Report of the
Learning Disability Resettlement
Strategic Planning Summit
held on 4th July 2023

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1. INTRODUCTION

Brendan Whittle, Director of Community Care, Strategic Planning and Performance Group (SPPG), DoH, opened the Summit, welcoming the broad range of attendees. Brendan set the scene for the day, providing a background to the Summit.

The Independent Review of the Learning Disability Resettlement Programme in Northern Ireland reported in July 2022. The then Health Minister Robin Swann accepted all of the recommendations of the review team, and work is underway to implement these. One of the recommendations of the review team was that *'*Strategic commissioners within health and care and housing should convene a summit with NIHE, Trusts, Independent Sector representatives, and user/carer representation to review the current resettlement programmes so that there is an agreed refreshed programme and explicit project plan for regional resettlement.*'*

The SPPG convened this Summit as a key step towards implementation of that recommendation.

The **purpose** of the summit was to facilitate strategic conversation, bringing together critical perspectives (service users, carers, independent and statutory providers and service commissioners) to confirm the strategic issues affecting current resettlement programmes with a view to exploring potential solutions and agreeing a process for the development of a collective approach. The Summit programme is attached as **Appendix One**.

Brendan focused participants on the collective outcomes set for the day:

- ☐ A shared understanding of the strategic issues affecting the successful implementation of a refreshed resettlement programme.
- ☐ Recognition of what has been achieved and understanding of what still needs to be achieved.
- ☐ Exploration of potential solutions to these strategic issues (including accommodation and service provision).
- ☐ Commitment to a process (principles and outline) that will facilitate development of a collective approach to implementation, with appropriate care and support to enable people with a learning disability to remain living in their localities.

2. THE COLLECTIVE AGENDA

Irene Hewitt, Associate Consultant, HSC Leadership Centre, followed Brandan's presentation by asking participants to share their hopes for the Summit: what would make the Summit a success for them. Irene referred to the range of expectations, advising that alongside the formal outcomes set, these form a collective agenda, a broad set of hopes that participants have come with. These fit well with the overall purpose and will inform the work beyond the summit. Please note that participant hopes have been illustrated

in a Word Cloud (see cover page) and are themed below. The full list is included as **Appendix Two**. Participants hoped for:

- ☐ **Renewed confidence** - that people awaiting their forever home can happen sooner rather than a dream that isn't achievable. A future where no one will call a hospital their home.
- ☐ **Remember the person** - Remember that an individual and their family are in the middle of our conversations.
- ☐ **Hear the individual and carer experience** – listen and consider how this will shape policy and service delivery. Place lived experience at the centre of plans and decision making,
- ☐ **Take a system wide approach** – provide clarity around strategic direction.
- ☐ **Develop a road map of agreed actions** (clear plan) – a clear plan on how we will resettle our long stay patients, meet future accommodation needs and remove a postcode lottery.
- ☐ **Clarify roles and responsibilities** – across stakeholders.
- ☐ **Better understanding of the housing pathway and processes** - how healthcare and housing professionals can work together to provide suitable and sustainable housing for individuals.
- ☐ **Better understanding of the issues across Learning Disability** within the whole HSC and beyond to agree a better way forward.
- ☐ **Renewed focus and impetus for action** - fixing the system. Be solution focused - better understanding and plan to deal with the urgent issues. Cut through the practical issues that act as barriers to resettlement.
- ☐ **Develop clear pathways** meeting the needs of transition across the life cycle and providing assurance that people with learning disability have a defined/clear pathway through healthcare.
- ☐ **Better understanding of workforce challenges** and how to address these.
- ☐ **Strengthened collaboration** - commitment to work and act together to move forward.
- ☐ **Learn, Learn, Learn** about Learning Disability.
- ☐ **Be transparent.**

A list of participants is attached as **Appendix Three**.

3. WHERE ARE WE NOW?

3.1 A Lived Experience

David Munster shared a collective perspective on behalf of Carers involved in the Engagement Platform supported by the Patient and Client Council.

