

Joint Review of Commissioning of Services and Support for People with Learning Disabilities and Complex Needs in Dorset, March 2009. Joint Action Plan and Response by Dorset County Council and NHS Dorset - update January 2010.

Introduction

A review team visited Dorset in November 2008 to find out how well the council and NHS Dorset were commissioning services and support for people with learning disabilities and complex needs.

The review team wrote a report on Dorset, together with a national report on nine areas visited. The report, issued in March 2009, made 23 recommendations that are listed below. For each recommendation we have made a response and listed other actions we will take. The responses set out who will be leading together with the timescale and resource issues. Contact details for each of the leads are given at the end of this action plan along with a glossary of terms and references to any documents mentioned. Progress on actions over the last ten months has been rated on a “traffic light” system:

Green – Achieved/good progress 16

Orange – Some progress 6

Red – Limited progress 1

1. Putting People at the Centre of Commissioning

1.1 Recommendation for improvement

<p>“NHS Dorset and the council should continue to work with partners in Bournemouth and Poole to urgently accelerate the pace of change for people in NHS campus provision, so that more people receive the support and services appropriate to their individual needs and wishes. The target is for all people to have moved from campus units by April 2010”.</p>

What the report said is working well in Dorset

<p>“There are approximately 54 people from Dorset, out of 140 people in the wider Dorset area, living in NHS campus units in Dorset and neighbouring Bournemouth and Poole. As partners in the multi agency campus re-provision project, NHS Dorset and the council are committed to a person centred approach in the re-provision of these services. We saw evidence of planning for alternative individually designed services in the community”.</p>

What we will do to make improvements

<p>There is an action plan that is closely monitored by the South West Strategic Health Authority and our target date for campus closure continues to be April 2010. (See also 5.2 for additional resources that will be put in place to accelerate the pace of change).</p>
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<p>Lead: Programme Manager Moving on from Hospital. Timescale: April 2010</p>

<p>Resources: See 5.2</p>

Other action we will take

<p>The campus re-provision will create a valuable legacy for Dorset. We aim to appoint a range of providers through the campus tendering process(6.1); apply some of the person-centred</p>

individual service design and contract development work to people already in the community to give them more personal control (4.1); and restructure the Community Teams (2.2, 3.1 and 5.1).

Update January 2010 Status: Orange

- Campus update attached

1.2 Recommendation for improvement

“NHS Dorset and the council should continue to strengthen the involvement of people with complex needs, and their family carers, in strategic commissioning, so that development of support and services are based on what people want and need”.

What the report said is working well in Dorset

“There were a range of examples of how the council and NHS Dorset were increasingly engaging people with learning disabilities and family carers, and putting people at the centre of planning and commissioning. Dorset People First, the local peer advocacy service, was involved in several projects to engage with people with learning disabilities including those in NHS campus units and with complex needs. This service was successful in supporting people with learning disabilities to contribute fully to the Learning Disability Partnership Board by providing topic focused meetings prior to the main board meetings. The service has also piloted the involvement of people with learning disabilities and complex needs in this process. There were examples of consultation with people with learning disabilities and complex needs on an easy read version of the joint commissioning strategy and in tendering for providers for the NHS campus re-provision project”.

“Although early days, there is now a structure in place for representation of family carers on the Learning Disability Partnership Board, its subgroups and at other strategic groups. The chair of the partnership board Health Action Group was a family carer”.

What we will do to make improvements

The involvement of people with complex needs and families is through the Learning Disability Partnership Board and associated groups. Dorset People First (DPF) are satisfied that these arrangements work effectively. They are reviewed annually by DPF and the council. Additional LD Development Fund grant monies have been allocated to DPF for 2009/10 to further involve people with complex needs. Up to 27 groups per annum will be run (9 per region) for people with high support needs and people with high support needs will become more involved with the Forum. Our Family Carers Coordinator will encourage the involvement of older carers and working carers to ensure the service meets the needs of both people with learning disabilities and family carers as individuals.

Lead: DCC Strategic Commissioning Manager/Dorset People First/Family Carers Co-ordinator.

Timescale: Ongoing monitoring and review **Resources:** Additional LDDF allocated

Other action we will take

Our policy is one of complete transparency – we have listened to Dorset People First and family carer representation, restructuring our strategic groups and processes accordingly. The current work with schools, introducing family forums and Person Centred reviews will strongly inform our strategic direction (2.2, 4.2). We would be interested to learn from and apply good practice examples of the involvement of people with complex needs in strategic commissioning from other sites.

Update January 2010 Status: Green

- Dorset People First have extended their advocacy support to people with complex needs using additional LDDF.
- Training for older family carers on “In Case of Emergency (ICE)” completed.
- Family carers have joined the Transitions Programme Board.
- LDPB meetings extended and membership was reviewed in January 2010 in line with new guidance

1.3 Recommendation for improvement

“NHS Dorset and the council should promote the recently increased resources for advocacy and monitor the uptake and outcomes, so that they are assured that all who need the service are receiving it”.

What the report said is working well in Dorset

“We had feedback from staff, family carers and people themselves, that the quality of the advocacy service working with people with a learning disability and complex needs and in campus re-provision was good”.

What we will do to make improvements

We believe the advocacy services provided by Dorset Advocacy and Dorset People First are an area of excellence. We will continue to ensure the promotional materials are accessible and contain real examples that show their effectiveness and encourage uptake. Dorset Advocacy regularly inform Dorset People First of trends or concerns that they could address strategically. Uptake and outcomes are regularly monitored by services through existing contract arrangements. Both Advocacy services will be further promoted to people and their family carers through services, community information points and the development of the LDPB website that will go live in April 2009.

Lead: DCC Strategic Commissioning Manager. **Timescale:** Ongoing monitoring and review
Resources: Additional funding already allocated

Other action we will take

There are two distinct types of advocacy provided for people with a learning disability in Dorset. Dorset People First provide group or consultation advocacy and involve about 200 people with a learning disability each year in discussing a range of developments such as transport, healthcare and Valuing People Now (although they do also support people to speak up for themselves). Dorset Advocacy address individual issues on a 1-1 basis, for example where there is doubt about a person’s best interests or a conflict of interests, and support about 90 people per annum. Our measure of success is when (with access for all to both organisations) there are high levels of engagement with Dorset People First but we are seeing a low number choosing/needing to be referred to Dorset Advocacy for “crisis” work. The work of both organisations is complemented by having: a range of accessible information available; involving people with a learning disability in quality checking services; transparent and easy to understand allocation systems; processes for dealing with complaints at an early stage and better awareness and training about learning disability for all agencies in Dorset. We will be continually monitoring uptake and outcomes and looking for opportunities to improve in all these areas.

