

# Commissioning for Change Commissioning Service Changes for People with Learning Disabilities

“The key to delivering effective services is to ensure that people are provided with the outcomes they want and need at the right time and in the right place. Effective commissioning arrangements are crucial to this.”

## Preface

The key to delivering effective services is to ensure that people are provided with the outcomes they want and need at the right time and in the right place. Effective commissioning arrangements are crucial to this.

Understanding, mapping and forecasting the supply and demand factors within the market to meet the current and evolving needs of users or recipients of care services may be assisted by a workbook providing formats for data collection and linking information to inform planning and the development of joint commissioning strategies.

This workbook has been designed to assist local authority and health partners to gather data across the whole system to assist capacity planning which will then inform local commissioning plans and will be of particular use when considering learning disability services. It should be considered in the context of important policy documents such as *Changing Lives* and *Better Health, Better Care* which recommend how changes can be made to social care and health services to make them fit for the future. It is intended to be a practical tool for use by partnerships and can be easily adapted or customised for use in local areas.

This workbook assists partners with this process by providing a framework for identifying existing services, service pressures and financial data all of which gives a firm basis for then agreeing a detailed and robust capacity plan within an overall Strategic Plan.

The workbook is based on a workbook developed for older people in Dundee and Forth Valley, and since then tested in a number of partnerships in Scotland. The approach has been adapted by JIT Associate, Andrew Reid, for use in relation to learning disability services and has involved JIT consultation with SCLD, the local partnerships in the Lothians and Grampian, and the partnerships in East Renfrewshire, Dundee and West Dunbartonshire.

Assistance with the use of this toolkit can be obtained by contacting the Joint Improvement Team at [www.jitScotland.org.uk](http://www.jitScotland.org.uk)

We hope that the workbook will be useful to partnerships developing their commissioning arrangements and any comments on the further development of this workbook would be warmly received.



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This workbook was written for the Joint Improvement Team by Andrew Reid, JIT Associate.

The workbook is designed to be used as a toolkit, so its content may be reproduced for personal or organisational use without the need for formal permission from JIT.

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## Introduction

### 1. The commissioning context

Partnerships working towards a 'joint future', integrating services, and changing the balance of care have been key themes of government policy for 20 years. With growing demands on services and increasing expectations, the need to have clear costed commissioning plans is crucially important. Services for people with learning disabilities have developed extensively in recent years in line with a range of policy changes, with improvements still required to provide opportunities for inclusion and more comprehensive supports.

The new ways of involving people with learning disabilities were very influential in the preparation of the national policy statement *The Same As You? – Review of Services for People with a Learning Disability*<sup>1</sup> published by the Scottish Executive in May 2000. *The Same as You?* established seven Principles, which were that people with a learning disability should:

- Be valued and have the same rights;
- Be seen as individuals and receive appropriate help;
- Be asked about services and have advice;
- Be helped and supported, and achieve freedom;
- Be able to use the same local services;
- Have special services as well as general services;
- Have services which take account of age.

Whilst there has been major improvement over twenty years in services for people with learning disabilities, involving the closure of long stay NHS hospitals, with many more people now supported in the community, there is still a long way to go to achieve full inclusion involving improved access to health services for those with profound disabilities, respite for carers, and access to education, leisure and employment for adults with learning disabilities. Consultation and involvement has developed in planning change but needs to be sustained as changes are implemented. The needs of

most young people with disabilities are lifelong and change as they get older. It is important that services recognise transitions and work together to make sure moving from one stage of a person's life is planned and managed as smoothly as possible.

Specific reference to health developments for people with learning disabilities were set out in the *Health Needs Assessment Report – People With Learning Disabilities In Scotland*<sup>2</sup>. 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*<sup>3</sup>.

The Health Needs Assessment developed 25 recommendations to improve health for people with learning disabilities, and reduce inequality. These call for a series of specific actions in five areas:

- Leadership and accountability (both nationally and locally, and including health improvement strategy development);
- Infrastructure: development, planning and monitoring (including a programme of research focused on health improvement for people with learning disabilities, database development, and recommendations for NHS QIS and the Care Commission, and for S.I.G.N.);
- Specific interventions (including a health screening programme specifically for people with learning disabilities, development of national governance with an audit of all deaths of persons with learning disabilities, enhancing primary health care services, increased availability of advocacy, and specialist community-based services for children, adults and older persons with learning disabilities);

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#### Related links

- 1 <http://www.scotland.gov.uk/ldsr/docs/tsay-00.asp>
- 2 [http://www.gla.ac.uk/media/media\\_63872\\_en.pdf](http://www.gla.ac.uk/media/media_63872_en.pdf)
- 3 <http://www.scotland.gov.uk/Publications/2002/07/15072/8573>

“ . . . (There is a) need to put patients at the centre . . . with services working co-operatively and collaboratively . . . ”

- Information (including dissemination of health improvement information, identification and networking of directly-accessed practitioners, and a better understanding of the needs of persons with learning disabilities from ethnic minority communities);
- Education (including work on staff induction in NHS Scotland, initiatives at pre and post registration/ graduation, and with paid and family carers).

The *Better Health, Better Care: Action Plan 'Delivering for Health'*<sup>4</sup> emphasises the need to put patients at the centre and provide health services effectively, efficiently and timeously in community settings, with services working co-operatively and collaboratively together and with others, to promote self-care and to support carers and reduce health inequalities. Community Health Partnerships have a key role in delivering this.

Similar themes can be found in *'Changing Lives'*<sup>5</sup>, where there is an emphasis on developing personalised services and enabling people to remain at home and in control of their own lives. The Implementation Plan says *Changing Lives* “will only be achieved by social work services working with their partners locally to re-design the delivery of services.”

Two major challenges for commissioning are how to take account of self assessment, self directed support and service users exercising greater control, and also how to promote developments in this direction. This workbook seeks to reflect this culture shift which is currently underway, and to complement the work of commissioning services for individuals, which is supported by another workbook, produced by the Joint Improvement Team, the *7 Step Individual Commissioning Pathway*<sup>6</sup>. This online toolkit/flowchart has been designed to help commissioners use existing evidence and good practice when developing and evaluating individual service plans for people with learning disabilities.

The specific requirements of commissioning services for people with learning disabilities must also now be set within the framework of defined outcomes for public services and those for community care, which are:

- Improved health;
- Improved wellbeing;
- Improved social inclusion; and
- Improved independence and responsibility.

A system of outcome measures is being developed nationally as a means of examining performance, and these measures are included within the workbook section which deals with the analysis and evaluation of services.

It has become evident that the term 'commissioning' has different connotations for different agencies. For the purposes of this document commissioning is referred to as the following sequence of events. These have been identified in the Department of Health document *"A Catalyst for Change"*<sup>7</sup> as important elements of effective commissioning and include:

1. Understanding, mapping and forecasting the supply and demand factors within the market to meet the current and evolving needs of users or recipients of care services;
2. Ensuring that there is an alignment between all system partners about planning aspirations and about what needs to be achieved to ensure demand is met, including working within the legal and political framework;
3. Involving all system partners including people with learning disabilities and carers in the development of plans and strategies;
4. Ensuring the resources across the system are applied to best effect to maximise the attainment of strategic commissioning goals;
5. Reviewing and evaluating models of care, and option appraisal of services with a view to any necessary reprovisioning of services to meet ever-changing needs.

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#### Related Links

4 <http://www.scotland.gov.uk/Publications/2005/11/02102635/26356>

5 <http://www.scotland.gov.uk/Publications/2006/02/02094408/0>

6 <http://www.jitscotland.org.uk/knowledge-bank/toolkits/improving-outcomes/>

7 [http://icn.csip.org.uk/\\_library/Resources/BetterCommissioning/BetterCommissioning\\_advice/catalyst\\_for\\_change.pdf](http://icn.csip.org.uk/_library/Resources/BetterCommissioning/BetterCommissioning_advice/catalyst_for_change.pdf)

It is important to note that this workbook is designed to assist with the first stage of this process but also emphasises other key stages that need to be considered. Although it focuses solely on the capacity planning process for people with learning disabilities it is intended to be used to consider and plan the number of services – the standard of services is equally important. Amongst many guides to standards, *Improving the Quality of Life for People with Learning Disabilities – Research into Practice* summarises some presentations and discussions on “what works in learning disability services”<sup>8</sup>.

However it is used, the use of this workbook needs to fit in with the local stage of development in partnership working and joint strategic planning and commissioning. The workbook can be customised to local circumstances in a wide variety of ways, whether it is being used for learning disability or other services. Partnerships may also wish to consider what stage of development they have reached. The Catalyst for Change self-assessment audit workbook can help partnerships with this process in relation to all aspects of commissioning.

## 2. Commissioning strategy requirements

The Joint Improvement Team’s experience of working with partnerships has suggested that there are a number of pre-requisites for a positive development of strategic planning. Time spent on completing the workbook is not worthwhile unless it leads to decision-making and change to improve the nature of services and approach to service delivery. Time will need to be committed to involving service users and carers and service providers. A commitment of time will be required of key decision-makers in partner agencies. Completing the workbook itself will be problematic unless the work of doing so is properly resourced, both in relation to data collection and analysis.

Partnerships may find it useful to complete the grid below, which appears at the beginning of the workbook, before deciding whether or not to proceed with the work, or identifying issues which require preliminary attention.

**Figure 1**

Partnership Working – Commissioning Strategy Development and Change Management						
Rating Exercise						
	Involvement	Commitment of Time	Vision	Commitment to Resourcing Process	Decision Making	Change Management Capacity
Politicians/Board Members						
Chief/Senior Executives						
Social Work Managers						
NHS Managers						
Housing Managers						
Education Managers						
Employment Service						
Finance						
HR						
Social Work Professionals						
NHS Professionals						
Housing Professionals						
Education Professionals						
Employment Professionals						
Service Users						
Carers						
Service Providers						

Ratings: Positive = 1; Neutral = 2; Problematic = 3; Unknown = 4

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### Related links

<sup>8</sup> <http://www.jitscotland.org.uk/downloads/1208874690-12-Learning%20Disabilities%20report.pdf>

### 3. Developing a Joint Commissioning Strategy

JIT work on effective practice in joint commissioning has suggested a number of ways to take this forward and to develop a 3 to 5 year Strategic Plan for people with learning disabilities including a Commissioning Strategy:

#### Self-assessment of strategic planning

**performance** – Joint Improvement Team work with partnerships suggests that self-evaluation of

performance in strategic planning (Figure 2 ) can also be helpful. Such a self assessment can both highlight the strengths and weaknesses of current partnerships in the way they currently commission services, and enable partnerships to identify key actions to produce and effectively implement commissioning in their areas. Figures 1, 2 and 3 from this section can be used in workshops with key stakeholders and can assist with the development of an action plan.

**Figure 2**

Strategic Planning – Evaluation of Agency/Partnership Performance					
	Very Good	Good	Fair	Poor	Very Poor
Partner agency involvement					
User & Carer consultation					
Establishing principles					
Reflecting on national and agency policies					
Account taken of population need and projections					
Account taken of carer need and projections					
Account taken of need and unmet need					
Vision for 2020					
Clarity in policy objectives					
End point outcomes identified					
Analysis and evaluation of current resources					
Analysis and evaluation of service use					
Benchmarking comparisons					
Care modelling					
Account taken of regulatory requirements					
Financial planning					
Funding sources					
Investment available					
Workforce issues					
Industrial relations					
Commissioning/Procurement proposals					

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“ . . . it is essential to identify desired outcomes for people with learning disabilities . . . ”

**Identifying desired outcomes and defining outcome measures** – Whilst much of the workbook focuses on the outputs delivered through specific services, it is essential to identify desired outcomes for people with learning disabilities, both as a guide to service specifications for resources to be developed and to provide the outcome measures to evaluate the outcomes of the investment by partners.

**Involving service users and carers** needs to be done in a number of ways including consultation exercises around the commissioning planning process, taking into account the unmet needs of user and carers (including from minority ethnic groups), and qualitative feedback in relation to the use of existing services when considering service redesign. The NHS in Scotland also has a statutory responsibility for public involvement under Section 7 of the NHS Scotland Reform Act 2004, with detailed implications set out in the paper, *Patient Focus and Public Involvement*, which identified *A Framework for Change*, which has four broad themes: building capacity and communications; patient information; involvement; and responsiveness. The Joint Improvement Team has developed a toolkit – the User Defined Service Evaluation Toolkit (UDSET)<sup>9</sup>. The UDSET evolved in conjunction with the National Outcomes Framework for Community Care and National Minimum Information Standards. It is designed to improve practice through use of user and carer defined outcomes tools, and to support partnerships to integrate evidence on user and carer outcomes in service planning and improvement.