David described the main issues affecting carers with regard to resettlement as:
- ☐ **Distance** - keeping loved ones as close to home as possible and part of a local community.

- ☐ **Day Centres** – where possible maintaining existing positive links in the community.
- ☐ **Well trained and caring staff** should be the standard (involve families in staff recruitment, training etc.)
- ☐ **Choice** – carers feel that there is little choice in what is offered and therefore may be uncomfortable in taking the only resettlement on offer.
- ☐ **Disempowerment** – choices are made for us, and we often don't hear until the last minute. We should be part of the conversation.
- ☐ **Communication** – this can be the biggest barrier to a successful resettlement or transition. Listen to us – we are the leading experts on the person we care for and know how to manage and navigate their stress and concerns.
- ☐ **Planning** – a well communicated and detailed plan can make any resettlement or transition an easier journey. Many Trusts have excellent policies and plans, but the real journey has often been very different, and assurances given are not fulfilled.

In conclusion, David welcomed the opportunity to speak at the Summit, and on behalf of Carers hoped that this was not a one-off opportunity but instead the beginning of a journey working together to improve the world for those with additional needs.

The final thought for participants was about **Understanding**. We all wish to be treated with dignity, respect and compassion, and it is important to understand that at the end of all the decisions that need to be made is a person, a daughter or a son and a family. David urged participants to keep this in mind throughout conversations at the Summit and in future planning.

3.2 Learning from the Independent Review of the Learning Disability Resettlement programme

Bria Mongan presented learning from the Review of the Learning Disability Programme, on behalf of the Independent Review Team, which also included Ian Sutherland.

Some key messages from Bria's presentation included:
- ☐ Progress has been made, but more needs to be done.
- ☐ The system has demonstrated an ability to step up, but the good practice needs shared and extended.
- ☐ Committed and caring staff have worked in challenging circumstances.
- ☐ The Review Team primarily looked at Muckamore Abbey Hospital, they also considered Dorsy Unit (Southern HSC Trust) and Lakeview (Western HSC Trust). Whilst Children's services were beyond the scope of the Review, there needs to be attention given to a lifecycle approach.

Bria and Ian met with current and former families. The strong message from families with experience of successful resettlement was 'Just get resettlement done'.

The Review Team did not see evidence of lived experience being effectively utilised to support current families.

The strategic driver for change continues to be the Bamford Review of Mental Health and Learning Disability. Equal Lives: Review of Policy and Services for people with a Learning Disability in Northern Ireland, 2005, published as part of Bamford, sets out a compelling vision, and the values and principles of the Review are still sound, however, there needs to be a refresh regarding the future of Learning Disability hospitals. Keeping people in hospital when they don't need to be there has care, legal and ethical implications.

Learning from the Independent Review included:

- ☐ Importance of ongoing involvement of families, carers and Service Users as 'Experts by Experience.'
- ☐ Focus on hospital avoidance.
- ☐ Value of Positive Behaviours Support (PBS) approaches.
- ☐ Relationships are critical.
- ☐ Learn from the good examples and best practice here and elsewhere e.g., development of Schemes in Northern and South Eastern HSC Trusts.
- ☐ System wide inertia had developed along with poor communication - these need guarded against.
- ☐ There was no overarching strategic plan for the resettlement of the remaining patients – monitor the plans.
- ☐ There was a lack of clarity in accountability and decision making.
- ☐ There was a lack of joint strategic commissioning between HSCB and NIHE.
- ☐ Performance monitoring rather than performance managing.
- ☐ Trust Boards were not sufficiently sighted.
- ☐ There are plenty of useful guides to strategic commissioning – Don't reinvent – use what is proven,
- ☐ Information rich but data poor – need better collation and understanding of data. The need to better understand supply and distribution of services, including accommodation options. Availability was generally historic rather than planned and there were vacancies across the region, but little analysis.
- ☐ An overarching pathway that maps out who does what at critical stages of the resettlement process is required across all stakeholders.
- ☐ Review and standardisation of the regional care planning pathway and assessment tools for people with learning disability/ ASD should be progressed.
- ☐ Essential Lifestyle Plan should be developed for each patient.
- ☐ Discharge planning should be led by the 'owning' Trust - a 'pulling out' <u>not</u> a 'pushing out'.
- ☐ A one Team approach, genuine collaboration, is the way forward.

