



Cheshire West Place Joint Health and Social Care

Commissioning Strategy for Adults with a
Learning Disability and/or Autism

2021 - 2025



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FOREWORD AND VISION

We are delighted to present the first joint health and social care strategy for adults with a learning disability and/or autism within the Cheshire West Place. Working alongside the Learning Disabilities Partnership Board, Autism Strategy Group, The People's Choice Group, and the statutory, independent, and voluntary sectors we have developed a strategy which sets our vision, priorities and plans for improving access to not only health and care services but universal services across our Cheshire West Place.

Using the insights from people with a learning disability and autism, their families, friends, and carers this strategy is aimed at all adults with a learning disability and/or autism including residents growing up and entering adulthood, or those who are growing older within the borough.

We want to transform our health and care services to achieve high standards and sustainability for the future, and we will measure our success through a set of outcomes agreed with people who have lived experience and their carers. Our vision statement is:

'That people with learning disabilities and/or autism will be able to enjoy fulfilled lives, and will have access to services that promote independence, choice, control and good quality outcomes'.

To deliver this vision we will ensure all services follow the below **Guiding Care Principles** for all residents in Cheshire West Place. These principles are created directly from the feedback that we have received from people who have a learning disability and/or autism, together with their carers.

We will know we have been successful in delivering our strategy when people can say with confidence that:

Safe – *"I am supported to be as safe as possible, and will be supported to take positive risks, in order to live my life as independently as possible".*

Caring – *"Services adopt a caring approach towards me and my family, and afford me compassion, dignity and respect".*

Outcome focused – *"I am supported to achieve my goals, wishes and aspirations".*

Personalised – *"Services are delivered around me and how I wish to live my life"*

Healthy – *"I am supported to stay healthy in all aspects of my life, including my physical, mental and emotional well-being".*

Inclusive – *"I am supported to be an important part of my local and wider community".*

Accessible – *"Services are available to me when I need them and are accessible"*

Affordable – *"Services are affordable to help me achieve the things that I want to achieve in my daily life within my personal budget"*

Joined up and local – *"Services and agencies involved in my care, work together in order to effectively meet my needs".*

1. Introduction

This Strategy sets out how Health and Social Care will work together and with other partners to deliver better outcomes for people with learning disabilities and or autism, increasing choice and control and supporting them to remain living in their communities close to family, friends, and work.

We face a range of challenges in delivering our vision, such as ever reducing financial resources, a growing population, and the challenges of the Covid-19 pandemic. This strategy is based on information derived from key sources such as Joint Strategic Needs Assessments, the insights of people with a learning disability, their friends, families, and carers which has driven a person-centred approach. We thank you all for your contributions to the development of this strategy. We remain committed to driving up quality and improving value for money; and making changes that result in positive outcomes.

As a basis for understanding whom this strategy is intended to support, it is important to understand the definitions of a learning disability and/or autism. It is important to recognise that some people may have only a learning disability, autism only or some people may have both a learning disability and autism diagnosis.

The definition of a learning disability in this strategy is based on the Department of Health definition: -

“A learning disability results in difficulties with understanding, learning, and remembering information and making sense of new situations. This means that someone may have challenges with learning new skills and coping independently. Communication, self-care and awareness of health and safety can be affected and people with learning disabilities often have physical and/or sensory impairments.”

Department of Health (2001). Valuing People. London: The Stationery Office

The National Institute for Clinical Excellence (NICE) describe autism as: -

“... a lifelong neurodevelopmental condition, the core features of which are persistent difficulties in social interaction and communication and the presence of stereotypic (rigid and repetitive) behaviours, resistance to change or restricted interests. The way that autism is expressed in individual people differs at different stages of life, in response to interventions, and with the presence of coexisting conditions such as learning disabilities (also called 'intellectual disabilities'). Autistic people also commonly experience difficulty with cognitive and behavioural flexibility, altered sensory sensitivity, sensory processing difficulties and emotional regulation difficulties. The features of autism may range from mild to severe and may fluctuate over time or in response to changes in circumstances.

Autism spectrum disorder in adults: diagnosis and management <https://www.nice.org.uk/guidance/cg142/chapter/Introduction>

2. Background

This Strategy sets out how NHS and the Council will work together and with other partners to deliver the outcomes set out in the commissioning intentions section of the strategy for people with learning disabilities and/or autism. The focus of the strategy is adults and people transitioning to adulthood

Cheshire West and Chester Council together with the NHS Cheshire Clinical Commissioning Group and the Cheshire and Wirral Partnership Trust, have co-developed a four-year joint commissioning strategy. It outlines a shared commitment to supporting people with learning disabilities and/or autism to help them maximise their independence, choice, and control.

To ensure that people with learning disabilities/ and or autism and their families have a good life in Cheshire West, public bodies must also help prevent people becoming lonely, isolated, and vulnerable; protect people from harm or abuse and prevent avoidable deaths. These aims reflect those in the new National Autism Strategy for Autistic Children, Young People, and Adults (2021–2026); the West Cheshire and Chester Council Plan and Place Plan; the CCG's Commissioning Intentions; and the national Transforming Care Agenda, all of which support people to live fulfilled lives in the community closer to family and support networks in particular making the area a healthier, happier and safer place for all people and narrowing the differences in healthy life expectancy between different groups of people.

Underpinned by a strategic action plan, this strategy will guide commissioning, planning, and decision-making processes for people with learning disabilities and/or Autism within Cheshire West and Chester Council (CW&C) and the Clinical Commissioning Group (CCG) over the next five years, and for the first time will be fortified by a four-year financial strategy which will demonstrably link investment to commissioning intentions and priorities.

The commissioning activities undertaken by Cheshire West and Chester Council and the NHS Cheshire Clinical Commissioning Group will be strengthened through jointly planning and identifying the best use of resources; undertaking more integrated commissioning, contracting, monitoring, and reviewing arrangements; and working together more effectively with service users, carers, and providers to develop and manage our Care Market.

3. How this strategy was developed

In November 2019 Cheshire West and Chester Council produced the first Learning Disabilities Commissioning Strategy. It was recognised that this document only reflected the commissioning intentions of the Council, and further work would be required to develop a joint health and care strategy.

This original Strategy set out key guiding principles which were supported and endorsed by the Learning Disability Partnership Board. The associated commissioning intentions were driven by the establishment of the 'Progression Model' which was developed by the Department of Health and is increasingly being adopted across the UK as a basis for improving learning disability and autism services. It is a person-centred developmental approach that seeks to understand people's aspirations in respect of independence and to support people to realise their potential. This model continues to be relevant and will underpin the core commissioning intentions within this strategy.

A Strategic Learning Disabilities and /or Autism Group was set up in July 2020. The group includes managers, and staff from different organisations. The focus of this group, in the spirit of co-production is to ensure that health and social care work closer together, for example by joining up services, contracts and financial resources across learning disability and autism services. The Group worked closely with the People's Choice Group who are a user led organisation in Cheshire West and Chester and the Learning Disabilities Partnership Board to ensure that the voices of people with learning disabilities, autism and carers continue to be heard. We are also interested in expanding this partnership approach and working with further groups who represent people with learning disabilities and/or autism.

In March 2021, the Council also introduced the Learning Disability and Autism Programme Board, which reports directly into the strategic group. This group focuses on many areas such as embedding the progression model in social work practice, transition to adulthood, commissioning, contracting and data intelligence.

4. Legislation and National Policy

This strategy will be delivered in accordance with those legislative and policy frameworks that relates to adults, with learning disabilities and/or autism and includes those transitioning from Children's Services to Adult Social Care. It also includes the requirements for services as identified in the NHS Long Term Plan.

The legislation identifies a commitment to strengthening the support which is available in the community, on prevention and early intervention to help reduce or avoid crises and encouraging all people to be active members of their communities and this Strategy replicates this intention.

The main legislation and national policy which has implications for people with a learning disability/and/or autism that inform this strategy is contained in [Appendix 1](#).

5. Achieving our Outcomes

National evidence/best practice suggests true joint commissioning for the Learning Disabilities population is achievable, and that can deliver an improvement in outcomes and allow a better use of the existing resources in the health and care system.

Looking at the national picture, the 2015 national plan 'Building the Right Support'¹ and the supplementary report 'Supporting people with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition', jointly commissioned by Association of Directors for Adult Social Services (ADASS), NHS England (NHSE) and the Local Government Association (LGA), provided a high level recommended service model for learning disabilities care and provision.

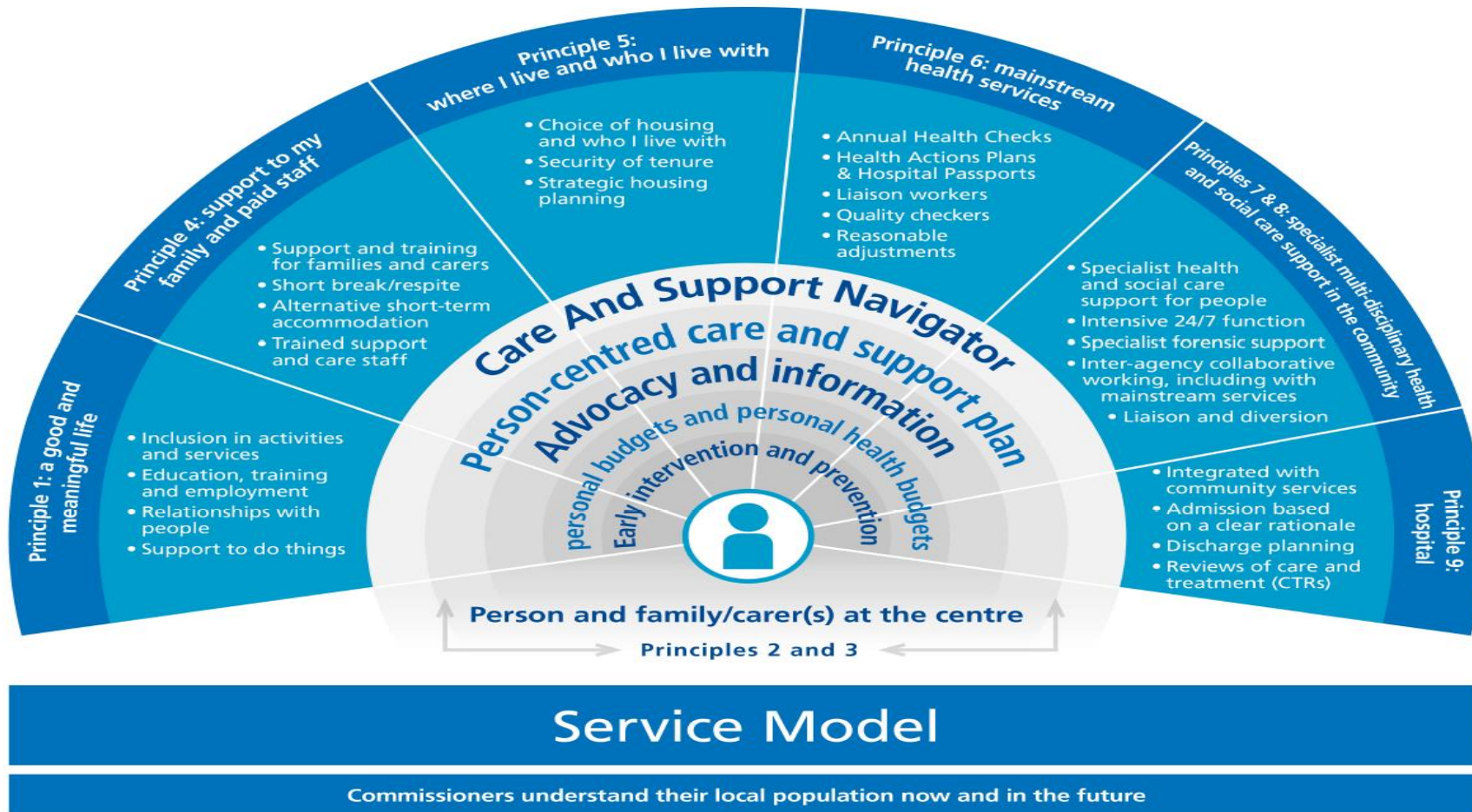
The supplementary guidance acknowledged that.

'To achieve success, the report recommends that commissioning for the ideal care model should not be conducted in isolation, e.g., by the learning disability commissioner alone, but by utilising a system wide approach that incorporates both health and social care and the full span of commissioning activity.'

