Edinburgh Integration Joint Board

REPORT

Innovation and Sustainability Pipeline: Learning Disability Change Proposals

Edinburgh Integration Joint Board

27 September 2022

Executive Summary	The purpose of this report is to gain approval from the Edinburgh Integration Joint Board to proceed with the development of detailed change proposals for the Learning Disability Services in Edinburgh. It also seeks the EIJB's approval for the identified resource requirement to deliver upon these changes. To support this decision, this report seeks to provide the Edinburgh Integration Joint Board with an understanding of the work completed to identify and develop the initial change areas for Learning Disability Services in Edinburgh as the first Innovation and Sustainability Pipeline Change Proposal. The key drivers for this report relate to: (a) the ambition to improve the delivery and sustainability of learning disability services in Edinburgh; and (b) the Scottish Government's direction outlined in the *Coming Home* report which seeks greater community support for people with complex needs and limited use of acute hospitals. Greater joined up support in community teams will be required to achieve this outcome.

Recommendations	It is recommended that the Edinburgh Integration Joint Board: 1. Note the work completed to identify and develop the change areas for Learning Disability Services in Edinburgh under the Innovation and Sustainability Pipeline 2. Agree to proceed with further development of the identified change areas for Learning Disability Services in Edinburgh 3. Agree to receive detailed future reports that provide detailed plans about how changes will be agreed and implemented

	4.	Agree the resource requirement to deliver the change areas

Directions

Direction to City of Edinburgh Council, NHS Lothian or both organisations		
	No direction required	✓
	Issue a direction to City of Edinburgh Council	
	Issue a direction to NHS Lothian	
	Issue a direction to City of Edinburgh Council and NHS Lothian	

Report Circulation

1. This report has been produced in consultation with members of the Learning Disability Steering Group established to shape, inform and drive this work.

Main Report

Background

Context: Challenges to the sustainability of health and social care

2. The Edinburgh Integration Joint Board (EIJB), like others across Scotland operates within a complex environment. We continue to face unprecedented challenges to the sustainability of our health and social care system. Specifically: an ageing population; an increase in the number of people living with long term conditions; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand.
3. To address these issues and ensure the sustainability of health and social care services in the longer term it was recognised that it was necessary to evolve EIJB's thinking and adopt a longer term, strategic approach that addresses the wider system pressures and is therefore broader than financial sustainability. The result has been the development of the Innovation and Sustainability Portfolio which seeks to embed the delivery and oversight of major change projects and initiatives within the EIJB's core business, as an integral part of

how change is managed going forward (more detail about the Innovation and Sustainability Portfolio and Pipeline can be found in appendix 1).

4. It is in this context that the change work for the Learning Disability Services has been undertaken.

Who are people with learning disabilities and what are their priorities?

5. A learning disability is a significant, lifelong condition that starts before adulthood, which affects a person's development, and which means that they may need help to understand information, learn skills and live independently. Having a learning disability means a person may take longer to learn things and often needs support to develop new skills, be aware of risk, understand complicated information and interact with other people. *('Keys to Life', 2019)*.
6. Learning disabilities are often categorised as mild, moderate or severe. People with a learning disability vary a great deal in the help they may need in meeting their basic needs. Further information about the definitions associated with learning disabilities can be found in appendix 2.
7. In Scotland it is estimated that there are 23,584[1] people with a learning disability. In Edinburgh it is estimated that there are 2,255 people[2] (5.0 people per 1,000) with a learning disability (known to the local authority - this varies by authority but includes those receiving advocacy from partner agencies, Further Education, employment support, in addition to directly provided social care). This is just below the national average of 5.2 people per 1,000 population[2]. 1,823 of these people (5.0 per 1,000 population) are in receipt of services, again slightly lower than the Scottish rate of 5.4 per 1,000 population[3].
8. From Scottish Local Government Finance Statistics (SLGFS) it is possible to look at the gross expenditure on adult social care for people aged 18-64 with learning disabilities. Edinburgh is reported as spending £249 per 1,000 people,

[1] Scottish Commission for People with Learning Disabilities (SCLD) – Learning Disability Statistics Scotland (LDSS) 2019

[2] Of the 2,255 people with a learning disability in Edinburgh, 1,970 are aged 18-64 and 285 are 65+

[3] Public Health Scotland (PHS) – Insights in Social Care: Statistics for Scotland (2020/21)

just below the Scottish average of £276 per 1,000 people[4]. Combining the Public health Scotland (PHS) and SLGFS publications, it is possible to show the spend per person with learning disabilities. Edinburgh spends £49,500 per person supported, just below the Scottish average of £50,800.

9. There are significant issues and variability with data quality associated with these figures (recognised and discussed elsewhere in the report), but in particular what data is available nationally, differing thresholds, interpretations and sources for data across authorities (and returns). This is something that has and will continue to be considered and where possible addressed as the work around learning disability is developed. Further information about National Learning Disability Baselines is available in appendix 3.

10. We know that people with a learning disability do not yet enjoy the same life chances as others ('*Keys to Life Implementation Framework*', *2019* - please see appendix 4 for further details) and that the national population of adults with a learning disability is predicted to increase by 2% each year. This provides extra focus on the need to review and ensure the sustainability of services for people with learning disabilities in Edinburgh.

Key Strategic and Legislative Drivers

11. There are a variety of strategic and legislative drivers that must be considered when planning and delivering services, these can be seen in figure 1 below:

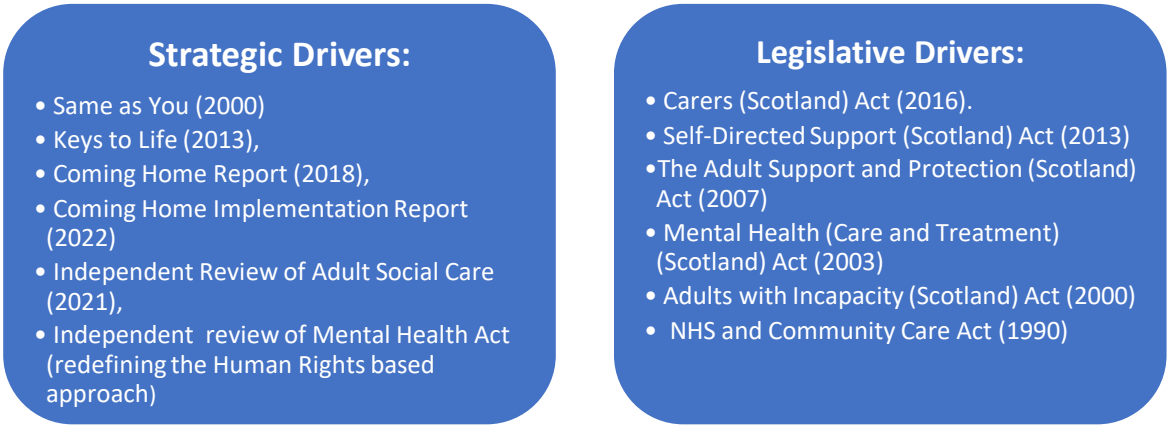

Figure 1: Key Strategic and Legislative Drivers

[4] Scottish Government – Local Government Finance Statistics (SLGFS) workbooks 2020/21

12. There has been significant consultation and engagement on a national level with people with a learning disability, first with *'The Same As You?'* (2000), and more recently through the *'Keys to Life'* (2013 & 2019). These documents, combined with the *'Coming Home Report'* (2018) and recently published '*Coming Home Implementation Plan' (2022)*, clearly lay out the priorities for people with learning disabilities.
13. The *Keys to Life* has 52 recommendations, these are summarised into 4 strategic outcomes:
    - **A Healthy Life:** People with learning disabilities enjoy the highest attainable standard of living, health and family life.
    - **Choice and Control:** People with learning disabilities are treated with dignity and respect, and protected from neglect, exploitation and abuse.
    - **Independence:** People with learning disabilities are able to live independently in the community with equal access to all aspects of society.
    - **Active Citizenship:** People with learning disabilities are able to participate in all aspects of community and society.
14. These 4 areas indicate how support services should be developed, commissioned and delivered, enabling people with a learning disability to lead independent lives and be valued members of their community.
15. The *Coming Home Report* makes recommendations on how we can improve care for those with Learning Disabilities and complex care needs. The actions to be taken forward from the *Coming Home Implementation report*, published by the Scottish Government, are focused on achieving real change with out of area residential placements and inappropriate hospital stay greatly reduced, to the point that out of area residential placements are only made through individual or family choices and people are only in hospital for as long as they require assessment and treatment.
16. All of the recommendations in the report are based upon the foundation that people with learning disabilities have the same human rights and should have the same opportunities as anyone else to live satisfying and valued lives and to be treated with the same dignity and respect.