Regarding accommodation, Bria challenged participants to think about what is available and can be used now, perhaps differently, rather than waiting for new build i.e., What is available? What can be reimagined?

Bria acknowledged that progress has been made on Recommendations in the Review. There is more to do. She welcomed the Summit, and the opportunity to have a different type of conversation together.

3.3   NI Overview and Oversight – Policy and Context

Nigel Chambers, Head of Learning Disability Policy Unit, DoH, described his Team as having a lead role in coordinating and delivering the Department's strategic plan for learning disability. The Team seeks to address a range of long-standing and systemic challenges across services for both children and adults.

In terms of context, Nigel noted two longstanding issues:
☐ Most adults with learning disabilities live in the family home. This does not always reflect choice but rather an absence of choice throughout adulthood. A person's living arrangements will have significant implications for their assessment of need, the HSC services they draw on and their potential to access mainstream public services and wider society.
☐ Limited availability of suitable accommodation is a contributing factor to unnecessary admissions to inpatient settings and a key barrier to timely discharge. This is not unique to Northern Ireland.

In January 2023, the DoH's Top Management Group (TMG) approved a strategic plan for learning disability, with an ambitious programme of work leading to two products:

  I.   Learning Disability Service Model: A regional consistent approach to better enable commissioners to deliver the right blend of services for Adults with a Learning Disability and deliver on the aspirations of Equal Lives.
  II.   Children with Disabilities Framework: A strategic response to growing pressures in social care services for children with a disability.

Both pieces of work are being progressed through the lens of 'transitions', that is, predictable points across the life cycle, from pre-school to leaving school, moving into own home, entering residential care etc.

Nigel noted that resettlement and housing cannot be navigated by one Agency. How we commission services and how we enable people to live independently requires effective collaboration and a blend of services delivered by Education, Health, Communities, Housing, Economy and Infrastructure.

Nigel outlined progress to date including the establishment of a Task and Finish Group to progress the work on a phased basis:

Phase One: Research and Evidence - Understanding population challenges and need, and the capacity/availability of services to meet that need.
Phase Two: Stakeholder Engagement. The clear direction is to bring the people and the evidence together, to identify the strategic actions required to deliver the service model.
Phase 3: Costing the Learning Disability Service Model – Assessing the full costs of implementation over a ten-year period, with a 'spend to save' perspective.
Phase 4: Public consultation and consideration -
by the Minister/Permanent Secretary.

Successful progress will require collaborative working by all involved and a strong interface between Health and Housing.

Nigel then shared learning arising from the initial review of evidence and research.

Learning included:
- ☐ Limited availability and location of suitable accommodation.
- ☐ Lack of support networks to enable independent living. There needs to be a continuity of support. Recruitment, retention and training all critical here.
- ☐ Lacking transition options – a transition plan is only as good as the services that can deliver it. Health, Housing, Transport, Education, Community etc. must work together to enable transitions e.g., Plans for a 14-year-old are impractical if the services are not there for them).
- ☐ Stigma and discrimination – individuals often face prejudices that undermine their self-esteem and limit their opportunities for social and economic participation.

Solutions include:
- ☐ Affordable and accessible housing.
- ☐ Person centred planning should be front and central and involve the family.
- ☐ Location and access to community services.
- ☐ Continuity of support.
- ☐ Workforce – right skills mix to ensure person centred approaches are implemented. (A challenge is the current low pay of workforce).
- ☐ Enhanced transition planning to ensure necessary support and resources during the resettlement period.
- ☐ Robust management and governance – accountability to expedite discharge from long-stay hospital and to maintain standards of care within each individual scheme.

Nigel concluded that evidence points to a broad range of interventions that can be delivered collaboratively to better enable choice for people with a learning disability.