Update January 2010 Status: Green

- A continued high level of investment in advocacy services – in excess of £200,000 p.a.
- The Friendship Club, managed through Dorset People First, used by over 300 people
- Dorset People First report on transport provision taken to LDPB and Joint Commissioning Board. Action plan developed.

1.4 Recommendation for improvement

“NHS Dorset and the council should ensure that accessible information about all services and support, and their quality, is readily available to people with learning disabilities and complex needs and their family carers to enable informed choices”.

What the report said is working well in Dorset

“We saw some good examples of accessible and easy read information, for instance for people moving from NHS campus units or about advocacy organisations”.

“Information about the work of the partnership board along with an easy read commissioning strategy and the outcomes of the ‘have your say’ consultation was published on the council website. All publications, such as minutes of meetings, were in accessible formats. There was also information about the NHS campus re-provision project on the website”.

What we will do to make improvements

We will consult with Dorset People First to look at what information is currently available in suitable formats, establish what further information should be put in Easy Read or other accessible formats and report to the LD Partnership Board. It is important we start by putting our energies into making accessible what people with LD and their families feel is important first, but over time expanding this across all information.

Lead: DCC Strategic Commissioning Manager/Dorset People First

Timescale: Agenda for LD Partnership Board November 2009 **Resources:** None

Other action we will take

We believe that this recommendation should apply to all agencies in Dorset that support people with a learning disability, particularly where there is a duty under the disability equality legislation. We will therefore work with other agencies to ensure better signage/accessible information in all public places. We are working with Dorset County Hospital to collate easy read guides on health treatments and list these on the Learning Disability Partnership Board website. GPs and Hospital practitioners, with the support of the LD community nurse or health facilitator, will be able to download these guides when a person with a learning disability needs to understand or make a decision about their treatment (2.2).

Update January 2010 Status: Green

- DCC strategic commissioning manager chairs a pan-Dorset “Communication For All” group – new action plan being developed.
- LDPB annual report (2009) circulated, including EtoR version.
- EtoR version of Joint Commissioning Strategy 2010-15 circulated
- All documents on LDPB website are EtoR

1.5 Recommendation for improvement

“NHS Dorset and the council should implement plans to develop a common process and training in person centred planning across all services, health and social care, to ensure there is consistency”.

What the report said is working well in Dorset

“The council was funding a person centred planning lead to work with them to embed person centred planning and reviews. There has been good progress in implementing best practice in person centred planning with council provided services. At the open to the public sessions people with a learning disability gave examples of the positive outcomes of person centred planning. Such as, ‘my person centred plan helped me get out of the day centre’ and ‘my person centred plan helped me with my flat’. In the ‘day in the life’ and ‘best practice’ visits we saw good examples of a flexible approach to person centred planning, where people and families were actively involved in making decisions about their care. In some cases we found a range of communication tools and the views of family carers being used to involve people without verbal communication in designing their own services and support”.

What we will do to make improvements

We are pleased that the review team acknowledged the extent to which Person Centred Planning (PCP) has been developed in Dorset. There is a two-year action plan to consolidate PCP approaches. PCP is well established within council day and accommodation services and some providers also have approaches to PCP. We will roll out PCP to independent sector providers during 2009 by taking action in three areas: (1) we will append the latest joint Helen Sanderson/CSCI good practice guidance on PCP to our contracts with independent providers; (2) we will monitor their performance against these standards; (3) we will provide locality based training for providers that will form the basis of on-going PCP support networks,

Lead: DCC Strategic Commissioning Manager/PCP lead/Contracts Manager.

Timescale: December 2009 **Resources:** Funding earmarking from campus re-provision monies

Other action we will take

The PCP action plan includes a number of important proposals. These include: adapting the Families Leading Planning courses to older family carers; supporting care managers to lead person centred reviews; using the learning disability experience of PCP to inform the roll out of Personal Budgets to all users of social care services; and a major project to introduce PCP into Dorset schools (4.2). We will train 2 staff from each of 7 special schools and a further 6 Dorset staff and carers. There is a quarterly meeting to monitor, implement and update the action plan that includes family carer and campus re-provision representatives.

Update January 2010 Status: Green

- PCP training for independent sector providers to start in 2010.
- New two year PCP action plan 2009-11 agreed.
- Two days of collating information from PCPs for strategic planning, led by Helen Sanderson, completed.
- Seven schools taking part in the PCP 14+ review training – as far as we know the highest take-up of any area nationally. Target of 30 person centred reviews by end March 2010

2. Understanding the Needs of Populations and Individuals

2.1 Recommendation for improvement

“NHS Dorset and the council should together refresh the joint commissioning strategy, in the light

of latest government guidance. It should address both health and social care, and make reference to people with learning disabilities and complex needs. It should include clear objectives for implementation with timescales and mechanisms for monitoring, so that progress can be identified”.

What the report said is working well in Dorset

“At strategic level NHS Dorset and the council were increasingly strengthening their joint working arrangements. There was commitment to seamless working with an agreed strategic commissioning model between health and social care commissioners. A joint commissioning board for all services across health and social care had just been formed and the first meeting was held during the review. The learning disability commissioning structure had been reviewed and was being implemented. The council had a strategic commissioning manager for learning disability services”.

What we will do to make improvements

The Dorset Joint Commissioning Strategy was developed in partnership with the Institute of Public Care (IPC) as a model strategy and covers the period 2006-10. The action plan has been updated and is monitored at quarterly meetings of the LD strategy group. It includes objectives for implementation and timescales. The Joint Commissioning Strategy will now be updated following publication of Valuing People Now - Making it Happen (January 2009) and in the context of Personal Budgets. We will update the information on which it was based using the Dorset LD database that will be completed by spring 2009. We will again ask the IPC to advise on best practice when revising the strategy, starting with a workshop in May 2009.

Lead: DCC Strategic Commissioning Manager. **Timescale:** Joint Commissioning Strategy updated by December 2009 **Resources:** No additional resources – Dorset is a member of the IPC network.