17. To deliver the ambitions set out in the *Coming Home Report* there is a need to evolve, develop and build the community infrastructure in Edinburgh. This needs to be achieved in a sustainable way for people, carers, staff and providers.
18. It is also imperative that recognition is given to the impact on unpaid carers. In, addition to ensuring that carers are able to access the support available to them to promote quality of life, independence and engagement with their communities and prevent deterioration in their situation – sustaining caring relationships, it is vital that through this work appropriate consideration is given to ensuring Carer involvement and choice[5]. Of particular relevance, drawn from the *Carers Charter*[6] are:
    - **5: *Carer involvement in services:*** Local authorities must take carers' views into account in assessing the needs of the person being cared for
    - **6: *Hospital discharge:*** Carers have a right to be involved in the hospital discharge process of the person they are or are going to be caring for

Learning Disability Services in Edinburgh

19. Learning Disability Services in Edinburgh are currently delivered under three core service areas:
    1. Day support
    2. Housing Support and Care at Home
    3. Breaks from Caring/ short Breaks/ respite
20. These services are delivered by the EHSCP and its third sector and independent partners (further detail about these services can be found in appendix 5).
21. In addition to these services there are a range of community-based teams (e.g., Local Area Coordination Team) and teams based within the Royal Edinburgh and Associated Services (REAS). These include: four community learning

[5] Carers (Scotland) Act 2016: Implementation Plan 2021-2023 (March 2021) (www.gov.scot)
[6] Carers' charter: Your rights as an adult carer or young carer in Scotland (www.gov.scot)

disability teams, based in localities; the Mental Health Intensive Support Team (MHIST) which support adults with learning disabilities and mental health difficulties; Forensic Assessment Support Team (FAST), which supports people with forensic needs and the Specialist Positive Behaviour Service (PBS) team supporting people with complex needs, (as above, further detail about these services can be found in appendix 5).

22. Finally, there are hospital-based services at the Royal Edinburgh Hospital, which provide acute psychiatric and mental health services, including 33 in-patient beds for assessment and treatment of people with a learning disability.
23. In line with the strategic direction laid out above in points 20 and 21 above, in August 2021[7] the EIJB agreed that the number of learning disability beds that Edinburgh commissioned at the Royal Edinburgh Hospital will decrease from the current level of 33 to 10 by the end of 2022.
24. To ensure that the appropriate resources are available in the community and that they are sustainable will mean making changes to the way support and services are structured.

Approach and Process

25. Following the identification of learning disability as the first pipeline change area under the Innovation and Sustainability Portfolio, initial engagement with key stakeholders commenced and an initial scoping meeting was held, including representatives from across staff and service areas, the third sector, HR, Trade Union, finance and performance colleagues. This led to the establishment of a Learning Disability Steering Group (LDSG). Through a series of workshops which were held via Microsoft Teams, the LDSG identified the key “wicked” problems and challenges to be addressed and the priority change areas to address these. To complement the work of the LDSG and establish and agree baselines a mapping group was also established. Further detail about this process can be found in appendix 6.

[7] 6.2 Royal Edinburgh Hospital - Learning Disability and Mental Health.pdf

Key Challenges

26. The Key challenges identified via the first workshops were:

1. Internal structures and process
2. Provision of services for those with complex needs
3. Provision of services for those with mild to moderate needs (focus on preventative supports)
4. Balance of care
5. Commissioning strategies & contracts
6. Workforce (internal & external)
7. Financial resources
8. Data, systems and processes
9. External factors

27. Further information about the change areas can be found in appendix 7

Change Areas

28. The key change areas identified to address the challenges were:

1. Map and (as appropriate) redesign pathways and services, ensuring no duplication and identifying opportunities to learn & develop

2. Plan and develop robust community-based supports for people to live independently in community and to provide higher level of support, assessment, and treatment (not permanent) at crisis points

3. Map and understand community resources and their ability to provide wrap around care. Understand gaps in provision and use this to inform and shape commissioning approaches

4. Scope how we connect and support people with low and moderate eligible needs to ensure they continue to develop life skills as adults that enable them to live safely in their community and have fulfilling lives

5. Structured, organised review of systems and processes, policies, and procedures

6. Review of recording approaches and processes to ensure that we are able to provide consistent, accurate and reliable data to help us understand unmet need and future demand and make evidence based decisions

7. Strengthen staffing models and structures

8. Workforce mapping and planning

9. Full review of our commissioning contracts, to understand what they are providing, what we require in the future, what they are in a position to sustainably provide in the future.

29. Further information about the change areas can be found in appendix 8

Next Steps

30. If approved, the Learning Disability Proposal will migrate from the pipeline workstream to the core Innovation and Sustainability Portfolio and more detailed change conversations will be initiated. This will involve the establishment of Short Life Working Groups (SLWGs) to further developed and define the change areas. As part of this process membership of the SLWGs will be broadened to ensure appropriate representation. In addition to this, and as the work develops, it will be ensured that broader consultation (including with

carers and people with learning disabilities) and Integrated Impact Assessments (IIAs) are undertaken (as appropriate).

31. Given the significant scope of the change areas identified, the SLWG agreed to prioritise change areas one to four, making these the first key workstreams. Change areas five to nine will be further developed in due course. However, from a sequencing perspective, they require work on changes areas one to four to be completed first.

32. As change areas are further developed and defined, detailed reports and plans will be taken through the Strategic Planning Group (SPG) and where appropriate presented to the EIJB for consideration and approval. It is anticipated that a further update will be provided in February 2023.

33. Key principles that have, and will continue to be adopted through this work are:
    - Taking a Human Rights-Based Approach
    - Legislative changes – the review of the Mental Health Act
    - Identify and agree clear, shared language and definitions across services and in collaboration with people with learning disabilities
    - Ethical commissioning
    - Recognition and understanding of interdependencies

34. Resource requirements to support and deliver the changes identified will include programme and project management support, data analyst capacity, as well as operational/ strategic leads to lead and drive this work. There will also be a need for ongoing engagement from colleagues from across different business areas including, HR, Finance and Performance colleagues as well as Trade Union and Partnership Representatives. More work needs to be done to scope this fully, however existing capacity is limited, and once established the Innovation & Sustainability team will be committed to the existing Innovation & Sustainability Programme. Therefore, to progress this work at pace and ensure the identified resource above can be secured, it is estimated that £0.15m a year, will be required for the next two years.

Implications for Edinburgh Integration Joint Board

Financial

35. In 2021/22 the total cost to deliver learning disability services in Edinburgh was £99.5m. This was spent on three main areas as set out in table 1 below:

Learning Disability Spend 2021/22	Spend (k)
External	**£74,297**
Block (overnight support)	£3,456
Grant (Advice & Support)	£0.125
Spot (Care at Home, Day Service, DP, FPNC, ISF, Non Traditional, R&N)	£70,716
Internal Service (Advice & Support, Care at Home, Day Service/ Respite/ Care at Home, Social Work, Community Learning Disability Team)	**£17,015**
Hosted – REAS* (Advice & Support, Day Service, Therapy, Admin, Residential Nursing, Community)	**£8,138**
TOTAL	**£99,451**

Table 1: Spend on EIJBs Learning Disability Services in 2021/22

**This represents the Edinburgh share of the pan Lothian resource (roughly 57%)*

36. As part of the development of the change areas, consideration will be given to the use of resources across the system, with details of any proposed changes to the use of these resources, included in future reports to the EIJB.
37. The cost of providing the necessary resource to support this work is £0.15m

Legal / risk implications

38. If it were decided not to progress with further developing the change areas, it would risk the ineffective and inefficient application of resources. Given the significant challenges and threats to the sustainability of services identified in this report, it is vital that this work progresses to help ensure the sustainability of learning disability and health and social care services in the longer term.

39. Furthermore, it is imperative that community developments and the review of current provision is accelerated to support the appropriate implementation of the *Coming Home Report* and meet the recommendations and strategic outcomes laid out in the *Keys to Life*.
40. This is a major change project, which has galvanised significant support and buy in from across the system. There is a risk that it will not progress at pace and momentum will be lost if the resource identified in paragraphs 34 and 38 above is not secured.

Equality and integrated impact assessment

41. Consideration has and will continue to be given to equalities throughout the development of the change areas.
42. Integrated Impact Assessment(s) (IIA) will be carried out as part of the development of change proposals.

Environment and sustainability impacts

43. Sustainability is being considered and will be covered within the IIA(s).

Quality of care

44. Developing the community infrastructure to enable the reduction of institutional care in a hospital setting and to support the delivery of services in a community setting, enables the EIJB to both deliver upon the *Coming Home* and *Keys to Life* Reports, improving outcomes for people, and provides opportunities for people to contribute and be part of their communities.

