felt that an all age strategy was inappropriate at this time because:

- Children's services do not use the terminology Learning Disability, and a child (with a learning disability) may be a subset of a wide range of other disabilities / issues that would then class that child as being a "learner who is vulnerable" or a child "who has additional needs"
- The experience and language used for children and adults is very different and a joint strategy could be difficult to understand or relate to on either side
- The legislation is different for children and adults, with independence of an adult being different to that of a child's dependence on their parent

Statement:

33. "Working together we want to achieve better

outcomes for children, young people and adults with a Learning Disability, including their families and carers. These outcomes include:

- Children, young people and adults with a learning disability have an improved health related quality of life
- Children and young people are living in a safe, stable and loving home with adults having affordable housing options available to them
- More children and young people are achieving their full potential in education with clear pathways towards employment and involvement in their local community
- More young people and adults with a learning disability gain and retain a paid job in the open labour market
- Children, young people, adults, families and carers are helped at an early stage to promote well-being and safety
- Families and carers are supported in their caring role so that they can maintain their health and well-being

We will achieve these outcomes by working together across children's and adult services to:

- Co-produce the development of services by actively engaging and listening to children, young people, adults, families and carers
- Clearly define needs and ensure that the right services are available for the right children, young people, adults and families, at the right cost and at the right time

- Actively support young people moving from children's services to adult services
- Focus resources on those that need them most, whilst recognising the importance of information and advice to empower self-help and early help to maintain well-being
- Build effective partnerships to make sure universal services are inclusive and make appropriate reasonable adjustments"

Supporting Information

Appendix 1 – Expert Members comments for the report to the Health and Wellbeing Board

Appendix 2– Carer Input into the Report for the Health and Wellbeing Board

Appendix 3 – Health and Well-Being Board Responses to Expert Members and Carers summary of issues

Appendix 4 - Learning Disability Self -Assessment Framework 2015

Appendix 5 – Draft Worcestershire's Adult Learning Disability Strategy 2015-18

Background Papers

This report includes reference to a number of documents that are all connected and provide a wide view of the progress being made with Learning Disabilities. These documents include:

- a. Expert Members and Family Carers Learning Disability Report
- b. Worcestershire's Learning Disability Self-Assessment Framework Submission
- c. Draft Adults Learning Disability Strategy
- d. Children and Adults Learning Disability Joint Position Statement

This page is intentionally left blank

Appendix One

Expert Members comments for the report to the Health and Wellbeing Board

Being involved in the Learning Disability Partnership Board

We are pleased that we are able to have our say at the Board and the Sub-groups. Sometimes in the past it has not always been easy for us to get our voice heard. However, there have been some changes made and we now get the information we need to be able to prepare better for meetings. This means that we are more able to speak up about particular issues that affect us.

We are pleased that the Living Well Sub-group has started. This affects how the majority of people with learning disabilities spend their days. It is important that we have the chance to influence this. The challenge now is to make sure the group runs effectively.

Easy Read and accessibility

It is good that the Council is now trying to make sure that all documents that come to people with learning disabilities are written in a way that we can understand. We are pleased that other documents are also being put into easy read. This means we are better able to have our say about issues.

We are still worried about the decision to use on-line assessments. We hope that the pledges made at our Parliament about Future Lives and the internet are fulfilled properly.

We need assurance that in the drive to use the internet for more and more things that people with learning disabilities do not get left out. We need training on using the internet, but also commitment that other ways to communicate can still be used.

We understand that things need to change and we may not always like what is happening. But it is really important we are properly included in discussions about changes. The move for people to buy services from providers instead of the Council is a big change for many people. We need the same information

about this as our families get, after all it is us that use the services and not our carers.

Another worry for us is that our new Personal Budgets may not be enough to give us the amount to services we need. This will mean we end up with not as much choice as we would like.

Draft Commissioning Strategy

It is very good that the Commissioning Strategy has been written and in a way that we can understand. It sets clear plans for the next three years. It will help the Learning Disability Partnership Board and its sub-groups become more effective.

We want you to make sure that we will continue to be able to have the chance to influence decisions. It is often harder to consult with people with learning disabilities, but our voice needs to be heard in our right, not just through our families.

The commitment made by the Health and Social Care to fund work such as our Health Checkers / Locked Hospital Projects and the People's Parliament is very positive. In different ways, both projects have been able to hold decision makers to account. One of our Health Checkers said, "It is important that we highlight things that the health services aren't doing so well as we can help make it better for people with learning disabilities."

The Principles laid out in the Strategy are excellent. The challenge will be to make sure that they happen in these difficult times, but also that are done in partnership with people with learning disabilities and their families.

Appendix 2

Carer Input into the Report for the Health and Wellbeing Board

Draft LD Strategy 2015-18 Better Outcomes for People with LD and their families

Co-Production and Partnership Working

Carers are pleased that in developing the draft LD Strategy, Officers have made genuine efforts to work with them as true partners and that this has resulted in a strategy that carers feel reflects their views and opinions.

Other excellent examples of joint and partnership working are provided by the work of the Young Adult's Team and its steering group. Carers feel truly engaged and involved and have an excellent relationship with their co-stakeholders including Young Consultants.

Carers are happy and eager to co-produce in 'real' ways in the knowledge that this can help them to co-own decisions.

Carers realise that a healthy partnership and engagement process means that not all discussions or decisions are able to be resolved in a way that ensures all parties are satisfied. They believe that challenge and scrutiny should not be regarded in a negative way but is seen as part of a constructive process.

Carers hope that these good practices can become a template for all activities relating to LD services and carer issues; in order to ensure there are fewer examples of poor partnership working and working with carers too late, once decisions have been made or inconsistently in the future

In the future carers would like to see Strategies, Action Plans and Outcomes which are 'person centred and integrated' both for them and their family members developed in partnership and with a whole family approach.

LD Partnership Board Governance

Carer Representatives are pleased that the Governance arrangements for the LDPB and sub groups still includes carer members and independent support for them to engage in discussions in a meaningful and well informed way and to facilitate engagement with the wider LD carer population.

The draft Learning Disability Strategy

Carers understand the financial issues faced by the Local Authority and NHS but also require that these partners also recognise the financial contribution they make.

Carers are optimistic that the draft 3 year learning disability strategy is setting the right general direction of travel. They are pleased that the commissioning manager tasked to do this piece of work, has worked in such a positive and co-productive way.

However they recognise that the success or otherwise of this strategy and its guiding principles is reliant on comprehensive, quantifiable and qualitative outcomes for all partners

Carers believe that, to ensure that the LD strategy is effective and services and the lives of people with learning disabilities are improved, it is essential that there is :-

- **An effective mechanism for quality assurance of services** provided by Local Authority, NHS and private providers. Including mechanisms to ensure safe guarding irrespective of who purchases the service.
- **Full Support from leadership** to ensure the Strategy is successful in meeting its targets
- **Comprehensive and quantifiable outcomes for all partners**
- **A market place** that is providing services and options that are safe and sustainable both for the service user, carer and provider
- **An understanding and mechanism to adjust Direct Payments to reflect changes in the CPI or average earning**, as is done with the State Pension. Without this there is a real threat to the viability of the market place which will see real increases to input cost. It is already a threat to the well-being of service users as the services reduce in quality/safety/duration.
- **Services that are person and family centred** understanding the impacts on the whole family. Ensuring that all strategies likely to impact on the lives of people with LD and their family carers interconnect, and are not seen in silos
- **A system that allows real choice and support** that is available to exercise choice in a realistic way with a proper understanding of the consequences of choices
- **Education, awareness raising and training** to ensure people with learning disabilities and their carers are understood and accepted.
- **Integration of social care and health systems** so that people only have to tell their stories once and systems talk to each other.
- **Services that do not operate in isolation and in 'silos'**
- **Effective and good partnership working** with all key stakeholders including people with LD and family carers, and led by people with learning disabilities and their carers
- **Decisions based on the evidence** provided by and from those using services and their families
- **Real understanding of impacts of changes** and the 'hidden' effects and having mechanisms to listen

- **A way of listening and learning from 'experts by experience'** avoiding making decisions that increase costs in the long term e.g. Housing matching, inability to continue caring etc.
- **Better connections between providers of service and commissioners** and learning from best practice

Evaluating the outcomes

Carers suggest there has to be a **comprehensive means of evaluating and measuring the outcomes of the strategy both qualitatively and quantifiably.**

Carers

- Carers expect that definitions and underpinning values and commitments to carers in Worcestershire Carers Strategy 2015-18 will be applied to LD carers
- There is clear guidance in the Care Act with regard to carers and LD carers will expect LD services to comply with this guidance including their rights in regard to:
 - Well-being
 - Information and advice:
 - Prevention
 - Assessments
 - Meeting support and care needs
- Carers will expect all services to 'Think Carer' and to respect their unique knowledge and expertise. Carer Aware – we would like commissioners to embed this requirement into social care related contracts (not just for carer services)
- Carers of people with LD often provide a 'lifetime of care', this should be acknowledged
- It is essential to understand the need to engage and support parent carers, carers at transitions and carers of adults in ways that meet their needs and support them in their caring roles which will change over time
- Support for carers needs to extend to advocacy and support to help them engage in strategic decision making, partnership working, co-production and service development.
- For some people with LD their carers are their advocates and carers hope that this role will be recognised, understood and valued.
- Caring for someone with LD for a lifetime means that the impact and burden of care affects the whole family, carers would like to see this recognised and assessments and services that are 'family' focussed.

Ray Eades: LD Carers Reference Group Chair on behalf of members of LD Carers Reference Group and LD Carers Consultative Group

15.1.15

Appendix 3

Health and Well-Being Board Responses to Expert Members and Carers summary of issues

1. Expert members who represent people with a Learning Disability would like assurance that they are actively engaged with and involved in strategic planning across the council and the 3 CCG's.

Response:

The Health and Well-Being Board commit to work with partners to ensure that the Council and 3 CCG's actively engage and involve children, young people and adults with a learning disability, their families and carers in strategic planning; this is also reflected in the Children and Adults Joint Position Statement.

2. Expert members would also like assurance from the Council and other partners that people with a learning disability will get proper access to information technology and that information is in easy read.

Response:

The Health and Well-Being Board request that the Learning Disability Partnership Board work in co-production with people with a learning disability and carers to ensure that the Council and other partners are aware of the access needs to information technology and accessible information, including easy read. The Health and Well-Being Board ask that the Council and partners work with the Learning Disability Partnership Board to meet these needs within resources available.

3. Carers would like to see a continued commitment from the Council and other partners to develop strategies, plans and outcomes that are joined up and person centred, developed with a whole family approach.

Response:

The Health and Well-Being Board commit to ensuring all strategies relating to children, young people, adults, families and carers are person centred,

outcomes focused, demonstrate a joined up approach to other strategies and consider a whole family approach.

4. Carers ask for a commitment by the council to consider a mechanism for Direct Payments to adjust in line with the consumer price index or average earnings. It is felt if this does not happen there are risks to the external market place in terms of survival of smaller local providers and quality once providers have reached a tipping point in terms of price.

Response:

The Health and Well-Being Board request that the Council consider this in the context of its responsibilities under the Care Act for meeting individuals assessed eligible needs and for ensuring a sustainable market financial position, as well as its overall financial position

5. Carers ask for a comprehensive means of evaluating and measuring the outcomes of the strategy both qualitatively and quantifiably. Methods of evaluation are reflected in the strategy through governance arrangements and performance measures. It is recommended to reinforce scrutiny of delivery, progress on the Strategy should be reported annually to the Health and Well Being Board.

Response:

The Health and Well-Being Board commit to an annual scrutiny of progress against the Strategy and Joint Position Statement; additional performance measures to demonstrate the commitments made in the Joint Position Statement should be agreed at and overseen by the Learning Disability Partnership Board.

6. Carers ask that Worcestershire's Carers strategy encompasses the needs of LD Carers and that the definitions and values will be applied equally in delivering the Learning Disability strategy. There is still an opportunity to influence the Carers Strategy that will be presented to the HWB in May 2015. The Partnership Board will oversee delivery of the strategy ensuring there is consistency with the Carers Strategy.

Response:

The Health and Well-Being Board commit to ensuring that Worcestershire Carers Strategy includes the needs of carers of people with a learning disability and ask that the Partnership Board consider consistency with the Carers Strategy as part of overseeing the delivery of the Learning Disability Strategy.

7. Carers ask that the Council and partners build in a "Think Carer" approach into contractual arrangements beyond social care contracts. Being carer aware would recognise the value of carer expertise in terms of service planning, training and recruitment.

Response:

The Health and Well-Being Board ask that the Council and partners to work with carers and the Integrated Commissioning Unit to establish appropriate use / contractual wording of "Think Carer" beyond social care contracts.

This page is intentionally left blank

Appendix 4

Learning Disability Self Assessment Framework 2015

A1: Learning Disabilities Quality Outcomes Framework (QOF) register in Primary care

Amber: LD registers reflect prevalence data but are not stratified by complexity. A recent data sharing protocol has allowed the central extraction of data for LD, this will feed into a specific LD JSNA briefing produced by public health (May 15). An LD CQUIN and link worker role has been rolled out across GP practices which will ensure better data being captured. Further work is required to ensure strategic links to CCG GP quality governance processes and development through the Staying Health sub group with NHS England and Primary Care Liaison to promote the LD Quality Outcome Framework register.

A2: Finding and managing long term health conditions: obesity, diabetes, cardiovascular disease, epilepsy

Amber: There is an LD CQUIN to capture health needs data and health improvement goals. The link worker role has been spread across all GP practices to ensure this work is taken forward. There is no formalised process in place with GP's, and further work is planned to embed strategic links with CCG's around practice, quality and data. LD specific JSNA briefing is planned for May 2015 to compare the general population and the LD population against these 4 long term conditions.

A3: Annual health checks and annual health check registers

IHAL will provide local rating based on national data:

Stakeholders wish to raise: that it should not just be a numbers measured, but there should a national quality standard set. Locally further work is planned to identify good practice and spread across the 3 CCG's. There was recognition that this would be built on the work that had already been done through Primary Care Liaison.

A4: Specific health improvement targets at the time of the annual health checks in primary care (found in health action plan)

Red: Stakeholders felt that NHS England may need to change this standard or change how GP's are paid, although there is guidance GP's are not required to code Health Action plans with a health improvement target for payment. It was felt therefore questioned whether NHS England is expecting GP practices to do work over and above the current QOF requirement. There is also an assumption that Health Action Plans have a health improvement target in them, this is not found to be the case locally. An LD CQUIN is currently supporting work with Primary Care liaison to improve and audit health improvement targets.

A5: National screening programme (bowel, breast, cervical)

IHAL will score from national data set:

Stakeholders wanted to raise to NHS England that people with a Learning Disability are at a higher risk of developing certain types of cancer (e.g. stomach cancer) and wanted to ask what is being done on a national level.

A6: Primary care communication of learning disability status to other health care providers

Red: As there is not a system wide approach on this benchmark we are not able to score amber. This is an issue not just for Learning Disabilities and will be addressed as part of Worcestershire's Well Connected programme. Acute Sector LD flag is well established, although needs to be replicated in the community hospitals. Further work with the CCG's around EMIS template to include: reasonable adjustments, capacity and consent.

A7: Learning disability liaison function or equivalent process in acute settings

Amber: We have a well-regarded Acute Liaison function that has developed a tool-kit of good practice for the acute sector. This standard was viewed as being a high amber purely because this service requires a commissioning review of HES data and outcomes to establish best use of resource in the future based on trends and evidenced need. The service currently stands alone during office hours only, with future scope to redesign liaison once review is completed.

A8: NHS commissioned primary care: dentistry, optometry, community pharmacy, podiatry

Amber: It was difficult to score this as we don't know that "all people with a learning disability were known and patient experience was captured", it was felt unlikely that happened in all cases. Users and carers were able to give purely anecdotal evidence and highlight areas of good practice. It was felt further work is required with appropriate commissioners to determine and implement contractual / quality leavers. This responsibility would predominantly rest with NHS England, and some with CCG's.

A9: Offender health and the criminal justice system

Amber: Worcestershire has developed a multi-agency clinical pathway, this is supported by easy read documentation which explains the processes of the Criminal Justice System and is given to people who are identified as having a Learning Disability within the system.

Particular work has been undertaken by the psychologists and behavioural nurses in order to support the pathway.

A screening questionnaire for the prison service is being piloted to identify people with a learning disability, to ensure their health needs are met within the prison environment.

B1: Individual health and social care packages

Amber: Reviews are monitored for all funded health and social care packages through KPI reporting, including Senior Management scrutiny. Worcestershire's target of 95% of all packages reviewed within a 12 month period was achieved. Reviews are not currently accessible in easy read. As part of New Models of Care being introduced in April 2015, people being assessed will have more control over their review process.

