



Halton Clinical Commissioning Group

Halton Learning
Disability Partnership Board
Working in partnership

Halton Model of Care for Adults with Learning Disabilities



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1. Introduction

In recent years in response to national strategy and good practice guidance, community based health and social care services in Halton have undergone significant change and development to offer person centred support to adults with learning disabilities enabling them to remain in their home and reduce the need for admission to in-patient hospital beds or residential care. The number of assessment and treatment beds commissioned with the 5 Boroughs Foundation NHS Trust has been reduced as a result of this shift to community based service delivery.

2. Context

2.1 National Context

The 2001 DH White Paper Valuing People¹ provides the vision for people with learning disabilities and their families based on four principles of rights, independence, choice and inclusion. Valuing People Now published in 2009 reaffirmed these principles and whilst acknowledging the considerable progress achieved it highlighted that more needed to be done in a number of areas with the key priorities being:

- Access to and improvements in healthcare,
- Housing and a reduction in the number of residential placements
- Employment² – increased numbers of people with learning disabilities in paid work by 2025

In December 2012, following its investigation of the failings, the Government published its full response to the criminal abuse uncovered at Winterbourne Hospital and practices observed in other settings: **Transforming Care: A national response to Winterbourne View Hospital (DH)**. The review exposed concerns regarded as:

- Inappropriate placements
- Inappropriate care models
- Poor care standards

A programme of action with stretching timescales is proposed across the whole health and social care system to improve care for people with challenging behaviour. The report sets out a revised model based on the work of Mansell³ along with roles and responsibilities across the health and social care system including regulatory bodies.

National policy over recent years has stressed the importance of personalisation and prevention. The findings from Winterbourne reiterate this as well as stressing the importance of commissioners ensuring that services are

¹ Valuing People: A New Strategy for Learning Disability for the 21st Century (DH 2001)

² Valuing Employment Now: real jobs for people with learning disabilities (DH 2009)

³ Services for people with learning disabilities and challenging behaviour or mental health needs and challenging behaviour: The 'Mansell Report' (revised edition DH, 2007)

available locally that can deliver a high level of support and care to people with complex needs or challenging behaviour.

The 2012 White Paper **Caring for Our Future: reforming care and support** sets out the vision for a reformed care and support system that is more personalised, more preventative and more focused on delivering the best outcomes for those needing support. The aims are to:

- focus on people's wellbeing and support them to stay independent for as long as possible
- introduce greater national consistency in access to care and support
- provide better information to help people make choices about their care
- give people more control over their care
- improve support for carers
- improve the quality of care and support
- improve integration of different services

The White Paper is supported by the draft **Care and Reform Bill (2012)** it places a duty on local authorities to publish information on the care and support market, how providers might meet future demand and also ensures sustainability and continuous improvement in service quality.

In response to the Mencap report "Death by Indifference" which described the circumstances surrounding the deaths of six people with learning disabilities, **Healthcare for All**⁴ identified actions needed to ensure adults and children with learning disabilities receive appropriate medical treatment in the NHS. Ten recommendations were made to improve access to health care and ensure equal rights imparted by the Disability Discrimination Act and Mental Capacity Act was being respected across the NHS.

Outcomes Frameworks 2013/14

The government has set out the areas it wishes to see improve across Public Health, Social Care and the NHS in three individual frameworks. The Department of Health has more closely aligned the frameworks so local partners across the health and care systems can identify challenges for their population and better inform local priorities for joint action. The overlay is illustrated in Section 4.

2.2 Local context

Within Halton Borough Council the Communities Directorate has responsibility to support, care for and protect its most vulnerable residents. It also offers information and signposting to enable its residents to make informed choices to help them maintain their independence, health and wellbeing.

The recent re-configuration of Prevention and Assessment Services within the Council provides an opportunity to revisit the range of locally available community support services and pathways, particularly in relation to complex

⁴ Healthcare for All: Report of the independent inquiry into access to healthcare for people with learning disabilities (2008)

needs and challenging behaviour. Halton's Model of Care aims to emulate published good practice and highlight any areas for further development.

