

learning disability service

STRATEGIC COMMISSIONING PLAN 2016-19

PEOPLE



Scottish Borders
Health and Social Care
PARTNERSHIP

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LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

1. OUR SHARED VISION

Our vision is that adults with learning disabilities will have opportunities to live as independently as possible as valued members in their local communities.

We recognise that people with Learning Disability and their carers have rights of equality and are diverse in all aspects of life, however they may experience difficulties in achieving these rights, and many require additional support to attain their outcomes and live their lives.

To successfully support people to achieve their outcomes, we must work in partnership with health, social care and third sector provider organisations and most importantly with people with learning disability and their carers.

I am thankful for the input of the Policy and Strategy Group in collating and writing this strategic commissioning plan on behalf of the Learning Disability Service, acknowledging the considerable input from the Local Citizens Panels and the Providers Group.



Simon Burt
Joint Manager
Scottish Borders Learning Disability Service



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

2. INTRODUCTION

‘The keys to life – improving quality of life for people with learning disabilities 2013’ⁱ lays out a 10 year strategy for people with learning disability, with 9 key themes and 52 recommendations.

In the Scottish Borders, we have consulted with many people to look at our local responses to these recommendations and have identified work streams across communities, health and social care services, third sector providers to support people with learning disabilities to live their lives and achieve their outcomes. Through the Policy and Strategy Group this activity is collated under four strategic outcome headings mirroring Scottish Governments approach:

- A healthy Life
- Choice and Control
- Independence
- Active Citizenship

We have also identified any gaps.

This strategic commissioning plan responds to the following 2 recommendations directly, incorporates many of the other key themes and supports us to target our existing resources to the areas of greatest need.

RECOMMENDATION 3 STATES:

“That by April 2015 community planning partners should ensure that local arrangements for joint commissioning are developed across relevant partner agencies and service areas to support the delivery of agreed outcomes, and that these take account of the needs of people with learning disabilities.”ⁱⁱ

AND RECOMMENDATION 7 STATES:

“That by April 2015 local authorities and NHS Boards should ensure that joint commissioning plans take account of the needs of people with learning disabilities of all ages. Plans should have regard to relevant guidance, scope current and future need, identify the total resources available to meet those needs, and set out how they will be invested to secure sustainable, high quality services and supports that can deliver outcomes for individuals, including those agreed as part of person-centred care planning and self directed support (SDS). Plans should make reference to early interventions, maximising independence and control.”ⁱⁱⁱ

We are also mindful of the [National Health and Well Being Outcomes](#)^{iv} and the [local Scottish Borders Strategic Outcomes](#)^v and demonstrate how the objectives within this Strategic Commissioning Plan fit.

WHAT THIS STRATEGIC COMMISSIONING PLAN TELLS US:

This commissioning strategy shows how, we, the Learning Disability service:

- make commissioning decisions within the changing national context
- currently spends the money allocated to us amidst ever increasing tightening of budgets, introduction of the Scottish Living Wage, Scottish Borders Council eligibility criteria
- have identified our priorities that fall within commissioning for development over the next 3 years

There are themes that underpin this strategy and while not always explicitly described include:

- supporting people to maximise their community participation within a co-productive, assets based approach
- creative and innovative ways of working are encouraged
- friendships and relationships are paramount to supporting people to feel valued and have identity
- a focus on health and well being runs central to all of our commissioning plans not excluding where healthcare placements may be required.
- geographical challenges can create restrictions on all of the above and we need to work hard to overcome these and highlight areas for improvement.

These were summarised through consultation with the Local Citizens Panels into 6 headings:



This strategy looks at the journey within the Scottish Borders, lays out some of the key themes for inclusion and under several headings provides an outline plan for the next 3 years.

We have mapped these plans against the Scottish Borders Strategic Commissioning Plans and the National Health and Wellbeing Outcomes and this is shown in tables in Appendix 5.

As part of our continual journey towards greater involvement and co-production the Learning Disability Partnership Board endorses the National Involvement Network's Charter for Involvement and at the June 2016 meeting signed up to this [Charter](#).^{vi}

LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

3. BACKGROUND

At the time of the 2011 Scotland Census, 612 people resident in Scottish Borders identified themselves (or were identified by a member of their household), as having a Learning Disability. 485 people in this group (81%) were aged 16 or over in 2011. Meanwhile, the total number of adults with learning disabilities known to the Scottish Borders services is higher than the figures captured through the Census. As at March 2014, 599 people aged over 16 with learning disabilities were known to the Scottish Borders services, of whom 555 had confirmed addresses in this area.

Learning Disability resources within NHS Borders and Scottish Borders Council Social Work were formally integrated in 2006, with the exception of the budgets which were retained separately. The Scottish Borders Learning Disability Service provides a range of specialist health and social care services for people with learning disabilities. The service is open to people with learning disabilities who need additional support to access other health and social care services, or whose needs are complex and require more specialist interventions than that provided by mainstream Health and Social Care services. The service is responsible for commissioning packages of support for people with learning disabilities living within Scottish Borders and some specialist out of area placements.^{vii}

WHAT HAS CHANGED OVER THE PAST 10 YEARS?

Over the past 10 years the service has led many changes through the implementation of the “**Same as you**” 2000^{viii} principles and developments in service provision for people, **Social care (Self-directed Support) (Scotland) Act 2013**,^{ix} **Carers (Scotland) Act 2016**,^x ‘**The keys to life**’ 2013^{xi} among others. A list of many of the policy drivers and legislative frameworks is included as **Appendix 1**.

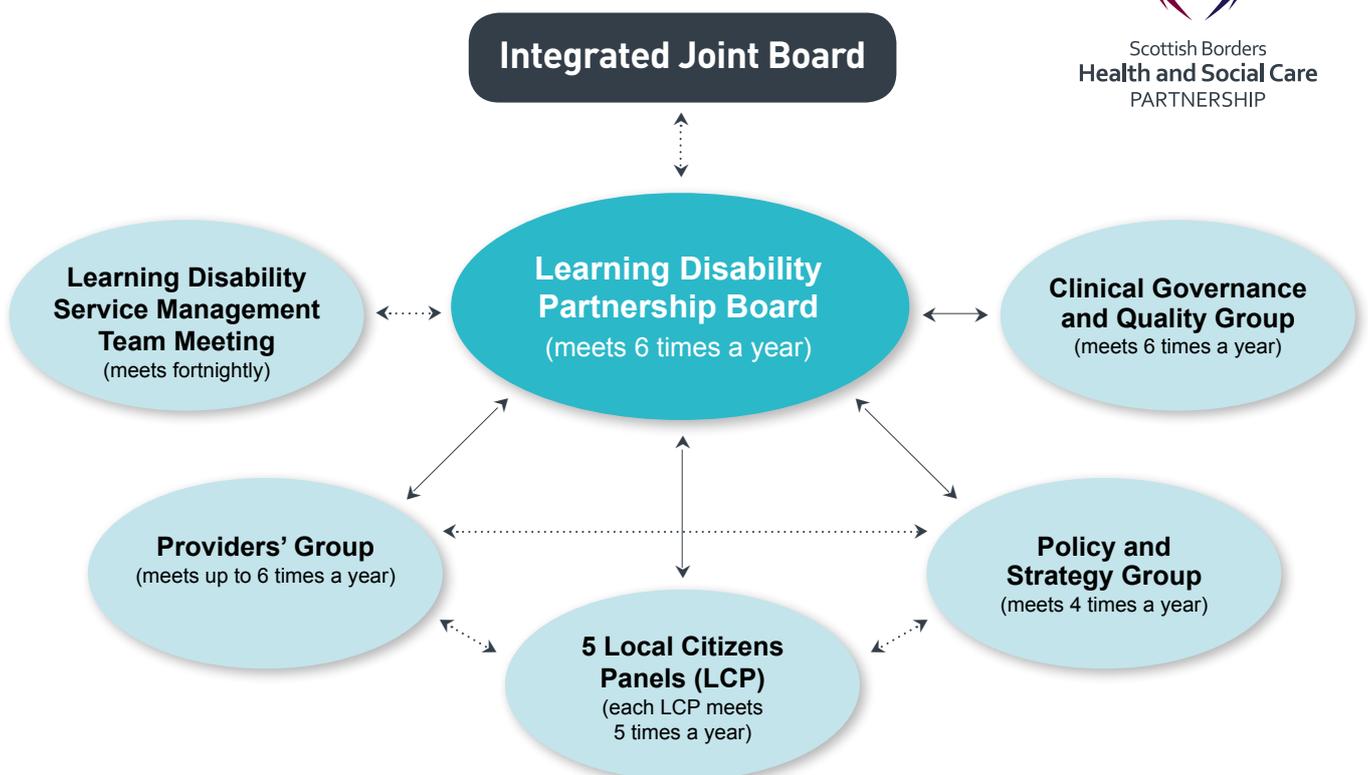
- There have been changes in the way in which services to people with learning disabilities have been provided, through for example: the Day Opportunities Review, closure of local in-patient Learning Disability beds, re-provisioning of the majority of care home service provision.

- The re-organisation of the Learning Disability Service governance structure, in 2013, enables providers and people with Learning Disability and their carers to have a greater influence in decision making, as members of the Learning Disability Policy and Strategy Group and the Learning Disability Partnership Board.
- There has been an intentional shift towards providers and most importantly people with Learning Disability and their carers having greater inclusion and influence. The development of the Local Citizen Panels, from a central panel to a locality model has enabled people to be more active participants in their local communities with total membership currently at 66.
- Local Citizens Panels throughout the Borders provide opportunities for conversations between the Learning Disability Service, people with learning disabilities and family carers.

THE SCOTTISH BORDERS LEARNING DISABILITY SERVICE GOVERNANCE STRUCTURE



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- Where appropriate, changes in the model of support from learning disability specialist care homes into supported living models of support and development of the growing supported living workforce through third sector partners have been proactively pursued.
- We recognise that there needs to continue to be a variety of accommodation and support arrangements available to meet needs of people within the Scottish Borders including care home support where appropriate. We are supportive of the National Care Home for Adults with Learning Disabilities national framework contract but also retain the right to look at local options.
- A Review of Learning Disability Short Breaks Provision took place in 2012 where some reorganisation of the model of delivery of respite services for people moved to a more flexible approach.
- A needs assessment was commissioned in 2012 to examine the current and projected needs of people with Learning Disabilities locally.
- The Learning Disability Service has invested in a Local Area Co-ordination service, locality citizen's panels, befriending and independent advocacy services and will continue to support this in the future. Support has been given to setting up social enterprises, Borders College training and skills development courses, Health Champions course and other supported learning. In 2016, Project Search will be launched.
- We can also signpost individuals and families to a range of other local opportunities and services. These include Interest Link Borders, a befriending service part-funded by the Learning Disability service which works with around 150 adults with learning disabilities each year.
- The promotion of health and wellbeing must be a consistent thread through the commissioning process, to emphasize the role of services providers and Carers in getting the best health outcomes for people with learning disability. A Healthier Me pathway is promoted throughout all Provider Services.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