B2: Learning disability services contract compliant

Amber: Contracting and Monitoring functions sit with a central team in local authority, monitoring annual contract reviews, ensuring contractual processes are followed proportionate to their value. Unannounced visits are used by all parties, including nurses and social workers, where possible, as part of the auditing process. The development of the E-Market Place and Direct Payments has meant that quality reviews are carried out on the provider before they can take referrals, to maintain quality and safeguarding.

All health funded placements have standard NHS contracts in place with clear outcomes and key performance indicators which are monitored on a quarterly basis. In addition, reviews of the placement take place, alongside CPA meetings on a 6 monthly basis to inspect quality against KPIs and outcomes.

B3: Monitor Assurances

Amber: We are working with Worcestershire Health and Care Trust and Worcestershire Acute Hospitals NHS Care Trust as they move towards Foundation Trust status.

B4: Adult Safeguarding

Green: There are good links between the CQC compliance inspectors and County Council staff. Multi-agency information sharing forum is in place. The Directorate Leadership Team is informed of concerns via monthly exception reporting. The Winterbourne View Action Plan is a standing item on the Worcestershire Safeguarding Adults Board. The WSAB Audit and Good Practice Sub-Group run a programme of multi-agency case file audits for all ages. Stakeholders requested that a representative with a learning disability should sit on the Safeguarding board.

B5: Self-advocates and carers in training and recruitment

Green: All contractual arrangements through Worcestershire's Integrated Commissioning Unit include reference to involvement in recruitment and training. CQC standards include monitoring of involving service users and families in service development and recruitment. As Worcestershire pushes towards a greater number of people with a direct payment far greater control over recruitment and training will be available to people buying and managing the services they buy.

B6: Compassion, dignity and respect

Green: Contractual arrangements refer to recruitment processes to provide regulated services must meet CQC's Essential standards of quality and safety, March 2010. Monitoring processes aim to ensure that appropriate recruitment checks are undertaken. Service user feedback and observational techniques contribute towards monitoring.

For health funded placements including locked hospital environments and high end step down placements we use a quality assurance checklist and reviewing process that includes recruitment and focusses on the behaviour of staff in the environment. The checklist utilises a flagging system and the behaviour of staff and the culture of the environment is paramount. If the placement scores a red flag in this area we would not use the placement and inform commissioners from other areas of our findings.

B7: Commissioning strategy impact assessments

Amber: Commissioning Strategy has been developed with users, carers and other stakeholders through the Learning Disability Partnership Board. The strategy includes preparing for adulthood as a cross cutting theme. Plans to deliver the 6 Aims of the strategy are developed through the sub groups of the LD Partnership Board including: Staying Healthy, Living Well, Having a place to live, Having a job, and the right support for carers. Future Lives have seen a number of Impact Assessments carried out and equality impact assessments are developed and shared with relevant subgroups as commissioning intentions are taken forward.

B8: Complaints lead to changes

Amber: The Care Services Quality Team assess the quality of providers through a range of systems; including data from the patients, family and staff, documentation such as Care plans, risk assessment and key monitoring forms.

A multi-agency action plan has been produced as a result of reviewing the Homes policy including whistleblowing. The evidence of outcomes is recorded on the county council's patient case record system under the overall provider, ensuring information is shared with social work teams and repeat patterns identified and resolved. NHS Providers have robust governance systems including incident reporting, complaints process and patient experience.

Feedback is actively sought from patients and carers. Action plans are developed from the identified themes and shared with the complainant. Lessons learnt are shared to improve practice and patient experience. Staff are aware and actively supported to use the whistleblowing policy.

B9: Mental Capacity Act & Deprivation of Liberty

AMBER: Multi-agency policy and procedures provide guidance on the use of the Mental Capacity Act in relation to safeguarding. The Worcestershire Safeguarding Adults Board Mental Capacity Act Policy, incorporating Deprivation of Liberty Standards, was reviewed and updated in December 2014. All relevant providers were informed and given guidance on the change in the DOLS threshold following new case law in April 2014. The Care Services Quality Team and DOLS team have increased their consultation and support to providers on issues of mental capacity, best interest decision making and Deprivation of Liberty Standards.

C1: Effective joint working

GREEN: The Integrated Commissioning Unit hosted by Worcestershire County Council has responsibility for the commissioning of health and social care learning disability services. The Unit commissions a range of services on behalf of the local authority and the 3 CCG's: Redditch and Bromsgrove, Wyre Forest and South Worcestershire this is under a Section 75 agreement. Integrated commissioning is monitored by the Integrated Commissioning Executive Officers Group. The Learning Disability Partnership Board has membership from a range of stakeholders, chaired by the Head of the Integrated Commissioning Unit. Worcestershire's (2015-18) Learning Disability Strategy is being implemented with new governance arrangements in place.

C2: Local amenities and transport

Amber: Worcestershire continues to offer independent travel training so that people with a learning disability can use local transport services independently. The Safe Places Scheme is operational in parts of the county but work is still to be done to roll out the scheme across the whole of the county and ensure they are widely publicised. The new model for day opportunities is being implemented in 2015 and this will include exploring the possibility of accessing personal care suites in public places.

C3: Arts and Culture

Amber: There are several examples of local projects e.g. Cultural Heritage in Partnership with Personalisation (CHIPPP) in Kidderminster and Evesham, but these are not widespread. The Learning Disability Partnership Board Living Well sub group will be looking at how this can be improved in 2015. There is an Arts, Health, Wellbeing, Culture and Dementia sub group which sits under the Worcestershire Arts Partnership whose aim is to improve the health and wellbeing of Worcestershire residents, including those with a learning disability.

C4: Sports and Leisure

Amber: A new model of day opportunities is to be implemented in 2015 which will provide more opportunities for adults with a learning disability to access universal services and wider community activities. The Learning Disability Partnership Board Living Well sub group will be looking at how this can be improved in 2015. Examples of reasonable adjustments within demonstrated in evidence

C5: Employment

Amber: A joint plan "Having a job" has been designed by the Learning Disability Partnership Board Having a Job sub group and is now being implemented with partners, including Economic Development and Department for Work and Pensions. A jobs tracker has been produced so that we can monitor success, and the group have set step targets to measure outcomes of the plan. A new service for Supported Employment will be in place by October 2015 alongside an Employment Development Officer hosted by the Young Adults team to progress this work. People's Parliament will be debating Employment in March 2015.

C6: Preparing for adulthood

Green: We have a Young Adults team, with a plan and clear governance arrangements in place that demonstrates co-production and multi-agency representation. The work of the Young Adults team has strong links to commissioning, demonstrated with the work currently involving the teams Housing Officer and practitioners forward planning demand and identified needs for the Housing with support commissioning plan. As part of future developments for the team there will be an Employment Development Officer in post by July 2015 and a Business Case for a Health Facilitator will be brought to the Integrated Commissioning Executive Officer's Group by May 2015.

C7: Involvement in service planning and decision making

RED: Carers raised an issue with this question that a definition of "Co-production" should have been provided as different areas will interpret this question differently and the results will not be comparable. It was felt by expert members with a learning disability and family carers that not all services are involving individuals and carers in service planning and decision making. Involvement in planning universal services was considered by stakeholders to be inconsistent. Future Lives consultation and proposed changes to preventative services was used as an example by stakeholders where co-production earlier on in the process would have been beneficial.

C8: Carer satisfaction rating. To be answered by family carers

Amber: Carers have had the opportunity to work closely with commissioners in developing the LD Strategy and are satisfied that this has been a good example of co-production. The creation of the Young Adults Team and carers continued involvement in its operational and strategic focus is proving effective.

Co-production has, however, been missing in other work and carers feel they have not been seen as partners by experience in other important activities. Transformation of day services, the Carers Strategy and the web based services are three important areas, where carer engagement has so far, been less co-productive and required additional challenge to ensure the carer voice has been heard.

Carers are involved in looking at generic Health and Wellbeing issues including developing Worcestershire's Carers Strategy, implications of the Care Act, SEN reforms, albeit with differing levels of co-production and participation.

C9: Overall rating for the assessment

To be answered by IHAL upon submission.

**Joint Health and Social Care Learning Disability Self-Assessment
Framework 2013/14 Guidance**

Section D – The context in numbers

A: Demographics

How many people are there in your locality:	Number of people known to GP's as having a Learning Disability	Number of People known to GP's as having a learning disability, who have complex or profound learning disabilities.	Number known to GP's as having a learning disability who also have an Autism Spectrum Disorder.
Aged 0 to 13 inclusive?			
Aged 14 to 17 inclusive?			
Aged 18 to 34 inclusive?			
Aged 35 to 64 inclusive?			
Aged 65+?			
If you are unable to provide an age breakdown at this level, then complete either A or B below:			
A: Aged 0 to 17 inclusive?			
A: Aged 18 and older?			
B: All ages?	2025		

B: Cancer Screening

Cervical Cancer Screening	Whole Eligible Population (this includes women with and without learning disabilities)	NUMBER of the Whole Eligible Population who had a cervical smear test*	NUMBER of women with learning disabilities who are eligible	NUMBER of women with learning disabilities who had a cervical smear test*
How many women are there in the age range 25 to 64 inclusive and who have not had a hysterectomy (ie are eligible for cervical cancer screening)?	140670	110533		
Breast Cancer Screening	Whole Population. (Non-LD and LD population).	NUMBER of the Whole Eligible Population who had mammographic screening in the last three years?	NUMBER of women with learning disabilities who are eligible	NUMBER of women with learning disabilities who had mammographic screening in the last three years?
How many women are there in the age range 50 to 69 inclusive (ie are eligible for breast cancer screening)?	67889	54808		
Bowel Cancer Screening	Whole Population. (Non-LD and LD population).	NUMBER of the Whole Eligible Population who satisfactorily completed bowel cancer screening in the last two years	NUMBER of people with learning disabilities who are eligible	NUMBER of people with learning disabilities who satisfactorily completed bowel cancer screening in the last two years.
How many people are there in the age range 60 to 69 inclusive (ie are eligible for bowel cancer screening)?	39083	48370		

C: Wider Health

All questions relate to 31 st March 2014	Number of people with a learning disability.
On the 31st March 2014 - How many people are there aged 18 and over who have a record of their body mass index?	1116
On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the obese range (30 or higher)?	396
On the 31st March 2014 - How many people are there aged 18 and over who have a body mass index in the underweight range (where BMI is less than 18.5 Note threshold changed from SAF 2014 to align with national obesity observatory work and international standards)?	72
On the 31st March 2014 - How many people aged 18 and over are known to their doctor to have coronary heart disease? As per the QOF Established Cardiovascular Disease Primary Prevention Indicator Set.	15
On the 31st March 2014 - How many people of any age are known to their doctor to have diabetes (includes both type I and type II diabetes here)? As per the QOF Established Diabetes Indicator Set.	117
On the 31st March 2014 - How many people of any age are known to their doctor to have asthma? As per the QOF Established Asthma Indicator Set	123
On the 31st March 2014 - How many people of any age are known to their doctor to have dysphagia?	58
On the 31st March 2014 - How many people of any age are known to their doctor to have epilepsy? As per the QOF Established Epilepsy Indicator Set	289

D: Mortality Rates

How many people with a learning disability, resident in your locality died between 1 st April 2013 and 31 st March 2014?	Number of people with a learning disability
Aged 0 to 13 inclusive	
Aged 14 to 17 inclusive	
Aged 18 to 34 inclusive	2
Aged 35 to 64 inclusive	24
Aged 65 and older.	9

Data sets for Section E gathered by IHAL.

F: Use of General Hospital Services

Please provide the sum total number from all general hospitals providing care to the area	Number of spells/attendances/ to people where the person was identified by the provider as having a learning disability	Number of spells/attendances/people – all people (to provide context – there will be used to calculate percentages).
How many HOSPITAL PROVIDER SPELLS of inpatient Secondary Care were received under any consultant speciality EXCEPT the psychiatric specialities (Speciality codes 700 -715) between 1 st April and 31 st March 2014	412	117869
How many secondary care outpatients attendances were received by people under any consultant speciality EXCEPT the psychiatric specialities (Speciality codes 700 – 715) between 1 st April and 31 st March 2014	Time sample by deduction over 6 weeks during alerts switch on. (April to May 14). 1480	
How many attendances at A&E between 1 st April and 31 st march	396	
How many people have attended A&E between 1 st April and 31 st March more than 3 times?	14	

G: Continuing Care and After Care

On the 31 st March 2014:	Number of people with a learning disability
How many people are in receipt of Continuing Health Care (CHC)?	56
How many people are in receipt of care funded through an arrangement under section 117 of the Mental Health Act?	39



Better outcomes for people with a Learning Disability and their families



Foreword

I welcome the opportunity to introduce Worcestershire's Adult Learning Disability Strategy that sets out the direction of travel for the next three years. The Strategy outlines Social Care, Health, the Police and other key partners' commitment to improving outcomes for all people with a learning disability in Worcestershire, whilst improving their quality of life through its 6 Big Aim's:

1. Staying healthy
2. Living well
3. Having a place to live
4. Having a job
5. Staying safe
6. The right support for carers

Whilst we recognise the significant financial challenge in the years ahead for the Local Authority and partner agencies there is much that can be done to improve access to mainstream services and ensure that people with a learning disability are active members of their local communities.

The focus will be shifting in Worcestershire to enable more people to have choice and control over their care, support and health needs.

We are committed as partners to:

- work with providers to make sure appropriate services are available to purchase that meet people's needs
- develop an e-market place to highlight options available to people both mainstream and specialist services
- work with the voluntary sector to ensure support is available to access information and community activities
- work with mainstream services to make sure reasonable adjustments are made so that more options are available and are safe for people with a Learning Disability

We will work closely with Children's Services to make sure the strategy links to and supports young people in preparation for adulthood. [<Link to Children's and Adult's joint position statement>](#)

In order to achieve "Better Outcomes for People with a Learning Disability and their families" we will look to all services, community and voluntary sector organisations, police, schools, employers and most importantly people with a learning disability and their families to make sure that we work together to deliver the strategy.



Dr Richard Harling
Director, Adult Services and Health



“ Being an Expert Member gives me the chance to speak out about issues affecting people with learning disabilities ”

Tim Holman Co-chair of Learning Disability Partnership Board



“ Carers value the opportunity to work as partners with the County Council and NHS and bring a unique expertise by experience not only for themselves but also as carer advocates for family members who find it difficult to speak up for themselves ”

Ray Eades, Chair of Carers Reference Group



Section 1 **What is the Learning Disability Strategy** **7**



Section 2 **Laws, Policies and Plans** **9**



Section 3 **How many people with learning disabilities are there in Worcestershire?** **11**



Section 4 **What we do at the moment to support people with learning disabilities and their family carers?** **14**



Section 5 **What we believe in - our principles** **18**



Section 6 The 6 Big Aims

20



Section 7 How will Worcestershire check that the Strategy is working?

36



Section 8 Strategy on a Page

38



Section 9 Extra Information about the Aims

39



Section 10 Extra Information about the Money

46



Section 11 Extra Information about how people use services

48

Worcestershire County Council Commissioning



Evaluate start by involving and listening to **customers**, researching all available information to identify priorities through the democratic process. Consider the delivery options about how to best meet the outcomes **required**.

Design the service specification giving further consideration to how best to deliver the **outcomes** required.

Source the right provider for the customer at the **right** price for the tax payer.

Review the performance of the provision by checking it is delivering against **quality** standards and **take action when needed**.



Section One

What is the Learning Disability Strategy?

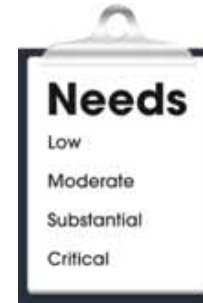
This is a plan about how services for people with learning disabilities will be provided over the next 3 years.



Learning Disability services are paid for by Worcestershire County Council and the 3 Clinical Commissioning Groups. The Strategy says how we are going to spend our money to get the best services possible for people.



What people with learning disabilities want



What services and support people will be able to have

It is important that we have this Strategy because it lets everyone know:



What people with learning disabilities need



How much money there is to spend on Learning Disability Services



What family carers need



What services work well and what needs to change





Section Two

Laws, Policies and Plans

When we wrote this Strategy we had to make sure it kept to the law and advice that the Government has given. We also had to make sure that it kept to the other policies and plans that the Council has made. Some of these are:

Government laws and recommendations

- Valuing People Now (2009)
- The Care Act (2014)
- Autism Act (2009)
- Winterbourne View Concordat (2012)
- National Outcomes Framework (2014)
- The Children & Families Act (2014)
- The Special Educational Needs and Disability Code of Practice (2014)



Worcestershire County Council and the three Clinical Commissioning Groups Policies

- Worcestershire's Joint Health & Well-Being Strategy
- The 5 Year Health & Care Strategy
- Well Connected
- The 3 CCG's strategies
- Worcestershire County Council Corporate Plan
- Future Lives
- Financial Plan







Section Three

How many people with learning disabilities are there in Worcestershire?



