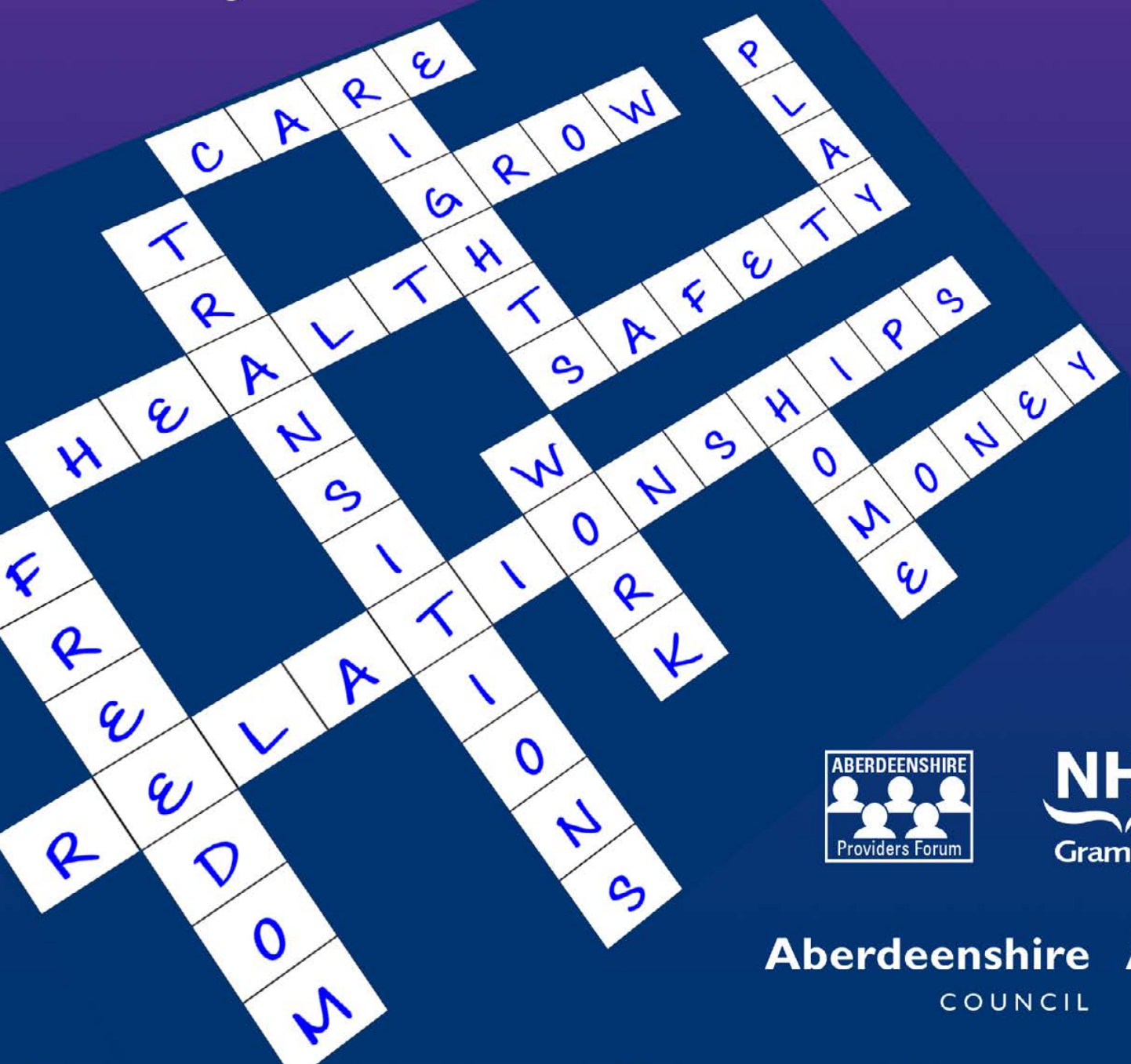


Joint Strategic Commissioning Framework

Adult Learning Disability Services 2014 – 2024

Improving quality of life for people with learning disabilities in Aberdeenshire



Executive Summary

Around 1,250 adults with learning disabilities receive health and social care services in Aberdeenshire from a revenue budget of £27m, including £7.5m resource transfer from NHS Grampian. This Joint Strategic Commissioning Framework sets out a vision and agreed outcomes to guide how the budget is invested over the next ten years. It suggests how services will need to develop in response to a changing environment, increased demand and resources available. It provides a high level description of how Aberdeenshire Council and NHS Grampian, in partnership with people with learning disabilities and their families and the third sector, will work together to improve quality of life for adults with learning disabilities in Aberdeenshire.

This ten year strategic framework sets the direction for an outcome-focused culture. It is based upon assessment of local need and of how we are doing and thus offers a baseline from which to evaluate progress in the forthcoming years. It also considers statutory duties, best practice and national policy requirements and how we can implement these locally. It is about developing capacity of services to make changes that benefit adults with learning disabilities and recognises that people with learning disabilities and their families must be at the heart of any developments if services are to continuously improve.

It has been produced to support the transition to more joint working with the Public Bodies (Joint Working) (Scotland) Bill 2013 and to provide a framework for commissioning when the Social Care (Self-directed Support) (Scotland) Act 2013 is implemented in 2014. It also highlights central recommendations from the Scottish learning disability strategy, 'keys to life: improving quality of life for people with learning disabilities 2013 – 2023' which builds on 'same as you?'

Over the next ten years people's expectations and demand for individually tailored support that enables them to live lives of their choosing will come into sharp relief against a backdrop of diminishing funds, with welfare reform and anticipated reduction in adult social care budgets.

.....
"One of the significant challenges...is the need to meet ever greater demands for services within limited resources and to do so in a more individualised way"
.....

(ADSW)

The change agenda is a significant challenge in the current and foreseeable economic climate, requiring leadership, commitment and joint effort. It is recognised that services alone cannot achieve better outcomes and that everybody has a role in ensuring people with learning disabilities are recognised as full citizens in mutually supportive communities.

Terminology

This document uses the definition of 'people with learning disabilities' below as set out in 'The keys to life'. Whilst this will be relevant to some people with autistic spectrum conditions, a separate strategy is being developed that takes account of the specific needs of this group.

People with learning disabilities have a significant, lifelong condition that started before adulthood, which affected their development and which means they need help to:

- understand information;
- learn skills; and
- cope independently.

Contents

Setting the Scene	6
Introduction	6
Mainstreaming equality	6
Vision and outcomes	7
Values and principles	8
What is commissioning?	9
<i>Figure 1: Joint Commissioning Model for Public Care (Institute of Public Care)</i>	10
<i>Figure 2: Personalised Commissioning Model</i>	11
Policy drivers	12
<i>National learning disability strategy</i>	12
<i>Integrating health and social care</i>	13
<i>Personalisation, choice and control</i>	14
<i>Independent living</i>	14
<i>Supporting families and unpaid carers</i>	15
<i>Tackling health inequalities</i>	16
<i>Lifelong learning and personal development</i>	17
<i>Housing</i>	17
How are we doing?	18
People with learning disabilities in Aberdeenshire	18
<i>Snapshot</i>	18
Current services	20
<i>Services provided directly by NHS Grampian</i>	20
<i>Services provided directly by Aberdeenshire Council</i>	20
<i>Aberdeenshire Council Eligibility Criteria for Social Work Services</i>	20
<i>Accommodation with Care and Support</i>	21
<i>Short Breaks</i>	23
<i>Day Opportunities</i>	24
<i>Shared Lives</i>	26
<i>Self-directed support</i>	26
Working together	27
<i>Strategic approach</i>	27
<i>Involving carers</i>	27
<i>Delivering on outcomes and using resources effectively</i>	28
<i>Supporting positive outcomes</i>	28
<i>Consultation</i>	28
Challenges	29
<i>Housing</i>	29
<i>Younger people</i>	29
<i>Older people</i>	30
<i>People with PMLD</i>	30
<i>Dementia care</i>	30

Care for those with life-limiting conditions.....	31
Dual diagnosis	31
Challenging behaviour support	32
Experience of the justice system.....	32
Workforce.....	33
Welfare reform	33
Early intervention and prevention	33

Future directions35

Joint working.....	35
Supporting Carers	35
Self-directed Support	36
Commissioning for personalisation	36
Developing the wider social care market.....	37
Commissioning for community inclusion	38
Involvement.....	39
Advocacy	40
Citizen Leadership.....	41
Involvement in Commissioned Services.....	41
People with PMLD.....	42
Supporting positive outcomes	42
How we will measure success	44

Key actions 2014 – 1645

1. People have choice and control in their daily lives and are supported to live as independently as possible	45
2. People enjoy the best possible health and emotional wellbeing	46
3. People have good things to do that help them achieve their full potential	46
4. Carers are supported.....	47
5. People are safe, respected and included in Aberdeenshire communities	47
6. People are involved in planning, development, design and delivery	47
7. People are satisfied with their experience of health social care services	48
8. We fulfil statutory responsibilities, adhere to quality standards, services are safe and improving .	48
9. People working in services are positive about their role and supported to improve the care and treatment they provide.....	49
10. Services are efficient and responsive to local people's needs.....	49

Housing Contribution Statement.....50

Resources54

National Policy.....	54
Local Policy.....	54
Good Practice.....	55
National Organisations	57
Reports	58
Legislation	60

Setting the Scene

Introduction

Welcome to Aberdeenshire Joint Strategic Commissioning Framework for services for adults with learning disabilities 2014 – 2024. This framework was produced by Aberdeenshire Learning Disability Strategic Outcome Group which leads on improvement in services for adults with learning disabilities in Aberdeenshire. It aims to capture where we are now, where we need to be in ten years time and set out the guiding principles by which we will jointly achieve and measure better outcomes. Aberdeenshire Joint Strategic Commissioning Framework for services for adults with learning disabilities should be read in conjunction with Aberdeenshire Mental Health Joint Strategic Commissioning Framework and Aging Well in Aberdeenshire, our strategy for older people's services.

'The keys to life', launched in June 2013, is the Scottish Government's ten-year strategy for improving quality of life for people with learning disabilities. 'The keys to life' puts human rights at the forefront, emphasises health inequalities and proposes national actions to improve information gathering and scrutiny. The success of this Joint Strategic Commissioning Framework will depend on the extent to which it contributes to reducing inequalities and improving people's life-chances in Aberdeenshire.

Three other key policies influence this Joint Strategic Commissioning Framework and are expected to shape adult health and social care over the next ten years. The Public Bodies (Joint Working) (Scotland) Bill 2013 offers greater opportunities for health and social care practitioners to work more closely together and there is an expectation that more joint working, including jointly commissioned services, will achieve better value and better outcomes for people. The Social Care (Self-directed Support) (Scotland) Act 2013 empowers individuals to have greater choice and control through an individual budget they can be in charge of and decide what types of services or supports are commissioned. The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, with a focus on supported self-management and the person at the centre of all decisions.

A central theme of these changes is shifting the balance the care, so that people with learning disabilities become the lead commissioners of the services they receive. This Joint Strategic Commissioning Framework provides a foundation for personalising the commissioning process to link to individual outcomes and for reshaping services over the next ten years so that they enhance rather than replace "natural" supports and help people with learning disabilities to maintain independence, exercise choice and control and achieve the outcomes they want for themselves.

Mainstreaming equality

The Equality Act 2010 (Specific Duties) (Scotland) Regulations 2012 requires public authorities to mainstream equality duties. This means all services should be thinking about how to remove or minimise disadvantage to people with learning disabilities, how they can meet and take account

of specific needs arising from disability so people can access and experience good services, and how they can encourage increased participation of people with learning disabilities. It also means that commissioners need to consider the holistic requirements of individuals arising from protected characteristics such as age, gender, belief and sexuality as well as disability.

'The keys to life' emphasises a need to move beyond fine words and to evidence that people with learning disabilities really are being treated equally and fairly, hence the first recommendation is to demonstrate that public bodies are meeting duties under the Equality Act 2010;

.....
"All public bodies involved in providing support to those with learning disabilities carry out equality impact assessments on relevant policies by June 2014 to ensure that the rights of people with learning disabilities to dignity, equality and non-discrimination are respected and upheld."
.....

(The keys to life: recommendation 1)

Vision and outcomes

We want to see people with learning disabilities enjoy the best quality of life, live the lives they choose and participate equally in Aberdeenshire communities. This joint commissioning framework aims to make sure that:

1. People have choice and control in their daily lives and are supported to live as independently as they can
2. People enjoy the best possible health and emotional wellbeing
3. People have good things to do that help them achieve their full potential
4. Carers are supported
5. People are safe, respected and included in Aberdeenshire communities

We also want to make sure that:

6. People are involved in the planning, development, design and delivery of services that help them to achieve the outcomes they want
7. People are satisfied with their experience of health social care services
8. We fulfil our statutory responsibilities, adhere to quality standards, services are safe and continually improving
9. People working in services are positive about their role and supported to improve the care and treatment they provide
10. Services are efficient and responsive to local people's needs

These ten 'strategic outcomes' relate to our legal obligations and national priorities and are focussed on achieving national outcomes for health and wellbeing. They have also been endorsed in 'the keys to life'.

Values and principles

The following values should be reflected in the way services are commissioned:

- **Respect**
- **Fairness**
- **Independence**
- **Freedom**
- **Safety**

Principles of care and support enshrined in the Self-directed Support (Scotland) Act 2013, which link to Disability Discrimination Acts 1995 and 2005 should inform commissioning. These are:

1. **Participation and dignity** – It must be demonstrable that reasonable steps have been taken to facilitate the principle, a) that a person with a learning disability's right to dignity is respected, and; b) that their right to participate in the life of the community is respected. This includes steps to (c) promote social development and physical access; and (d) promote intellectual accessibility, considering the persons cognitive skills and engagement needs.
2. **Involvement** – People with learning disabilities must have as much involvement as they wish in both the assessment and in the provision of support associated with that assessment.
3. **Informed choice** – People with learning disabilities must be provided with any assistance that is reasonably required to enable them to express views about the options available to them and to make informed choices about their options.
4. **Collaboration** – Professionals should work in partnership with people with learning disabilities in assessment, support planning and in commissioning support.
5. **Risk enablement** – People with learning disabilities should be assisted to feel safe and secure in all aspects of life, to enjoy safety but not to be over-protected and, in so far as possible, to be free from exploitation and abuse.

These two principles are not in the Act but are regarded as good practice:

6. **Responsibility** – People should be able to take as much control over their support as they wish. In return, they should exercise that choice and control in a responsible way.
7. **Innovation** – In commissioning services, we should work together to develop creative solutions to help people achieve their desired outcomes.

What is commissioning?

Commissioning is a broad concept that applies to all services whether these are provided by the Council, the NHS, other public agencies or the independent sector. Commissioning is essentially a structured way of deciding how and on whom public money should be spent. Commissioning is not simply a matter of procuring services that match needs, but also involves adapting resources available, developing community assets and the wider social care market.