**Involving housing services** – the provision of high quality housing in the community is essential to ensure that people can become independent in non institutional settings remain and housing support services also make a significant contribution to maximising the potential of people with learning disabilities in their own homes. Therefore the involvement of a range of housing services is also crucial.

**Involving independent sector providers** – independent providers from both the voluntary and private sector may have useful knowledge of local services, market demand and also new models of care they have developed in other areas and their contribution is therefore crucially important to the process.

**Identifying key principles** – the establishment of key principles, such as promoting independent living and improving care standards, will provide an important foundation and check against the terms of a Commissioning Strategy.

**Producing core data** on current capacity, future demand for services and financial data across the health and social care system, and using that data to inform the commissioning strategy and explore future models of care.

**Carrying out options appraisal and agreeing future models of care** to determine the most appropriate models of care, which are fit for purpose and will meet predicted demand within identified resources.

**Considering preventative services** – the role of preventative support services also needs to be considered as an important part of the whole system.

**Workforce planning** – this is a critical requirement in the quality of service delivery and needs to be factored in to the commissioning plan as early as possible.

**Financial planning** – An integral part of the Joint Commissioning Strategy will be inclusion of details about the financial resources matching the strategic and operational frameworks. It is essential that these are prepared and developed in an open and transparent process and in accordance with guidelines issued from the Scottish Government and professional accountancy bodies such as CIPFA.

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#### Related links

<sup>9</sup> <http://www.jitscotland.org.uk/action-areas/user-and-carer-involvement/>



#### 4. Context for using the workbook

*The Same As You?* recommendations recognised that planning to support people with learning disabilities must take account of people with particular needs and included:

- 7) The Scottish Society for Autism by working with the National Autistic Society and health boards and local authorities should develop a national network for people with an autistic spectrum disorder;
- 25) health boards and local authorities should make sure that local professionals are trained to look out for early signs of dementia and so can provide assessment and appropriate responses and services;
- 26) life plans for people with learning disabilities who live with their parents should include plans for a time when parents may no longer be able to provide care;
- 27) health boards and local authorities should make sure that there is appropriate specialist support such as additional support teams to improve services for people with learning disabilities who have challenging behaviour;
- 29) local authorities, by working with health boards and the voluntary sector, should make sure that they look at the extra needs of those with profound and multiple disabilities and those of their carers.

It is important to recognise that all of these activities are important to a clear commissioning plan. The process needs to involve key managers and commissioners in health, social care and housing to agree the commissioning framework. The Joint Improvement Team can consider facilitating a partnership meeting to agree a framework and provide examples of models of practice from other areas to stimulate debate and discussion.

The workbook supports a whole systems approach to meeting need through care by developing a model which brings together key factors affecting social care, health and housing services, including population, needs, policy objectives, models of care, service levels, finance and workforce planning. The templates contained in this workbook are intended to assist with data collection, capacity and demand and available financial resources. After work to customise them to accommodate local circumstances, policies and priorities, they will enable partnerships to collate key details about existing services to provide sound data and an agreed baseline for future commissioning plans and service redesign, which will enable partners to take informed strategic decisions based on robust information including financial data.

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## 5. The purpose of the workbook

This workbook provides a series of prompt tables or templates to be adapted locally and completed by partners to provide comprehensive data across agencies to enable you to know:

- a) What services exist in your area now;
- b) Anticipated population changes;
- c) Financial data and spend on services;
- d) Performance information related to the Outcomes Framework.

The workbook needs to inform the development of a Commissioning Strategy, which should:

- Enhance user involvement and support self-directed care;
- State and reflect principles and an ethical approach;
- Promote equity and fairness, an outcomes focused approach and user choice;
- Identify unmet need;
- Provide opportunity to include new thinking, new models of service and new technologies;
- Consider balance of care issues for learning disability;
- Make plans informed by evidence, and experience in other areas;
- Set out financial information with transparency over costs;
- Demonstrate option appraisal, including new models of support and care and service redesign;
- Identify high level strategic decisions;
- Provide a clear message about local priorities to inform providers and avoid provider-led commissioning;
- Be part of a circular process: planning for improvement, implementation informs evaluation. . . .

## 6. Using the workbook

The main body of the workbook provides a series of templates, which need to be customised to local areas, and populated. They will then provide partnerships with a framework to predict demand on existing services, given population changes, along with robust financial data.

The workbook is accompanied by an Excel file with the same Tables as in this paper – some of the versions in the paper are summary versions of the full Tables in the Excel file. The worksheets in this Excel file should be customised as necessary to meet the local circumstances of the planning area and completed with local information. Each Table should be completed by inserting local data in the highlighted cells of those tables. In certain tables formulas will then calculate consequential information.

The definitions in the workbook are those found in the National Learning Disability and Autistic Spectrum Disorder Dataset, produced by the eSAY Project of the Scottish Consortium for Learning Disability. Information on the eSAY data standards is available from the SCLD website<sup>10</sup> and the Scottish Government Data Sharing and Standards Division website<sup>11</sup>.

The Special Needs definitions provided in Appendix 1 and Support Needs definitions provided in Appendix 2 of the accompanying Excel file are both taken from the eSAY Dataset. In this workbook paper and the accompanying file we have referred people to existing data sources, which should assist with the collection of data as well as providing a benchmark for partnerships to consider their data against other similar partnership areas. The Scottish Government returns will be based on the eSAY Dataset, so there should be a consistency between data gathered for that purpose and used to populate the workbook. However, if other data sources are more relevant to your local area these can be easily included.

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### Related links

<sup>10</sup> <http://www.sclld.org.uk>

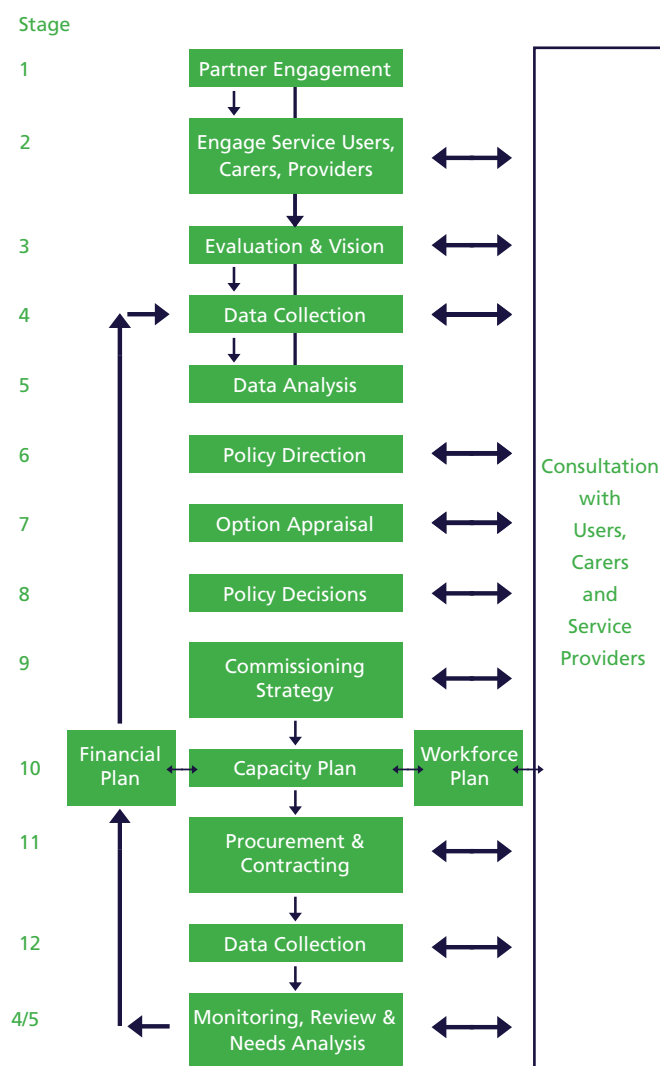
<sup>11</sup> <http://www.scotland.gov.uk/Topics/Government/DataStandardsAndeCare>

The accompanying Excel file includes data, which can be used for bench marking purposes. The appendices include Tables of data drawn from the statistical return to the Scottish Government across a range of community care services provided to adults with learning disabilities<sup>12</sup>, and the statistical returns related to the implementation of *The Same As You?*<sup>13</sup>

Many of the Tables are set out for a 12-year period. Taking a longer-term view and establishing Strategic Plans which are based on aspirations for 10 or 20 years is desirable to establish a long-term direction within which shorter-term plans can be established. Detailed costed plans are set out for a 3-year timescale. The Tables can be adapted to reflect locally determined planning periods.

**Figure 3**

Key Stages in establishing a Commissioning Strategy



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#### Related links

<sup>12</sup> <http://www.scotland.gov.uk/Topics/Statistics/Browse/Health/Data/LearningDisabilities>

<sup>13</sup> <http://www.scotland.gov.uk/Publications/2007/03/23090219/0>

# Section 1:

## Populations

Table 1. Population Groups and Projections

**Key Point:** This Table will provide data about population groupings amongst people with learning disabilities, to inform consideration of the need for change in community health, social care, housing and certain other services to maintain or revise current rates of service or introduce new forms of support.

The need for community health, social care services and housing support services for people with learning disabilities varies individually and must be personalised to meet individual wishes and requirements. There are certain common features of need, which reflect the ages and stages of life. Table 1 is designed to identify the number of children and adults with learning disabilities at certain key stages.

There will need to be local consideration and agreement about the definitions to be used for children and how to get information on child populations. This may require specific discussions and agreement between education, health and social work staff. There may also be issues of definition amongst agencies supporting adults, including health, social care, housing, education, welfare benefits and employment. These may also need local discussion and consideration.

It is assumed that the rate of people with learning disabilities within the age groupings will remain constant and, on this basis, population projections are made over the planning period.

The definition of learning disability is from the National Learning Disability and Autistic Spectrum Disorder Dataset (SCLD eSAY):

*A learning disability is a significant lifelong condition which is present prior to the age of eighteen and which has a significant effect on a person’s development. People with a learning disability will need more support than their peers to:*

- Understand new and/or complex information;
- Learn new skills; and
- To lead independent lives.

Learning disability does not include specific learning difficulties such as dyslexia.

Table 1

Table 1 Demographic Change - People with Learning Disabilities - % Change 2008 - 2020						
Local Partnership	2008	2011	2008-2011	2014	2020	2008-2020
No. of People with Learning Disabilities	0	0	0	0	0	0
Children 0 - 4 years			0			0
Children 5 - 12 years			0			0
Young People in Transition 13 - 15			0			0
Young People in Transition 16 - 17			0			0
Young People in Transition 18 - 20			0			0
Adults 21 - 34			0			0
Adults 35 - 49			0			0
Adults 50 - 64			0			0
Older Adults 65 - 74			0			0
Older Adults 75+			0			0
No. of People with Learning Disabilities	0	0	0	0	0	0
% Change	2008	2011	2008 - 2011	2011 - 2014	2014 - 2020	2008 - 2020
Local Partnership			%	%	%	%
Children 0 - 4 years						

### Instructions for using Table 1

Decide on the years for the planning period of the whole workbook and adjust Table 1 and later Tables accordingly. Insert name of the Local Partnership area under consideration in the first column of Excel file Table 1, in cell A15, for example a local authority area and/or an NHS Board area. Insert population information in the highlighted cells from local sources or from Appendix 7 of this file, or the Excel Projections file within the workbook or by using GROS Data<sup>14</sup>.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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### Related links

<sup>14</sup> <http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/06pop-proj-scottishareas/detailed-tables.html>

**Table 1a. People with Learning Disabilities from Minority Ethnic Groups**

**Key Point:** This Table will provide data about the number of people with disabilities within minority ethnic groups to inform planning, which requires to take account of ethnic and cultural issues.

The eSAY Dataset provides a full listing of ethnic groups. Table 1a seeks data on those categories. As with other aspects of the workbook, this Table should be customised for local uses, but the definitions used should be those from the National Dataset.

Whilst a personalised approach requires that resources are customised to individual circumstances, the commissioning of services has to be built on the aggregation of requirements related to particular needs. This should include consideration of people with learning disabilities in minority ethnic communities.<sup>15</sup> Table 1a will require to be drawn from locally held information about people with learning disabilities.

*Learning Difficulties and Ethnicity – A Framework for Action*<sup>16</sup> says:

“In some ways it might be seen as a strange thing to produce a framework relating to people with learning disabilities from minority ethnic communities. There are dangers that it might encourage the view that people from these communities are very different from others. It will be clear to readers of this framework that much of what is said is applicable to all communities. More person centred, flexible services should mean a better deal for everyone, whatever a person’s ethnicity or culture. At the same time, the barriers to equal opportunities faced by people from minority ethnic communities revealed in *Learning Difficulties and Ethnicity* clearly call for focused and determined action.