It is important that we know what we mean by a Learning Disability

In 2001, the Government said what they meant by Learning Disability was someone who, from being a child:

- Found it much harder than other people to understand complicated information
- Found it much harder than other people to learn new skills
- Found it much harder than other people to cope with life without help from other people

Page 55



Some people with learning disabilities have more problems than others. In our Strategy we talk about people with profound and multiple learning disabilities (PMLD).

This will include people who can't talk and find it very hard to understand things. They will often not be able to move about on their own. They may also have other problems like epilepsy.



The strategy also talks about people who have complex needs. This may mean they may hurt themselves or other people, complex needs can also be used to describe someone with multiple health conditions.



Numbers

From April 2013 to March 2014, Worcestershire County Council and Learning Disability health services worked with 1933 adults with learning disabilities in Worcestershire. There are likely to be more people with learning disabilities than this in Worcestershire. They have not been counted because they do not get a service from the Council or Worcestershire Health and Care Trust.



We think in the future we will be working with more people with learning disabilities.

This is because generally people with learning disabilities are living longer.

We will be having to give services to more people with complex needs.

This is because there is better care for people with complex needs. This means they are living longer.



At the end of the Strategy you will find some extra information.

You will be able to find lots more information:

You will find a picture showing where people with learning disabilities in each of the Clinical Commissioning Groups live.

There is more information about the numbers of people with complex needs.



Our services based in the community.



The numbers of people with learning disabilities with a job - paid or unpaid.



What do we spend on Learning Disability Services now?

Worcestershire County Council spends about £50,000,000 each year on services for people with learning disabilities.



At the end of the Strategy you will find some extra information. (page 46)

There are tables showing how much money we think we will spend:

- This financial year (April 2014 to March 2015).
- Next financial year (April 2015 to March 2014).

£7 million

We spend £7 million on our own services.

£43 million

We spend £43 million on services we buy from other people (external providers).

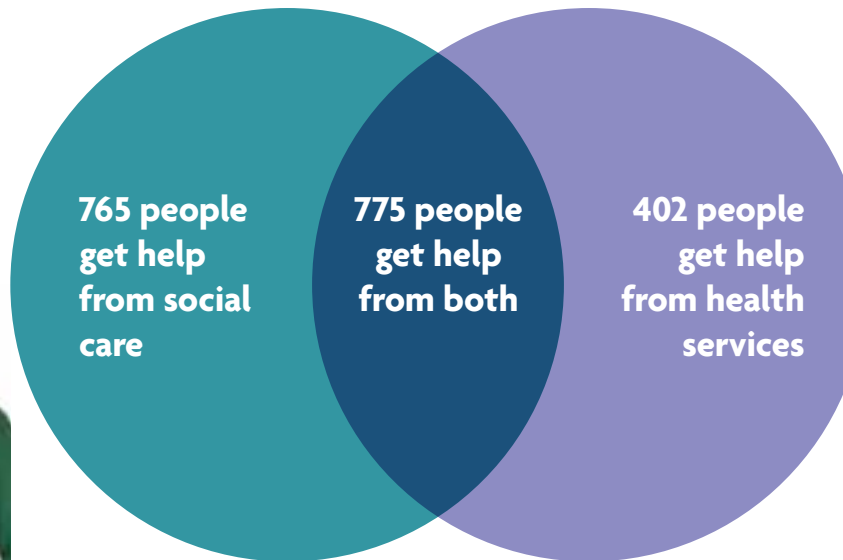
£5 million

The three Clinical Commissioning Groups spend over £5 million on specialist Learning Disability health services.

1993 people get services from our joint health and social care services

The diagram shows how many get help from:

- Social care
- Both health and social care
- Health





Section Four

What we do at the moment to support people with learning disabilities and their family carers

Universal Services and Community Groups

Universal services are services that everyone can use. Examples would be include hospitals, colleges or the local Sports Centre.



The Learning Disability Integrated Service

Learning Disability Services are provided by Social Care and Health. We call it an integrated service because they work together very well to provide good services.

Some services are split between the north and the south of the county.

Services have a Professional Lead (manager) to make sure there is a good service across the county. These managers are for nurses, occupational services, physiotherapists, speech and language therapists, and social workers.



We want to make sure that people with learning disabilities can use these ordinary services in the same way as other people are able to.



We will work with these services and also community groups to help them make changes so their services are there for everyone to use.

In this way, many people with learning disabilities will not need to use specialist services so much in the future.





GP Practices

People with learning disabilities can have a Health Check every year from their family doctor.

Now 66 out of 67 GP Practices offer an annual Health Check to their patients with learning disabilities.

We have a Primary Care Liaison Nurse who works part time. Her job is to help family doctors give a good service to people with learning disabilities. This includes help with making sure Annual Health Checks and Health Action Plans are done well.

Community Health Services

Learning Disability Nurses give support to people with learning disabilities and their family carers to keep healthy. This will include making sure that health services will change the way they do things to make sure people with learning disabilities can use the service properly. This is called making “reasonable adjustments”.





Hospitals

We have an Acute Liaison Service. These are a small team of special nurses that work in hospital. Their job is to help hospitals to make reasonable adjustments for people with learning disabilities when they are in hospital.



Complex Needs Placements

Like everybody we were shocked at the abuse of people with learning disabilities at Winterbourne View. This was a locked hospital.



The team will be make sure people only go into a locked hospital if there really is no other choice. They will always try to arrange treatment that gives people the most freedom they can have safely. The Team will work with Community Teams to do this.



To make sure that people with learning disabilities and complex needs (people who may hurt themselves or other people) are looked after properly we have set up a Specialist Commissioning Team.



Where people do have to go into a locked hospital it will only be for a short amount of time. They will work to get them back home as quickly as possible.





Section Five

What we believe in - our principles

There are some important things we believe about how our services should be run



People should be treated as individuals.



People should be able to be part of their community where they live.

Page 62



People with learning disabilities should be able to use the same services as other people.



People should feel safe.



People should have choice and be able to have some control over the services they use.



Co-production - This means people with learning disabilities and their family carers working as equal partners with us.



Give people the right information.



Offer people advocacy.



Give good support to family carers.



Make transition from children's services to adult services work better.



Make sure there is a better range of services for people to use. These will be run by lots of different people.

Staying Healthy

Living Well

Having a Place to Live

Having a Job

Staying Safe

The right Support for Carers

Section Six

The 6 Big Aims



There are 6 main areas that we will be working on.
We are calling these the 6 Big Aims of the Strategy.

We decided what these should be after talking to lots of people during the Big Learning Disability Conversation. Each Sub-group of the Learning Disability Partnership Board works on an aim. The Big Aims are:

Page 64



Staying Healthy



Having a Place to Live



Staying Safe



Living Well



Having a job



The right Support for Carers

Cross cutting themes - These are issues that all the sub-groups of the Learning Disability Partnership Board will need to think about (including other strategies). They are:

Staying Healthy

Living Well

Having a Place to Live

Having a Job

Staying Safe

The right Support for Carers



Personalisation



Growing Older



Information and Advice



Safeguarding



Workforce Planning



Transport



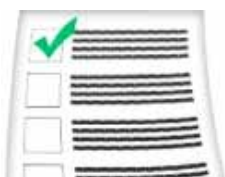
Preparing for adulthood



Advocacy



Autism



Checking Quality



Complex Needs



Different Cultures and Backgrounds



At the end of the Strategy you will find some extra information.

There are tables for each of the Big Aims with more information.
They are in 3 sections:

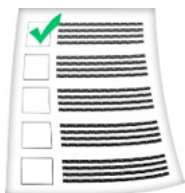
Page 66



Commissioning Intention - This is what we are going to do.



Outcome - This is what is going to be better for people as a result of our work.



Performance Indicator - This is how we are going to check that our services are working.





Big Aim 1:



Staying healthy

“

As a member of the Health Sub-group I am more aware of what is happening in Health Services. This helps me with my work as a Health Checker.

”



Rachel Barrett,
Co-chair Health Sub-group

My Worcestershire Health Plan

We want people with learning disabilities and their family carers to be as healthy as possible. What we are going to do to make sure this happens is in this plan. It has 5 main areas of work. <Link to [My Worcestershire Health Plan](#)>

The 5 Big Health Aims



1. My GP Practice



2. My Community Services



3. My Hospital Visit



4. Complex Needs



5. Family Carers



We work well with GP practices and they are doing Health Checks.



We will use Health Checkers to check up how health services are working for people with learning disabilities.



We have enough specialist services and medical staff.



We only place people in a Locked Hospital if there really is nowhere else to treat them.



We are looking after the health needs of people with complex needs.



Big Aim 2:

Living Well

“

I enjoy being an Expert Member because I get to know what is going on.

”



Dominic Findlay
Expert Member

“

It helps me understand what is going on and helps me to be more independent.

”



Maxine Foxall
Expert Member

We talked to lots of people when we held the Big Learning Disability Conversation. They told us it was important to them to live as independently as they could.

There are different ways we are going to help them do this. [<Link to Living Well Plan>](#) These will include:



Looking at the way people get social care support.



Support the Worcestershire People's Parliament.



Making sure people have worthwhile things to do in the day. Giving people the chance to learn skills which could help in getting a job



Support advocacy services particularly for young people leaving school or college.



Working with organisations that run things like sports centres to include people with learning disabilities in their activities.

Big Aim 3:



Having a place to live

Page 72

“ At my advocacy group if I found out any issues such as about supported living, I can take them to the Housing Sub-group.

”



Lisa Deakin
Expert Member on Housing Sub-group

We have worked with people with learning disabilities and their families to find out what sort of housing and support we need to have in Worcestershire.

Our Housing and Support Plan explains how this is going to be done.

[<Link to Housing with Support Plan>](#) It will include:



Making sure people with learning disabilities will have different types of housing to choose from. This will range from self contained flats to specialist housing.



Improve our Shared Lives Service where people with learning disabilities live with a family.



Provide better information for people with learning disabilities and their families about their choices of places to live.





Big Aim 4:

Having a Job

“

I think it's good to have a job as it gives you something to be proud of. It gives you a lot of confidence to change your life and above all it will give anyone a deep satisfaction to do something worthwhile. It gives you so much joy to get involved in.

”

Kate Brackley - member of SpeakEasy N.O.W. has been working for 10 years.

We talked to lots of people when we held the Big Learning Disability Conversation. They told us it was important to them to have a paid job.

The Having a Job Plan explains how we will help people with learning disabilities find jobs. It has been based on the good things that have been found to work in other parts of the country. [<Link to Having a Job Plan>](#) The Plan includes:

Page 75



Having a better Supported Employment Service.



Telling Job Centre Plus what kind of support people with a learning disability need.



Social Media Campaign - using things like Facebook and Twitter to publicise the good things about paid work.

Ray Eades, Chair of Carers Reference Group said

“Family carers support the principle of all those who have the capability for paid employment having a job, especially for those who have the capacity and the wish to seek and gain employment.

We welcome the extensive efforts of the Employment Sub-group of the Partnership Board and its partners in this venture to get more people with learning disabilities into paid employment and see lots of potential for those young people with a learning disability as they leave school and college with the aspirations to work.”

Big Aim 5:



Staying Safe

“

Being on the Sub-group gives me the chance to help other people who have suffered what I have or worse. It has helped me make peace with what has happened to me in the past.

”



Richard Wilshaw
Expert Member

From the Big Learning Disability Conversation we know that it is really important for people feel safe at home and when they are out and about. People are worried about hate crime, particularly when travelling on buses. [<Link to the Staying Safe Standards>](#)

Some of the things we are going to do:



Make sure that people with complex needs have good support and are safe.



Check up that support services are good quality and people are both safe and well supported.



We will work together to reduce hate crime.



Help people with learning disabilities to travel safely.



Worcestershire Association of Carers

An independent source of information and support for all adult carers across Worcestershire



Big Aim 6:



The right Support for Carers

Page 79
“

The unpaid support lifetime of caring provided by family carers saves health and social care services in Worcestershire a huge amount of money, but without carer support, information and advice, short breaks and knowing the people they care for are happy and fulfilled many carers would find it very difficult to carry on caring.

”

Ray Eades,
Chair of Carers Reference Group

Carers offer lots of support to members of their family who have a learning disability. It is very important that they have support too.

[<Link to The Right Support for Carers Plan>](#)

Some of the things we are going to do to make sure carers are supported includes:



Improve how the Short Breaks Service works.



Listen to family carers about the support they need.



Work with carers so they can help us to make sure our services for people with learning disabilities are planned well and work properly.



Section Seven

How will Worcestershire check that the Strategy is working?

We will do this through the work of the Learning Disability Partnership Board and its Sub-groups.
The Board will:



Make sure that the Sub-groups have Action Plans. The Action Plans will explain what work is going to be done and when by.



Make sure that the Sub-groups do work on the Cross Cutting Themes. These are mainly about the issues that affect everyone with a learning disability at some point in their life. There is a list of these themes in Section 6.



Make sure that the Sub-groups will tell us if there any problems in getting their work done.



Decide if there is anything extra the Board needs to do to make sure that the Strategy is working and delivering good services for people with learning disabilities and their families.

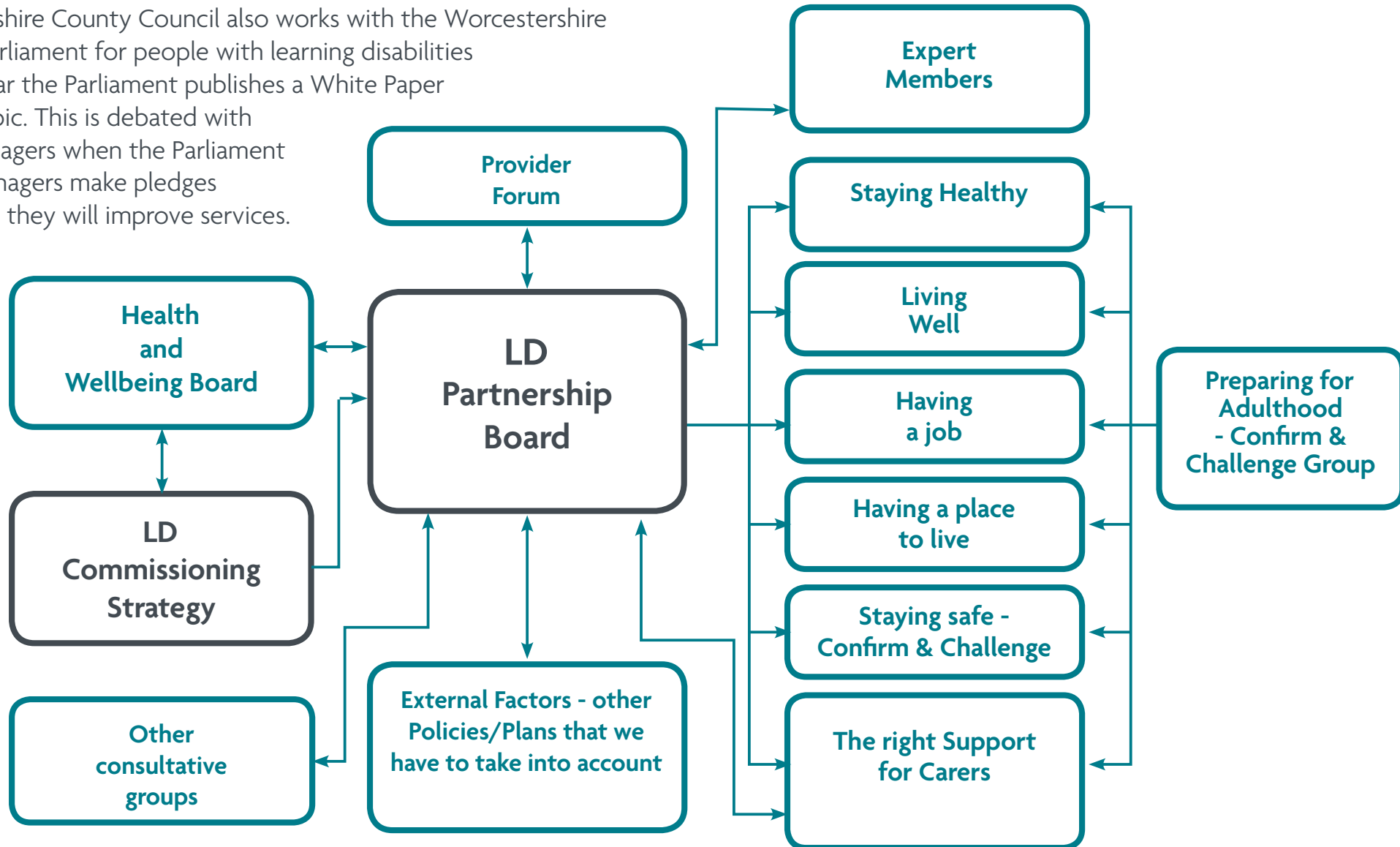


Make sure any big problems go to senior managers of the Council to be dealt with.