Other action we will take

We will implement plans to enhance partnership working between NHS Dorset and the council by reviewing joint commissioning structures, writing a Service Agreement, setting up a pooled budget and transferring responsibility for all non-specialist health services to the council. We will write all new strategies (such as the new LD day services strategy) within the context of Personal Budgets/Transforming Social Care.

Update January 2010 Status: Green

- Joint Commissioning Strategy (2010-15) completed and out for consultation to March 2010
- Dorset LD database completed with analysis presented to LDPB July 2009.
- NHS spend on social care transferred to DCC and pooled budget group meeting quarterly

2.2 Recommendation for improvement

“NHS Dorset and the council should ensure that a detailed understanding of current and emerging health and social care needs of people with learning disabilities and complex needs is achieved, including those coming up to transition, and that this is used to inform strategic commissioning”.

What the report said is working well in Dorset

"The council had recognised the need for a fundamental review of information management systems for learning disability services. An information officer had been identified to collate information on needs, costs and quality of purchased placements, and mapping where people live. We heard of some examples of projects for local areas to map the population and housing needs. A detailed data base was being developed to provide a better understanding of the specific social and health care needs of people with a learning disability and complex needs".
"There were early signs of collation of information from person centred plans and reviews to inform local and strategic planning and commissioning. Although this is yet to be extended across the county or to include health and social care, the pilot work was recognised to be innovative good practice."

What we will do to make improvements

An LD database will be completed in spring 2009. A new strategic funding panel meeting has been set up to consider data on needs, quality and costs to inform operational and strategic commissioning.

Lead: DCC Strategic Commissioning Manager/NHS Director of Commissioning/IPC.

Timescale: Database complete May 2009 **Resources:** None

Other action we will take

We recognise that by building a stronger partnership with schools we can encourage them to utilise the information gathered within a Person Centred Review (4.2) to differentiate the curriculum to ensure the outcomes for the young person are not only achieving academic targets, but giving them the specific skills they need to achieve their aspirations and give them greater choices when they reach adulthood.

We believe there is the potential in Dorset to build on the Person Centred Planning structures to collate information for strategic purposes.

The work at transition to identify the needs of people who will require adult support is particularly important. The roll out and collation of PCPs in schools 14+ (1.2, 2.2) will ensure the needs of individuals and their families are known to services and strategic development and community based service investments can take place in readiness.

We aim to use this information to support all adults to get the lives they want by informing our partner agencies in health, housing, leisure, employment and transport of people's needs.

We need to look towards a future where everyone has a Personal Budget allocation based on a Person Centred Plan (across the whole of adult social care). We need to support these people based in their communities to share information/interests, exchange ideas, pool their budgets, organise groups and events. There are some exciting web-based systems that are being developed which we are investigating, such as "People and Places".

Update January 2010 Status: Green

- Database complete and analysis informing commissioning strategy.
- Strategic Funding Panel meeting quarterly since February 2009.
- First Personal Budgets allocated, building on 120 LD Direct Payments.

2.3 Recommendation for improvement

"NHS Dorset and the council should ensure that the Joint Strategic Needs Assessment (JSNA) identifies the needs of people with learning disabilities and complex needs and that this is used to identify resources to address gaps in services".

What the report said is working well in Dorset

“Dorset is developing the Joint Strategic Needs Assessment using a model based on ‘outcomes’. The model they have adopted should help ensure people with learning disabilities and complex needs are at the centre of all plans and developments”.

“The resource panel have robust processes in place to ensure packages of care, based on person centred plans, have been thoroughly formulated. The council had undertaken a review and presented a pre budget paper to elected members on financial pressures faced in learning disability services.”

What we will do to make improvements

Dorset LD Services are linked with the Dorset Strategic Partnership through the DSP Health and Wellbeing sub-group and LD needs have been presented to this sub group. The JSNA will assist with a detailed analysis of LD needs and we will consult with local stakeholders on outcomes and measurable targets.

Lead: DCC Adult & Community Services Head of Commissioning **Timescale:** Database reports (2.2) will be available for the JSNA from May 2009 **Resources:** No additional resources required for JSNA but significant resources will be required to meet future needs – see below.

Other action we will take

With the advent of Personal Budgets we are on the threshold of the biggest change to social care for 20 years. Like all other authorities Dorset is both refining its “traditional” commissioning and piloting the allocation of Personal Budgets (PBs). (The first PBs were allocated to people with a learning disability in December 2008, building on the 108 Learning Disability Direct Payments). In terms of resource allocation the Valuing People Support Team are clear that the best way to meet the well documented resource pressure on LD Services is through Personal Budgets/costed support plans:

By putting the right support systems in place to encourage and enable PB holders to utilise natural supports, pool their budgets, build friendships, share activities/time bank their skills in their communities

Nationally LD costs are rising at 10% per annum. (The Dorset pre budget paper referred to by the review team estimated the very significant LD cost pressures mainly as a result of the demand for independent accommodation and support which is a statutory requirement). Therefore, while the analysis of needs is being constantly refined, Personal Budgets will mean that individuals, with help, are likely to be purchasing their own care and support in the future rather than the statutory agencies addressing gaps in services.

Update January 2010 Status: Green

- Database will inform JSNA.
- New DCC client record system will be introduced in spring 2010. This will include categories such as “autism” and “complex needs”.
- LDPB annual report and targets will be presented to Dorset Strategic Partnership.

3. Sharing and Using Information More Effectively

3.1 Recommendation for improvement

“NHS Dorset and the council should improve integrated working and integrated community learning disability teams across the county to facilitate more efficient working and information sharing for the benefit of people with learning disabilities and complex needs and family carers”.

What the report said is working well in Dorset

“We saw a proposal for additional funding for a community support, based on a needs assessment of existing and future need”.

What we will do to make improvements

There is a two phase plan to develop CTLDs. In phase one a pan Dorset specialist healthcare team will be set up from March 2009 to support people discharged from campus. Appointments to new posts have already been made and the structure of the new team has been agreed by all agencies. In phase two resources and new integrated structures will be put in place to support all community based people. Dorset will hold a workshop to discuss and agree a detailed implementation plan for phase two of Community Team development facilitated by Deborah Moore (formerly the Valuing People Support Team lead for Health). The integration of CTLDs will consider all aspects of information sharing between health and social care staff.

Lead: DCC Strategic Commissioning Manager/NHS Director of Commissioning

Timescale: Outcomes from workshop by March 2009 **Resources:** Additional resources will be required from NHS Dorset (in particular) and DCC.