Building the Right Support 2015

Our local approach will be developed in line with the national principles as recommended within this high-level service model:

BUILDING THE RIGHT SUPPORT – A NATIONAL INFRASTRUCTURE MODEL FOR COMMISSIONING



Building the Right Support - <https://www.england.nhs.uk/wp-content/uploads/2015/10/d-nat-imp-plan-oct15.pdf>
 Supporting People with a Learning Disability - <https://www.england.nhs.uk/wp-content/uploads/2015/10/service-model-291015.pdf>

The Progression Model – How we will commission community services locally

Whilst Building the Right Support provides a sound strategic infrastructure of what statutory health and social care organisations need to do to address the health and social care needs of individuals, the Council and NHS CCG and future Integrated Care System will also adopt the principles underpinning the Progression Model as the agreed model of care, to implement local commissioning solutions for service users, particularly surrounding community-based services. The progression model and its core principles align with the philosophy of “Building the Right Support”, particularly surrounding promoting independence, choice, and control, as well as continuing to promote the least restrictive options available for individuals.

The model breaks down support requirements into one of four categories reflecting the varying levels of needs and complexity of need.

These are as follows:

- 1. Support for people who are self-managing**
- 2. Low level community support**
- 3. Specialist community support**
- 4. Accommodation based support**

Further detail can be found in [Appendix 2](#)

We intend to ensure that we commission services based on the above four categories so that we can work with providers who have experience and expertise in a particular field, enabling them to plan with some certainty as to the type of services being commissioned.

The Council and the CCG will work in partnership through this strategy to forge a positive culture of engagement and shared understanding, and through the effective commissioning of services, focus on supporting progression and an asset-based approach to that ensures service users reach their optimum levels of choice and control.

Progression - Anticipating Future Support Needs

People with a learning disability/and/or autism who are known to Adult Social Care, the NHS and schools represent a relatively stable population whose needs from accommodation and support can be broadly predicted. As the “Progression” model is implemented in the community we will encourage the development of longer-term care support and treatment plans, which will give indications of the likely models of support and accommodation needs for each individual in the population and how this will change over time.

Evidence shows us that people with learning disabilities will be living longer and that support for their needs in older age needs to be considered in the long term. This ought to provide greater certainty to the market and will support the Council to develop a model that forecasts demand for particular models of support and accommodation, and the preferred locations where this may be required.

[Appendix 3](#) provides case study examples of where the Progression Model has been implemented in other Local Authorities and/or Integrated Care systems. The case studies demonstrate the impact on an individual “person centred level”, and on an organisational level for commissioning authorities.

Key outcomes underpinning the strategy

The success of this Strategy will be measured through an outcomes framework which has been developed through a number of engagements session with people with learning disabilities. Progress on achieving the outcomes will be monitored by the Learning Disability Partnership Board, as well as Performance Committees with statutory agencies.

The 9 key outcomes are set out below, for the details on the associated measures and targets see [Appendix 4](#).

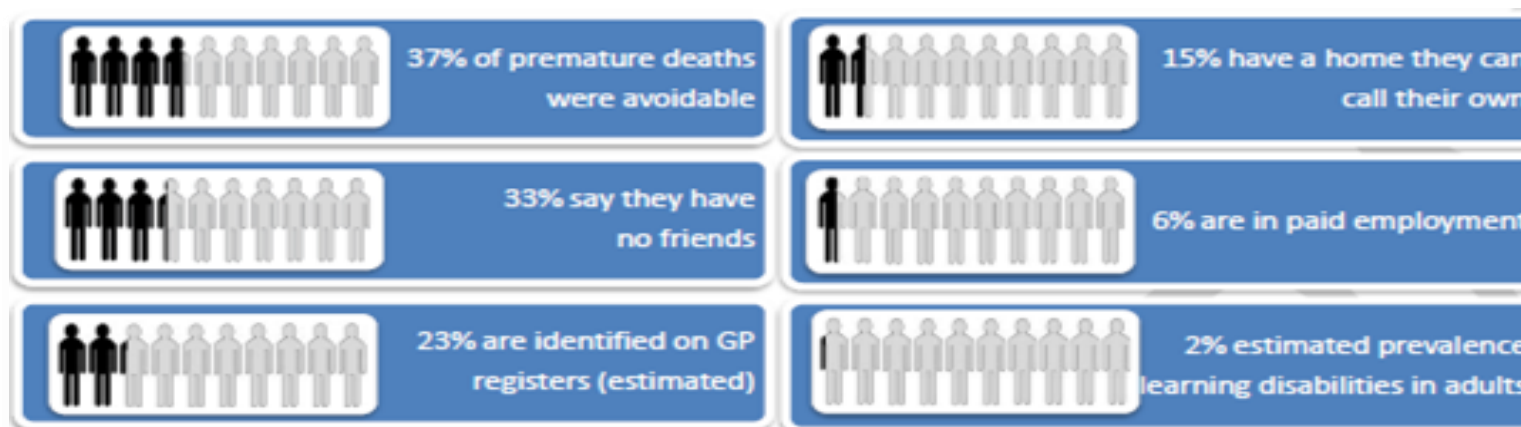
- Outcome 1:** More people with learning disabilities and/or autism will be supported to live a good quality and meaningful life.
- Outcome 2:** People with a learning disability /and/or autism will be supported to live, work, socialise and be as independent as possible throughout their life, within the local community, close to family, and friends.
- Outcome 3:** Support for people with a learning disability /and/or autism will be person-centered and effective to help ensure that they can achieve their goals, aspirations, and person- centered outcomes.
- Outcome 4:** People with a learning disability /and/or autism and their carers can access the appropriate level of information and advice when they need it.
- Outcome 5:** People with a learning disability /and/or autism feel safe in their community
- Outcome 6:** Services provided will be of high quality, safe, caring, and responsive to people’s needs.
- Outcome 7:** People will be supported to maintain an optimum level of physical and mental health
- Outcome 8:** People will be supported to access coordinated health and social care services when they need them.
- Outcome 9:** Services will be cost effective, innovative and provide value for money for both the Council and people with learning disabilities /and/or autism and their families.

These outcomes will be supported by robust performance measures and targets within our contracts, that will ultimately help to determine how well we have delivered the Strategy.

6. National Context

In the UK, learning disabilities (LD) affect around 1.5 million people (around 2% of the population).

Nationally, it is estimated that people with learning disabilities experience the following:



Compared to the general population, people with learning disabilities:

- ❖ Have a lower life expectancy
- ❖ Experience higher levels of poor health
- ❖ Have greater and more complex health needs
- ❖ Are more likely to experience barriers to accessing healthcare services and experience poor levels of care
- ❖ Are three times as likely as the general population to have a death classified as potentially avoidable
- ❖ Are often the target of hate crime

Confidential Inquiry into premature deaths of people with learning disabilities (CIPOLD) 2013

Nationally between 2016-19, people aged 0-74 with a learning disability were 3.87- 4.11 times more likely to die than those of the same age with no learning disability.

NHS Digital 2018/19

Data from the Learning Disabilities Mortality Review (report 2019) also indicates that the disparity between the age at death for people with learning disabilities (age 4 years and over) and the general population (all ages) in 2019 was 22 years for males and 27 years for females

The Learning Disabilities Mortality Review, University of Bristol, Annual Report 2019, p3.

People with learning disabilities are more likely to live in poverty

A fair, supportive society; Institute of Health Equity, 2019.

Furthermore, according to the national autistic society, approximately one in 100 people in the United Kingdom are on the autism spectrum and there are around 700,000 autistic adults and children in the UK. If we applied that estimate at a local level, that would equate to approximately 340 people in the Cheshire West Place.

National Autistic Society, July 2021.

Based on the [Labour Force Survey \(LFS\)](#), around half of disabled people (52.1%) aged 16 to 64 years in the UK were employed in 2020 (July to September 2020) compared with around 8 in 10 (81.3%) of non-disabled people.

Using the [Annual population survey \(APS\)](#) for the six months year ending June 2020, the employment rates of disabled people with autism (21.7%) or severe or specific learning difficulties (26.5%) were lower than the population rate for the disabled population (aged 16 to 64 years) as a whole for the same period (53.6%).

Outcomes for disabled people in the UK - Office for National Statistics ONS.gov.uk

The National Autistic Society state that 71% of children with autism have a mental health problem, such as anxiety conditions, depression, and obsessive-compulsive condition (OCD); it is estimated that 40% have two or more. This is considerably higher than the 13 per cent of 0-24-year-olds estimated to have a mental health disorder in the general population.

National Autistic Society, 2014

7. Local Prevalence and Needs

Cheshire West Place Overview

Intelligence and Insight information across Cheshire West Place tells us that people with learning disabilities and autism experience higher levels of mental illness, struggle with obesity and are less likely to work; with unemployment linked to increased poverty, premature mortality, and poor mental and physical health.

Cheshire West Place Adults with a learning disability are almost ten times more likely to have a severe mental illness than those without a learning disability.

NHS Digital, 2018-19

For England it is estimated that of those people known to local authorities around 5.6% all working age people with a learning disability have a paid job

A FAIR, SUPPORTIVE SOCIETY; INSTITUTE OF HEALTH EQUITY, 2019.

Locally, 5.4% of people with a learning disability and/or autism in Cheshire West Place and who are known to the local authority are in paid employment. This equates to 50 people.

ASCOF 2019/2020

In 19/20, of the 50 people in employment, 9 people had an autism (and/or Asperger's) diagnosis recorded on council systems. This is 18% of the 50 people recorded that makes up the 5.4% of the ASCOF figure (2019/2020).

ASCOF 2019/2020

In Cheshire West Place 42% of adults with a learning disability aged 18 plus were obese compared to 34% of adults without a learning disability.

NHS Digital, 2018-19

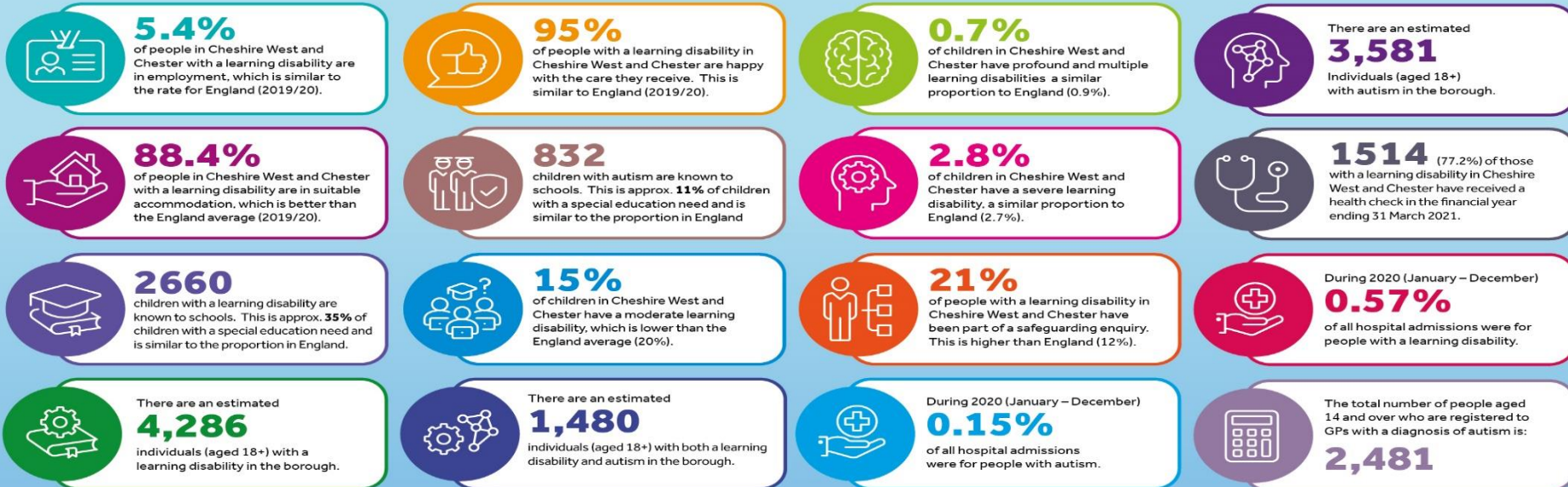
Local Data Profile

Our local data profile highlights the following key facts about people with learning disabilities and autism in Cheshire West Place, our local community.