Halton's Model of Care takes a whole systems approach to supporting Adults with Learning Disabilities and is built on strong Partnership Working across agencies. Halton Clinical Commissioning Group and Halton Borough Council have entered into a Section 75 Partnership Agreement which establishes a framework for integrated commissioning to achieve better outcomes for local people.

2.2.1 Learning Disability Population

In March 2012 there were 431 adults with learning disabilities known to social care. Of these 37 were aged 65+. Less than 1.5% of those known to services belong to a minority ethnic group.

GP registers indicate 718 adults with learning disabilities are eligible for health checks though this number is rising as Reed codes are revised.

These numbers are lower than projections produced by Public Health England for all age groups which show:

- Numbers of people with learning disabilities probably known to services 543
- Likely true number of people with learning disabilities 2,369

2.2.2 Autism

Approximately 1% of the population have autism⁵ and it is estimated that half of these people also have a learning disability. In Halton, this translates as 1,258 people on the autistic spectrum across all ages and 629 will have an accompanying learning disability.

Local estimates suggest 98 people on the autistic spectrum are known to services though there may be an element of double counting in this. A more accurate census will be conducted for both children and adults and this analysis will inform the Joint Strategic Needs Assessment for autism to be developed in 2013.

2.2.3 Health of people with Learning Disabilities

There is much evidence⁶ to suggest that people with learning disabilities die younger and have poorer health than the general population. Whilst these inequalities are due to both the social determinants of health (e.g. poverty, social exclusion) and syndromes associated with learning disabilities which are associated with specific health risks the cause of death is often avoidable.

Common health problems among people with learning disabilities can be found at:

www.improvinghalthandlives.org.uk/publications/978/HealthInequalitiesandPeoplewithLearningDisabilitesintheUK:2011

⁵ Fulfilling and Rewarding Lives (DH, 2011)

⁶ Improving the Health and Wellbeing of People with Learning Disabilities: An evidence-based commissioning guide for Emerging Clinical Commissioning Groups (IHAL, 2012)

Mersey Public Health will be conducting a Health Needs Assessment across the region and at local level. This analysis should be available mid-2013.

2.2.4 Strategies Supporting Learning Disability Services

Learning Disability Commissioning Strategy

Learning Disability Housing and Support Strategy

Transition Strategy

Carers Strategy

Prevention and Early Intervention Strategy

Dementia Strategy

Complex Care Business Model

3. The Model of Care

3.1 Who is the Model of Care for?

This model will support all Halton adults with learning disabilities and their family carers, plus young people with learning disabilities in transition to adult services and their family carers, including those with complex needs arising from an autistic spectrum condition:

- Who are “ordinary resident” in Halton including those in distant placements or
- Who are registered with a Halton GP
- When reach-down is needed from age 16+ for a young person that will be transitioning to adult services.

3.2 Principles and Aims

The model of care presented below is founded on the principles enshrined in Valuing People⁷ and re-affirmed in Valuing People Now⁸ that embraces ‘Rights, Independent Living, Control and Inclusion’, with services delivered in a person-centred way with access to mainstream services, including mainstream health services, wherever possible.

The model is founded on a person centred approach with a focus on people having fulfilling lives with opportunities for education, employment, leisure and social activities. Where additional support is needed it should be flexible, accessible, community based, close to home and consistent with identified best practice.

This approach will also facilitate reduction in the numbers of individuals requiring admission to hospital and of out of area placements (Winterbourne Review Interim and Final Reports 2012):

Where additional support is needed people’s experience of care and support will be improved by adopting these principles and aims:

⁷ Valuing People: A New Strategy for Learning Disability for the 21st Century (DH, 2001)

⁸ Valuing People Now a new three year strategy for people with Learning Disabilities (DH, 2009)

- Services for all, including those individuals presenting the greatest level of challenge
- High quality services for people with learning disabilities including those with behaviour which challenges
- Services which work around the individual – no one size fits all
- Services follow a life-course approach i.e. planning and intervening early, starting from early adulthood and incorporating crisis planning
- Services are provided locally
- Services offer timely responses
- Services focus on individual dignity and human rights
- Services are integrated/co-ordinated with good access to physical and mental health services as well as social care
- Where in-patient services are needed, planning to move back to community services starts from day one of admission.
- Services provide good value for money