Other action we will take

There are 2 CTLDs in Dorset - east and west. We believe the team in the west is functioning well in terms of integrated working. For historical reasons (mainly due to complexities of geography relating to Poole and Bournemouth and both local Government and NHS reorganisations) the team in the east has not been able to establish the same degree of integration. Both teams are under resourced. An Assertive Outreach team has been successfully piloted in the west and this model will now be applied to the east to support campus re-provision.

Update January 2010 Status: Green

- CTLD workshop held March 2009, facilitated by Deborah Moore.
- LD Joint Commissioning Board has agreed model for 4 CTLDs in Dorset. Project group moving to implementation stage to integrate staff from campus reprovision. This will provide a significant resource increase.
- Further pan-Dorset work is taking place on crisis intervention support linked to campus

3.2 Recommendation for improvement

“NHS Dorset and the council should re-launch information sharing protocols to staff and family carers to ensure wider and clearer understanding and appropriate implementation”.

What the report said is working well in Dorset

“There was evidence of good information sharing between professionals working with people with [a] learning disability and complex needs. Information sharing in respect of transitions across partner agencies was improving”.

What we will do to make improvements

We will review and re-launch information sharing protocols.

Lead: DCC LD operational manager **Timescale:** July 2009 **Resources:** None

Other action we will take

Personal Budgets (2.3) provide an opportunity to reassess information sharing protocols. A common complaint from all users of health and social care services is that they constantly have to fill in forms, tell their stories over and over again to professionals and information on databases is not updated. Personal Budgets provides a real opportunity to address these difficulties, putting people more in control of their lives We will therefore aim to provide information about the complete range of supports available to people in their communities; the costs and quality of providers (should people choose to use such providers); and offer people the appropriate support to spend their Personal Budgets. For example our Day Services strategy is based on the premise that many people will need to pool their budgets to achieve the same hours of care and support as they are currently getting in group settings. We are exploring internet based systems such as "People and Places" to enable people to share ideas, experiences and support.

Update January 2010 Status: Green

- New LDPB website launched 1 April 2009, enabling information on local and countywide services and supports to be posted
- New Dorset transitions strategy drafted. Multi agency workshop including users & carers held July 2009 with follow up planned for March 2010
- Day Services Strategy signed off and piloting taking place, based on Personal Budget allocations and the appointment of Community Coordinators.

3.3 Recommendation for improvement

"NHS Dorset and the council should work with partners in the national pilot to develop a robust analytical system to support their work on collation of Person Centred Plans (PCP). This will ensure that information from all Person Centred Plans informs strategic planning and commissioning activity for people with learning disabilities and complex needs".

What the report said is working well in Dorset

"There were early signs of collation of information from Person Centred Plans and Reviews to inform local and strategic planning and commissioning. Although this is yet to be extended across the county or to include health and social care, the pilot work was recognised to be innovative good practice".

What we will do to make improvements

Dorset has invested significant resources in developing PCP. We believe in the great potential this has in both ensuring that individuals and their families are truly driving the strategic development of their services and also improving the quality of the commissioned activities by giving feedback on what's working/not working (PCP fields). We are part of a national pilot to collate information from PCPs to inform strategic planning - no other area of the country is yet doing this systematically. We have booked two days with Helen Sanderson (national lead on PCP) to develop this innovative approach and look at the methods by which information for PCPs are collated and analysed.

Lead: DCC Strategic Commissioning Manager **Timescale:** September 2009
Resources: To be quantified.

Other action we will take

The collation of good quality information requires a significant PCP infrastructure. Dorset is developing such an infrastructure (1.5). Different methods of gathering the information are essential to suit the person. We are therefore looking at training for individuals, families and support staff in Digital Storytelling which will enhance the participation of non verbal people in expressing choice, giving feedback and introducing themselves to new professionals or care staff.

We know we will have to find new ways of supporting and monitoring the use of PBs. We are looking to collate information from individual choices to enable us to work with local communities to influence developments.

Update January 2010 Status: Green

- Two PCP collation days, facilitated by Helen Sanderson, held May/June 2009.
- Analysis included in joint commissioning strategy (2.1).

4. Assuring High Quality Providers for all Services**4.1 Recommendation for improvement**

“NHS Dorset and the council should implement their plans to ensure that all contracts are outcome based, focus on the needs and wishes of the individual and are regularly monitored”.

What the report said is working well in Dorset

“The proposed contract for services for people moving from campus units is outcome based and there is a commitment to use this as a model for all future contracts used by the council and NHS Dorset. The council had drawn up new contracts for residential and domiciliary care, based on this model, ready for contract renewal April 2009”.

What we will do to make improvements

We will implement the plan to issue outcome based contracts.

Lead: DCC contracts manager **Timescale:** Contracts renewed during 2009/10

Resources: None

Other action we will take

Dorset has a target of 3,200 Personal Budget allocations by March 2011 (i.e. one third of all users of adult social care over the next two years). The allocation of a PB fundamentally changes the contractual relationship – in future, following an “up-front” allocation, the primary contract will be between the individual and their support provider(s), formal or informal. We will need to support some people with these contractual relationships to ensure they are acting legally and are safe from exploitation. This will be a learning point from the piloting of PBs that is currently taking place prior to full implementation summer 2009. People with a learning disability including those with complex needs will be offered a PB – our target is 300-400 people by March 2011.

Update January 2010 Status: Red

A specification has been developed, based on that used for the Campus project. It has been developed jointly between DCC and NHS Dorset and will cover people funded from both social care and Continuing Healthcare. We had planned to introduce this new contract & specification

to providers in 2010 but due to resource issues this has been delayed until February 2011 to take effect from 1st April 2011.

4.2 Recommendation for improvement

“NHS Dorset and the council should strengthen their work with partner organisations such as education, health and social care and use person centred planning to ensure effective and timely transition planning for young people moving to adult services”.

What the report said is working well in Dorset

“The council had a person centred planning action plan and clear proposals for extending training in use of tools and techniques to independent providers, families and schools involved in transition planning”.

What we will do to make improvements

Led by Connexions, Dorset has set up a transitions team, supported by a multi-agency transitions steering group. We will appoint to all posts in transitions team, implement the action plan given to the review team and monitor and review progress at steering groups. Dorset, along with all other areas is participating in a national transitions audit: we will await feedback and national good practice guidance. We have taken up the offer of support from the national consultancy Paradigm, prioritising work at transitions.

