

# ACTIVITY CARDS



## JOINT COMMISSIONING MANAGER FOR LEARNING DISABILITIES

**(YOU WILL BE CHAIRING THE MEETING – It is your role to ensure that the group come to some kind of consensus or agreement by the end of the meeting).**

You are well-established in your role and know many of the people present well, but you have had to work hard in recent months to redeem the difficulties created by the first phase of fee negotiations, and sustain the strong working relationship with the provider sector. You are keen to demonstrate at this meeting that the commitment to a different approach was genuine, but this is in considerable tension for you with the need to drive an effective change and savings programme to meet the goals set by the council and NHS through the Health and Wellbeing Board.

Your cabinet member has adopted the mantra “right service, right duration, right cost.” Your intention is that this session should reflect the strategy’s aim for long-term transformational change despite the need for immediate spending reductions. You are hopeful that the widespread awareness of expenditure reductions in local government and health will take the discussions onto new ground, and want to promote connections between different providers so that they offer joined-up services. You also see an opportunity and a necessity to tackle the “over-provision” of support to lower need people who use services in conventional residential settings, both for reasons of cost and of personal opportunity for them.



## CLINICAL COMMISSIONING GROUP (CCG) REPRESENTATIVE

You are the designated lead for learning disabilities (LD) for the emerging CCG. You are a GP with a career-long interest in LD, and have a 30-year-old son with learning disabilities who is placed with Provider 2. You currently provide services to several LD accommodation settings, both traditional and more independent.

You are therefore very familiar with the community aspects of the services and the regular challenges of supporting people successfully to live in local neighbourhoods, but are a strong supporter of this approach. You are much less familiar with the more strategic aspects of commissioning or the issues about high-cost placements and are relatively new to these kinds of strategic discussions.



## INDEPENDENT CARE PROVIDER REPRESENTATIVES

All the provider representatives are concerned about how the costs of development to meet new needs and expectations will be met as the commissioners are under severe pressure. They know that banks are currently reluctant to invest in care businesses and charitable giving is also affected by the recession.



### PROVIDER 1

You are the local manager for a middle-sized, not-for-profit care provider that has a group of services across the area, which you have mostly developed away from traditional residential models into a range of supported living settings. You are also very involved in the local Care Providers Association (CPA) and lead for them on learning disability (LD) issues, so were very involved with the fees issue. You are also alert to political views through participating in quarterly CPA meetings with the director of adult services and cabinet member.

You are keen to influence and participate in the re-shaping of LD services and believe positive change can be achieved even with reduced resources, but will want to ensure that prices remain realistic. You want to ensure the commissioners are held to their agreement to involve providers fully in the next phase of development and savings. In response to a positive approach from the commissioners in these discussions, the CPA will be happy to support the change process through training and awareness raising sessions with providers, including strategies for achieving efficiencies.



### PROVIDER 2

You are the owner of a small cluster of group homes and a craft centre which offer fairly conventional models of care to a long-established resident group. You are very cautious about moving away from what has been a stable business model for you.

Your clients are very satisfied with the service and many of your residents' family carers would not want to take the risk of more independent living arrangements for their offspring. You are also concerned that greater choice in day occupation will threaten the craft centre's viability.

Case reviews are now raising the expectation of a more person-centred approach to care and a stronger voice and choice for the resident in organising their lives and this is challenging to your approach. While you were not directly affected by the high cost placements initiative, care managers are questioning whether some of your more able residents need the level of support being provided.



## PROVIDER 3

You represent small local voluntary organisations working in learning disability (LD) support: drop in, carer support, employment projects, access to leisure etc.

You and your colleagues can see a growing role for your range of services and support in this changing environment, but are concerned that the costs of co-ordinating and delivering them will not be recognised in the pressure to make savings. You have heard a councillor recently inaccurately describing voluntary organisations as entirely staffed with volunteers and not recognising the costs involved. You are very committed to improving choice, personalisation and normalisation, but you are not very experienced in strategic discussions of this sort. You would like part of the development plan to be specifically focussed on the role of local support and community responses.



## LOCAL AUTHORITY PROVIDER

You manage the remaining council learning disability resources which consist of a small number of respite beds and several day services, which have developed substantially from building based services into more diverse patterns of support.

You are an effective and experienced manager and a real problem solver, who has seen complex staff groups through a variety of changes, so you are ready to tackle this latest challenge. But you do wonder where more money can be taken out of an already over-stretched service. You will be a positive participant in the meeting, both listening and contributing, but will want to ensure that the plans for day occupation keep some focus on the most complex and dependent people who use services. You have some good links already with the local voluntary groups and are keen to build on them.





## PEOPLE WHO USE SERVICES REPRESENTATIVE/ADVOCATE

You are experienced members of the Learning Disabilities Partnership Board and think that it has been going well, but too slowly as a good way for people to have a say about what it means to have a learning disability and what are the best things to help.

You were pleased about taking part in creating the strategy but want the next steps to be a proper joint task with people who use services leadership and their ideas and human rights at its heart. You are speaking for different sorts of people who use services. Many of them want to live their lives within ordinary communities and do the same things as everyone else does, but some are scared by the idea of change or are very disabled so need very high levels of care and support. You want to make sure that all these different people are involved somehow and their needs are met. You want the council to offer people who use services different ways of creating their person-centred plan, such as the use of video/ audio recordings.



## CARER REPRESENTATIVE/ADVOCATE

There will be more than one viewpoint represented from among:

- Those advocating strongly for their relative's right to have the same opportunities and choices as other people of similar age
- Those who see the need for change but want assurances about how the risks of more independent living will be managed
- Those who are family employers, managing self-directed support for their relative
- Those who do not wish to see any change in conventional care arrangements for their relative, and are not sure it is appropriate for them to have a stronger voice and choice in these arrangements.





## HOUSING PROVIDER

You are the housing provider representative and want to ensure that all the views of registered social landlords (RSL) are represented. The RSL you work for has a number of Supported Housing units, some of which you provide the care and support to the tenants, but mostly you have an agreement with a local care provider to provide the care and support function as well as holding housing management agreements.

Your concern is that some of the Supported Housing units are congregate living settings, if your tenants were to move on into more independent settings leaving voids that take time to fill or if a complete service redesign were to be undertaken, you will lose rental income.

From experience, you know that people with learning disabilities are unlikely to be able to move into a scheme after just one viewing, as others do such as those with mental health issues. You would like to see some more general needs type housing options used for people with learning disabilities, but you feel currently there is not the local experience and knowledge to provide support on a more peripatetic basis. This is putting tenancies and tenants at risk.

You are also concerned about the perception that Assistive Technology is the answer to everything, without real thought taken around cost. You are also concerned about having an accurate mapping exercise carried out to help plan for future housing need.