3.3 The Range of Care Approach

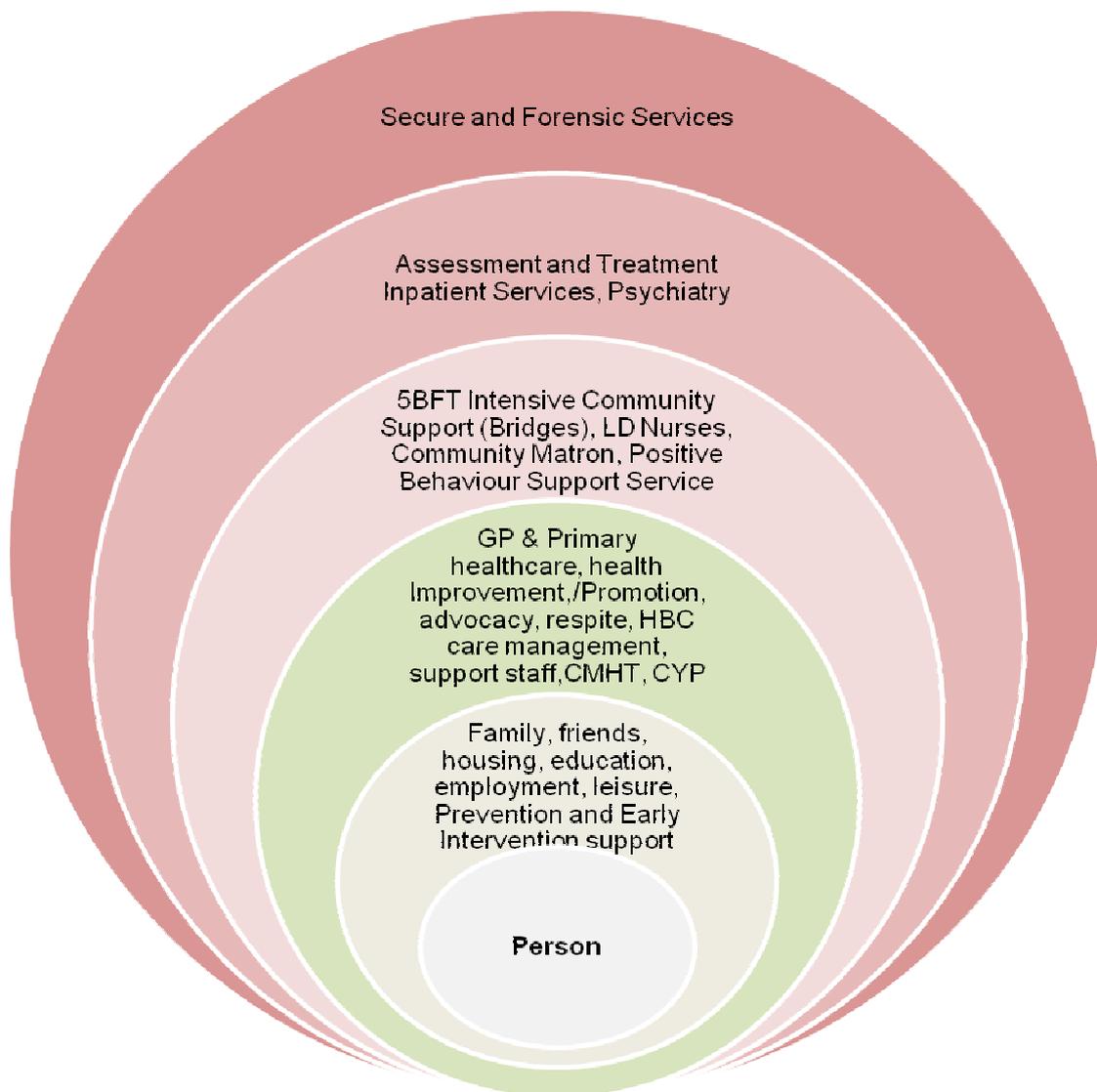
The model adopts a stepped care rather than progressive approach offering a range of care (Diagram 1) based on the premise that people with learning disabilities, including people with complex and challenging behaviour can lead fulfilling lives in the community. Stepped care recognises the range of levels of need from those less severe who manage and thrive with support of family, friends and mainstream health and community services to those requiring intensive specialist support. Stepped Care offers the most effective intervention which supports the person in their home without being overly restrictive or intrusive.