Lead: Chair, Transitions Steering Group **Timescale:** September 2009

Resources: No additional resources in the short term but there will be long term resource requirements to maintain the transitions team.

Other action we will take

We have commissioned our Person Centred Planning lead to work with 7 schools in Dorset to introduce PCP at annual review from the age of 14. This is a really exciting development and as far as we know this is the largest number of schools to receive such training anywhere in the country. Places on the training course will also be made available to other areas. The design day was held in January and full implementation will take place in March. In addition, our Connexions transitions team leader and family carer's coordinator have jointly arranged 3 local meetings at the end of March 09 for parents of young people in transition. Such meetings will be held regularly if there is a demand and will give them a voice at the LDPB. They will be introducing PCP from a 'grass roots'/family perspective and using a peer mentoring approach to raise aspirations and share good examples; providing accessible information that families need to make informed choices; helping them to understand the differences to expect in support provision between children's and adult services; improving communication at all levels and using their PCP information to inform strategic planning and uptake of Personal Budgets.

Update January 2010 Status: Orange

- Four days of Paradigm support agreed with a focus on transition.
- Three carers' transitions meetings held and report fed back to transitions steering group.
- New transitions strategy drafted for presentation to workshop in March 2010

4.3 Recommendation for improvement

“NHS Dorset and the council should work with partner organisations such as education, housing, leisure, health and social care to ensure accessible information is available for young people with learning disabilities and their family carers to prepare them for transition into adult services”.

What the report said is working well in Dorset

“A dedicated transition team had been in place for the past year and this was helping to strengthen planning for children moving to adult services.”

What we will do to make improvements

The Dorset Transition Planning Team works in partnership with the Dorset Healthcare Trust, Community Employment Services, School's and Adult's & Children's Social Care to provide up to date information and support to young people with LD and their carers. The Team is currently reviewing written materials and publications to ensure that information is accessible and appropriate for families embarking on the transition pathway from age 14. This task is being carried out in conjunction with the Dorset Families Carers' Co-coordinator and Person Centred Planning Coordinator. It is being shaped by the model of Person Centred Planning, a methodology that is being rolled out across the county's Special Needs Schools (4.2).

Lead: *Connexions Manager for Transitions Planning Team* **Timescale:** *September 2009*
Resources: *No additional resources*

Other action we will take

Every young person in Dorset with a statement of educational need is assessed by the team for potential eligibility for adult services. Those young people that qualify and their families will then have the additional support of a designated Transition Advisor working with them to help identify and co-ordinate services for their present and future needs, be that going on to college or a move into independent living. This includes the provision of information for any part of their life affected by the transition period. See also 4.2 – family carer transitions meetings.

Update January 2010 Status: Green

- Work with schools to introduce PCP at 14 plus reviews
- Connexions have revised accessible transitions materials

4.4 Recommendation for improvement

“The council should strengthen engagement with providers for people with (a) learning disability and complex needs to improve communication and ensure high quality services”.

What the report said is working well in Dorset

“A Dorset provider forum was being developed and to support providers' understanding of the nature and quality of services required”.

What we will do to make improvements

The provider forum has been set up and is meeting quarterly. Information is being communicated between meetings by regular group emails.

Lead: *DCC Strategic Commissioning Manager* **Timescale:** *Achieved* **Resources:** *None*

Other action we will take

The Council has recognised the need to provide support to the independent sector workforce and a designated Learning and Development Officer was appointed in 2007 to identify training needs for the sector, develop and promote high quality training (with a particular emphasis on safeguarding) and support individual providers in sourcing and delivering appropriate training. There has been a significant increase in the take-up of training within the sector since this appointment. In addition to the traditional commissioning and contracting (4.1) arrangements Dorset is working with providers to prepare them for Personal Budgets. The Transforming Social Care programme has a key strand involving the preparation of providers and the provision of information and brokerage support, as appropriate, for people choosing to take a Personal Budget.

Update January 2010 Status: Green

- Dorset LD provider forum meeting quarterly.
- Regular group email updates sent to providers.
- Transforming Social Care team work with providers on supporting Personal Budgets continues.
- A “light touch” joint health & social care tender to add smaller providers to (campus) preferred provider list to take place early 2010

5. Recognising the Importance of Good Health Services; Recognising the Interdependence Between Work, Health and Well-Being; Recognising Human Rights

5.1 Recommendation for improvement

“NHS Dorset and the council should urgently address the inadequacies and inequalities in community learning disability teams to ensure that people currently living in the community receive adequate support. This should be based on the recent national guidance *Commissioning Specialist Healthcare for adults with a learning disability, Department of Health 2007*”.

What the report said is working well in Dorset

“We saw a proposal for additional funding for a community support, based on a needs assessment of existing and future need”.

What we will do to make improvements

There is a two phase plan to develop CTLDs. In phase one a specialist healthcare team will be set up from March 2009 and in phase two additional resources and new integrated structures will be put in place to support all community based people. (See also 3.1)

Lead: NHS Dorset Director of Commissioning / DCC Strategic Commissioning Manager.
Timescale: March 2009 and March 2010 **Resources:** There will be significant resource implications that will need to be taken to the NHS Dorset and DCC executive bodies.

Other action we will take

There are several health/social care projects taking place. In partnership with the national Mencap Profound & Multiple Learning Disability lead we are currently reviewing hydrotherapy provision – a vital component to physiotherapy programmes. Dorset People First has been commissioned to produce easy read publications and good practice guides such as “Love, Sex

and You” and “Communication without Words” – these will be publicised and distributed.

Update January 2010 Status: Orange

- New model for community teams agreed. Project group moving to implementation stage
- Additional appointments of specialist healthcare staff
- Intensive support team for west Dorset in place. Appointments being made to Intensive support team for east Dorset, Poole & Bournemouth

5.2 Recommendation for improvement

“NHS Dorset should work with the council and NHS campus re-provision team to identify clear plans and resources for additional support for people with learning disabilities and complex needs moving into the community from campus units”.

What the report said is working well in Dorset

“The project was soundly based on individual service design, using a person centred approach and good examples of accessible information.”

What we will do to make improvements

There are clear plans and resources dedicated to the campus “Moving On” project. We will continually monitor plans to ensure that all moves take place by the end of March 2010. In recognition of the need to accelerate progress additional staff are being appointed including a housing consultant, community nurses and staff with experience of campus re-provision in other areas. The Strategic Health Authority have made available additional capital funding to address the housing related difficulties resulting from the credit crunch and changes to Housing Benefit regulations.