Commissioning can be understood on two levels; strategic commissioning where services are commissioned to meet the needs of a population and personalised commissioning where services are commissioned to meet the needs of an individual.

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

(National Steering Group for Joint Strategic Commissioning, 2012)

Strategic commissioning should deliver best value for local citizens. This means:

- Supporting the best possible health and well-being outcomes
- Providing the best possible health and social care
- Within the best use of available resources

Personalised commissioning should help people to:

- Look after themselves and stay healthy and independent
- Participate fully as active members of their communities
- Easily access the type of help they need when they need it
- Influence strategic commissioning

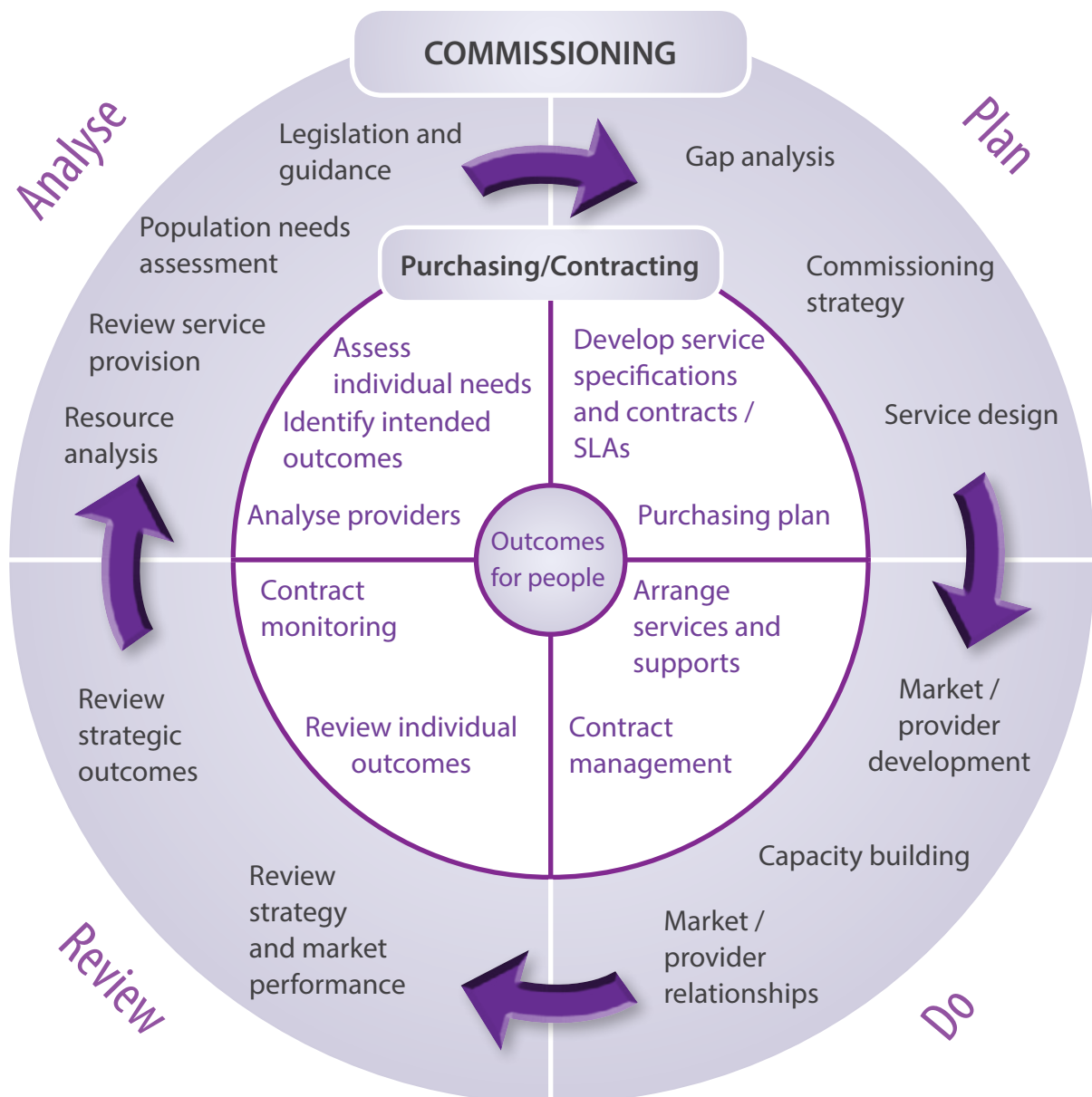
Both levels of commissioning involve:

- Understanding needs and using evidence to show what is working well and what could be better
- Looking at all resources and planning how to use them effectively to achieve better outcomes
- Developing, arranging and delivering services
- Checking services are satisfactory and achieving agreed outcomes

Strategic commissioning is commonly described as a cycle of activities (figure 1). Strategic commissioning is a partnership activity that involves everybody working together to plan and develop services that meet future demand and make effective use of combined resources.

Self-directed support personalises the process, giving individuals who need support more choice and control over what is commissioned in order for them to achieve the outcomes they want. Personalised commissioning can be seen as following a similar cycle (figure 2).

Figure 1: Joint Commissioning Model for Public Care (Institute of Public Care)



A central task for strategic commissioning will be building capacity and shaping the local market so that there are sufficient local providers with the right mix of skills and services. There needs to be financial flexibility so resources can follow demand and user friendly systems giving information about purchasing options and individual pricing mechanisms for services.

“Local authorities and their NHS partners should work with private, voluntary and third sector agencies to ensure that people with learning disabilities have access to a creative variety of providers and supports and are assisted to think creatively about how outcomes can be met and what assistance they may need to develop control.”

(The keys to life: recommendation 5)

Figure 2: Personalised Commissioning Model



There will be ongoing development of commissioning and contracting arrangements as self-directed support develops, but the following areas are immediate priorities:

1. Reviewing block funded arrangements and reducing these where appropriate, in order that more of the budget is freed up for individuals to control;
2. Securing contractual arrangements with providers for management of Individual Service Funds and/or third party direct payments;
3. Ensuring we have sufficient advice and information services;
4. Promoting a range of service provision that could be purchased by either supported people, care managers or providers on behalf of supported people;
5. Developing existing frameworks and contracts to become properly outcome focussed rather than time and task based;
6. Cultivating joint commissioning and partnership working within a joint financial framework, including opportunities for pooling budgets.

Policy drivers

National learning disability strategy

Following a review of 'the same as you?' the national learning disability strategy published in 2000, the Scottish Government launched 'the keys to life' in June 2013. 'The keys to life', builds on the principles and successes of 'same as you?' There are 52 recommendations and a strong focus on inequalities, particularly on health inequalities. Central themes are:

- ✓ Rights
- ✓ Commissioning
- ✓ Health
- ✓ Independent living
- ✓ Shifting the culture and keeping safe
- ✓ Breaking the stereotypes
- ✓ People with profound and multiple learning disabilities
- ✓ Criminal Justice
- ✓ Complex care

'Keys to life' says local authorities and NHS Boards should ensure that joint commissioning plans take account of the needs of people with learning disabilities of all ages by April 2015;

“Plans should have regard to relevant guidance, scope current and future need, identify the total resources available to meet those needs, and set out how they will be invested to secure sustainable, high quality services and supports that can deliver outcomes for individuals, including those agreed as part of person-centred care planning and self-directed support (SDS). Plans should make reference to early interventions, maximising independence and control.”

(The keys to life: recommendation 7)

This Joint Strategic Commissioning Framework provides a basis for joint planning over the next ten years. It aims to capture where we are now and where we need to be in ten years time and set out the guiding principles by which we will jointly, achieve and measure better outcomes for people with learning disabilities in Aberdeenshire.

Integrating health and social care

The Christie Commission in 2011 reported that overly fragmented and complex public services were hampering joint working between organisations. The health and social care system as a whole, was still too 'top down' and unresponsive to the needs of individuals and communities. Further streamlining of public service structures was recommended in order to make it easier for people to access support when they need it and to make the system more cost effective.

Problems arise particularly in providing for the needs of people who access many services over prolonged periods, such as people with PMLD (Profound and Multiple Learning Disabilities) and complex needs. Problems are also encountered at transition points, particularly as children with complex needs reach adulthood.

The Public Bodies (Joint Working) (Scotland) Bill 2013 aims to improve the quality and consistency of services for patients, carers, service users and their families; to provide seamless, joined up quality health and social care services in order to care for people in their own homes wherever possible; and to ensure resources are used effectively and efficiently to deliver services that meet the increasing number of people with longer term and often complex needs. The Bill intends to address disconnects that make it difficult to address people's needs holistically, and to ensure that resources follow needs.

These reforms occur within the context of wider public service reform and in tandem with the central role of community planning in delivering the right configuration of local services to reflect the needs and aspirations of communities. Housing and transport, for example, are particularly important features in sustaining the independence and wellbeing of people with learning disabilities.

Personalisation, choice and control

The voice of users and carers' has been a growing feature of the way we plan and deliver good quality care and measure success. Public expectations are of rapid access to support, which an individual feels they need, when they need it and in a form which reflects their particular circumstances and preferences.

“Services should give us the support to live the lives we want to live. If we, as citizens, have more say over the services we receive, there is more chance that those services will be right for us.”

(Citizen Leadership; Scottish Consortium for Learning Disability)

Self-directed support is an approach whereby individuals with health and social care needs and their families can exercise greater choice and control over how their care is arranged and delivered, using an Individual Budget. The person does not have to manage the budget themselves unless they wish to and individuals can choose an Individual Service Fund, where another person or agency looks after the budget.

Person centred planning is well established in learning disability services but where services are already commissioned, many people found that they were still being slotted into the same services. Service led approaches created a situation where individual care packages looked remarkably similar, despite individualised assessments, and where expensive “placements” were sometimes commissioned for those with complex needs who didn't fit in. The simple idea of self-directed support is that for personalisation to be a reality, budgets needed to be shifted from block commissioning to the individuals requiring support.

“If you've already spent the money on services I don't want, I've lost before I've even started.”

(Service user)

Independent living

Independent living is a philosophy developed by disabled people from their own experience of discrimination, isolation and using services that they had little or no say in shaping. Independent Living sees people with learning disabilities primarily as citizens and only secondarily as “users” or “consumers” of services. As citizens, people with disabilities should be respected, treated equally and allowed to exercise basic freedoms other citizens take for granted. This means not having to live in hospitals or care homes; having equal access to mainstream housing across all sectors; independent living options to manage and sustain their own home with support where possible; being able to get into and move around in the places and buildings where people live, work and have fun; accessing education, training and learning; taking part in social activities and being in charge of their own care and support.

“Independent living means all disabled people having the same freedom, choice, dignity and control as other citizens at home, at work and in the community. It does not necessarily mean living by yourself or fending for yourself. It means rights to practical assistance and support to participate in society and live an ordinary life”

(Vision for Independent Living signed by the Scottish Government, NHS in Scotland and CoSLA)

Supporting families and unpaid carers

Many adults with learning disabilities are supported by unpaid carers, most of whom are parents. Caring Together – the Carers Strategy for Scotland takes forward recommendations from the report, Care 21: the Future of Unpaid Care in Scotland. The focus is on improved identification of carers, assessment, information and advice, health and well-being, carer support, participation and partnership.

Research indicates that caring in many cases gives people an important role which sustains their physical and mental health for longer. However, it has been identified that 75% of unpaid carers in Scotland do not have a life outside their caring responsibilities. Carers of people with learning disability have varying and often complex support needs of their own. Some will need ongoing advice and support with regular breaks; some may need help to manage the role of Welfare Guardian and make good decisions; some will need specialist advice and training to care for someone with a complex condition; for some, the experience of caring can be stressful and isolating; for other’s it can be challenging to “let go” when they have invested so much time and emotional energy.

Policy encourages commissioners to recognise that people with learning disabilities can be carers and parents themselves. As family carers start needing more support themselves, families can find that both the older person and the person with a learning disability are looking after each other. This is known as mutual caring. Mutual caring amongst older families often remains hidden and a Mencap report indicated that most of these families are not known to local authorities.

Best practice guidelines for supporting parents with learning disabilities was published by SCLD in 2009 but has yet to be fully implemented across Scotland. Research has shown that the capacity of people with learning disabilities to learn parenting skills is underestimated and access to supported parenting services can make all the difference. The guidance is to help services to improve their support for parents with a learning disability and their children. It aims to increase the chances of the children of parents with a learning disability continuing to live with them in a positive and supportive environment that meets the children’s needs and avoid family breakdown.

Tackling health inequalities

People with learning disabilities have some of the poorest health of any group in Scotland. They are more likely to die an early age than the general population and some of the causes are potentially preventable. For this reason, 'keys to life' takes improving the health of people with learning disabilities as a central task over the next ten years.

"To be truly accepted in society means having a health service that is committed to changing the fact that people with learning disabilities can still die 20 years earlier than the general population – that is simply unacceptable"

(Michael Matheson MSP, Minister for Public Health)

The Scottish Government has committed to additional funds for the Equally Well health inequalities programmes targeted at people with learning disabilities. As well as making sure those with learning disabilities are included in health promotion activity there is a key role for those who have a duty of care including formal and informal carers.

NHS Grampian agrees a Local Delivery Plan with the Scottish Government Health Directorate every year. This details how NHS Grampian aims to contribute to meeting the Scottish Government's outcomes for better health. The targets and outcomes are known as the HEAT targets because they relate to delivery of Health Improvement, Efficiency, Access and Treatment. NHS Grampian is working with the Scottish Government to explore the development of a specific HEAT target to identify all adults with learning disabilities using health services so that it will be easier to monitor their health outcomes.

The NHS Quality Strategy sets the overall direction for achieving NHS Scotland's aim to deliver the highest quality of healthcare services to all people in Scotland. It hinges on three pillars of quality that should underpin all care to adults with learning disabilities – services that are safe, effective and person-centred.

The Scottish Government's 2020 Vision is that by 2020 everyone is able to live longer healthier lives at home, or in a homely setting and, that we will have a healthcare system where:

- We have integrated health and social care
- There is a focus on prevention, anticipation and supported self-management
- Hospital treatment is required, and cannot be provided in a community setting, day case treatment will be the norm
- Whatever the setting, care will be provided to the highest standards of quality and safety, with the person at the centre of all decisions
- There will be a focus on ensuring that people get back into their home or community environment as soon as appropriate, with minimal risk of re-admission

Lifelong learning and personal development

Curriculum for Excellence and the Additional Support for Learning Acts set out duties to provide additional support for learning to any child or young person with additional needs, including those with learning disabilities. As part of the planning for transition from children's services, to minimise disconnect in services when a disabled person reaches adulthood, education authorities must consider whether young people with additional support needs require extra help. If they do, planning must begin no later than one year before a known transition and they should share information with other agencies (such as social work, Skills Development Scotland and health boards) to inform their plans to support the young person.