It is crucial that support is person centred with a focus on maintaining the individual living in the community, available from a range of sources, both formal and informal and responsive to specific needs at any given time. Implementation of the Halton Prevention and Early Intervention Strategy is fundamental to this approach particularly for the learning disabled population not known to social care (see 2.2.1).

In responding to changing need, crisis or circumstances the model must offer a speedy response with the ability to “step” up, down or across the range of support. Key elements of a safe and effective model are specialist crisis support, outreach and assessment and treatment, including in-patient care if appropriate, supported by cross-sector multi-agency working and care pathways.

Where a person needs more specialist support, including that arising from complex and challenging behaviour, they will have access to skilled support staff and where necessary the support of specialist professionals including behaviour analysts to assist assessment and help plan more effective individualised support.

Diagram1: The range of stepped care and support in Halton



Access into services comes through primary, social and secondary care referral routes.

4. Performance Framework

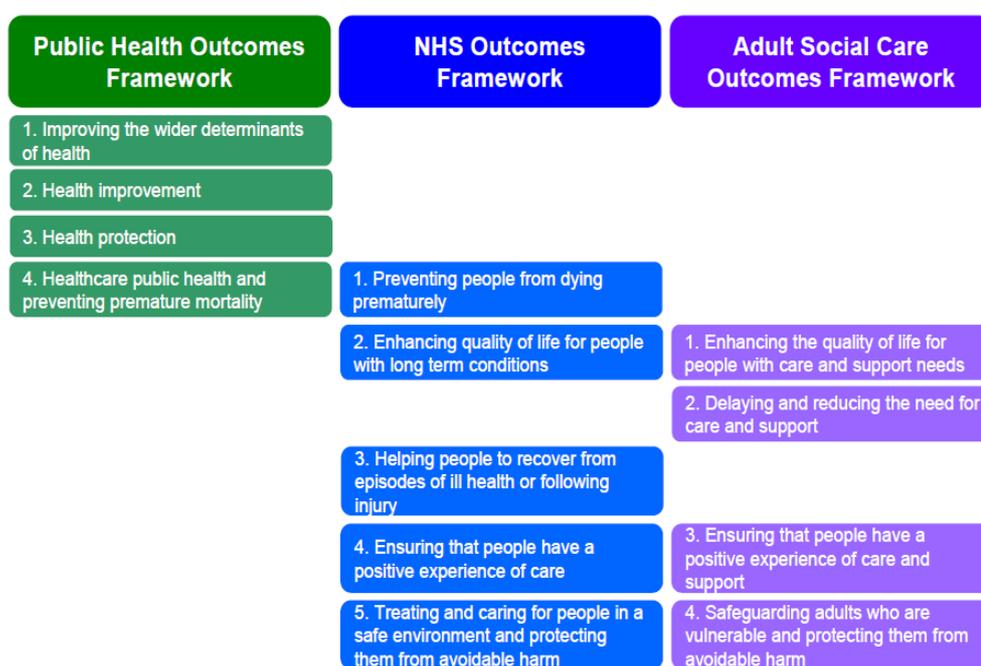
It is imperative that the partners responsible for delivering the model of care can keep track of progress and be confident that the model envisaged is the one being achieved. The performance framework set out below constitutes both qualitative and quantitative measures to monitor the range of activities across the whole model of care.

Some of the suggested indicators are collected nationally and these are referenced whilst others enable performance at the local level to be more closely monitored to trigger alerts to potential problems, offer analysis of the root cause from multiple perspectives and thus optimise performance of the whole system. All of the indicators contribute to delivering the national outcomes for the NHS, Public Health and Adult Social Care and have been linked to the relevant domains.

4.1 National Outcomes Framework 2013/14 overlay

Some indicators are the same across Adult Social Care the NHS and/or Public Health reflecting the shared role in progressing. Those that are not shared are complementary to similar indicators relating to the same issue in the NHS and Public Health frameworks.