Over the past 20 years or so, many agencies have responded to people’s desperate circumstances by setting up specialist services for specific minority ethnic groups. Some people are worried that the existence of specialist services can lead other local services to avoid responsibility. Others point to the often crucial roles played, for example, by community based voluntary organisations. They argue persuasively that without some such services, many people would end up very poorly served. There is a lot still to be learned about the right balance. It should not be assumed in advance that ethnicity is the only feature of a person’s lifestyle or aspirations. However, supports based on a person centred approach may vary widely. Some might be specific to a particular ethnic or cultural group if that is very important to them.”

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#### Related links

15 A Toolkit for Family Friendly Services – 15. Including Families from Minority Ethnic Communities <http://valuingpeople.gov.uk/dynamic/valuingpeople174.jsp?highlight=minority%20ethnic>

16 Learning Difficulties and Ethnicity – A Framework for Action [www.valuingpeople.gov.uk](http://www.valuingpeople.gov.uk)

Table 1a

Table 1a People with Learning Disabilities from Minority Ethnic Groups - 2008							
Local Partnership	White British	White European	Asian, Asian Scottish or Asian British Indian	Asian, Asian Scottish or Asian British Pakistani	Asian, Asian Scottish or Asian British Bangladeshi	Asian, Asian Scottish or Asian British Chinese	
Children 0 - 4 years	0	0	0	0	0	0	
Children 5 - 12 years	0	0	0	0	0	0	
Young People in Transition 13 - 15	0	0	0	0	0	0	
Young People in Transition 16 - 17	0	0	0	0	0	0	
Young People in Transition 18 - 20	0	0	0	0	0	0	
Adults 21 - 34	0	0	0	0	0	0	
Adults 35 - 49	0	0	0	0	0	0	
Adults 50 - 64	0	0	0	0	0	0	
Older Adults 65 - 74	0	0	0	0	0	0	
Older Adults 75+	0	0	0	0	0	0	
Total People with Learning Disabilities	0	0	0	0	0	0	
	Black, Black Scottish or Black British Caribbean	Black, Black Scottish or Black British African	Black, Black Scottish or Black British Other	Mixed	Other ethnic background	Not disclosed	

### Instructions for using Table 1a

The eSAY Dataset should be considered, along with other local circumstances, to determine the categories to be used in Table 1a, which should be customised accordingly. The entries for Table 1a should be drawn from local databases, with definitions in line with the national dataset.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Table 2. Demographic Changes

**Key Point:** This Table will provide data about population change amongst people with learning disabilities, to inform consideration of change in community health, social care and certain housing services to maintain or revise current rates of service.

The need and demand for community health and social care services for people with learning disabilities will undoubtedly change as the population of people with learning disabilities changes within NHS and Council areas. Whilst the Table illustrates a 15-year planning period, local partnerships should determine the time period for the whole workbook and adjust Table 2 and other Tables accordingly.

Population projections<sup>17</sup> for Scotland are normally prepared every two years by the Government Actuary's Department (GAD) in consultation with the General Register Office for Scotland. The figures to be inserted in Table 2 can be found in the 2006 population projections made by the General Register Office for Scotland (GROS) on the basis of the 2001 census. Appendix 7 or the GROS website can be used to insert GROS population projections for females and males, which may be needed for detailed service planning. The GROS website scroll analyser, through its cultural category, can also be used to identify population information about certain minority ethnic communities in local areas<sup>18</sup>.

The 'true' prevalence estimates (approx 2%) will give very different figures from local information on users supported. From a commissioning perspective it may be better to use estimates of administrative prevalence. Second, application of national estimates to local areas really should take account of local variation in factors that are likely to have an impact on prevalence. While this is done for age and gender profile, it may also be possible to try to build in something to take account of variation in socio-economic deprivation<sup>19</sup>.

Table 2 may, for example, demonstrate a projected growth in the number of older people with learning disabilities or older carers. This may suggest growth in need and demand for community health, social care and housing services of a certain percentage per year over the planning period even to maintain the rate of services, which is in existence at this point. That is not to say that all services should be grown to exactly the same extent. If additional investment funding were available then it would provide opportunities to make strategic changes to the balance of care and improve the service framework by enabling growth in key services or the development of alternative approaches. It is also the case that if this additional investment is not made available, then the rate of services will decrease, and certain pressures will increase.

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### Related links

<sup>17</sup> GROS population projections: <http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/index.html>

<sup>18</sup> GROS website: <http://www.scrol.gov.uk/scrol/analyser/analyser?actionName=choose-topic-and-table>

<sup>19</sup> E. Emerson, data on Prevalence and Deprivation in Young Children (unpublished)



Table 2

Table 2 Demographic Change - Population with a Learning Disability - Application of Prevalence Rates to Relevant F										
Age	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
Male	3.24%	3.10%	2.86%	2.89%	2.83%	2.88%	2.60%	2.53%	2.45%	2.34%
Female	2.11%	2.11%	1.99%	1.98%	1.97%	1.96%	1.85%	1.75%	1.75%	1.63%
Total	2.69%	2.60%	2.42%	2.42%	2.40%	2.42%	2.26%	2.13%	2.10%	1.98%
<i>Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England</i> <i>Eric Emerson &amp; Chris Hatton Institute for Health Research, Lancaster University, UK 2004</i>										
<b>Local Partnership</b>										
Total Pop.	15-19	20-24	25-29	30-34	35-39	40-44	45-49	50-54	55-59	60-64
<b>2008</b>										
Male										
Female										
Total										
<b>2011</b>										
Male										
Female										
Total										
<b>2014</b>										
Male										
Female										
Total										

**Instructions for using Table 2**

Insert population information in the highlighted cells from local sources or from Appendix 5 of this file, or the Excel Projections file with the workbook or by using data accessed through the GROS website:  
<http://www.gro-scotland.gov.uk/statistics/publications-and-data/popproj/06pop-proj-scottishareas/detailed-tables.html>

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 3. People with Learning Disabilities and Special Needs

**Key Point:** This Table will provide data about the number of people with disabilities with particular needs and requirements to inform planning.

*The Same As You?* noted that people with learning disabilities will need a range of support depending on their needs. *The Same As You?* also provided a framework describing levels of support, which may be required to meet these needs. An individual may need:

- *Occasional and short-term support (intermittent support)* for a specific purpose and to provide general support for a person on an ‘as-needed’ basis; or
- *Time-limited support*, limited by time or by some other resource and typically to support someone in a difficult period; or
- *Regular long-term support* involving regular help (for example, daily) not limited by time; or
- *Constant and highly-intensive support* provided across different environments.

The eSAY Dataset provides a full listing of other special needs and their definitions and these are included at Appendix 1 of the Excel file. Table 3 seeks data on those which appear most significant for commissioning purposes along with certain other population categories. As with other aspects of the workbook, this Table should be customised for local uses, but the definitions used should be those from the National Dataset. Local partnerships will require to decide what information to include on people with ASD. Whilst about 70% of people on the autistic spectrum also have learning disabilities, it may be decided to identify figures for other people with ASD for planning purposes.

National and local research may be available to support the identification of local populations with learning disabilities and particular needs. For example, recent research by Eric Emerson<sup>20</sup> has indicated that 1 in 3 young people with learning disabilities have significant mental health needs, that need associated with these issues is found ten times more often in the poorest compared with richest neighbourhoods, and that 72% of children with learning disabilities are living in poverty, with increased risk of mental health issues.

The use of prevalence rates for conditions or levels of disability may be useful with larger populations to identify likely service needs, but with small populations, such as children or adults with learning disabilities, actual incidence may produce significantly different service demand than estimated need. On the other hand, whilst a personalised approach requires that resources are customised to individual circumstances, the commissioning of services has to be built on the aggregation of requirements related to particular needs. Table 3 will require to be drawn from locally held information about people with learning disabilities.

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Related links

20 E. Emerson, data on Prevalence and Deprivation in Young Children (unpublished)

Table 3

Table 3 People with Learning Disabilities and Special Needs - 2008								
Local Partnership	Mod/Sev. Physical Disability	Hearing Impairment	Visual Impairment	Autism Spectrum Disorder with LD	Autism Spectrum Disorder Not LD	Acquired Brain Injury	Dual Diagnosis	Ep
Children 0 - 4 years								
Children 5 - 12 years								
Young People in Transition 13 - 15								
Young People in Transition 16 - 17								
Young People in Transition 18 - 20								
Adults 21 - 34								
Adults 35 - 49								
Adults 50 - 64								
Older Adults 65 - 74								
Older Adults 75+								
Total People with Learning Disabilities	0	0	0	0	0	0	0	
No. of People with Learning Disabilities	Swallowing & Nutrition	Language, Speech & Communication	Social Emotional & Behavioural Difficulties	Forensic Needs	Occasional and Short-term Support 1	Time-limited Support 2	Regular Long-term Support 3	Cons H Int Su

### Instructions for using Table 3

The eSAY Dataset as set out in Appendix 1 of the Excel file should be considered, along with other local circumstances, to determine the categories to be used in Table 3, which should be customised accordingly. This Table does not seek to identify any main area of need, and people with learning disabilities may therefore be counted under several areas, although they should only be counted under one of the four support levels. The entries for Table 3 should be drawn from local databases, with definitions in line with the National Dataset.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Table 4. Carers

**Key Point:** This Table will provide data about unpaid carers, whose needs require to be accounted for in the Commissioning Strategy, with consideration given to changes in carer numbers over the planning period.

*The Same As You?* recommendations recognised that planning to support people with learning disabilities must take account of the views and needs of the carers of many of those people and the recommendations included: 19) Health Boards should contribute funding and resources (for example, training for residential and family carers) to developing community based short breaks alongside local authorities; and 20) the Scottish Executive and local authorities should review their guidance and procedures to make sure that local authorities and health boards can arrange their short break and shared care arrangements for children and adults flexibly and with as little bureaucracy as possible.

The Care Development Group<sup>21</sup> said of the supply of unpaid care that:

*“Changes in the supply of informal care, over time, could be influenced by a number of factors including changing household structure and generation effects. However, it is difficult to forecast the likely impact of these changes on the future availability of informal carers. Therefore we assume broadly that the supply of informal care will remain constant over time.”*

*The Future of Unpaid Care in Scotland* Report said that carers should be supported in their caring task as well as being enabled to have a life outwith caring as they chose. The Report proposed a move away from a narrow focus on carers ‘needs’ and seeing them as a drain on resources, to an acceptance of carers as partners and an extension of the paid workforce.

In its response to the Care 21 Report<sup>22</sup> the Scottish Executive<sup>23</sup> identified four early priorities:

- Young carers;
- Respite;
- Carers’ health; and
- Carer training.

The 2001 Census sought information from people who cared for others and whether that involved 0-19, 20-49 or 50+ hours of care per week. The figures did not include the age of those cared for, or whether they were caring for people with learning disabilities and there is no recognised way to confidently project the future carers’ population. The Commissioning Strategy should also determine how carers’ support is to be developed amongst existing carers. Partnerships should decide which figures to use for their carer population.

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## Related links

<sup>21</sup> Care Development Group Report *Fair Care for Older People* Scottish Executive (September 2001)

<sup>22</sup> *The Future of Unpaid Care in Scotland*, Report for the Care 21 Unit, Scottish Executive September 2005

<sup>23</sup> Scottish Executive Response to Care 21 Report: *The Future of Unpaid Care in Scotland* <http://www.scotland.gov.uk/Publications/2006/04/20103316/0>

Table 4

Table 4 Carers of People with Learning Disabilities and Particular Needs - 2008								
Local Partnership								
No. of principal Carers	0 - 19 Hours per week	20 - 39 Hours per week	40+ Hours per week	Hours per week Not Known	Autism Spectrum Disorder with LD	Autism Spectrum Disorder Not LD	Social Emotional & Behavioural Difficulties	Learning Disabled Parents
Young Carers (0-15)								
Adult Carers (16-20)								
Adult Carers (21-49)								
Adult Carers (50-64)								
Older Carers (65-74)								
Older Carers (75+)								
<b>Total Carers</b>	0	0	0	0	0	0	0	0

#### Instructions for calculating the figures for Table 4

Details of the number of carers providing care in the different categories should be calculated for the local partnership area using local databases. This Table does not seek to identify any main area of need, and although only one of the support levels should be chosen, carers of people with learning disabilities may therefore be counted under several other areas.

## Section 2:

### Current Resources

**Table 5. Social Care, Health and Housing for Adults with Learning Disabilities**

**Key Point:** This Table will provide data about the nature and scale of current resources.

The Strategy needs to reflect a view about the current levels and balance of services, as set out in Table 5. The format in Table 5 should be customised to the planning area and local resource information inserted.