The Board will also make sure that it talks and listens to as many people with learning disabilities and family carers as it can.

Worcestershire County Council also works with the Worcestershire People's Parliament for people with learning disabilities. Twice a year the Parliament publishes a White Paper about 1 topic. This is debated with senior managers when the Parliament meets. Managers make pledges about how they will improve services.



Our 3 Year Strategy on a page

Valuing People Now

The Care Act

Winterbourne View Condordat

National Outcomes Framework

Autism Act

The Children & Families Act

Worcestershire's Adult Learning Disability Strategy 2015-2018

'Better outcomes for people with a Learning Disability and their families'

Big Aim 1 - Staying Healthy

Big Aim 4 - Having a Job

Big Aim 2 - Having a Place to Live

Big Aim 5 - Staying Safe

Big Aim 3 - Living Well

Big Aim 6 - The Right Support for Carers

6 Big Aims

Cross cutting themes that each aim will need to consider

Quality Monitoring

Preparing for Adulthood

Growing Older

Information & Advice

Workforce Planning

Safeguarding

Personalisation

Transport

Advocacy

Autism

Complex Needs

Worcestershire's Guiding Principles to support the Strategy

Principles:

- 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
- Be helped to develop and progress in life
- Have the right to feel safe and be free from abuse

We will need to ensure we:

- We co-produce with people with learning disabilities and their families
- A personalised approach is used to work with people to plan their support and to commission services
- Access to advocacy when needed
- Children are supported appropriately through transitions
- People with a Learning Disability are safeguarded from abuse

Challenges & Risks

- Family Carers have the right information and support
- Changes should be at a pace that people can be fully involved and implemented with a sensitive approach
- The market place is well developed with skilled providers offering a range of options
- Cost effectiveness and quality of the market is encouraged by an outcomes framework with evidence-based quality indicators
- A complex Health and Social Care system
- The pace of change
- Limited Resources

The outcomes we want to achieve

People with a learning disability live longer and have improved health related quality of life

The need for long term residential care is reduced as a range of affordable housing options to meet people's needs become available

People with a learning disability have an improved quality of life with the same opportunities for involvement within their communities

The number of people with a learning disability who gain and retain a paid job in the open labour market is increased

People with a learning disability are safe within the services they use and accessing universal services

Carers have the right support for them to care and have a range of options available to them to best support the person they care for

Worcestershire Joint Health & Well-being Strategy

Well Connected

Worcestershire County Council Corporate Plan

Future Lives

5 year Health & Care Strategy

Staying Healthy

Living Well

Having a Place to Live

Having a Job

Staying Safe

The right Support for Carers

Section Nine

Extra Information about the Aims

We have included extra information about the Outcomes and Performance Measures to help us deliver the aims

Page 83



Staying Healthy



Having a Place to Live



Staying Safe



Living Well



Having a job



The right Support for Carers

Big Aim 1: Staying healthy

Commissioning Intention	Outcome
Check how many GP Health Checks	Increased number of Annual Health Checks with evidence of early diagnosis and treatment
Review Health Liaison – My GP Visit Review Health Liaison – My Hospital Visit	Improved quality of health checks Improved quality of hospital visit
Stretch target for Health Action Plans and health needs analysis of the learning disability population	Increased number of people offered a health action plan with health targets
Introduce link worker role for GP practices	
Review Integrated Community Learning Disability Team and make sure better measures are in place to check how they are doing	People's needs around their health are met, maintained and improved with reasonable adjustments in place to ensure good access to healthcare
Review Medical Staffing Review Physiotherapy (Pershore & Evesham) Review Management costs	Appropriate use of resources
Review Epilepsy and EEG Service and make sure better measures are in place to check how the service are doing	People's needs are met to ensure epilepsy is maintained or improved making sure reasonable adjustments are made to make sure there is good access to services
Make sure better measures are in place to check how the Enhanced support service help people with complex needs	A reduction in the number of people with a learning disability in a locked hospital with better help in the community
Development of Local Complex Needs Register	Better informed commissioning of support services for people with complex needs in their local community
Experts by experience to contribute to reviewing locked hospitals and complex needs services	All locked hospitals will have been reviewed by people with a learning disability
Health Checkers to review complex needs community model and services	All complex needs community support services to be reviewed by people with a learning disability
Health Checkers to review Health Services	Health Services are making reasonable adjustments for people with a learning disability
Locked Hospital placements	Hospital used as last resort for complex needs placement

Performance Measures

- Average life expectancy compared to the general population
- The number of premature deaths of adults with a Learning Disability
- Number of people who have had an annual health check
- Number of people who have been offered health actions plans
- 70% or more than of Annual Health Checks generate specific health improvement targets in the health action plan).
- National Cancer Screening takes place for the same proportion (+ or – 5%) of eligible people with learning disabilities as the general population (23%).
- Number of people with LD in hospital placements (WV)
- Case studies and Quality visit reports
- Wider Staying Healthy Indicators to be determined and monitored by the Staying Healthy Sub Group

Big Aim 2: Living Well

Commissioning Intention	Outcome
<p>Review of the model of Social Care</p> <p>(These plans are still being developed in response to the Care Act)</p>	<ul style="list-style-type: none"> • Assessment • Integrated teams • Best allocation of resources • Rapid response for assessment • Rapid response for Adult Protection Strategy discussions • Appropriate Adult Protection Plans in place • Increased percentage of service users and carers using personal budgets • Summary of Clinical Quality Review – incidents and complaints
<p>Look at how we can use Assistive Technology to improve service for people with learning disabilities and save money</p>	<ul style="list-style-type: none"> • Greater independence • Cost effective use of resources
<p>Work with providers who can offer education, skills training and volunteering opportunities to enable people to acquire appropriate skills which will help in accessing employment</p>	<p>People with a learning disability can access a range of opportunities to learn skills which will help prepare them for paid employment</p>
<p>Develop day opportunities to provide a range of meaningful activities</p>	<p>Increased choice of learning, leisure and social opportunities for people to access with their personal budgets.</p>
<p>Work with Arts and culture / sports and leisure universal services to make sure they are making reasonable adjustments for people with a learning disability</p>	<ul style="list-style-type: none"> • Better access to universal services to promote inclusive communities
<p>Continue to support the People's Parliament and evaluate its effectiveness independently</p>	<p>People with a learning disability can set their own agenda and get real commitments from agencies</p>
<p>Review and commission advocacy to support involvement of people, inclusive of young adults going through transitions with a learning disability, and ensure 1 to 1 advocacy is available in response to the Care Act</p>	<p>People with a learning disability are involved in the planning and delivery of services on an individual and group basis</p>

Performance Measures

- Percentage of people receiving Direct Payments
- Number of people with a learning disability engaged in voluntary work, work experience or placements
- Case studies and Quality visit reports

Big Aim 3: Having a Place to Live

Commissioning Intention	Outcome
<p>To develop a range of housing options for people with learning disabilities including:</p> <ul style="list-style-type: none"> • clusters of self-contained flats • access to extracare housing • Shared housing (where required) • Self- contained housing • family led housing • specialist housing for people with complex needs 	<p>People with learning disability have increased access to appropriate housing and support.</p>
<p>To re-commission the Shared Lives Service and widen the scope of the service including increase spaces for:</p> <ul style="list-style-type: none"> • long term provision • support for people in transition • support for people moving on from residential care/ supported housing • respite, especially for people living with elderly carers 	<p>More people with different kinds of needs accessing Shared Lives</p>
<p>To support families who want to find housing options and solutions directly for their family member</p>	<p>Families empowered to source their own housing solutions</p>
<p>To ensure people with a learning disability can make informed choices about their housing through:</p> <ul style="list-style-type: none"> • a regularly updated housing guide • range of options available • good quality matching process for people who share 	<p>People with a learning disability able to make informed choices (based on understanding that choice about housing is limited for everyone)</p>
<p>To reduce the amount of people with a learning disability inappropriately placed in residential care through:</p> <ul style="list-style-type: none"> • range of housing options • assessments inclusive of appropriate housing • de-registration of schemes where appropriate 	<p>More people with learning disabilities within appropriate housing for their needs</p>
<p>Developing a growing older approach for people with learning disabilities</p>	<p>Appropriate support for people as they grow older including dementia support</p>

Performance Measures

- Number of adult service users with a learning disability living independently
- Percentage of people with a learning disability in settled accommodation
- Number of people with a learning disability in supported living
- Number of people in long term residential and nursing care in and out of county
- Number of new out of county residential and nursing placement (>10 miles from Worcestershire border)
- Case Studies and Quality Visit reports

Big Aim 4: Having a Job

Commissioning Intention	Outcome
Delivery of Having a Job Plan for people with a learning disability	An increase in the number of people in paid employment with a learning disability
Work with partners and Job Centre Plus to recommend and implement reasonable adjustments for all people with a learning disability.	Improved access to mainstream employment services for all people with a learning disability
Work with the Local Enterprise Partnership, Economic Development and partners to make sure that funding for “social inclusion – moving people closer to the labour market” considers the needs of people with a Learning Disability	People with a Learning Disability will have access to an enhanced employment pathway alongside other members of the public who are defined as being furthest from the labour market in Worcestershire
Tender of a Supported Employment Service that is focused on outcome measures.	Increased independence and confidence of people with a learning disability as they gain employment.
Social media campaign to promote employment	A greater number of people with a learning disability and carers will see that employment can be a realistic option and has real benefits.
The recruitment of an Employment Development Officer to help deliver Worcestershire’s “Having a Job Plan” and work with young people, family carers, and education to promote employment.	Increase the number of young people with a learning disability coming through transitions gaining employment.

Performance Measures

- Proportion of current adult social care service users with a learning disability who are in paid employment. [Adults Social Care Outcomes Framework - 1e]
- Case Studies and Quality Visit reports
- Number of people with a learning disability on the Local Enterprise Partnership funded enhanced employment pathway
- Cost avoidance or cost reduction of care packages as people gain greater independence through employment
- The number of people with a learning disability who have come through the Young Adults team that have gained employment

Big Aim 5: Staying Safe

Commissioning Intention	Outcome
Up to date reviewing of people with complex needs in Worcestershire involving family carers and advocates	People are appropriately placed in a safe environment as close to their local community as possible in the least restrictive environment
Regular contract management and quality assurance checks to be maintained for all settings involving people with a learning disability, family carers and advocates	Quality checks are completed for all locked hospital placements and appropriate quality assurance is in place for all settings to ensure peoples safety
Work with the Police and advocates to ensure the rollout of the Safe Places Scheme, reporting centres to tackle hate crime across Worcestershire	People with a learning disability feel and are safe throughout Worcestershire
Care Quality Team to support provider activity and expand work to cover supported living service providers.	Providers supported to improve quality of service provision.
Continued development of quality standards by the Contracts and Quality Assurance Team.	All contracts monitored for compliance and quality.
We will work with the Police to tackle hate crime on public transport	There will be a reduction in the number of hate crime incidents on public transport
We will work with transport providers to improve quality and maximise independence of people with a learning disability.	An improvement in customer satisfaction and safety of the learning disability population when using transport

Performance Measures

- Percentage of people with LD in hospital placement who have been reviewed
- How many people have been receiving a service for a year or more and have been reviewed in the past 12 months
- Timeliness of Adult Protection Strategy discussions – 70% of strategy discussions should take place within 5 days from date of referral
- Adult Protection Plans- Percentage of ongoing adult protection referrals where a protection plan is required, with a plan in place this financial year
- Number of serious untoward incidents

Big Aim 6: The right Support for Carers

Commissioning Intention	Outcome
Review of short breaks services to include consultation with family carers and people with a learning disability	Review and recommendations of short breaks completed
Design and deliver short breaks model for family carers	An equitable and integrated short breaks service commissioned across Worcestershire
Review and consult with family carers about their support needs for the future (this should take place as part of the discussions about the Carers Strategy)	Review and recommendations of carer support model for the future
Design and deliver carer support model for family carers	Accessible and effective carer support commissioned across Worcestershire

Support for information and advice to engage and involve carers in strategic and operational work, including scrutiny, monitoring and evaluation.

Performance Measures

- Number of Carers assessments and Reviews (Average number completed monthly)
- The number of carers direct payments
- Main Carers aged 60 or over who have an allocated worker



Section Ten

Extra Information about the Money

Total budget for Learning Disabilities Services

Service Area	WCC Base Budget DASH £m	CCGs Budget £m	Total Budget £m	Activity £m
Learning Disability Teams				
Learning Disability Integrated Teams	1.1	2.0	3.1	
Learning Disability Young Adults Team	0.4	0.0	0.4	
Shared Lives Team	0.3	0.0	0.3	
Medical Staffing	0.0	0.7	0.7	
Complex Pathway Enhanced Team	0.0	0.4	0.4	
EEG/Epilepsy	0.0	0.1	0.1	
Health Liaison Nursing	0.0	0.1	0.1	
Contribution to Management/Finance	0.0	0.1	0.1	
Total Learning Disability Teams	1.8	3.4	5.2	
FACS Eligible Services: Learning Disability				
Residential & Nursing - External (including Short Breaks)	22.7	0.0	22.7	466
Residential & Nursing - Internal (including Short Breaks)	1.5	0.0	1.5	92
Hospital Placements - External	0.0	1.8	1.8	7
Supported Living	7.2	0.0	7.2	299
Domiciliary Care	5.1	0.0	5.1	182
Other through Direct Payments	4.8	0.0	4.8	339
Day Opportunities - Internal	2.6	0.0	2.6	278

Service Area	WCC Base Budget DASH £m	CCGs Budget £m	Total Budget £m	Activity £m
Day Opportunities - External	1.1	0.0	1.1	231
Shared Lives Provision	1.4	0.0	1.4	77
Transport	1.2	0.0	1.2	193
Young Adults - 16/17 Year Olds	0.2	0.0	0.2	-
Total FACS Eligible Services: Learning Disability	47.8	1.8	49.6	
Targeted Prevention and Early Help Services:				
Supported Employment:				
County Enterprises Supported Employment	0.1	0.0	0.1	58
Mencap Pathway Supported Employment	0.1	0.0	0.1	31
Preventative Projects	0.1	0.0	0.1	
Sheltered Employment Services:				
County Enterprises Factory	0.1	0.0	0.1	24
LEARNING DISABILITIES BASE BUDGET	50.0	5.2	55.2	
Targeted Prevention and Early Help Services Contracts:				
Housing related support for vulnerable adults - Learning Disabilities	0.4	0.0	0.4	
Work Related Day Opportunities - External Contracts	0.1	0.0	0.1	
TOTAL BUDGET FOR LEARNING DISABILITIES SERVICES	50.5	5.2	55.7	



Section Eleven

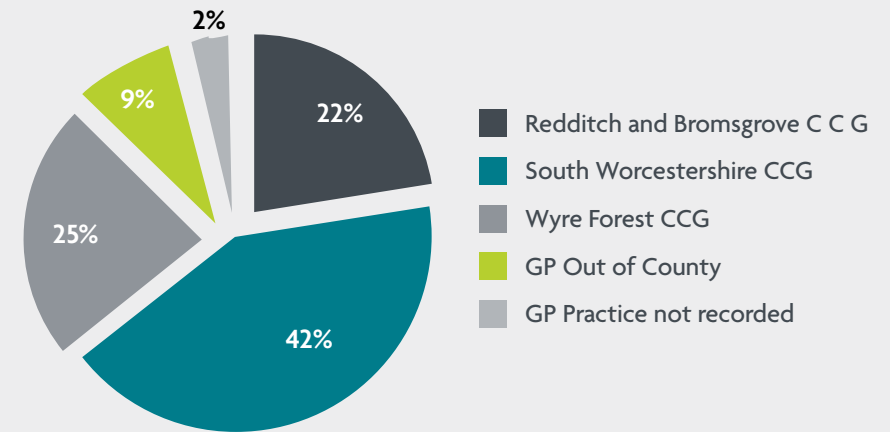
Extra Information about how people use Services

We have included a snapshot of how people in 2014 were using services and some of the outcomes achieved.