Consultation

45. Edinburgh Advisory Group
46. Carer's forums
47. Provider's forum

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Background Reports

1. The Same as You (2000): The same as you? 2000-2012: Consultation Report - gov.scot (www.gov.scot)
2. The Keys To Life (2019): The keys to life: Improving quality of life for people with
3. The Keys to Life Implementation Framework (2019): Keys-To-Life-Implementation-Framework.pdf (keystolife.info)
4. Coming Home Report (2018): Coming home: complex care needs and out of area placements 2018 - gov.scot (www.gov.scot)
5. Coming Home Implementation Report (2022): Coming Home Implementation report - gov.scot (www.gov.scot)

Appendices

Appendix 1	EIJB Briefing Note: *Innovation and Sustainability Portfolio (4th July 2022)*
Appendix 2	Glossary of terms
Appendix 3	Learning Disabilities Data – National Comparisons overview
Appendix 4	Information on people with a learning disability
Appendix 5	Services for People with a Learning Disability in Edinburgh
Appendix 6	Timeline for Developing Learning Disability Pipeline Proposal
Appendix 7	Key Challenges identified with delivery of Learning Disability Services in Edinburgh
Appendix 8	Key Change areas identified

Appendix 1: EIJB Briefing Note: *Innovation and Sustainability Portfolio*

Briefing Note

Innovation and Sustainability Portfolio

4 July 2022

Situation

1. This briefing note aims to provide members of the Edinburgh Integration Joint Board (EIJB) with information about the Innovation and Sustainability Portfolio, including details of the purpose of the portfolio, work to date and next steps.

Background

Current context

2. The EIJB, like others across Scotland operates within a complex environment. We continue to face unprecedented challenges to the sustainability of our health and social care system. Specifically: an ageing population; an increase in the number of people living with long term conditions; a reduction in the working age population which compounds the challenge in workforce supply and fundamentally resource availability cannot continue to match levels of demand.

3. The EIJB Strategic Plan 2019 – 2022 set out the vision for the provision of health and social care services within Edinburgh. To deliver on this vision, the EIJB agreed the establishment of a comprehensive programme of redesign and transformation, working in tandem with other core strategies such as Carers, Thrive Edinburgh (mental health) and the Primary Care Improvement Plan (PCIP).

4. Our transformation programme, established in early 2020, has been a key delivery mechanism for the ambitions set out in the Strategic Plan[8]. It is a wide-ranging and ambitious programme of whole system change, which is transforming ways of working and delivering high quality and sustainable

[8] 5.4 EIJB report February 2019 Transformation and Change
7.1 EIJB report July 2020 Return to Transformation

health and social care services for our citizens. The delivery of the programme has been supported by a dedicated team of project management professionals and was originally funded on a 2-year temporary basis. The EIJB recently agreed recurring funding to allow the permanent establishment of this capacity and capability within the Edinburgh Health and Social Care partnership (EHSCP).

Financial Planning

5. The EIJB has a total budget of circa £750m that comprises the annual financial settlements received from both NHS Lothian (NHSL) and the City of Edinburgh Council (CEC) to fund delivery of the services delegated by the EIJB to the Partnership.

6. Historically, the approach to financial planning has been focused on understanding the in-year shortfall between projected income and expenditure, and then identifying and delivering savings and recovery schemes to address the gap (circa £30m). These schemes are monitored and managed via the Savings Governance Board which is chaired by the Chief Officer. It is recognised that the opportunities for developing and effectively delivering significant savings proposals within a single financial year has become unsustainable and would require significant service cuts which would lead, mostly likely, to a worsening experience for people and poorer performance.

7. Moving forward, we recognise that the need for change and transformation is continuous. While transformation projects have delivered some key successes, we know that more is required to ensure that health and social care services in Edinburgh are sustainable in the longer term and fit for the future. We also recognise the need to adapt to the establishment of a new National Care Service.

Innovation & Sustainability Portfolio

8. To address sustainability in the longer term and avoid the need to relentlessly develop savings programmes that lead to inefficient "salami slicing", it has been recognised that we need to evolve our thinking and adopt a longer term, strategic approach that addresses the wider system pressures and is therefore broader than financial sustainability[9]. Innovation and Sustainability will instead

[9] 7.1 - Savings and Recovery Programme 2021-22.pdf (edinburgh.gov.uk)
7.2 - 2021-22 Financial Plan.pdf (edinburgh.gov.uk)
6.1 Savings and Recovery Programme 22-23.pdf (edinburgh.gov.uk)

seek to embed the delivery and oversight of major change projects and initiatives within our core business, as an integral part of how we manage change going forward.

9. The Innovation and Sustainability Portfolio has a clear focus on delivering strategic change programmes and initiatives which focus on the achievement of this long-term sustainability for health and social care in Edinburgh. Our approach must include financial sustainability as we continue to reimagine and redesign services and systems to ensure we meet statutory and functional service requirements, and to ensure maximum efficiency (within the resources currently available to us). It also involves work to ensure sustainability in relation to the future workforce and addressing care deficits.

10. The Innovation and Sustainability Portfolio encompasses some of the key projects which were initiated under the previous transformation programme, such as 3 Conversations, Home First, the Bed Base Strategy and the Edinburgh Wellbeing Pact. The Portfolio also includes work to develop a pipeline of new projects and initiatives to address challenges and improve performance.

Innovation and Sustainability Change Pipeline

11. A range of potential pipeline change areas were identified following engagement with our Wider Leadership Team (WLT). These were grouped depending on whether they were:
    a. New Strategic areas - *clear strategic areas, with potential for system change*
    b. Existing Strategic areas – *resource already allocated & relationships established, risk of duplication/ not utilising existing knowledge if progressed (mostly existing Transformation Programme project)*
    c. Cross cutting enablers - *areas that facilitate work across the system*

12. Those areas that fell under New Strategic areas were then benchmarked against a clear set of criteria (see appendix 1) that enabled the Executive Management Team (EMT) to decide which area to progress as the first pipeline change area. Following this process, it was agreed that Learning Disability should be the first priority change area to be scoped, but that Mental Health would be “nurtured” with baselines gathered to enable the work to

6.2 2022-23 Financial Plan.pdf (edinburgh.gov.uk)

come on stream once the change proposal for Learning Disability had been developed and presented to the EIJB for approval in September 2022.

13. No decisions have been made about any changes to Leaning Disability or Mental Health services. The steps described above are just supporting us to scope and develop potential change ideas that will then be taken to the EIJB for consideration. The continued identification and development of future change areas will be a cyclical, iterative process, engaging the EIJB's Strategic Planning Group (SPG), to support ongoing and sustained change across the organisation.

14. Work is underway to map out Learning Disability baselines, research and evidence in order to help inform the change proposal that will be presented to EIJB for approval on 27 September 2022. This work includes understanding the benefits, outcomes and impact of potential change areas (including the completion of Integrated Impact Assessments (IIAs)), recommendation about the sequencing of this work and interdependencies with other work streams. A multi-disciplinary steering group, mapping group and governance arrangements are all in place to facilitate and provide appropriate oversight of this work.

Financial Challenge 2023/23 and beyond

15. Our Innovation and Sustainability Portfolio has to be considered in the wider context of the financial position facing public services in Scotland.

16. The Scottish Government's Resource Spending Review (RSR), published on 31 May 2022, sets out the high-level parameters for resource spending to 2026-27 and outlines high-level spending plans to deliver the Programme for Government. It begins a journey of reform to meet the most pressing issues facing Scotland over the medium term. The RSR references:

    - the difficult economic environment.
    - a worsening budgetary position at a UK and Scottish level.
    - a renewed commitment to investment priorities and reform.
    - an increased expectation of savings.
    - the requirement for public sector pay to be self-financing; and
    - an overall reduction in capital budgets

17. It sets no uniform increase across portfolios but prioritises the delivery of Scottish Government commitments. As such the RSR sets a material change

in tone and lays down the expectation that 'all public bodies to demonstrate they continue to be fit for purpose'. Reference to 'breaking down silos' were included, with proposals for future public body landscape to be presented in line with 2023/24 budget.

18. The headline requirement is a requirement of savings of 3% p.a. from all public sector bodies, focussed on 4 core areas:
    - shared services – references looking at how finance, IT, HR can be streamlined across public bodies. Programme to be led by SG with conclusions in 2023/24 budget although the extent of this is unclear;
    - use of estates – fewer, better building, collaborative use of space across organisations, estate rationalisation;
    - effective procurement – review procurement structures across public sector; explore make/buy decisions and consider outsourcing opportunities, ensure that contracting considers 'socio-economic benefit' on par with VFM; and
    - grant management – a cross-cutting opportunity to improve the management of grants, particularly general grants, and the impact that grants can have on key outcomes. A multi-disciplinary programme of work will be launched, to report in 2023 to inform the setting of subsequent Scottish budgets and future grant management.