3.4 NI Overview and Oversight – Regional Oversight Board

Dr Patricia Donnelly, Chair, Regional Resettlement Oversight Board, welcomed the opportunity for joint working and joint problem solving.

Patricia described the purpose of the Oversight Board including providing assurance to the Department on the progress of the resettlement programme, effective performance management, and effective monitoring and challenge, as part of the accountability process for those responsible for providing resettlement services.

The overall focus is to ensure that resettlement is expedited, and the resettlement programme is brought to a successful conclusion for individuals and their families. Patricia updated participants on progress. In summer 2022, 36 people with Learning Disability were still resident at Muckamore Abbey Hospital. By 1st July 2023, 10 residents had been successfully resettled. Of the remaining 26 people, 22 have detailed plans for resettlement. Further work is underway including major engagement with providers and individuals, considering what providers are proposing and the refined needs of individuals.

Challenges include:
- ☐ Planning needs to be done on an individual basis.
- ☐ Identification, agreement & preparation for placements
- ☐ There can be different views on best interests (individual, clinical, family, advocate, management).
- ☐ An individual's needs may change during planning – so continuous reassessment.
- ☐ Assessments vary.
- ☐ Priorities vary.
- ☐ Continuity of care and support is essential.
- ☐ Demands for placements outside MAH resettlement, need to be considered.
- ☐ Workforce issues - difficulties in recruitment for statutory and independent providers (morale of workforce affected by high profile, painful stories.)
- ☐ Complex refurbishments and delays in critical supplies.
- ☐ Long waiting times.

Patricia summarised **lessons learnt** as follows:

- ☐ Resettlement is a major life event - it is natural to be excited by resettlement and still have anxiety around it – individuals need support through this.
- ☐ Life cycle changes are predictable.
- ☐ Be prepared for the unexpected.
- ☐ Needs change.
- ☐ Communication is crucial and relationships matter.
- ☐ Understanding obstacles.
- ☐ Trusts and providers working closely with residents and families.

☐ Ensure wrap around support.
☐ It takes longer than you think…and then longer again.

Finally, Patricia welcomed the opportunity to work with the broad range of stakeholders present and looked forward to the outputs of the Summit.

3.5   The Supporting People Programme

Alistair Mawhinney, Supporting People, Assistant Director, Northern Ireland Housing Executive (NIHE), provided background to the work of the Executive and the Supporting People Programme.

NIHE is one of the largest social landlords in Europe, managing 84000 properties. There are two distinct strands to NIHE: the Landlord Role and the Regional Services/Strategic Housing Authority Role.

When placing individuals, the Housing Executive work to ensure that needs are considered. Housing solutions for people with learning disabilities may include:

☐ General Needs accommodation. Allocated on basis of points.
☐ Bespoke Supported Housing schemes. Allocated without reference to points.
☐ Adaptations
☐ Supporting People Programme
☐ Social Housing Development Programme

NIHE administer the Supporting People Programme on behalf of the Department for Communities (DfC). The Programme helps people live independently in the community and focuses on four thematic areas: working with people who are experiencing homelessness, young people, older people, and people with a disability (including mental health and learning disabilities).

The Programme grant funds delivery partners providing housing support services for up to 19000 people across Northern Ireland. Currently 138 schemes are supported for people with learning disability, providing 1426 units through 24 providers.

Alastair also explained the Social Housing Development Programme. Where accommodation-based services are required, there may be Capital funding available through the Housing Association Grant and delivered by Housing Associations through the Social Housing Development Programme.

In 2020, the Supporting People Programme undertook a Strategic Needs Assessment for all thematic areas. This concluded that there was a lack of suitable accommodation for individuals with Learning Disability and increased complexity of need.

Alastair summarised **the challenges** from an NIHE perspective as:

☐ Budget - Between 2013-2017 there had been a large scale coordinated approach to resettlement from both DoH and DfC, with an associated budget. There are now significant constraints on budget.

☐ Health or Housing - Due to the complexity of needs and level of specialist care required, it is challenging to determine if provision falls under the remit of the Housing Executive or Health and Social Care.