The intention is to establish a baseline figure of resources for people with learning disabilities that are provided to support people because they have a learning disability. These services will include health services, community care services, and housing support services.

Decisions need to be made both about whether the balance between the services should change, and about the nature of current services and whether there needs to be different approaches to service delivery, different kinds of services, or resources of a different quality.

Table 5

Table 5 Social Care, Health and Housing for Adults with Learning Disabilities				
<b>Local Partnership</b>				
<b>Current Resources - Summary</b>		<b>2008/09 Services</b>	<b>Date</b>	<b>Out of Area Placements</b>
<b>NHS Inpatient/Indep. Hospital/Hospices</b>				
Total Specialist Hospital LD	Beds Available	0	0	0
<b>Accommodation</b>				
Parental/Family Home				
Own Tenancy - Mainstream	No. LD Adults	0	0	0
Specialist & Supported Housing	No. LD Adults	0	0	0
Registered adult care homes	No. LD Adults	0	0	0
<b>Education, Day Services and Employment</b>				
Colleges - LD/ASD Specific Courses	Places pw	0	0	0
Training - LD/ASD Specific Courses	Places pw	0	0	0
Employment - LD/ASD Specific Projects	Places pw	0	0	0
Day-Care	Places pw	0	0	0
Day Hospital	Places pw	0	0	0
Day Activities	Attend pw	0	0	0

### Instructions for using Table 5

In the Excel file there is a broader range of services provided but these will need to be customised to your own area. The data entered to the highlighted cells of Table 5 should be the most recent available, e.g. from recent Scottish Government Statistics Returns. Double counting should be avoided, e.g. between home care and rapid response/meals, but where the number of service users is identified, clearly people may be using several services and should be identified against all of them.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 6. Housing Tenure and Household Composition for Adults with Learning Disabilities

**Key Point:** The development of housing options and choices will be a crucial element of promoting independent living for people with learning disabilities.

The Scottish Office Circular SWSG7/94, *Community Care – The Housing Dimension*<sup>24</sup> is still relevant to planning for people with learning disabilities. The circular refers to an 'Assessment of Aggregate Housing Needs For Community Care Groups' and says that *"The first stage in planning is to prepare an overall assessment of the need for housing for community care users. Such aggregate assessments support the preparation of strategic plans, (and should take account of) the increasing emphasis on care in the home and the consequent need to provide appropriate housing for both the users of community care and their carers, and tenure changes, particularly the growth in owner occupation. It should not be assumed that community care users will, or wish to live in the social rented sector. The aggregation of individual assessments may produce important information on overall needs. The aggregate assessment should take account of the following general developments:*

*Housing authorities are responsible for assessing overall housing needs in their area, including the housing needs of community care groups. This assessment must take account of housing provided by other housing providers, including housing associations and other voluntary providers and the private sector, as well as the public sector. This assessment will need to take account of existing specialist housing for community care client groups (though not all client groups will need specialist housing), whether it meets current requirements, and its location. Care should be taken to ensure that housing for community care users is not confined to concentrated developments, but is integrated and dispersed throughout the community. This will have implications for the provision of support services, and for the monitoring of these services and individuals' needs and requirements."*

*Home at last?* The SAY National Implementation Group Report of the short-life working group on Hospital Closure and Service Reprovisioning<sup>25</sup> sets out a set of principles for community living including that: people should have the choice not to live in care homes; personal life plans should take account of individual needs and preferences; there should be arrangements in place to support people to live a normal life in the community; and people should get the right information to know what is going on and to plan ahead.

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#### Related links

24 <http://www.scotland.gov.uk/library/swsg/c114/c114-04.htm>

25 <http://www.scotland.gov.uk/Publications/2004/01/18742/31614>



Table 6

Table 6 Housing Tenure and Household Composition		
<b>Local Partnership</b>		
Adults with Learning Disabilities - Current Data	2008/09	Date
Tenure Type	No. People with LD	
Living with parent/carers		
L.A. Rented - - Single tenancy		
L.A. Rented - - Group/shared tenancy		
L.A. Rented - temporary		
Social Housing - rented - Single tenancy		
Social Housing - rented - Group/shared tenancy		
Social Housing - temporary		
Private accommodation arrangements		
Tied housing		
Owner-occupier		

**Instructions for using Table 6**

The data entered into the highlighted cells of Table 6 should be the most recent available. The definitions to be used are those within the Scottish Government SAY Statistics Returns and the eSAY learning disability dataset, for example in relation to: adults who are living in their own tenancies; and adults who are owner occupiers.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 7a. Day Centres, Day Opportunities, Further Education, Training

**Key Point:** Getting a life and social inclusion for people with learning disabilities will require changes in relation to their activities during the day, and with training, education and employment opportunities.

**Day Services/Day Activities:** *The Same As You?* said that the role of day centres should change. They should increasingly become community resource centres, offering some in-house activities and support. They need to use community resources to help people with learning disabilities to get continuing education and development, real jobs and more involved in sport and leisure activities. Recommendation 15 said that local authorities and health boards should develop more modern, flexible and responsive services which support people in the community through employment, lifelong learning and getting them involved socially.

**Make My Day! The SAY National Implementation Group:** Report of the Day Services Sub Group<sup>26</sup> quoted research suggesting that day services that are based in buildings are not good for social inclusion, and cannot be person-centred, but that the quality of day opportunities, whether good or poor, has a major impact on the lives of the relatives of people with learning disabilities. People with learning disabilities who take part in leisure activities mainly do so in day centre time, not in the evening or at weekends. People say that the barriers to taking part in leisure activities are lack of transport and not enough carers or friends to go with<sup>27</sup>.

**Education:** Research has suggested that more people with learning disabilities want to have more training, that there is an unmet demand, and that people with more complex needs are mainly excluded from education. Much college provision is segregated with people with learning disabilities having little contact with other students. Training courses can take place within or outwith colleges, but often does not have a purpose that relates to what people want to do. Most training does not help people with their careers.<sup>28</sup>

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#### Related links

<sup>26</sup> <http://www.scotland.gov.uk/Publications/2006/04/24103440/3>

<sup>27</sup> Beart, Hawkins and Kroese *et al*, 2001

<sup>28</sup> Simons and Watson, 1999

Table 7a

Table 7a Day Centres, Day Opportunities, Further Education, Training			
<b>Local Partnership</b>			
<b>Day Hospital</b>	Places pw		
	Attend pw		
<b>Day Centres</b>			
Day Centres	Places pw		
	Attend pw		
All Day Services			
Attending a day centre 5 days per week	Attend pw		
At D.C. less than 5 days with no altern. day opps.	Attend pw		
At D.C. less than 5 days with alternative day opps.	Attend pw		
Not at D.C. but has alternative day opportunities	Attend pw		
<b>Day Centres &amp; Day Activities/Opportunities</b>		<b>Day Centre</b>	<b>Day Opportunities</b>
0.5 day per week	Attend pw		
1 day per week	Attend pw		
2 days per week	Attend pw		
3 days per week	Attend pw		

**Instructions for using Table 7a**

The data entered to the highlighted cells of Table 7a should be the most recent available. People are often involved in a range of activities so may be included in more than one category. The definitions to be used are those within the Scottish Government SAY Statistics Returns and the eSAY learning disability dataset, for example the call for a common sense approach to define whether a day has been spent within a Day Centre or as an alternative opportunity. Whatever predominates should be entered (for example, only one hour in a day centre does not count as a full day). Days when people simply remain at home should not be counted as alternative day opportunities.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Table 7b. Employment

**Key Point:** Employment for people with learning disabilities will require changes in relation to people's activities during the day, and with training, education and employment opportunities working together to achieve more social inclusion effective outcomes for people.

**Employment:** The SAY National Implementation Group Short-life Working Group on Employment 2003 report *Working for a Change*<sup>29</sup> said that in an equal opportunity society, if any adult wants to work, support should be provided to make this possible. This is still not happening for people with a learning disability. In Scotland it is estimated that only one adult in ten with learning disabilities has any form of paid work. Many people with learning disability start their journey to employment through training, FE and volunteering but this often fails to transpire into employment for various reasons. They are often put off work for a variety of reasons including issues with benefits system. People with a learning disability need extra help to choose, get and keep a job. Employers need advice and support to bring out the best in employees who have a learning disability.

In order to make employment work for people with learning disabilities there needs to be:

- Reference to employment in Single Shared Assessments and reviews;
- Service development planning based on the "steps" people take to employment.

Partnerships are key to the development of employment services. Currently there are two major policy frameworks which can offer advice and guidance:

- Workforce Plus is leading on the Employability Framework for Scotland<sup>30</sup> under six themes: early interventions; client focused interventions; employer engagement; sustaining and progressing employment; joined up planning and delivery of services; and better outcomes. This provides a framework for considering what already exists within the employment field for people with learning disabilities, where to build capacity in mainstream services, and how services can be most effective within the employability pathway.
- More Choices, More Chances offers the same as Workforce Plus for young people who are not in education, employment and training.

Further information on the effectiveness of supported employment for people with learning disabilities and ASD can be found at:  
[www.scotland.gov.uk/resouce/Doc/54357/0013028](http://www.scotland.gov.uk/resouce/Doc/54357/0013028)

A blueprint for Supported Employment can be found at: [www.suse.org.uk](http://www.suse.org.uk)

A useful checklist for commissioning is included in "Go for it!" Supporting People with Learning Disabilities and/or Autistic Spectrum Disorders in Employment – Research Findings: <http://www.scotland.gov.uk/Resource/Doc/54357/0013026.pdf>

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## Related links

<sup>29</sup> <http://www.scotland.gov.uk/library5/health/wcsy-04.asp>

<sup>30</sup> <http://www.scotland.gov.uk/Publications/2006/06/12094904/0>

Table 7b

Table 7b Employment			
Local Partnership			
Schools			
Mainstream pupils with Additional Support Needs			
Total ASN Nos. with learning disabilities leaving school	Avg. p.a.		
Nos. leaving to enter employment	Avg. p.a.		
Special School pupils with Learning Disabilities			
Total Nos. with learning disabilities leaving	Avg. p.a.		
Nos. leaving to enter employment	Avg. p.a.		
Further Education		LD/ASD Specific Course	Mixed Course
Total Nos. with learning disabilities leaving	Avg. p.a.		
Nos. leaving to enter employment	Avg. p.a.		
Training			

**Instructions for using Table 7b**

The data entered to the highlighted cells of Table 7b should be the most recent available.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 8. Income Sources &amp; Benefits Take-up by Adults with Learning Disabilities

**Key Point:** The source and scale of income available to people with learning disabilities will significantly influence the choice and control they have. This Table will provide data about income sources including employment and benefits.

The Scottish Executive's Social Focus on Disability 2004<sup>31</sup> Report said that differences in household incomes can be seen as one of the more obvious forms of exclusion. Benefit support is an important source of financial support for disabled people both in and out of employment. A research report by the Department for Work and Pensions, *Diversity in Disability* found that, for the people they interviewed, the attitude of disabled people was generally positive towards claiming benefit for their disability. The results of the Scottish Household Survey in 2001/02 indicated that thirty-one per cent of all Scottish households have an annual income of £10,000 or less. However, this proportion is considerably higher for households containing members who are disabled or have a long-term illness: 41 per cent of households with 1 or more people with a disability and 42 per cent of households with 1 or more people with a long-term illness have an annual income of £10,000 or less. In August 2003, 554,000 people of working age or 18 per cent of the working age population in Scotland were claiming at least one key benefit. Almost two thirds of these claims, 65 per cent, were from people in the sick or disabled client group.

Severe Disability Allowance (SDA) is payable to those aged 16 or over who have been unable to work for a continuous period of 28 weeks because of incapacity and who do not qualify for Incapacity Benefit (because of insufficient contributions). There were 36,400 claimants of SDA in Scotland at August 2003 and almost all claimants were eligible to receive the benefit.

Disability Living Allowance (DLA) is a non-contributory, non-income assessed, non-taxable allowance which is payable to people who are disabled and who have personal care needs, mobility needs or both. In August 2003, 281,200 people were receiving DLA in Scotland – 24,800 of them categorised as having learning difficulties, and of those 18,100 receiving both care and mobility components.

Attendance Allowance is a non-contributory, non-income assessed and non-taxable benefit for people who are so severely disabled, physically or mentally that they need someone with them for help with personal care. In August 2003, 133,800 people in Scotland were receiving Attendance Allowance. Of whom 13,400 received the benefit for 'Mental health causes'.