19. Looking across our partners and the Scottish Government itself it is evident that all are developing their approach to address the challenges set out in the RSR. Officers from the respective organisations are liaising to ensure emerging plans are aligned as well as to share learning, best practice and ideas. It is however, fair to say, that the financial impact of current plans is likely to fall short of the requirements.

Next steps

20. A Budget Working Group is planned for 23 August 2022 which will provide further detail on financial planning and the Innovation & Sustainability Portfolio. The session will build on this briefing and as such we welcome any questions in advance.

21. A formal report to be presented to the EIJB on 27 September 2022 on Learning Disabilities change proposals developed as part of the Innovation and Sustainability Change pipeline.

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Appendices

Appendix 1: Considerations for first Pipeline Change Proposal

- Strategically significant
- Small(er) area that is well defined
- Appetite to scope ideas and willingness to progress
- Pre identified areas of possible change
- Potential to cut across acute and community
- Ability to pump prime change

Appendix 2: Glossary of Terms

Who are People with Learning Disabilities *(Based on the definition in The Keys to Life[2])*

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.

But this is only part of a description. It does not capture the whole person who can be much more – a friend, a family member, a community activist, a student, a parent, an employee or employer to name just a few roles. It is essential that we keep in mind all of these possibilities.

Having a learning disability means a person may take longer to learn things and often needs support to develop new skills, be aware of risk, understand complicated information and interact with other people.

Some people who have other conditions, such as Down's syndrome, also have a learning disability. Some people with learning disabilities are also on the autism spectrum. However, people on the autism spectrum do not necessarily have a learning disability.

The level of support a person needs depends on the individual. In the UK we have used the terms profound, severe, moderate and mild to describe people who have a learning disability.

Learning disabilities and autism

"The Same as You" was a policy for people with learning disabilities and for those on the autism spectrum. In 2011 the Scottish Government published the first Scottish Strategy for Autism[10]. We recognise that some people with learning disabilities are also on the autism spectrum. However, people on the autism spectrum do not necessarily have learning disabilities. People with learning disabilities who also have autism will benefit from both policies.

Complex Needs

The Partnership considers people with a Learning Disability to be 'complex' if, as a result of their disability, age or condition, they;

"present chronic or episodic challenging behaviours and/or support needs that require long term Service response, are workforce intensive, require interventions both physical and non-physical from two or more agencies, could pose a risk to themselves and others and have

[10] The Scottish Strategy for Autism - gov.scot (www.gov.scot)

specific needs for which there is no sustainable "ordinary" community support system available."

Challenging Behaviour

Challenging Behaviour may also be known as distressed behaviour, behaviour that challenges or behaviours of concern. The Royal College of Psychiatrists (2007) define;

"behaviour can be described as challenging when it is of such an intensity, frequency, or duration as to threaten the quality of life and/or the physical safety of the individual or others and it is likely to lead to responses that are restrictive, aversive or result in exclusion."

This document will use the term Challenging Behaviour because it is the most widely used and commonly understood term. However, Challenging Behaviour is not a diagnosis or innate to a person (i.e. a person does not "have" Challenging Behaviour); the person is not a problem to be fixed and their behaviour, which others are challenged by, is a product of the specific context or environment and supports the person receives. Challenging Behaviour communicates the person's otherwise unmet needs; with functional messages for the person such as sensory stimulation or avoidance (Sensory/Pain), demand avoidance (Escape), access to a preferred thing (Tangible) or to seek interaction (Attention).

The National Institute of Health Care Excellence (NICE) identify risk markers for increased prevalence of challenging behaviour for people who;

- Have communication difficulties*****,
- Are diagnosed with both Learning Disabilities and Autism,
- Have sensory impairments and sensory processing difficulties,
- Have physical or mental health problems,
- Are teenagers or in their early twenties
- Are in Hospital settings *(where rates rise significantly by 30-40%).*

***** *The Royal College of Speech and Language Therapists report 90% of people with Learning Disabilities have some communication difficulties; and for 50% their impairment is significant.*

Capable Environments

A capable environment is a physical and social environment which promotes a good quality of life which makes challenging behaviour less likely to occur. Providing capable environments is not a substitute for individually focused Positive Behavioural Support; but for those people whose behaviour is not serious enough to warrant individual intervention, it is likely to be enough.

The core components of a capable environment are;

- ✓ Positive social interactions
- ✓ Support for communication
- ✓ Provision of opportunities for choice
- ✓ Encouragement of more independent functioning
- ✓ Personal health care and support
- ✓ Provision of acceptable physical environments
- ✓ Support to maintain/establish relationships with friends and family

- ✓ Support for participation in meaningful activities
- ✓ Provision of consistent predictable and personalised environments
- ✓ Mindful, skilled support workers
- ✓ Effective organisational context
- ✓ Effective management and support

Positive Behavioural Support (PBS)

PBS builds on the foundations of capable environments and has four main features;

1. Improving Quality of Life. The most important goal is to improve the life experiences and chances of the person, and their informal or formal carers.
2. Based on a specific value base. A range of values underpin PBS: Person-centredness; avoidance of punishment or aversive practices; the inclusion of all stakeholders; PBS plans must fit with the values, skills and resources of those involved.
3. Uses behavioural methods. Functional relationships are assessed to understand the messages in the behaviour. Constructional behavioural approaches are used to teach functionally equivalent positive behaviours and skills. PBS Plans are built with a majority of proactive and preventative strategies whilst also planning for dignified and non-aversive reactive strategies for times of crisis.
4. A "system wide" approach. PBS is most successful when implemented across full services and organisations rather than just for the care and support of an individual.

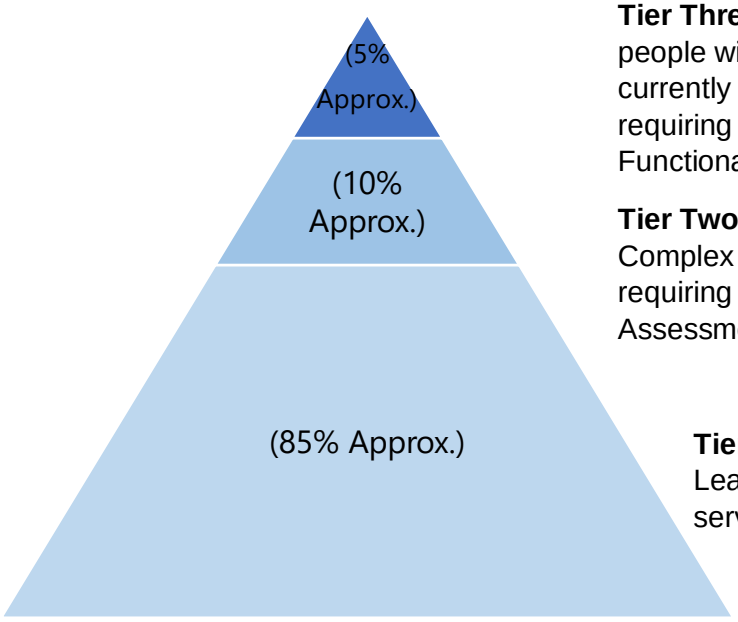
What is PBS for and how does it work?

PBS is an internationally researched and evidence-based framework, and is the recommended approach endorsed by the Scottish Government within the "Keys to Life" and the "Coming Home Report". PBS effectively supports people with Learning Disabilities who display Challenging Behaviour*****.

*******PBS can also be for people with Learning Disabilities who have a "Forensic" Criminal Justice involvement. Often, these individuals are also complex. This document does not describe the Forensic care and support pathways as there are specialised services exclusively for this group.*

PBS operates at three different Tiers of intensity depending on people's needs *(see Figure A, below*). It is important to distinguish a PBS informed approach at Tier One, from a professional PBS service at Tier Three. At Tier One ensuring a "capable environment" will be sufficient for the vast majority of people within this group. Tier's Two and Three respectively, provide a brief or comprehensive functional assessment and PBS support strategies. PBS at these Tiers is a professionally skilled psychological therapy requiring appropriate governance and clinical supervision.