The Scottish Government has committed to offering a place in learning or training to every 16-19 year old in Scotland who is not currently in employment, education or training, including disabled young people. People with learning disabilities should be afforded opportunity to grow and develop throughout their lives. Community Learning and Development (CLD), has a central role in supporting both inclusion and ongoing learning of young people and adults with disabilities.

Many people with learning disabilities want access to training that can lead to long-term paid employment or volunteering. A Working Life for all Disabled People: the Supported Employment Framework for Scotland (2010) sets out a person-centred approach to supporting those who want to work. The Framework lists the actions to be undertaken to raise awareness of supported employment and enable more people to benefit. Working for Growth: the Refresh of the Employability Framework for Scotland (2012) aims to integrate supported employment into mainstream opportunities and employability partnerships.

Housing

Homes Fit for the 21st Century The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020 addresses the need for new housing and to enhance the quality and sustainability of existing housing stock and the surrounding neighbourhoods. It includes a commitment to ensure the needs of disabled people are better reflected within national and local planning and housing investment processes. Access to affordable and good quality housing is essential for independent living and a major issue for many people with learning disabilities. The 'keys to life' makes specific recommendations for housing, requiring local authorities to evidence that have asked people with learning disabilities and their carers about their housing needs and to include plans to support access to housing in local housing strategies.

The Joint Strategic Commissioning Framework recognises the priorities in the Local Housing Strategy (LHS) 2012 – 2017 reflecting the accommodation needs of adults with learning disabilities across Aberdeenshire. The LHS sets out the main issues and challenges in the provision of appropriate housing and access to adequate support for people with learning disabilities and proposes key actions to help people achieve independent living.

How are we doing?

People with learning disabilities in Aberdeenshire

'The same as you?' consultation report in 2012 found that the experience of people with learning disabilities has improved in many ways over the past 10 years. The majority of people now live in the community; individual planning and flexible support has increased independence; people have access to a more varied and meaningful range of day opportunities; protecting vulnerable adults is taken more seriously and clearer safeguards are in place; people with learning disabilities and their families are more aware of their rights. In Aberdeenshire, Care Inspectorate reports say most services in Aberdeenshire are "good" or "very good" and there is high satisfaction of both health social care services. More people are supported to live in the community, to be active citizens and to achieve their goals and aspirations.

People with a learning disability are not a homogenous group and have a range needs. They are more likely to suffer from common mental health problems such as depression and anxiety. People with a learning disability also suffer from more physical health problems, for example, up to 30% have epilepsy. Up to 40% of people with a learning disability have hearing and/or visual problems that can affect their communication and understanding. Up to 90% of people have communication problems, 60% have some skills in symbolic communication and about 80% of people with a severe learning disability do not acquire speech. As well as understanding the diversity of needs, commissioners need to recognise people's strengths and capabilities so that services offer opportunities for people to achieve their potential.

Snapshot

Collecting accurate data on people with learning disabilities is challenging. NHS Grampian plan to undertake a Strategic Health Needs Assessment and are supporting the development of a Scottish Observatory for gathering consistent data that can enable commissioners to better understand the needs of the learning disabled population. The following is a brief picture of what we know about people with learning disabilities in Aberdeenshire mostly drawn from the 2012 eSAY data¹.

Around 1,250 people with learning disabilities over 16 years were known to Aberdeenshire Council in 2012. Of these around 60% were male and 40% female. 26% were living with a 'family carer'; 34% of people were living on their own; 15% were living with 1 to 3 other people and only 3% were recorded as living with 4 or more people. Most people (41%) including those living with family carers were living in mainstream accommodation without support at home. 5% were getting support in mainstream accommodation and 11% were living in supported accommodation.

¹ The Scottish Consortium for Learning Disability collects annual data from local authorities about people with learning disabilities. eSAY stands for "electronic same as you".

- 5.8 in every 1,000 people over the age of 16 are formerly recognised as having learning disabilities in Aberdeenshire, compared with a Scottish average of 6 per 1,000.
- Numbers of adults recognised as having learning disabilities has decreased.
- There is a trend for increasing numbers of people with learning disabilities in central Aberdeenshire, in line with patterns of population growth.
- The gender balance of carers of younger people with learning disabilities is generally equal but carers of adults with learning disabilities are more likely to be female and this differentiation increases with age.
- 14.6 % of known adults with a learning disability in Aberdeenshire have an autistic spectrum diagnosis compared with a Scottish average of 13%.
- There are increased numbers of younger people with PMLD and/or complex needs.
- 25% of known adults with learning disabilities are under 25 years of age.
- Although people with learning disabilities are living longer, only 10% in Aberdeenshire are of pensionable age compared with 20% of the general Aberdeenshire population.
- 118 people with learning disabilities were receiving a direct payment in 2012, just under half of the total number of direct payment recipients in Aberdeenshire.

It is difficult to make comparisons with the rest of Scotland due to different recording practices as well as different demographics; however, the following observations can be made:

- Across Scotland 52.9% of people are recorded as having a Personal Life Plan whereas in Aberdeenshire the figure is 46.3%.
- The percentage of people with employment opportunities across Scotland is 13%, whereas in Aberdeenshire it is 23.1%.
- Use of Local Area Coordination in Aberdeenshire is 30.6% compared to the Scottish average of 20%.
- The percentage of adults with access to alternative day opportunities (to traditional day centres) is 10% compared to the Scottish average 34%.

Current services

Services provided directly by NHS Grampian

NHS Grampian provides healthcare to around 2,600 adults with learning disabilities across Grampian. People with learning disabilities access healthcare in the same way as the general population. The General Practice provides all healthcare and refers to secondary care services when necessary which includes Aberdeen Royal Infirmary and local community hospitals. When people with learning disabilities are admitted to hospital support is offered by a learning disability nurse advisor based at Aberdeen Royal Infirmary and nurses from the community learning disability teams provide support to community hospitals. At times individuals require to access the specialist learning disability service for support with mental health, positive behaviour support, complex physical health or forensic needs. Within local communities people will be supported by a Community Learning Disability team which consists of Speech and Language Therapy, Community Nursing, Physiotherapy, Occupational Therapy, Dietetics, Psychology and Psychiatry. There is additional provision within the Elmwood Unit based on the Cornhill site in Aberdeen which provides an inpatient specialist mental health assessment and treatment service.

Services provided directly by Aberdeenshire Council

Aberdeenshire Council Adult Learning Disability Social Work Service supports around 1,200 people at any one time in Aberdeenshire. There are three Community Learning Disability Teams (CLDT) located in North covering Banff and Buchan and Buchan; Central, covering Formartine and Garrioch; and South covering Marr and Kincardine and Mearns. These provide a Care Management and Social Work Service and Local Area Coordination to adults with learning disabilities and their families and carers. Social Workers/Care Managers have a key role in arranging commissioned services for people based on assessed needs. In addition, Aberdeenshire Council is a major provider of day services, respite short breaks and supported accommodation.

Aberdeenshire Council Eligibility Criteria for Social Work Services

Care Managers apply Eligibility Criteria when they undertake an assessment of a person requiring support or services. They assess the level of risk to the person and how urgently they require a service. Aberdeenshire Council's eligibility criteria follow national guidance (figure 3).

Category 1: Critical Risk	Services required now or within approximately 1-2 weeks (immediate)
Category 1: Substantial Risk	Services required now or within 6 weeks (imminent)
Category 1: Moderate Risk	Services required now or within next 6 months (foreseeable future)
Category 1: Low Risk	Low risk to individual's independence, health or wellbeing with limited, if any, requirement for social work services (within 12 months subject to review)

Figure 3: Eligibility Criteria for Social Work Services 2013/14

Accommodation with Care and Support

The major third sector providers in Aberdeenshire are members of Aberdeenshire Providers Forum and any provider is welcome to join. They meet six times a year to share their experiences with the aim improving quality. They work in partnership with a number of professionals and agencies such as social work, NHS Grampian, the Care Inspectorate, Adult Support and Protection experts and PAMIS.

In October 2013, 160 places were commissioned in 33 registered care homes for people with learning disabilities in Aberdeenshire (Chart 1). Inspire and Cornerstone were the biggest providers. There were 37 voids. Voids occur when a service is commissioned but not currently in use. Use of residential care provision became prominent when long-term hospitals were closed. Weekly fees are negotiated on an inclusive basis, covering housing costs, staff support and living costs for residents. Outcomes for residents are generally a lot better than in the long-term hospitals, and whilst arguably offering limited choice and independence, can offer safety and a good social environment. Most of the care homes in Aberdeenshire are registered for 4/ 5 people following a 'group home' model.

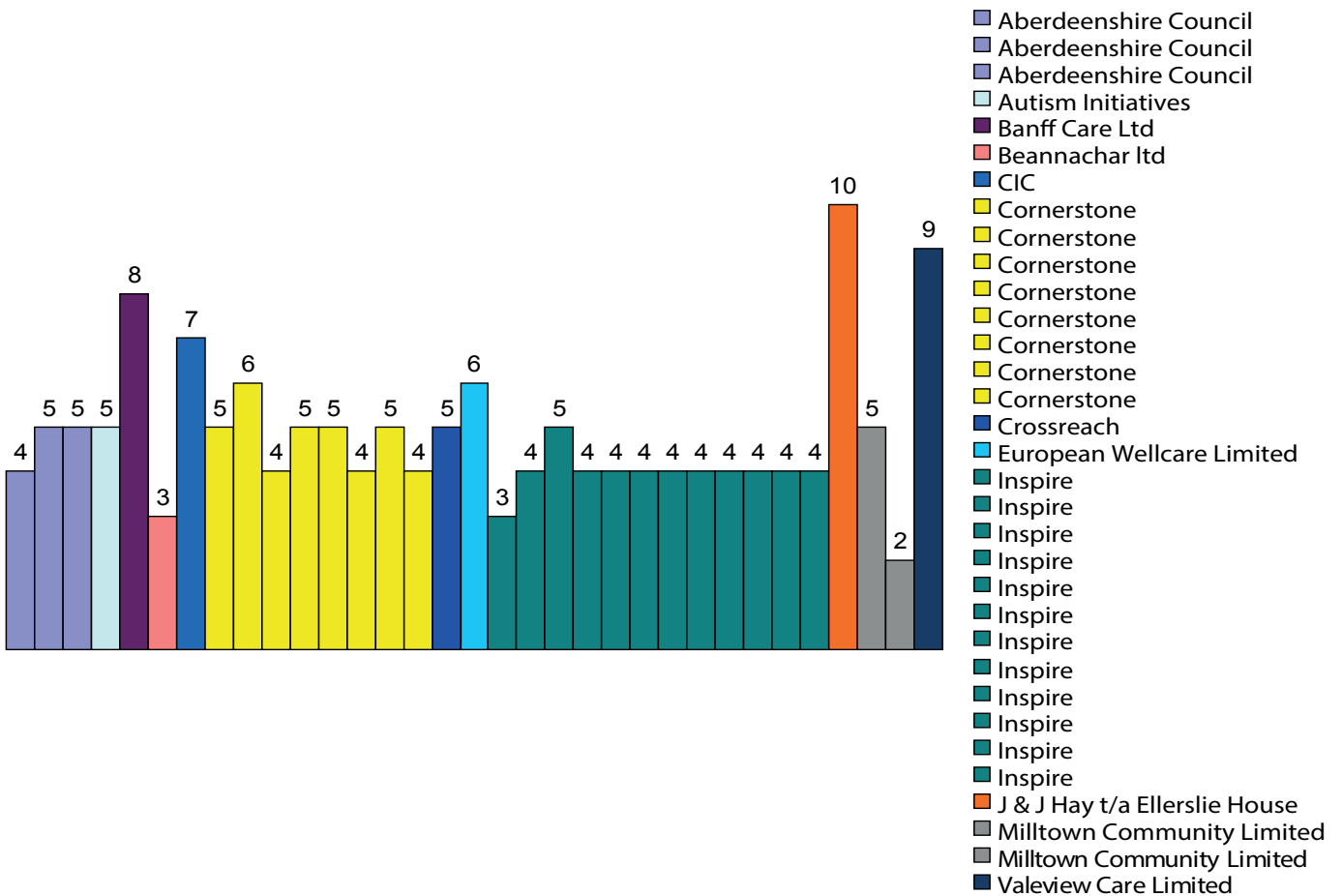


Chart 1: Registered Care Homes for Adults with learning disabilities 2013 (with number of residents commissioned for per care home)

15 providers registered to provide Care at Home and Housing Support, were commissioned in 2013 to support a total of 259 people (Chart 2).

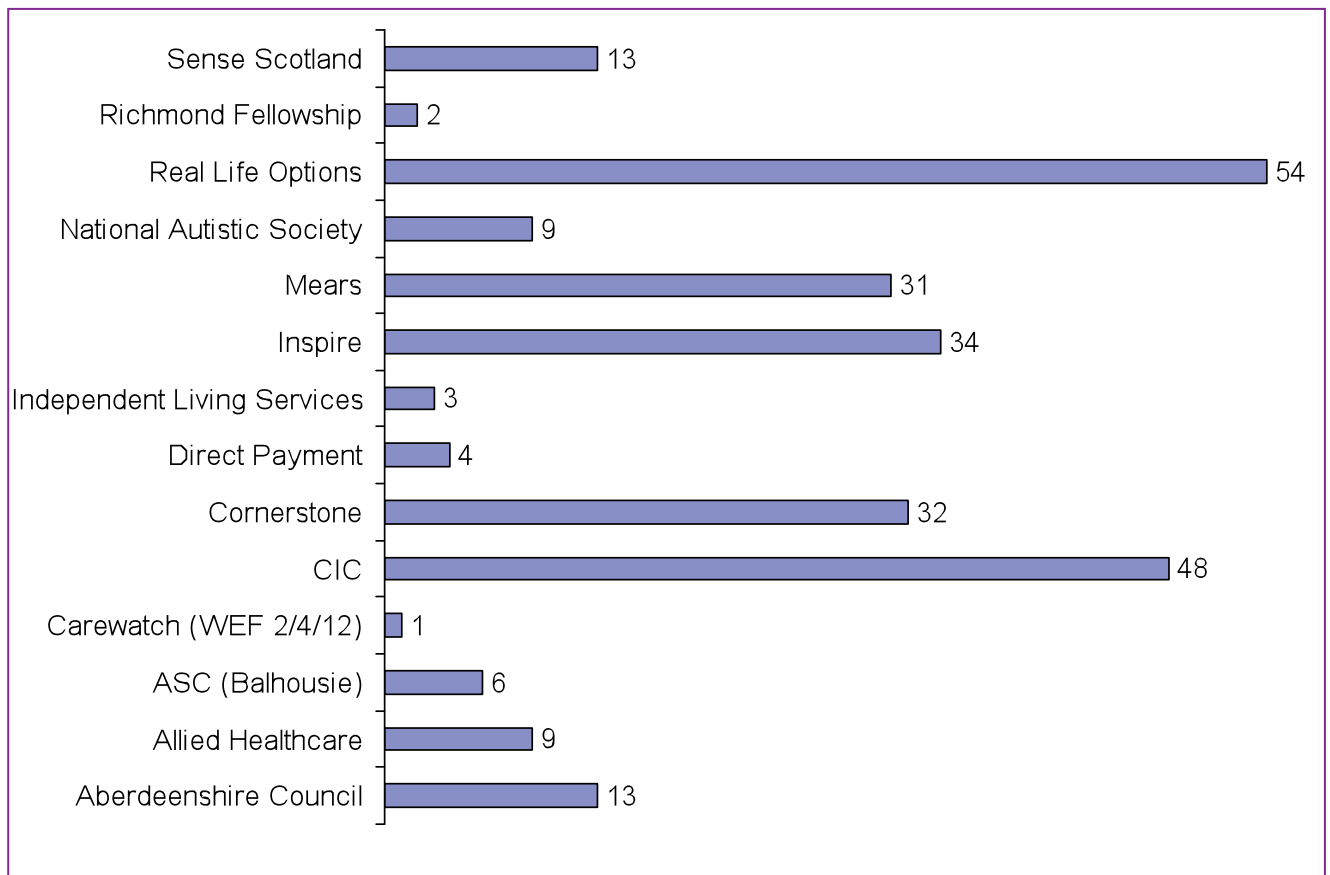


Chart 2: Registered Care at Home and Housing Support Providers 2013 (with number of people supported)

Real Life Options and Community Integrated Care were the biggest providers of Care at Home and Housing Support. 41 people supported were in singleton households; 25 in two/ three person households; 40 in 4/ 5 person households with over half living in supported accommodation projects where 8 – 12 people live on the same site in individual or shared tenancies. 4 people were receiving a Direct Payment and arranging their own support. ‘Supported living’ refers to a range of services designed to help disabled citizens retain their independence in their local community. Supported living enables individuals to have their own tenancies, with the flexibility to move house, or remain in the same house, but change their support provider if they wish to. There are many different models, from supported accommodation projects to people supported in their own properties. Supported living became more prominent 2003 – 2008 with the Supporting People programme and housing support and care at home services continue to offer people the opportunity to live as independently as possible in the community.