☐ Inconsistency - There is also an inconsistent approach from Trusts which may indicate their different understanding of whether the needs are to be met in part by Housing or Health in their entirety.

3.6   Independent Providers' Perspective

Leslie-Anne Newton, Northern Ireland Director, Association for Real Change (ARC), began her presentation with a video entitled 'What Home means to me.' Under the auspices of ARC NI, the video is part of the Telling IT Like IT Is (TILII) project – a group of adults with a learning disability keen to have their voices heard. The work originated out of the resettlement agenda.

Powerful messages from these young adults included:
☐ Importance of home, not house or accommodation – home.
☐ Different aspirations for their forever homes.
☐ Importance of choice and involvement.

Leslie-Anne then shared a collective perspective on behalf of providers summarising **the challenges of resettlement** as:

☐ Workforce – Leslie-Anne acknowledged the commitment and care given by staff currently. However, workforce is an issue – lack of available staff and skills are compounded by low pay. Low pay also signals how staff feel valued and affects morale.

☐ Commissioning model.

☐ Funding and sustainability.

☐ Partnership and planning – providers should be involved as key stakeholders and contribute to plans, rather than communicated with after decisions are made.

☐ Community services – universal and specialist.

Leslie-Anne also referred to the vision set out in Equal Lives and the principle of equity. Providers welcome the opportunity to join in these important conversations.

4.   THE ISSUES

Further to the presentations, participants were asked to reflect and identify the strategic issues affecting implementation of the resettlement programme. Participants worked in ten groups and focused on answering the following:

The Issues- What are the strategic issues affecting implementation?
The Why- Why has the issue been difficult to resolve? What's involved?
The Questions - Change the issues into 'How to…" questions to be resolved.

A full write-up of all ten groups is attached at **Appendix Four**.

Issues by theme included:

☐ **Involving service users and carers as experts** – enabling the user voice and advocacy; aging carers. Basic needs not well met over a prolonged period, including communication, feeling safe, health and social opportunities.

☐ **Developing community infrastructure** – community provision to reduce unnecessary hospital admission (availability of community transport).

☐ **Funding and sustainability** – complexity of funding streams and challenge of aligning them around the needs of an individual. Links to commissioning, regional rates for packages, workforce and leadership.

☐ **Workforce** (Low pay, benefits, career progression, risk, supply, the 'chill factor', stress, integration - building whole teams across statutory and non-statutory).

☐ **Commissioning and procurement** –fragmented, inconsistent, service centred rather than person-centred; strategic planning needs to be joined up. Crisis management and prioritisation of service.

☐ **Transitions planning** – Taking a life cycle approach and planning well for the transitions. Plan early, and consider prevention, crisis-response, Step-up Step-down, intensive support.

☐ **Home - housing stock and pathways**, local options enabling sustained family and community connections; demand exceeds capacity, variance in service provision.

☐ **A regional approach** – There is a lack of joined up working. Need a shared multi- agency, multi-stakeholder understanding of need and resources, a shared narrative and joint working. Fragmented services and silo working. Unclear remits, roles and boundaries.

☐ **Variance in service provision** across Trusts –regional consistency.

☐ **Accessing and utilising information**, learning, data and intelligence – gaps in our knowledge of what's out there, in terms if approaches and resources. Shared learning and best practice.

☐ **Accountability** – everyone has a role and responsibilities. Understanding of roles and collective accountability.

5. THE WAY FORWARD

Randal McHugh, SPPG, DoH, summarised the themes from the morning's group work. The purpose of the afternoon session was to further explore each of these themes with a view to identifying solutions.

It was agreed that the round table discussions would focus on the first seven themes noted above. The remaining themes (a regional approach, variance in provision, accessing and utilising information and accountability) are cross cutting and were picked up throughout the afternoon discussions.

There were three rounds of discussion. Each Theme had a Host. It was the Host's responsibility to gather the key points from each of the three groups who joined them.