Figure A: The Three Tiers of PBS



Tier Three; Intensive Individual support for people with Highly Complex Needs / or currently experiencing behavioural crisis; requiring Comprehensive Behavioural Functional Assessment

Tier Two; Enhanced support for people with Complex Needs who are presently stable; requiring Brief Behavioural Functional Assessment

Tier One: Universal support for people with Learning Disabilities using formal support services; requiring a Capable Environment

PBS is not "done to" a person by external professionals. The delivery of effective PBS strategies will be by "natural" carers (paid or unpaid) in ordinary settings with in-situ mentoring by a Practice Leader; operating under the supervision of PBS practitioners who have conducted either a brief or comprehensive functional behavioural assessment.

PBS is not a quick fix! The aim is to proactively support people over the long term and to monitor, maintain and improve their quality of life. Misconceptions about what PBS is and how specialist practitioners can support PBS delivery are commonplace. Unfortunately, it is not unusual for specialist support to be sought at the eleventh hour when a person is experiencing high levels of distress and challenging behaviour, and their placement is becoming untenable. This will be addressed in Section Two; prevention and early intervention.

Appendix 3: Learning Disabilities Data– National Comparisons overview

Learning Disabilities – National Comparisons overview

Corporate Services

July 2022

Introduction

1. This brief report compares Edinburgh's relative position in published national data. It highlights the weaknesses and inconsistencies in the data.
2. It is recommended that given these weaknesses, national comparisons should not be made.

Sources

3. Three sources of information have been used:
   - Public Health Scotland (PHS) – Insights in Social Care: Statistics for Scotland (2020/21)
   - Scottish Commission for People with Learning Disabilities (SCLD) – Learning Disability Statistics Scotland (LDSS) 2019
   - Scottish Government – Local Government Finance Statistics (SLGFS) workbooks 2020/21

4. Both the PHS and Scottish Government publications relate to 2020/21. The latest publication of LDSS from SCLD was for 2019 (there was no collection in 2020 and PHS have not been able to supply data timeously to SCLD for publication of 2021 data).

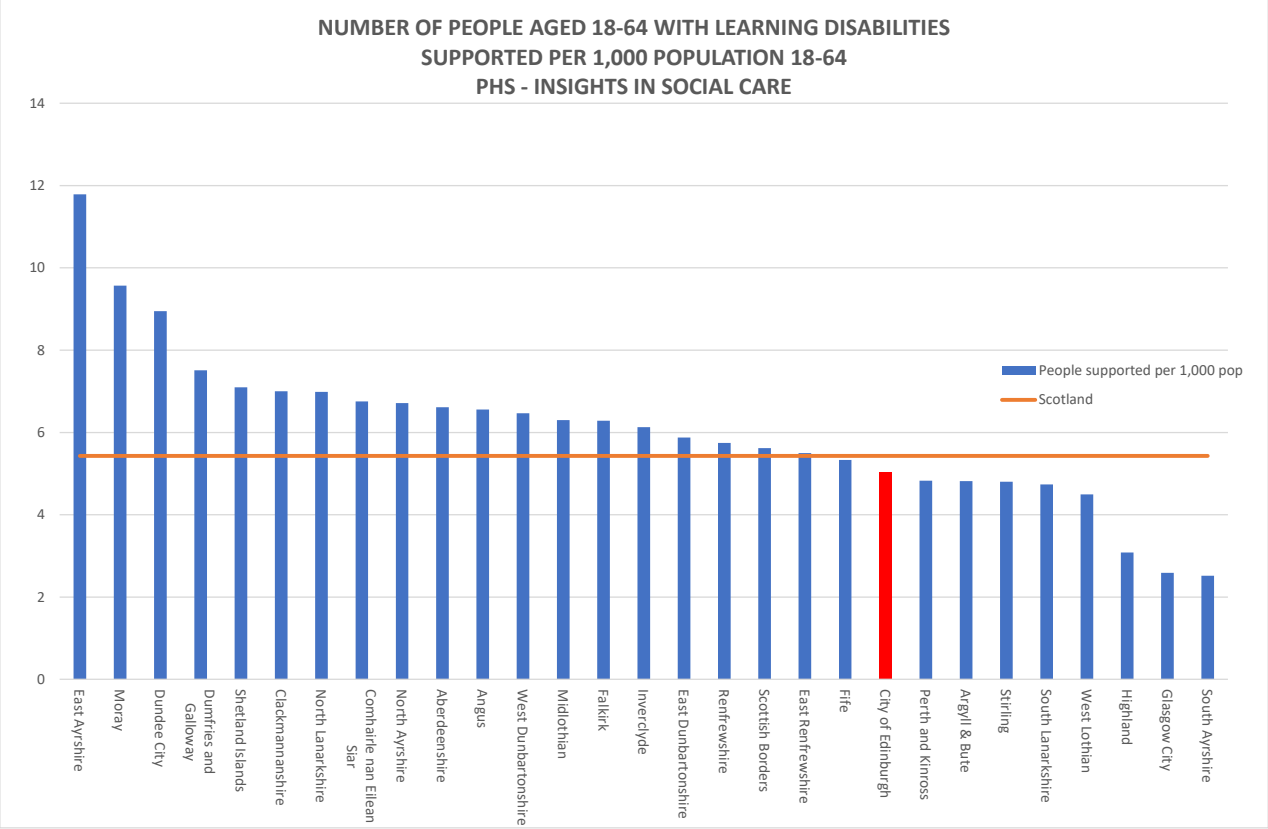
Analysis

5. The analysis of the available data, presented below, show variation that cannot be explained by natural variation in either the general or learning disability population.

6. Apart from SLFGS, it should be noted that data have not been published for each local authority. This limits comparisons that can be made. Notably missing is Aberdeen City. Being able to benchmark against the three other city local authorities would be desirable.

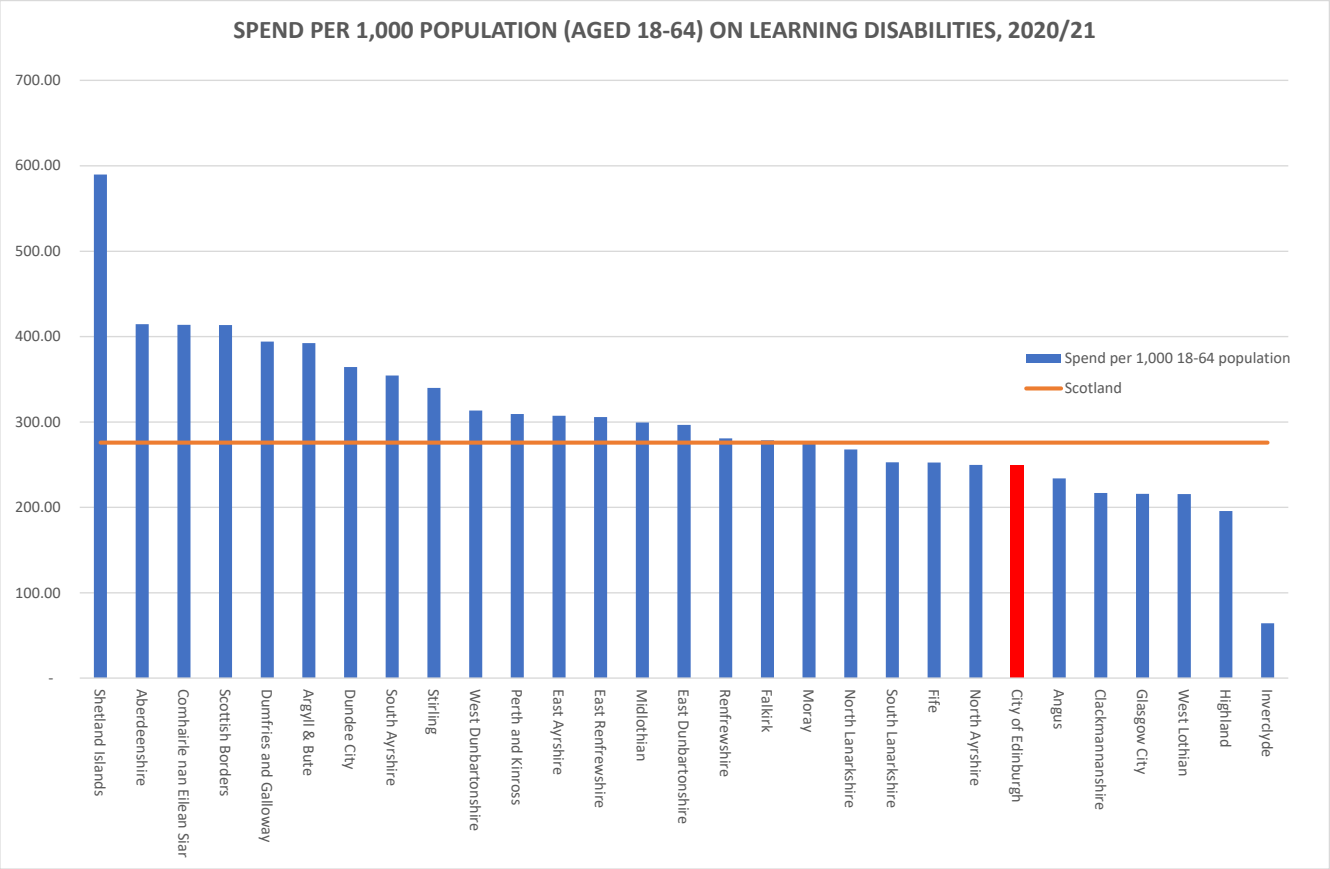
7. From the PHS publication, the number of people aged 18-64 with a client category of learning disability is shown as a rate per 1,000 population 18-64. The graph shows a range from 11.8 people per 1,000 population in East Ayrshire to 2.5 per 1,000 population in South Ayrshire. Edinburgh (5.0 per 1,000 population) sits just below the Scottish rate (5.4 per 1,000 population).