Alec was living in residential care costing £54,200 per year. This didn't suit him and he returned to his family home and was given a place at a day service with additional support at a cost of £10,000 per year. His parents found they were unable to provide the support he needed at home. At first his care manager looked for an alternative residential placement and then he was referred to In Control. Alec was allocated an indicative budget of £27,700 per year, significantly less than the cost of his original residential placement. The care manager worked with the family to develop a person centred support plan. The increased flexibility, choice and control he and his family gained from Alec self-directing his support meant that the new support plan was meeting his needs and helping him achieve his outcomes better than the previous more expensive traditional package of care.

Short Breaks

Most overnight short breaks (respite) are commissioned from seven units (Figure 4) and day time short breaks are provided in Council day services and projects and by a range of independent sector providers. In 2011/12, 112 adults with learning disabilities received a total of 3,206 nights.

Location	Provider	Registration Conditions
Peterhead	Aberdeenshire Council	3 adults or children
Peterhead	Aberdeenshire Council	2 adults or children
Fraserburgh	Aberdeenshire Council	4 adults or children
Ellon	Inspire	2 adults or children
Inverurie	Inspire	2 adults Thurs – Mon
Banchory	Aberdeenshire Council	4 adults or children
Aberdeen	Archway	4 adults or children

Figure 4: Services Commissioned to provide Overnight Short Breaks (Respite) 2013

We also commission a range of community-based short breaks, where the main reason for support is to give the carer a break. In 2011/12 we commissioned 73,581 hours community short breaks for 81 adults from 13 providers.

Revised Guidance on Short Breaks (Respite) was issued by the Scottish Government in 2008. Traditionally “respite” was seen as a place to go to give carers a break, but the emphasis now is on offering positive experiences that can be anywhere and in any form. The Scottish Government has made a specific commitment to improve the quality and quantity of short breaks for carers and made additional funds available to develop short breaks, administered by Shared Care Scotland and directed primarily at the independent sector. This has enabled more people to access breaks directly which have not been centrally commissioned but it poses a challenge for collecting data on number of breaks provided. Nevertheless, there is still demand for regular overnight short breaks.

Day Opportunities

Across Aberdeenshire we commission a range of day opportunities, mostly ‘in-house’ from seven bases across Aberdeenshire (Figure 5). People attend day services for specific activities with people accessing between one and ten sessions per week. There is wide variation, depending on individual preferences and what services offer, but in general, most people access around four to five sessions per week with those accessing ten sessions typically having the most complex needs and/or PMLD. There are four main types of activities offered; leisure or social activities, life skills, therapeutic activities and work experience / training. These are offered at day service bases, in satellite projects and via the full range local community facilities.

Service	Users	Registration Conditions
Banff Day Services	109	Support service to maximum 115 adults with learning disabilities/a mental health problem and/or physical impairments
Ellon Resource Centre	48	Care service to maximum 30 adults with learning disabilities
Forest View Centre	57	Care service to maximum 56 adults with learning disabilities
Harlaw Centre	84	Care service to maximum 107 adults with learning disabilities and physical impairments
Robertson Road Resource Centre	75	Care service to maximum 80 adults with learning disabilities, mental health problems and physical and sensory impairments
Scolty Centre	35	Care service to maximum 25 people with Learning Disabilities
Willowbank	85	Care service to maximum 80 adults with physical disabilities, learning disabilities or mental health problems

Figure 5: Aberdeenshire Council Day Services and numbers using them in 2011

In addition to core services, day services offer a range of work-based activities and satellite projects.

Scolty Centre offers soap making, cards and wrapping paper production, local community floral display maintenance, car wash service, and vegetable allotment. It also has a satellite project, Scolty Recycling Project where service users help collect and process plastics for recycling.

Forest View Centre offers accredited training activities including sandwich and soup making, kindling and recycling paper project, soap making and a monthly coffee morning open to all.

Harlaw offers experience and training in an onsite coffee shop. It also has three major projects. Pitscurry is a joint venture with Pitcaple Environmental Project providing support and training and enabling service users to improve their practical skills and contribute to local community projects. The Buzzard Café opened in 2013 and is located within the grounds of Pitscurry where people are supported by Harlaw Centre staff to produce a range of hot and cold food which is sold to the public. Community News / Harlaw Herald involves people in producing and distributing a local community newspaper.

Ellon Resource Centre has Ellon Editors where people are involved in the production of news letters, books, information leaflets etc. and can access outreach computer courses through Aberdeen College. It has a training kitchen where trainees produce lunches for the day service. Also bake and for weekly open coffee afternoon. It has two major satellite projects. Ellon Can Do Plastic recycling project has a Service Agreement with Aberdeenshire Council Waste Department to collect and sort plastic recyclable materials from community pick up points and it collects aluminium drinks cans which are sold to a local scrap merchant. It also has Benchmark Woodwork training and production of garden items and kindling.

Willowbank Day Service projects are part of core centre activities and include: Glendaveny Coffee Bar, Glendaveny Preserves and baking, Glendaveny Garden Furniture, Kindlers, Garden Projects (wreaths etc). Willowbank offers the following two satellite projects. Glendaveny Bears based in Broad Street, Peterhead manufactures traditional handmade mohair bears. The Bears are a successful brand and sold from the shop and other outlets. Aden Shop is a community craft shop in the grounds of Aden Country Park, working in partnership with Friends of Aden.

Robertson Road Resource Centre offers a coffee bar service for staff, service users and external letting customers. It has two major satellite projects. Café Connect , internet café is on the High Street and provides a community service and supports and maintains the Fraserburgh community tourist website. Can Do Community Recycling provides collection and processing of recyclable materials in the community.

Banff Day Services has a number of ongoing satellite projects and is very involved in the local community. Banff Environmental Action Team (BEAT) provides a recycling service in conjunction with waste services and it also offers sales of goods diverted from landfill and upcycle of new goods from old. Eden Project has restored a walled garden and offers horticulture and production within environmental and sustainable principles. Gateway Café Project is a catering project within the community. The Kingswells Project produces gift hampers and Tallulah textile design and craft produces high quality goods for sale to the public.

Shared Lives

Aberdeenshire Council provides an adult placement scheme called Shared Lives. The scheme recruits, assesses, approves and supports Shared Lives Carers to support adults in the Shared Lives Carers home. In 2011-12 Shared Lives provided: 6 long-term placements with accommodation; short breaks to 17 people; 227 days of day-time support to 8 people; and 212 days "respite" was provided to 106 people who self fund or receive a direct payment in the form of weekends away.

John and his mother came to Shared Lives activity weekends where he tried new activities like climbing and archery. Afterwards he said; *"I didn't realise I could do things other people can do."* John then chose to attend three weekend breaks away. He has built real friendships and his family have confidence in the Shared lives Scheme. His mother recognises the importance and depth of friendship amongst people who really understand him and embraces the new contacts – *"the family to family organic relationship is so empowering."* The family feel that the self-funded supported weekends have given the whole family confidence. John has recently taken up skiing with a friend he made at the weekends away.

Self-directed support

Although the Self-directed Support Act will not be implemented until 2014, nationally the number of people in receipt of a Direct Payment from local authorities to purchase their own care has increased each year from 207 in 2001 when these figures were first collected to 5,049 in the year to 31st March 2012 and the value of payments has increased from £2.1 to £59.4 million in 2012. In March 2012, 241 people were receiving direct payments from Aberdeenshire Council, nearly half of whom were people with learning disabilities. This represents 9.7 people per 10,000, which is average for Scottish local authorities.

A pilot of self-directed support using the 'In Control' model has been running for three years with over 80 people having personalised support plans in place in 2013. Some of these people get their full budget as a direct payment and others have part of it paid as a direct payment whilst still using some council services. The pilot is informing the approach being developed in Aberdeenshire. The evaluation has indicated that, as has been the experience elsewhere, the financial impact is cost neutral (overall it neither costs more or less than traditional approaches) however outcomes for people are significantly better.

Working together

Strategic approach

Aberdeenshire has a strong history of joint working between statutory agencies and the voluntary and independent sectors. This Joint Strategic Commissioning Framework is developed by health and social care agencies supported by community planning partners, the voluntary and independent care sectors, carers and the citizens of Aberdeenshire.

Since the Scottish Government's policy on Joint Future in the late 1990s, considerable progress has been made to improve integrated approaches to health and care delivery. In 2007 a Grampian-wide Framework for Learning Disabilities and three local strategies (Aberdeenshire, Aberdeen City and Moray) were approved. A Partnership in Practice Agreement was agreed with partner organisations, setting out how we would take forward learning disability services jointly in line with 'same as you?' Inspection reports have consistently found evidence of good partnership working in the day-to-day work of health and social care staff.

The introduction of a Single Outcome Agreement and recommendations to streamline planning processes saw the establishment of Strategic Outcome Groups for specific community care groups. These are charged with developing Strategic Outcome Statements that set out the outcomes we want to achieve jointly to and oversee action plans to deliver improvements needed. The Learning Disability Strategic Outcome Group is responsible for the planning, development and provision of services for adults and older people who have learning disabilities and for young people with learning disabilities in transition from children's to adult's services. The Partnership is multi-agency, consisting of representatives from Aberdeenshire Council Social Work Services and Aberdeenshire Council Housing Services; NHS Grampian; the Community Health Partnership; 3rd Sector Providers; Grampian Police; Community Planning Partnership; Adult Support and Protection.

Involving carers

Aberdeenshire Carers Charter was endorsed by the Community Planning Partnership and voluntary sector providers of carer services in 2012. It makes a fundamental commitment to supporting carers in line with national policy. The lead group with overall responsibility for the planning and development of services for carers is the Aberdeenshire Carers Strategic Outcomes Group. Representation on the group is drawn from the Local Authority, NHS Grampian and the main carers support. Carer representation is through the carers' forums which have been established in North, Central and South Aberdeenshire. Currently one forum member attends the Carers Strategic Outcome Group meetings and there are plans to increase this representation.

Delivering on outcomes and using resources effectively

Progress towards achieving our vision and strategic outcomes is monitored at Learning Disability Strategic Outcome Group meetings. We use self evaluation and have an Outcomes and Performance Framework to help track progress and identify areas for improvement. A Joint Financial Framework sets out all resources available to learning disability services, including direct funding from NHS Grampian and Aberdeenshire Council and Resource Transfer monies. The Learning Disability Strategic Outcome Group reports annually to the Health and Community Care Partnership.

Supporting positive outcomes

All partners in Aberdeenshire have been developing capacity to plan, deliver and evaluate services that support positive outcomes for individuals with health and community care needs. Since 2010 commissioning and contracts processes have set out outcomes to be achieved by the service provider. These link to national and local outcomes drawn from the Single Outcome Agreement and service priorities published in Aberdeenshire Council's three year Housing and Social Work Service Plan. Individual Service Agreements specify the outcomes that individuals want to achieve from a service. Care providers are expected to monitor and assess their own performance against these individual service agreements, in collaboration with social work care managers.

A programme of intensive mandatory training develops workforce skills in outcomes focused assessment and care management. Use has been made of "Talking Points" an evidence based framework for engaging people in good conversations to inform collaborative assessment. We need to

Consultation

Working in partnership with people who use services and their families is essential as they are the key contributors and must be involved in service improvement, re-design and commissioning. The National Standards for Community Engagement are used to guide all consultation work. We have adopted a diverse approach to capturing the views of people with learning disabilities and unpaid carers through individual assessment of need, care planning and review processes; through surveys, focus groups, consultation events and by commissioning independent research. We also seek the views of representatives on self-advocacy and carers forums.

This is a summary of what people said about the joint strategic commissioning framework. They agreed with the proposed Strategic Outcomes, but stressed that outcomes should be what individual people want, not set externally. People want support and services that:

- ✓ Can foster and support relationships
- ✓ Allow them to live independently
- ✓ Support them in their own homes with people they choose to live with

- ✓ Offer opportunities to do meaningful things
- ✓ Allow them to learn and develop
- ✓ Allow them to contribute and be part of the community
- ✓ Allow them to do things they choose and get out and about when they want

Family carers want better information, better forward planning and assurance that the person they care for will receive safe, person centred care now and into the future.

Challenges

Housing

Over 100 people are waiting to move to alternative accommodation. Pressure on housing stock affects the whole population and there are 8,000 on the Apply 4 Homes waiting list in Aberdeenshire. Most people with learning disabilities do not need or want special accommodation, but many will need access to support, some require special adaptations and all need supportive communities. Once people are settled in their particular living arrangements there tends to be little movement in housing stock specifically allocated to learning disability services. We need to ensure people with disabilities are able to access ordinary housing from all sectors and work in partnership to develop cost-effective support solutions. This could, for example, mean allocating a proportion of new-build properties in clusters or networks where housing support and care at home could be more easily available, adapting existing properties, encouraging private sector landlords, exploring home ownership and family investment options, investing in extra-care housing schemes, making better use of existing support networks.