*Working for a Change?* The SAY National Implementation Group Report of the short-life working group on Employment<sup>32</sup> noted that the interaction between pay, tax and benefits is always complex and tends to become most complex for the most vulnerable, including people with learning disabilities. People with learning disabilities also tend to have the greatest difficulty understanding complex rules and advocating for themselves. They are the very people for whom the rules need to be most simple, but the opposite happens.

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#### Related links

<sup>31</sup> <http://www.scotland.gov.uk/Publications/2004/08/19818/41706>

<sup>32</sup> <http://www.scottishexecutive.gov.uk/Publications/2003/12/18575/29605>

Table 8

Table 8 Income Sources & Benefits Take-up	
Local Partnership	
Source of Income	No. LD Adults
Job Wage/Salary	
None	
Income Support	
Jobseeker's Allowance	
Housing benefit	
Council Tax benefit	
Disability Living Allowance (mobility)	
Disability Living Allowance (care)	
Attendance allowance	
State pension	
Private pension	
Invalid Carer Allowance	
Incapacity Benefit	

**Instructions for using Table 8**

The data entered into the highlighted cells of Table 8 should be the most recent available. People may have a number of different income sources so may be included in more than one category.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 9a. Self Directed Support – Assessment and Support Planning

**Key Point:** Government Guidance seeks major service redesign to ensure more personalised services and self-directed support. This Table will provide data about key aspects of that approach.

*The Same As You?* Recommendation 3 was that everyone with a learning disability who wants one should be able to have a personal life plan (PLP), or person centred plan (PCPs). PLP/PCP is a process for continual listening and learning, focused on what is important to someone now and for the future, and acting upon this in alliance with family and friends. This listening and learning is used to understand a person's capacities and choices. PLP/PCP is a basis for problem solving and negotiation to mobilise the resources necessary to pursue the person's aspirations. These resources may be obtained from a person's personal network, from service agencies or from a range of non-specialist and non-service sources. SAY recommendations also included that:

- 5) By 2003, anyone who wants direct payments should be able to have them, and local authorities should be included in the list of possible providers;
- 26) Life plans for people with learning disabilities who live with their parents should include plans for a time when parents may no longer be able to provide care.

Within this context the *Changing Lives*<sup>33</sup> report reinforced the promotion of personalisation and independent living and the need for direct payments as a tool to assist people achieve independent living by means of self-directing their own support. The National Guidance on Self-Directed Support<sup>34</sup> (2007) says that self-directed support in Scotland is part of the mainstream of social care delivery, targeted at empowering people. It is about flexibility, choice and control and having a decent quality of life. It is ultimately about promoting confidence and wellbeing for those with an assessed need. The Guidance says that self-directed support builds on the platform provided by direct payments legislation and the rights enshrined in the Disability Discrimination Act (Scotland) 2003. The terms self-directed support and direct payments can be used interchangeably.

The Self-Directed Support Guidance states that what is required is major service redesign so that resources and support can be allocated on a truly individual basis, through individual budgets from funding sources including local authority budgets that may include Supporting People, funding for equipment and temporary adaptations, NHS monies and DWP benefit streams such as the Independent Living Fund (ILF) and Access to Work funding. An individual budget (IB) is for the person's sole use to arrange for her/his support needs.

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#### Related links

<sup>33</sup> <http://www.socialworkscotland.org.uk/>

<sup>34</sup> <http://www.scotland.gov.uk/Publications/2007/07/04093127/0>



Table 9a

Table 9a Self Directed Support - Assessment and Support Planning	
<b>Local Partnership</b>	
<b>Assessments</b>	
Community Care Assessments by CC Teams	
No. Assessments p.a.	
No. People Assessed p.a.	
No. Single Shared Assessments p.a.	
No. Carers' Assessments	
<b>Self Assessments</b>	<b>No. LD Adults</b>
No. Self-Assessments p.a.	
No. Carers' Self Assessments	
<b>Care/Support Plans</b>	
No. Standard Care Plans	
No. PCPs/PLPs	
No. with self developed Support Plans based on self assessments	
No. with Carers' Support Plans based on carer self assessments	

**Instructions for using Table 9a**

The data entered to the highlighted cells of Table 9a should be the most recent available. This Table, alongside other aspects of the workbook, should be used in conjunction with the Joint Improvement Team's *7 Step Individual Commissioning Pathway*<sup>35</sup> and its flowchart to support the use of evidence in commissioning services for individuals with learning disabilities. This online toolkit / flowchart has been designed to help commissioners use existing evidence and good practice when developing and evaluating individual service plans for people with learning disabilities, in conjunction with the publication "Improving Outcomes – Guidelines to support the use of evidence in commissioning services for individuals with learning disabilities".

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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**Related links**

<sup>35</sup> <http://www.jitscotland.org.uk/knowledge-bank/toolkits/improving-outcomes/>

**Table 9b. Self Directed Support – Services and Individual Budgets**

**Key Point:** A range of options may be available for the delivery of Supports Plans based on individual budgets

The Self-Directed Support Guidance says that self-directed support is used instead of, or in addition to, support services that the local authority might otherwise have provided. It can buy support for people to live in their own homes. Out of the home it could be to support individuals in college, or to enjoy leisure pursuits. It may also be used to pay for someone to provide care and support to enable them to take a short break with the person. A person on self-directed support can buy this from a service provider such as a care agency or voluntary organisation, a local authority such as their own or a neighbouring one, or by employing personal assistants (PAs). In summary, it is an opportunity to meet the assessed needs of the whole person in creative and flexible ways.

It is important to identify and monitor the use of individual budgets, and Table 9b seeks to provide to do that in relation to the number of people with individual budgets, the cost of the individual budgets for their support within set ranges, and the overall budgets allocated for this purpose.

Local Authorities and partner agencies may introduce individualised budgets as a means of increasing the participation and control of service users and as one means to promote more personalised services. They may also decide to develop a system of individualised budgets whether or not people are in receipt of direct payments. Whilst this will remain one important route most people will have a right to take, people may also choose to use their individualised budgets in other ways, such as:

- **Totally Public sector:** where in-house services are secured, or the public body purchases independent agency services, so no money passes to the service user;
- **Totally Independent:** funding paid direct to independent provider by the purchasing public agency, specifically for the individual's care;
- **Direct Payments:** the full allocation goes directly to the individual;
- **3rd Party:** money is paid directly to a 3rd party, such as carer or brokerage agency, nominated by the service user;
- **Service Mix:** some in-house services and some external services where the latter amount goes into individual's bank account.

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Table 9b

Table 9b Self Directed Support - Services and Individual Budgets					
<b>Local Partnership</b>					
Number people	Totally Public	Totally Independent	Direct payments	3rd party	Service Mix
No. People in control of services and with individual budgets					
0 - 15 years					
16 - 20 years					
21 - 49 years					
50 - 64 years					
65+ years					
<b>Total</b>	0	0	0	0	0
<b>Individual Budgets</b>					
No. People in control of services and with individual budgets valued per week at:					
< £99					
£100 to £199					
£200 to £299					
£300 to £399					

**Instructions for using Table 9b**

The data entered to the highlighted cells of Table 9b should be the most recent available. This Table can be completed, regardless of whether there is a full or only a partial system of individualised budgets. In the latter case, this may be an existing system of direct payments. In wider arrangements for individualised budgets, the options set out in the headings should be customised to those available locally.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Section 3:

### Finance and Workforce

**Table 10. Current Budgets**

**Key Point:** Table 10 provides general budget data, whilst Tables 10a (Children) and 10b (Adults) will provide data about the budgets for and unit costs of current social care and certain health services for people with learning disabilities.

A starting point for the Commissioning Strategy is not only the current levels and balance of services, as set out in Tables 5a and 5b above, but also the current levels and balance of budgets (Tables 10a and 10b). Service development strategies, including shifts to self directed care and individualised budgeting, require to be complemented by financial plans, which reflect realistic estimates of the funding and staffing likely to be available. This should provide potential users of the workbook with a sound basis to initiate financial modelling and planning, which should include:

- **Financial planning** – All partners should jointly develop a medium term financial management plan to support the overall envelope;
- – Financial planning and resource allocation should be driven by output budgeting developed from the assessment of the appropriate level and mix of services agreed between the partners to meet both social care, health and housing needs and requirements. User and carer groups, independent providers, and voluntary sectors bodies should be included in this planning process;
- **Planning scope** – The financial management plan should address identified commitments (either existing or agreed future commitments) between all of the partners. The plan should include, for example, projections of future uplift requirements, maintenance of financial balance, response to service pressures, savings required under Efficient Government and future additional contribution requirements;
- **Continuous Review** – The financial health of the total financial envelope should be maintained by rolling forward the plan on an annual basis;
- **Congruence with partner agency strategic plans** – The financial plan should be congruent with individual agency strategic financial plans.

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Table 10

Table 10 Finance - Social Care, Health and Housing for People with Learning Disabilities						
Local Partnership						
Current Gross Revenue Budgets						
2008/09 Gross Revenue Budget	Budget (000s)	Out of Area Placements £	Unit Costs (£s per period)	Unit Cost period	Unit Cost (£s per year)	Notes
NHS Inpatient/Indep. Hospital/Hospices				Week		
Accommodation						
Own Tenancy				Week		
Special Housing				Week		
Supported accommodation				Week		
Hostels				Week		
Supported Tenancies				Week		
Specialist Rehabilitation Units				Week		
Registered adult care homes				Week		
Registered care homes - older people				Week		
Homelessness Accommodation				Week		
Penal institutions				Week		
<b>Total accommodation</b>	£0	£0				

### Instructions for using Tables 10a and 10b

Tables 10a and 10b should be customised to match Tables 5a and 5b respectively and the third column of Tables 10a/b should be completed with information about the current gross revenue budget. There will need to be joint local consideration of the basis for calculating unit costs, which should preferably include on-costs, management and central costs. Services purchased externally should also show appropriate commissioning/central costs to enable best estimates to be made of the financial implications of possible future resource shifts. Estimating the cost of care packages and the cost of wider development plans will also require aggregation from single services and their unit costs. The current unit costs of existing services should therefore also be inserted in the fourth column of Tables 10a/b. Double counting should be avoided, e.g. therapy services may be included in unit costs for an in-patient bed, so should not be counted twice.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 11. The Workforce

**Key Point:** This Table will provide data about the workforce in current social care, housing support and certain health services for people with learning disabilities.

One of the key steps in the development of a Commissioning Strategy will be to give consideration to workforce issues. *The Drivers for Change*<sup>36</sup> *Paper and Scotland's Social Care Labour Market Report*<sup>37</sup> considered workforce issues respectively in the NHS and for social care, and highlighted a number of factors that lend weight to the need for service change in the NHS and in care service provision in Scotland:

- Demography – the number of people of working age in the workforce;
- Work-life balance – importance of flexible working in attracting/retaining staff;
- New Deal Contract and Working Time Directives;
- Workforce age profile;
- Gender, qualifications and job characteristics;
- Skills shortages;
- Remote and rural issues.

The Second Report, *'The Future Care Of Older People In Scotland'*<sup>38</sup>, from the Scottish Executive's Range And Capacity Review Group considered workforce issues and indicated that the question we have to face is how are we to provide improving services, that are labour intensive, for a growing population of older people, when there will be changes in a labour market that is

increasingly competitive, with the NHS, education, social care, supermarkets and call centres pursuing the same people. The Report noted that the delivery of care services is within a mixed economy, with the voluntary and private sectors increasingly delivering more services, and suggested a range of responses to get the right people with the right skills to the right place at the right time:

- Reducing the labour input where possible by avoiding duplication and by better organisation;
- Designing new roles to reflect changing patterns of service delivery with greater integration of jobs, functions and roles in health and social care services;
- Providing a more skilled workforce by paying and training the workforce better;
- Responding positively to inward migration;
- Using alternative types of care: equipment, adaptations, technology and Telecare;
- Building employee development as the foundation on which the confidence and competence of staff is built, not just for those with a professional qualification.

Local partners will need to analyse and evaluate all of the above issues in order to give proper consideration to workforce issues and in the preparation of the Workforce Plan, which, along with the Financial Plan, will be an essential component of the Commissioning Strategy.