Cheshire West & Chester Council



Key statistics for people with autism or learning disabilities in Cheshire West and Chester



Visit: cheshirewestandchester.gov.uk



How does Cheshire West Place compare to the National Average?

5.4% of people in Cheshire West Place with a learning disability and/or autism known to the local authority are in employment, which is similar to the national rate for England (2019/20).

88.4% of people in Cheshire West Place with a learning disability are in suitable accommodation, which is better than the England average (2019/20)

832 children with autism are known to schools. This is approx. 11% of children with a special education need and is similar to the proportion in England.

95% of people with a learning disability in Cheshire West and Chester are happy with the care they receive. This is similar to the national rate for England (2019/20).

Cheshire West Place has a lower proportion of children with a moderate learning disability (15%) than England (20%).

Cheshire West Place has a similar proportion of children with profound and multiple learning disabilities (0.7%) to England (0.9%).

Cheshire West Place has a similar proportion of children with a severe learning disability (2.8%) to England (2.7%).

A higher proportion of people with a learning disability have been part of a safeguarding enquiry in Cheshire West Place (21%) than England (12%).

8. Current Health and Social Care Provision

Within the Cheshire West Place there are a range of Health and Social Care services available to people with learning disabilities and autistic spectrum conditions.

The local authority and NHS Cheshire CCG provide support to adults with learning disabilities and autistic spectrum conditions who have eligible care needs under a variety of statutory and policy frameworks as outlined in [Appendix 1](#).

In July 2021, there were 1,117 adults aged 18 plus with a learning disability or autism receiving health or social care support.

Often people with a learning disability and autism have a wide range of needs that can span health, social care, and community support systems. It is also likely that they will suffer from poorer physical and mental health when compared to the rest of the community; so, it is essential that there is a range of support and provision available across both Health and Social Care systems to ensure people with a learning disability and autism are supported to live as healthy fulfilled lives as possible.

Support needed for people with a learning disability and autism may include:

- Help to carry out daily activities such as preparing food, getting dressed and maintaining everyday living.
- Housing support such as supported living schemes
- Help in finding a job/ through work experience and support / development in the workplace
- Help to take part in leisure and social activities
- Healthcare support
- Interventions and therapies
- Medical support
- Carer's support
- Financial support
- Low level support (e.g., emotional support) to self-manage

Services provided within the community to help meet these needs include (but not exclusively).

- Supported Living services,
- Residential and Nursing services
- Respite/Short Break services
- Day Care services/Day Opportunities
- Shared Lives services
- Primary Care (e.g., GP services)
- Secondary Care included commissioned services for Autism (e.g., hospital services, community health services)

9. Support in the Community - Supporting Healthy Lives

Support in the community can be varied and wide ranging to meet a spectrum of needs. A profile of current community services is described below:

Supported Living Services

- Supported living services are residential properties where care providers deliver daily support to people with learning disabilities and autism. Services include, shared households, or apartment style complexes. Occupants predominantly hold their own tenancy agreements with either a registered social housing provider or/ non-for-profit landlord.
- Supported living constitutes the majority of learning disability services within Cheshire West Place. There are currently 42 care and support providers within the area operating this model across 193 properties in the borough, with the majority being shared households. Over recent years, through prior engagement with service users and carers, it has been identified that more people are wanting to move away from traditional shared services to an independent living environment with their own front door (e.g., core and cluster type accommodation).
- All services are currently rated at least Good with CQC.

Residential and Nursing Care Services

- For those with more complex needs and who are unable to live independently, residential services or care homes can be better suited to meet peoples' needs. For those with complex needs and behaviour that challenges, nursing support may also be required.
- There are currently 6 residential services within Cheshire West Place and 2 Nursing homes. All are small residential services, and none have more than 8 registered beds. All services are at least rated Good with CQC but there is a gap in local provision for severe challenging behaviour within these environments.

Respite Services (Short Break Services)

- Respite services (also known as short break services) are services designed for temporary stays for people with learning disabilities and autism. Often these services are exceptionally beneficial to mutually support carers and service users who require time for themselves and a break away from their ordinary routines. Provision of respite services across Cheshire West Place is limited and the specialist respite care available locally can often be utilised by people from outside of the area.
- There are currently three providers operating four respite services across the place base, 2 in Chester and 1 in Ellesmere Port with a fourth based in Winsford, awaiting CQC registration. Three registered provisions are all rated as Good with CQC (fourth awaiting rating).
- There is a need to develop further respite capacity within the local market to support people with Profound Intellectual Multiple Disabilities (PIMD) across Cheshire West Place.
- Cheshire CCG commissions Short Break Services for adults, aged 18 and upwards, with learning disabilities and who also have additional complex health needs. These may include challenging behaviour, or profound and multiple disabilities. These are delivered through hospital services at Crook Lane, near Winsford, via Cheshire and Wirral Partnership NHS Trust.

Day Care Services

- Day services can be described as support activities delivered in a community setting or in a building-based location. These services help people to carry out everyday activities, provide opportunities to meet other people, develop friendships, learn new skills, and participate in leisure activities. There are currently four providers offering day service provision in Cheshire West Place. The largest provider is the Council's wholly owned and operated company VIVO Care Choices, who deliver approximately 75% of Day Care service provision across the place area. There is a mixture of provision offered, including a skill centre and more traditional day care models. The COVID 19 Pandemic has given operation teams an opportunity to consider the local offer. Future initiatives for these services could involve more employment and education orientated opportunities. A performance metric that can support the development of outcomes for individuals based on "skill" development" is being considered.

Shared Lives

- Shared lives services give people an opportunity to live with a designated carer, either full time or for some time of the week. There is currently only one provider offering a shared lives service within Cheshire West Place that supports approximately 126 people. This service is often requested but capacity is limited with the offer mainly focusing on low level daytime support. The service needs to expand to offer differing levels of support, mainly surrounding long term placements. There may also be opportunities to expand this service to support the delivery of respite/short break support in an alternative way.

Outreach Services

- These services are focused around providing minimal support in a person's own home. This can be support around maximising independence (such as maintaining a habitable home, support to pay bills and maintaining optimum physical and mental health). These services are generally minor in nature and no longer than a few hours per day. The services are akin to domiciliary type models of care.

What will we do:

- We will ensure all social care services are can cater for the needs of an ageing population of people with a learning disability and 1/or autism
- We will ensure we have the right care and accommodation available in the right areas to meet demand across Cheshire West Place.
- We will look to increase shared lives opportunities in Cheshire West Place.
- We will undertake a review of respite / short breaks services to ensure services users and carers can access support when they need to.
- We will work with providers to reshape day service opportunities to include more support and activities related to continued education and employment.

Health Services

- People with learning disabilities, autism or both and their families and carers should be able to expect high quality care across all services provided by the NHS. They should receive treatment, care and support that are safe and personalised; and have the same access to services and outcomes as their non-disabled peers.
- The NHS Long Term Plan requires the whole NHS to improve their understanding of the needs of people with learning disabilities and autism, and work together to improve their health and well-being.
- Over the next five years, national learning disability improvement standards will be implemented and will apply to all services funded by the NHS. These standards will promote greater consistency, addressing themes such as rights, the workforce, specialist care and working more effectively with people and their families.

GP Annual Health Checks

- As well as social care services offered in the community, primary care health services are also used to support people with learning disabilities and autism.
- It is well recognised that people with learning disabilities (LD) have poorer outcomes. Health inequality remains a leading concern with people with learning disabilities dying on average over 20 years sooner than the general population and experiencing poorer health. The mean age of death of people with profound or multiple learning disabilities is 40 years old. Unfortunately, often this is due to preventable, treatable conditions. A concern recently identified in the LeDeR 2018 review is the identification of “diagnostic over-shadowing” or misreading symptoms of illness as being due to person having learning disability rather than a treatable medical condition.
- The Annual Health Check (AHC) is a holistic view of our patients and a recognised, evidenced method of improving the health of individuals with learning disabilities. National annual health checks are offered at GP practices across Cheshire West Place. These provide the following benefits:
 - A review of physical and mental health with an improved health experience for patients, families, and carers.
 - Designed to review known co-morbid chronic conditions, e.g., epilepsy, dementia, diabetes, obesity, cardiovascular disease etc. An opportunity to identify a wide range of potential unmet health needs which may otherwise go unreported or unrecognised without proactive screening.
 - Opportunity to develop a personalised Health Action Plan with patients and their carers which with consent can be shared with appropriate/relevant support services.
 - The National Directed Enhanced Service (DES) for Learning Disabilities Health Check Scheme was designed to encourage GP practices to identify all patients aged 14 and over with learning disabilities, to maintain a learning disability “health check” register and offer them an AHC, with includes producing a health action plan.

As of the 31st March 2021 the current number of Annual Health Checks completed by practices in Cheshire West ICP is as follows (NB all areas exceed National Target of 70%).

	CCG Total Eligible	CCG Plan of 75%	Actual	Current % Completed	% remaining
14-25	467	327	321	73.45 %	1%
25+	1493	1045	1193	79.90%	-
Total	1960	1372	1514	77.20%	-

Cancer Screening

Cancer screening for people learning disabilities and autism is also another health priority.

2018-19 data on screening is available from NHS England to understand the proportion of the eligible population who in the previous five years had:

- Cervical screening (female aged 25-64 years)
- Breast screening (female aged 50-69 years)
- Colorectal screening (male and female aged 60-69 years).

A range of work is in progress around improving uptake of Annual Health Checks and developing resources around cancer screening, but the key emphasis is on change with Primary Care to improve access.

Screening data for people with a learning disability highlights that cervical screening for females aged 25-64 has a significantly lower uptake for females with a learning disability than those without a learning disability.

If eligible, proportion who:	CW&C: LD cohort	CW&C: Non-LD cohort	England: LD cohort
Had cervical screening in last 5 years	35.0%	79.5%	33.7%
Had breast screening in last 5 years	69.0%	72.2%	49%
Had colorectal screening in last 5 years	88.4%	86.9%	83.1%

Source: Table 36 Health and care of people with learning disabilities, experimental statistics, 2018-19, NHS digital.

Note: Data is classed as experimental as it is still considered in its testing phase due to poor coverage across CCGs in England, poor data quality, and undergoing evaluation. Users should be aware of the status and constraints of the data, but it is published and considered valid to use. West Cheshire CCG and Vale Royal CCG are participating CCGs.

Whilst cervical screening for women with learning disability is in line with the national average, this needs to be a significant area of focus for the borough due to the 44.5 % difference between rates for women with a Learning Disability compared to women without a Learning Disability. Breast screening and colorectal screening is higher in CW&C than the England average, considerably so for breast screening. Colorectal screening is also in line with the non-Learning Disability cohort.

Flu Vaccinations, BMI assessment and blood pressure checks

Intelligence also tells us that those with a Learning Disability are at greater risk of several conditions and illnesses. Blood pressure checks and Body Mass Indicator Measures (BMI) undertaken in primary care can be a useful tool for GP practices to highlight those at risk and ensure earlier intervention and preventative measures are put in place.

For the purposes of the strategy, flu and covid vaccination data reflects ‘a point in time’ and the usefulness of these measures will be in relation to monitoring outcomes and the impact of local health improvement initiatives. Sharing key data can help with developing targeted local initiatives with stakeholders to increase access, reduce inequalities and improve health outcomes

The Cheshire and Merseyside Learning Disabilities Mortality Review (LeDeR), as discussed in the Outcomes section of this strategy, also shows that respiratory problems are a major cause of death for people with Learning Disability. This highlights the importance of those with a Learning Disability receiving their annual free flu vaccination.

Although Cheshire West and Chester have a marginally better uptake of patients with a learning disability having a flu jab, BMI assessment, and blood pressure check than the national average, it should be highlighted that less than half of patients eligible for a free flu jab are receiving one.