CCG	18-64	65+	Grand Total
Redditch and Bromsgrove C C G	394	34	428
South Worcestershire CCG	751	54	805
Wyre Forest CCG	418	65	483
GP Out of County	173	7	180
GP Practice not recorded	36	1	37
Grand Total	1772	161	1933

Page 92

The number of people with a Learning Disability by CCG (March 2014)



Level of Security

No. of people with complex needs

Residential and housing with support (that have been flagged as having fluctuating enhanced support needs to avoid future hospital admissions)

80 + 8 young adults each year coming through transitions

Health funded Locked Rehabilitation Hospital

7

Regionally funded Low / Medium Secure Hospital

9

Number of Learning Disability Permanent Residential and Nursing Placements (in and out of County by Age, Location and Care Type)

	Age Band				Totals
	18-64		65+		
	In County	Out of County	In County	Out of County	
Residential	215	89	42	4	350
	304		46		
Nursing	13	9	14	1	37
	22		15		
Totals	228	98	56	5	387
	326		61		

Notes - Information is based on purchasing team, counting number of placements purchased by Learning Disability teams at a snapshot date at the end of each reporting period. Both residential and nursing placements are included in the figures.

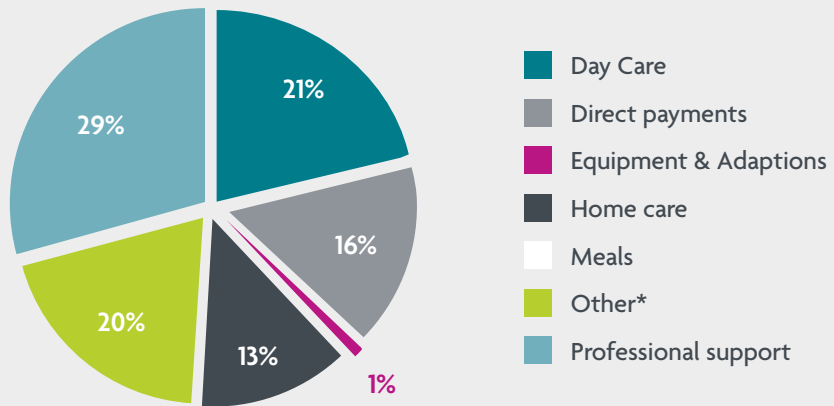
Community Based Services for People aged 18-64 with a Learning Disability Service User Group

	18-64	65+	Total
Number of People	868	49	917

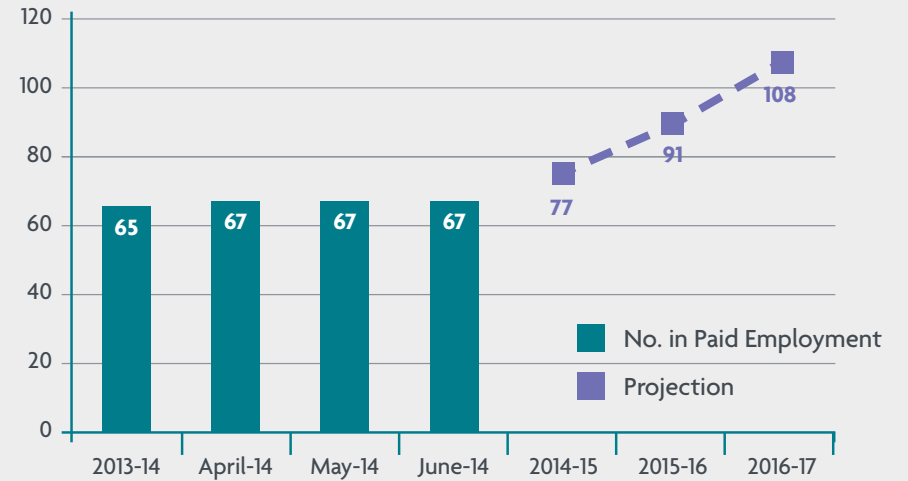
Number of Services

Service Type	18-64	65+	Total
Day care	350	23	373
Direct payments	278	6	284
Equipment + adaptations	7	1	8
Home care	213	17	230
Meals	1		1
Other*	329	22	351
Professional support	480	33	513
Grand Total	1658	102	1760

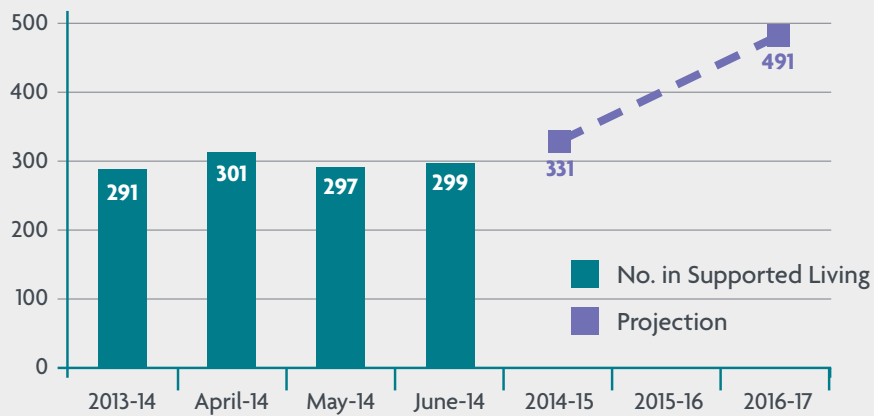
LD Community Based Services



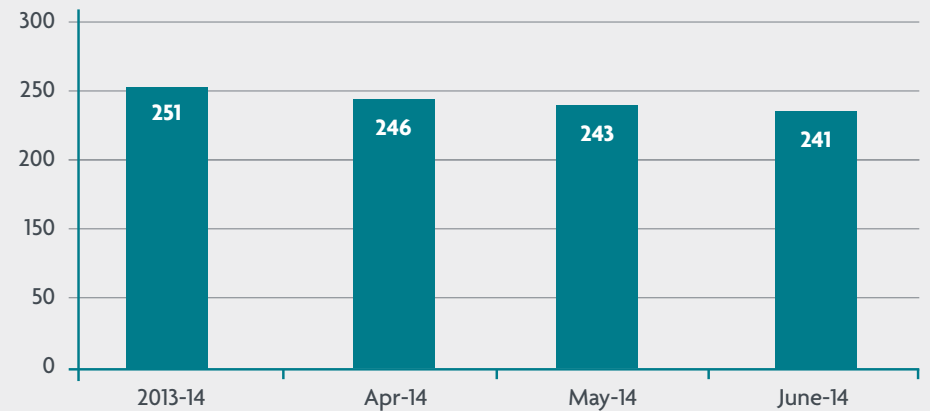
Number of people with a Learning Disability in Paid Employment



Number of people with a Learning Disability in Supported Living



Number of People with a Learning Disability in Voluntary work and Work Experience Placements





Signing of Pledges:

We pledge to



Representatives of the County Council will co-sign with Members of the People's Parliament for adults with learning disabilities.

Page



DRAFT Worcestershire's Learning Disability Strategy 2015 - 18

Get in touch...

By post:

Integrated Commissioning Unit, Worcestershire County Council, County Hall, Spetchley Road, Worcester, WR5 2NP

Online:

www.worcestershire.gov.uk/cms/adult-social-care/disabilities-and-conditions/learning-disabilities.aspx

Page 96



Redditch and Bromsgrove
Clinical Commissioning Group



South Worcestershire
Clinical Commissioning Group



Wyre Forest
Clinical Commissioning Group

Find out more online:
www.worcestershire.gov.uk



Autism Strategy for Worcestershire

Agenda item 6

Date	3 March 2015																
Board Sponsor	Dr Richard Harling, Director of Adult Services and Health Gail Quinton, Director of Children's Services																
Author	Richard Keble, Head of Joint Commissioning and Hannah Needham, Strategic Commissioner: Early Help & Partnerships																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>No</td> </tr> <tr> <td>Alcohol</td> <td>No</td> </tr> <tr> <td>Other (specify below)</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	No	Alcohol	No	Other (specify below)	Yes	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
Older people & long term conditions	Yes																
Mental health & well-being	Yes																
Obesity	No																
Alcohol	No																
Other (specify below)	Yes																
Children & young people	Yes																
Communities & groups with poor health outcomes	Yes																
People with learning disabilities	Yes																
Item for	Decision																
Recommendation	<ol style="list-style-type: none"> The Health and Well-being Board is asked to note progress of development and to approve consultation on the all age Autism Strategy. 																
Background	<ol style="list-style-type: none"> Health and Well Being Board received a report about the proposed Adults Autism Strategy for Worcestershire in November 2014. This strategy is set in the context of the National Strategy for Adults with Autism and the Statutory Guidance for Autism, which requires Local Authorities and their NHS partners to have such a strategy in place. The Autism Act 2009, "Fulfilling and Rewarding Lives: The Strategy for adults with autism in England (March 2010) and subsequent documents issued by the Department of Health 																

focus on adults with autism, therefore the previously presented draft strategy focused on adults only.

4. The Health and Well Being Board discussed the advantages of turning this adult strategy into an all age strategy, incorporating not only recent legislation in the Children's and Families Act but the developments across Children's Services for children and young people with Autism. An all age Strategy would also offer the basis for more integrated provision for children, young people and adults.
5. The Health and Well Being Board at its November 2014 meeting
 - a) **Considered and discussed the content of the Draft Autism Strategy for Adults in Worcestershire;**
 - b) **Authorised consultation on this Strategy and requested a progress report be brought back to the Board in January 2015 for consideration, along with a progress report on consultation on a children and young people's Autism Strategy;**
 - c) **Requested that an all age Strategy be developed and brought back for consideration and sign off in March 2015.**
6. Attached is now a draft all age Autism Strategy for Worcestershire which has been signed off as a draft by the management teams of both Children's Services and Adult Services. However, it is recommended that further work is carried out as part of a consultation phase to test the ambition and expectations within this all aged Strategy to ensure they remain meaningful to those it is aimed at.
7. Consultation is due to commence on 4 March 2015 and will run until 10 April 2015. It will be brought back to the Board at its May 2015 meeting for final sign off. The draft strategy and the consultation plan is appended.

Next Steps

Autism Strategy Consultation Plan

This plan outlines the consultees, timelines and approaches to consult on the Draft Autism Strategy for Worcestershire. Stakeholders have been identified by the Autism Strategy Partnership Group, CCGs and officers of Worcestershire County Council.

The following stakeholders have been identified

- Autism Strategy Partnership Group
- Worcestershire CCGs
- Worcestershire Health and Care Trust
- Commissioners in WCC
- Health Watch
- WCC Transitions Team
- Carers Organisations
- Consultative bodies including Learning Disabilities Partnership Board
- Voluntary Sector organisations, both specialist Autism and wider social care
- Probation, Court and Prison Services
- Children and Young People specific consultative groups, including parents groups

Consultation timeline and approaches

Consultation will commence once the Health and Well Being Board has given permission to consult and will run until 8th April 2015. Where appropriate and resource permitting presentations will be made by staff to take direct feedback from consultees. In addition the relevant documents will be sent out to all stakeholders identified with a request for feedback via letter and email.

Evaluation and analysis of feedback

All submissions and feedback will be evaluated and analysed and will be used to amend the Draft Autism Strategy document (and action plan). A full report will be submitted to the Health and Well Being Board for its May 2015 meeting, including a detailed overview of all submissions for reference.

Implementation

Implementation of the finally agreed strategy will commence as of May 2015 (please note that some items in the attached action plan are already being actioned where they refer to requirements of the National Autism Strategy (updated in 2014).

17th February 2015

Martin Heuter
Commissioning Manager
Integrated Commissioning Unit

This page is intentionally left blank

**Worcestershire's
All-Age Autism Strategy**

2014-17

Contents Page

	Page
1 Executive Summary and Key Priorities	3
2 Autism and use of terminology	6
3 Why does Worcestershire need an Autism Strategy	8
4 Legislation and Statutory Frameworks	10
5 The pathway for diagnosis and support	13
6 Awareness raising and training	17
7 Securing successful and seamless transitions	19
8 Improving access to education and employment	21
9 Improving access to health, social care and housing services	23
10 Local planning	24
11 References	25

1. Executive Summary and Key Priorities

Improving Outcomes for children, young people and adults with autism spectrum conditions.

All children, young people and adults with autism spectrum disorders are able to live fulfilling and rewarding lives within a society which accepts and understands them. They can get a diagnosis and access support if they need it and can expect all services to treat them as individuals, helping them make the most of their talents.

The strategy is in response to the national challenge by government to ensure that people with autism spectrum conditions have access to the right kind of support.

The strategy outlines the ways services will be transformed for children, young people and adults with autism spectrum conditions in Worcestershire. It is firmly based on the commitments in the Worcestershire Health and Well Being Strategy to ensure fair access to health services for people and for communities with poor health outcomes so that Worcestershire residents are healthier, live longer and have a better quality of life.

The legislation is different for children, young people and their families, and for adults, and this is reflected in this strategy. Transition arrangements must be effective as children and young people move from children's services to adult services.

Who is this strategy for?

This strategy is for children, young people and their families, and adults with autism spectrum conditions. Autism is a complex lifelong developmental condition that affects how a person communicates with, and relates to, other people and how they make sense of the world around them. Autism is known as a spectrum condition because of the wide range of ways in which it presents itself in different people.

Why is a strategy needed?

It provides the strategic direction for education, health and social care organisations that support children, young people and adults with autism spectrum conditions.

We need to ensure there is a clear and consistent pathway for diagnosis and support.

The strategy describes the key priorities to improve the lives of people with autism spectrum conditions, securing better outcomes through improved knowledge and understanding of autism spectrum conditions, employment opportunities, and improved access to high quality education, health, social care and housing services.

We will be clear about the actions we need to take, what success looks like and the timescale for each action.

Based on our vision, National Guidance and requirements of key legislation, we have identified key priorities which over the lifetime of this strategy will be developed and delivered. These are linked to an action plan to ensure that outcomes are clearly identified.

Key Priorities

We will have a clear pathway for diagnosis and support for children, young people and adults with autism.

We will identify gaps in knowledge and understanding and make sure that all organisations can access high quality awareness raising and training.

We will improve transition planning to include a Transition Toolkit with details of access to a range of services and that can offer support for young people and adults in their decision making.

We will work with providers of education, employment and training opportunities to make sure they understand the needs of people with autism spectrum conditions and support them appropriately.

We will make sure that people with autism spectrum disorders are supported to make the most of their talents as they progress to more independent living.

We will build on the existing local support services in Worcestershire through existing stakeholder groups, such as the Worcestershire Autism Partnership Group.

We will make sure that the needs and potential vulnerability of children, young people and adults with autism have been considered by all agencies in the partnership in the planning and delivery of their services.

We will improve our data collection which will be used to inform future commissioning of services, including condition specific services.

We will ensure that parents, carers, children and young people and adults are fully engaged in consultation and service review as part of our commitment to improved outcomes and quality of life for people with autism.

We will promote the use of support groups in local communities and ensure they can access information about local services that are available.

2. Autism and use of terminology

Definition

For the purpose of this strategy autism is defined as:

"A lifelong condition that affects how a person communicates with, and relates to, other people. It also affects how a person makes sense of the world around them"

Source: National Autistic Society

Autism is known as a spectrum because of the range of difficulties it causes and because children, young people and adults can experience those difficulties along a range from mild to severe. Many people with autism are able to live with minimal specialist support; others need a lifetime of specialist services to maximise independence, control and choice.

Asperger Syndrome is an autism spectrum condition. People with Asperger Syndrome are often of average or above average intelligence. Such people have fewer difficulties with communication but may still have difficulties with understanding and processing language, and do not usually have the accompanying learning disabilities.

Although some people with autism specific conditions may develop mental health problems, often as a result of lack of support and because of social isolation and exclusion, autism specific conditions are neither a mental health condition nor a learning disability.

The Autism Education Trust's National Autism Standards (2012) describe autism spectrum conditions as 'a neurological difference in brain development that has a marked effect on how a person develops'. It highlights four areas of difference:

- Understanding the social interactive style and emotional expression of other people
- Understanding and using communication and language
- How information is processed

- The way sensory information is processed

Understanding the impact of these differences on how people learn and make sense of their environment is critical for all agencies in planning and developing the right provision and services in the right places.

The characteristics of autism spectrum conditions vary from one person to another. As a result of interaction between the areas of difference, people with autism spectrum conditions may have

- Increased anxiety levels
- Need for routines, sometimes having a compulsive nature
- Difficulty in transitioning to a new activity
- Difficulties generalising skills learnt in one situation to another
- Special interests
- The ability to be highly focused when on a specific task
- Difficulties with self-awareness, understanding and expressing their own needs
- Under or over sensory sensitivity

3. Why does Worcestershire need an Autism Strategy?

3.1 Context

This strategy outlines the vision to transform services for children, young people and adults with autism in Worcestershire. It describes the key priorities to improve the lives of people with autism, securing better outcomes through improved services, knowledge and understanding of autism.

The Strategy is based on the commitments in Worcestershire's Health and Well Being Strategy. It also responds to the national challenge by government to ensure that people with autism have access to the right kind of support in mainstream services, and in condition specific services.