Lead: Programme Manager Moving on from Hospital. **Timescale:** April 2010

Resources: As above

Other action we will take

We report regularly to the South West Strategic Health Authority on progress.

Update January 2010 Status: Orange

- Campus progress reported fortnightly to the Strategic Health Authority.

5.3 Recommendation for improvement

“NHS Dorset should ensure all clinical and non-clinical staff in primary and secondary health care have increased knowledge and understanding of people with learning disabilities and complex needs, so that reasonable adjustments are made to enable access to appropriate health care and needs are met”.

What the report said is working well in Dorset

“The waiting times for access to health services in Dorset compare very well nationally. Most people with learning disabilities and complex needs, and their families, were satisfied with out of hours mainstream health services and specialist community dental service”.

“An action plan response to the Michael report *Health Care for All* has been coordinated by the council commissioning manager and was a joint document being overseen by the Partnership Board’s Health Action Group. As a result positive action was taken to engage with local acute trusts, but this is still work in progress. Two health facilitation posts are in process of recruitment to help people with learning disabilities access health services.”

What we will do to make improvements

NHS Dorset ran 3 workshops for GPs in February to brief them on annual health checks. People with a learning disability and family carers participated. Our target is for 95% of GP practices to be offering annual health checks by September 2009. Dorset People First are being commissioned by Dorset County Hospital to run induction training for healthcare staff (building on the induction training already provided for council staff). We will look for creative ways for integrated health and social care services to support on-going health needs rather than rely on a one-off annual assessment.

We will collate accessible information about health interventions and post these on the LDPB website (1.4).

We will implement the action plan for *Health Care For All* and appoint to the Health Facilitator posts.

Lead: NHS Dorset Director of Commissioning **Timescale:** September 2009

Resources: Some additional resources for commissioning induction training

Other action we will take

Information from the new LD database will be used to identify people with a learning disability accessing health facilities. In Primary Care services this will ensure everyone who is entitled receives an annual health check. At Dorset County Hospital anyone with a learning disability using in-patient or out-patient services will be flagged so that staff are aware that additional support may be required. We will use the best practice guidance in “Working Together: Easy steps to improving how people with a learning disability are supported when in hospital”, to improve the quality of support for people with a learning disability.

Update January 2010 Status: Green

- Three Dorset training sessions for GPs on the annual health checks were well attended. Numbers of annual health checks being recorded – target is 100%
- Two appointments made to health facilitator posts
- Protocol for supporting people with a learning disability in Dorset County Hospital agreed
- LDPB away day in October on health issues well attended – actions to be discussed at LDPB 5th November 2009
- New Health Action Plan books being printed and distributed
- LD policy launch and awareness day at Dorset County Hospital, January 2010

5.4 Recommendation for improvement

“The council should undertake a review to ensure there is adequate and flexible provision of short break facilities for people with learning disabilities and complex needs, so that both people and their families receive adequate support and fulfilment in their lives”.

What the report said about Dorset

The report listed concerns by some carers about the level of short break provision: we

acknowledge the need to develop short break provision for people with complex needs, particularly in the east of the county. However, no figures for short breaks capacity or usage were presented to the review team and there was no benchmarking of Dorset provision, much of which is provided through the Adult Placement scheme.

What we will do to make improvements

The closure of Delphwood (campus) will remove the one main provision in the east. In partnership with family carers and Dorset People First representatives we will review current short break provision across the county and gather from families what respite options they would like. The Transforming Social Care/Person Budget allocations and the campus re-provision programme funding may offer creative opportunities for providing more choice and additional support. Utilising our outreach bungalows but fitting them out with Assistive Technology will perhaps address the needs of those learning skills for independence to leave home.

Lead: DCC Strategic Commissioning Manager. **Timescale:** review complete by December 2009
Resources: None for the review but there will be resource implications for commissioning additional short breaks.

Other action we will take

Personal Budgets (PBs) can provide more choice and flexibility for families to arrange short breaks rather than the traditional residential respite facilities. (People with a profound and multiple learning disability may require specialist facilities so their choices may be limited). We will review outcomes from the pilot of PBs (2.3, 3.2) to assess whether this is the case. There are a small number of people currently receiving short breaks in campus settings – alternative options will need to be identified for them.

Update January 2010 Status: Orange

- Review group meeting monthly, including a family carer representative. There will be a report to Joint Commissioning Board in March 2010
- Service development officer is writing questionnaire for carers and auditing current provision. Presentations made to 6 carers' groups
- Additional short breaks being commissioned in East Dorset to replace campus provision for three community based people.

5.5 Recommendation for improvement

"The council should continue to audit the number and outcomes of family carers' assessments to ensure all carers are offered appropriate support, including support to go back to work if they wish".

What the report said is working well in Dorset

"We were pleased to see a family carer network was being developed and that those who were involved valued the information and support provided by this recent development."

What we will do to make improvements

We will work in partnership with our Family Carers Forum and the generic carers support services to: ensure it is clear to our family carers the purpose of the assessment, when it is offered and who will carry it out; review how the current carers assessment identifies outcomes and how these could be achieved; continue to audit the number of assessments and outcomes

for carers'; and explore the use of Personal Budgets for carers in their own right.

Lead: DCC Adult & Community Services Head of Commissioning **Timescale:** Ongoing
Resources: To be determined

Other action we will take

Following the publication of the National Carers Strategy in 2008 we are rewriting the Dorset Carers' Strategy and looking at how carers want the carers grant monies spent. The revision is being co-ordinated by the Dorset carers' strategy group that is chaired by a carer and has representatives from local carers groups, statutory and voluntary organisations and meets every six weeks. At the February 2009 meeting the new Dorset LD family carers coordinator was asked to brief the group on her work setting up a LD family carers' network in Dorset. She emphasised the significant issues that a life-long family carer deals with. This will help take forward the points above.

Update January 2010 Status: Green

- New Dorset Carers' Strategy completed.
- There is a new Joint Commissioning Board for Carers and a joint commissioning arrangement with NHS Dorset for short breaks has been signed off.
- A pilot of self-directed support for carers to start 01-02-2010.