4. COMMISSIONING SERVICES

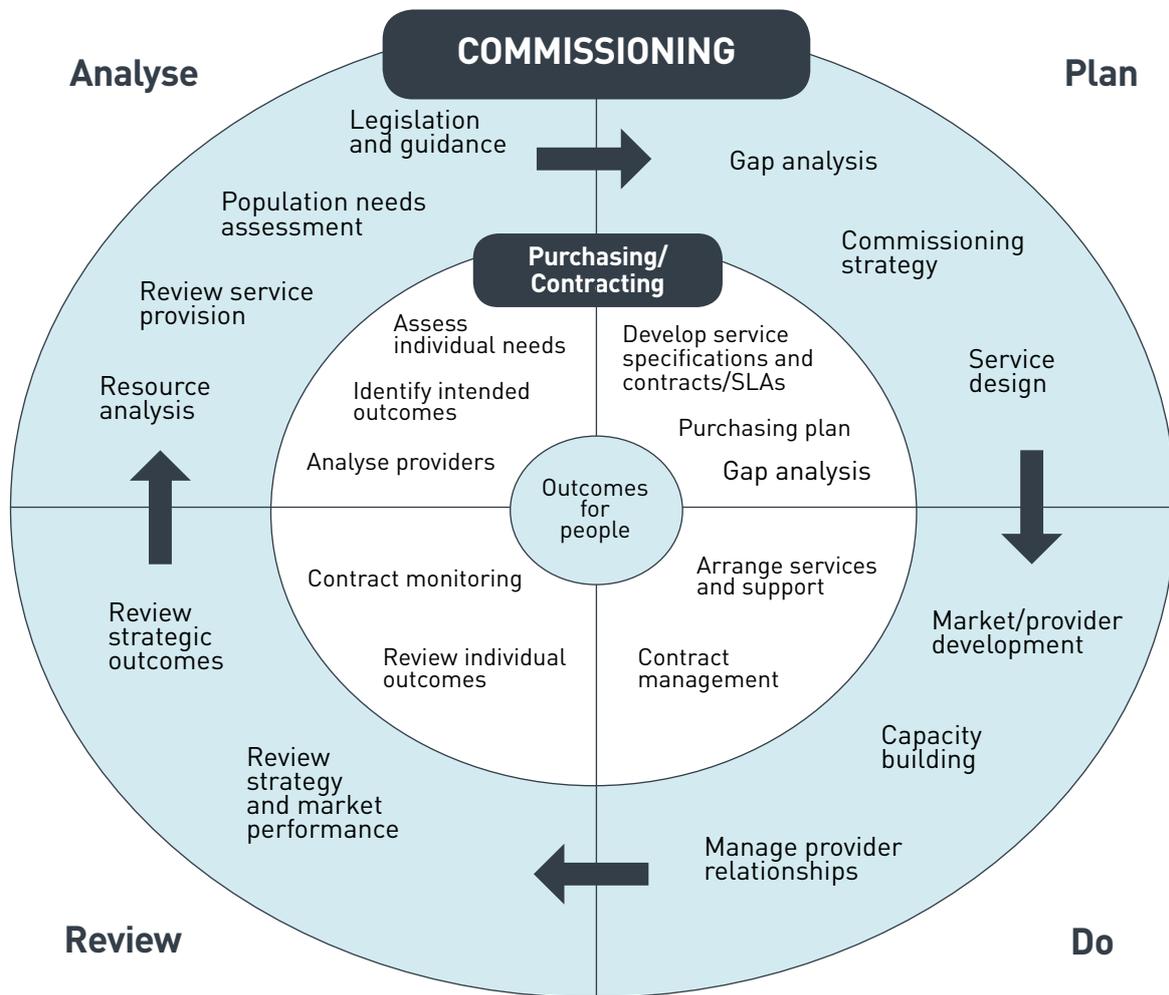
Scottish Borders Learning Disability Service commissions a range of services to support people with learning disabilities and their carers in the Scottish Borders and is responsible for writing this Strategic Commissioning Plan.

When commissioning the range of services required, support provided by Scottish Borders Council Procurement Service will ensure that robust procurement processes are implemented where Scottish Borders Council fund all or part of a package.

All services commissioned by the Scottish Borders Learning Disability Service are undertaken in line with the principles of **The Public Contracts (Scotland) Regulations 2015 and the new Procurement Reform (Scotland) Act 2014**.^{xiii} The objective is to ensure that related procurement activity is transparent, fair and open in order to increase the sustainability and efficiency of public spending and to enable the Third Sector and small and medium-sized enterprises to participate in procurement opportunities.

Where a health funded service out with Scottish Borders is required, requests for funding must be reviewed in line with the NHS Borders' Extra Contractual Referral (ECR) process.

JOINT COMMISSIONING MODEL FOR PUBLIC CARE^{xiii}



“Commissioning is commonly described as a cycle of strategic activities similar to that shown above.

In this model, based on that developed by the Institute of Public Care (IPC), the Commissioning cycle (the outer circle) drives purchasing and contracting activities (the inner circle), and these in turn inform the ongoing development of Strategic Commissioning.

“Strategic commissioning is the term used for all the activities involved in assessing and forecasting needs, links investment to agreed desired outcomes, considering options, planning the nature, range and quality of future services and working in partnership to put these in place. Joint commissioning is where these actions are undertaken by two or more agencies working together, typically health and local government, and often from a pooled or aligned budget.

‘Access to the options provided under the 2013 (Social Care) Act is of very little value if there

is a lack of variety of providers available or a lack of variety in the type of support on offer.’ Statutory Guidance, 2014.

Commissioning involves facilitating choice and is set in a wide context that recognises the importance of community capacity building, prevention and universal services.”^{xiv}

The Procurement of Care and Support Services guidance issued by The Scottish Government and COSLA will underpin any approach taken and will be used as a guide for commissioners. The Learning Disability Service will ensure that the correct stakeholders are identified and involved in the procurement process.

Where National Frameworks are available the Learning Disability Service may access these frameworks where the services meet the needs of people with learning disabilities and their carers.

Traditionally, the majority of services commissioned by the Scottish Borders Learning Disability Service were mainly block funded and at times this approach had the potential to be restrictive due to the inflexibility of funding arrangements. While there is still a place for some services to continue to be funded in this way, the Learning Disability Service has always worked to ensure that supports have been commissioned in person centered ways as far as possible. The landscape has also changed with the introduction of a self directed support approach. Eligibility criteria for support is applied during assessment processes.



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5. SELF DIRECTED SUPPORT (SDS)

Self-directed Support is a major culture shift in the way health and social care services are delivered. The shift sees a move towards a more person centred and outcomes focused assessment of needs and delivery of services.

Social Care (Self-directed Support) (Scotland) Act 2013^{xv}

The Act promotes an approach, and sets duties, in order to provide individuals with greater choice and control over their social care and health support.

The new duties include ensuring that the principles of dignity, involvement, informed choice, and collaboration are taken into account as part of assessment and support planning, and that people are offered a choice from the four options to manage their support and funding.

Innovation, Responsibility and Risk Enablement have been added to a **statement**^{xvi} released in 2014 to reflect the opportunity for creative and flexible approaches to care and support.

The 4 SDS options are:

OPTION 1

To have a direct payment i.e. the person or their guardian, chooses to receive a budget and manage their own support.

OPTION 2

To oversee the support but not hold the money e.g. choose a provider to provide support and hold the money. This is called an individual service fund.

OPTION 3

To let the local authority select and make arrangements for support.

OPTION 4

A mix of the above options.

SDS is aimed at providing individuals greater choice and control over their social care and health support. It is not aimed at individuals requiring emergency hospital admission and therefore individuals are not able to use SDS within the healthcare system.

Easy read versions of the options are available from the Learning Disability Service.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

6. WHO WE CONSULTED IN DEVELOPING THIS COMMISSIONING PLAN

We consulted with a range of people including people with learning disabilities, carers, provider organisations, staff from the integrated learning disability service, and others in a variety of ways including: one to one conversations, meetings, documents drafts, focus groups to inform and then shape this document. A summary of this is outlined below.

SUMMARY

WHO WE CONSULTED	DATE	METHODS OF CONSULTATION
Scottish Borders Learning Disability Service Policy and Strategy Group	2015-2016	Meetings Strategy document drafts
Scottish Borders Learning Disability Service Partnership Board	2015-2016	Meetings Strategy Documents
Borders Carer Centre	Sept 2015 Feb 2016 May 2016	Involvement through Policy and Strategy group
Scottish Borders Providers Group	Nov 2015 Feb 2016	Meetings Strategy document drafts
Local Citizens Panels	2014 Nov 2015 Feb 2016	Meetings, focus groups
Borders Voluntary Care Voice	Jan 2016	Strategy document drafts
Scottish Borders Learning Disability Service	Feb 2016	Meeting Strategy document drafts
Borders Independent Advocacy Service	June 2016	via drafts to LD Partnership Board and Policy and Strategy Group
3rd sector partnership	June 2016	Document Drafts
Scottish Borders Learning Disability Service Partnership Board	Oct 2016	Document Drafts
NHS Borders Commissioning Team	Oct 2016	Document Drafts
Commissioning and Implementation Delivery Group (Scottish Borders Health and Social Care Partnership Governance)	Nov 2016	Final draft to Commissioning, Development and Implementation Group
NHS Borders Clinical Strategy Group	Jan 2017	Final draft
Scottish Borders Council People Department Management Team	Jan 2017	Final draft



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7. WHAT PEOPLE TOLD US

LOCAL CITIZENS PANELS

The **Local Citizens Panels** were established in 2013, as part of the learning disability governance structure and have an active local community presence. They are based in 5 localities in the Scottish Borders and meet 5 times a year. They are for people who have a learning disability and/or care for a family member who has a learning disability.

Being a panel member means that you can:

- help to make sure that learning disability services meet your needs
- raise concerns about services so that improvements can be made
- take part in consultations about services and give feedback
- put forward ideas for things that will help improve quality of life for people with a learning disability
- work together with other groups to get things done
- get and share information about what is happening in learning disability services and in your local community.

Initially consultation took place at panel meetings in 2014 and 2015 around local priorities in relation to 'The keys to life' recommendations. Panel members told us their priorities for us to work on and an action plan was drawn up based on the 4 key strategic themes in line with the National themes:

- A healthy life
- Choice and control
- Independence
- Active Citizenship

Later in 2015 we consulted with the panel members regarding what was important to them in the commissioning plan asking 2 key questions:

- “What is important?”
- “What needs to change?”

This conversation continued at a ‘Celebrating Citizens Panels’ event in February 2016.

The key themes from these consultations fell into 6 broad areas which are picked up throughout the 2016-19 plans in the various sections that follow in this strategy:



LOCAL LEARNING DISABILITY SERVICE PROVIDERS

In the Scottish Borders, the local provider organisations have formed a Providers Group that meets 6 times a year. The Borders Learning Disabilities Services Providers Group aims to provide a forum to enable organisations providing services for people with learning disabilities in the Scottish Borders to work together in order to contribute to the strategic development and quality of those services.

A member of the Providers Group sits on the Learning Disability Service Policy and Strategy Group and has contributed to the first draft of the Strategic Commissioning Plan. A workshop took place with Providers in January 2016 and changes were made to the first draft of the plan to reflect their input.

LEARNING DISABILITY SERVICE STAFF

The Learning Disability Service is staffed by a group of professionals and includes:

- Social work
- Learning disability nursing
- Occupational therapy
- Physiotherapy
- Dietetics
- Speech and language therapy
- Psychology
- Psychiatry
- Music Therapy
- Local Area Co-ordination

As a service we provide:

- assessment
- care management
- treatment
- specialist advice and consultation
- training and support

We are responsible for commissioning and monitoring support services for adults with learning disabilities who meet eligibility criteria, from other organisations.

A service development day took place in February 2016 with the whole Learning Disability Service. At this workshop the staff team made changes to the service's 3 year work plan which sits alongside this Plan.