Graph 1



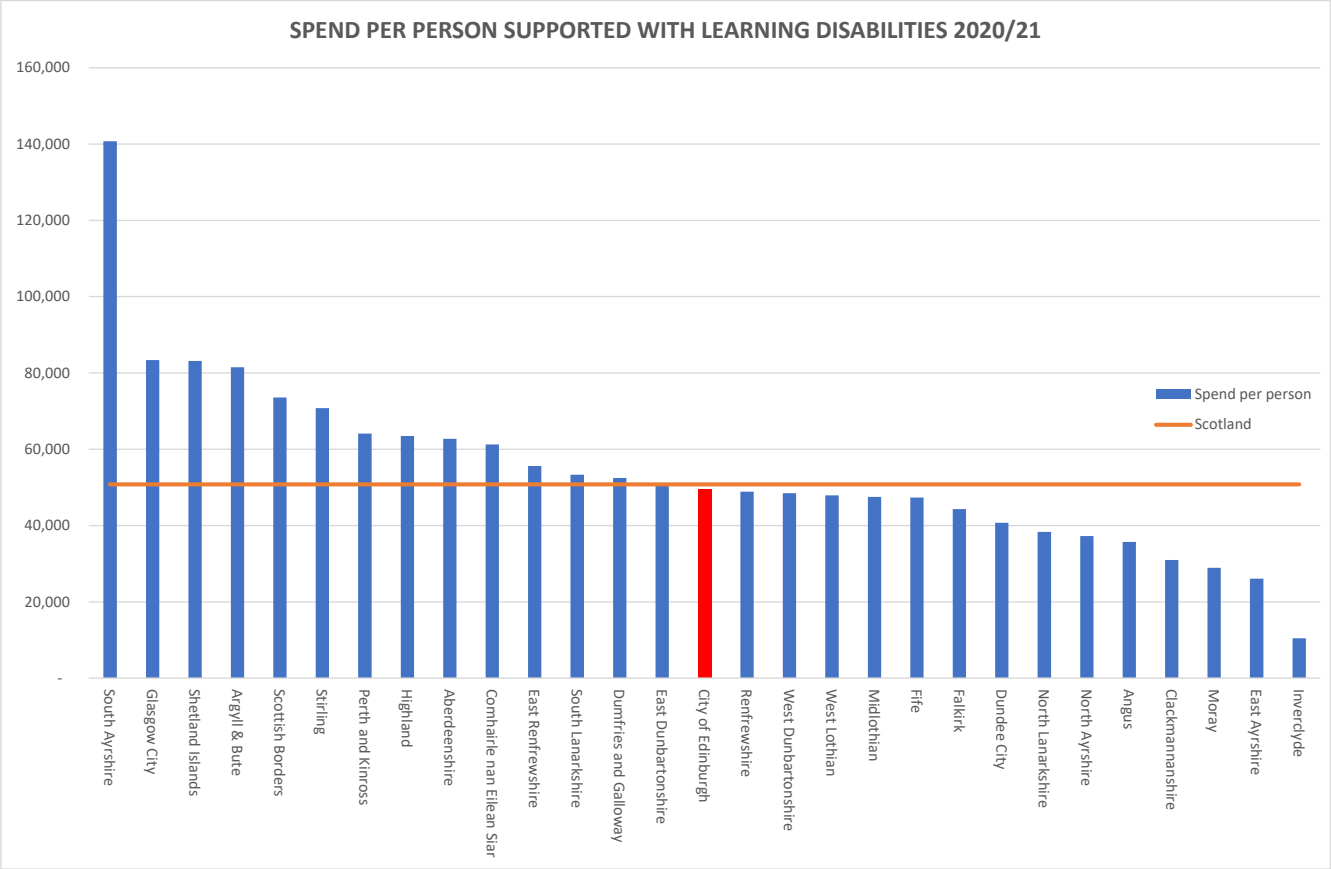
From SLFGS it is possible to look at the gross expenditure on adult social care for people aged 18-64 with learning disabilities. The graph below shows the spend per 1,000 people aged 18-64 in the overall population. There is a range from £590 per 1,000 people in Shetland to £64 per 1,000 people in Inverclyde. Edinburgh is reported as spending £249 per 1,000 people, just below the Scottish average of £276 per 1,000 people.

Graph 2



8. Combining the PHS and SG publications, it is possible to show the spend per person with learning disabilities. This is shown in the graph below. There is a range from South Ayrshire £141,700 per person supported to Inverclyde £10,500 per person supported. Edinburgh spends £49,500 per person supported, just below the Scottish average of £50,800.

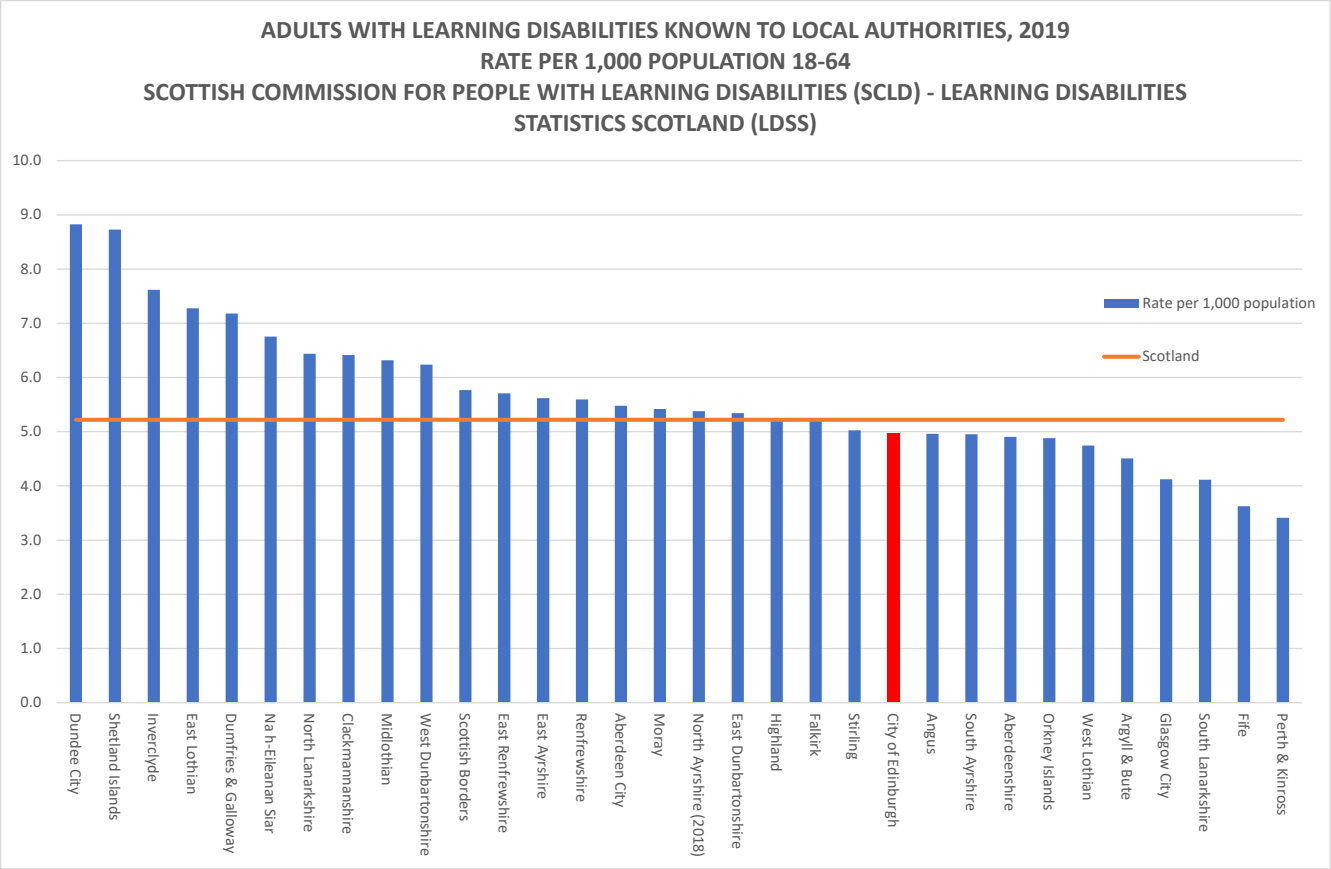
Graph 3



9. The LDSS publication considers information related to the people *known* to local authorities (this varies by authority but includes those receiving advocacy from partner agencies, Further Education, employment support etc in addition to directly provided social care – depending on data availability, not all authorities provide all data items, so in itself is incomparable).