Younger people

In 2013 around 150 young people aged 16 – 18 are anticipated to require some form of additional support post into adulthood. Some will be supported through our Corporate Parenting framework which offers 16+ Learning Choices and supported employment and training via 'More Choices, More Chances'. Some will need additional support through young adulthood to help them become more independent. A small number of these young people will require significant levels of ongoing health and social care. Making the move from children's to adult's services easier is a long-standing UK-wide issue that is still proving unsatisfactory for many young people and their families. Closer integration between health and social care needs to prioritise developing smoother transition between children's and adult's services and making effective use of the GIRFEC practice model.

Younger people tend to have higher expectations than older generations and as a result, we see more young people achieving their potential but also more conscious of the barriers to independence. These include; a lack of support staff; inflexibility in support provision; and a lack of transport, appropriate community facilities or inaccessible buildings.

Older people

People are living longer and the number of older people with learning disabilities is growing. Older people with learning disabilities need to be supported to age well, to understand their age related needs and to remain active and healthy for as long as they can. Services are not always well prepared to support older people with learning disabilities and their families and this can result in disruption where support cannot be adapted where people live.

Most people with learning disabilities live with their parents and these families are growing older together and often caring for each other. Many family carers report that in the past there were low expectations for the person they cared for and that they had not anticipated a lifetime of caring. This can mean that many families have not made plans about where their relative will live and how they will be supported when they cannot provide care themselves, resulting in crisis driven service provision.

People with PMLD

Advances in the management of life-limiting and life-threatening conditions means adult services are coming into contact with young people who, in the past, would not have survived childhood. Professionals working in adult services may have little experience of these conditions; however, the needs of young adults with life-limiting or life-threatening conditions can be profound. Increasing numbers of young people with complex health conditions will be a future challenge for services.

Physical and intellectual access poses a particular challenge for people with PMLD who wish to use community services and restricts opportunities to enable community participation. One of the largest barriers to inclusion for people with PMLD is attitudinal and the assumptions made about their quality of life. Negative attitudes can affect the services they receive, but more seriously if ill-informed assumptions around an individual's quality of life are made by medical professionals it can be life threatening as it can affect the treatment they may receive. Assessment of 'quality of life' can be by individuals who have little idea what it is to be a person with PMLD and the value and qualities they bring to those who live or interact with them on a daily basis.

Access to pain management and recognition of pain is difficult in people with PMLD, as is recognition and detection of sensory impairments. Life expectancy is lowered for those with PMLD as insufficient emphasis is placed on managing and protecting body-shape which then impacts on organ function. People with PMLD are subject to the effects of polypharmacy/ multiple drug interactions but are unable to verbally describe side-effects and symptoms. Invasive medical procedures and technology dependence can restrict social access and inclusion and an elevated incidence of dysphagia (swallowing disorders) in the PMLD population increases risk of mortality from respiratory infection."

Dementia care

People with learning disabilities have a higher risk of developing dementia compared to the general population, with a significantly increased risk for people with Down's syndrome and at a much earlier age. The Care Services Improvement Partnership and the Department of Health, states that with regards to appropriate care environment the following the options are given in order of preference for people with learning disabilities and dementia. Preferred option – 'In place' where the person stays where they are currently living with what is familiar in their long-term memory with appropriate supports adapted and provided; compromise option: 'Moving to more specialist learning disability provision' where the person has had to move from their current home, but moves into provision supported by learning disabilities services; least preferred option: 'Referral out of learning disability services' where the person will be moved to services for older people, either residential or nursing. Aberdeenshire Dementia Strategic Outcome Group will give consideration to the specific needs of those with a learning disability.

Care for those with life-limiting conditions

Life-limiting illness is more prevalent in the learning disability population at both ends of the age spectrum and people with learning disabilities die on average 25 years younger than the general population yet they are less likely to access specialist palliative care than the general population.

Children and adults with PMLD are surviving longer, often through medical intervention. If children with PMLD are found to have life limiting conditions they and their families are often linked to CHAS for palliative and end of life support, but many children with PMLD will not have a diagnosis and therefore not linked to the children's hospice movement. If people with PMLD go on to survive into adulthood there is a need for a clear palliative and end of life care pathway so that people with PMLD and their families will have the appropriate support to enable them to make informed choices about end of life care.

The Prince and Princess of Wales Hospice in Glasgow identified the following challenges – communication, symptom management, decision making, staff confidence, choice, place of care, collaboration/ partnership working – which formed the basis the project 'Learning disabilities and palliative care: building bridges-supporting care'. This will produce a care pathway and further support to establish multi-professional forums; support and advice to individual practitioners and specialist advice and support for complex cases.

Dual diagnosis

Dual diagnosis refers to people with learning disability and a co-existing issue such as mental health needs or autism. Some people find themselves in one or other specialism without recognition of other issues they have and others find they don't fit into criteria for accessing support and fall through the gaps. Mental health needs and signs of poor mental wellbeing often go unrecognised in pre-verbal people and identification of PMLD can lead to diagnostic overshadowing.

Challenging behaviour support

Some adults with severe learning disabilities display behaviour which may put themselves or others at risk, or which may threaten their use of ordinary community facilities or a normal home life. Challenging behaviour is defined as:

“Culturally abnormal behaviour(s) of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit use of, or result in the person being denied access to, ordinary community facilities.”²

These behaviours are not under the control of the individual concerned and are largely due to lack of ability to communicate and in many cases appear to be effective ways for a person with learning disability to control what is going on around them. Underlying causes are multiple and will often include psychological, biological and social/environmental factors. For many people, positive behaviour support depends on having support providers who can accurately identify what the person is trying to communicate and respond accordingly. A simple truism is that people are less likely to challenge services if they are happy with where they live, with who they live with, with how they spend their time and with who supports them and how.

People who display challenging behaviours and those with complex needs often arising from dual diagnosis are more likely to experience ‘placement breakdown’, are more likely to move to residential settings away from their home and are at greater risk of abuse or neglect. The 2007 Mansell review recommended that commissioners should invest in local services to develop understanding and responses to challenging behaviour; local services that can directly support those with challenging reputations and promote good practice; service providers who can develop individualised, community-based support using individualised budgets that allow flexibility for people with challenging reputations; replace high cost low value services with better community-based alternatives that can achieve better value through reducing out-of-authority placements and placement breakdown; invest in early support to avoid families falling into crisis.

Experience of the justice system

There is increased recognition of overrepresentation of people with mental illness, autism and learning disabilities in the criminal justice system (and also in those presenting with substance misuse and homelessness issues). Criminal justice services and the Prison Service are developing more robust assessment and intervention processes including NHS provision in HMP Grampian and improving links into community services following release. The Practice Framework for Prison and Community Integration needs to be fully established and developed and training established as part of induction processes and staff development programmes. People with learning disabilities are more likely to be victims or witnesses of crime than offenders. In 2012/13 the number of charges of hate crime nationally reported against disabled people was more than double the previous year. Commissioners need to give consideration as to how services can keep people safe whilst at same time avoid stigma associated with ‘specialist’ provision.

2 Emerson, 1995

Workforce

There is a real challenge to recruit and retain all grades of staff and this situation is exacerbated by a vibrant employment market in Aberdeenshire. In common with other parts of Scotland, our health and social care workforce is older and many will be retiring in the next ten years. New roles and skills will be required to ensure there is capacity to deliver our vision. Sourcing, training and retaining skilled staff that are equipped with the skills to support people with PMLD will be a particular challenge in the years ahead.

Welfare reform

The UK Government Welfare Reform agenda is having significant impact on resources available to people with learning disabilities. We need to ensure that accessible and information advice is available. Longer term, we will need to monitor the impact and develop strategies to mitigate any negative consequences.

Early intervention and prevention

Commissioning activity needs to have a broader purpose than developing services to meet identified needs and consider where investment earlier on might reduce or prevent needs arising. The Christie Commission recognised that crisis-led commissioning was not just bad for service users it is also inefficient and we need to make sure that people can access core services when they need them rather than when they are at crisis point.

Poor health can result from social isolation and deprivation and many people with learning disabilities have experienced lifelong exclusion resulting from lack of choice and opportunity as well as experiencing significant barriers to access. Everybody has a part to play in ensuring our communities are inclusive and welcoming. People with learning disabilities stand to bear much of the brunt of the economic crisis and it is more important than ever that we work with communities to make sure people do not become isolated.

The literature indicates people with learning disabilities do not have frequent general health checks. There has been progress on addressing barriers to accessing healthcare and health promotion initiatives through more accessible information, but much more needs to be done. 'Keys to life' includes a number of recommendations for improving healthcare such as establishing and implementing a targeted health screening programme; a training programme for staff from all specialisms; introducing dedicated primary care liaison resource for all general practice and primary care teams; ensuring appropriate support is provided in general hospitals; improving capacity to track and monitor care and treatment and health outcomes.

Young people with learning disabilities face significant barriers to learning and employment. The Providers, Skills Development Scotland and the Transitions Forum work in partnership within the GIRFEC assessment and planning framework to provide earlier, smoother and clearer transition pathways (to include accessible information on their options, right to benefits and self-directed support) for all children with learning disabilities to enable them to plan and prepare for the transition from school to leavers destination.

In Aberdeenshire, there is a commitment to improve employment and training opportunities, but as “keys to life” recommends, we should lead by example and provide opportunities in our own organisations. Often, relatively small things can make all the difference. We should resist the temptation to view social and leisure opportunities as luxuries – connecting with people and places that matter is critical to wellbeing. A range of projects such as Dates and Mates, Time Banking, Circles initiatives, are aimed at connecting people and encouraging peer support.

People with learning disabilities are more likely to be subject to compulsory measures under the Mental Health Act than the general population and in 2010, the median length of compulsion was 3.5 years compared with 1.7 years for those without learning disabilities. Whilst the numbers are relatively small, delayed discharges are an issue for people with complex needs. Often the reason is down to waiting for a specialist ‘placement’ to become available. We need to be more proactive in developing personalised solutions. Organisations such as C-Change have a track record in Individual Service Design for those deemed the most ‘challenging’ often at lower cost than traditional services and we need to learn from experience.

Whilst a minority of people inevitably require a substantial amount of support throughout their lives, for some, the cumulative effect of adversity puts people at risk of becoming “high tariff”. The Anne Craft Trust says that 60% of adults with learning disabilities have experienced abuse at some point in their lives. We better understand the relationship between suicidal thoughts and abuse of people with learning disabilities and the effectiveness of post-abuse therapeutic interventions. A study at the University of Glamorgan recommends people that with learning disabilities should have greater access to personal safety/ abuse awareness courses and be involved in raising awareness amongst others; when people with learning disabilities disclose abuse other people must listen to them, believe them, act appropriately and provide support; people who have been abused should have greater access to counselling.

Future directions

Joint working

Over the coming years, GPs, hospitals, health workers, social care staff, housing providers across all sectors and others will increasingly be working side-by-side, sharing information and taking a more coordinated approach to the way services are delivered. Closer integration of health and social care should mean that people experience services that are planned and delivered seamlessly. This is particularly important for people with complex care and health requirements. In 2014 an Integration Joint Board will be established, bringing health and social care together, that will oversee all health and social care services for adults and older people.

By 2015 we will have in place clear arrangements for joint commissioning which will include arrangements for joint commissioning services for adults with learning disabilities. We will also produce our first joint commissioning plan under the new arrangements which will set out joint commissioning intentions for health and social care services, based around a joint financial framework.

Supporting Carers

The Aberdeenshire Carers Charter is founded on 7 principles which underpin how the Council, NHS and voluntary sector partners will work to support carers. These are:

- Recognise Carers as equal partners
- Recognise the right of Carers to choose whether to care
- Support and maintain Carer's health and wellbeing
- Information and advice
- Breaks for Carers
- Having a voice
- A life outside caring
- In addition, we recognise a need for capacity building and commissioning training for carers.

Priorities for Carers Strategic Outcome Group include self-directed support; developing carer's involvement; increasing the take up of carers' assessment; building on good practice and learning from elsewhere; developing workforce knowledge and skills; supporting carers through preventative services, improved training, availability of advocacy and the provision of short breaks. The Carers Strategic Outcome Group oversees development of Aberdeenshire short breaks bureau. This service will provide people with information about short breaks and how they can access a broader range of opportunities.

Self-directed Support

The Social Care (Self-directed Support) (Scotland) Act 2013 gives people a range of options for how their social care is delivered, beyond just direct payments, allowing people to decide how much ongoing control and responsibility they want over their own support arrangements. The Act requires council's to offer people four choices on how they can get their social care. The choices are:

- Option 1 direct payment
- Option 2 the person directs the available support
- Option 3 the local authority arranges the support
- Option 4 a mix of the above

The Act contains other duties and powers; for example a power to authorities to support unpaid carers and duties on authorities to give information to help people make an informed choice.

Aberdeenshire embraces this new approach which places choice, control and personalisation firmly in the hands of the individual and recognises that the focus of strategic commissioning has to change. We are at an advanced stage of developing a revised policy and practice framework, to deliver the local authority's new statutory duties from 2014.

Commissioning for personalisation

The Association of Directors of Social Work (ADSW) recognises the need to change cumbersome commissioning practices and move away from block contracting. The report from the Winterbourne View enquiry highlights the central importance of personalisation and the need to avoid planning that slots people into one size fits all service models and instead move towards tailored approaches, co-produced with the person. The keys to life, also stresses that future commissioning must be small-scale:

.....
“An overarching requirement will be that any new provision should not be large scale and/or one which attempts to replicate long stay hospital provision of the past.”
.....

(Keys to life)

A challenge is how to build capacity to support personalised commissioning in the context of budget pressures and increasing demand. The Social Care Institute for Excellence (SCIE) suggests that commissioners need to achieve the right balance between three types of service – specific interventions, universal services and self-directed support (figure 4).

Specific Interventions	Services which promote the public good but which would not be purchased by individuals e.g. crisis intervention or early intervention and therapeutic services. These might be commissioned jointly. This could include some specialist health and social care functions.
Universal Services	Services for the whole community, including information, advice and advocacy services. These could be commissioned jointly. There is a need to ensure access to transport, leisure, employment, community health and housing services.
Self-directed Support	Individual Budgets, for people with support needs to commission their own services. We need a mix of providers on Framework Agreements underpinned by outcomes-focused framework contracts. These are likely to include Housing Support and Care at Home Services and Support Services that offer short breaks and day-time opportunities.

Figure 6: Tiered model for commissioning services (based on SCIE recommendations)

Achieving the right balance may require disinvestment and decommissioning, for example away from residential care, reinvesting in community alternatives and housing support. Securing both value for money and financial sustainability are key concerns for commissioners, who must continue to ensure cost-effective and appropriate use of public money, especially in a tightening financial climate. There may be opportunities to streamline specialist services (e.g. through co-location) and for people to pool their individual budgets. Neighbourhood Networks offers a model for people living in a neighbourhood to give peer support and 'share' the services of one worker. We need to promote access to universal or mainstream services and make sure these are accessible. We also need to consider "invest to save" potential of early intervention services.