Diagram 3



4.2 Reporting Structure

The measures will be reported regularly to the Learning Disability Quality and Performance Board and on a quarterly basis to the Learning Disability Partnership Board. The frequency of reporting a particular indicator will vary according to its relevance.

In addition to the identified indicators set out in the table below a Quality Framework Template and guidance (Appendix 1) has been developed to encourage practitioners to open their eyes wider when visiting individuals in supported living accommodation or residential/nursing accommodation. The template will give valued and on-going

feedback on service quality to supplement the more formal provider monitoring undertaken by the Council's Quality Assurance Team and the Care Quality Commission. It will highlight areas of best practice to be shared across services as well as identify any areas of concern to be addressed before they escalate. Practitioners will share their findings through the Operational Managers Group – see governance arrangements set out in Appendix 3

Adult Learning Disability Model of Care Performance Framework

Frequency of reporting will vary according to relevance of measure

Outcome Framework Domain	National data set indicator number	Data Collection Lead	Outcome Measure	Definition	2012/13 Outturn where available	2013/14 Target
ASC 1 NHS 2	ASCOF1A NHSOF2	HBC	People are able to maintain their quality of life	Social Care related quality of life-feedback via social care provider surveys and forums		
ASC 1 NHS 2 PH 3	ASCOF1D NHSOF2.4	HBC	Carers can balance their caring role and maintain their desired quality of life	Carer reported quality of life feedback via social care provider surveys and forums		
ASC 1 PH 1 PH 2 NHS 2	ASCOF1E PHOF1.8 NHSOF2.2	HBC	People are able to find employment when they want, maintain a family and social life and contribute to community life, and avoid loneliness or isolation	Proportion of adults with a learning disability in paid employment		
ASC 1 ASC 2 PH 1 PH 2 NHS 2	ASCOF1G PHOF1.6 ASCOF2A	HBC/CCG	When people develop care needs, the support they receive takes place in the most appropriate setting and enables them to regain their independence	<ul style="list-style-type: none"> • Proportion of adults with a learning disability who live in their own home or with their family • Permanent adults with a learning disability admissions to residential and nursing care homes per 1,000 population • Number of LD admissions to generic acute services 		
ASC 1 ASC 3 ASC 4		HBC/CCG	People listed on the LD SAF registers in NHS care or placed out of area will have their needs reviewed annually	Number of people on LD register receiving a review as a percentage of those on the		

NHS 2 NHS 4 NHS 5				register		
NHS 2 NHS 3 NHS 4 ASC 1 ASC 2 ASC 3		Community Matron and Multi- disciplinary team	Helping people to recover from episodes of ill health/manage their health Enhancing quality of life for people with long term conditions	<ul style="list-style-type: none"> • Number of referrals to service • Number of on-going patients • Number of visits • Number/case studies of potential admissions avoided 		
NHS 3 NHS 4 NHS 5 ASC 3 ASC 4		5BPFT	Assessment and Treatment	<ul style="list-style-type: none"> • Number of admissions to inpatient beds • Average length of stay as an inpatient 		
NHS 3 NHS 4 NHS 5 ASC 1 ASC 3 ASC 4		5BPFT Care Management LD Nurses PBSS CCG	Timeliness of responses	<ul style="list-style-type: none"> • Average length of time from referral to allocation • Average length of time following 1st contact to completion of assessment • Number of individual case conferences/MDT meetings per month • Waiting times from referral to treatment for generic health services. 		
PH 1 PH 2 PH 4 NHS 1	Partnership Board SAF	CCG Health Improvement Team	Health	<ul style="list-style-type: none"> • Numbers eligible for GP health check • Number of health checks 		

NHS 2		Clinical Lead		<p>completed by GP's as a percentage of those eligible</p> <ul style="list-style-type: none"> • Numbers accessing screening services: <ul style="list-style-type: none"> ○ Diabetes ○ Dementia ○ Cancer screening ○ Eye health checks • Number of health action plans completed • Uptake of vaccinations • Numbers accessing advice on friendships and relationships 		
ASC 1 ASC 2 NHS 2 ASC 3 NHS 4		HBC/CCG	Out of area placements	<ul style="list-style-type: none"> • Numbers of out of area placements • Number of people wishing to return to Halton as a percentage of all OOA placements 		
ASC 4 NHS 5		HBC/5BFT	Safeguarding and incident reporting	<ul style="list-style-type: none"> • Number of complaints relating to LD services • Number of crisis placements and Length of stay 		