3.2 Commitments within the Health and Well Being Strategy

- We will ensure fair access to health services for people with learning disabilities and communities with poor health outcomes
- We will ensure that people have access to clear and concise information about how to manage common physical and mental health problems and that they are signposted to appropriate services where they require further advice or support

3.3 Vision

All children, young people and adults with autism are able to live fulfilling and rewarding lives within a society which accepts and understands them. They can get a diagnosis and access support if they need it, and they can depend on mainstream public services to treat them as individuals, helping them make the most of their talents.

This is based on the vision within the national autism strategy – Fulfilling and Rewarding Lives

This strategy adopts a lifelong approach to supporting people with autism, linking adult services with services for children and young people and their families.

Through its implementation, more people with autism spectrum conditions will be diagnosed and be supported by services. Newly diagnosed children will be supported by appropriate education, health and social care services with supported transition to appropriate adult services. Effective transition systems will enable a seamless experience for those people with autism spectrum conditions who need support to have fulfilling and rewarding lives.

3.4 Aims

The Strategy aims to:

- Set out the objectives and outcomes for autism services and support in Worcestershire in line with the national strategy in response to the requirements set out in legislation, including Fulfilling and Rewarding Lives
- Provide a framework of how to monitor and evidence quality of service, to ensure it supports the achievement of national and local targets and performance indicators and supports effective commissioning of services.
- Outline an action plan of how work will be taken forward in the next 3 years in key priority areas.
- Illustrate a shared understanding of the needs of people with autism, the impact it can have on people's lives and how to use available resources in the most efficient way to improve the outcomes for people with autism
- Ensure that all staff and agencies working with people with autism who may be at risk are aware of Worcestershire's safeguarding policies and procedures

4. Legislation and Statutory Frameworks for Adults including carers

In recent years there have been a number of national developments relating to people with autism spectrum conditions. This provides context for this strategy and its key priorities. The strategy will reflect the different statutory duties for services that support children, young people and adults and ensure smooth transition for people who use the services

- Care Act 2014 and associated guidance and regulations
- Autism Act 2009;
- "Fulfilling and Rewarding Lives: the strategy for adults with autism in England", March 2010 and associated statutory guidance for local authorities and NHS organisations to support implementation of the strategy published in December 2010 – see Appendix A for key duties;
- Improving access to social care for autism (2011) guidelines from the Social Care Institute for Excellence (SCIE);
- Equality Act 2010

Legislation and Statutory Frameworks for Children and Young People, including parent carers:

- Children and Families Act 2014;
- Special Educational Needs and Disability (SEND) Code of Practice (0-25) 2014;
- Aiming High for Disabled Children;
- Children Act 1989 and associated guidance and regulations
- Children Act 2004 and associated guidance and regulations
- Equality Act 2010 and associated guidance and regulations

An overview of this context is provided in Appendix B.

Population and local prevalence

Effective planning for services requires good information to inform decision making. It is recognised that this is limited in Worcestershire and improvement in this is one of the key priorities of this strategy. What is known is:

- The majority of children with autism spectrum conditions in Worcestershire are educated in mainstream settings; some are placed in specialist base provision and 25% are in special schools provision. 20% of the total places commissioned by the Council in out of area placements are for children and young people with autism spectrum conditions;
- The demographics of Worcestershire of the 18-64 age group including the local prevalence of autism spectrum conditions, taken from Projecting Adult Needs and Service Information System (P.A.N.S.I.), shows there is currently a 1% prevalence, which includes Asperger Syndrome
- Due to the projected demographic decrease in Worcestershire in the 18-64 age group, the numbers of adults diagnosed with autism spectrum conditions is not projected to rise

	2012	2014	2016	2018	2020
18 - 64	339,500	336,200	335,100	334,000	332,600
Change		-1%	-1%	-2%	-2%
Autism	3379	3351	3345	3333	3327
Prevalence	0.99%	0.99%	0.99%	0.99%	1%

- In the over 65 year group, however, numbers are projected to increase significantly and this will lead to a higher prevalence of autism spectrum conditions in the over 65 group
- According to data from the National Autistic Society, between 44% and 52% of people with autism spectrum conditions have a learning disability.

Key priorities

The key priorities have been linked to an action plan to ensure that outcomes are clearly identified and ultimately people with autism in Worcestershire receive the best possible support and that mainstream services have staff in place who know and understand autism, and have the skills and competencies to work with people on the autism spectrum.

We will have a clear pathway for diagnosis and support for children, young people and adults with autism

We will identify gaps in knowledge and understanding and make sure that all organisations can access high quality awareness raising and training

We will improve transition planning to include a Transition Toolkit with details of access to a range of services and that can offer support for young people and adults in their decision making

We will work with providers of education, employment and training opportunities to make sure they understand the needs of people with autism spectrum conditions and support them appropriately.

We will make sure that people with autism spectrum disorders are supported to make the most of their talents as they progress to more independent living

We will build on the existing local support services in Worcestershire through existing stakeholder groups, such as the Worcestershire Autism Partnership Group

We will make sure that the needs and potential vulnerability of children, young people and adults with autism have been considered by all agencies in the partnership in the planning and delivery of their services

We will improve our data collection which will be used to inform future commissioning of services, including condition specific services

We will ensure that parents, carers, children and young people and adults are fully engaged in consultation and service review as part of our commitment to improved outcomes and quality of life for people with autism

We will promote the use of support groups in local communities and ensure they can access information about local services that are available

5. The pathway for diagnosis and support

Identification of a possible autism spectrum condition is the essential first step to effective support, even before a formal diagnosis. We recognise that diagnosis is not a goal in itself but part of the integrated process which should lead to people with autism spectrum conditions being able to access the services and support they need.

Our Worcestershire strategy will ensure there is a clear and consistent pathway in all areas. We aim to support people with autism spectrum conditions to receive a diagnosis at the earliest opportunity.

The majority of people who are diagnosed with autism spectrum conditions receive their diagnosis as children. Worcestershire will continue to encourage early identification of potential autism spectrum conditions in childhood and improve the transition from children's to adult services. This should support a reduction in the numbers of people with autism spectrum conditions who reach adulthood without a diagnosis.

However it is not unusual for adults to be referred for an assessment of an autism spectrum condition: Currently there are routes for achieving an assessment and diagnosis but these routes are not widely known or consistent across the county, especially for adults. A new pathway for support and assessment is currently being developed and this will also include information and advice available to people with autism spectrum conditions to ensure they understand what is available to them. Onward referrals to other services and signposting for support also need to be widely promoted.

It is important that needs are identified as soon as possible so that they can be met in the most appropriate way. The assessment over time may indicate an autism spectrum condition, but early support to meet the individual's identified needs should not be dependent on a diagnosis of autism. However, a diagnosis may signpost to the most appropriate source of information and support. Effective support requires a clear understanding of the individual's needs and strengths.

Early Help

Early Help supports families with children aged 0 to 19, and up to 25 for those with a disability. Services are there to help families with a range of issues and aim to nip problems in the bud before they get worse. They are also there to offer support for families who have just finished working with social care services. The Early Help Hub can be used as a single point of contact for professionals and families to request the support of an early help service.

For more information visit <http://www.worcestershire.gov.uk/cms/early-help-strategy.aspx>

Current arrangements for the Identification and assessment of autism spectrum conditions in children and young people

A process is in place for the diagnosis of autism spectrum conditions in pre-school and school age children and young people.

Assessment for potential autism spectrum conditions in Worcestershire, is set within the wider assessment of neuro-developmental difficulties and called the Umbrella Pathway. This has been developed to provide assessment and support process for all children and young people presenting with neuro-developmental difficulties.

The pathway provides a multi-disciplinary and multi-professional service involving health social care and education services, with a clear entry point, an assessment process, diagnostic pathway and support for children and young people. This includes those receiving a diagnosis at the end of the process and those where no specific diagnosis is reached but on-going care and support are signposted.

When the assessment has been completed, parent or carers are offered a face to face meeting to share and discuss diagnostic outcomes. They are also provided with information on autism spectrum conditions and local services that are available. Information is also available on Worcestershire's Local Offer website which can be accessed at www.worcestershirelocaloffer.org.uk

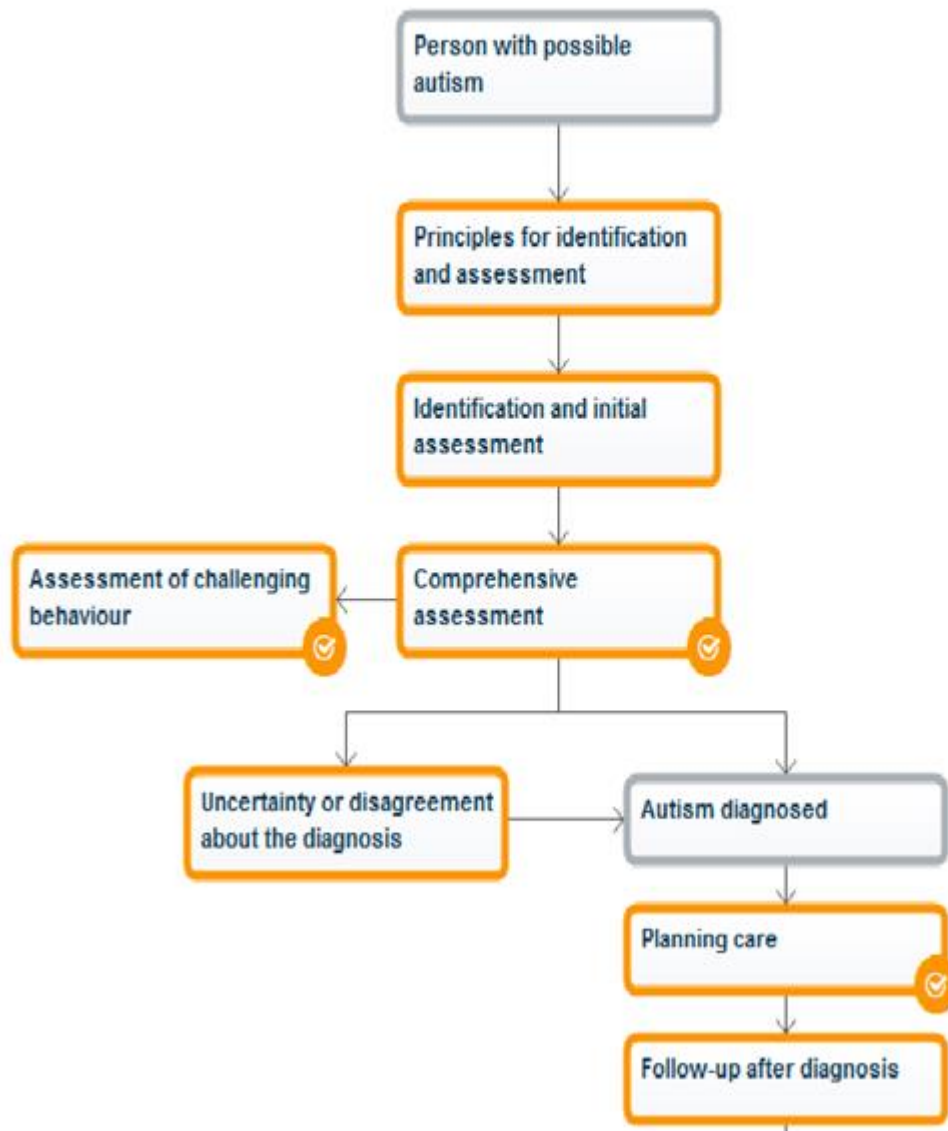
The Action Plan associated with this strategy will seek to develop this, and will include the need to review the pathway as a priority within this strategy and reflect the need for an all age pathway, review the assessment process in line with the SEND Code of Practice for children and young people 0-25 years of age, and equality of access to provision to ensure

consistency of practice and service available to people with autism wherever they may live in Worcestershire. Effective data sharing will also support the commissioning of appropriate, high quality provision.

Current arrangements for the Identification and Assessment of autism spectrum conditions in adults

Fulfilling and Rewarding Lives states that diagnosis is not compulsory. Some adults who exhibit the characteristics of autism will not want to be referred for a formal diagnosis but will still be entitled to a needs assessment under the NHS and Community Care Act 1990 and, as of April 2015, the Care Act. A diagnosis however is not a guarantee of support and services; it is a reason for assessment of need. People who receive a diagnosis of autism do have access to a limited amount of post-diagnostic support from health clinicians.

Identification and assessment of autism in adults



6. Awareness raising and training

Services for people with autism spectrum conditions will aim to ensure that support needs are clearly explained and relevant information is given following assessment and, where appropriate, diagnosis. Information is needed for children, young people and adults, their families and carers.

Parents and carers of children and young people receiving assessment through the Umbrella Pathway receive an information pack which contains autism awareness and local services information.

Feedback from parents, carers, pupils and professionals is clear – all staff working with people with autism spectrum conditions should have access to at least basic information and training and this is a key priority for this strategy.

Worcestershire County Council is working with the Autism Education Trust (AET), a national body funded by the Department for Education, to promote and support effective practice for people with autism spectrum conditions.

Worcestershire is the first local area in the country to become an associate member of a Regional Hub.

Schools are currently subscribing to Level 1 and Level 2 of the training on offer via AET which is delivered to whole school staff. There are plans to develop a Level 3 offer, a programme for all schools to use the National Autism Standards and Competencies and programmes for Early Years and Post 16 providers. This training can be offered to other providers and organisations to ensure they understand and can meet the needs of people with autism.

For adults who may be Care Act eligible, they will be offered an assessment from adult social care teams and additionally information on carer's assessments will be made available. The assessment will be person centred and holistic resulting in a care plan which clearly

identifies the outcomes for the person and the support required to achieve those outcomes.

Where people are not Care Act eligible, they will be given access to information about autism spectrum conditions and about sources of support which will be available of the Your Life Your Choice website. These will include local autism support services, voluntary groups, national autism representative groups and the 'Living with Autism' section on the NHS Choices website.

Fulfilling and Rewarding Lives (December 2010) says that increasing awareness and understanding of autism is fundamental towards improving services for adults with autism.

Health and social care staff in Worcestershire already have access to some training in Worcestershire. Social care staff who are working directly with children and young people with autism are required to undertake specialist training and other staff may access this training on a needs led basis. However, there are currently no workplace plans or training programmes in place to ensure this is a basic requirement for all who may have direct contact with adults with autism. This is a key priority for this strategy.

This Worcestershire strategy will seek ways to make training available to all staff working in education, health and social care in Worcestershire. Those who are most likely to have contact with child and young people and adults with autism spectrum conditions will be prioritised, but as a minimum, training to raise awareness of autism spectrum conditions will be implemented across all levels of staff.

This training will also include key staff in the Criminal Justice system

The core aims of the awareness training will be that staff are able to identify potential signs of autism spectrum conditions and understand how to make the necessary reasonable adjustments in the behaviour, communication and services for people who may have autism spectrum conditions.

More specialised training should be undertaken by staff who hold key roles in the assessment and support planning.

7. Securing successful and seamless transitions

Wherever possible the Worcestershire Autism Partnership Group will work on influencing other organisations, providers and public services to develop their understanding of autism spectrum conditions and how they can make reasonable adjustments to better support people

People with autism spectrum conditions can find change very difficult and are often unable to visualise what life might be like in the future. Transitions can happen at all ages, and the transition from children's to adult services can be a particularly traumatic time for young people and their families, often associated with high levels of anxiety.

Becoming an adult can be daunting for any young person. The aim of the strategy is to enable support to prepare for adulthood to be accessed through ordinarily available services as well as specialist services where this is needed.

Some children will not require the same level of service when they are an adult, and some will require more. The level of service will be determined by an assessment of need. We aim to have a clear pathway for those young people who may require more specialist support from social care services as adults.

Social workers are linked with schools to identify children as early as possible who may need this additional support and to plan the transition with the young person and their family.

The transition between each phase of education and transfer to new placements is also potentially a difficult time for children and young people. The aim of this strategy is for people with autism spectrum conditions to experience a successful and seamless transition.

A "Transition Toolkit" for children and young people with autism (both for Early Years and school age) has been produced and used to support successful transitions. Each child and young person going through transition has a plan and providers of early years, schools and post 16 provision have access to the toolkit. This will be reviewed as a priority and include information that would support successful transition for adults with autism spectrum conditions.

8. Improving access to education and employment

Fulfilling and Rewarding Lives (March 2010) says that the ability to get, and keep, a job and then to progress in work is the best route out of poverty, and is a central part of social inclusion.