10. The graph below shows a range from Dundee (8.8 per 1,000 population) to Perth and Kinross (3.4 per 1,000 population). Edinburgh has 5.0 per 1,000 population, just below the Scottish average of 5.2 per 1,000 population.

Graph 4



11. It might be reasonable to expect the rates in graphs 1 and 4 to be similar, even those in graph 4 to be higher given the wider scope of non-social care services that would be covered. However, these do cover different years (as noted earlier, data for 202 is yet to be published by SCLD). Regardless, South Ayrshire which ranks lowest in the PHS publication is ninth lowest in LDSS. East Ayrshire, highest in the PHS publication is 13th in LDSS. This level of inconsistency in a relatively stable population highlights the known underlying data quality issues surrounding learning disabilities nationally, not just in Edinburgh.

Conclusion

12. There is variability in the data that are nationally available. This indicates the different thresholds, interpretations and sources for data across authorities (and returns).
13. However, it is notable that in each measure, Edinburgh sits just below the Scottish average.

Philip Brown
Senior Change and Delivery Officer
Data, Performance and Business Planning (Corporate Services)
12 July 2022

Appendix 4: Information on people with LD

Fig 1: Statistics show that people with learning disabilities do not yet enjoy the same life chances as others *(Keys to Life Implementation Framework, 2019)*

Appendix 5: Services for people with a Learning Disability in Edinburgh

Core Service Types

These include individually funded services, paid for out of a budget that has been allocated to a person based on their need

Day Support:

- Usually provided five days a week, Monday to Friday.
- Trend has been building based day support, but work is ongoing to develop a new model of day support
- 90% of day support is provided via 17 external, third sector providers
- Remaining 10% is delivered by two internal service (Castle Craigs and Firhill). These services are normally used when external providers are not in the position to deliver, or packages of support are too complex.

- Day services are fully operational post Covid. However, they are not currently able to provide full services because of recruitment and retention challenges across health and social care

Housing & Care at home with Support

- People living in a community, in their own tenancy with paid support. Often support is described as core and cluster.
- Challenges over the last five years finding accommodation for people with complex needs. Some success with CEC housing, but slow.
- Care home model has reduced to almost nil. A large proportion of these services are provided by third sector providers, with the support being mainly general support. EHSCP provides support for people with complex needs and forensic support.
- In Edinburgh there are 33 external provides delivering housing support and Care at Home

Breaks from Caring/short breaks/respite

- Previous models have been building based care homes
- Work with brokerage schemes like Breakaway have offered more creative experience for the person being cared for.
- EHSCP were the main providers of regular support however, more third sector providers are now offering short breaks

Additional Services

These services are free at the point of access but will generally require a referral/ assessment in order to access them

Local Area Coordination (LAC) team

- The LAC Team supports people with lower needs and has a focus on prevention of escalation to higher tariff services.
- It is a universal service, referred to by social work
- The LAC team often supports people who require an element of ongoing support (short, medium or long term) but are not in need of a funded service

REAS Associated Services (linked to the Royal Edinburgh Hospital):

- **4 community learning disability teams** based in localities
    - The Community Learning Disability service aims to provide specialist health care, advice and treatment to adults with a learning disability

through locally based multidisciplinary teams. This also includes advice and support for families / carers.
    - It supports other health and social care agencies to provide mainstream services to people with learning disabilities that will enable health improvement and reduce barriers when accessing services.
    - The service strives to improve both the physical and mental health of people with learning disabilities by providing efficient and effective health care based on individual needs.

- **Specialist Learning Disability Services:**
    - ***Forensic Assessment Support Teams (FAST):*** supporting people with forensic needs
        - Provides short-term assessment, support & treatment for people who have a mild to moderate Learning Disability, with additional mental health problems, or psychological difficulties which incur the involvement of the Criminal Justice System.
    - ***Specialist Positive Behaviour Service (PBS) team*****:** supporting people with complex needs
        - Provides assessment, treatment and intensive support for adults with a learning disability whose behaviour is severely impacting on their quality of life.
    - ***Mental Health Intensive Support Service Team (MHIST):*** the service works with adults with learning disabilities and mental health difficulties: -
        - to prevent admission to hospital due to mental health issues
        - Facilitate admission to LD beds/General Adult Psychiatry (GAP)
        - Support throughout admission
        - Plan, facilitate & support early discharge from hospital.
        - Short term post discharge support in conjunction with CLDT.

Across these services there are Allied Health Professionals (AHPs) that link into all of these services through a referral pathway.

Royal Edinburgh Hospital

Hospital-based services at the Royal Edinburgh Hospital Campus, which provides acute psychiatric and mental health services, including 33 in-patient beds for assessment and treatment of people with a learning disability. The service also has health care houses which provide rehabilitation and transitional care across Lothian

Young people with a disability

- A small team of social workers who support people with a learning disability through transition from children to adult services.

Engagement and advocacy forums

Learning Disability Citizen's forum

- Forum to discuss and gain views from people with a learning disability
- Engagement and consultation with people who have a learning disability is and will be essential and the Learning Disability Citizen Forum provides a platform for this in a meaningful way where the majority of members have a learning disability so as not to be subsumed by the voices of professional staff.

Locality Learning Disability Provider Forums

- Forum exists to encourage shared learning and to collaborate on service developments. These groups include Third Sector colleagues from learning disability organisations and relevant EH&SCP staff.

Appendix 6: Timeline for Developing Learning Disability Pipeline Proposal

May

- **LD identified as priority area** - initial engagement with key stakeholders
- **Engagement with TUs and HR colleagues**
- **Kick off meeting (20/05)** - acted as an introductions and initial scoping session
- **Mapping group established (31/05)** - to investigate and develop baselines

Jun

- **Steering Group established (08/06)** - membership evolved and broadened as scope of work started to be defined
- **Two "Challenge" workshops held (via Teams) (08 & 14/06)** with steering group to identify "wicked problems and challenges

Jul

- **TOR agreed (12/07)**
- **Two "Change" workshops (via Teams) held (12/07 & 04/08)** to identify changes areas to address challenges
- **Mapping work ongoing :** inc: service mapping, people, financial baselining, workforce, legislative/ strategy evidence & best practice,

Aug

- **Consolidation and prioritisation of change areas**
- **Completed mapping:** financial baselining for adults; Service mapping questionnaire undertaken and LD national baselining
- **EIJB Budget working group (23/08)**
- **EIJB Paper developed**

Appendix 7: Key Challenges identified with delivery of Learning Disability Services in Edinburgh

No.	Theme	Challenge
1.	**Internal *structures and process***	a. Providers not being paid timeously
		b. Reliant on other areas/ departments aligning to ensure common understanding and working in the same strategic direction. Challenges with wider processes that means we do not spend our time/ efforts on working with people
		c. Policies and procedures do not reflect PBS as a priority
		d. Different risk tolerances across HSC system (NHS/ LA)
		e. Do not have a consistent approach to policies and procedures across health and social care, particularly in relation to having a standardised approach to managing risk and PBS
		f. Need more effective ways of managing transitions
		g. Lack of “check ins” and reviews of packages of care because of a lack of capacity
		h. Make too many decisions in crisis. Need to take a longer term planned approach
		i. Approach seems to focus on planning for crisis
		j. Need better, more effective assessment and planning
		k. Our systems and structure are not as effective and efficient as we would want
		l. Need to improve engagement with PMLD (Profound and Multiple Learning Disabilities) and carers
		m. Ineffective communication externally