The Hosts then fed back on behalf of their groups. Discussion generally followed three questions:
1. What does this cover? (Understanding of what the issue is?)
2. How to resolve the issues (What? Where? Who? How?)
3. What needs to happen in the next 6 months (Advice on action?)

5.1 Theme 1: Involving Service Users and Carers as Experts

Host: Jackie Kelly, Patient and Client Council

Includes Person Centred Planning (PCP) & Positive Behaviour Support (PBS)

What needs to happen?

- ☐ Cut out the middle man/second hand information. Often, we speak to the Social Worker who then goes to the Panel etc. and we can end up with something we don't need/want.
- ☐ Ongoing review process and care and support involving family and service user.
- ☐ Explore the availability of advocacy for Service Users and Carers, if necessary.
- ☐ Focus on access and understanding of rights. These cannot be forgotten.
- ☐ Assessment Planning and Action ahead of time – the information exists we now need to use it.
- ☐ If we are giving feedback this needs to be used and impactful.
- ☐ Replicate best practice, no more postcode lottery, shared communication.
- ☐ Understanding on constraints and flexibility for inclusion.
- ☐ We need to make sure that the service users voice is heard and not paid lip service to.
- ☐ We need to ensure support is not lost in care.
- ☐ We need to reach the people who are not able to speak for themselves.
- ☐ We need to get over our fear of having conversations.
- ☐ 'A little of what we do want, is better than a lot of what we don't want.'

- ☐ Demystify 'involvement', this can be less formal or patronising.
- ☐ Fair engagement of opportunity for all.

In the next six months the group proposed the following actions:

- ☐ Identify and share resources already available and build a stronger foundation.
- ☐ Look at all available information – Evaluate the services needed and secure funds/staff with a mind to future planning.
- ☐ Seize opportunity to share specific needs. So much can be lost in translation and being 3,4,5 steps removed from decision makers is meaning vital information is lost.
- ☐ Maintain ongoing engagement and open communication with decision makers. Lack of communication can feel as though we are being kept in the dark.
- ☐ Explore available advocacy services and potential for commissioning.
- ☐ More support for unpaid carers. If they fall, the workforce can't support it. They are the best and cheapest in this role. Help us keep it.
- ☐ Where are we in relation to reviewing successful resettlement, so we can share the learning?
- ☐ Avoid the crisis model, ensuring open communication. Crisis Response is required and is essential to prevent placement breakdown and hospital admission. However, communication should be ongoing and not crisis led.
- ☐ Where is today joining up with other Policy works?
- ☐ The responsibility lies with everyone to ensure open communication.

5.2 Theme 2: Developing Community Infrastructure

Host: Caroline McGonigle, Social Care Lead MHLD, SPPG

What needs to happen?

- ☐ Acknowledge the importance of community provision to reduce unnecessary hospital admission, facilitate discharge and enable people to live at home.
- ☐ Work has started to benchmark provision. Consider available community provision and the variance in access. Look at other parts of the system, and the evidence, with a view to a regional approach. Consider workforce ramifications and housing solutions from other areas.
- ☐ Consider the draft Community Based Assessment and Rehabilitation Services (CART Proposal) completed as part of the Task and Finish Group (HSCB/SPPG, Trusts, DoH). The CART proposal requires consideration in line with the Learning Disability Services Model
- ☐ Consider what can be done, funding permitting and with regional consistency.
- ☐ Links to community transport – reinforces the need for robust investment in infrastructure.

- ☐ Facilitate joint planning and working - ensure on-going strategic conversations linked to the LD Service Model and LD Strategic Action Plan.
- ☐ Clarify available funding.
- ☐ Share information on what is available and what has worked - use this to create a menu to deal with complex needs (sufficient placements, single occupancy etc.)
- ☐ Build options into housing pathway.
- ☐ Consider how we can link with Area Supporting People Partnerships – the partnerships have information on local needs and supported locality planning.
- ☐ Data collection linked to Encompass.
- ☐ Positive Behaviour Support (PBS) – a regional approach should be fostered, with a continuum of wrap around support for individuals in the community. This is integral to person-centred planning.
- ☐ Develop plans for a community forensic infrastructure.