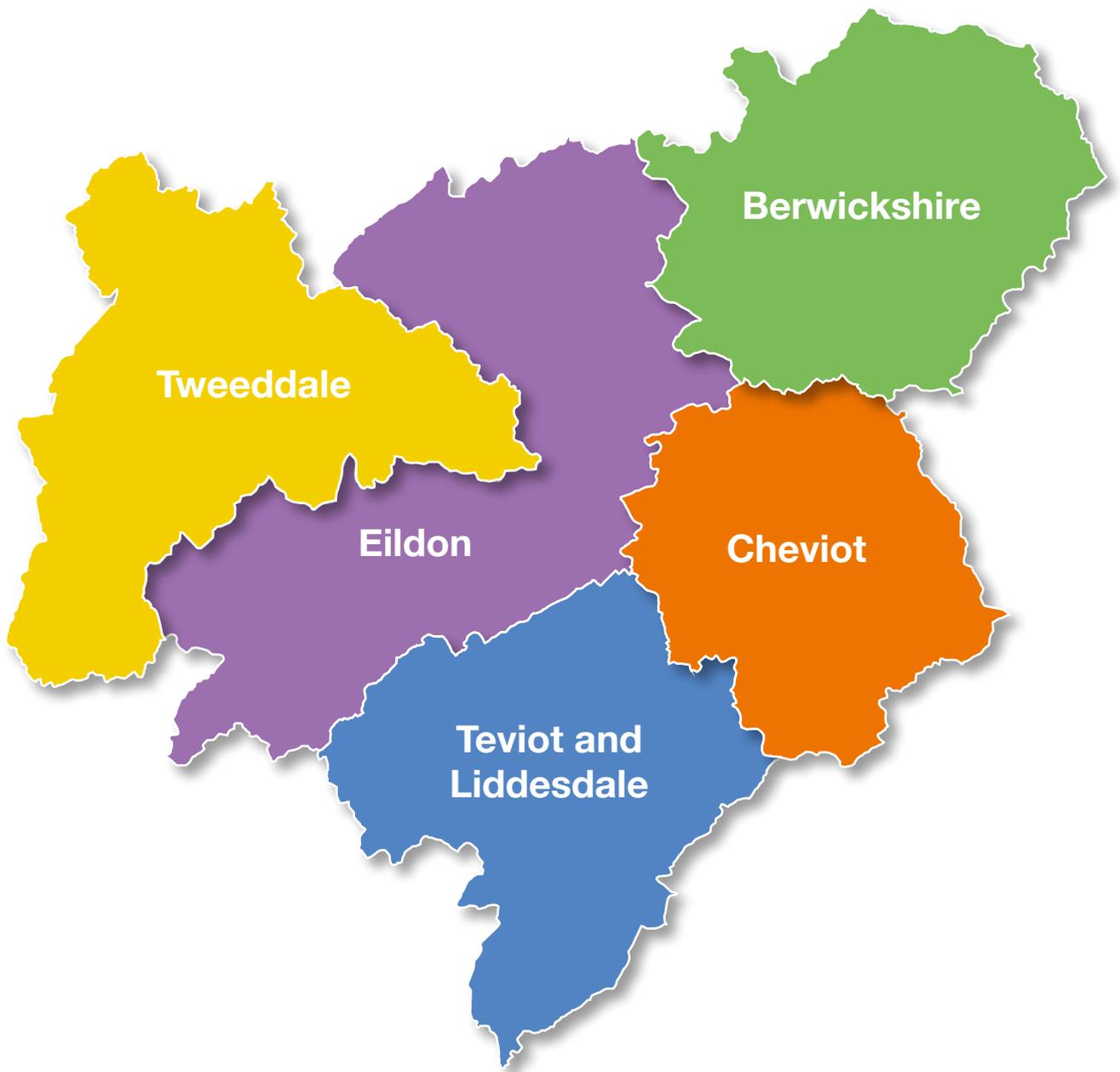
LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

8. EQUALITY IMPACT ASSESSMENT PROCESS

The learning Disability Policy and Strategy group carried out an initial **Stage 1** of an equality impact assessment in Oct 2015.

Stage 2 of the equality impact assessment was drafted and reviewed following engagement with relevant stakeholders at the end of June 2016.

The final draft of the Equality Impact Assessment was sent to the Commissioning and Implementation Delivery Group in November 2016, amended and taken to the Integrated Joint Board during final sign-off of this plan in June 2017 before being published.



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9. LOCAL DEMOGRAPHICS

STATISTICAL INFORMATION^{xvii}

In the Scottish Borders in 2013 there were 601 adults known to the Learning Disability Service including people with Autism. This equates to 6.3 adults per 1,000 population, calculated using 2013 mid-year population estimates (General Register Office for Scotland), with the average for Scotland being 5.9 per 1,000 population. At the outset of writing this document, we used data collated for the Scottish Commission for Learning Disabilities obtained by the Learning Disabilities Statistics Scotland and published in 2014. This information has not changed in any considerable way for Scottish Borders.

TABLE 1: NUMBERS AND RATES OF PEOPLE WITH LEARNING DISABILITY IN SCOTLAND, 2013 IN SOUTH EAST AND TAYSIDE (SEAT) REGION^{xvii}

LOCALITY	NO. OF ADULTS KNOWN TO LAS	ADULTS KNOWN PER 1000 ^{xvii} POPULATION
Scottish Borders	601	6.3
Fife	1,321	4.4
Clackmannanshire	269	6.4
Falkirk	918	7.1
Stirling	441	5.8
East Lothian	710	8.6
Midlothian	596	8.7
West Lothian	774	5.5
Scotland	26,236	5.9

Table 2 below identifies the age brackets of adults with Learning Disability known to Borders and the percentage of the total number of people within the defined age brackets.

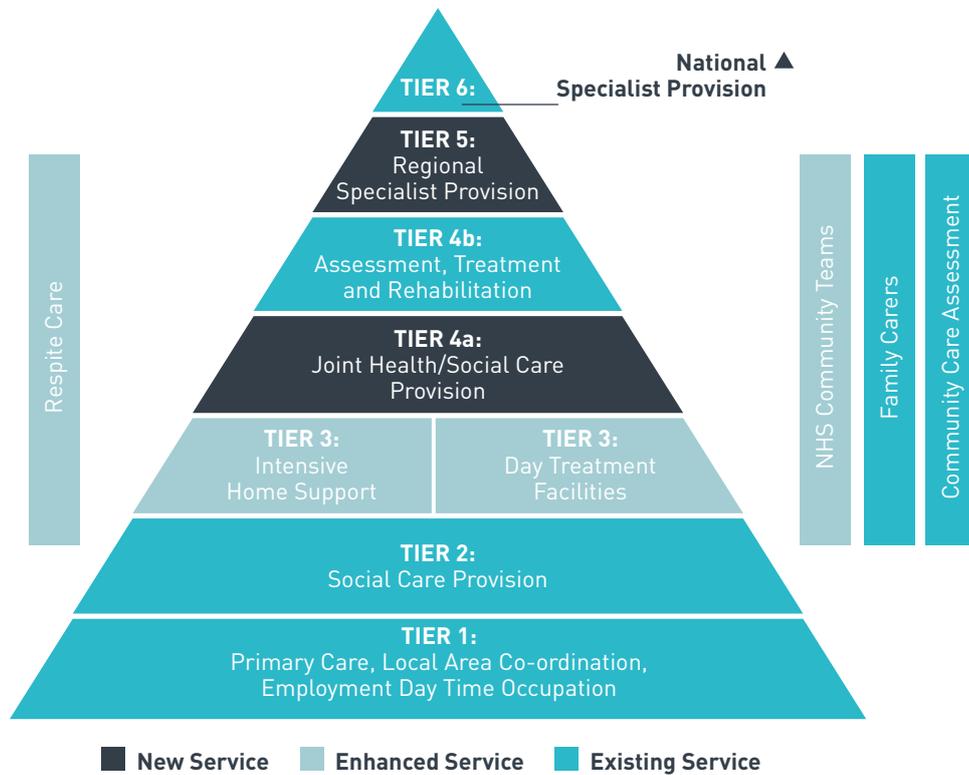
TABLE 2: MEN AND WOMEN WITH LEARNING DISABILITIES KNOWN TO LOCAL AUTHORITIES, BY LOCAL AUTHORITY AREA 2013^{xvii}

BORDERS	16-17	18-20	21-34	35-44	45-54	55-64	65 +	NOT KNOWN	TOTAL
Male	7	27	106	57	66	48	32	0	343
Female	0	22	70	45	39	39	42	0	258
%	1.2%	8.2%	29.3%	17%	17.5%	14.5%	12.3%	0	
Scotland									
Male	344	1,457	5,286	2,287	2,696	1,936	1,339	37	15,382
Female	127	685	3,255	1,748	2,090	1,532	1,389	28	10,826

In 2012, as part of a review of Learning Disability services in the Borders a needs assessment^{xviii} was commissioned and a mapping exercise took place, identifying the type of support arrangements people needed against the South East and Tayside (SEAT) Models of Care. This review also found that English studies have suggested that the numbers of people with a learning disability is most likely to be higher than those known only to the Learning Disability Service. This has implications for housing and support into the future with the Borders' prevalence rate likely to be an underestimate of the true population prevalence. Some people with a Learning Disability will not be known to the Learning Disability service because they have not been identified or diagnosed as having a Learning Disability. Undiagnosed people are more likely to be people with a mild Learning Disability because the majority of people with more severe Learning Disability's would require health and social care input and be known to services.

LEARNING DISABILITY MCN CONCEPTUAL MODEL OF CARE

TABLE 7: CONCEPTUAL MODEL OF CARE^{xix}



In the Scottish Borders, we adapted this model of support to fit our local situation.

TIER 1 is viewed as people living within their own homes completely independently or with family support. There may be support from the Learning Disability service in the form of local area co-ordination, day time opportunities or supported employment.

TIER 2 locally is split into 2a and 2b. 2a refers to people who live in supported accommodation. Tier 2b is for those living in supported accommodation but within significantly enhanced models of support – locally labelled as Intensive Support Services.

TIER 3 There are no buildings-based day treatment facilities provided in Scottish Borders and so our local model does not include this

TIER 4A We currently fund some people, in this enhanced model of support but in out-of-area only placements. We do not currently have appropriate support and accommodation arrangements available to manage this level of support locally.

TIER 4B refers to Learning Disability specific inpatient hospital accommodation and support. These are all accessed out of the Scottish Borders if required.

TIER 5 is the SEAT regional specialist provision.

TIER 6 is National Specialist Service Provision.



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10. HOW WE MANAGE CONTRACTUAL ARRANGEMENTS

CONTRACTS

There are 21 Providers that Scottish Borders Council contract with in Scottish Borders and 19 Providers out with the Borders. The services range from Residential Care Homes, Supported Living (Care at Home & Housing Support), Day Opportunities and Grant Agreements for Day Opportunities/Social Enterprises and Independent Advocacy.

The outturn report on actual contract spend for Scottish Borders Council for people with learning disabilities in 2015-16 was £13,523,664 broken into three main areas of spend (this excludes the Learning Disability Social Work staff spend):

AREA SPEND	SPEND
Residential Care	£1,591,817
Supported Living	£8,969,107
Day Opportunities	£2,962,740

The Provider under the terms of the Contract will supply the Commissioner with monitoring information on an annual basis.

The information required will vary depending on the type of service but there are standard themes required as follows:

The majority of spending is based on spot purchasing arrangements. Block contracts remain in place for a number of services. We anticipate that there will be an increase in the future of the number of service providers offering Individual Service Fund arrangements.

Where health funding is required for all out of area placements these requests must be reviewed in line with NHS Borders Extra Contractual Referral (ECR) Process.

The ECR panel decision to fund a placement is made on an individual basis. Each case is anonymised and the information received by the ECR panel is in the main submitted by the referrer. The membership of the ECR panel consists of Senior Clinicians and Managers along with representation from finance.

Regular monitoring and updates are required for placements approved through the ECR panel. The frequency of monitoring and updates on these placements will be discussed on each individual basis as part of the decision making process.