Developing the wider social care market

Audit Scotland emphasizes the importance of Councils and NHS bodies ensuring there is a range of high-quality services and providers to meet people's needs and give them choices about their care. We need to work effectively with voluntary and private providers to identify people's needs, map out current provision and capacity, and develop new and more effective services. Audit Scotland also warn that too much focus on reducing costs when procuring services may be at the expense of regard to the range and quality of services and may result in crisis-led high cost commissioning.

Commissioners also need to manage the risk of business failure and assess this before procuring services and have contingency plans in place to minimise disruption to users, carers and other services. The risks and consequences of failure are greater with large-scale commercial providers.

Michael Porter's 'five forces' model of competitive advantage offers one approach for understanding the social care market:

- **New entrants** – Are there many potential new entrants keen to get into the local social care market? What are the barriers to entry? Is it easy for people to switch providers? What potential value do new entrants bring?
- **Buyer's power** – What impact will closer integration and more people commissioning their own support have on the market? What is important to customers and commissioners?
- **Substitution** – Are there alternative products and services available?
- **Suppliers** – Is there a range of providers or are resources concentrated on relatively few providers? What degree of influence or bargaining power do suppliers have? Are there barriers to exit? How easy is it for people with learning disabilities to access mainstream products?
- **Competition** – Is there drive among current providers to deliver results, give value for money, gain good inspection reports? Which providers have the best approach?

There needs to be a strong link between personalised and strategic commissioning, so that market development work is built on information about what people want. We need to develop our customer insight capability. The self-directed support pathway being developed in Aberdeenshire offers potential to aggregate information about people's needs to inform strategic commissioning.

Commissioning for community inclusion

Commissioning for community inclusion is a way of approaching public sector commissioning which helps to ensure that a broad range of opportunities and supports are available for people. It is about linking people to their local communities and supporting them to make the most of the natural supports around them. Community inclusion is an important part of prevention as it enables people to use their own time and resources to help them stay independent for as long as possible.

It is not just about traditional health and social care services. Commissioning for community inclusion recognises that universal and commercial services need to be accessible to all. Likewise, voluntary and community groups need to be open and welcoming. Buildings and facilities like libraries, family centres, places of worship, leisure centres, supermarkets and corner shops all have an important part to play in community life.

Commissioning which focuses on building community capacity and encouraging and strengthening community action is an important aspect of this approach. This is about empowering local people to provide support to others and enabling older and disabled people to contribute to community life.

The Big IDEA stands for Inclusive Day services – Enabling Aberdeenshire. This project is a “grassroots” exercise in commissioning for community capacity that has focussed on harnessing and developing people’s assets as well as resources. Consultation and engagement events have been held across Aberdeenshire with people with learning disabilities, family carers and local communities. The dual focus has been on influencing the future of services delivered by Aberdeenshire Council and on helping communities to know and pool their assets. The coproduction approach is founded on the knowledge that involving people and communities in the commissioning process leads to smarter solutions. It makes sense to commission services that people really need and want and to make the most of the knowledge and skills that are out there in the community.

Involvement

We use the term ‘involvement’ as an umbrella for a wide range of participatory methods and concepts, including co-production; participation; empowerment, community engagement; person-centered practice. Involving people with learning disabilities and their families is central to ensuring that services are personalised and support positive outcomes. We want a culture of openness and accountability which encourages involvement of people with learning disabilities and their families at every level:

- Individually through being actively involved in expressing preferences, making choices and directing support aimed at achieving desired outcomes
- Contractually through being involved in decisions about new services, retendering or stopping services
- Organisationally through having opportunities to say what they think about the quality of care and be involved in evaluating services
- Strategically through involvement in deciding what core services are needed
- Nationally through involvement in national organisations that enable people with learning disabilities and their families to connect with the Scottish Government

“Localities (should) provide opportunities to promote equality for people with learning disabilities through actively involving and including them in local developments that affect them. A first step should be the provision of information that ensures greater awareness of the rights we all have under domestic law and as a result of international treaties.”

(The Keys to Life; Recommendation 2)

Providing accessible information is a basic prerequisite to helping people make informed choices and be involved.

Advocacy

Advocacy can support people to understand information and choices and to make their voice heard, especially if they find it difficult to do so by themselves. Commissioners have a legal duty under the Mental Health (Care & Treatment) (Scotland) Act 2003 to ensure that everyone with a “mental disorder”, which includes people with learning disabilities, in their NHS board or local authority area can access independent advocacy. The Code of Practice which supports the Act says that where someone has a degree of incapacity, or cannot for any reason clearly say whether or not they would like an independent advocate, the appropriate person should seek to involve an independent advocate. This applies to people living in the community and not solely those detained under the Act.

In Aberdeenshire, independent advocacy services are provided by Advocacy North East. These are jointly commissioned through Grampian Independent Advocacy Group, which is a partnership between NHS Grampian and Aberdeenshire, Aberdeen City and Moray Councils that pools funding for independent advocacy services across the North East. Trained advocates support and enable clients to access information and express their wishes when dealing with health and social care providers. An independent advocate aims to support people to represent their own interests. If this is not possible, the advocate will represent the person’s views. The advocate provides support on specific issues. He or she provides information not advice and will provide short or long-term support. Independent advocacy can be provided by paid or unpaid staff.

Self advocacy is when people can stand up for themselves either individually or in a group. Some people with learning disabilities are very capable of expressing their views but are still excluded from decision-making forums. Self advocacy groups can help people to get better at speaking up for themselves and their peers and give an opportunity for a collective voice on issues affecting groups and communities.

In Aberdeenshire there are self advocacy groups in Banff, Peterhead and Fraserburgh (forming the North Learning Disability Forum), Inverurie and Ellon and ad hoc groups attached to services.

Citizen Leadership

Citizen Leadership supports self advocacy and is about changing the relationship between people who use services and people who provide them. In this new relationship people as citizens take on shared responsibility for making sure services meet their needs.



“Citizenship means: Being respected – being able to hold your head up high and getting respect from those around you; Being equal – citizens all have the same fundamental worth or dignity; Being different – citizens are not identical, they have many different gifts which they bring together to build a better world”

(The Keys to Citizenship: Simon Duffy)

Aberdeenshire is one of three local authorities in Scotland that have benefited from a Progress Scotland project since 2008. The project has been promoting citizen leadership and helping people with learning disabilities to develop their confidence, knowledge and skills.

Citizen Leaders have helped develop local policies and given presentations on important issues. The Progress Scotland meetings invite members of other self advocate groups to attend.

Involvement in commissioned services

The Care Inspectorate says services that involve the people who use them are of higher quality. Examples of services with good inspection reports include those that:

- Involve people in staff recruitment and assessment
- Give them more say in personal plans
- Ask people who use services and families to grade the service
- Have regular meetings for service users
- Are trained in participation
- Have an elected spokesperson to talk to the Care Inspectorate

ARC is a membership organisation for providers of services to people with learning disabilities. It has Scottish Government funding to support the National Involvement Network which is comprised of service users of member organisations. In 2008 the Network developed a Charter for Inclusion, currently under review, and due to be re-launched in 2013/14.

People with PMLD

People with profound and multiple disabilities (PMLD) invariably have additional communication requirements and need to be meaningfully involved in decisions affecting them. The Adults with Incapacity (Scotland) Act 2000 says that people who lack capacity in relation to a particular decision should be involved as much as possible. By interpreting and understanding a person's likes, dislikes or preferences people can have a substantial input, even if the final decision is made by someone else. There are a range of tools available to assist in this process.

PAMIS (Promoting an Inclusive Society) recommend the best way to work with people with PMLD is to involve those who know the individual best to work with resources such as sensory objects, objects of reference, video, or intensive interaction. For those with PMLD, services must also acknowledge the limitations of accessible information and whatever medium information is presented there will be concepts which will not be intellectually accessible to people with the most complex needs.

It is vital that all those persons' carers/supporters have information on how to interact with a person with PMLD and receive information on communication methods. PAMIS recommends that all people who support individuals with PMLD have training on communication methods and resources.

Supporting positive outcomes

The 'Changing Lives' report of the 21st Century Social Work Review said "we need new commissioning models based on partnership and delivery of personalised outcomes". Public money should try to achieve as much public benefit as possible, therefore we have to invest in the things people want and that have a positive impact. Outcomes based commissioning can appear very complex, but it basically entails agreeing what it is we need to achieve and considering what resources are at our disposal before deciding on a solution. The aim is to help people have a life not a service and this means changing approaches that tie up resources in rigid service models. Outcomes based commissioning offers scope for innovation and better use of shared resources.

The Strategic Outcome Statements in this Joint Strategic Commissioning Framework support delivery of 'keys to life' recommendations and proposed national outcomes for adult health and social care (Figure 7). A focus on 'personal outcomes' offers the potential to refocus commissioning on what matters to people. Personal outcomes are the goals, aspirations and dreams defined by the individual as distinguished from outcomes which are pre-determined by services on behalf of beneficiaries. Outcomes have been emphasised in Scottish policy for several years and a challenge is to link personal outcomes, which can evidence how a specific intervention has benefited an individual, with strategic outcomes, which can evidence how investment in services benefit a population.

Measuring outcomes is an increasing feature of evaluating and improving services and increasing accountability to the public and regulatory bodies. All commissioned services are exploring and trialing a range of tools to capture and measure progress of personal outcomes. Aberdeenshire is working with IRISS (the Institute for Research and Innovation in Social Services)

to develop personal outcome measurement. Over the next three years we will continue to refine and extend outcome focused commissioning arrangements. These will reflect the national outcomes for health and social care set by the Scottish Government.

We are developing an outcomes focussed self-directed support pathway. This is a radical shift from the traditional care management model where services were commissioned based on needs determined by a care manager. With this model, once eligibility for services has been established, social workers and local area coordinators will work with individuals to agree personal outcomes and a budget will be allocated, based on level of need, with which they can develop a personalised support plan.

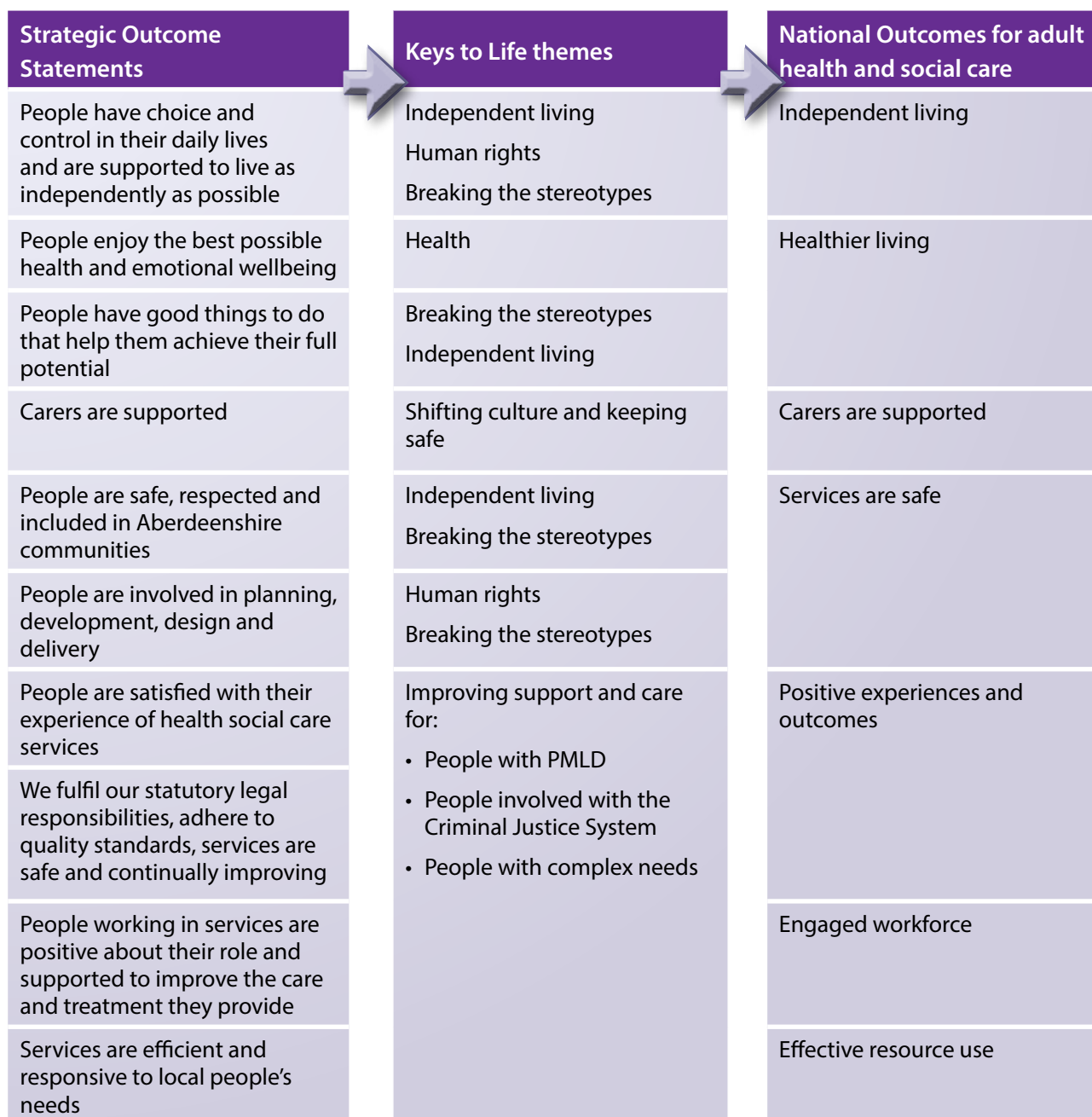


Figure 7: Model showing how Strategic Outcome Statements support delivery of keys to life recommendations and proposed national outcomes

How we will measure success

We have developed this Outcomes and Performance Framework to help us jointly monitor and account for how we are doing. Progress will be tracked across four high level themes aligned with national health and social care outcomes and underpinned by our Strategic Outcome Statements. We will monitor progress against a range of indicators. Wherever possible we will select indicators from existing datasets. These indicators will be refreshed on an annual basis in response to changing reporting requirements and changes in national outcomes.