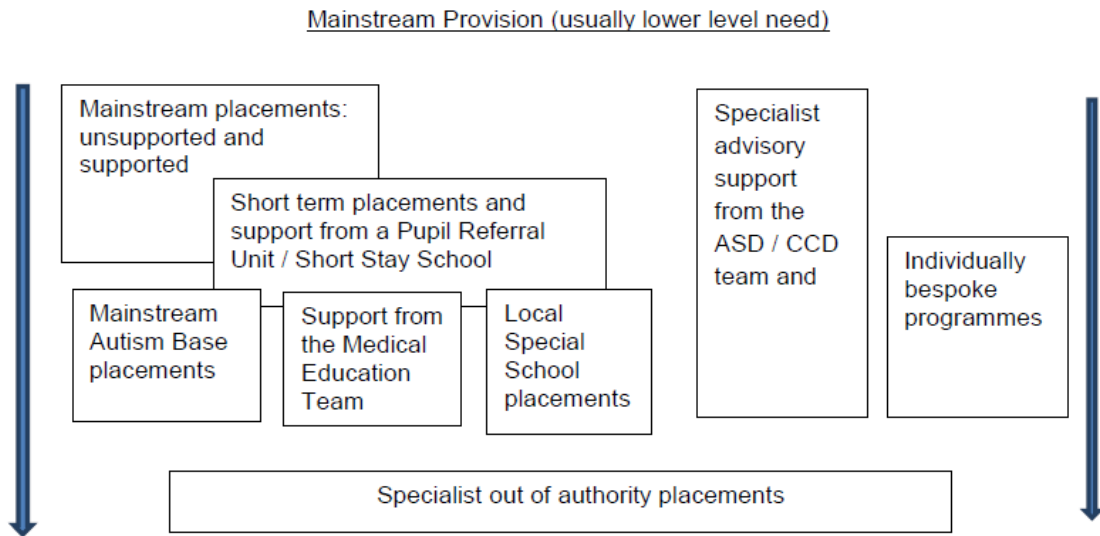
Nationally only 15% of adults with a diagnosis of autism spectrum conditions are in employment (Redman, S et al (2009) *Don't Write me off: Make the system fair for people with autism*. London. NAS) Success in employment starts by ensuring that children and young people have their needs identified and met in school. Work experience opportunities should be matched to a young person's strengths and interests, and awareness training for work experience providers will support successful placements. Training should include reasonable adjustments that should be considered as part of placement arrangements and providers need to access awareness raising and training if placements are to be successful.

Young people with autism spectrum conditions need to be supported through education in order to maximise their potential and gain the qualifications they are capable of. Educational settings need to make reasonable adjustments to reduce barriers in completing courses, attaining qualifications and the social aspect of college life.

Worcestershire is committed to continuing to develop a continuum of educational provision that recognises different levels of specialism, experience and expertise in provider settings, and enables specialist advice and support to be made available.

Worcestershire's educational provision for its pupils with autism spectrum conditions is set out below

Diagram 1: The structure of educational provision for pupils on the autism spectrum in Worcestershire.



For young people with an Education, Health and Care Plan, transition reviews in school from Year 9 onwards should support planning for further education, employment or training.

Currently there are developments across both mental health and learning disabilities services regarding employment support and the aim is to ensure that adults with autism spectrum conditions are fully included in any developments as this strategy is implemented.

Adults with autism spectrum conditions often need support with building skills and overcoming barriers to work and Worcestershire wants to help people with autism make the most of their talents by getting the same opportunities to employment as everyone else. This will include working with some employers in order to raise their understanding of autism and what reasonable adjustments they can make.

9. Improving access to health, social care and housing services

Fulfilling and Rewarding Lives (March 2010) says that adults with autism should be able to expect public services to treat them fairly as individuals.

Social Inclusion

All people with autism spectrum conditions are entitled to be able to live fulfilling and rewarding lives within a society that accepts and understands them. Worcestershire Autism Partnership Group [WAPG] and in turn this strategy, will focus on making it easier for adults with autism spectrum conditions to feel more included.

Autism specific services and support have a role to play in helping people cope with everyday situations in the community. We aim to develop partnerships with other agencies to build on the current local support services in Worcestershire.

Accommodation

A focus of Fulfilling and Rewarding Lives is to make it easier for adults with autism spectrum conditions to access mainstream housing services and understand the options available to them, including the financial help they may be entitled to. WAPG will work with local housing providers to consider the needs of adults with autism spectrum conditions within the planning, design and allocation of local accommodation.

Health

Some adults with autism spectrum conditions are reluctant to see a GP or other health professional either because of the lack of understanding amongst staff or the inappropriate facilities and communication methods. Health services need to be able to respond appropriately so that people with autism spectrum conditions are encouraged to seek advice before needing to access support in a crisis or with an acute health problem.

Children and young people with diagnosed autism spectrum conditions will be known to Community Paediatricians and usually the Umbrella Pathway. Transition from children's to adult services can

cause anxiety if effective systems for information sharing are not in place.

Social care

|

Not all children and young people with autism spectrum conditions will need a social care service. Some services can be accessed without needing a referral to social care. These are published through the Local Offer. They include services such as community short breaks, play schemes and out-of-school clubs, support groups and advice on benefits.

Some children and young people with autism spectrum conditions will access social care service, which may include specialist respite care, and they may have a direct payment to meet care needs. The direct payment may help to fund domiciliary care, support workers or bespoke need.

We recognise that for a very few children with very special needs they will require care in specialist provision.

Families for children and young people may also use a personal budget to develop their own package of support.

The criteria to access social care services is set out in WSCB Thresholds Guidance and the Eligibility/Threshold Criteria for Children with Disabilities and Young Adults Teams

Adults with autism spectrum conditions who are eligible for adult social care support should be enabled to benefit from personalisation by accessing personal budgets which are in line with their assessment.

10. Local planning

Fulfilling and Rewarding Lives (March 2010) is clear that change needs to be driven locally, through strong local leadership. The key to this is local partners coming together in one place to discuss priorities and challenges together, and how this might be done will need to be determined locally.

For adult, Worcestershire has an Autism Partnership Group, which includes a range of stakeholders who are committed to meet regularly to address the priorities included in the Action Plan that supports this strategy. The aim of the group is to set the direction of improved services for people with autism spectrum conditions and ensure improvements happen. The group has been instrumental in developing the adult's element of this strategy and determining the actions required to deliver the strategy. The membership of this group should be reviewed as a priority to ensure all services are represented in the delivery of this all age strategy.

The strategy also aims to develop the partnership between Clinical Commissioning Groups and Worcestershire County Council so that services which are relevant to the needs of the local population can be commissioned.

Improved local autism data will better inform future commissioning and support the development of the Joint Strategic Needs Assessment. This will ensure that, for all people with autism spectrum conditions, the right services are delivered in the right way to those who need them and by the best possible provider.

11. REFERENCES

For specific information about Autism: <http://www.autism.org.uk/>

Think Autism - Fulfilling and Rewarding Lives:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/299866/Autism_Strategy.pdf

Care Act 2014 – Draft Statutory Guidance:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/315993/Care-Act-Guidance.pdf

Worcestershire Health and Well Being Strategy:
<http://www.worcestershirepartnership.org.uk/cms/pdf/Joint-Health-and-Wellbeing-Strategy-2013-16.pdf>

Worcestershire's Local Offer website which can be accessed at:
<http://www.worcestershirelocaloffer.org.uk>

The Early Help Hub: For more information visit
<http://www.worcestershire.gov.uk/cms/early-help-strategy.aspx>

Appendix A: Duties under the National Strategy and Guidance

Fulfilling and Rewarding Lives sets out the duties for Local Authorities and the NHS locally (source: National Autistic Society 2014):

1. Provide autism awareness training for all staff
2. Must provide specialist autism training for key staff, such as GPs and community care assessors
3. Cannot refuse a community care assessment for adults with autism based solely on IQ
4. Must appoint an autism lead in their area
5. Must develop a clear pathway for diagnosis and assessment for adults with autism
6. Need to commission services based on adequate population data.

Appendix B

Overview of National Context

Children and Young People and their Parent Carers:

The SEND Code of Practice (2014) now covers the 0-25 age range and includes guidance relating to disabled children and young people as well as those with SEN. It requires:

- A clearer focus on the participation of children and young people and parents in decision-making at individual and strategic levels
- A stronger focus on high aspirations and on improving outcomes for children and young people.
- For children and young people with more complex needs, a co-ordinated assessment process and the new 0-25 Education, Health and Care plan (EHC plan) which replace statements and Learning Difficulty Assessments (LDAs)
- A greater focus on support that enables those with SEN to succeed in their education and make a successful transition to adulthood

The Children Act 1989 places a duty on the local authority to provide services for all children in need, including children with a disability. A child is in need when their health or welfare may be significantly impaired without additional services.

The local authority is required to keep a register of children in the county with a disability, although registration is voluntary.

All children with a disability who may be in need are entitled to assessment.

The Children Act 2004 places a duty on all statutory agencies to co-operate in the safeguarding of children and in meeting their needs.

The **Aiming High for Disabled Children** programme was introduced to transform services for disabled children and local authorities in England were given money to fund new short-break services for disabled children, including children and young people with autism

The Equality Act 2010 - The Equality Act 2010 prohibits discrimination against people with the protected characteristics that are specified in the Act. Disability is one of the specified protected characteristics. Protection from discrimination for disabled people applies to disabled people in a range of circumstances, covering the provision of goods, facilities and services, the exercise of public functions, premises, work, education, and associations.

Adults and their Carers

The Care Act 2014 includes duties to

- promote wellbeing when carrying out any of their care and support functions in respect of an individual.
- ensure the provision or arrangement of services, facilities or resources to help prevent, delay or reduce the development of needs for care and support and
- to establish and maintain an information and advice service in their area. The information and advice service must cover the needs of all its population, not just those who are in receipt of care or support which is arranged or funded by the local authority.

The **Autism Act (2009)** placed a duty on the Government to produce a National Strategy. The Act was in response to an identified gap in provision for people with autism. It specified that a national strategy was to be in place by April 2010.

The strategy "**Fulfilling and Rewarding Lives: the strategy for adults with autism in England**" was published in March 2010, with statutory guidance for local authorities and NHS organisations to support implementation of the strategy published in December 2010. As a result, a range of national policies, mainly directed at adults with autism has emerged. The 2014 update by the Government has identified 15 priority challenges for action as follows:

An equal part of my local community

1. I want to be accepted as who I am within my local community. I want people and organisations in my community to have opportunities to raise their awareness and acceptance of autism.
2. I want my views and aspirations to be taken into account when decisions are made in my local area. I want to know whether my local area is doing as well as others.

3. I want to know how to connect with other people. I want to be able to find local autism peer groups, family groups and low level support.
4. I want the everyday services that I come into contact with to know how to make reasonable adjustments to include me and accept me as I am. I want the staff who work in them to be aware and accepting of autism.
5. I want to be safe in my community and free from the risk of discrimination, hate crime and abuse.
6. I want to be seen as me and for my gender, sexual orientation and race to be taken into account.

The right support at the right time during my lifetime

7. I want a timely diagnosis from a trained professional. I want relevant information and support throughout the diagnostic process.
8. I want autism to be included in local strategic needs assessments so that person centred local health, care and support services, based on good information about local needs, is available for people with autism.
9. I want staff in health and social care services to understand that I have autism and how this affects me.
10. I want to know that my family can get help and support when they need it.
11. I want services and commissioners to understand how my autism affects me differently through my life. I want to be supported through big life changes such as transition from school, getting older or when a person close to me dies.
12. I want people to recognise my autism and adapt the support they give me if I have additional needs such as a mental health problem, a learning disability or if I sometimes communicate through behaviours which others may find challenging.
13. If I break the law, I want the criminal justice system to think about autism and to know how to work well with other services.

Developing my skills and independence and working to the best of my ability

14. I want the same opportunities as everyone else to enhance my skills, to be empowered by services and to be as independent as possible.

15. I want support to get a job and support from my employer to help me keep it.

Supporting people with autism through adulthood (June 2009) is a report which looks at the range of services available for adults with autism and their carers in England. Their main findings indicate that people with autism may use a very wide range of public services, but that the data available on the number of people with autism using services is limited. Despite limitations the report states that there are two key areas where the effectiveness of existing services can be improved. They are:

- Better strategy and planning, based on good information and raising levels of knowledge
- Awareness of the nature of autism and the potential needs of people with autism

Improving access to social care for autism (2011) guidelines from the Social Care Institute for Excellence (SCIE) give a number of key recommendations for practice, including:

- Greater understanding of autism among the social care workforce
- Better awareness of autism in the social care sector can help people get a diagnosis of autism and get timely and appropriate support when they are diagnosed
- Staff supporting people with autism need to make adjustments in how they work, plan and communicate with people with autism and with each other, so that services can be more accessible to people with autism

- Managers and commissioners of services also need to be flexible, creative and collaborative in how they meet the needs of people with autism.
- Good support is vital when people with autism experience significant life changes
- Frontline and senior staff need to work with people with autism to enable them and their families to make the most of personalisation
- Support with social interaction and practical everyday living tasks can address some of needs people with autism commonly have at relatively low cost
- Multidisciplinary specialist autism services can provide good outcomes for people with autism. Professionals should offer carers support in their own right and work in partnership with them to provide the best possible assessment and service provision

This page is intentionally left blank

Review of the Health and Wellbeing Board Strategy (2013 – 2016).

Agenda item 7

Date	3 March 2015														
Board Sponsor	Dr Richard Harling, Director of Adult Services and Health														
Author	Dr. Frances Howie														
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
Older people & long term conditions	Yes														
Mental health & well-being	Yes														
Obesity	Yes														
Alcohol	Yes														
Children & young people	Yes														
Communities & groups with poor health outcomes	Yes														
People with learning disabilities	Yes														
Item for	Decision														
Recommendation	<p>1. That the Health and Wellbeing Board is asked to agree the process as outlined in this report to review the current Board Strategy and prepare a new Strategy from April 2016.</p>														
Background	<p>2. The Health and Wellbeing Board (HWB) is required to produce a strategy under the Health and Social Care Act 2012, setting out its key priorities. The current Strategy ends in March 2016 and it therefore requires the HWBB to commence work to prepare a new strategy in time to meet this timeframe.</p> <p>3. This report proposes a timeframe and key actions and milestones to achieve this and the HWB is asked to endorse this, so that work can commence accordingly.</p> <p>4. The review and development of a new Strategy will be</p>														

Outline Workplan

co-ordinated for the HWB by Worcestershire County Council's Public Health team and will be an inclusive approach working in partnership and consulting with all key stakeholders, including the wider Worcestershire community. The Worcestershire Health Improvement Group (HIG) will be fully engaged in assisting the Board with the Strategy development.

5. Set out below is the outline proposed work plan for carrying out the review, which also highlights at this stage, some of the key issues to be considered.
6. A HWB Stakeholder event to be held on 4 June 2015 which will:
 - reflect on the current HWB strategy its impact and utilisation;
 - consider and refine the HWB strategy principles (eg engagement, partnership, consultation);
 - discuss the type of strategy required (length, content, priority action plans etc.);
 - generate the criteria for the selection of priorities;
 - consider what being a priority means and how this might link to preparation of an action plan;
 - highlight the links to other key strategic plans including the DPH report 2015, the NHS 5 year plan and significant legislative changes;
 - link to the evidence base in the JSNA.
7. HWB Board on 22 September 2015 will:
 - receive data update and JSNA information as part of regular bi-annual update;
 - consider the priority selection process summary from the June HWB stakeholder event;
 - consider the summary of what being a priority means;
 - feedback on type of report preparation including a possible mock-up;
 - agree the content and process of consultation (long list of priorities, the process of selection, the key principles etc.)
8. HWB Board Stakeholder event in November 2015 will:
 - be part of a wider consultation process, via CCGs, VCS, HIG, Well-Connected, local communities, wider stakeholders etc.
9. HWB Board in January 2016:
 - to receive draft report following stakeholder event and wider consultation.
10. HWB Board in March 2016 to sign-off final version of the Strategy, following amendment after consideration of consultation responses.

CCG Commissioning Plans

Agenda item 8

Date	3 March 2015																
Board Sponsor	Dr Carl Ellson Simon Hairsnape																
Author	David Mehaffey, Director of Strategy South Worcestershire Clinical Commissioning Group Mick O'Donnell, Head of Strategy Redditch and Bromsgrove Clinical Commissioning Group, Wyre Forest Clinical Commissioning Group																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Yes</td> </tr> <tr> <td>Mental health & well-being</td> <td>Yes</td> </tr> <tr> <td>Obesity</td> <td>Yes</td> </tr> <tr> <td>Alcohol</td> <td>Yes</td> </tr> <tr> <td>Other (specify below)</td> <td>Yes</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Yes</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Yes</td> </tr> <tr> <td>People with learning disabilities</td> <td>Yes</td> </tr> </table>	Older people & long term conditions	Yes	Mental health & well-being	Yes	Obesity	Yes	Alcohol	Yes	Other (specify below)	Yes	Children & young people	Yes	Communities & groups with poor health outcomes	Yes	People with learning disabilities	Yes
Older people & long term conditions	Yes																
Mental health & well-being	Yes																
Obesity	Yes																
Alcohol	Yes																
Other (specify below)	Yes																
Children & young people	Yes																
Communities & groups with poor health outcomes	Yes																
People with learning disabilities	Yes																
Item for	Consideration																
Recommendation	<p>1. That the Health and Well-being Board is asked to:</p> <ul style="list-style-type: none"> a) Note the development of the commissioning plans for 2015/16 of three Worcestershire Clinical Commissioning Groups b) There will be a presentation of the plans at the meeting. 																