ANNUAL CONTRACT MONITORING MEETING

The Provider and the Council aims to meet annually to review the commissioned service. The Annual Report for the previous year is submitted to the Council prior to the review meeting. The Annual Report for the service will detail the following information:

QUALITY

- Details of service delivery over the past year, detailing excesses, non-delivered services
- Service capacity
- Outcomes for service users and evaluation of the outcomes
- Staff training, development/understanding of national developments
- Service management, management changes or re-design
- Service developments, any new developments within the last year or any new developments for the future
- Comments & complaints

KNOWLEDGE & EXPERIENCE

- Details of Person Centred Planning
- Details of risk management strategies
- Evidence of promoting independence, community presence for service users
- Evidence of promoting health & wellbeing
- Details of the joint working approach with Learning Disability team and other agencies
- Strategies for staff training and development

CAPACITY

- Capacity to provide commissioned service and meet individual support plans
- Strategies for staff recruitment
- Staff retention
- Staff turnover in the past year

FINANCIAL

- Audited Accounts

In addition the Care Inspectorate reports and grades are monitored.

Meetings are held with Providers every 6 months, a Link Meeting with Managers and the relevant Care Manager/Link Person for the service followed 6 months later by a Contracts Meeting with the Team Leader/Budget holder and Contracts Officer to monitor the service against the Contract including information from the previous Link Meeting.

With the introduction of Self Directed Support (SDS) we have incorporated Individual Service Funds into the Service Contracts where applicable. Over the next two years we will assess the impact of SDS on Providers and services to inform commissioning of services beyond 2017.

Current priorities have been to work with Providers to ensure they are complying with the recent changes to the Employment Legislation regarding payment of sleepovers, holiday pay calculation, National Minimum Wage increases and National Living Wage increases.

2016-19 PLAN

Future areas for improvement are:

- assess impact of SDS on providers and services to inform commissioning beyond 2017
- improve the process for incorporating individual client outcomes from reviews into the overall monitoring information
- review all the Service Specifications to include Health and Wellbeing Outcomes and any other update required
- engage with local providers in the conversation around work force issues such as lone working, staff development and turnover
- review night time support arrangements with providers
- look at ways to improve upon collaborative working with providers to gain best outcomes for individuals.





LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

11. HOUSING AND MODELS OF SUPPORT

According to the Exploration of Housing Support Needs in the Scottish Borders (2010)^{xx}, while there is a range of support available for people with learning disabilities, there is a need for more flexible housing options which meets people's long term housing and health requirements (in terms of location, access and adaptations). It is too simplistic to assume that those with "high" housing and/or support needs equates to the need for specialist accommodation. There will be a significant variation in the level and profile of learning disability-related needs across the Borders, including in terms of particular housing needs.

Those with medium/low needs are likely to live in mainstream housing with varying levels of support. Statistics in Table 3 show that 40.6% of people with Learning Disability in 2013 in the Borders lived in mainstream accommodation.

TABLE 3: ACCOMMODATION AND LIVING ARRANGEMENTS FOR PEOPLE WITH LEARNING DISABILITY IN BORDERS 2013

ACCOMMODATION AND LIVING ARRANGEMENTS	NO.	%
Person lives with family carer	208	34.6%
Person does not live with family carer	334	55.6%
Not Known	59	
Accommodation type	No.	%
Mainstream accommodation with support	25	4.2%
Mainstream accommodation with no support	36	6.0%
Mainstream accommodation: support status not recorded	183	30.4%
Supported accommodations	236	39.3%
Registered adult care home	59	9.8%
Other	5	0.8%
Not Known	58	9.7%

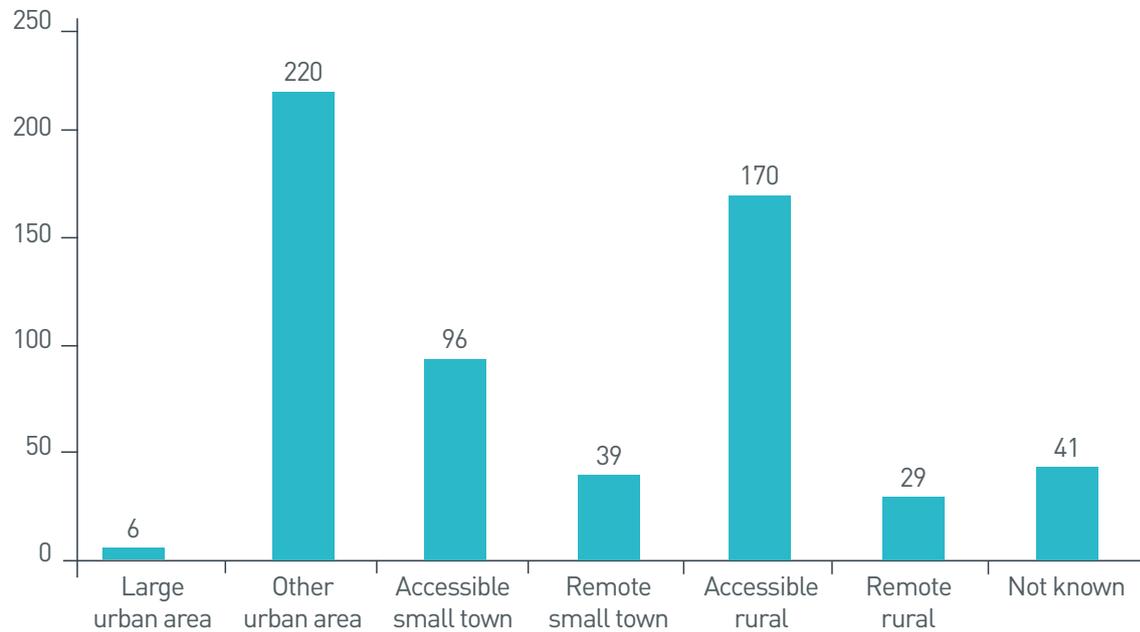
Those with high needs will include some requirement for specialist accommodation, but a proportion of people are likely to prefer independent living in mainstream accommodation. There is also an increasing expectation that more people with learning disabilities can live independently. This trend is supported by changes in family attitudes and services focusing on enablement work and continues from “The Same as You” 2000 implementation plans and ‘The keys to life’ 2013.

There is a range of evidence to suggest the number of people with learning disabilities may be increasing at a national level, because of a range of factors (including changes in the size and composition of the population, changes in the incidence of learning disabilities and changes in life expectancy among those with learning disabilities). There is likely to be changes in the profile, for example, a Lancaster University study makes specific reference to increasing numbers of older people with learning disabilities due to people with learning disabilities living longer. The study also mentions decreasing mortality for young people with learning disabilities (and complex needs) although people with learning disabilities still die on average 20 years before those in the general population (NHS Scotland, Health Needs Assessment 2004). As a way of addressing some of the above, the new 10 year strategy for people with Learning Disability in Scotland “The keys to life – improving quality of life for people with learning disabilities” 2013 was written. Within the 9 key themes are 52 recommendations which seek to address some of the issues faced by people with Learning Disability and their carers both at local and national levels. The Scottish Borders has devised an action plan to address these, which was collated by the Learning Disability service Policy and Strategy Group.

Many of the causes of learning disabilities may lead to physical and mental ill health. An individuals’ profile of needs can vary significantly, and people with complex needs may have a combination of learning disability, physical disability and mental health needs. Some people may require specific specialised accommodation, or have very high support needs.

The Scottish Commission for Learning Disabilities publishes the Learning Disability Statistics Scotland dataset, previously known as eSAY. The Statistics Release 2013 provides information on the lives adults with learning disabilities lead and how these are changing over time. The release includes information on employment, further education, how people spend their days, housing, and who people live with. For the first time, the 2013 data was analysed against the Scottish Index of Multiple Deprivation (SIMD), which ranks small geographical areas of Scotland based on a number of measures of deprivation. The graph below shows the percentage of adults with Learning Disability known to Scottish Borders Council according to deprivation quintile.

URBAN/RURAL AREA CLASSIFICATION OF ADULTS WITH LD KNOWN TO SBC IN 2013



Data from the collection of postcodes for analysis of the urban/rural classification of areas in which adults with Learning Disability in Scotland live – Borders statistics.

The MCN model of care demonstrates that people's support needs are varied and their housing requirements are different.

Within the Scottish Borders, there is a need to provide a range of housing and support options for people with learning disabilities. These include specialist learning disability care home placements, supported living support options and enhanced supported living arrangements all within a variety of styles of accommodation.

TIER 4B SERVICES

NHS Borders closed the learning disability in-patient unit in 2006. Following closure of the unit if a patient with a learning disability requires an admission to hospital for assessment and treatment because of their learning disability the following options are considered in order of preference:

1. Huntlyburn – only suitable for people with a mild learning disability
2. Learning Disability Managed Care Network(MCN) (Lothian, Forth Valley or Fife)
3. NHS Scotland
4. Private hospital in Scotland or England

Since 2006, the service has rarely been able to secure a bed in the MCN or NHS Scotland and in the majority of cases has had no option but to admit people to private hospitals.

An option appraisal took place in 2014 to consider the options for the future for in-patient beds when needed. The preferred option was to consider purchasing beds from NHS Lothian in their redesigned service. Currently a business case is being drafted to reflect this and will be presented to NHS Borders Board and the Integrated Joint Board in 2016.

TIER 4A SERVICES

These services are usually funded jointly. There are no Tier 4a facilities within the Borders therefore clients who require this level of service are placed out of area. We are currently exploring what a local facility might look like. There have been some preliminary discussions with NHS Lothian and other local authorities. We need to consider all potential options including the feasibility of local options.

Health professionals on a regular basis review individuals in Tier 4a upwards. Individuals in Tier 2a and Tier 2b are picked up as part of the social work review process and capacity within the social work team means they may not have been reviewed on a regular basis however, systems are being implemented to attempt to address this.

Returning people to the Borders where appropriate is a high priority for the service however, for people out of area in Tiers 2a and 2b where Borders is no longer considered to be their home it may not be in their interests to return. For some of the individuals in Tier 4a there are no services in the Borders to meet their needs.

Individuals requiring health funded services are currently reviewed through NHS Borders Extra Contractual Referral process which is referred to in section 10.

IN AREA JOINT FUNDED

These placements are often joint funded 50:50 between NHS Borders and Scottish Borders Council and funding requirements are reviewed on an individual basis.

The individuals all live in their own home with support from a variety of social care providers. Cost of placements range from £50,000/year up to £170,000/year.

NHS FUNDED LEARNING DISABILITY PLACEMENTS – JUNE 2015

At June 2015, NHS Borders funded 35 places for people with a learning disability. This is detailed in Table 4.

TABLE 4: NHS BORDERS FUNDED PLACES FOR PEOPLE WITH A LEARNING DISABILITY

	IN AREA		OUT OF AREA	
	NHS Funded	Joint Funded	NHS Funded	Joint Funded
Tier 2a		9	9	
Tier 2b		6		3
Tier 4a				5
Tier 4b			2	
Tier 5			1	

TABLE 5: SCOTTISH BORDERS COUNCIL LEARNING DISABILITY FUNDED PLACES (OUT OF AREA)

	SCOTTISH BORDERS COUNCIL FULLY FUNDED PLACES OUT OF AREA	SCOTTISH BORDERS COUNCIL PART FUNDED PLACES OUT OF AREA (EXCLUDES THOSE JOINTLY FUNDED WITH NHS BORDERS)
Tier 2a	0	2
Tier 2b	6	0
Care Home place	3	0

MOVING ON FROM CARE HOME TO SUPPORTED TENANCIES WHERE APPROPRIATE

In 2014/15, the Learning Disability Service in partnership with housing and support providers successfully supported 23 people living within 3 local learning disability specific care homes to move on into supported living models of support within registered social landlord properties in their local areas. The care homes closed following these re-provision processes. This has been a shift in the balance of support provision, as part of the strategic direction for supporting people, in line with the **'Same as you'** and **'The keys to life'**

Two of the new properties had high levels of physical adaptations fitted to meet physical care needs. This strategic shift from care home support to supported living enables people with learning disabilities to obtain tenancies and maximise their incomes whilst having a greater community presence within bespoke packages of support. Non-competitive actions were undertaken to provide continuity of support for these people during these times of significant transition.