DASHBOARD			
Impact of services	Service quality and continuous improvement	Customer satisfaction and involvement	Value and financial sustainability
HEALTH AND SOCIAL CARE OUTCOMES			
Healthier living	Services are safe	Positive experiences and outcomes	Effective resource use
Independent living	Engaged workforce		
Carers are supported			
OUTCOME STATEMENTS			
People have choice and control in their daily lives and are supported to live as independently as they can	People working in services are positive about their role and supported to improve the care and treatment they provide	People are involved in the planning, development, design and delivery of services that help them to achieve the outcomes they want	Services are efficient and responsive to local people's needs
People enjoy the best possible health and emotional wellbeing	We fulfil our statutory legal responsibilities, adhere to quality standards, services are safe and continually improving	People are satisfied with their experience of health social care services	
People have good things to do that help them achieve their full potential			
Carers are supported			
People are safe, respected and included in Aberdeenshire communities			

Figure 8: Joint Outcomes and Performance Framework for Services for Adults with Learning Disabilities

Key actions 2014 – 16

Over the forthcoming years we anticipate changes in resources available and in patterns of demand and we will be developing new ways of working. Our central task throughout this period is supporting people with learning disabilities to enjoy the best quality of life, live the lives they choose and participate equally in Aberdeenshire communities. Here we set out key actions for the period up to 2016.

1. People have choice and control in their daily lives and are supported to live as independently as possible

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Work with private, voluntary and third sector agencies to ensure a creative variety of providers and supports. 2. Encourage the setting up and expansion of befriending services and natural networks. 3. There is a focus on investment on local community supports. 4. Review capacity of local providers to support those with complex needs. 5. Implement Self-directed Support. 6. Work with transport providers to help people travel more independently. 7. Promote “barrier free” communities. 	<ol style="list-style-type: none"> 8. Implement revised local housing strategy guidance when available. 9. Revise Local Area Co-ordinators remit pending outcome of national review and pilot LAC in a GP practice 10. Work with information officers to record number of people receiving befriending services and natural networks in annual eSay statistical returns. 11. Implement revised national guidance on independent advocacy. 12. Explore opportunities for developing alternative models of provision using SDS for those with “high cost” packages.

2. People enjoy the best possible health and emotional wellbeing

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Publicise Easy Info Zone of NHS Inform. 2. Implement and promote National Oral Health Improvement Strategy. 3. Implement and promote See Hear policy. 4. Review the support people with learning disabilities receive in ARI. 5. Promote understanding of patients rights under the Mental Health Care and Treatment Act (Scotland) and The Human Rights Act. 	<ol style="list-style-type: none"> 6. Ensure people with complex epilepsy have access to specialist neurological services. 7. Ensure there are reasonable adjustments in health settings that support person centred care. 8. Ensure there is a dedicated primary care liaison resource to support General practice and primary care teams. 9. Implement palliative care pathway 10. Improve information about the health needs of adults with learning disabilities in Aberdeenshire. 11. Review Quality Standards locally

3. People have good things to do that help them achieve their full potential

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Continue to develop day opportunities that are person-centred, assets-based and values driven. 2. Develop a range of supported employment opportunities for people with learning disabilities. 3. Increase opportunities for people with learning disabilities to volunteer within their community to develop work skills. 	<ol style="list-style-type: none"> 4. Complete the Inclusive Day Services Project (IDEA). 5. Develop training and employment opportunities for people with learning disabilities in the public and third sector. 6. Develop accessible information about opportunities available. 7. Work with all partners in to develop opportunities.

4. Carers are supported

By end of 2014	By end of 2015
<ol style="list-style-type: none">1. Develop Short Breaks Bureau Service so that an accessible menu of short breaks is available.2. Implement section 3 of the Social Care (Self Directed Support) (Scotland) Act 2013 – support for adult carers.	<ol style="list-style-type: none">3. Review uptake of Short Breaks Fund of people with learning disabilities.4. Develop policy for supporting carers with Emergency Planning.5. Early identification and planning for young people with PMLD and/ or complex needs.

5. People are safe, respected and included in Aberdeenshire communities

By end of 2014	By end of 2015
<ol style="list-style-type: none">1. Carry out equality impact assessments on relevant policies.2. Make information about rights available.3. Promote Scottish Good Practice Guidelines for Supporting Parents with Learning Disabilities.	<ol style="list-style-type: none">4. Review local supported parenting services for adults with learning disabilities.5. Promote Changing Places.6. Involve people with learning disabilities in awareness raising about abuse and hate crime.

6. People are involved in planning, development, design and delivery

By end of 2014	By end of 2015
<ol style="list-style-type: none">1. Promote citizenship leadership.2. Encourage local providers to sign up to the Charter for Inclusion.3. Support development of self-advocacy forums in North, South and Central Aberdeenshire.4. Implement involvement plan.	<ol style="list-style-type: none">5. Ensure people with learning disabilities are represented on relevant local area and Shire-wide decision-making forums.6. Ensure the views of people with learning disabilities and carers are taken into account in the local housing plan.

7. People are satisfied with their experience of health social care services

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Develop earlier, smoother and clearer transition pathways within the GIREFC framework for all children with learning disabilities. 2. Make information about complaints and compliments and “have your say” accessible and available. 	<ol style="list-style-type: none"> 3. Develop “checking group”, commissioning people with learning disabilities and family carers as Experts with Experience to audit the quality of services.

8. We fulfil statutory responsibilities, adhere to quality standards, services are safe and improving

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Implement Scottish Quality framework for the delivery of invasive procedures when launched in Autumn 2013. 2. Ensure people with learning disabilities involved in the Criminal Justice system have access to easy read and other accessible information resources. 3. Implement recommendations of ‘No-One Knows – Prisoners with Learning Difficulties and Learning Disabilities, Scotland’ pending national review. 4. Promote the document ‘People with Learning Disabilities and the Criminal Justice System.’ 5. Review Joint Discharge Agreement Protocols as required. 	<ol style="list-style-type: none"> 6. Continue to learn from external audit, best practice research and benchmarking. 7. Embed personal outcome measurement and person-centred approaches. 8. Review joint approach to working positively with risk. 9. Widen access to advocacy services.

9. People working in services are positive about their role and supported to improve the care and treatment they provide

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Ongoing learning and sharing of best practice. 2. Review and implement joint workforce development policies. 3. Ensure all commissioned services have a workforce training and development plan. 	<ol style="list-style-type: none"> 4. New health workers trained on legislation relevant to supporting people in mainstream health settings. 5. Total communication policy including training on use of 6D cards and Talking Mats for health and social care staff is implemented. 6. Experts with Experience are commissioned to deliver learning and development opportunities, to health and care workers.

10. Services are efficient and responsive to local people's needs

By end of 2014	By end of 2015
<ol style="list-style-type: none"> 1. Develop local arrangements for joint commissioning. 2. Develop joint financial framework. 3. Review joint planning arrangements. 	<ol style="list-style-type: none"> 4. Implement national framework agreement for procurement when developed. 5. Develop joint commissioning plan. 6. Prepare for inspection of joint plan.

Housing Contribution Statement

Theme	Detail
National Outcomes relevant to the housing contribution.	<p>The Scottish Government's National Outcome Statement 10 states:</p> <p><i>"We live in well designed, sustainable places where we are able to access the amenities and services we need."</i></p> <p>Outcomes from the Adult Learning Disability Joint Strategic Commissioning Framework with specific actions for Housing are:</p> <p>"1. People have choice and control in their daily lives and are supported to live as independently as possible"</p> <ul style="list-style-type: none">• By end of 2015 Implement revised local housing strategy guidance when available. <p>"6. People are involved in planning, development, design and delivery"</p> <ul style="list-style-type: none">• By end of 2015 Ensure the views of people with learning disabilities and carers are taken into account in the local housing plan.

Theme	Detail
<p>Local Housing Strategy (LHS) outcomes and the strategic direction of travel for Housing within the Joint Strategic Commissioning Framework for Adults with Learning Disabilities</p>	<p>The Scottish Government requires that development plans and Local Housing Strategies are informed by the preparation of a Housing Need and Demand Assessment (HNDA). The first Aberdeen City and Shire Housing Need and Demand Assessment was produced in 2010 and updated in March 2011. The assessment provides an evidence base that both the Local Authorities and their partners can use to inform policy decisions in relation to both market and affordable housing.</p> <p>The Aberdeenshire Local Housing Strategy (LHS) 2012-17 provides the strategic direction to tackle housing need and demand and to inform the future investment in Housing and related services in the Local Authority area.</p> <p>Chapter 5 of the LHS focuses on Particular Needs Client Groups which includes people with Learning disabilities and sets out the main issues and overarching key actions in relation to housing for people with an identified particular need. The Strategic Outcome Statement states that:</p> <p><i>“People with an identified particular need will have access to appropriate affordable housing and support to allow them to sustain and improve their health to live as independently as possible.”</i></p> <p>The 3 key overarching actions are:</p> <ol style="list-style-type: none"> 1. Ensure there is sufficient diversity in all housing, all sizes and tenure to meet the needs of Aberdeenshire residents; ensuring a minimum of 15% of new build affordable homes are developed each year and existing stock is reconfigured for those with particular needs. 2. Continue to review ways to best maximise existing housing stock, through the provision of equipment and adaptations in order to reduce the number of households with an unmet particular need by 2,310, 1550 in the private sector and 760 in the public sector per year. 3. Identify current and future housing support needs and harmonise housing support services across Aberdeenshire.

Theme	Detail
<p>The housing contribution already planned on the basis of the LHS.</p>	<p>A priority of the LHS remains to ensure that people with Learning Disabilities have access to adequate housing with appropriate support and care. Work is ongoing to assess current and future Housing Support needs and to establish the correct long-term balance of accommodation types and support services. This includes investment in new build extra care housing, where independence, choice and control can be offered.</p> <p>Extra Care Housing – Aberdeenshire Council aims to ensure people have the opportunity to live independently for as long as possible in their own homes. Partnership working across all housing sectors will consider potential projects and capital funding arrangements.</p> <p>Another priority of the LHS is to support accommodation options for learning disability clients and to maximise existing stock across all tenures in Aberdeenshire. This can be achieved by continued investment in aids and adaptations to meet the particular needs of adults with learning disabilities.</p> <p>The housing service offers advice and information to people with a disability to access information and assistance to make informed choices regarding housing options.</p>
<p>Process for integrating the housing contribution to the Joint Strategic Commissioning Framework for Adults with Learning Disabilities</p>	<p>The Learning Disabilities Strategic Outcome Group and the Housing for Particular Needs Strategic Outcome Group are strategic joint planning groups who jointly plan the direction of disabled people’s accommodation and services in Aberdeenshire.</p> <p>In an attempt to prepare for the changes in number, needs and independent aspirations of people with a learning disability, a Learning Disability Accommodation Strategy has been prepared by the Housing and Social Work service.</p> <p>The Learning Disabilities Accommodation Strategy “A Place to Live” aligns with the priorities identified within the LHS. The aim of the strategy is to offer equal opportunities and choice to allow people with learning disabilities to have access to independent living opportunities, affordable homes that can offer freedom, security and access to support. Parallel to this is a review of the learning disabilities Asset Management Strategy which aims to review the current and future needs of accommodation and support across all areas of Aberdeenshire.</p>

Theme	Detail
Achievements to date	<p>Extra care housing :</p> <ul style="list-style-type: none"> • 24 x 1 bed units approved in Inverurie • 11 x 1 bed units approved in Peterhead <p>Further accommodation priorities will be reflected, where appropriate within new build housing programmes.</p>
Key challenges going forward	<p>The majority of individuals with learning disabilities can live in mainstream accommodation, however, the care model and the level of support will vary depending on the needs of the individual. A recent review of the Council's housing allocation policy now assesses the housing and support needs of adults with disabilities through the Apply4Homes partnership.</p> <p>There are also a number of people with a learning disability who live in the family home with a proportion of them living at home with an older carer. Therefore it is important that mechanisms are set in place to ensure that appropriate housing provision, care and support are available should they need to be cared for within a different setting. Like the population in general, individuals with a learning disability will also live longer and therefore housing will also have to be suitable to meet their physical disability needs along with their support and care needs.</p>

Resources

National Policy

Keys to life: improving quality of life for people with learning disabilities 2013-2013

<http://www.scotland.gov.uk/Resource/0042/00424500.pdf>

Self-directed support: A National Strategy for Scotland 2010

<http://www.scotland.gov.uk/Publications/2010/02/05133942/0>

Equally Well

<http://www.scotland.gov.uk/Topics/Health/Healthy-Living/Health-Inequalities/Equally-Well>

The Scottish Government's 2020 Vision

<http://www.scotland.gov.uk/Topics/Health/Policy/2020-Vision>

The Healthcare Quality Strategy for NHS Scotland 2010

<http://www.scotland.gov.uk/Resource/Doc/311667/0098354.pdf>

Homes Fit for the 21st Century: The Scottish Government's Strategy and Action Plan for Housing in the Next Decade: 2011-2020

<http://www.scotland.gov.uk/Publications/2011/02/03132933/6>

The Scottish Strategy for Autism 2010-2020

<http://www.scotland.gov.uk/Resource/Doc/361926/0122373.pdf>

Caring Together: The Carers Strategy for Scotland 2010-2015

<http://www.scotland.gov.uk/Resource/Doc/319441/0102104.pdf>

Getting it Right for Every Child

<http://www.scotland.gov.uk/Topics/People/Young-People/gettingitright>

Shared Vision for Independent Living in Scotland

<http://www.ilis.co.uk/uploads/docs/VISION%20STATEMENT.pdf>

Local Policy

Aberdeenshire Single Outcome Agreement 2013 – 2023

<http://www.ouraberdeenshire.org.uk/images/SOA/final%20aberdeenshire%20soa%202013-2023.pdf>

Local Area Community Plans

http://www.ouraberdeenshire.org.uk/index.php?option=com_content&task=view&id=187&Itemid=50

NHS Grampian Local Delivery Plans

http://www.nhsgrampian.co.uk/nhsgrampian/gra_display_hospital.jsp;jsessionid=9886AF5B77B4F75EE4E6DF65AB44BE5F?pContentID=7077&p_applic=CCC&p_service=Content.show&

Aberdeenshire Housing and Social Work Service Plan 2012 – 2015

www.aberdeenshire.gov.uk/about/plans/HSWServicePlan201215.pdf

Aberdeenshire Local Housing Strategy 2012 – 2017 and associated documents

<http://www.aberdeenshire.gov.uk/about/departments/housing.asp>

Grampian Independent Advocacy Plan 2012

<http://www.nhsgrampian.org/grampianfoi/files/AdvocacyPlan2011-14Apr2012.pdf>

Aberdeenshire Carers Charter

[http://www.aberdeenshire.gov.uk/committees/files_meta/802572870061668E80257A700030D5A7%5C\(02\)%20Support%20for%20Unpaid%20Carers-App%201.pdf](http://www.aberdeenshire.gov.uk/committees/files_meta/802572870061668E80257A700030D5A7%5C(02)%20Support%20for%20Unpaid%20Carers-App%201.pdf)

Aberdeenshire Health and Community Care Strategic Partnership Strategy 2009 – 2014

<http://www.aberdeenshire.gov.uk/about/departments/HCCSPStrategyV94July2010.pdf>

Good Practice

Accessible information

http://www.nhsgrampian.org/nhsgrampian/gra_display.jsp?pContentID=7564&p_applic=CCC&p_service=Content.show