	CW&C: LD cohort 18+	CW&C: LD cohort all age	England: LD cohort all age
Had a flu jab in last 12 months	48.2%	45.5%	44%
Had a BMI assessment in last 15 months	69.4%	64.9%	62.8%
Had a blood pressure measure in last 12 months	90.4%	82.5%	83.2%

Source: Table 37 Health and care of people with learning disabilities, experimental statistics, 2018-19, NHS digital

What will we do:

- We will aim to continually improve the uptake of the existing annual health checks in primary care for people aged over 14 years with a learning disability.
- We will undertake a yearly review of GP registers to ensure people with LD and/or autism are identified by their practice and can access AHC.
- We will encourage the uptake of national cancer screening programmes
- We will ensure local healthcare providers are making reasonable adjustments to support people with LD and/or autism.
- We will work to improve the quality of life for people with LD and / or Autism across Cheshire West Place and aim to reduce health inequalities
- We will ensure information on Learning from Life and Death Reviews (LeDeR) is disseminated more effectively to GPs to help them identify issues earlier. And the learning from the national reports will be used in training to GPs and other practitioners to help them identify ill health earlier

10. Secondary Care Support Services in the Community

In addition to the GP support and provision outlined above, NHS Cheshire also commission over 25 Services from Cheshire & Wirral Partnership NHS Trust, these range from universal community services, to specialist mental health services, learning disabilities services and autism services. Some of these services include:

- Learning Disability Child & Adolescent Mental Health Services
- Child & Adolescent Mental Health Services
- Adult Community Learning Disability Team, which includes an Intensive Support offer for people at risk of hospital admission
- Adult Autism Diagnosis and Treatment service
- Adult Attention Deficit Hyperactivity Disorder Assessment and Treatment Service
- Mental Health and Learning Disabilities Inpatient Services
- Forensic Support Team

Given the focus on adult learning disability and autism services in this Strategy, this section provides detail on these.

Adult Community Learning Disability Health Teams (CLDTs) across Cheshire.

This service provision is for those people aged 18 years or older, diagnosed with a learning disability and registered with a Cheshire GP, or staying in the area, with a specialist health need. The CLDTs maintained its rating of Good with the CQC at its inspection in 2020.

CLDTs are critical to providing essential support needed by people with learning disabilities and their families and carers. They form a major part of a stepped model of commissioned support for people with learning disabilities and/ or autism ranging from Universal (Health Promotion) to Specialized (Intensive Support).

The CLDT functions are in line with the National Learning Disability Professional Senate guidance, namely:

- Supporting positive access to, and responses from, mainstream services
- Enabling others to provide effective person-centered support to people with Learning Disabilities
- Direct specialist clinical therapeutic support for people with complex behavioral and health support needs
- Responding positively and effectively to crisis
- Quality assurance and strategic service development in support of commissioners.

Furthermore, there is an emphasis on ensuring person centered care and supporting preventative and proactive measures working across a wide range of mainstream services.

For some people, where primary preventative approaches prove insufficient, and behaviour that challenges may be present to the point where a person and/or others are at risk of serious harm, and where people are at risk of exclusion from ordinary community settings (including admission to hospital) or diversion through forensic services, there is at times, a need for more intensive support from specialist community learning disability multi-disciplinary teams' enhanced provision, the Intensive Support Service (ISS).

The ISS function includes working with people in their own home, reducing/preventing the need for the use of restrictive practices, inpatient services, and out-of-area/residential placements and to reduce/manage behaviours that challenge. This is delivered through 4 core functions of support

- Assessment, treatment, and support for individuals who display behavior that challenges
- Provision of support, and person specific training for other agencies supporting those individuals
- Coordination of transitions from inpatient and other settings
- Crisis response

The ISS work with those people open to CLDT whose challenging behaviour or mental health conditions place them at risk of placement breakdown and/or admission to hospital, supporting the transition of individuals from inpatient facilities to community placements and facilitating the re-patriation of individuals to Cheshire.

In partnership with NHS Cheshire CCG and CWP crisis teams, the ISS have developed system approaches to preventing unnecessary admissions of people with learning disabilities. The endorsed change model adopted by Intensive Support Service (ISS) in order to improve the well-being of individuals with a learning disability is based on Positive Behaviour Support (PBS). This approach is one that encompasses both the person centered and human rights-based values approach to care and an evidence-based approach to bio-psycho-social assessment and care planning (NICE Guidelines, 2015).

Stopping the over medication of people with learning disabilities (STOMP)

It is also important to note that the Stopping Over-Medication of People with Learning Disabilities (STOMP) is reflected within the pathways and processes within CLDT services for people. The aims of STOMP² are to:

- Improve the quality of life of people with a learning disability and or autism
- Ensure psychotropic medication is prescribed for the right reasons and in the right amount
- Improve understanding of psychotropic medicines and when they should/not be given
- Improve understanding of alternatives to medication
- Ensure that people with a learning disability and or autism are involved in decisions about their health and treatment.

Currently, a Communication strategy is in development for wider engagement and involvement of individuals, families, and carers to this programme

Learning from Life and Death Reviews (LeDeR)

The Learning Disabilities Mortality Review (known as the LeDeR programme) is a national programme investigating the causes of death for people with learning disabilities aged 4 and above. The programme is looking at themes and issues which can be avoided by changes in practice. Data is collected and a report published each year.

In March 2021 the new LeDeR Policy was released by NHSE along with the LeDeR Platform. The new policy aims to focus attention on the core aims, philosophy and values of the LeDeR programme including the expectation of the health and social care system/workforce on delivering the key aims. The policy takes effect from the 1st of June when the new platform goes live.

The new name for the LeDeR programme will be Learning from Life and Death Reviews of people with a learning disability and autism although we will continue for the time being to use the name LeDeR.

Reviewers will, for the first time, review the deaths of people with an Autism Spectrum Diagnosis alone whereas previously a diagnosis of autism was required.

CWP also support local and regional LeDeR processes and arrangements as defined. There is current consideration being given to the key actions from within the recent NHSE/I publication of findings (Feb 2021)

- Identifying Deterioration in Health
- DNACPR – where Learning Disability was cited as a reason for a “Do Not Attempt Cardiopulmonary Resuscitation” (this is not appropriate)
- Diagnostic Overshadowing – This is when a health professional assumes that the behaviour of a person with learning disabilities is part of their disability without exploring other factors such as biological determinants.
- Reasonable Adjustments

Local Area Coordinators are reporting to NHSE every two weeks via a data set. This informs NHSE of the ‘active review statuses’ of every CCG in the country. This enables NHSE and CCG’s to; closely monitor the current situation of reviews, employ additional support for reviewers for completion if needed and inform NHSE of any potential problems with the aim of preventing a future backlog occurring.

During the first wave of COVID 19, 72 Hour Rapid Reviews were completed. These were then assessed by an independent panel for lessons learned. The 72 Hour Rapid Reviews have not been expected during this second wave. There have been a number of themes identified from the reviews.

In light of the learning from the LeDeR programme, CWP have developed the DST-PH tool which is implemented with all people who are accessing services. The tool is designed to identify areas of physical health need by using a ‘Red Amber Green’ (RAG) rating system which indicates increased level of risk to a person’s physical health thus ensuring people are aware of the issues and are able to take / facilitate action accordingly.

Adult Autism Diagnosis and Treatment Services

Autism diagnosis has historically been commissioned on a cost per case/ volume basis, with agreed volumes for each area of Cheshire (Pre the merger of CCGs) The national and local picture shows that the demand for assessment and diagnosis has increased and capacity in services has not kept up with this. There is an increased demand for adult (non-learning disability) diagnostic assessments and post diagnostic support.

Priorities scoped across Cheshire and Merseyside align with our local objectives:

- Review existing provision to understand strengths and gaps
- Develop and improve neurodevelopment pathways including pre and post diagnostic support and improve waiting times from referral to first appointment and diagnosis in adults.
- Improve data available on autism and neurodevelopmental disorder pathways.

The core service offers diagnostic assessment together with a single post diagnostic review where CWP provide advice on reasonable adjustments and any other types of support relevant at that time. This should equip an individual and their supporters to recognise their strengths, needs and aspirations and enable them through greater insight to play to strengths, develop strategies to better manage their needs and support them in how they may achieve their aspirations. This in turn will promote their optimum health, well- being and functioning to minimise the need for avoidable health and social care input in the future.

Non-recurrent funding from the Cheshire and Merseyside Transforming Care programme has enabled the implementation of additional tiered adult Autism services since 2019. Commissioners are working to identify recurrent funding through the Transforming Care programme to implement this model long-term.

ADULT AUTISM SERVICES - TIERED MODEL OF SUPPORT AT CWP

Tier 1 – Autism Hubs	<p>The Autism hubs in Cheshire West Place is provided at the Blue Coat School in Chester</p> <p>The focus of the 'hub' is to ensure Autism services for adults without Learning Disabilities are accessible and provided within the community and include:</p> <ul style="list-style-type: none"> • Post diagnostic services, step on step off interventions, • Advice for staff working with autistic adults • Bespoke interventions for autistic people who require them (or do not meet the threshold for other commissioned or statutory services). • The 'hub' is intended and positioned as a community resource. • Information, advice, peer support, peer advocacy • Social opportunities • Access to other services (e.g., benefits advice) • Training opportunities
Tier 2 – Adult Assessment, Diagnosis and Follow-up	Strengths based diagnosis assessment with two follow-up appointments*
Tier 3 – Specialist Advice and Consultation for professionals	Specialist and advice and consultation for practitioners supporting an autistic adult in e.g., mental health services, social care, general practice
Tier 4 – enhanced support/ bespoke interventions	A tailored offer for people who may be 'stuck' in other services or 'fall down the gaps' between services when not meeting eligibility criteria

*The Covid pandemic has been a challenge with delivery of assessments – although some virtual/online appointments have been possible.

11. Inpatient Care

As well as community care services it is also vitally important that people with learning disabilities and autism have good quality inpatient care within Cheshire West

CWP provides two learning disability assessment and treatment wards, 'Greenways' based in Macclesfield and 'Eastways' based in Chester. Both units maintained their 'Outstanding' rating by CQC in 2020 (first assessed as Outstanding in 2015).

Preventing Inappropriate Admissions to Specialist Hospitals

As described previously, Building the Right Support aims to improve the quality of life and quality of care through a reduction in inappropriate reliance on inpatient services and the development of new specialist community services and improvements to generic services.

Key to the programme is avoiding inappropriate admissions to specialist hospital settings such as specialist acute inpatient services for the purposes of assessment and treatment of mental health beds, shifting resources into enhanced community services. Any admissions should be appropriate to need with an emphasis on high quality person-centred care and robust discharge planning.

As part of Transforming Care all CCGs were required to develop risk registers to identify individuals at risk of admission to specialist hospitals. To support this CWP developed a risk stratification tool, renaming this the 'Dynamic Support Database' (DSD) in response to feedback from local self-advocates. This clinically validated tool provides an objective RAG rating which is used to drive targeted interventions.

Table 10.1 below provides a summary of the volume of work identified through the Dynamic Support Database in the period July 2020 to June 2021. In this period, 121 West Cheshire patients were identified as either amber or red, meaning that their support needs had escalated in the community and they were getting close to admissions to a mental health unit. Of these 112 were supported to remain in the community (9 were admitted). There has been a significant reduction in the number of adults with Learning Disability admitted to mental health hospitals since the introduction of the Dynamic Support tool and Intensive Support.

Table 10.1

West Cheshire Inpatient Admissions from RAG rating	July – Sept 2020	Sep – Dec 2020	Jan – Mar 2021	Apr – June 2021	Total
No of patients assessed as Amber	18	24	25	18	85
Number of patients assessed as Red	8	10	10	8	36
Admissions for patients assessed as Red	3	0	2	4	9

Source: Table 31 RAG ratings of inpatient admissions, 2021, Dynamic Support Database Quarter 1 (Apr – June), Cheshire and Wirral Partnership NHS Foundation Trust

Supporting people in specialist hospitals to get back to living in the community

Cheshire CCG, CWAC and CWP work together to support people who have been admitted to specialist hospitals both locally and further afield to find the right home and care in the community. This includes supporting people who have a forensic history to ensure that their care both meets their needs and ensures safety for the people caring for them and the general public.

Within the CWP CLDT offer, there is a Complex Care-Coordination function involving working with colleagues within the CCG CHC team to re-patriate individuals to Cheshire. As of July 2021, there were 9 Cheshire patients in hospitals outside the local area who were receiving active treatment, with individual plans for discharge being worked up.

The National Transforming Care target which is to achieve rate of 30 or less inpatients per million population by March 2024.

Supporting people in specialist hospitals to get back to living in the community (continued).