The rural nature of the Borders can place considerable pressure on visiting housing support services due to travelling time, and there is a requirement to supply core and cluster housing that provides a good housing option for some clients, combined with a more efficient model of supported housing. The Council and NHS Borders continues to house a small number of people out of area where highly specialised housing and support services do not exist locally to meet the needs of some individuals.

We currently commission services for a small number of people with more intensive support needs who cannot be supported in mainstream supported living models of support.

PEOPLE WHO MAY OR HAVE OFFENDED

There will continue to be a need to provide specialist housing and support for people with learning disabilities who have offended, or may offend. There are constantly changing demands linked to the criminal justice system. There is a need for access to appropriate, affordable housing to allow maintenance of a safe and secure home life, balancing risk management and protection of the individual and the wider community. There needs to be flexibility to manage changing needs and risks within the philosophy of least restrictive approaches.

LIVING WITH FAMILY CARERS

Over a third (34.8%) of adults with learning disabilities in Scotland known to local authorities were reported as living with a family carer in 2013. The local statistics show this to be the case for 34.6% of the known Learning Disability population of adults living in the Scottish Borders.

55.3% of adults with learning disabilities in Scotland known to local authorities were the only person with learning disabilities in their accommodation compared to 70.7% in the Scottish Borders. 21.8% of adults with learning disabilities in Scotland known to local authorities live with at least one other person with learning disabilities. In the Borders this equates to 27.3% of people.

TABLE 4: ADULTS WITH LEARNING DISABILITY LIVING IN THE SAME ACCOMMODATION

BORDERS	ADULTS WITH LEARNING DISABILITY LIVING IN THE SAME ACCOMMODATION				
	Only person	1-3	4+	Not known	All Adults
	425	87	77	12	601
	70.7%	14.5%	12.8%	2.0%	

SUMMARY

The needs of people with learning disabilities in the Borders are varied and complex. There is a requirement to be flexible in approach to accommodation types and to recognise the importance of independence in living and the implications for adaptations and assistive technology to support this. Changes to welfare benefits may have some implications for people with learning disabilities and their families living in properties where either a person received sleepover support in the past and no longer requires this or additional space is required due to essential equipment required. It is important to include people with Learning Disability and their families in decision around housing as noted in Recommendation 29 of 'The keys to life'.

2016-19 PLAN

- consider models of care for development at Tier 4a
- build on the business case to consider the purchase of beds at Tier 4b from NHS Lothian
- progress plans to repatriate any people identified as appropriate to return to Borders
- improve upon current performance of numbers of reviews for all placements
- increase the uptake of Carers Assessments
- ensure carers are signposted for support and are aware of their rights
- in line with the Carers Act ensure carers are supported to make emergency plans
- recognise carers as "Partners in Care"
- evaluate the Intensive Support Service
- develop the local Behaviours that Challenge pathway to ensure that learning disability staff and support provider staff are equipped to support people appropriately in place.





LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

12. PATHWAYS

There are a number of established local pathways to support people with learning disabilities in the Scottish Borders. Some of the pathways have overt commissioning responsibilities within them. Further information about how we will look at two of these pathways is noted below and in [section 13](#).

PEOPLE WITH DEMENTIA

Within the Scottish Borders, there is an overarching Dementia Pathway with two sections specifically written to meet the needs of people with a learning disability.

The diagnostic pathway ([Appendix 2](#)) has two routes of access and is scrutinised through performance reporting by the Learning Disability Service into NHS Borders.

The 2nd pathway ([Appendix 3](#)) is a post diagnostic support pathway and is based on [Alzheimer Scotland's pillars of support model](#).^{xxvii}

A mapping exercise was undertaken within the Learning Disability service to identify people with a learning disability on the Learning Disability Dementia Pathway which includes people diagnosed with a dementia, or on the proactive pathway for screening and projected the potential future changes needed in their housing and/or support arrangements as part of the future demand on services.

Within the Learning Disability service there is a multi agency Dementia Group who monitors compliance with the pathways.

2016-19 PLAN

- ensure compliance with the dementia diagnostic pathway and monitor through Performance Scorecard
- finalise the Learning Disability Post Diagnostic Pathway and ensure that all people with Learning Disability newly diagnosed in Scottish Borders receive one year's post diagnostic support in line with the HEAT target (health improvement, efficiency, access and treatment)
- look at housing and support options for people with dementia and those who are frail.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

13. YOUNG PEOPLE MOVING INTO ADULT SERVICES – TRANSITIONS

In the Scottish Borders currently there are 93 young people with a learning disability actively tracked through the Transitions Tracking Group, a multi agency group looking at the needs of young people with learning disabilities who may require adult services support. Their ages range from 13-19 years.

The needs of these young people are very varied, from minimal or very low level to extremely complex needs arising from a mix of behaviours that challenge and /or profound learning disability and associated health and social care needs.

Currently we anticipate that we will find it very challenging to provide appropriate support within the Scottish Borders for a number of these young people.

We recognise that the pathway of transition into adulthood is often unclear with families finding the transition to adult services scary and difficult to navigate.

An interagency transitions steering group meets monthly to look at making improvements in the Transitions pathway and a successful bid to the Integrated Care Fund in 2015 enabled us to recruit to a Transitions Development Worker post in 2016 for 1 year to look at specific areas for development. Association for Real Change (ARC) Scotland have become partners in this work with us and will support the developments over a 3 year period.

We aim to promote and improve upon delivery of work within transitions for young people and their families in line with the 7 Principles of Good Transition 2^{xxi} as outlined by the Scottish Transitions Forum 2014 below:

1. All plans and assessments should be made in a person-centred way
2. Support should be co-ordinated across all services
3. Planning should start early and continue up to age 25
4. Young people should get the support they need
5. Young people, parents and carers must have access to the information they need
6. Families and carers need support
7. Legislation and policy should be co-ordinated and simplified

2016-19 PLAN

- recruit to 1 year Transitions Development Worker Post in 2016
- progress transitions pathway development 2016-17
- continue to monitor progress of young people in transition through Transitions Tracking Group and Complex Care Group
- make recommendations for improvements, implement these and then review in 2018
- look at housing and support options for young people in transition
- involve carers as “Partners in Care” and ensure that the needs of carers are taken into account during planning
- contribute to the development of **Principles of Good Transitions 3^{xxviii}** in 2016/17



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

14. LOCAL AREA CO-ORDINATION

Local Area Co-ordination (LAC) is an asset-based approach that aims to build inclusion by working with individuals and families to connect to their local communities, and working with communities to develop their capacity for inclusion.

The LAC team work on the fundamental principle that everyone has the right to have a full, valued and meaningful life as members of their local community and to have equal access to opportunities offered in the local community.

The team covers the whole of the Scottish Borders area and each LAC is rooted in the local community in which they operate.

In 2014, 287 people used the LAC service = 47.4% of people known to the Learning Disability Service.

Our focus is on personal outcomes and aspects that contribute to a good quality of life such as:

- having friendships/relationships
- developing skills and abilities
- building confidence and develop strengths
- having a sense of belonging
- having meaningful opportunities & roles
- increased independence
- challenging social exclusion and discrimination
- promoting good health & well-being
- supporting people to develop their individual capacity
- Social capital
- reduce social isolation.

Taking a community development approach, the LAC model has a fundamental focus on community as sources of mutual support, creative solutions and inclusive spaces, as well as offering opportunities for individuals to make a contribution and so bring about positive change.

The focus is on supporting individuals to access mainstream, universal opportunities and resources with the aim of reducing inequalities and building stronger local communities that are able to include everyone.

The LAC team also have a key role in developing the availability of opportunities in local communities and work in partnership with a wide range of organisations, agencies and community groups to develop these.

Most recently, with support from clients, we have established local **Boccia**^{xxii} groups across the Borders. Boccia is a Paralympic sport closely related to bowls but played by competitors with a physical or learning disability from a sitting position.

A co-productive approach is fundamental to the work of the LAC team; the commitment and enthusiasm of people with a learning disability in terms of sharing their experiences, delivering training, running Boccia courses etc. are all crucial in enabling the LAC team to continue to broaden its work and expand the opportunities available to people in local communities.

We can also signpost individuals and families to a range of local opportunities and services.

There is a focus on prevention and early intervention. Input from the LAC team can delay or prevent the need for more intensive levels of support.

LAC contributes to a wide range of LD service work streams.

2016-19 PLAN

- increase Independent travel training
- work with colleagues across the learning disability service to look to develop a weight management 'clinic'
- increasing role in supporting Local Citizen Panel (LCP) members to take ownership of their own panel
- continue to embed '**A Healthier Me**'^{xxiii} pathway across the work of the LAC service
- continue to support the development of Boccia groups across the Borders
- support Health Champions to engage with peer support agenda
- consider the health and well-being of carers
- increase awareness of carer information pack and Carers Assessment.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

15. EMPLOYMENT AND VOLUNTEERING

People with learning disabilities in the Scottish Borders continue to struggle to find employment and volunteering opportunities. A consultation in February 2015 sought to understand what some of the barriers to work and volunteering faced by people with learning disabilities living locally are. Some of the issues faced are addressed through, for example, access to appropriate skills based courses with Borders College, engagement with local area coordinators throughout 5 localities in the Borders, better links with Volunteer Borders, development of Social Enterprises, use of Employment Support Service.

The recommendations from the consultation are outlined below:

1. Local Area Co-ordination Service should continue to offer support to people with learning disabilities to find volunteering opportunities within their local area.
2. Support for people in paid employment needs to be tailored to each individual and not time limited. Having someone on the end of a phone is very reassuring. This should be in place for as long as the person needs it.
3. There should be more employment opportunities for people who only want to work a few hours every week (less than 8) to build skills and confidence as current eligibility for Employment Support Criteria is too high for some people.
4. Transport issues must always be addressed at the earliest opportunity and improvements made to public transport services.
5. Training for work schemes should continue to be available but linked to opportunities for real jobs at the end.
6. Accessible information about welfare benefits needs to be available to people with learning disabilities to support them to make informed choices about work and volunteering and the impacts on their benefits.
7. NHS Borders, SBC, Borders College should continue to explore the possibility of making Project Search available as an opportunity for people with LD to gain work skills through this internship program.

2016-19 PLAN

- establish a working group to take forward the recommendations in the local Work and Volunteering Report (2015)
- review the progress of social enterprises locally
- establish better links with Volunteering opportunities for people to develop skills which may make them more 'work ready'
- pilot Project Search, starting September 2016
- involve carers in the planning and design of services.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

16. SHORT BREAKS

Following the review of short breaks and respite for people with learning disabilities in 2012 a report was taken to the Social Work and Housing Committee at Scottish Borders Council in March 2013. The Committee recommended some further consultation to try to elicit more information.

As a result of this an easy read version of the report was developed and some additional questions in accessible formats created. This consultation confirmed areas for development and noted what people said was important, including the need to have a range of short breaks available to them locally.

There is a small range of short breaks options available to people with learning disabilities and their family carers.

These include:

- ARK short breaks
- Garden Villa Care Home
- Day time opportunities
- Out of area placements in specialist centres
- People using direct payments to choose own accommodation and take own support

It is important that the needs of carers are recognised and that that they have access to short breaks and respite. Respite needs to be regular and planned for many carers. There are a range of funding sources available if carers do not meet Scottish Borders Council eligibility criteria and these can be sourced via a Carers Assessment. It is important when supporting emergency planning that plans for crisis respite is included.