6. Developing Incentives for Commissioning for Health and Well-Being

6.1 Recommendation for improvement

"NHS Dorset and the council should undertake further work to develop the provider market, explore opportunities for offering providers preferred status and develop incentives to ensure a range of choice and high quality services for people with learning disabilities and complex needs".

What the report said is working well in Dorset

"There were several independent specialist providers for people with learning disabilities and complex needs in the community. There was evidence of some effective partnership working to extend the range of provision for people with learning disabilities and complex needs.

Commissioners use a pricing tool which allows for benchmarking internally and externally and this supports contract negotiations. Staff have access to specialist fee negotiations when complex negotiations are required with providers".

"Commissioners recognised a need to stimulate the provider market further, particularly in the voluntary sector. Work is in progress to ensure that voluntary and small providers understand tendering and contracting processes. It was anticipated that the range of providers and services available to people will increase as a result of the NHS campus re-provision project".

What we will do to make improvements

The current process under way for appointing care and support providers for the campus re-provision programme is an opportunity to develop the provider market. While there will be a limited number of providers that are able to manage TUPE requirements for the transfer of NHS staff there will be a greater number of (smaller) providers appointed to provide for the future needs of community needs.

Lead: Programme Manager Moving on from Hospital. **Timescale:** April 2010 **Resources:** No additional resources

Other action we will take

As discussed in 4.4 the introduction of Personal Budgets fundamentally changes the nature of commissioning and preferred provider status. In future, individuals will be in control of their allocation and may choose to spend on a much wider range of supports than are currently commissioned by statutory agencies. We will be developing the information and support to enable people to get the outcomes and support they want (3.2).

Update January 2010 Status: Orange

- Eight campus providers appointed, second stage tender for community services early 2010.

7. Making it Happen: Local Accountability, Capability and Leadership**7.1 Recommendation for improvement**

“NHS Dorset and the council should ensure that progress on strategies and plans for improvement in services for people with learning disabilities continue to be reported to the LDPB and respective executive bodies so that progress can be clearly identified by the public”.

What the report said is working well in Dorset

“Information about the work of the partnership board along with an easy read commissioning strategy and the outcomes of the ‘Have Your Say’ consultation was published on the council website. All publications, such as minutes of meetings, were in accessible formats. There was also information about the NHS campus re-provision project on the website”.

What we will do to make improvements

Service users, carers and other stakeholders were involved in the preparation of the Joint Commissioning Strategy for People with a Learning Disability (which is available on the local authority website) and had a key role to play in determining priorities for commissioning. The Learning Disability Partnership Board (LDPB) is the key vehicle for monitoring progress on the implementation of the strategy, with sub-groups contributing to progress on the Valuing People Now priority areas: Health Action Group, Housing, Fulfilling Lives, Personalisation (PCP and Personal Budgets) and Making it Happen (Strategy Group). There are special interest leads in Personal Budgets, Moving on from Hospital, Employment, Transitions, Family Carers Support and Safeguarding. We will agree thirty targets for 2009/10 at the LDPB meeting on the 23rd April 2009.

Lead: DCC Strategic Commissioning Manager. **Timescale:** Achieved **Resources:** None

Other action we will take

There is a well developed process for prioritising agenda items for the Learning Disability Partnership Board (LDPB) against Valuing People priorities. The council and NHS Dorset report on LD through their executive bodies. We believe that adequate information is available on websites and through the democratic process. There are representative structures in place for people wishing to get more involved. We will continue to monitor and review these processes. We aim that in future the agenda will be increasingly set by information collated from Person Centred Plans (3.3) thus ensuring that strategic decisions will collectively ensure the core direction of the service will always be led by those that use the service.

Update January 2010 Status: Green

- LDPB annual report (2008/09) completed, distributed and posted on websites. Annual report for 2010 using new Valuing People Now format will be presented to LDPB in march 2010

7.2 Recommendation for improvement

“The Learning Disability Partnership Board should continue to ensure that they have mechanisms in place which assure it of ongoing improvements for people with a learning disability and complex needs and that progress on these is reported publicly”.

What the report said is working well in Dorset

“The Partnership Board has a plan and from 2009, it will set targets and produce an annual report against those targets. The Board is now linked with Dorset Strategic Partnership through its Health and Well Being Sub-Group which has the potential to develop its role and influence”.

What we will do to make improvements

In partnership with Dorset People First and the Family Carers Forum it was agreed to set three targets for each of ten Valuing People priority areas. These were presented in draft to the January 2009 LDPB and will be confirmed at the April 2009 meeting for year 2009/10. They will be reviewed and updated annually.

Lead: DCC Strategic Commissioning Manager. **Timescale:** Achieved **Resources:** None

Other action we will take

The meeting arrangements for the Partnership Board have been organised so that representatives from the relevant sub-groups or specialist areas attend a Dorset People First Forum meeting within the month prior to the main Partnership Board at which their topic is discussed. This allows time for the Forum to ask more questions, to think about the topic in advance and to prepare for the discussion at the main meeting. People who are going to meet the Forum are encouraged to send to Dorset People First in advance a simply worded briefing paper to cover three questions about their subject/service: “where are we now?”, “where do we want to be?” and “how are we going to get there”, with a focus on the goals for the two years ahead. These goals are then reviewed at the next meeting covering their topic (each of the interest areas will be covered at least once every two years). In addition, regular briefings are given to Dorset People First on key issues by the Strategic Commissioning Manager and LDPB Project Officer so that they are fully informed. In this way, Dorset People First is able to hold the commissioning organisations to account for progress in strategy implementation.

It is our aim to build a similar partnership with the newly formed Family Carer Forum. We take a whole family approach to our services, but recognise the individuality each has and the sensitive support that is needed to foster a healthy relationship between an adult and their parent/s.

Update January 2010 Status: Green

- The 2008/9 LDPB annual report includes 30 targets that will be monitored and progress fed back to LDPB.
- Two Changing Places established in Dorset with plans for a third in 2010.