What will we do:

- We will work in partnership across health and the local authority to ensure those with the most complex needs can be catered for within their own communities.
- We will explore investment opportunities available through transformation funding streams to re-configure intensive, crisis and forensic community support to enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services.
- A STOMP/STAMP Steering Group will be established across partners to oversee the local plan to stop the over-Medication of People with learning disabilities and/or autism
- We will look to optimise the offer surrounding commissioned early intervention and prevention projects for people with learning disabilities and/or autism (building on the success of the West Cheshire Autism Hub)

12. Transitioning from Children's to Adult's Services

The Council's transitions team works with young people with life-long disabilities, both learning and physical disabilities, which occur either at or near birth, or before they have achieved all their developmental milestones. The transitions team currently provides a comprehensive transition service for young people aged 16 and above and works with them through their journey into adulthood until age 25. The level of intervention from the transitions team will be dependent upon the young person's needs and their age. As at the end of June 2021, the transitions team held a total of 297 individuals, of these 210 were receiving a package of support

A review of the current transitions arrangements is ongoing and is considering how we provide a more joined up consistent approach and how we can improve our planning for those who will use the service in the future in order to enable better outcomes for individuals and to enable the service to remain financially sustainable for future years.

As part of the review a number of recommendations have been made. In addition, further exploratory work has been proposed in four areas, one of which is to consider the transitions offer for the growing numbers of young people with autism with no or low-level learning disability and how support for these young people is coordinated, recognising the need to work with colleagues in health to develop our offer. Additionally, a number of these young people are Looked after Children, many of whom are in high-cost placements requiring a high level of support.

Aligned with 'Bridging the Gap' (a national knowledge briefing), which highlights the need to consider the well-being principle around local authorities offering services to defer, prevent or reduce Care Act need and to consider this in relation to vulnerable young adults at risk of harm, and aligning with developing an all-age autism approach, the second exploratory piece of work will consider the feasibility of developing an enhanced, dedicated offer for vulnerable care leavers, with services designed to help people navigate the world, stabilise tenancies, and the offer of advice, assistance, befriending, life skills coaching and other tailored services. [Bridging the Gap: transitional safeguarding and the role of social work with adults - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

Further work will also be carried out to determine how the council could offer more targeted support to children and young people with disabilities at an earlier age to better prepare them for adulthood to develop their independence and resilience into adulthood, and to help to reduce costly care and support packages, linking in with health services especially with Occupational Therapy functions.

In addition, work is taking place to examine the options for further supported accommodation facilities available locally.

What will we do:

- We aim to improve the transitions experience for young people with disabilities into adult services.

We aim to improve the transitions experience for young people with disabilities into adult services.

- We will review the current council offer available to support vulnerable care leavers.
- We will improve our data collection and forecasting mechanisms to enable us to better plan for future needs.

13. What does our community tell us?

To help support development of this strategy, previous engagement from our community helped us to understand what is most important to people with Learning Disabilities and Autism in receipt of social care. As a result, our strategic outcomes and guiding principles were developed as noted at the start of the document. Details of previous engagement is encompassed in [Appendix 5](#).

Further engagement sessions held with service users and carers; facilitated with the support of Peoples' Choice Group in 2020 / 21, also told us what was important to people when visiting their GP and attending hospital appointments.

From speaking with our services users, we learnt that whilst many people understood what a GP Annual Health check was, and they knew it was important to attend, key elements of a GP appointment or hospital visit could improve an individual's experience and make them more likely to attend the doctors and seek medical help when required.

These elements mainly consisted of work required to reasonable adjustments in clinical settings and included things like:

- Ensuring wait times for appointments are kept to a minimum when attending the hospital or surgery.
- Having an environment where people feel comfortable within the GPs or hospital setting is incredibly important to help reduce peoples' fear and anxiety.

Things that help to create a positive environment include:

- Having a set space or quiet room to allow people to wait in prior to their appointment
- Pre appointment, having access to an easy read map of the hospital or surgery can help reduce worries
- All information provided by clinical environments needs to be in accessible and in easy read information formats
- GPs and hospitals should consider use of longer appointment slots for people with learning disabilities and autism to not rush communication and to help them understanding of next steps.
- GP practices should consider having someone in post who is specifically trained to support people with learning disabilities and autism at appointments.

In addition, people also told us:

- That being able to see the same doctor or nurse consistently at appointments is important to build relationships, trust and help understanding for people with learning disabilities and autism
- Appointments should be not be cancelled or rearranged at short notice. By doing this, anxiety and fear is increased significantly for people with learning disability and autism, as often they struggle to manage unexpected occurrence or change. Furthermore, moving appointments at short notice can make it increasingly difficult for parents or carers to attend appointments which is a critical element of ensuring individuals feel comfortable and are able to understand what is being discussed.

All the above feedback will be used to help improve service delivery and improve the quality of life for people with a learning disability and or autism in our community. Reasonable adjustments are a legal requirement to make sure health and social care services are accessible to all disabled people and applies to all providers across Cheshire West Place

14. Financial Plan

Increased financial pressures in the health and social care system mean it is increasingly important to have a clear, joined up strategy on the commissioning intentions for Learning Disability Services. There are clear overlaps between health and social care commissioned services and financially it is important to ensure that the best value for money is gained from the 'collective pound'.

The costs of delivering these services locally will cover staff costs, i.e., social workers and nurses, services provided by independent providers and NHS providers.

Collectively £70m was spent on learning disability services for those aged 18 and over across Cheshire West in 2020-21 (excluding Covid-19 pressures and mitigations). This is broken down across the progression model below.

Breakdown of Gross Expenditure across Cheshire West 2020-21									
Level 1		Level 2		Level 3		Level 4		Level 5	
Support for people who are self managing - existing Commissioning		Low level Community Support		Specialist Community Support		Accommodation Based Support & Residential Provision		Inpatient/Hospital Provision	
Out of scope		In scope		In scope		In scope		In scope	
Care Type	£m	Care Type	£m	Care Type	£m	Care Type	£m	Care Type	£m
Supported Employment	Specific spend attributable to Adults with a Learning Disability and/or Autism cannot currently be identified. However as a system we recognise the value of investing in these types of services in the future with work planned on apportioning spend	Supported Living, Domiciliary & Outreach	34.0	Supported Living Complex Care	2.5	Residential College/Specialist Educational Placements	0.2	MH Inpatient (Independent Hospitals)	0.5
Universal services							Nursing Care		
Education		Day Care	5.9	Specialist Day Care	1.8	Residential Care	9.6		
Third sector services (Peoples Choice)		Direct Payments*	4.5						
Self Help		Transport	0.6	Step Up/Step Down Provision	0.4	Respite Care	1.7	Estimated Acute MH Costs	5.2
NHS Services		Assistive Technology	0.04						
Community assets									
Total Level 1	-	Total Level 2	45.1	Total Level 3	4.8	Total Level 4	13.0	Total Level 5	5.7
							Gross Expenditure 20-21	68.5	

*Direct Payments are paid direct to the service user net of client contributions and as such this figure is not reflected as gross expenditure in the above table

** A further £1.5m was spent on assessment and care management teams (Social Care staff) within the Local Authority

The 2020-21 spend is split between £55.6m gross expenditure from the Local Authority covering services for over 1,100 service users and £12.9m gross spend by the Clinical Commissioning Group (CCG) covering over 142 services for patients. There are some residents who receive support from both organisations.

The range of weekly costs for service users is £1.79 to £8,508. Most social care packages are between £250 and £500 per week, however around 11% of care packages cost the system over £1,000 per week. This equates to over 120 people with care packages at this level of cost.

The average annual net cost for packages commissioned by the Local Authority was £45,208 in 2020-21, an increase from £40,722 in 2019-20. This means an average weekly cost of around £948. For packages commissioned by the CCG the net average annual cost is around £2,101.

In 2020-21 the Local Authority commissioned care packages from around 157 separate providers. The CCG have commissioned care packages for patients from 31 different providers, some of these providers will provide both health and social care.

There were over 1,100 people receiving a service within the Cheshire West and Chester locality. There will be some people within these figures that are receiving jointly funded care packages from both health and social care. Whilst the overall number of service users reduced in 2020-21, the cost of care increased. In particular, there was a rise in people who required care packages over £500 per week from the LA, while care packages under £500 per week reduced

Spend in learning disability and/or autism services is increasing year on year. In 2020-21 the LA spent 10% more than it did in 2019-20, with the CCG experiencing something similar with a 11% increase. This is caused by a number of factors including increases in the rates paid to providers and an increase in more complex cases. This is illustrated by the fact that the average net cost per person in 2020-21 was around £948 per week, an increase of around 13% on 2019-20.

The council has a major programme in place to transform learning disability services as it is estimated that by 2030 there will be a 30% increase in the number of adults with learning disabilities aged 50+ using social care services. To meet this rising demand the Council will invest in this area to ensure high quality services can be provided to those who need them. To enable this in 2021 the Council has invested in a Complex Care Review Team comprising of multi-disciplinary professionals (Social Workers, Occupational Therapists) to work closely with individuals on their care and support needs.

To stimulate the market, health and social care officers will work collaboratively to assess a range of issues as part of a cost of care exercise across a number of sectors (e.g.). supported living, residential, nursing, outreach) to ensure that fee structures are commensurate to the needs and requirements of different client groups.

To support the integration of commissioning and provision across Place an aligned shadow budget will be developed which will show how and where we collectively invest our money along the progression model to support individuals with a Learning Disability and / or autism. We will then monitor and

report on this collectively and use it to work together to understand how we may need to realign spend and investment in a way that supports the ambitions of the progression model and this strategy.

15. What are the main issues and how we will address them? (Our Commissioning Intentions)

Drawing on the insight and intelligence outlined in the above sections, as well as what our community tells us, officers have worked closely with practitioners and undertaken some market research to understand where there are key gaps in service provision. The Learning Disability JSNA and early findings emerging from recent engagement with people with learning disabilities and/ or autism also highlight several core issues and areas for improvement. Where these gaps directly contribute to the achievement of the key strategy outcomes, commissioning activities will be focused to ensure the gaps are addressed.

A number of areas will require further market engagement and work with care providers and existing commissioned providers of services across health and social care, to establish how commissioning can effectively address the identified gaps. In turn, this may require decommissioning associated services so that resources can be prioritised. We are looking to work with providers who will support people with learning disabilities and autism to participate fully in society and support meaningful independence.

In relation to the CCG main contracts with NHS providers who provide commissioned services through block contracts, we will work collaboratively to develop new service models in line with the NHS Plan, including exploring opportunities identified by providers to re-configure and re-allocate resources, develop joint bids for funding streams to support pilot initiatives and new ways of working including workforce training and development to ensure sustainable services.

Below are the key commissioning intentions across health and social care (2021-2025) with details of how the Council and CCG propose to address the intentions as a partnership between 2021-2025.

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PEOPLE WITH LEARNING DISABILITIES ARE LIVING LONGER AND HAVE MORE COMPLEX NEEDS

REDUCING HEALTH INEQUALITIES

What are the issues?	What will we do?	By When?
<p>Cheshire West population forecasts indicate that whilst the number of people with a Learning Disability will remain broadly stable over the next 20 years, there is an estimated 18% increase forecasted for the number of people aged over 65 between 2018 and 2038. (Learning Disabilities JSNA, Dec 2020).</p> <p>Given this forecasting trend, key challenges ahead include ensuring adequate care provision exists within the community that can meet the needs of an aging population who also have learning disabilities. Research and evidence tell us that people with learning disabilities are more disposed to dementia as they age, are more likely to suffer mental health issues and, like many of us as we grow older, will need accommodation and support that caters to increased mobility and physical needs.</p>	<ul style="list-style-type: none"> Working with Age UK, Alzheimer’s Society, and the Carers Service commissioners will develop appropriate information and advice for families, carers and people with Learning Disabilities, Autism (including people who may have mental health conditions). Place based health social care services will work with Cheshire and Wirral Partnership to identify prevalence of early onset dementia and target specific support for families. This can be linked to annual health checks in relation to onward referrals to support identification of early onset dementia/ provision of dementia support Through the annual health checks process, supporting improving uptake of screening and early detection of cancer Commissioners will develop a joint plan surrounding the types of future placements/facilities available for people with early onset dementia and the older population more generally within Learning Disability/Autism (e.g., Supported Living, Extra Care, Nursing placements). 	<p>December 2023</p> <p>December 2023</p> <p>March 2022</p> <p>March 2022</p>