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#### Related links

<sup>36</sup> National Workforce Planning Framework: 2005 – <http://www.scotland.gov.uk/Publications/2005/08/30112522/25230>

<sup>37</sup> <http://www.scottishexecutive.gov.uk/Publications/2004/08/19821/41747>

<sup>38</sup> <http://www.scotland.gov.uk/Resource/Doc/112906/0027388.pdf>

Table 11

Table 11 Workforce - Social Care, Health and Housing						
Local Partnership						
Current Workforce - Services for Adults with Learning Disabilities						
W.T.E. Staff by employer	NHS	Local Auth.	Vol. Org.	Private Sector	LD Person or Carer	Notes
NHS LD Facility/Hospital						
Managerial Staff						
Psychiatrists (Learning Disability)						
Psychologists (Learning Disability)						
Community Learning Disability Nurses						
Auxiliary/Assistant Nurse (Learning Disability)						
Social Workers - (Learning Disability)						
Social Work Assistants - (Learning Disability)						
Speech and language therapist						
Dietitian						
Occupational therapist						
Pharmasists						
Physiotherapist						
Podiatrist						

**Instructions for using Table 11**

The data entered to the highlighted cells of Table 11 should be the most recent available. Double counting of staff working across services should be avoided by using whole time equivalent figures.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Section 4:

### Service Analysis

Table 12. Service Use by Age

Key Point: This Table will provide data about the proportion of people with learning disabilities receiving services from different age groupings. The picture which emerges may demonstrate whether or not new patterns of service are developing with younger generations.

Over the last 20 years there have been major changes in support and services for people with learning disabilities, both in relation to where they live and what they spend their time doing. It may be that this has had more of an impact on young people with learning disabilities who have come through transition from school to adulthood.

People have different needs at various ages of their lives and it will be appropriate to plan and deliver variations in support for people with learning disabilities at different stages.

As part of the database preparation for a Commissioning Strategy, it may therefore be useful to carry out an exercise to examine service use locally within different age groupings of people with learning disabilities, and Table 12 provides a format for this.

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Table 12

Table 12 Service Use by Age of Adults with Learning Disabilities							
Local Partnership	16-20yrs		21-34yrs		35-49yrs		50+
No. adults with learning disabilities	No.	%	No.	%	No.	%	No.
<b>NHS Inpatient/Indep. Hospital/Hospices</b>							
Total Specialist Hospital LD							
Total All Hospital Specialisms							
<b>Accommodation</b>							
Parental/Family Home							
Own Tenancy - Mainstream							
Specialist & Supported Housing							
Registered adult care homes							
Registered care homes - older people							
<b>Education, Day Services and Employment</b>							
Colleges - LD/ASD Specific Courses							
Training - LD/ASD Specific Courses							
Employment - LD/ASD Specific Projects							
Day Centre							

### Instructions for using Table 12

Insert in the highlighted areas the number of patients/residents/service users/hours/contacts in your area for the age groups 16-19yrs, 20-39yrs, 40-64yrs, 65-74 yrs and 75+ yrs or for the alternative age groupings you have decided on locally. The data should be drawn from your local management information systems, and local survey exercises if these are necessary. Whilst most of the information should be as at a certain date – preferably the most recent date for which figures are available – certain elements of data, such as the information on respite/ short break will be over a period of time and it is suggested that these figures should be for a period of 12 months.

Local consideration should be given to whether it is appropriate to consider the same categories of support services in tables 12, 13 and 14.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Tables 13a and 13b. Service Use by Groups of Adults with Learning Disabilities

**Key Point:** These Tables will provide data about the proportion of people with learning disabilities receiving services in relation to certain broad categories of need and in relation to their ethnic group.

There are continuing issues about the balance of provision between people with lower support needs and people with complex needs and their carers, and about whether different approaches are being taken to meet assessed need, including on financial grounds.

In addition, there is some evidence that there are problems with the take-up of support services by people from minority ethnic groups, and a need to consider cultural issues in the delivery of support services.

As part of the preparation for a Commissioning Strategy, it may therefore be useful to carry out an exercise to examine service use locally within different groupings of people with learning disabilities and from different ethnic groups, and Tables 13a and 13b provide formats for this.

### Table 13a

Table 13a Service Use by Group of Adults with Learning Disabilities								
Local Partnership	Occasional and Short-term Support 1		Time-limited Support 2		Regular Long-term Support 3		Constant and Intensive Support 4	
	No.	%	No.	%	No.	%	No.	%
No. adults with learning disabilities								
Total in local LD population								
NHS Inpatient/Indep. Hospital/Hospices								
Total Long Stay in Specialist Hospital LD								
Total Long Stay in other Hospital Specialisms								
Accommodation								
Parental/Family Home								

#### Instructions for using Table 13a

Insert in the highlighted areas the number of patients/residents/service users/hours/contacts in your area for the variables such as people with complex needs, people with challenging behaviours, people with autistic spectrum disorder. Table 13a can be customised to accommodate different services and different groupings of people with learning disabilities to match local requirements and they should be decided locally. The data should be drawn from your local management information systems, and local survey exercises if these are necessary.

Consideration should be given locally to whether it is desirable to use the same population groupings in tables 13a and 14.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 13b

Table 13b Service Use by Group of Adults with Learning Disabilities from Minority Ethnic Groups							
Local Partnership	White British		White European		Asian, Asian Scottish or Asian British Indian		All
	No.	%	No.	%	No.	%	
No. adults with learning disabilities:							
Total in local LD population							
NHS Inpatient/Indep. Hospital/Hospices							
Total Specialist Hospital LD							
Total All Hospital Specialisms							
Accommodation							
Parental/Family Home							

**Instructions for using Table 13b**

The eSAY Dataset should be considered, along with other local circumstances, to determine the categories to be used in Table 13b. The Excel file has full breakdown of ethnic groupings, which should be customised according to local data and circumstances. The entries for Table 13b should be drawn from local databases, with definitions in line with the national dataset. The 4 heading categories support levels are mutually exclusive, and people with learning disabilities should only be counted against one of these categories in each row, although one person can be counted in many rows.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 14. Rates of Service Use

**Key Point:** This Table will provide data about the rates at which some of the main health and social care services are currently used. The application of these rates to population projections may provide a picture of future need and demand.

Over time the population of people with learning disability changes. A new group comes through childhood, children come through the transitional stage into adulthood, and the ageing process takes people with learning disabilities into older age. In planning future services and benchmarking provision between areas, it may be helpful to consider the current rates of service use. Table 14 provides a format for calculating the current rates of service use of some of the main areas of health and social care.

Establishing the current rate of service provision and then applying that rate to future population offers one means of estimating changing need and demand. This is based on an assumption that the policy intention will be to at least maintain levels of service in real terms against population change and growth within the population groups with different categories of need.

The overall model in the workbook is intended to be fairly comprehensive – Table 14 is, however, restricted in the services considered because it seeks to provide a fairly broad picture about the balance between services in relation to where people live, some of their main activities, and some important support services. The picture may raise issues about those balances and about the need to promote changes, and provide a baseline for future development.

Table 14

Table 14 Proportions and Rate of Service Users per 100 pop. for main Current Resources								
Local Partnership	Occasional and Short-term Support			Time-limited Support			Regular Long-term	
	No.	% service area	Rate per 100 16+yrs	No.	% service area	Rate per 100 16+yrs	No.	% service area
Number of people using services:								
Population with learning disabilities 16+								
NHS Inpatient/Indep. Hospital/Hospices								
Total Long Stay in Specialist Hospital LD								
Total Long Stay other Hospital Specialisms								
Accommodation								
Parental/Family Home								

**Instructions for using Table 14**

Population data will be automatically drawn from Table 1. Local resource use information should then be added to the highlighted cells and the percentages and rates will be automatically calculated. A local decision will be required about whether the service categories used in Table 14 need to be line with Tables 12 and 13. The four heading categories support levels are mutually exclusive, and people with learning disabilities should only be counted against one of these categories in each row, although one person can be counted in many rows.

Table 15. High Cost Packages of Care

**Key Point:** This Table will provide data about packages of care which involve high cost, and the number of high cost packages, which involve people with learning disabilities funded in out of area placements.

As the balance of care for people with learning disabilities has shifted from hospital provision and places in residential homes, the number of individuals with learning disabilities living in the community and supported on their own or in small groups has significantly increased with consequences for the number of high cost packages of care. There also continue to be people with special requirements, which may involve complex needs, challenging behaviour or forensic issues, who remain in institutional settings with high costs, a number of which are in 'out of area' locations. In addition, there are increased expectations of high cost packages for young people in transition and moving from support by children's services to adult services.

A survey carried out by the Association of Directors of Social Work (ADSW) in 2007 suggests that of the 23,307 people with learning disabilities known to services, 1,542 are supported in packages costing between £1,000-£1,500 per week (£80-£120 million per year), and 1,241 people are receiving packages costing more than £1,500 per week (estimated £144 million per year).

Table 15 considers information about people with high cost packages by age group, accommodation type, and whether they are living in the planning area or funded in placements elsewhere. The ADSW survey also established data about high cost packages in relation to particular needs: PMLD; autistic spectrum disorder; mental health issues; forensic issues; challenging behaviour; and dementia. In addition, the survey was able to establish the average weekly cost of packages of care. Table 15 can be customised to take account of special needs and other factors required for planning purposes such as day services and carer support.

Table 15

Table15 High Cost Packages											
Number of People with Learning Disabilities with Care Packages Costing £1,000 - £1,500 per week	Within Planning Area						Out Of Area				
	0-15	16-20	21-34	35-49	50-64	65+	0-15	16-20	21-34	35-49	50-64
Living with parent/carers											
L.A. Rented - Single tenancy											
L.A. Rented - Group/shared											
L.A. Rented temporary											
Social Hsg rented - Single ten.											
Social Hsg rented - Group/shared											
Social Housing - temporary											
Private accommodation											
Tied housing											
Owner-occupier											
Registered accommodation											
NHS inpatient - no other home											

### Instructions for using Table 15

If planning partners wish to give special consideration to high cost packages, they will need to determine how to customise Table 15 to gather data which is relevant locally, and decide what categories of data to include, such as:

- cost levels/ranges;
- age groupings;
- accommodation categories;
- support and care services (health, social care, housing support and other);
- special needs (PMLD, ASD, mental health, forensic, challenging behaviour, dementia);
- boundaries of planning area and what constitutes 'out of area'.

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## Table 16a. Benchmarking Comparisons – Social Care

**Key Point:** This Table will provide data to enable benchmarking comparisons to be made between the local authority planning area/s and similar Council areas, which can raise questions about the nature and scale of local support services for people with learning disabilities.

Comparator authorities were established in 2004 by HMIE<sup>39</sup> and were determined by comparing a number of statistical measures between local authorities, such as deprivation figures, council tax banding rates, rural figures, life expectancy and economic activity. In order to determine the weight that could be given to comparisons between the local authority and its group, a star rating was introduced which indicates the 'distance' of a particular authority to each member; five stars indicating extremely close and one star indicating not close. HMIE urges users to take into account the input indicators used in its analysis and to check whether they are appropriate for use within the context of the work – particularly in relation to city authorities, as they tend to have very few other authorities to which they can be considered 'very close' or 'extremely close'. Although the source means there is a bias in the figures to children and family statistics, using these ratings, the planning areas can be compared with certain other Scottish local authority areas. Appendix 3a in the Excel file provides a full list of comparator authorities. The populations used for comparative purposes can be taken from the General Register Office for Scotland's (GROS) population projections for each Council area (Appendix 3c.). Other information for benchmarking, including service levels, use of resources and financial information can be established through the Scottish Government from data in statistical returns made by local authorities and NHS Boards.