Background

2. In October 2014 NHS England published a Five Year Forward View (FYFV) to set out the challenges facing the NHS over the short and medium term. This document has become the bedrock for the NHS 2015/16 operational planning guidance and CCGs are currently in the process of refreshing their commissioning plans for the coming year.
3. The FYFV was published shortly after the local health and care system was required to publish its own Five Year Strategic Plan, which the Health and Well Being Board approved in July 2014. This plan remains relevant and has not been superseded by the FYFV. However, there are aspects of the local strategy that will be amended on implementation to fully reflect the national requirements.
4. Last year CCGs were also required to publish two year Operational Plans. This year's planning round is therefore a refresh of the plans that the Health and Well Being Board members have previously seen.

CCG Operational Plans

5. The three CCGs are currently compiling their respective plans and will submit initial drafts to NHS England on 27 February 2015.
6. These draft plans will be presented to the Health and Well Being Board for discussion on the 3 March. This allows members sufficient time to comment on how well the proposed plans reflect the Health and Well Being Board's priorities before the plans need to be finalised.
7. The final plans will be submitted to NHS England by 11 April 2015. Prior to this they will need to be approved by each Governing Body at the following meetings:

Redditch and Bromsgrove CCG – 19 March 2015

South Worcestershire CCG – 26 March 2015

Wyre Forest CCG – 31 March 2015

8. Health and Well Being Board Members will have the opportunity to comment on the plans at the meeting or provide written feedback following the meeting to:

david.mehaffey@worcestershire.nhs.uk

michael.o'donnell@worcestershire.nhs.uk

Any feedback will then be incorporated in the final submissions and final plans will be shared with Health and Well Being Board members for information in May.

Primary Care Co-Commissioning

Agenda item 9

Date	3 March 2015
Board Sponsor	Simon Hairsnape, Accountable Officer for Redditch and Bromsgrove CCG and Wyre Forest CCG.
Author	Jan Butterworth, Head of Primary Care, Redditch and Bromsgrove CCG, and Wyre Forest CCG and Lynda Dando, Head of Primary Care Development South Worcestershire CCG
Relevance of paper	Priorities Changes to the commissioning of primary care medical services which will benefit all patients in Worcestershire.
Item for	Consideration
Recommendation	1. That the Health and Well-being Board is asked to: a) Note the changes being put in place for both Joint Commissioning and Delegated Commissioning and the proposals for new models of Primary Care b) Note an invitation for a Local Authority member of the Health and Well-being Board to join the Joint Committee between NHS England, Redditch and Bromsgrove CCG and Wyre Forest CCG as a non-voting member.
Background	2. When the NHS Commissioning Board (NHS England) came into place in 2013 there was a very clear line drawn between the CCGs, NHS England and Local Authorities regarding who should be the commissioner of different primary care services, with NHS England remaining responsible for the direct commissioning of core GP, dental, optometry and pharmaceutical contracts. CCGs and NHS England worked together on improving the quality of primary care medical services but NHS England retained responsibility for both practice

performance and any individual GP performance issues.

3. However it soon became clear that local Health Economy systems had become fragmented and it had become more difficult to provide joined up care, in response to patient need.
4. In 2014, in recognition of this, NHS England invited CCGs to take an increased role in the commissioning of primary care medical services. CCGs, through the direct involvement of their GPs, have a deep understanding of the complexities of primary care and are in a good position to further improve the quality of services in their local area.
5. These new arrangements will give CCGs the opportunity to assume greater power and influence over the commissioning of primary medical care and will come into place from April 2015. These arrangements will be called Co-Commissioning.

6. **Benefits of Co-Commissioning**

- Improved access to primary care and wider out-of-hospital services with more services available closer to home.
 - A more integrated system that is affordable and yet provides high quality services which better meet local needs.
 - Greater consistency between outcome measures and incentives to gain better health outcomes, equity of access, and reduced inequalities.
 - A more collaborative approach to designing local solutions, around premises and IT systems.
 - Enable a continuous improvement in the quality and access to care provided by GP practices.
 - A better patient experience through more joined up services.
7. In future CCGs could also have responsibility for the commissioning of dental, eye health and pharmaceutical services, although these are more complex, as they have a different legal framework to the commissioning of primary medical services. This could then lead on to place based commissioning and would form the building blocks for new models of care as described in the Five Year Forward Plan produced by NHS England.

8. CCGs were asked to respond to three options for Co-Commissioning in 2015/16. These were:-
 1. Greater involvement in primary care decision making with NHS England.
 2. Joint Commissioning arrangements with NHS England.
 3. Delegated Commissioning arrangements with the CCG commissioning GP services directly.
9. Redditch and Bromsgrove CCGs and Wyre Forest CCGs have applied for Joint Commissioning arrangements with NHS England from April 2015 with a view to progressing to Delegated Commissioning in 2016. The two CCGs have recently engaged a Head of Primary Care, in preparation for the new arrangements in April 2015.
10. South Worcestershire CCG have applied for Delegated Commissioning from April 2015, as, unlike many CCGs, they incorporated a Head of Primary Care into their team when they became a CCG, and so have been able to move more quickly towards full delegation.

11. Joint Commissioning Arrangements with NHS England

These will enable Redditch and Bromsgrove and Wyre Forest CCGs to assume responsibility for jointly commissioning primary medical services with NHS England through a Joint Committee. In the interests of openness and the mitigation of conflicts of interest a local Healthwatch representative and a Local Authority representative from the Health and Well-being Board will have the right to join the committee as non-voting members. Meetings will take place in public. The committee will have to have a lay and executive majority, although GPs can be present as non-voting members. Health and Well-being boards and Healthwatch are under no obligation to nominate a representative but there should be significant mutual benefits from the involvement. For example it would support alignment in decision making across the local Health and Social Care system.

12. Functions of the Joint Committee

In 2015/16, joint commissioning arrangements will be limited to general practice services.

They will include:-

- The management of and monitoring of GP contracts

with the ability to take contractual action where needed.

- The design of new enhanced services within primary care.
- The design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF) if desired.
- The ability to establish new GP practices in an area if required.
- Approval of practice mergers.
- Make decisions on discretionary payments e.g. GP returner and retainer schemes to help reduce the current shortage of GPs.

13. Delegated Commissioning

South Worcestershire CCG has applied for full delegated responsibility for the management of GP contracts.

The CCG will have responsibility for the following areas:-

- All GP contracts, including the management and monitoring of contracts, with the ability to take contractual action when needed.
- The design of new enhanced services within primary care.
- Design of local incentive schemes as an alternative to the Quality and Outcomes Framework (QOF).
- The ability to establish new GP practices in an area if required.
- Approval of practice mergers.
- Make decisions on discretionary payments e.g. GP returner and retainer schemes to help reduce the current shortage of GPs.

NHS England will continue manage individual GP performance issues.

14. South Worcestershire CCG chose Delegated Commissioning:-

- To deliver the best outcomes for their population.
- To support sustainable, high quality primary care – working at scale.
- To implement place based commissioning – ending the fragmentation of the commissioning of primary care services.

- To enable the commissioning of better and more integrated out of hospital care.
 - To promote innovation-local solutions.
 - To support the aligning of contracts and incentives across the system.
- Delegated commissioning will deliver and support change and will be a key enabler in the implementation of the Five Year Forward View.

15. Governance Arrangements

NHS England has developed a model governance framework for delegated commissioning arrangements in recognition of the clear conflicts of interest scenarios which this opportunity creates - and which must be mitigated. A Primary Care Commissioning Committee (PCC Committee) has been established to oversee the exercise of the delegated functions. A model terms of reference has been developed. The PCC Committee is chaired by a lay member and has a lay and executive majority. The South Worcestershire CCG PCC Committee has started to meet in shadow form and is chaired by Trish Haines. A local Healthwatch representative and a Local Authority representative from the Health and Well-being Board have been invited as non-voting attendees.

16. New models of Primary Care within the Five Year Forward Plan

It is well documented that GP practices are under considerable pressure with increased demands for appointments, due, partly to increased patient expectations, and a growing and ageing population with patients living with multiple long term conditions. The need for closer monitoring of these conditions, and the need to promote self-care and manage more conditions in the community, where funding has not kept pace with demand, means that primary care needs to look at new models of care.

17. The Five Year Forward plan produced by NHS England talks about how delegated commissioning could lead onto place based commissioning to provide strong primary care in the community. This is to provide more care for patients in their own homes, with a focus on prevention, promoting independence and support to stay well.
18. This will mean commissioners, providers, Local Authorities, Health and Well-being Boards and other

relevant organisations will have to work collaboratively, and benefit from their organisational interdependencies.

19. These models have been called:-

- Multispecialty community providers (MCPs).
- Integrated primary and acute care systems (PACS).
- Additional approaches to creating smaller viable hospitals.
- And models of enhanced health in care homes.

20. All of the new care models will have certain characteristics in common. Their shared purpose will be to promote the health and wellbeing of their local populations, to increase the quality of care for their patients, and to improve value for money within the available resources. All will redesign the way care is delivered and could demonstrate what the future NHS will look like. They aim to show what integration can really mean in practice, for different patient groups and local communities.

21. Summary

This report introduces the new ways of commissioning primary care services in Worcestershire and explains the decisions taken by Wyre Forest CCG and Redditch and Bromsgrove CCG to apply for joint commissioning arrangements with NHS England in 2015 moving to delegated commissioning in 2016 and the application for delegated commissioning arrangements from April 2015 for South Worcestershire CCG.

22. The Board is asked to note the changes being put in place for both joint and delegated commissioning and to note an invitation for a Local Authority member of the Health and Well-being Board to join the Joint Committee between NHS England, Redditch and Bromsgrove CCG and Wyre Forest CCG as a non-voting member.

Healthwatch Worcestershire : Urgent Care Survey

Agenda item 10

Date	3 March 2015																
Board Sponsor	Peter Pinfield																
Author	Jo Ringshall, Director, Healthwatch Worcestershire																
Relevance of paper	<p>Priorities</p> <table border="0"> <tr> <td>Older people & long term conditions</td> <td>Choose an item.</td> </tr> <tr> <td>Mental health & well-being</td> <td>Choose an item.</td> </tr> <tr> <td>Obesity</td> <td>Choose an item.</td> </tr> <tr> <td>Alcohol</td> <td>Choose an item.</td> </tr> <tr> <td>Other (specify below)</td> <td>Choose an item.</td> </tr> </table> <p>Groups of particular interest</p> <table border="0"> <tr> <td>Children & young people</td> <td>Choose an item.</td> </tr> <tr> <td>Communities & groups with poor health outcomes</td> <td>Choose an item.</td> </tr> <tr> <td>People with learning disabilities</td> <td>Choose an item.</td> </tr> </table>	Older people & long term conditions	Choose an item.	Mental health & well-being	Choose an item.	Obesity	Choose an item.	Alcohol	Choose an item.	Other (specify below)	Choose an item.	Children & young people	Choose an item.	Communities & groups with poor health outcomes	Choose an item.	People with learning disabilities	Choose an item.
Older people & long term conditions	Choose an item.																
Mental health & well-being	Choose an item.																
Obesity	Choose an item.																
Alcohol	Choose an item.																
Other (specify below)	Choose an item.																
Children & young people	Choose an item.																
Communities & groups with poor health outcomes	Choose an item.																
People with learning disabilities	Choose an item.																
Item for	Consideration																
Recommendation	<ol style="list-style-type: none"> 1. That the Health and Well-being Board is asked to: 2. <ol style="list-style-type: none"> a) Consider the Urgent Care Survey report and its recommendations; b) Encourage the implementation of the recommendations of the report by all commissioners and providers of Urgent Care services 																
Background	<ol style="list-style-type: none"> 3. In February 2014 the three Clinical Commissioning Groups (CCGs) in Worcestershire published an Urgent Care Consultation to be completed in March 2014. The Draft Urgent Care Strategy was also published in February 2014 and is currently being implemented. 4. Healthwatch Worcestershire were concerned that not enough account was being taken of why people went to A&E/MIUs, whether they were referred there by the 																

NHS and whether they had the information available to make informed decisions.

5. The purpose of the Urgent Care Survey was to increase the understanding of why patients attend Accident and Emergency Departments (A&E) and Minor Injury Units (MIUs) in Worcestershire. This would enable Healthwatch Worcestershire to provide feedback to the Urgent Care Strategy.
6. We notified the Clinical Commissioning Groups, Worcestershire Acute Hospital NHS Trust and the Worcestershire Health and Care NHS Trust of our intention to carry out the survey and discussed the logistics of the visits with WHAT and WHCT.
7. A questionnaire was designed to enable us to understand why patients had chosen to attend A&E and/or the MIUs across the County and also to gain an insight into their transport arrangements. This was reviewed by Worcester University.
8. We spoke to 339 patients across the A&E departments and MIUs during the months of September and October 2014. Forty three people declined to take part usually due to the nature of their injury or illness or had to abandon the questionnaire without completing it as they were called in for treatment.
9. We spoke to patients who had made their own way to A&E Departments and Minor Injury Units. HWW took the view that where patients had been brought in by ambulance the decision had been taken by the NHS or West Midlands Ambulance Services (WMAS) and therefore further questions were irrelevant.
10. The intention was to speak to 1000 patients – based on attendance figures over previous periods however it became apparent that this would prove beyond the HWW resources. Whilst the A&E departments were busy the majority of throughput seemed to come via ambulance and the number of patients to interview in the waiting rooms of A&E and MIUs was limited. The numbers of patients using MIUs were low overall.
11. We did not ask people the clinical reasons for their attendance at Urgent Care as it was outside the scope of the survey and beyond our expertise.

Key Findings:

- a) 37% of the patients we spoke to had been referred to

A&E/MIU with 63% self-referring. The majority of these believed that it was an emergency,

- b) MIUs do not appear to be well used. Whilst local people are aware of them there is a level of confusion about opening hours especially regarding X-ray departments. There is also confusion about what illnesses/injuries fall within the remit of the MIUs,
- c) GP Out of House: 66% of patients were aware of the GP Out of Hours service but not everyone knew how to access it. Only 27% of patients had tried to contact their GP prior to attending A&E/MIU,
- d) NHS 111: 71% of respondents were aware of NHS 111 but there was some confusion about what it was for,
- e) On the whole patients access their most local service with 70% of patients taking less than 15 minutes to reach the A&E/MIU,
- f) Urgent Care Strategy: only 10% of people had heard of the Urgent Care Strategy Consultation and the majority of these had some connection with the NHS. Only 4 of the people surveyed had submitted a response.

Conclusion

- 12. 109 of the 296 people surveyed considered they had been referred to Urgent Care which represents 37% of the sample.
- 13. 102 of the 187 people (63%) who self-referred considered that it was an emergency which represents 34% of the total surveyed.

14. In total 71% of the respondents were in the correct place for their needs.

15. People do not change their behavior lightly especially where it is of critical importance to them and their families. There is a lack of risk attached to the individual attending A&E. People understand A&E and know they will be seen by the correct person eventually. For people to change their behavior there needs to be good clear information about accessing alternative services and trust that the alternative service to which they are direct will meet their needs

Report Recommendations

- 16. Improved communication around the role of NHS 111 is required as the first point of call for Urgent Care and Out of Hours Service

Who: CCGs

17. Improved communication around MIUs is required especially regarding their existence, opening times and range of services Consider the possibility of X-Ray department opening hours to match opening times and increasing the range conditions treated by the MIUs

Who: CCGs, WHAT, WCHT.

18. Improved information about the GP Out of Hours service is required – Surgery websites and the recorded messages on the out of hours telephone lines. There is out of date information on local NHS websites about the service which still includes the Worcester Walk In Centre.

Who: CCGs, WHAT, WCHT.

19. Pool resources at MIUs with the GP Out of Hours Services to increase the range of conditions treated

Who: CCGs, WHAT, WCHT

Observation: The barriers to accessing GP Out of Hours services is higher than that for A&E. Patients have to telephone NHS111, go through a telephone triage process and then be given an appointment. It is therefore likely that where they are unable to get a GP or Out of Hours appointment and people consider their condition serious enough that they will go to Urgent Care.