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Glossary	
Assertive Outreach	A team of nurses, psychologists and other professions who can provide extra support for people with challenging behaviours and complex needs.
Campus Provision	Provides long-term care 1. Are through the NHS, in conjunction with NHS ownership/management of housing (residents do not have an independent landlord and housing rights). 2. Is commissioned by the NHS. 3. Includes people who have been in assessment and treatment beds more than 18 months who are not compulsorily detained or undergoing a recognised and validated treatment programme. 4. People living in such accommodation are technically and legally NHS patients.
Care Management	A process where by an individuals needs are assessed and evaluated, eligibility for service is determined, care plans are drafted and implemented and needs are monitored and re-assessed.
Care Manager	A practitioner who, as part of their role undertakes care management.
Care Pathways	A method of organising all of the care a person receives from different professionals and organisations, to make sure it is coordinated.
Care planning	A plan outlining support and care needs for the person. This plan must include the whole person including health needs, emotional well being, employment and leisure. A care plan must be regularly reviewed with the individual and multidisciplinary team if appropriate.
Contingency planning	Plans which are developed for the purpose of 'back up' where the planning factors (e.g. scope, forces, destination, risks, area of responsibility etc.) have been identified or can be assumed. These plans are produced in as much

	detail as possible, including what is needed and how to do it, as a basis for future planning.
Continuing Care Funding	Fully funded care for people who do not require care in an NHS acute hospital, but who nevertheless require a high degree of ongoing health care. Anybody can qualify for NHS continuing care funding if their needs satisfy eligibility criteria.
Care Programme Approach	A plan of care for people receiving mental health services or support from more than one professional.
Commissioning	Commissioners understand people's needs now and how to plan for the future. They are able to shape services that are fair, of good quality and change in accordance with people's needs and wishes. Commissioners use the resources they have in the most effective ways to ensure that localities have the capacity to meet people's needs and wishes. Commissioning includes a range of activities, such as: <ul style="list-style-type: none"> ▪ Knowing what services people need to live a good life ▪ Using this knowledge to plan changes for the whole local area ▪ Taking action to change services where they are not good enough ▪ Paying for services to meet individual needs ▪ Checking that outcomes from services are of a good quality and changing services and plans if needed
Digital Storytelling	Films of people's lives.
Direct Payments	Local council payments for people who have been assessed as eligible for help from social services and who would like to arrange and pay for their own care and support services instead of getting them from the council.
Families Leading Planning	A training course for family carers.
Forensic Services	Services offered to people who are likely to become a danger to themselves or others and as a result have been or likely to be in contact with the law
Gap analysis	The difference between what is needed and what is available. The difference between where you are and where you want to be.
Health Action Plans	A Health Action Plan (HAP) details the actions needed to maintain and improve the health of an individual and any help needed to accomplish these. It is a mechanism to link the individual and the range of services and supports they need, if they are to have better health. Health Action Plans need to be supported by wider changes that assist and sustain this individual approach. The Plan is primarily for the person with learning disabilities and is usually co-produced with them.
Health facilitator	Someone to help support and navigate people through the NHS to access the best and most appropriate healthcare. Health Facilitation involves both casework to help people access mainstream services and also development work within mainstream services to help all parts of the NHS to develop the necessary skills.
Independent Advocacy services	Services which support a person with learning disabilities either as an individual or as a group to raise issues with councils or Primary Care Trusts when making decisions about situations which directly affect their life.
Independent provider	Any private, voluntary, or not for profit provider that physically delivers health or social care services.
Joint Strategic Needs Assessment	A process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness. Joint Strategic Needs Assessment identifies 'the big

	picture' in terms of the health and wellbeing needs and inequalities of a local population.
Learning Disability Development Fund	Money from the government to pay for some of the new ways of working in the Valuing People strategy. Learning Disability Partnership Boards influence locally the way in which this money is spent.
Learning Disability Partnership Board	The Board brings together council departments, health services and other sectors that give people with learning disabilities support. This means that everyone can share information about what is happening in the local area. Partnership Boards are to take responsibility for local delivery of the Valuing People strategy, led by the local Council and with the active participation of all key stakeholders.
Local Area Agreement	Three-year funding arrangement between central Government and a local area, as represented by a Local Strategic Partnership (LSP). The LSP will set out a plan of priorities for its area, in return for greater flexibility of funding streams.
Out of Area Placement	Adult social services and or Primary Care Trusts commission placements of individuals from the council area in provision outside of the council geographical area.
Patient Advice Liaison Service	A service to help patients, their families and carers, to find answers to questions or concerns regarding the care or treatment they receive from all NHS services.
People and Places	Computer software that provides a social networking site for people with a learning disability.
People with Learning disability and complex needs	<p>For this review the definition of people with learning disabilities and complex needs are : 16 years old and over, and experience difficulties because of:</p> <ul style="list-style-type: none"> • The extent of their intellectual impairment, • Having physical disabilities which severely affect their ability to be independent • Having sensory disabilities, which severely affect their ability to be independent • Having a combination of physical and/or sensory disabilities • Any behaviour that can severely challenge services • Having a form of autistic spectrum disorder • Having complex health needs • Having enduring mental health needs • Having a forensic history. <p>And their needs require health or social care organisations to provide ongoing support and assistance, no matter how this is funded.</p>
Person centred approaches	<p>Person centred approaches look at the whole of the person and the whole of their lives, support networks, family, friends, health, leisure, education and employment needs.</p> <p>Person centred approaches are based on the ownership of the planning process by the individual with learning disabilities.</p>
Person centred planning	<p>Person Centred Planning means putting the person at the centre of planning for their lives and at the centre of the services they receive.</p> <p>Person centred planning is about:</p> <ul style="list-style-type: none"> • Listening to and learning about what people want from their lives • Helping people to think about what they want now and in the future • Family, friends, professionals and services working together with the person to make this happen.
Personal	Cash payments allocated by Local Authority Social Care Services so people

Budgets (Personalisation)	can buy their own support. They are more flexible than Direct Payments in that individuals can "mix 'n' match" with Local Authority support and, if signed off in a support plan, can buy non-social care services. The Dorset pilot started 3 December 2008.
Pricing Tool	An assessment that can be used by social workers and providers to estimate the cost of accommodation and support.
Safeguarding people arrangements	The systems, processes and practices in place to safeguard people from abuse. Councils lead and coordinate local arrangements with partner organisations.
Self directed support	People who are eligible for social care knowing what they are entitled to and controlling the way they use their money to get the support they need in they way they want it.
Strategic planning	Strategic planning is an organisation's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy, including its capital and people.
Supervision	A structure by which management oversees the performance or operation of a person or group.
Transition	When someone moves from one time in their life into another. For instance, when children are moving into adulthood, adults move in to older adult services. It can also mean when people have major changes in their life, for instance when some one moves home.

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Commissioning Specialist Healthcare for Adults with a Learning Disability (Department of Health, October 2007)
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