Audit Scotland Commissioning Social Care Key Messages (2012)

http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care_km_bw.pdf

Bereavement and Loss Project – Available from PAMIS from November 2013

Challenging behaviour: a unified approach (2007)

<http://www.rcpsych.ac.uk/files/pdfversion/cr144.pdf>

Circles of Support and Personalisation (2012)

<http://www.helensandersonassociates.co.uk/media/75948/circlesofsupportandpersonalisation.pdf>

Commissioning for Community Inclusion: Eight Essential Actions A guide for public sector commissioners (2011)

http://www.ndti.org.uk/uploads/files/Commissioning_for_Community_Inclusion_final_Oct112.pdf

Good practice guidelines on supporting parents with learning disabilities (2009)

<http://www.sclد.org.uk/library-publications/scottish-good-practice-guidelines-supporting-parents-with-learning-disabilities>

Guidance on Short Breaks (Respite) (2008)

<http://www.scotland.gov.uk/Resource/Doc/245982/0069419.pdf>

Independent Advocacy – Guide for Commissioners (Consultation on update 2013)

<http://www.scotland.gov.uk/Publications/2013/04/3733>

Personal Communication Passports

<http://www.communicationpassports.org.uk/Home/>

Local Area Co-ordination

<http://www.sclد.org.uk/local-area-co-ordination>

Mutual Caring Project: various resources from FPLD

<http://www.learningdisabilities.org.uk/our-work/family-friends-community/mutual-caring/>

National Care Standards

<http://www.nationalcarestandards.org/23.html>

National Involvement Network: Charter for Inclusion

<http://arcuk.org.uk/scotland/national-involvement-network>

National oral health improvement strategy for priority groups: frail older people, people with special care needs and those who are homeless (2012)

<http://www.scotland.gov.uk/Resource/0039/00394171.pdf>

National Standards for Community Engagement (2005)

<http://www.scotland.gov.uk/Resource/Doc/94257/0084550.pdf>

People with Learning Disabilities and the Criminal Justice System (2011)

<http://www.scotland.gov.uk/Publications/2011/03/21142925/0>

Person centred planning tools

<http://www.csrpcp.net/default.aspx?page=16600>

Principles and Standards of Citizen Leadership and What is Citizen Leadership publication (2008)

<http://www.scotland.gov.uk/Publications/2008/04/17143215/0>

Principles of Good Transitions for Young People with Additional Support Needs (2013)

<http://scottishtransitions.org.uk/wp-content/uploads/Principles-of-good-transitions-planning-April-2013.pdf>

Scottish Quality framework for the delivery of invasive procedures

Due for publication late 2013

See Hear: A strategic framework for meeting the needs of people with a sensory impairment in Scotland (2013)

<http://www.scotland.gov.uk/Publications/2013/04/2067->

Taking Risks: Thistle Foundation Project

<http://www.thistle.org.uk/our-services/supported-living/risk-research-project/adult-protection-resources/documents>

Together for Short Lives – The STEPP Project – Supporting health transitions for young people with life-limiting conditions: Researching evidence of positive practice.

http://www.togetherforshortlives.org.uk/professionals/projects/project_two

Multi-Sensory Stories

<http://www.bagbooks.org/multisensory.html>

Total Place: a practitioner's guide to doing things differently (2010)

<http://thinkpublic.com/mainsite/wp-content/uploads/2010/08/Total-Place-a-practitioners-guide-to-doing-things-differently.pdf>

Various resources about innovative practice

<http://www.centreforwelfarereform.org/library/type/pdfs/show-all>

Various resources about Strategic Commissioning from the Joint Improvement Team

<http://www.jitscotland.org.uk/action-areas/commissioning>

National Organisations

ARC (Association for Real Change) – Membership organisation, which supports providers of services to people with a learning disability.

<http://arcuk.org.uk/scotland/progress-scotland>

Care Inspectorate – Independent scrutiny and improvement body for care services in Scotland.

<http://www.scswis.com>

The Challenging Behaviour Foundation – UK wide charity specialising in severe learning disabilities and behaviour described as challenging for families and professionals.

<http://www.challengingbehaviour.org.uk>

The Centre for Welfare Reform – Shares good ideas to make human rights real

<http://www.centreforwelfarereform.org>

ENABLE Scotland – Run by its members, it campaigns for a better life for children and adults who have learning disabilities. They support people who have learning disabilities and their families to live, work and take part in their communities.

http://www.enable.org.uk/Pages/Enable_Home.aspx

Housing Support Alliance – National charity and membership organisation working with people with learning disabilities, families, advocacy organisations, housing and support providers and commissioners

<http://www.housingandsupport.org.uk/home>

Independent Living in Scotland – Project hosted by Inclusion Scotland which works closely with the Disabled People's Independent Living Movement (ILM).

<http://www.ilis.co.uk>

Mental Welfare Commission for Scotland – Duties are set out in current mental health and incapacity law. Aims to ensure that care, treatment and support are lawful and respect the rights and promote the welfare of individuals with mental illness, learning disabilities and related conditions.

<http://www.mwscot.org.uk>

National Development Team for Inclusion – Promotes inclusion and equality for people who risk exclusion and who need support to lead a full life.

<http://www.ndti.org.uk/about-ndti>

PAMIS – Provides support for people with profound and multiple learning disabilities (PMLD) their family and carers and interested professionals.

<http://www.pamis.org.uk>

Paradigm – UK consultancy, training and development agency in the field of disability.

<http://www.paradigm-uk.org>

People First (Scotland) – Works to support people with learning difficulties to have more choice and control over our lives. Any adult with a learning difficulty who lives in Scotland can be a member of People First (Scotland).

<http://www.peoplefirstscotland.org>

PMLD Network

<http://www.pmldnetwork.org>

Scottish Consortium for Learning Disabilities – Consortium of partner organisations who work together to encourage best practice in the support of people with learning disabilities through training, information, research and public education.

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

Scottish Government's Self-Directed Support (SDS) website – This is a one-stop-shop for information about Self-Directed Support for people who use social care services and health and social care professionals

<http://www.selfdirectedsupportscotland.org.uk/sds-act>

Scottish Human Rights Commission – Promotes and protects human rights in Scotland.

<http://www.scottishhumanrights.com/>

Scottish Independent Advocacy Alliance (SIAA) – Promotes supports and defends the principles and practice of Independent Advocacy across Scotland.

<http://www.siaa.org.uk>

Shared Care Scotland – Works to improve the quality, choice and availability of short break (respite care) provision across Scotland, for the benefit of carers and the people they care for.

<http://www.sharedcarescotland.org.uk>

Reports

Audit Scotland (2012) Commissioning Social Care

http://www.audit-scotland.gov.uk/docs/health/2012/nr_120301_social_care.pdf

DoH (2010) Six Lives Progress report

Available at: <http://www.scotland.gov.uk/Resource/0039/00391946.pdf>

DoH (2012) Strengthening the Commitment: The report of the UK Modernising Learning Disabilities Nursing Review

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216180/dh_120494.pdf

DoH (2012) Transforming care: A National response to Winterbourne View Hospital

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213215/final-report.pdf

Eric Emerson and Susannah Baines (2010) Health Inequalities & People with Learning Disabilities in the UK: 2010

http://www.improvinghealthandlives.org.uk/uploads/doc/vid_7479_IHaL2010-3HealthInequality2010.pdf

Emerson, 1995, cited in Emerson, E (2001, 2nd edition): Challenging Behaviour: Analysis and intervention in people with learning disabilities. Cambridge University Press

Foundation for People with Learning Disabilities (2005): Making Us Count: Identifying and improving mental health support for young people with learning disabilities

<http://www.bristol.ac.uk/norahfry/research/completed-projects/makinguscount.pdf>

Healthcare Improvement Scotland (2009) NHS Grampian Local Report ~ June 2009

Healthcare Services for People with Learning Disabilities

http://www.healthcareimprovementscotland.org/previous_resources/performance_review/ld_reviews_09.aspx

Lemos & Crane (2012) Loneliness and Cruelty: People with learning disabilities and their experiences of harassment, abuse and related crime in the community

http://esmeefairbairn.org.uk/news-and-learning/publications/loneliness--cruelty/?dm_i=F3V,WADO,200D4K,209MR,1

Linda Allan, June Brown, Michael Brown and Tommy Stevenson (2012) The same as you? Evidence Scoping Exercise Health Report

http://www.sclد.org.uk/sites/default/files/allan_et_al_the_same_as_you_health_scoping.pdf

Looking into Abuse Research Team (2013) Looking into Abuse: Research by People with Learning Disabilities

http://udid.research.southwales.ac.uk/media/files/documents/2013-03-05/Final_report.pdf

Mencap (2007) Death by Indifference

<http://www.nmc-uk.org/Documents/Safeguarding/England/1/Death%20by%20Indifference.pdf>

NHS Health Scotland (2004) Health Needs Assessment Report People With Learning Disabilities In Scotland

<http://www.scotland.gov.uk/Resource/0039/00393998.pdf>

Prison Reform Trust (2007) No-One Knows – Prisoners with Learning Difficulties and Learning Disabilities, Scotland

<http://www.prisonreformtrust.org.uk/Publications/vw/1/ItemID/83>

Professor Jim Mansell (2007) Services For People With Learning Disabilities and Challenging Behaviour or Mental Health Needs: Report of a Project Group

http://www.kent.ac.uk/tizard/research/research_projects/dh2007mansellreport.pdf

Report on the Future Delivery of Public Services by the Commission chaired by Dr Campbell Christie (2011) Commission on the Future Delivery of Public Services

<http://www.scotland.gov.uk/Resource/Doc/352649/0118638.pdf>

Scottish Government (2008) Equally Well: The report of the Ministerial Task Force on Health Inequalities

<http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>

Scottish Government (2012) The same as you? 2000-2012; Consultation Report

<http://www.scotland.gov.uk/Resource/0039/00393998.pdf>

Scottish Government (2012) The Right Help at the right time in the right place: Strategic Review of Learning Provision for Children and Young People with Complex Additional Support Needs

<http://www.scotland.gov.uk/Resource/0040/00408307.pdf>

Scottish Government (2011) Report of the National Review of Services for Disabled Children

<http://www.scotland.gov.uk/Resource/Doc/342923/0114135.pdf>

Scottish Government (2008) Equally Well: The report of the Ministerial Task Force on Health Inequalities

<http://www.scotland.gov.uk/Resource/Doc/229649/0062206.pdf>

Sue Turner and Carol Robinson (2011) Health Inequalities and People with Learning Disabilities in the UK: 2011 Implications and actions for commissioners”; Evidence into practice report no. 1 (revised)

http://www.improvinghealthandlives.org.uk/securefiles/121220_1305//IHAL%202011%20healthinequalityguidance.pdf

Sarah Carr (2011) Personalisation, productivity and efficiency

<http://www.scie.org.uk/publications/reports/report37/>

UK Parliament (2007/08) Joint Committee report on the Human Rights of Adults with Learning Disabilities in the UK

<http://www.publications.parliament.uk/pa/jt200708/jtselect/jtrights/40/40i.pdf>

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

<http://www.bris.ac.uk/cipold/>

Legislation

- Social Work (Scotland) Act (1968) <http://www.legislation.gov.uk/ukpga/1968/49>
- Chronically Sick and Disabled Persons (Scotland) Act (1972) <http://www.legislation.gov.uk/ukpga/1972/51>
- National Health Service (Scotland) Act (1978) <http://www.legislation.gov.uk/ukpga/1978/29/contents>
- Disabled Persons (Services, Consultation and Representatives) Act (1986) <http://www.legislation.gov.uk/ukpga/1986/33/contents>
- Children (Scotland) Act (1995) <http://www.legislation.gov.uk/ukpga/1995/36/contents>
- Human Rights Act (1998) <http://www.legislation.gov.uk/ukpga/1998/42/contents>
- NHS and Community Care Act (1990) <http://www.legislation.gov.uk/ukpga/1990/19/contents>
- Carers (Recognition of Services) Act (1995) <http://www.legislation.gov.uk/ukpga/1995/12/contents>
- Disability Discrimination Act (1995) <http://www.legislation.gov.uk/ukpga/1995/50/contents>
- Community Care (Direct Payments) Act (1996) <http://www.legislation.gov.uk/ukpga/1996/30/contents>
- Adults with Incapacity (Scotland) Act (2000) http://www.legislation.gov.uk/asp/2000/4/pdfs/asp_20000004_en.pdf
- Carers and Disabled Children Act (2000) <http://www.legislation.gov.uk/ukpga/2000/16/contents>
- Community Care and Health (Scotland) Act (2002) <http://www.legislation.gov.uk/asp/2002/5/contents>
- Local Government in Scotland Act (2003) <http://www.legislation.gov.uk/asp/2003/1/contents>

- Mental Health (Care and Treatment) (Scotland) Act (2003) <http://www.legislation.gov.uk/asp/2003/13/contents>
- Carers (Equal Opportunities) Act (2004) <http://www.legislation.gov.uk/ukpga/2004/15/contents>
- Education (Additional Support for Learning) (Scotland) Act 2004 <http://www.legislation.gov.uk/asp/2004/4/contents>
- NHS Reform (Scotland) Act 2004 <http://www.legislation.gov.uk/asp/2004/7/contents>
- Adult Support and Protection (Scotland) Act 2007 http://www.legislation.gov.uk/asp/2007/10/pdfs/asp_20070010_en.pdf
- UN Convention on the Rights of Persons with Disabilities (came into force) (2008) <http://www.un.org/disabilities/default.asp?id=150>
- Education (Additional Support for Learning) (Scotland) Act (2009) <http://www.legislation.gov.uk/asp/2009/7/contents>
- Equality Act (2010) <http://www.legislation.gov.uk/ukpga/2010/15/contents>
- Public Service Reform (Scotland) Act (2010) <http://www.legislation.gov.uk/asp/2010/8/contents>
- Social Care and Social Work Improvement Scotland (Requirements for Reports) Regulations (2011) <http://www.legislation.gov.uk/ssi/2011/26/made>
- Patient Rights (Scotland) Act (2011) <http://www.legislation.gov.uk/asp/2011/5/contents>
- Social Care and Social Work Improvement Scotland (Applications) Order (2011) <http://www.legislation.gov.uk/ssi/2011/29/made>
- Public Contracts (Scotland) Regulations (2012) <http://www.legislation.gov.uk/ssi/2012/88/made>
- Social Care and Social Work Improvement Scotland (Registration) Regulations (2011) <http://www.legislation.gov.uk/ssi/2011/28/made>
- The Social Care and Social Work Improvement Scotland (Requirements for Care Services) Amendment Regulations (2013) <http://www.legislation.gov.uk/sdsi/2013/9780111019238>
- Public Bodies (Joint Working) (Scotland) Bill (2013) <http://www.scottish.parliament.uk/parliamentarybusiness/Bills/63845.aspx>
- Self-Directed Support (Scotland) Act (2013) <http://www.legislation.gov.uk/asp/2013/1/contents/enacted>