LIMITED AVAILABILITY OF CARE AND ACCOMMODATION WITHIN RURAL AREAS

What are the issues?	What will we do?	By When
<p>One of the bigger areas of growth for support packages recently has been within rural areas. (Cheshire West and Chester Adult Learning Disability and Autism Strategy 2019 – 2023) As a result there is a need to ensure adequate levels of support, including but not limited to; outreach services, day services and supported living are available in more rural areas of the borough and not only isolated to larger urban areas such as Chester and Ellesmere Port.</p>	<ul style="list-style-type: none"> • Health and social care officers will be identified to work with Registered Social Landlords to develop supported living opportunities in rural areas. • A range of community, voluntary and accommodation-based support solutions will be developed to meet the needs of people living in rural areas. 	<p>October 2025</p> <p>October 2025</p>

LIMITED SUPPORT PROVISION FOR PEOPLE WITH COMPLEX NEEDS AND PROFOUND INTELLECTUAL MULTIPLE DISABILITIES (PIMD), AUTISM AND FORENSIC SUPPORT

What are the issues?	What will we do?	By When
<p>In Cheshire West, it is estimated that 1,220 adults aged 18 and over have a severe learning disability. Of these approximately 360 will have co-existing autism and 120 will have a Profound Intellectual and Multiple Disability (Disabilities JSNA). Over recent years, operational colleagues have experienced increased difficulty in being able to place adults with more complex needs in suitable placements within borough.</p> <p>Market engagement highlights challenges for providers being able to provide this care at the current cost of care rates. This has often led to rates 'off contact' being agreed to allow people to stay in borough. This is not efficient practice for health and social care moving forwards.</p>	<ul style="list-style-type: none"> • To stimulate the market, health and social care officers will work collaboratively to assess a range of issues as part of a cost of care exercise across a number of sectors (e.g., supported living, residential, nursing, outreach) to ensure that fee structures are commensurate to the needs and requirements of different client groups. • To explore the development of more local accommodation solutions for people with needs on the complex care spectrum including people who have complex sensory needs. • Workforce development- commissioners and contract managers will work with providers to support workforce planning and joint training and development plans to 'grow' a skilled workforce and understand recruitment and retention challenges. • Increased investment where and when available through transformation funding streams and re-configuration in intensive, crisis and forensic community support will also enable more people to receive personalised care in the community, closer to home, and reduce preventable admissions to inpatient services. In 2021 the Council have invested in a Complex Care Review Team comprising of multi-disciplinary professionals (Social Workers, Occupational Therapists) to work closely with individuals, in conjunction with CCG and CHC services 	<p>April 2022</p> <p>October 2025</p> <p>December 2023</p> <p>December 2023</p>

ACCOMMODATION PLANNING FOR PEOPLE WITH LEARNING DISABILITIES AND/OR AUTISM

What are the issues?	What will we do?	By When
<p>As a significant percentage of the learning disability and/or autism social care market in Cheshire West is supported by the independent care sector, there is a need to ensure property for supported living is future proofed for an ageing population. There is currently a proportion of accommodation on the market that will not meet the future needs of residents. New developments should focus on apartment style complexes with background shared support, (core and cluster) safe access and own front doors are needed. Currently the use of new technology is also under-utilised to foster increased independence for residents across premises.</p>	<ul style="list-style-type: none"> Health and social care officers will continue to review supported living, residential/nursing, and specialist placements, to ensure that people with learning disabilities and/or autism are living in the most suitable accommodation to meet their needs effectively, and to ensure resources are targeted effectively in all areas including rural areas. This may lead to the decommissioning of properties where they are no longer fit for purpose. 	October 2025
	<ul style="list-style-type: none"> Health and Social Care will work together to improve the community-based housing offer so that people can lead lives of their choosing in homes not hospitals with the support of assistive technology. 	October 2025
	<ul style="list-style-type: none"> Develop and implement a joint accommodation plan for adult learning disability and/or autism client groups (including younger adults in transition). To engage with service users around what future models could look like. 	April 2022
	<ul style="list-style-type: none"> Explore the feasibility of refurbishing currently unused accommodation facilities on an invest-to-save basis for service users transitioning to adulthood. 	December 2023

IMPROVING DATA AND INTELLIGENCE TO INFORM STRATEGIC PLANNING

What are the issues?	What will we do?	By When
<p>At the present time, Chester West and Chester’s understanding of the needs and outcomes of younger people with learning disability and/or autism is limited, specifically for young people between 16 and 18; known as our transition’s cohort. This is because much information is currently held within SEND (special education needs and disability) as part of supported education delivery. This does not allow commissioners to accurately plan for service development for this group of our community. It is also necessary to improve and provide more informed support to young people transitioning from Children’s to adult support services. This will be an area of focus moving forward with a transitions review group underway.</p> <p>Both the Council and CCG hold limited information and data surrounding Autism to inform areas such as (accommodation planning, financial planning, health, and community support). This is due to limited national targets and data available. The Council and CCG need to start collecting data irrespective of this gap.</p>	<ul style="list-style-type: none"> • Baselining work will be undertaken to understand our population better as part of the strategic review of transitions services, including data collection across agencies to support planning. • A specific subgroup has been created to explore improving data and intelligence across these essential areas. • Continue to implement the process improvements and system solutions to enable future cohort identification and care predictions to become more automated through improved data capture within systems. 	<p>March 2023</p> <p>March 2023</p> <p>October 2025</p>

REDESIGN AND RECONFIGURATION OF EXISTING DAY SERVICE OPPORTUNITIES

What are the issues?	What will we do?	By When
<p>Whilst a number of people with Learning Disability and/or Autism access day services and enjoy their time doing so, current services require reconfiguration. Many are predominately building based with an aim to provide leisure orientated activities for the majority of service users. As a result of the COVID 19 pandemic feedback from people has also indicated that they are looking for a different offer than has originally been in place</p>	<ul style="list-style-type: none"> Operational social work teams to develop a person-centred planning approach to support plans identifying short, medium- and long-term goals in accordance with the “Progression Model”. 	April 2023
	<ul style="list-style-type: none"> Existing providers (including the Council’s owned and operated company VIVO) to drive forward a person-centred planning approach to support individual outcomes. There will be an emphasis on providers offering more employment, volunteering and/or educational pathways to ensure that people can access meaningful opportunities to promote independence. 	December 2023
	<ul style="list-style-type: none"> Develop a service specification and offer for day service opportunities which goes beyond offering leisure orientated activities. 	December 2023
	<ul style="list-style-type: none"> Existing providers to develop and implement both strategic and operational plans for the redesign of the current day service offer, this includes an accompanying workforce strategy. This may require the partial de-commissioning of some existing day service provision, particularly where demand is low or where model is outdated, or building (s) are not fit for purpose. 	December 2023
	<ul style="list-style-type: none"> Existing providers must forge links with colleges and other establishments to ensure a high-quality offer. 	

SHARED LIVES OPPORTUNITIES

What are the issues?	What will we do?	By When
<p>To date shared lives opportunities within the borough has been limited. There is a need to expand this area of support within the borough to diversify the offer of care and support available to people with learning disabilities and/or autism.</p>	<ul style="list-style-type: none"> In addition to sessional support, incumbent provider (s) must ensure that more long-term placements are available for service users as oppose to traditional packages of care. 	December 2023
	<ul style="list-style-type: none"> The current provider (s) to recruit more carers 	December 2023
	<ul style="list-style-type: none"> Identify more service users who may be appropriate to receive a Shared Lives service 	December 2023
	<ul style="list-style-type: none"> To ensure the cost of care for shared lives services is attractive to recruit more carers 	December 2023

CONSULTATION, ENGAGEMENT AND CO-PRODUCTION

What are the issues?	What will we do?	By When
<p>Both the Council and CCG will need to consult and engage with service users, carers, providers, and other key stakeholders (where there is a requirement to do so) regarding any future changes or developments which relate to the strategy</p>	<ul style="list-style-type: none"> Officers will consult and engage with local people to ensure that people are involved in any prospective service developments Officers will assess the level of consultation, engagement and co-production required based on each specific issue concerned. 	<p>October 2025 (across the lifespan of the strategy) As above</p>

RESPITE SERVICES / SHORT BREAKS

What are the issues?	What will we do?	By When
<p>At present, both the Council and CCG commission a predominantly bed-based short breaks respite offer. The needs and requirements of people who use services are changing, which will necessitate a different offer.</p>	<ul style="list-style-type: none"> • Review respite provision to ensure that service users and carers have access to a greater choice of provision and a range of options, in addition to bed-based provision (e.g., outreach, sessional support). • Promote the greater use of personal budgets/personal health budgets to ensure that people can access a respite/short breaks opportunity that meets their needs effectively. 	<p>December 2023</p> <p>December 2023</p>

CARER SUPPORT

What are the issues?	What will we do?	By When
<p>Carer support – We need to ensure Carers feel fully supported in their caring role</p>	<ul style="list-style-type: none"> • To ensure we have a good offer for short breaks • Good information and advice services for carers • Identification of need through the constant evolution of the borough's carers strategy • Timely access to services where required including carer's health support through primary care 	<p>December 2023</p>

LOW LEVEL SUPPORT AND EARLY INTERVENTION

What are the issues?	What will we do?	By When
<p>At present both organisations commission services with good intentions, however for some people they may need lower-level support (e.g., assistive technology), not always direct support and supervision.</p>	<ul style="list-style-type: none"> • To optimise the offer surrounding commissioned Early Intervention and Prevention for people with learning disabilities and/or/ autism (building on the success of the West Cheshire Autism Hub) • Maximise opportunities for reasonable adjustments across mainstream and universal services for people with learning disabilities and/or/autism • Develop more accommodation for people with autism who have low level care and support needs • Enhancing the use of assistive technology to support safety and independence. • Scope universal support and accessibility in relation to people with a learning disability and/or autism: E.g., social prescribing and community capacity building (grant funding alignment) 	<p>October 2025</p> <p>October 2025</p> <p>October 2025</p> <p>October 2025</p> <p>October 2025</p>

JOINT COMMISSIONING OF HEALTH AND SOCIAL CARE CONTRACTS AND PACKAGES OF CARE

What are the issues?	What will we do?	By When
<p>The Council and CCG need to explore opportunities to integrated contracts, budgets, and resources, where it makes sense and is beneficial to do so.</p>	<ul style="list-style-type: none"> • Ensure commitment to the joint commissioning strategy and commissioning intentions. • To jointly commission services and sign up to joint contracts and arrangements within Learning Disabilities where possible, including the Dynamic Purchasing System and Associated Contract. The strategic commissioning intention is for the Council and CCG (in relation to individual packages of care) to jointly commission services through this contract, as well as have arrangements in place surrounding contract management, quality assurance and to have a suitable care and support brokerage offer. • In the meantime, the Council will continue with its plans to implement the next phase (phase 2) of the recommissioning process for adult learning disability and/or autism services from April 2022 (Dynamic Purchasing System and associated contract), in accordance with the progression model, and in readiness for future joint commissioning arrangements across the lifespan of the strategy. • Map and identify opportunities for pooling budgets and resources for system and population benefit developing more formalised approaches to integrated commissioning 	<p>October 2025</p> <p>October 2025</p> <p>October 2025</p> <p>October 2025</p>

QUALITY OF LIFE

What are the issues?	What will we do?	By When
<p>People with a learning disability and /or autism often have poorer physical and mental health than other people and on average die younger. Many of these deaths are avoidable and not inevitable. We need to tackle the causes of morbidity and preventable deaths in people with a learning disability and for autistic people.</p>	<ul style="list-style-type: none"> • Continually improve the uptake of the existing annual health check in primary care for people aged over 14 years with a learning disability, in line with CCG set target. • A yearly review of GP registers to ensure people with a learning disability are identified by their practice and can access AHC. • Review of psychotropic medication where clinically led within the STOMP/ STAMP programme • Increase uptake of national screening programmes for cervical cancer, bowel cancer and breast cancer. • Ensure all local healthcare providers are making reasonable and practicable adjustments to support people with a learning disability and or autism to access and receive good quality primary, secondary and acute care services. • The learning from LeDeR national reports will be used in training and disseminated more effectively to GPs and other practitioners/ support staff, to help them identify ill health earlier 	<p>Ongoing yearly process</p>

LEGISLATION, POLICY AND BEST PRACTICE

What are the issues?	What will we do?	By When
<p>Both the Council and CCG will need to adapt and implement actions resultant from any changes to legislation, local/national policy, or emerging best practice.</p>	<p>Officers across Health and Social Care will implement any key recommendations pertaining to the commissioning of services, resultant from changes to legislation, local/national policy, or emerging best practice. Recent examples include:</p> <ul style="list-style-type: none"> • The introduction of the revised autism strategy for children and adults (2021-2026) • <i>“Integration and Innovation – Working Together to Improve Health and Social Care for All (2021)”</i>, which introduced proposals for legislation to support the establishment of an Integrated Care System on a Cheshire and Merseyside footprint and Integrated Care Boards as statutory organisations from April 2022. <p>Both the Council and CCG will adopt the progression model, which will underpin future approaches to operational practice, commissioning, contracting and service delivery in order to support greater independence, choice, and control for service users. Both organisations will adopt this across the breadth of the relevant contracts and services commissioned.</p>	<p>October 2025 (across the lifespan of the strategy)</p>

16. Linking Commissioning Requirements to Procurement decisions

Meeting the strategy outcomes and addressing the commissioning gaps will ultimately lead to a number of likely procurement and purchasing decisions for health and social care leaders.