		n. Unclear pathways for people through services
		o. Lack of continuity of support from one individual, who can answer all questions, or provide support to people in seeking out the answers
		p. Disconnect between planning and delivery of care – well thought out plans do not always translate over time into delivery
2.	***Provision of services for those with complex needs***	a. Need a more preventative approach/ mechanisms to avoid crisis situations and implementation of high-cost solutions - Proactive assessment work
		b. Need to ensure our third sector and independent providers are robust and are supported to modernise/ transform their services in line with strategic objectives (national/local)
		c. Lack of capacity of providers to sustainably support those with complex needs live in the community in line with the Coming Home Report (CHR)
		d. It is going to be 3-4 years before providers are going to be in a position to provide the level of PBS support that is required to enable the shift to community-based services (in line with the Coming Home Report)
		e. Need to build better partnerships with providers to ensure they follow care plans, link in with HSC support earlier when challenges arise and understand that acute settings are not available for placement breakdown
		f. Do not have sufficient providers that are able to evidence that they: - have staff capacity to maintain provision - can guarantee quality of training provided to staff - have appropriate escalation processes in place to avoid placement/ package breakdown - can evidence that PBS embedded

		g. Insufficient capacity to provide wraparound support
		h. Need more effective ways of managing transitions
		i. Need to improve our future planning with providers to plan for future transitions
		j. Inappropriate staffing structure to support move into community
		k. Lack of effective crisis provision
		l. Lack of effective dynamic risk register that enables the monitoring of placements at risk of breakdown/ crisis to enable a preventative approach (will be develop as part of CHR work)
		m. Do not have a clear pathway
		n. Care inspectorate and registration requirements could be a barrier to suitable housing. E.g. - Having a max of 6 people living in core and cluster building that into a city environment is challenging
		o. Adult Protection concerns and issues/ LSIs highlighting issues with the quality of provision we have available (environment, property and the support)
3.	***Provision of services for those with mild to moderate needs (focus on preventative supports)***	a. Need to ensure we have a variety of options and choices for people at every age and stage
		b. Provision of services can often be binary in terms of choice
		c. Need more effective ways of managing transitions
		d. Do not take enough of a preventative approach early enough which means we miss opportunities to establish support that make prevent someone needing such high levels of support later on in life

		e. Barrier to identification of individuals with low to moderate needs can be the eligibility criteria.
		f. Need to understand what opportunities still exists since the pandemic (what has closed/ stopped/ change)
		g. Access to some services is currently challenging because of workforce/ recruitment issues – is leading to placement breakdown in some instances
		h. College placements are harder to access than pre-pandemic
		i. Lifespan of people with disabilities is 20+years shorter, need to support people to have the best physical health they can do (link in with SG directive to complete Health checks with all PWLD 16+)
		j. Long waiting lists to access OT support (focus is on urgent physical life care for people at the end of the spectrum, people who have very complex needs or people who have dementia and who are needing a lot of physical support from OT's) but access to OT would help inform what their skills are, how to support them in how to engage with day opportunities, how to support them to engage with their carers and support agencies
		k. Inconsistent, ineffective and inefficient models of care across the spectrum –
		l. Eligibility criteria can act as a barrier to being able to take a preventative approach –
		m. Inconsistent awareness (by SW) and support to apply for ILF
4.	***Balance of care***	a. Need to shift the balance of care into a community setting to help us deliver effective support for PWLD

		b. Different risk tolerances across HSC system (NHS/ LA)
		c. Inappropriate staffing structure to support move into community
5.	***Commissioning strategies & contracts***	a. Need to improve contract monitoring & supervision -
		b. Need to establish Commissioning Framework/ Mechanisms to provide reassurances that providers can deliver packages of care sustainably. - sufficient
		c. Need to move away from crisis commissioning
		d. Work required to help shape the market -
		e. Need to ensure that Void costs are not prohibitive to commissioning
		f. Need to strengthen relationships across teams and services
6.	***Workforce (internal & external)***	a. Lack of quality staff training: - targeted skills building required (developing the skills, the resources and capacities for staff to be able to deliver appropriate support and services) -
		b. Need to ensure staff are supported to maintain and enhance skills, and apply and embed training .
		c. High vacancies
		d. Recruitment & retention issues
		e. Workforce shortages
		f. Access to some services is currently challenging because of workforce/ recruitment issues

		g. Inconsistency in the banding of staff
		h. Inappropriate staffing structure to support move into community
		i. Insufficient capacity to provide wraparound support from AHP, community learning and disability teams
7.	***Financial resources***	a. Need to fully understand how we are using our resources and what it will cost to deliver sustainable services in the future
		b. Need to use our existing resources in an intelligent and efficient way
		c. Need to reduce the number of decisions made in crisis. Need to take a longer term, planned approach
		d. We need to forecast and plan for future demand accurately
		e. Need to move away from crisis commissioning
		f. Lack access to resources to help commission services e.g., allow for double running costs as we move to new approaches/ ways of working
		g. Need to address/ discuss the issue of void costs and find a sustainable solution if providers are going to be in a position to develop the market
8.	***Data, systems and processes***	a. Need accurate/ robust data to help ensure evidence-based change and to understand the impact of that change
		b. Challenges with access to quality data

		c. Systems are not integrated
		d. Inconsistency with how systems are used
		e. Inconsistency with how information is inputted onto systems
9.	***External Factors***	a. Price of land is high and for providers it's expensive to build or buy in Edinburgh, making it much harder to get investment into Edinburgh

Appendix 8: Key Change areas identified

No.	Change Areas	Area it would address
1.	**Map and (as appropriate) redesign pathways and services, ensuring no duplication and identifying opportunities to learn and develop – *Exploring opportunities for alignment and multidisciplinary team working*** – Map what services are being delivered that we can learn from and expand – Map and understand current pathways, do they provide a range of opportunities and how we are promoting to those on the ground? (Pathways have changed since Covid, need to understand what the impact or outcomes have been from that) – Explore opportunities for holistic H&SC reviews to be conducted by third sector day support providers – Prioritise the use and development of Life Plans (Work to identify freeing up resources and investment for prevention) – Map out key transition points, identify key resources available at each point and work into LD plan – Redesign pathways and services ensuring no duplication	**2. Provision of services for those with complex needs** **3. Provision of services for those with low-moderate needs** **4. Balance of care**

2.	**Plan and develop robust community-based supports for people to live independently in community and to provide higher level of support, assessment, and treatment (not permanent) at crisis points** - Take cognisance of the Scottish Governments 'Coming Home' report and the plans for people to live in their own homes, not hospitals - Ensure that the SG 'Risk Register' is implemented across all providers and captures - Continue to work with Housing colleagues to develop bespoke homes - Consider a CPA approach for people with complex needs	**2. Provision of services for those with complex needs**
3.	**Map and understand community resources and their ability to provide wrap around care. Understand gaps in provision and use this to inform and shape commissioning approaches:** - Community environments for early interventions, where people can spend time with those supporting them	**3. Provision of services for those with low - moderate needs**
4.	**Scope how we connect and support people with low and moderate eligible needs to ensure they continue to develop life skills as adults that enable them to live safely in their community and have fulfilling lives.** - Thought to be given to the application of eligibility criteria - Consider how we can be flexible for those people who might not meet strict criteria but can be best supported by us	**3. Provision of services for those with low - moderate needs**
5.	**Structured, organised review of systems and processes, policies, and procedures (potential working group)** - *To be integrated into discrete change projects*	**1. Internal structures and processes**
6.	**Review of recording approaches processes to ensure that we are able to provide consistent, accurate and reliable data to help us understand:** - Unmet need - Future demand - Forecast and plan what services are required to meet the need	**8. Data, systems and processes** **1. Internal structures and processes**

	- Forecast and plan what workforce is required to meet the need	
7.	**Strengthen staffing models and structures**	**6. Workforce (internal & external)** **2. Provision of services for those with complex needs** **3. Provision of services for those with low - moderate needs**
8.	**Workforce mapping and planning** - Linking with identified future service requirement, map the required workforce to - understand if we have the required future workforce required to deliver what is needed - Include external, internal, and those not managed by the partnership - Work towards a standardised education/training approach across health, social care and external providers *(build relationship with clinical staff to support this)* - *Embed Positive Behaviour Support model* **–** signing people up to a PBS model of care, and upskill staff on the model (Glasgow University offer an intensive course) –	**6. Workforce (internal & external)** **2. Provision of services for those with complex needs** **1. Internal structures and processes**
9.	**Full review of our commissioning contracts, to understand what they are providing, what we require in the future, what they are in a position to sustainably provide in the future. To include:** - Look at commissioning frameworks and procedures to streamline process - Identifying key learning from Thrive Commissioning and design process in mental health, to identify how that would work for LD - Monitoring of use/ outcomes, governance and grip and control ***note that this is bigger than this group, and is being considered by Procurement board looking at wider issues with contracts and commissioning*	**2. Provision of services for those with complex needs** **3. Provision of services for those with low-moderate needs** **5. Commissioning strategies & contracts**