Quality Framework for Practitioners

	Areas to consider	In this area, think about:
1	<p>Care and welfare of people who use services</p> <p>People experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.</p>	<p>Is there evidence that clients views, desires and wishes taken into account in planning their care</p> <p>Activities – are they person centered</p> <p>Does the client have social contacts outside of the environment or attend activities with established groups?</p> <p>How is the outcome of activities recorded?</p> <p>Are care plans individual to that person?</p> <p>Does the client have a keyworker? Is the role of the keyworker defined?</p>
	Areas to consider	In this area, think about:
2	<p>Assessing and monitoring the quality of service provision</p> <p>People benefit from safe, quality care because effective decisions are made and because of the management of risks to people's health, welfare and safety.</p>	<p>Are risk assessments in place that include:</p> <ul style="list-style-type: none"> • Health • Welfare • Safety <p>Have internal and external reviews taken place?</p> <p>Is there evidence the client views have been taken into account with the risk assessments?</p>
	Areas to consider	In this area, think about:
3	<p>Safeguarding people who use services</p>	<p>Are staff aware of whistleblowing policy of the organisation</p>

	<p>from abuse People are safeguarded from abuse, or the risk of abuse, and their human rights are respected and upheld.</p>	<p>Have staff received training on signs and symptoms of abuse? Are staff aware of how to raise safeguarding concerns?</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
4	<p>Cleanliness and infection control People experience care in a clean environment, and are protected from acquiring infections.</p>	<p>Does the client take part in the cleaning of their environment? Is the environment clean? Are there cleaning schedules (where appropriate) Have staff been trained in Infection Control? Do staff know procedures to follow re infection control?</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
5	<p>Management of medicines People have their medicines when they need them, and in a safe way. People are given information about their medicines.</p> <p>Outcome 9, Regulation 13 – CQC</p>	<p>Are the views of clients taken into account regarding their medication regimes? (including PRN) Does the client know about their medication? Are PRN protocols/guidelines in place? Is PRN administration monitored and recorded? Are medicines stored safely? Are medication sheets available to view and match the medication administered? Is there a medication administration policy available? Do staff know the medication administration policy?</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
6	<p>Meeting nutritional needs</p>	<p>How are food and drink choices evidenced?</p>

	<p>People are encouraged and supported to have sufficient food and drink that is nutritional and balanced, and a choice of food and drink to meet their different needs.</p>	<p>Is there evidence of menu planning? Does the client prepare their food and drink? Has a skills assessment taken place re preparation of food and drink? Are views, desires and wishes of the client paramount when planning meals?</p>
	Areas to consider	In this area, think about:
7	<p>Safety and suitability of premises People receive care in, work in or visit safe surroundings that promote their wellbeing.</p>	<p>Health and safety risk assessments Observations of the environment:</p> <ul style="list-style-type: none"> • State of the environment • Smells • Social areas/gardens • Private space • Personalized bedroom
	Areas to consider	In this area, think about:
8	<p>Safety, availability and suitability of equipment Where equipment is used, it is safe, available, comfortable and suitable for people's needs.</p>	<p>Has an assessment of the clients needs taken place? Is the equipment provided suitable for the clients needs? Is the equipment fit for purpose and there is evidence it is inspected regularly?</p>
	Areas to consider	In this area, think about:
9	<p>Respecting and involving people who use services People understand the care and treatment</p>	<p>How are the views/desires and wishes of clients ascertained and acted upon? Meetings, individual discussions Is the client's room personalized with their own property?</p>