2016-19 PLAN

Future areas for improvement are:

- review recommendations of 2012/13 review of short Breaks
- explore other options for short breaks locally
- provide signposting of short breaks in neighbouring authorities and boards
- explore availability of respite for carers
- review Flexible short breaks service in 2017-18 and complete by Autumn 2018.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

17. DAYTIME OPPORTUNITIES

When we refer to daytime opportunities we mean weekdays, weekends and evenings.

We understand that people with a learning disability, and family carers on their behalf, want to be able to access a range of meaningful opportunities.

We commission a range of daytime opportunities:

- Social enterprises
- Borders College
- Support with employment and volunteering.
- Our LAC service supports people to engage in a range of activities and opportunities within local communities and to work with partners to develop opportunities in local communities across the Borders.
- We also have day services provided by SB Cares in Hawick, Duns, Kelso, Jedburgh and Peebles. Cornerstone provides day services in Galashiels.
- We use the Royal Voluntary Service Social Centre in Galashiels for some older adults with a learning disability.
- We can also signpost individuals and families to a range of local opportunities and services. These include Interest Link Borders, a befriending service part-funded by the Learning Disability Service which works with around 150 adults with learning disabilities each year.

All of these opportunities provide scope for people to keep contact with their friends and build relationships.

The Day Opportunities Review, undertaken between 2011-2014, drove forward a focus on supporting individuals to access opportunities within their own local communities. The review also re-focussed day service provision for individuals with high-level needs as well as providing carer support and respite.

We will review how day service providers continue to support individuals to develop their skills and confidence and enable people to access a range of community based opportunities. Where appropriate we will support people to move on from day services.

We want to continue to ensure a balance between buildings-based day services and a range of community-based alternatives.

2016-19 PLAN

- we will undertake an evaluation of social enterprises
- we will continue to monitor and review, through link and contract meetings, all commissioned day services
- we will look at the impact of SDS in relation to choices made around day time opportunities
- we will continue to liaise closely with Borders College
- evaluate the impacts of the day opportunities review
- understand and measure the impact of day service provision.



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

18. ADVOCACY SERVICES

The Learning Disability Service is committed to ensuring that advocacy services are made available to people with learning disability at point of need. Advocacy can take many forms as demonstrated in the table below.

Locally the Learning Disability Services commissions service from Borders Independent Advocacy Service to provide Independent Advocacy to adults.

“Independent advocacy is about speaking up for an individual or group. Independent advocacy is a way to help people have a stronger voice and to have as much control as possible over their own lives. Independent Advocacy organisations are separate from organisations that provide other types of services.”^{xxvi}

PEOPLE RECORDED AS USING AN ADVOCACY SERVICE IN 2014

TYPE OF ADVOCACY	NUMBER OF PEOPLE
Professional advocate	96
Self advocacy	5
Group/collective advocacy	29
Total	21% of adult LD population



LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

19. PLANS MAPPED AGAINST NATIONAL AND LOCAL STRATEGIC OUTCOMES

The National Health and Wellbeing outcomes are high-level statements of what health and social care partners are seeking to achieve through integration and the improvements in the health and social care sector.

The Scottish Borders Local Strategic objectives are a summary of what the Scottish Borders Integrated Partnership is seeking to achieve through Strategic Planning processes, working in partnership with local communities.

We have mapped this Learning Disability Strategic Commissioning Plan against these to show where the plans fit with these national and local outcomes and the expected impact of achieving these.

This is found in [Appendix 4](#).





LEARNING DISABILITY SERVICE STRATEGIC COMMISSIONING PLAN 2016-19

20. SUMMARY

Our shared vision is that adults with learning disabilities will have opportunities to live as independently as possible as valued members in their local communities.

We recognise that in order for this to be realised, we have responsibilities to commission packages of support for some people. This Strategic Commissioning Plan has outlined the journey the Scottish Borders Learning Disability Service has travelled over the past 10 years in the context of a changing health and social care landscape.

The themes highlighted in this document were identified as important by people with learning disabilities and their carers as well as Provider organisations and other key stakeholders. Areas for development are reflected in the 2016-19 plans. These high-level plans have been mapped against the National Health and Wellbeing Outcomes and the Local Strategic Plan to ensure that they fit the overall direction that our local Health and Social Care Partnership is travelling.

It will be the responsibility of the Learning Disability Service Policy and Strategy Group to capture progress on these plans and report to the Learning Disability Partnership Board 6-monthly. This group will also look at ways of demonstrating the impact of these plans and will seek feedback from people with learning disabilities and their carers.

Susan E. Henderson

Planning and Development Officer
Scottish Borders Learning Disability Service

APPENDICES

Appendix 1: Policy Drivers

Appendix 2: Dementia Diagnostic Pathway (Learning Disability)

Appendix 3: Post Diagnostic Pathway Dementia (Learning Disability)

Appendix 4: Plans mapped against National and Local Outcomes

APPENDIX 1

POLICY DRIVERS

Legislation and Policy relevant to the delivery of services for people with learning disabilities in Scotland over the last decade. This list is based on an original list compiled by Mary O'Toole, Scotland Excel and is not exhaustive.

THE HUMAN RIGHTS ACT 1998

The Human Rights Act 1998 sets out the fundamental rights and freedoms that everyone in the UK is entitled to including the right to life, freedom from torture or degrading treatment, liberty and security, slavery and forced labour, respect for private and family life, home and correspondence; freedom of thought, belief, religion and expression; the right to marry and start a family, to be protected from discrimination and peaceful enjoyment of property; right to education and to participate in free elections.

SCOTTISH EXECUTIVE (2000) THE SAME AS YOU? A REVIEW OF SERVICES FOR PEOPLE WITH LEARNING DISABILITIES

The review provided the framework for the development of supports and services for people with learning disabilities in Scotland. The review had 29 recommendations and acted as a blueprint for services over the subsequent 10 years.

SCOTTISH EXECUTIVE (2002) PROMOTING HEALTH, SUPPORTING INCLUSION - THE NATIONAL REVIEW OF THE CONTRIBUTION OF ALL NURSES AND MIDWIVES TO THE CARE AND SUPPORT OF PEOPLE WITH LEARNING DISABILITIES

A national nursing review of the contributions required from all nurses and midwives to meet the health needs of children and adults with learning disabilities, to improve health and support inclusion.

SCOTTISH EXECUTIVE (2003) WORKING FOR A CHANGE? THE SAME AS YOU? NATIONAL IMPLEMENTATION GROUP REPORT OF THE SHORT-LIFE WORKING GROUP ON EMPLOYMENT

In June 2001 the Scottish Executive set up the National Implementation Group to oversee the implementation of the 29 recommendations in 'The same as you?' The group decided on three priority areas which it considered would have a significant impact on quality of life for people with learning disabilities. This is the final report of the short-life working group on employment for people with learning disabilities.

NHS HEALTH SCOTLAND (2004) HEALTH NEEDS ASSESSMENT REPORT. PEOPLE WITH LEARNING DISABILITIES IN SCOTLAND

The Health Needs Assessment was undertaken in response to the first recommendation of Promoting Health, Supporting Inclusion: The National Review of the Contribution of All Nurses and Midwives to the Care and Support of People with Learning Disabilities. The recommendations within the Health Needs Assessment Report are aimed at reducing health inequalities, to promote social inclusion and are

SCOTTISH EXECUTIVE (2006) CHANGING LIVES: REPORT OF THE 21ST CENTURY SOCIAL WORK REVIEW

Report of the recommendations made by the 21st Century Social Work Review Group for the future of social services in Scotland. Services need to be open to 'developing the aspirations of people with learning disabilities, and must protect those who may be vulnerable from bullying and challenging behaviour'.

NHS QUALITY IMPROVEMENT SCOTLAND (2006) LEARNING DISABILITY SERVICES - A NATIONAL OVERVIEW

The report looks at the progress towards the implementation of the Quality Indicators, which were published in February 2004. These reports have information on NHS services and on the progress that has been made towards the closure of learning disability long-stay hospitals.

CONVENTION ON THE RIGHTS OF PERSONS WITH DISABILITIES 2007

UK government sign the agreement ensuring that the rights of disabled people are respected and upheld and they will not be treated differently or unfairly because of their disability.

SCOTTISH EXECUTIVE (2007) BETTER HEALTH, BETTER CARE

This Action Plan places emphasis on prevention and health inequalities, particularly health inequalities experienced by people with learning disabilities.

ADULT SUPPORT AND PROTECTION (SCOTLAND) ACT 2007

Legislation to better protect adults at risk of harm.

OPSI (2007) PROTECTION OF VULNERABLE GROUPS (SCOTLAND) ACT 2007 ASP 14

The act bars certain individuals from working with children or certain adults; requires the keeping of a list of those individuals and to establish a scheme under which information about individuals working or seeking to work with children or certain adults is collated and disclosed. Equality Act 2010 – [\(add hyperlink\)](#)

The act sets out the different ways in which it is unlawful to treat someone, including direct or indirect discrimination, harassment, and victimisation and failing to make a reasonable adjustment for a disabled person. It prohibits unfair treatment in the workplace when providing goods, facilities or services when exercising public function.

EQUALITY ACT 2010

Equality Act 2010 legally protects people from discrimination in the workplace and wider society, replacing previous legislation.

CARING TOGETHER – THE CARERS STRATEGY FOR SCOTLAND 2010-2015

Sets out 10 key actions to improve support for carers.

PATIENTS RIGHTS (SCOTLAND) ACT 2011

The Act gives all patients the following rights:

that the health care people receive should consider their needs, consider what would be of optimum benefit to them, encourage them to take part in decisions about their health and wellbeing, and provide information and support for them to do so.

to give feedback (both positive and negative) or comments, or raise concerns or complaints about the health care they have received.

access for patients and members of the public to an independent Patient Advice and Support Service (PASS) which will provide information and help raise awareness and understanding their rights and responsibilities when using health services.

PUBLIC SERVICES (CHRISTIE) COMMISSION (2011)

The Christie report states that “public service providers must be required to work much more closely in partnership, to integrate service provision and thus improve the outcomes they achieve” with specific recommendations including a new set of statutory powers and duties, common to all public service bodies, focussed on improving outcomes. These new duties should include a presumption in favour of preventative action and tackling inequalities.

Making provision in the new Community Empowerment and Renewal Bill to embed community participation in the design and delivery of services.

Forging a new agreement between the Scottish Government and local government to develop joined-up services, backed by funding arrangements requiring integrated provision.

Applying commissioning and procurement standards consistently and transparently to achieve competitive neutrality between suppliers of public services

HOUSING (SCOTLAND) ACT 2006, ADVISORY GUIDANCE FOR LOCAL AUTHORITIES, PRIVATE RENTED HOUSING (SCOTLAND) ACT 2011

The Act sets out the role for the Housing section including the provision of information and advice on housing options, facilitating or directly providing fit for purpose housing that gives people choice and a suitable home environment, providing low level preventative services, building capacity in local communities and through strategic housing planning contributing to shaping the market.

THE KEYS TO LIFE: IMPROVING QUALITY OF LIFE FOR PEOPLE WITH LEARNING DISABILITIES 2013

A strategy for the next 10 years to drive an attitudinal and cultural shift in supporting people to live healthier and happier lives with an emphasis on health practice and outcomes and partnership working between statutory organisations, the private and third sector and people with learning disabilities and their carers. There are specific sections on commissioning, health, independent living, shifting the culture and keeping safe, breaking stereotypes, people with profound and multiple learning disabilities, criminal justice, and complex care.