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### Related links

39 HMIE – Her Majesties Inspectorate of Education 2004 Review Group on Comparator Authorities Technical Report



Table 16a

Table 16a Comparisons - Planning Area & Scottish Benchmark Authorities - Learning Disability Services						
Expenditure and Service Levels for Learning Disability Services	Revenue Expenditure 04/05 Learning Disability	Adults Known to Local Authorities	Care Homes and Registered Places	Adults Living in their Own Tenancies	No. in Further Education	Training
Local Partnership						
Comparator Authority 1						
Comparator Authority 2						
Comparator Authority 3						
Comparator Authority 4						
Comparator Authority 5						
Comparator Authority 6						
Comparator Authority 7						
Comparator Authority 8						
Scotland						
Rates per 100 people 16+ yrs	Revenue Expenditure 04/05 Learning Disability	Adults Known to Local Authorities	Care Homes and Registered Places	Adults Living in their Own Tenancies	No. in Further Education	Training
Local Partnership						
Comparator Authority 1						
Comparator Authority 2						

### Instructions for using Table 16a

Details of benchmark authorities established by the Scottish Government are in Appendix Table 3a of the Excel file. The local partnership area and benchmark authorities should be inserted in Tables 16a. Local decisions will be required about which local authority should be used as benchmark areas. Details of the population should be drawn from the GROS source material for Table 1. Financial information on local authority expenditure can be found in the Scottish Government's 'Scottish Local Government Finance Statistics webpage'<sup>40</sup> and the Care Scotland website<sup>41</sup>. Data about social care services to enable completion of Table 16a is provided in Appendices 3c to 4n of the accompanying Excel file and can also be found on the Care Scotland website<sup>42</sup>.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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### Related links

<sup>40</sup> <http://www.scotland.gov.uk/Topics/Statistics/Browse/Local-Government-Finance/PubScottishLGFStats>

<sup>41</sup> [http://www.socialworkscotland.org.uk/Data/2007/FIN\\_stats.php](http://www.socialworkscotland.org.uk/Data/2007/FIN_stats.php)

<sup>42</sup> <http://www.socialworkscotland.org.uk/programme5stats.php>

Table 16b. Benchmarking NHS services

Key Point: This Table will provide data to enable benchmarking comparisons to be made between the NHS Board area concerned and other NHS Board areas, which can raise questions about the nature and scale of local health services for people with learning disabilities.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 16b

Table 16b NHS Area - Comparisons with other NHS Areas - Services for People with Learning Disabilities							
Expenditure and Service Levels for Learning Disability Services	Learning Disability Hospitals No. beds	Gross Budget Learning Disability Hospitals	NHS Forensic	WTE CLD Nurses	Gross Budget CLD Nurses (000s)	WTE Allied Health Professionals (Dedicated LD)	Gross Budget AHPs (000s)
Local Partnership							
Benchmark NHS areas							

### Instructions for using Table 16b

Local decisions will be required about which NHS areas should be used as benchmark areas. Details of the population should be drawn from the GROS source material for Table 1. Financial information on NHS expenditure can be found on the ISD website. Data about health services to enable completion of Table 16b is provided in Appendix 5 of the Excel file and can also be found on the website of ISD (NHS Information and Statistics Division)<sup>43</sup>, including: R020LS – Hospital Running Costs By Patient Type – Learning Disability Hospitals<sup>44</sup>.

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### Related links

<sup>43</sup> <http://www.isdscotland.org>

<sup>44</sup> [http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Costs\\_D020LS\\_2006.xls&pContentDispositionType=inline](http://www.isdscotland.org/isd/servlet/FileBuffer?namedFile=Costs_D020LS_2006.xls&pContentDispositionType=inline)

Table 17a. National Outcomes – Community Care

**Key Point:** This Table will provide data about performance against a range of key elements from the National Outcomes Framework for a community care.

The national partnership of COSLA, NHS Scotland and the Scottish Executive provides a lead on joint working in community care to support local partnerships in delivering better outcomes, and has established the outcomes framework.

The new framework is based on four high level national outcomes supported by sixteen measures (mainly outcomes and outputs) and in due course by a broader range of targets. Links have been made between the Joint Performance Information and Assessment Framework (JPIAF) and the New Performance Measures under the National Outcomes Framework.

The four national outcomes are:

- Improved health;
- Improved wellbeing;
- Improved social inclusion; and
- Improved independence and responsibility.

The Scottish Executive letter, 4 April 2007, on National Outcomes for Community Care<sup>45</sup> said that: *“Locally, partnerships will wish to consider the issues for them, as part of the wider implementation of the performance framework for community care. More specifically, they will want to consider whether their local joint performance frameworks are sufficiently robust to combine with that nationally in a comprehensive joint performance framework for community care. They will also wish to consider whether they have a joint performance culture. And they will need to consider the information needed to move to such a position. Partnerships will be developing Local Improvement Targets (LITs) to support the new framework. They will wish to begin considering their scope and shape. Local partnerships will wish to progress these matters in parallel with the evolving framework nationally.”*

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**Related links**

<sup>45</sup> <http://www.scotland.gov.uk/Resource/Doc/924/0049567.pdf>

Table 17a

Table 17a Outcomes Framework - Community Care			
Local Partnership	Target %	No. People	Actual %
Number of people waiting for more than targeted time from referral to completion of assessment per 1000 population.			
Number of people waiting more than the targeted time for the delivery of community care services following an assessment per 1000 population.			
Percentage of care plan reviews carried out within agreed timescale.			
Percentage of users of community care services feeling safe.			
Percentage of community care users and carers satisfied with involvement in their health and social care packages.			
% of users and carers satisfied with care package.			
Percentage of service users reporting satisfaction with the opportunities provided for meaningful social interaction.			
Percentage of user assessments of needs completed in accordance with agreed national standards.			
Shift in balance of care from institutional to home based care.			
Percentage of carer assessments of needs completed in accordance with agreed national standards.			
Percentage of carers who feel supported and capable to continue in their role as a carer.			

### Instructions for using Table 17a

Local partners may already have set Local Improvement Targets for a performance in community care services for people with learning disabilities and their carers. If these reflect the National Outcomes Framework then the Table provides a format for bringing this evaluation into the workbook. Alternatively, local partners may wish to consider what local targets to establish in advance of national targets being set, to inform their evaluation of local performance.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 17b. NHS Performance

**Key Point:** This Table will provide data to enable an assessment to be made about local health services against the recommendations made in the Health Needs Assessment Report.

The Health Needs Assessment<sup>46</sup> developed 25 recommendations to improve health for people with learning disabilities, and reduce inequality. These called for a series of specific actions in five areas:

- A. **Leadership and accountability** (both nationally and locally, and including health improvement strategy development);
- B. **Infrastructure:** development, planning and monitoring (including a programme of research focused on health improvement for people with learning disabilities, database development, and recommendations for NHS QIS and the Care Commission, and for S.I.G.N.);
- C. **Specific interventions** (including a health screening programme specifically for people with learning disabilities, development of national governance with an audit of all deaths of persons with learning disabilities, enhancing primary health care services, increased availability of advocacy, and specialist community-based services for children, adults and older persons with learning disabilities);

D. **Information** (including dissemination of health improvement information, identification and networking of directly-accessed practitioners, and a better understanding of the needs of persons with learning disabilities from ethnic minority communities); and

E. **Education** (including work on staff induction in NHS Scotland, initiatives at pre and post registration/graduation, and with paid and family carers).

This table in the workbook has converted a number of their recommendations within the Health Needs Assessment Report into an evaluation framework.

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#### Related links

<sup>46</sup> [http://www.gla.ac.uk/media/media\\_63869\\_en.pdf](http://www.gla.ac.uk/media/media_63869_en.pdf)

Table 17b

Table 17b NHS Performance - Health Needs Assessment			
	Fully in place	Planned	Not planned
<b>Local Partnership</b>			
<b>Local Health Improvement Strategy</b>			
A local health improvement strategy to meet the specific needs of children, adults and older adults with learning disabilities within the wider strategy for health improvement.			
A mechanism to ensure inclusion of people with learning disabilities in all local health initiatives.			
A local Learning Disabilities Health Strategy Statement.			
A programme of health promotion appropriate to the needs of people with learning disabilities.			
Specific interventions to reduce health inequalities.			
Clinical Governance and Standards.			
Local assessment of health needs and services.			
Development of the Single Shared Assessment to include health improvement.			
Specialist learning disabilities services managed within a <i>Joint Future</i> model of service delivery and planning across all of tiers 0 – 4.			
<b>Infrastructure: Development, Planning And Monitoring</b>			
A continually updated local database for people with learning disabilities, compliant with the National Learning Disabilities Core Data Set			
<b>Interventions</b>			

### Instructions for using Table 17b

Local partners should determine whether the recommendations from the Health Needs Assessment Report are being fully met within the local partnership area, identify those areas where there are plans to meet the recommendations, and areas in which no plans currently exist. Local partners may wish to customise the table so that the extent to which the recommendations have been met can be identified and the quality of the response evaluated.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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**Table 18a. Community Supports – Current Average Resourcing or ‘What Works’**

**Key Point:** This Table will provide an estimate of the average levels of social care, housing support and community health services by people and carers needing varying levels of support in the community.

Having established a picture of changing demands for services earlier in this paper, and a direction in relation to the balance of care in current resources in line with the requirements of Local Improvement Targets and local strategies and the Changing Lives Implementation Plan, it is necessary to establish what the detailed implications of this direction will be for people with learning disabilities supported in the community and what models of care should be adopted locally.

A commissioning model needs to complement decisions about service models to be developed with more precise views about the configuration of services to be pursued and the scale of development.

It may be appropriate, before decisions are made, that further information is gathered about alternative models of care by gathering data or through visits to other areas, which have developed new approaches to the provision of community health and social care services. The Joint Improvement Team can assist in helping to provide some of this data and also in linking with other areas, which may have developed alternative approaches to care provision.

The public in general, and people with learning disabilities and their carers in particular, service users and carers will have expectations and aspirations for the models of care that should be available in the short- and long-term future. These views should be gathered as part of the planning process.

What would be a typical package of care for a person with learning disabilities and complex needs? The model in this report requires details of what constitutes an average package of care, which successfully maintains people at home, and these details are required for Table 18a. If the only way of establishing this information about what constitute successful local packages of care is through a survey of what works locally, then local partners may wish to consider using the survey form (Excel file Appendix 6).

The *7 Step Individual Commissioning Pathway*<sup>47</sup> published by the Joint Improvement Team is based on a flowchart designed to help commissioners use existing evidence and good practice when developing and evaluating individual service plans for people with learning disabilities. This online resource should be used in conjunction with the publication “Improving Outcomes – Guidelines to support the use of evidence in commissioning services for individuals with learning disabilities” which is available as a dynamic pdf.

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#### Related links

<sup>47</sup> <http://www.jitscotland.org.uk/knowledge-bank/toolkits/improving-outcomes/>



Table 18a

Table 18a Community Supports - Current Average Resourcing or What Works					
Local Partnership	Occasional and Short-term Support 1	Time-limited Support 2	Regular Long-term Support 3	Constant and Highly Intensive Support 4	
Total Sample					
	Number in Sample				No.
Accommodation					
Living with Family Carer					Ca
Own Tenancy - Mainstream					1
Special Housing					1
Sheltered housing					1
Supported accommodation					1
Hostels					Ri
Staffed Group Hostels					Ri
Core and Cluster					Ri
Supported Tenancies					Ri
Supported landlady/resident					Ri
Specialist facilities					Ri
Other Supported Accommodation					Ri
Specialist Rehabilitation Units					Ri
Registered adult care homes					Ri

### Instructions for using Table 18a

The services identified in Table 18a should be amended as necessary to take account of the main resources available to people with learning disabilities and complex needs living within the local partnership area, which provide social care, health or housing services together making up packages of care to support people in the community. The data to be entered in the highlighted cells in Table 18a should be drawn from any information which is already available locally or from a 'What Works' Survey carried out by local partners to inform the Commissioning Strategy. The four heading categories support levels are mutually exclusive, and people with learning disabilities should only be counted against one of these categories in each row, although one person can be counted in many rows. The survey form, which is provided in Appendix 6 of this Excel file, can be customised for use in such a local survey.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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Table 18b. Annual Costs of Average Care Package

Key Point: This Table will provide an estimate of the broad average cost of a model/package of care which would maintain someone in the community, by applying the average unit cost of specific services to the elements of the care package identified by the local ‘What Works’ Survey and adding the resulting service costs together.

Table 18b applies the average unit costs of services identified in Table 18a to calculate the cost of the average care package, determined through the local ‘What Works’ Survey or other means and set out in Table 18a.

Consideration should be given to adding an additional amount for other costs not previously taken into account, such as the cost of equipment or minor adaptations. Certain major costs are not included, such as the cost of medication, which would also be included in the full cost of care whatever models of service were adopted.

Table 18b

Table 18b Annual Cost of Community Supports - Average Care Package - OR - What Works Costs					
<b>Local Partnership</b>		Cost of Average Service Level per person per week			
Resources	Units	Occasional and Short-term Support 1	Time-limited Support 2	Regular Long-term Support 3	Constant and Highly Intensive Support 4
<b>Accommodation</b>					
Living with Family Carer	Carer Hours				
Own Tenancy - Mainstream	Tenants				
Special Housing	Tenants				
Sheltered housing	Tenants				
Supported accommodation	Tenants				
Hostels	Residents				

**Instructions for using Table 18b**

This table will be completed automatically from the details in Table 10b and Table 18a. The four heading categories for support levels are mutually exclusive, and the cost of services for people with learning disabilities should only be counted against one of these categories in each row, although one person can be counted in many rows. The unit costs have been used from the relevant rows of Table 10b, so the table will need to be customised using cost information from Table 10a against a matching resource listing in Table 18a to carry out the same exercise in relation to services for children and families.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Table 19. Care Plans – Personal Centred Plans

**Key Point:** This Table will provide data aggregated from Care Plans, Person Centred Plans and Personal Life Plans about people with learning disabilities and carers assessed as needing services and waiting for these resources, on the basis that Commissioning Strategies should reflect these needs.

