

Integrated Plan Priorities – Learning Disability

Learning disability services in the early 20th century were typically provided by health. As the large long institutions began to close and services developed in the community, significant funding transferred to local authorities via the flexibilities introduced in the Health Act (1999). The white paper *Valuing People* (2001) encouraged greater use of these flexibilities, and closer integration of health and social care resources. *Valuing People Now* finalised the transfer of health funding, and responsibility for commissioning and funding all social care for people with learning disabilities transferred from the NHS to local government in April 2009. *Valuing People* tasked the NHS with ensuring that mainstream health services were accessible to people with learning disabilities, with a change in focus for specialist learning disability health services to support access to mainstream health services, and to promote good health. *Valuing People* also acknowledged the need for very specialist health input for people whose behaviours challenge services.

Valuing People is based very much on the social model of disability – a view that disability is caused by the way society is organised, rather than by a person's impairment or difference. (Impairment is defined as the limitation of a person's physical, mental or sensory function on a long-term basis.) It looks at ways of removing barriers that restrict life choices for disabled people. When barriers are removed, disabled people can be independent and equal in society, with choice and control over their own lives.

Essex is committed to ensuring that the services we commission promote Enablement and Progression wherever possible throughout a person's life. **Enablement** is an approach that is focused on developing people's capabilities to do things for themselves and become more independent. It is based on a principle that the long term solutions to people's care and support needs rest within themselves and also with their families, social networks and surrounding communities. By developing a person's relevant skills, knowledge and desire they can maximise both what the person can do for themselves and what they can access from others.

Progression involves using an enablement based approach to support people to continually develop the skills they need to the point where they are able to move to a more self-supported living situation. This should be linked to the specific outcomes that are most relevant to the person and their aims and aspirations and embedded within the person's individual support plan.

Our priority areas for people with learning disabilities for the Integrated plan are listed below. We believe that delivering these priorities will require an integrated approach to commissioning social care and specialist health services for people with learning disabilities.

Priority Area	Background	CCG Interest / Involvement	NHS Commissioning Board Mandatory Objectives
1. All Age Commissioning Approach	<p>To ensure individual assessments / needs and treatment / support are identified as early as possible.</p> <p>To ensure that service are in place at the point of transition into adult services.</p> <p>An enablement model of support is in place at the earliest opportunity.</p>	<p>To include both health and social care services.</p> <p>To ensure there is a smooth transition from children's health services to adults.</p> <p>To explore the development of Early Intervention services for those people most "at risk."</p>	<p>Involving People in their Own Care – Many more people will have developed the knowledge and skills to manage their own health.</p>
2. An Approach to people who challenge services	<p>Need to commission a Joint Health and Social Care Pathway for this group.</p> <p>Review the current services provided and re-commission on an Enhanced Community basis.</p> <p>Reduce any possible duplication of services, skills, and experience between health and social care interventions.</p>	<p>An enhanced service will be commissioned to maintain people in their current accommodation and reduce the use of emergency placements in hospitals.</p> <p>Discharge from Assessment and Treatment units will be more successful.</p> <p>The implications from Winterbourne and the requirements of the Winterbourne review will be met.</p>	<p>Everyone with a physical or mental long term condition will be offered a personalised care plan that reflects preferences and agreed decisions</p> <p>Smooth transition between care settings and organisations e.g. children's and adults, health & social care</p>
3. Access to Services	<p>To address health inequalities people with learning disabilities need Annual Health Checks and Health Action Plans.</p> <p>People with learning disabilities need to access health screening programmes.</p> <p>Reasonable adjustment from mainstream health services –i.e. Appointment times; Easy Read Information</p>	<p>Ensure people with learning disabilities are identified and have treatment plans in place.</p> <p>Ensure prevention, early diagnosis and intervention takes place.</p> <p>People with learning disabilities attend appointments and are aware of their treatment plans.</p>	<p>Ensure people have access to the right treatment.</p> <p>Supports early diagnosis of illness, and tackles risk factors such as high blood pressure and cholesterol.</p> <p>Making every contact count.</p>