COMMUNITY PLANNING AND SINGLE OUTCOME AGREEMENTS (SOA) (2012)

A requirement for each Community Planning Partnership (CPP) to enter into a Single Outcome Agreement (SOA) with setting out the local outcomes that the CPP aims to deliver. There is flexibility to choose local outcomes according to local needs and priorities, but these need to be aligned to the National Outcomes set out in the National Performance Framework. While Local Government has the facilitation role in Community Planning, all partners have an important part to play and, as a minimum, statutory partners and other public bodies in the CPP must sign the SOA.

SOCIAL CARE (SELF-DIRECTED SUPPORT) (SCOTLAND) ACT 2013

The Act promotes an approach, and sets duties, in order to provide individuals with greater choice and control over their social care and health support.. The new duties include ensuring that the principles of involvement, informed choice, and collaboration are taken into account as part of assessment and support planning, and that people are offered the four options to manage their support and funding

These options are:

- To have a direct payment i.e. the person chooses to receive a budget and manage their own support, or
- To oversee the support but not hold the money e.g. choose a provider to provide support and hold the money. This is called an individual service fund, or.
- To let the local authority select and make arrangements for support, or
- A mix of the above options.

THE PUBLIC BODIES (JOINT WORKING)(SCOTLAND)ACT (2014)

The new legislation focuses on making services better for patients especially those with long term conditions and disabilities by providing joined up seamless health and care social provision closer to home.

Nationally agreed outcomes, which will apply across health and social care, and for which NHS Boards and Local Authorities will be held jointly accountable

A requirement on NHS Boards and Local Authorities to integrate health and social care budgets

A requirement on Partnerships to strengthen the role of clinicians and care professionals, along with the third and independent sectors, in the planning and delivery of services

Partnerships will be jointly accountable to Ministers, Local Authorities, NHS Board Chairs and the public for delivering the nationally agreed outcomes.

NATIONAL HEALTH AND WELLBEING OUTCOMES 2014

Health and social care services should focus on the needs of the individual to promote their health and wellbeing, and in particular, to enable people to live healthier lives in their community.

Key to this is that people's experience of health and social care services and their impact is positive; that they are able to shape the care and support that they receive; and that people using services, whether health or social care, can expect a quality service regardless of where they live.

SCOTTISH BORDERS CARERS STRATEGY 2011-2015

The Borders Carers Strategy is currently under review and a new interim Strategy will be produced prior to the implementation of the Carers Act in 2018. The key aim of the Strategy is to recognise carers as Equal Partners in care and to ensure that carers are aware of their rights and have access to support information and advice.

COMMUNITY EMPOWERMENT (SCOTLAND) ACT 2015

To empower community bodies through the ownership of land and buildings and by strengthening their voices in decisions that matter to them.

CARERS (SCOTLAND) ACT 2016

The package of provisions in the Act is designed to support carers' health and wellbeing. These include, amongst other things:

a duty on local authorities to provide support to carers, based on the carer's identified needs which meet the local eligibility criteria. National matters which local authorities must have regard to when setting their local eligibility criteria will be set out in regulations;

a specific Adult Carer Support Plan and Young Carer Statement to identify carers' needs and personal outcomes; and

a requirement for each local authority to have its own information and advice service for carers which must provide information and advice on, amongst other things, emergency and future care planning, advocacy, income maximisation and carers' rights.

The Act contributes to the Scottish Government's vision of a healthier and fairer Scotland, and sits within the wider policy landscape including: integration of Health and Social Care; GP contract; National Clinical Strategy; new social security powers; and Fair Work agenda.

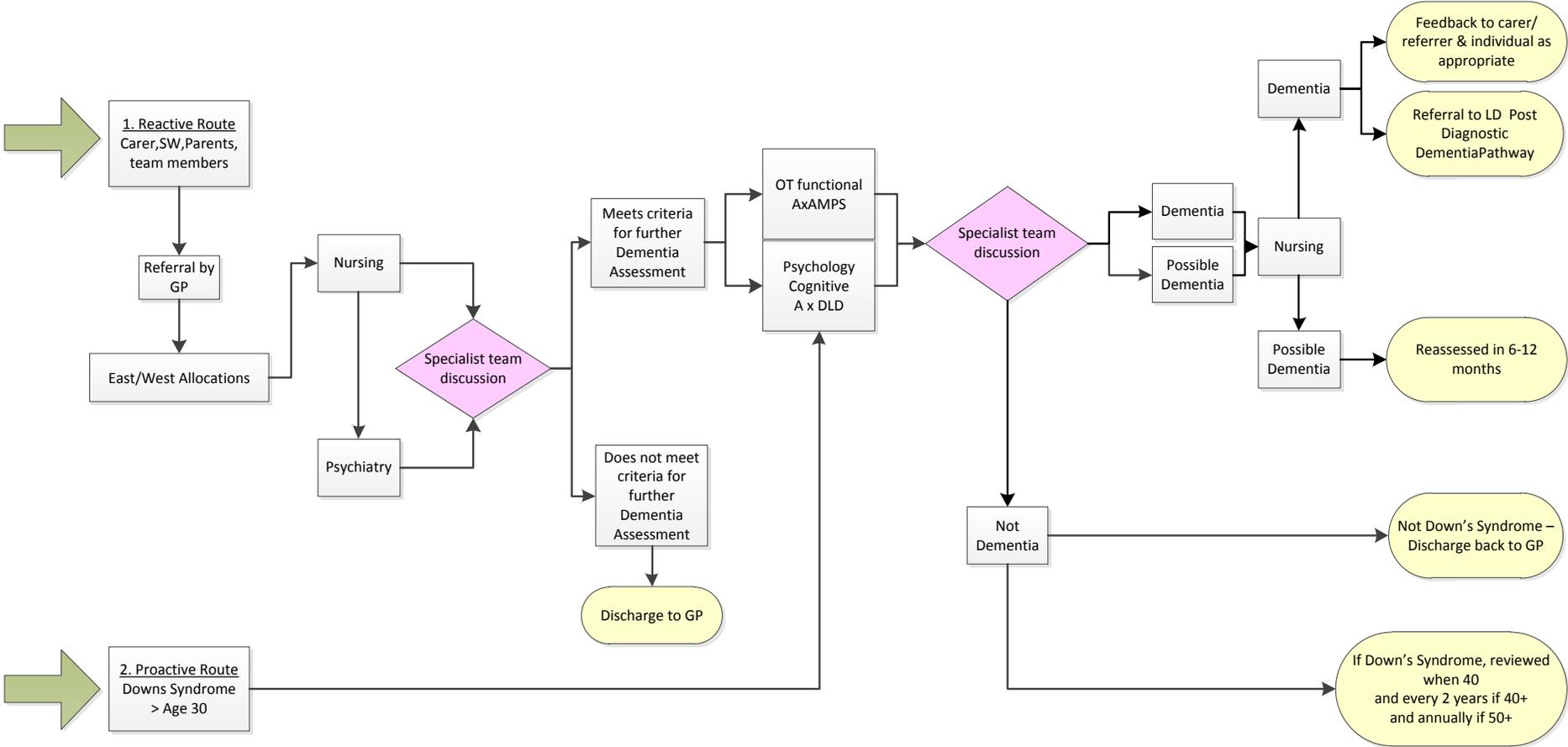
SCOTTISH BORDERS STRATEGIC PLAN 2016-19

Changing health and social care for you – working together for the best possible health and wellbeing in our communities. This gives the strategic direction for the local partnership over the next few years.

APPENDIX 2

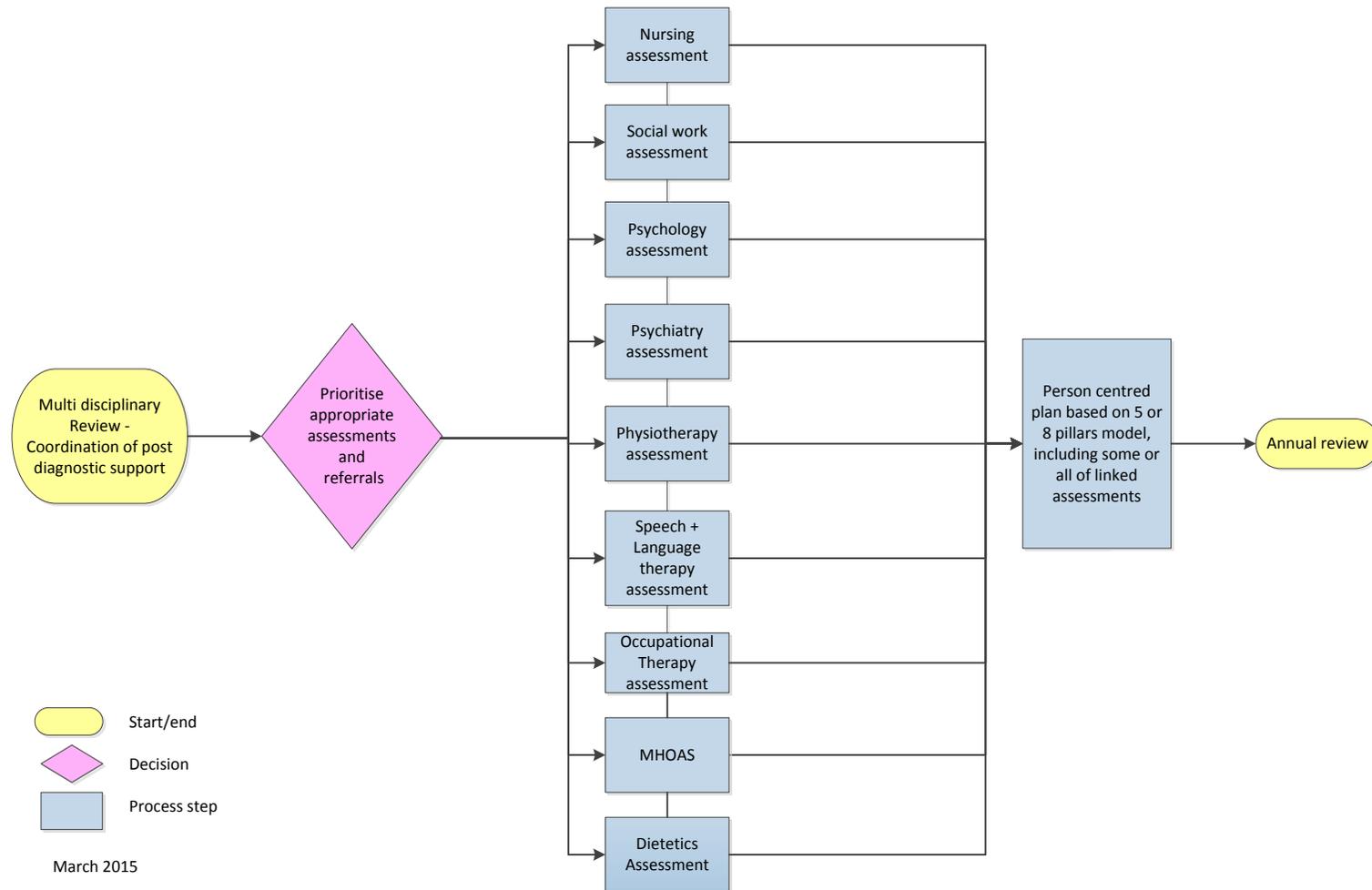
SCOTTISH BORDERS LEARNING DISABILITY SERVICE DEMENTIA PATHWAY

Scottish Borders Learning Disability Service Dementia Diagnostic Pathway updated April 2015