	<p>choices available to them. They can express their views and are involved in making decisions about their care. They have their privacy, dignity and independence respected, and have their views and experiences taken into account in the way in which the service is delivered.</p>	<p>What evidence of regular social contacts is there? How are new experiences and learning opportunities evidenced? What evidence of friendships & relationships, old and new is available?</p>
	Areas to consider	In this area, think about:
10	<p>Consent to care and treatment People give consent to their care and treatment, and understand and know how to change decisions about things that have been agreed previously.</p>	<p>How does the client make decisions and consent about their care and treatment? What is the consent policy? Evidence that the MCA & B.I processes are in place</p>
	Areas to consider	In this area, think about:
11	<p>Complaints People and those acting on their behalf have their comments and complaints listened to and acted on effectively, and know that they will not be discriminated against for making a complaint.</p>	<p>How are clients or their family made aware of their right to complain? What is complaints the procedure? How many complaints have been received? What was the outcome of the complaints?</p>
	Areas to consider	In this area, think about:

<p>12</p>	<p>Records People’s personal records are accurate, fit for purpose, held securely and remain confidential. The same applies to other records that are needed to protect their safety and wellbeing.</p>	<p>Are the daily records accurate, legible and complete? Are they signed and dated? Do records give information about happenings during the day? Is learning about the individual enabled by the recordings? Do they demonstrate equality and diversity and dignity? How does the client gain access to their records?</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
<p>13</p>	<p>Requirements relating to workers People are kept safe, and their health and welfare needs are met, by staff who are fit for the job and have the right qualifications, skills and experience.</p>	<p>Safer Recruitment questions, CRB</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
<p>14</p>	<p>Staffing People are kept safe, and their health and welfare needs are met, because there are sufficient numbers of the right staff.</p>	<p>Do clients attend health appointments, both routine and unplanned? Is there evidence of pro-active screening? Is there a Health Action Plan and Health Passport available?</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
<p>15</p>	<p>Supporting workers</p>	<p>What are the agreed staffing numbers?</p>

	<p>People are kept safe, and their health and welfare needs are met, because staff are competent to carry out their work and are properly trained, supervised and appraised.</p>	<p>Have staff received the necessary training to do their job? Are staff trained in de-escalation and redirection techniques? Do staff receive regular supervision? Where are supervision notes and training records kept? Is there evidence of team/staff meetings? Do staff have annual appraisals? Are processes in place for observation by senior staff? Are senior staff trained and experienced?</p>
	<p>Areas to consider</p>	<p>In this area, think about:</p>
<p>16</p>	<p>Cooperating with other providers People receive safe and coordinated care when they move between providers or receive care from more than one provider.</p>	<p>The MDT member’s feedback to others about their involvement and expectations? If more than one provider is involved, how is the care/supported coordinated and communicated? Has a review of the client’s needs taken place in the last 12 months?</p>

Framework Guidance

Following the national response to the criminal abuse at Winterbourne View, a regional action plan has been developed, to give assurance that action is being taken to avoid repetition of the issues which could give rise to similar mal-practice in future. This framework for practitioners is a local framework devised by Halton, to give reassurances that consideration and action is taking place to prevent issues evidenced at Winterbourne view, from happening locally.

The framework is split into areas:

- Care and welfare of people who use services
- Assessing and monitoring the quality or service provision
- Safeguarding people who use services from abuse
- Cleanliness and infection control
- Management of medicines
- Meeting nutritional needs
- Safety and suitability of premises
- Safety, availability and suitability of equipment
- Respecting and involving people who use services
- Consent to care and treatment
- Complaints
- Records
- Requirements relating to workers
- Staffing
- Supporting workers
- Co-operating with providers

Each area has statements/questions to think about, which should act as an aide memoire or prompt to practitioners.

How could this framework be used?

Practitioners could use the areas to consider and things to think about when they visit individuals either in their own tenancy, where staff provide support or in residential/care homes. Some areas may not be appropriate to all settings. An example of this could be the area 'safety, availability and suitability of equipment' where individuals living in their own tenancy do not require equipment such as hoists.

It is expected that practitioners using the framework, **must** raise any concerns with the appropriate person/area as soon as possible.

This could be one or a combination of the following:

- Halton's Quality Assurance Team
- The practitioners manager
- The manager of relevant Halton Care Management Team
- Halton's Integrated Safeguarding Unit

For further information or guidance, please contact Lisa Birtles-Smith on lisa.birtles-smith@halton.gov.uk or 0151 511 7765