Although these decisions are yet to be made there are a number of key considerations that will be at the forefront of thinking when finalising exactly what will be procured either internally, via the Council's owned Teckal-compliant company for example or via the wider care market.

These considerations include:

- a) We will continue to listen to people with learning disabilities and/or autism and their carers and ensure they have a voice, to ensure they shape how services look now and in the future.
- b) Developing a buoyant and resilient local market in line with the Care Act "Market Shaping" and NHS obligations.
- c) Developing a market that is sustainable and diverse and that can deliver across the spectrum of services set out in the progression model
- d) How can we encourage, reward, and promote best practice and innovation across the provider market?
- e) How can we define and ensure a sustainable role for the Council's wholly owned Care Company VIVO?
- f) Reducing resources will put increasing pressure on the ability to demonstrate value for money and we need to consider how we best prioritise the limited resources available. These may involve the de-commissioning or recommissioning of some services.
- g) want to provide certainty to Providers whether that is through contractual terms, contract length or in the way that we pay for services. This includes ensuring a fair and equitable cost of care, in order to stabilise the market, considering financial viability, sustainability and value for money
- h) We want to work with providers who are willing to embrace the outcomes set out in this strategy and who will move towards outcome-based monitoring and accountability
- i) We want to take a balanced approach to risk ensuring the viability of the market and to encourage providers to work with us.
- j) We will engage with the market prior to the commencement of any formal commissioning or procurement activities

17. Conclusion – Delivery and Governance

This is the first Joint Learning Disabilities and Autism Commissioning Strategy, for the Cheshire West Place. This document will be dynamic, and the Council will work closely with the Clinical Commissioning Group to develop future iterations, and to encompass the full range of health and social care needs.

We will work closely with people with learning disabilities and autism, and their families to ensure that we are clear about what's important them, to identify their priorities to help shape a market of care which is person centred and supports people's long term aims and goals. We will do this by engaging with the Learning Disabilities Partnership Board and a range of sub-groups and carers forums.

We will work closely with providers of learning disability and autism services to ensure that they are enabled to deliver high quality, innovative services which reflect best practice.

The Council's Strategic Commissioning Group for Learning Disabilities and Autism will be responsible for the leadership and day to day oversight and delivery of the strategy. This group will be accountable to Cabinet and the Health and Wellbeing Board for the delivery of the strategy and the associated action plans.

18. APPENDIX 1 – Legislation and National Policy used to support Strategy development

This includes, but not exclusively The Care Act (2014), NHS Act (2006), Health and Social Care Act (2012). NHS England, Building the Right Support, HM Government, Adult Autism Strategy 2010, HM Government, Think Autism Guidance 2018, NHS England, National Service Model and the New National Autism Strategy for Autistic Children, Young People, and Adults (2021 / 2026).

The NHS Long Term Plan sets out the key areas for delivery over the next ten years. For people with a learning disability and/or autism, the plan aims to improve people's health by making sure they receive timely and appropriate health checks, while improving the level of awareness and understanding across the NHS of how best to support them as patients. More people with complex needs will be supported to live fulfilling lives at home rather than in hospital, while thousands will be offered a personal health budget, giving them choice over the type of support they need to live the life they choose.

In February 2021, the government launched "[Integration and Innovation – Working Together to Improve Health and Social Care for All \(2021\)](#)", which introduced proposals for legislation to support the establishment of an Integrated Care System on a Cheshire and Merseyside footprint and Integrated Care Boards as statutory organisations from April 2022. The legislative proposals also promote the development of 'Place Based Partnership's' to support joint planning, commissioning, and integrated delivery on a local 'Place' footprint (Local Authority geographical area). The Council and CCG will continue to work together in partnership to develop local systems and planning in readiness for implementation in 2022.

Key areas within the Long-Term Plan for improving Health Outcomes for people with a learning disability and/or autism include:

- Reasonable adjustments
- Personal health budgets
- NHS Right Care
- Flu
- Screening
- Dental services
- Personal health Budgets
- Mortality review -LeDeR
- Summary Care records
- GP online services
- Never events
- NHS Quality Checking
- Annual Health checks
- Stopping over medication of people with a learning disability, autism, or both (STOMP)
- Supporting Treatment and appropriate medication in paediatrics (STAMP)
- Ask Listen Do- supporting people with feedback, concerns, and complaints

The Transforming Care Programme (TCP) is a national programme of action to transform services so that people no longer live inappropriately in hospitals but are cared for in line with best practice, based on their individual needs, and that their wishes and those of their families are listened to and are at the heart of planning and delivering their care. Transforming care is all about improving health and care services so that more people can live in the community, with the right support, and close to home.

The government's national plan, [Building the Right Support](#), published in October 2015 set out what needs doing to make sure this change happens.

Transforming Care Partnerships (TCPs) are made up of clinical commissioning groups, NHS England's specialised commissioners and local authorities. They work with people with a learning disability, autism or both and their families and carers to agree and deliver local plans for the programme. In line with Building the Right Support 2014, the Cheshire and Merseyside Transforming Care Partnership aims are:

- To reduce admissions and inpatients numbers of those with a learning disability and/ or autism of all ages to learning disability and mental health beds.
- To reduce the health inequalities experienced by people with a learning disability and/ or autism.
- To improve provision and support available in the community to enable people with a learning disability and/ or autism to live safe, happy lives without the need for inpatient services.
- To implement good quality systems and processes to ensure the right stakeholders are involved which to try to prevent admissions and to put support in place for people in the community.
-

(Cheshire and Merseyside Transforming Care for People with a Learning Disability and/ Autism 2021/22 Plan)

19. APPENDIX 2 – The Progression Model

Below are the four categories of care as defined by the progression model

Support for people who are self-managing

This category includes services that may be preventative and help people to maintain themselves without needing more targeted services. For example, information, advice and advocacy, welfare support, NHS primary care services and services commissioned via the voluntary, community and faith sector, commissioned by either the council or CCG.

Understanding the different types of community resources that are used by people with a learning disability/and/or autism is also a necessary part of strengths-based practice as required by the Care Act, 2014 (e.g.) focusing on what people can do and not what they can't do). We may be able to further encourage providers of community resources and "universal" services - those that are used by the general public - to make reasonable adjustments that will make them more accessible to people with a learning disability/and/or autism.

Low level support in the community

This category includes services, typically of a non-specialist nature, that support people with relatively low support needs. The support may be delivered in someone's home or to help people access the community. Examples include domiciliary care and, housing related support and supported living for people with low-moderate level needs.

Specialist support in the community

This category includes support for people with more complex needs that requires delivery by staff with more specialist training or experience and may be delivered by a team of people working together in a co-ordinated way. Specialist support in the community may include different models of supported living, particularly (but not exclusively) where groups of people are sharing support. The support may address maintenance needs to support disabilities or risks that cannot be easily changed, but also developmental needs, where the person can increase their independence.

Accommodation-based support

This category includes models of care and support where accommodation and support are inextricably linked, for example, registered models such as hospitals, residential and nursing care. This can also include types of bed based short break (respite) type services.

Working well, the "progression" model will ensure that the best possible matching of services to an individual's requirements, thereby facilitating highly individualised, person-centred support. It will also help move away from institutional models of support as people gain skills and confidence

20. APPENDIX 3 – Progression Model Good Practice Examples

This appendix encompasses a selection of short case studies that illustrate the benefits of the “Progression” approach.

Case study 1: A 27-year-old man with autism and a moderate learning disability (North West Local Authority)

This man was placed in a residential college during his transition from Children’s Services and then, aged 22, he was placed with the same provider in a large residential unit near the college. In this placement he became socially isolated and withdrawn, with no purposeful activity. The traditional nature of the residential model resulted in limited acquisition of skills, lack of social networking opportunities and a lack of social inclusion.

A “Progression” focussed review undertaken when he was aged 27 identified led to the revision of his support package with a short-term focus on to delivering measurable outcomes such as learning to (1) shop independently (2) to travel to and from work experience, and (3) to prepare his own meals. At a follow-up review the man spoke about his recent achievements and was clearly enjoying the momentum of change. A new medium-term objective was set for him to live more independently. He has now moved into a flat with a friend and will be supported to live far more independently. His parents were fully supportive of this step-down opportunity.

Other case studies: A series of “Progression” focussed reviews of residents in a Residential Care unit which resulted in a reduction in fee levels and a reduction in support to more accurately reflect the needs of 2 existing residents who were placed 10 years ago, but whose needs had changed significantly over time.

The reviews resulted in:

- In the case of a 70-year-old man who was not using the one-to-one support put in place at the time the placement was made 10 years before.
- A reassessment of the manual handling requirements of a 30-year-old man who had been assessed as needing 2 to 1 staffing to transfer and access the community. The existing arrangements were no longer regarded as safe / appropriate and as a result the 2 to 1 staffing was reduced to 1 to 1 for transfers. This gave more flexibility for the individual to use his personal budget for other things.

The key to success were a careful, but determined approach adopted in working with carefully selected provider (s) who had capacity to deliver the individuals outcomes and rigorous “Progression” focussed re-assessment processes. The provider was initially very reluctant to examine the service model it had operated for many years. Equally important was open and transparent work with the carers/families who were, at first sceptical about the process. In all cases the progression focus resulted in significant financial efficiencies, which could be re-invested into the local health and social care economies.

Transformation Programme Example: Integrated Care system within the North East of Scotland

An integrated Local Authority and NHS organisation overseen by an Integrated Joint Board developed a business case for the transformation of learning disability services based on the use of the “Progression” model. An initial evaluation of the existing service had confirmed that there was significant

scope to improve outcomes for people with a learning disability, to improve the local market, especially to encourage the development of enabling services based on the “Progression” approach and to achieve better value for money, including realising opportunities to eliminate unnecessary expenditure and to re-invest in other services.

A programme was developed and had three key and overlapping work streams:

- Improve the effectiveness of the integrated learning disability team - Includes skills development & process re-engineering,
- Improve commissioning, contract monitoring and market development; and
- Ensure the enhanced skills/ knowledge of in-house services are used to effectively support people with learning disabilities develop skills for independence and personal resilience.

The outcome:

The Integrated Services Manager representing the care system stated: *"We now have the opportunity to make a real positive difference in the lives of the people we provide care and support for." To date 8 people have been identified for a move to less intensive community-based support more in line with their needs and aspirations. This will save £400k per annum."*

Source: Alder Advice, August 2019

21. APPENDIX 4 – Outcomes Framework

NOTE: - The Adult Social Care Outcomes Framework (ASCOF) that provides this statutory data and information uses the term ‘ASC LD’ to refer to people with a learning disability and/or autism.