APPENDIX 3

SCOTTISH BORDERS LEARNING DISABILITY POST DIAGNOSTIC DEMENTIA PATHWAY



APPENDIX 4

MAPPING OF COMMISSIONING PLAN WORK STREAMS

MAPPING OF COMMISSIONING PLAN WORK STREAMS AGAINST NATIONAL HEALTH AND WELLBEING OUTCOMES^{xxv}

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
		People are able to look after and improve their own health and wellbeing and live longer	People, including those with disabilities or LTC's or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping maintain or improve the quality of life of people who use these services	Health and social care services contribute to reducing health inequalities	People who provide unpaid care are supported to look after their health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	People using health and social care services are safe from harm	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Resources are used effectively and efficiently in the provision of health and social care services
COMMISSIONING	Assess impact of SDS			x	x					x
	incorporate client outcomes in monitoring	x	x		x	x				
	Review Service Specifications in contracts				x	x				x
	Discuss work force with Providers				x				x	x
	Improve collaborative working	x		x	x			x		x

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
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HOUSING AND MODELS OF SUPPORT	Consider models of care for Tier 4a	x	x	x	x	x		x		x
	Build on the business case to purchase beds at Tier 4b from NHS Lothian				x	x		x		x
	Progress plans to repatriate people appropriately		x							
	Increase number of reviews	x	x	x	x		x	x		x
	Encourage carers to have Carers Assessments						x			
	Signposted carers for support and make them aware of their rights						x			

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
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	Support people and carers to make emergency plans		x				x			
	Recognise carers as "Partners in Care"	x					x			
DEMENTIA PATHWAY	Monitor dementia pathway compliance	x	x			x		x		x
	All people with Learning Disability newly diagnosed in Scottish Borders receive one year's post diagnostic support	x	x		x					
	Look at housing and support options for people with dementia and those who are frail		x							

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
		People are able to look after and improve their own health and wellbeing and live longer	People, including those with disabilities or LTC's or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping maintain or improve the quality of life of people who use these services	Health and social care services contribute to reducing health inequalities	People who provide unpaid care are supported to look after their health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	People using health and social care services are safe from harm	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Resources are used effectively and efficiently in the provision of health and social care services
YOUNG PEOPLE IN TRANSITION	Recruit Transitions Development Worker for 1 year	x	x	x	x		x			x
	Progress transitions pathway development		x	x	x	x	x			x
	Monitor progress of young people in transition through Transitions Tracking Group and Complex Care Group.				x					x
	Make recommendations for improvements, implement these and then review in 2018.		x	x		x		x		x
	Look at housing and support options for young people in transition		x							

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	Involve carers as "Partners in Care"						x			
	Ensure that the needs of carers are taken into account during planning						x			
LOCAL AREA CO-ORDINATION	Increase Independent travel training		x							
	Look to develop a weight management 'clinic' with LD colleagues	x				x				
	Support Local Citizen Panel (LCP) members to take ownership of their own panel.	x	x	x						x
	Embed 'A Healthier Me' pathway across the work of the LAC service					x				

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
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	Continue to support the development of Boccia groups across the Borders		x							
	Support Health Champions to engage with peer support	x			x	x				
	Consider the health and well-being of carers						x			
	Increase referrals for Carers Assessments						x			
EMPLOYMENT AND VOLUNTEERING	Establish a working group to take forward recommendations in the local Work and Volunteering Report (2015).		x			x				x
	Review the progress of local social enterprises		x							x

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
		People are able to look after and improve their own health and wellbeing and live longer	People, including those with disabilities or LTC's or who are frail, are able to live, as far as reasonably practicable, independently and at home or in a homely setting in their community	People who use health and social care services have positive experiences of those services, and have their dignity respected	Health and social care services are centred on helping maintain or improve the quality of life of people who use these services	Health and social care services contribute to reducing health inequalities	People who provide unpaid care are supported to look after their health and wellbeing, including to reduce any negative impact of their caring role on their own health and wellbeing	People using health and social care services are safe from harm	People who work in health and social care services feel engaged with the work they do and are supported to continuously improve the information, support, care and treatment they provide	Resources are used effectively and efficiently in the provision of health and social care services
	Establish better links with Volunteering opportunities to develop skills which may make people more 'work ready'		x							x
	Pilot Project Search, starting September 2016		x							x
	Involve carers in planning and design of services									x
SHORT BREAKS AND RESPITE	Review recommendations of 2012/13 review of short Breaks						x			x
	Explore options for short breaks locally		x							x

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
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	Provide signposting of short breaks in neighbouring authorities and boards						x			x
	Explore availability of respite for carers						x			x
	Review Flexible short breaks service in 2017-18 and complete by Autumn 2018						x			x
DAY TIME OPPORTUNITIES	Evaluate social enterprises.		x							x
	Monitor and review, through link and contract meetings, all commissioned day services			x	x	x				x

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
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	Look at the impact of SDS in relation to choices made around day time opportunities		x							
	Liaise closely with Borders College			x						
	Evaluate impacts of day opportunities review		x	x	x	x				
	Understand and measure the impact of day service provision		x	x	x					x
	Look at how we capture and measure outcomes	x	x	x	x	x				

Key: x = applicable work stream to national/strategic outcome area Highlighted blue = most relevant area

MAPPING OF COMMISSIONING PLAN WORK STREAMS AGAINST SCOTTISH BORDERS HEALTH AND SOCIAL CARE INTEGRATION PLAN STRATEGIC OBJECTIVES^{xxvi}

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
		Make services more accessible and develop our communities	Improve prevention and early intervention	Reduce avoidable admissions to hospital	Provide Care close to home	Deliver services with an integrated care model	Enable people to have more choice and control	Further optimise efficiency and effectiveness	Reduce health inequalities	Improve support for Carers to keep them healthy and able to continue their caring role
COMMISSIONING	Assess impact of SDS						x			
	incorporate client outcomes in monitoring							x	x	
	Review Service Specifications in contracts								x	
	Discuss work force with Providers							x		
	Improve collaborative working	x				x				
HOUSING AND MODELS OF SUPPORT	Consider models of care for Tier 4a			x	x					
	Build on the business case to purchase beds at Tier 4b from NHS Lothian				x					
	Progress plans to repatriate people appropriately				x					

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
		Make services more accessible and develop our communities	Improve prevention and early intervention	Reduce avoidable admissions to hospital	Provide Care close to home	Deliver services with an integrated care model	Enable people to have more choice and control	Further optimise efficiency and effectiveness	Reduce health inequalities	Improve support for Carers to keep them healthy and able to continue their caring role
	Increase number of reviews		x				x	x		
	Encourage carers to have Carers Assessments									x
	Signposted carers for support and make them aware of their rights									x
	Support people and carers to make emergency plans									x
	Recognise carers as "Partners in Care"	x					x			x
DEMENTIA PATHWAY	Monitor dementia pathway compliance		x							
	All people with Learning Disability newly diagnosed in Scottish Borders receive one year's post diagnostic support	x	x							x

		OBJECTIVE 1	OBJECTIVE 2	OBJECTIVE 3	OBJECTIVE 4	OBJECTIVE 5	OBJECTIVE 6	OBJECTIVE 7	OBJECTIVE 8	OBJECTIVE 9
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	Look at housing and support options for people with dementia and those who are frail		x	x	x		x			
YOUNG PEOPLE IN TRANSITION	Recruit Transitions Development Worker for 1 year					x			x	
	Progress transitions pathway development	x						x		
	Monitor progress of young people in transition through Transitions Tracking Group and Complex Care Group.		x					x		
	Make recommendations for improvements, implement these and then review in 2018.	x						x	x	x
	Look at housing and support options for young people in transition	x	x	x	x					

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	Involve carers as "Partners in Care"									x
	Ensure that the needs of carers are taken into account during planning						x			x
LOCAL AREA CO-ORDINATION	Increase Independent travel training						x			
	Look to develop a weight management 'clinic' with LD colleagues								x	
	Support Local Citizen Panel (LCP) members to take ownership of their own panel.	x					x			
	Embed 'A Healthier Me' pathway across the work of the LAC service								x	
	Continue to support the development of Boccia groups across the Borders								x	

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	Support Health Champions to engage with peer support								x	
	Consider the health and well-being of carers									x
	Increase referrals for Carers Assessments									x
EMPLOYMENT AND VOLUNTEERING	Establish a working group to take forward recommendations in the local Work and Volunteering Report (2015).					x		x		
	Review the progress of local social enterprises	x					x	x		
	Establish better links with Volunteering opportunities to develop skills which may make people more 'work ready'	x								
	Pilot Project Search, starting September 2016	x				x				

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	Involve carers in planning and design of services									x
	Review recommendations of 2012/13 review of short Breaks						x	x		x
	Explore options for short breaks locally	x			x					x
	Provide signposting of short breaks in neighbouring authorities and boards						x			x
	Explore availability of respite for carers									x
	Review Flexible short breaks service in 2017-18 , complete by Autumn 2018	x				x	x	x		x
DAY TIME OPPORTUNITIES	Evaluate social enterprises.	x					x	x		
	Monitor and review, through link and contract meetings, all commissioned day services	x					x	x		

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	Look at the impact of SDS in relation to choices made around day time opportunities						x			
	Liaise closely with Borders College	x					x			
	Evaluate impacts of day opportunities review	x					x	x		
	Understand and measure the impact of day service provision	x					x	x		
	Look at how we capture and measure outcomes						x	x		

Key: x = applicable work stream to national/strategic outcome area Highlighted blue = most relevant area

REFERENCES

- ⁱThe keys to life – Improving quality of life for people with learning disabilities, The Scottish Government, Edinburgh 2013
- ⁱⁱThe keys to life – Improving quality of life for people with learning disabilities, The Scottish Government, Edinburgh 2013 pg 16
- ⁱⁱⁱThe keys to life – Improving quality of life for people with learning disabilities, The Scottish Government, Edinburgh 2013 pg 21
- ^{iv}National Health and Wellbeing Outcomes, The Scottish Government
- ^vHealth and social care integration – Scottish Borders Strategic Plan, 2016-2019
- ^{vi}Charter for Involvement, ARC Scotland, January 2015
- ^{vii}Changing health and social care for you – strategic plan 2016-19 pg 14
- ^{viii}The Same as You, A review of services for people with learning disabilities, Scottish Government 2000
- ^{ix}Social care (Self-directed Support)(Scotland) Act 2013, A summary guide, Self directed Support, January 2013
- ^xCarers (Scotland) Act 2016, Scottish Government
- ^{xi}The keys to life – Improving quality of life for people with learning disabilities, The Scottish Government, Edinburgh 2013
- ^{xii}The Public Contracts (Scotland) Regulations 2015 and the new Procurement Reform (Scotland) Act 2014
- ^{xiii}IPC Joint commissioning model for public care
- ^{xiv}IPC Joint commissioning model for public care in The keys to life – Improving quality of life for people with learning disabilities, The Scottish Government, Edinburgh 2013 pgs 14-16
- ^{xv}Social Care (Self-directed Support) (Scotland) Act A Summary Guide, January 2013
- ^{xvi}Care and support in Scotland Statement of values and principles, Scottish Government, 2014
- ^{xvii}Scottish Commission for Learning Disability website
- ^{xviii}Review of Learning Disability Service Provision 2013, Scottish Borders Public health and Learning Disability Service
- ^{xix}Learning Disability MCN Conceptual Model of Care,
- ^{xx}Exploration of Housing Support Needs in the Scottish Borders (2010)
- ^{xxi}7 Principles of Good Transition 2
- ^{xxii}<https://www.scotborders.gov.uk/news/article/1317/first-ever-borders-boccia-open-competition-a-huge-success>
- ^{xxiii}'A Healthier Me' <https://www.scotborders.gov.uk/downloads/file/299/a-healthier-me>
- ^{xxiv}<http://www.siaa.org.uk/>
- ^{xxv}National Health and Wellbeing Outcomes, The Scottish Government
- ^{xxvi}Health and social care integration – Scottish Borders Strategic Plan, 2016-2019
- ^{xxvii}Alzheimer Scotland's pillars of support
- ^{xxviii}Principles of Good Transitions 3

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