This Workbook assumes that in the immediate future there will be a continuum of response from self-directed to traditional service provision. Good information on current resources and funding could lead to development of innovative approaches and models and promote self-directed commissioning. There should also be links to other services and wider service provision, e.g. transport. However, in developing the planning model it appeared that, whilst changes in future need and demand should be accounted for through demographic changes and different models of service, it is important initially to deal with the existing position, by taking as full account as possible of individual need, evidenced through any existing Care Plans and current waiting lists for services.

The simple summary provide by Table 19 assumes the completion of considerable detailed background work. Partnerships may be assisted in this by using *Shaping the Future Together*<sup>48</sup>, a system that is designed to gather information from person-centred planning so that managers and planners can make sure the right opportunities, services and support are developed to meet people's wishes and needs into the future. The system focuses on eight aspects of a person's life: work; learning; leisure and fun; choices; control and rights; feeling well and good about themselves; friends, family and relationships; and where and how they live. The system uses a database on the CD that accompanies the *Shaping the Future Together* pack. It is not protected and can be changed to suit local needs.

For each of the seven areas, the system seeks to identify how the person and her/his close support network might want things to change in terms of: the opportunities the person gets; the person's actual experience (i.e. what things are like now) and the support the person receives. It is also intended to make sure that the person is getting help and support that is uniquely right for them.

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### Related links

48 *Shaping the Future Together* © The Foundation for People with Learning Disabilities 2005

Table 19

Table 19 Care Plans - Personal Centred Plans			
Number of people with learning disabilities waiting for services or with unmet need for services			
Local Partnership	2008/09	2009/10	2010/11
<b>Support Services (Specialist LD or &amp; LD)</b>			
Advocacy services			
Adaptations major			
Care Managers			
Community Alarms			
Community Learning Disability Nurses			
Auxiliary/Assistant Nurse (Learning Disability)			
Creative Therapist			
Dietitian			
Direct Payments/ILF Support Workers			
Equipment			
Home Care			
Housing Support			
Independent Advocacy Workers			
Local Area Co-ordinators			
Meals - by Meals Service and SW. Dept. Staff			
Meals - Other			
Occupational Therapist			
Physiotherapist			

### Instructions for using Table 19

With data aggregated from Care Plans, Person Centred Plans and Personal Life Plans, insert the number of people currently needing and projected to need specified services in the highlighted cells of Table 19. Local partnerships will require to determine which groups of people and which services they wish to take account of, for planning purposes, through Table 18, and customise the Table accordingly. You will also need to decide whether and how you can estimate the scale of future waiting lists, and might use the local trends over the last five years to do this.

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Table 20. Local Improvement Targets

**Key Point:** This Table will provide data about the balance of services and provide a simple picture of plans to change the balance.

The last 20 years has seen major shifts in approach and services for people with learning disabilities with closures of long-stay hospitals, reductions in other institutional services such as hostels and day centres and increases in supported tenancies, day activities, education and employment as well as some development of self-directed support and direct payments.

However, there is still scope for significant change in the same direction. People with learning disabilities who now have support in the community still often want and need to ‘get a life’ and experience full social inclusion, and carers, especially those supporting people with complex needs, still need improved information, training and short breaks. There are still major opportunities to improve the involvement of people with learning disabilities and their carers in self-assessment, person-centred planning, and self-directed support.

Table 20 provides a simple framework to identify the current position and map out planned changes in the immediate and medium-term future. It provides format to identify potential changes between institutional approaches and more personalised community living and involvement, and shifts towards people with learning disabilities and carers having more control over their support.

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Table 20

Table 20 Local Improvement Targets						
<b>Local Partnership</b>						
<b>Number of people with learning disabilities estimated to require services</b>	<b>08/09</b>	<b>09/10</b>	<b>10/11</b>	<b>11/12</b>	<b>15/16</b>	<b>20/21</b>
<b>NHS Inpatient/Independent Hospitals</b>						
NHS LD Assessment and Treatment						
NHS LD Long Stay Facility/Hospital						
NHS LD Secure (forensic) locked facility						
NHS General Psychiatry Long Stay Facility/Hosp						
NHS Psychiatry of Old Age Long Stay						
NHS Geriatric Medicine						
NHS Out of Area Facility/Hospital						
Independent Hospital						
Independent Hospice						
<b>Total Specialist Hospital LD Beds</b>						
<b>Total All Hospital Specialisms</b>						
<b>Accommodation</b>						
Own Tenancy - Mainstream						
Special Housing						
Sheltered housing						

### Instructions for using Table 20

Local partners should identify the services they wish to consider within the context of shifting the balance and improving support. Details about current services should be drawn from Table 5 and proposals for change should reflect the analysis set out in the later Tables. Tables 22 and 23 should then take these targets forward on the basis of a realistic financial framework against the funding resources set out in Table 20.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Section 5: Next Steps – Beyond the Workbook

### 1. Analysis, Consultation and Service Redesign

It is important to note that capacity planning is only one of a number of key stages that need to be undertaken in order to develop a comprehensive Commissioning Strategy. In addition to data collection, partnerships will have to consider the following stages:

1. Analysis of the data – what does this mean for our area – what data is needed, what is available and how can it be collected?
2. Identifying financial data and robust financial planning;
3. Consulting users/carers (including from minority ethnic communities) and providers;
4. Evaluating models of care through options appraisal;
5. Whole systems review and, as necessary, redesign of services – option appraisal and modelling techniques;
6. Identifying desired outcomes and defining outcome measures;
7. Medium-term financial planning within the terms set out by Tables 10 and 20;
8. Defining and agreeing a clear strategy and purchasing intentions;
9. Establishing a Workforce Plan;
10. Developing management information systems and management reporting.

Gathering the data and completing the Tables in this workbook cannot be carried out as a substitute for these activities. On the other hand, these steps cannot be properly carried out without the data, which the workbook provides.

Planning for the use of the workbook should therefore be accompanied by consideration and conclusions about how and when these other steps will be taken, and what approach will be adopted to involvement and consultation in the planning process, and to the evaluation of outcomes following service changes.

**Local partners will require to carry out all of these other steps before Section Six of the workbook can be completed.**

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## Section 6:

### The Commissioning Strategy

**Table 21. Funding Sources and Investment Available**

**Key Point:** This Table will provide financial data, which will allow final proposals to be closely linked to the funding, which might be available to finance them.

The final Change Strategy will require to match the financial framework, which will reflect both current budgets and estimated future funding levels.

In relation to the later years of a five-year planning period, funding will be uncertain. However, it is suggested that five-year commissioning intentions should still be

established, but reviewed and modified annually in the light of three-year 'spending review' information.

Although there may be additional funding from government related to demographic change, direct payments and adult protection, the potentially tight financial position over the next few years may mean that the opportunities for additional investment through new funding will be very limited and that most of the funding for changes to the balance of care will require to be found within current resources on a 'save to spend' basis.

Table 21 Joint Commissioning Strategy - Funding Sources						
	08/09 £(000s)	09/10 £(000s)	10/11 £(000s)	11/12 £(000s)	15/16 £(000s)	20/21 £(000s)
<b>Local Partnership</b>						
<b>Capital</b>						
Local Authority						
NHS Board						
Housing						
Other						
<b>European Funding</b>						
European Social Fund						
<b>Local Authority</b>						
Existing Funding						
Additional Revenue						

#### Instructions for using Table 21

Funding which could be made available from savings in relation to existing services or any additional funding, which might be available from other sources for investment in the relevant social care, health and housing services, should be inserted in Table 21 to identify the finance which could be made available for service development.

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**Table 22. Change Strategy – Reaching Conclusions about the Direction of Change**

**Key Point:** This Table will provide a summary of the main service changes proposed in the final Commissioning Strategy and the implications for financial investment.

After involving and consulting relevant stakeholders, including service users, carers and service providers, conclusions have to be reached about the needs to be met, the policies to be implemented, the models of care to be developed and the options to be pursued, and this needs to be demonstrably affordable and achievable.

Table 22 requires conclusions about the details of the change strategy, and that these should take account of

information about the cost of services, the financial consequences of service changes and the investment available. Table 21 is designed to show in broad terms the change strategy for the number of people receiving different kinds of services.

The conclusions will require to reflect the funding which can be made available over the planning period and the priority, which is accorded to the development of services for people with learning disabilities. The details of the Strategy can be modified over the next five years, with an annual review to revise those plans as the government, the Council/s and NHS Board concerned determine their future spending priorities.

Table 22 Change Strategy							
Local Partnership		08/09	09/10	10/11	11/12	15/16	20/21
People with Learning Disabilities requiring Services							
Service Framework proposed to meet need							
NHS Inpatient/Independent Hospitals	Places						
NHS LD Assessment and Treatment	Places						
NHS LD Long Stay Facility/Hospital	Places						

### Instructions for using Table 22

The top section of Table 22 should be completed with detailed proposals for the broad service areas over the five-year planning period.

The completion of Table 22 should reflect an aggregation of individual Care Plans and Personal Life Plans, the analysis of the previous Tables and be in line with “The Same As You?”, National Care Standards and NHS QIS Quality Indicators, Workforce Regulations, Existing Local Plans, Joint Strategies and Local Improvement Targets, Community Plans, Balance of Care Strategies, Carers Strategies, ASD Strategies and Hospital Discharge Strategies.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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## Table 23. Workforce Issues

**Key Point:** This Table will identify some of the key implications for a workforce development in relation to the main service changes proposed in the final Commissioning Strategy.

Whilst Table 22 identifies service developments and cost implications, there will also be workforce implications from the commissioning strategy, which is adopted.

The management of current resources and service improvement require to take account of issues in relation to the current workforce including skill levels, training needs (including the requirements of professional registration), support and supervision, and age profile. In addition, there are a range of recruitment and

retention issues, which need to be addressed. Table 11 provides a brief summary picture of the current workforce.

All of the issues identified above need to be considered, within the context of a commissioning strategy, which will have implications for future workforce requirements. The full complexity of these issues cannot be captured in the workbook. However, Table 23 repeats the format from Table 11 to illustrate where there will be planned reductions and increases in staff as the configurations of services changes, and is designed to inform more detailed planning about recruitment, training and the management of staff.

Table 23 Workforce - Social Care, Health and Housing					
Workforce Changes - Services for Adults with Learning Disabilities					
Local Partnership					
W.T.E. Staff by employer	NHS	Local Auth.	Vol. Org.	Private Sector	LD Person or Carer
NHS LD Facility/Hospital					
Managerial Staff					
Psychiatrists (LD)					
Psychologists (LD)					
Community LD Nurses					

### Instructions for using Table 23

The data entered to the highlighted cells of Table 23 should identify as minus figures where staffing reductions are planned because of service redesign and reprovisioning. The Table should identify plus figures where service development and improvement will require additional staff. Double counting of staff working across services should be avoided by using whole time equivalent figures. This Table should reflect the others in this final section of the Workbook, and should identify proposals which are both affordable and achievable.

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**Table 24. Change Strategy – Service Framework**

**Key Point:** This Table will provide a final summary of the main services proposed to meet need and how their levels are intended to change over the planning period.

The data set out in the Workbook Tables is designed to provide information on which to base decisions about the future direction of services and about the Commissioning Strategy which will define how needs are to be met, how the market is to be managed, what service design and procurement arrangements are needed and what Financial and Workforce Plans are required.

Any agreed commissioning proposals will need to reflect the strategic vision of the partnership and agreed direction of travel for services, which will influence the shape of service redesign.

The previous Table set out a picture of service development proposals matched with an affordable financial framework

Table 23 provides a summary of the financial implications of the strategic plans for the main services areas. This summary needs to link to other elements of the whole commissioning system, including assessment and care management, financial planning and management, workforce planning and development, contracting and quality assurance. All of these elements will provide the framework to link the key agreed changes to the final commissioning strategy and detailed purchasing intentions for services for people with learning disabilities.

Table 24 Change Strategy Cost						
Local Partnership						
Service Framework proposed to meet need		08/09 £(000s)	09/10 £(000s)	10/11 £(000s)	11/12 £(000s)	15/16 £
NHS Inpatient/Independent Hospitals						
NHS LD Assessment and Treatment	Places					
NHS LD Long Stay Facility/Hospital	Places					
NHS LD Secure (forensic) locked facility	Places					

### Instructions for using Table 24

Figures should be inserted in Table 23 setting out the conclusions, which have been reached about the Change Strategy and draw the detail of the service change proposals for the five-year planning period from the previous Table. It may be necessary to revisit and amend Table 22 so that Table 23 presents an affordable financial plan within the context of the Table 21 Funding Sources details and investment available.

<http://www.jitscotland.org.uk/downloads/1222937331-JIT-Commissioning-for-change-Workbook-Tables.xls>

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