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
% of LD ASC users who rate their quality of life as good or very good	2019/20	85%	80%	85%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 80%
% of LD ASC users who are able to spend their time as they want doing things they value or enjoy	2019/20	74%	65%	74%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 65%
% of LD ASC users who have as much control over their daily life as they want	2019/20	47%	43%	47%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 43%

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
The proportion of adults with LD who live in their own home or with their family	2019/20	88.40%	77.30%	90.30%	Quarterly	ASCOF 1G	CW&C	Statutory	2019/20 CW&C 88.4%, NW 85.3%, England 77.3% Future targets: 2021/22 = 90.3%, 2022/23 = 90.8%, 2023/24 = 91.2%
% of LD ASC users who said 'I have as much social contact as I want with people I like'	2019/20	70%	62%	70%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 62%
% of LD ASC users said 'I can get to all the places in my local area that I want'	2019/20	66%	58%	66%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 58%
Proportion of ASC clients with LD in paid employment	2019/20	5.40%	5.60%	6%	Quarterly	ASCOF 1E	CW&C	Statutory	2019/20 CW&C 5.4%, NW 4.3%, England 5.6% Target is set within the service. 6% for 20/21

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
Number of LD inpatients	May-21	21	Not yet available	Not yet set	Monthly	NHS Digital (via MHSDS) Table 6	CCG CHC	Statutory	Target information awaited.
LD inpatients with evidence of discharge plan in place	Not yet available	Not yet available	Not yet available	100%	Monthly	CWP	CWP	Local	Target Setting in development
Number/ % of service users with LD who have a direct payment	28-Aug-20	213/ 19.9%	38%	23%	Quarterly	Liquid Logic	CW&C	Liquid Logic	Aim would be to improve current performance until it is in line with the England average. This may take a number of years and we expect that there may be an impact on this measure due to Covid. Nationally 38% with LD have full or part direct payment (from SALT 19/20)
Personal health budget (mental health & LD)	May-21	48	Not yet available	Not yet set	Quarterly	Cheshire CCG	CCG CHC	Local	Target Setting in development
LD inpatients with person-centred plan in place	Not yet available	Not yet available	Not yet available	100%	Monthly	CWP	CWP	Local	Target Setting in development

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
% of LD ASC users who said in the past year they have found it very or fairly easy to find information and advice about support, service and benefits	2019/20	53%	41%	53%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 41%
Overall satisfaction of carers with social services	2018/19	56%	54%	56%	Annual	Carers Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2018/19 England 54%
The proportion of carers who find it easy to find information about services	2018/19	42%	43%	42%	Annual	Carers Survey	CW&C	Statutory	Aim would be to maintain current performance as it is in line with the England average. However, we expect that there may be an impact on this measure due to Covid.2018/19 England 42.5%

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
The proportion of carers who report they have been included or consulted in discussions about the person they care for	2018/19	68%	64%	68%	Annual	Carers Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2018/19 England 64%
Proportion of carers who reported that they had as much social contact as they would like	2018/19	31%	32.50%	31%	Annual	Carers Survey	CW&C	Statutory	Aim would be to improve current performance until it is in line with the England average. However, we expect that there may be an impact on this measure due to Covid. 2018/19 England 32.5%
Carer reported quality of life. ASCOF Measure 1D – This is a composite measure based on responses from a number of questions in the survey, including those relating to control over daily life, personal care, personal safety, social contact, how carers spend their time, and the level of encouragement and support they receive.	2018/19	7.2	7.5	7.2	Annual	Carers Survey	CW&C	Statutory	Aim would be to improve current performance until it is in line with the England average. However, we expect that there may be an impact on this measure due to Covid. 2018/19 CW&C 7.2, NW 7.5, England 7.5

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
% of LD ASC users who feel as safe as they want	2019/20	81%	81%	81%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is in line with the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 81%
% of LD ASC users who said care and support services help them to feel safe	2019/20	98%	95%	98%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid.2019/20 England 96%
% of LD ASC users who are extremely, very or quite satisfied with the care and support services they receive	2019/20	95%	93%	95%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 93%

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
% of LD ASC users who said care and support services help them in the way they spend their time	2019-20	92%	92%	92%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is in line with the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 92%
Learning disabilities mortality review: the percentage of reviews completed within 6 months of notification	2019-20	100%	Not yet available	Not yet set	Annual	LeDeR	CCG CHC	Statutory	Target information awaited.
LD inpatients recorded as a delayed discharge	Not yet available	Not yet available	Not yet available	Not yet set	Monthly	CWP & CCG for out of area beds	CWP & CCG CHC	Local	Target Setting in development
LD inpatients with risk assessment in last 12 months	Not yet available	Not yet available	Not yet available	100%	Monthly	CWP	CWP	Local	Target Setting in development
% of ASC LD clients who rate their health as very good or good	2019/20	77%	71%	77%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to maintain current performance as it is better than the England average. However, we expect that there may be an impact on this measure due to Covid. 2019/20 England 71.3%

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
% of ASC LD clients who report they are extremely or moderately anxious or depressed	2019/20	53%	37%	53%	Annual	Adult Social Care Survey	CW&C	Statutory	Aim would be to improve performance to be in line with the England average, which is much lower than CW&C performance. 2019/20 England 37%
Number of people on the LD risk of admission register (Red)	Jun-20	41	Not yet available	Not yet set	Monthly	CWP	CWP	Local	Target Setting in development
“Number of people with LD and mental health issues at risk of hospital admission that were admitted (% of those at risk)”	2018/19	5 (12% of those at risk)	Not yet available	Not yet set	Annual	Dynamic support database, CWP	CWP	Local	Target Setting in development
Number of people with LD and mental health issues at risk of hospital admission that were supported in the community and avoided admission (from total)	2018/19	38 (88% of those at risk)	Not yet available	Not yet set	Annual	Dynamic support database, CWP	CWP	Local	Target Setting in development
% of patients on GP LD register aged 14+ who had their annual health check	Jan-20	57%	Not yet available	70%	Quarterly	EMIS	CCG BI	Statutory	Target information awaited.
% of patients on GP LD register who received flu immunisation	Apr-21	62.67%	Not yet available	Not yet set	Quarterly	EMIS	CCG BI	Local	No set national target. Collaboration with primary care to determine Target-setting approach.

Metric	Baseline period	Baseline	England average	Target	Frequency	Source	Owner	Governance	Target setting info
% of patients on GP LD register who had a BMI assessment in last 15 months	Apr-21	67.48%	n/a	Not yet set	Quarterly	EMIS	CCG BI	Local	No set national target. Collaboration with primary care to determine Target-setting approach.
% of patients on GP LD register who had a blood pressure measure in last 12 months	Apr-21	57.92%	n/a	Not yet set	Quarterly	EMIS	CCG BI	Local	No set national target. Collaboration with primary care to determine Target-setting approach.
% of patients on GP LD register female aged 25-64 who had cervical screening in the last 5 years	Apr-21	61%	n/a	Not yet set	Quarterly	EMIS	CCG BI	Local	No set national target. Collaboration with primary care to determine Target-setting approach.
% of patients on GP LD register female aged 50-69 who had breast screening in the last 5 years	Apr-21	62%	n/a	Not yet set	Quarterly	EMIS	CCG BI	Local	No set national target. Collaboration with primary care to determine Target-setting approach.
% of patients on GP LD register aged 60-69 who had colorectal screening in the last 5 years	Apr-21	91.75%	n/a	Not yet set	Quarterly	EMIS	CCG BI	Local	No set national target. Collaboration with primary care to determine Target-setting approach.

22. APPENDIX 5 – Outcomes from Previous Engagement - Refresh (2018/2019)

A series of early engagement sessions were conducted in mid-2018 with service users, carers, and providers.

- A series of service user/carer meetings (a local user led support organisation was included in this process).
- A series of provider surgeries
- Officer attendance to present proposals at stakeholder networks and the Learning Disability Partnership Board.

During early engagement, providers outlined key themes such as:

- The need for more sustainable fee levels
- The need for clearer commissioning intentions from the Council
- The need for more consistent micro-commissioning practice (i.e., brokerage), as dealing with different social workers results in less opportunities for good relationship management.
- A more scalable approach to client placements. For example, advertising multiple care packages would be more viable and promote better economies of scale, particularly for small – medium enterprise providers. Effective brokerage services are key in this instance.
- A more defined approach to lotting (more specialisms, tiered approach) as the current framework is quite generic by nature.

Service users and carers identified key themes such as:

- Ensuring that the quality of care is good, and promotes dignity, choice, and control.
- A series of core principles were designed and agreed with carers and service users, which were encompassed within the commissioning strategy (2019-2023) and are still relevant and encompassed within the 2021-2025 Joint Strategy.
- Services need to be more flexible and responsive to changes in need.
- More outreach/befriending type services are needed.
- Better access to universal services is needed such as leisure services for example.

Further consultation was carried out to inform the commissioning strategy in 2019. Between April – June 2019, a series of focus groups, forums and development sessions were facilitated by an independent consultant. This included:

- Further service user/carer meeting
- Further meeting with providers
- Workshops with a range of Council stakeholders including, Housing Strategy colleagues, Commissioners, Insight, and Intelligence professionals, as well as Senior Managers and Directors within Adult Social Care.
- Workshops with social work practitioners from adult and transition teams (learning disability/autism).

These sessions were aimed at consulting with key stakeholders, such as users of services, carers, practitioners, and providers surrounding the development of the previous (2019-2023) commissioning strategy and the Progression Model

They also provided a platform to ascertain the views and perspectives of key stakeholders and the feedback has been used to inform the commissioning strategy. Some of the information obtained from the consultation is set out below:

Providers - raised a number of key themes which correlated with feedback from 2018, particularly surrounding:

- The sustainability of fee levels within Supported Living and Residential Care
- The need for greater clarity from the Council surrounding future commissioning intentions, in order to inform business planning processes.

In response to the issues raised in consultation and engagement by providers:

- The Council commissioned an independent review of fees focused on learning disability and autism provision. More sustainable fees were implemented within Supported Living and further sectors such as Day Care, Outreach and Residential/Nursing are being reviewed in 2021/2022.
- A series of commissioning intentions were encompassed within the commissioning strategy (2019-2023). We have built on these intentions within the Joint Strategy (2021-2025)
- A specific commissioning intention was focused on the development of an effective brokerage offer within Adult Social Care. This is still a priority for the Council and CCG partners.
- The Council will take on board Provider feedback in relation to how future contracts are let in Learning Disability and Autism Services and will factor this feedback into our approach to Procurement in terms of wider scale commissioning activity.

Users of services/Carers: raised a number of key themes which similarly correlated with feedback from 2018, particularly surrounding –

- That the strategy needed to consider legislation and national policy when implementing the Progression Model.
- The need for further “fit for purpose” housing solutions was discussed.
- Feedback also identified that high quality care needs to be central to the strategy.
- Services need to work around people, not the other way around.

In response to the issues raised in consultation and engagement by service users and carers:

- The Council duly considered the legal context and national policy requirements, which relate to the delivery of the strategy and Progression Model
- A series of guiding principles and outcomes underpinned the former strategy in terms of what the Council expected of providers regarding the quality of provision. These are still relevant within the current Joint Strategy (2021-2025).
- Service specifications will be robust to ensure standards of care in terms of what the Council, as well as people with learning disabilities, autism and their carers expect.
- The commissioning intentions in the (2019-2023) strategy outlined the need for “fit for purpose” housing solutions to be developed, to address a diverse range of needs. This is still a priority for the Council and CCG.
- Whilst acknowledging that this is primarily a provider facing document, it is important that users of services and carers remain engaged with the strategy and the approach to future commissioning. Therefore an “easy-read” version of the strategy will also be produced in due course.

- A specific commissioning intention was developed to outline that the Council will explore opportunities to optimise mainstream and universal services for people with learning disabilities and autism as well as existing commissioned provision within the early intervention and prevention sector. This is still a priority for the Council and CCG partners.

Practitioners: (e.g., Social Workers) – provided significant information surrounding their experiences of care management, and where they perceive key gaps in provision to exist. This feedback has been used to inform a gap/solution analysis and also the commissioning intentions, contained within Annex 1 – sections 8 and 11 of the strategy.

There will be continued communication and further consultation and engagement with service users, carers and providers as necessary for any future proposals regarding significant changes to services.

The Council will also maintain communication with these stakeholders when implementing the strategy. This includes via the following groups and forums (non-exhaustive):

- Learning Disability Partnership Board
- Service user/carer groups
- Market engagement and development sessions

During the consultation and early engagement sessions in 2018 and 2019 the Council has engaged with and sought feedback from (non-exhaustive):

- 40 x service users and carers (people who have a learning disability/and/or autism diagnosis).
- 18 x learning disability and autism providers (including VIVO Care Choices). In 2018/ 2019, this represented almost half of registered framework providers that actively delivered services on a regular basis to people with learning disabilities /and/or autism.
- 1 x user led organisation (who support and advocate for people with learning disabilities and autism).
- Adult Social Care Stakeholder Network consisting of further providers from the voluntary and charitable sectors.
- Learning Disability Partnership Board (which has service user and carer representation).
- A minimum of 20 x officers across the local authority representing key services including social work, strategic housing, employment, and contract management.
- Adult Social Care Provider Forum.

End of '*Cheshire West Place Joint Health and Social Care Commissioning Strategy for Adults with Learning Disabilities and/or Autism 2021-2025*' document.