5.3 Theme 3: Funding and Sustainability (including Value for Money and Outcomes)

Host: Nigel Chambers, Head of Learning Disability Policy Unit, DoH.

This group summarised **the scope** of the issue to include:

- ☐ Finite budget.
- ☐ Cost of discharge (care packages, workforce). Trying to meet the cost of discharge given budget pressures.
- ☐ Value for money is challenging due to the limited number of providers available. Trusts have nowhere else to go.
- ☐ We don't measure outcomes, Value for Money (VFM) or our learning.
- ☐ Gaps in Performance Management.
- ☐ Different Remits – Policy, Funding, Commissioning.
- ☐ Residents – Benefits – HSC Costs = very limited personal funds – well being
- ☐ Systems – not fully accessing Housing benefit = Supporting People (SP) and HSC pressures
- ☐ Mixed Funding models – Supporting People, 5 HSCT Trusts, Benefits. This leads to duplication and variance in arrangements.
- ☐ Growing complexity of need and historical contracts
- ☐ A static Supporting People budget dilutes HSC uplifts.

What needs to happen?

- ☐ Benchmark the services and cost of care. What are we spending money on? How to invest at an earlier stage? (SPPG, Social Care and Finance; DoH Policy and Finance working together).

- ☐ Rebalancing exercise – Rebalance the Learning Disability Programme of Care spending. Make decisions about what to stop, maintain, start. (Policy/Minister).
- ☐ Look at the funding model (Supporting People, 5 HSCT Trusts, Benefits. This leads to duplication and variance in arrangements). There is a risk that we are not using money well, possible duplication etc.
- ☐ Ensure transparency.
- ☐ Integrated Care Commissioning. – Is HSC more cost effective especially for more complex service users?
- ☐ Macro level engagement.
- ☐ Respect skill sets, knowledge and expertise.
- ☐ Standardised service and cost ceiling.
- ☐ Full cost recovery.
- ☐ Transition – 6-year funding and process (Trust led, dedicated resource.)
- ☐ Trusts to consider review of service users currently placed in statutory services to ensure that they are appropriately placed. Could needs be met elsewhere to free up staff capacity to meet more complex needs?

What can we do in the next 6 months?

- ☐ The budget is stretched, but we should ready ourselves for any incoming money.
- ☐ Undertake Trust financial analysis (led by SPPG)
- ☐ Compare spend, early vs late.
- ☐ Work in collaboration (Domiciliary Care and Supporting People review; clarify potential for pooling of Funds).

5.4   Theme 4: Workforce

Host: Una Cushnahan and Sarah Leitch

The **scope** of Workforce issues include:

- ☐ We don't know what we need.
- ☐ Lack of availability (Junior staff/experienced staff).
- ☐ Salaries are low – minimum wage.
- ☐ Recognise staff that want to work with people.
- ☐ Recruitment and retention of staff.
- ☐ Consider how workforce links to other areas e.g., staff satisfaction, skills, learning and development.
- ☐ Making the care jobs attractive.
- ☐ Political leadership.
- ☐ Culture 'blame' as opposed to the solutions – compassion burnout.
- ☐ Agency staff/Regulations – regional, qualified appropriately, Cost, temporary, budget.
- ☐ Specialist services – does not exist; do not have the specialist posts; training pathways.
- ☐ Quality and safety of care – can be impacted on occasions by workforce issues.

- ☐ Clear roles and responsibilities for staff – sometimes create overlaps.
- ☐ Lack of peer support.
- ☐ Unpaid carers exhausted.
- ☐ Chill factor across the sector at the minute.
- ☐ Workforce is broader than social care, including nursing/health/AHPs/Psychology etc.
- ☐ Resettlement point of view – Community – lowest paid staff/ recognition/training and support e.g., Sweden (more complex).
- ☐ Don't have highly skilled resilient workforce.

What needs to happen?

The following actions were proposed (those marked in italics were noted as urgent):

- ☐ *Make Social Care jobs attractive – Terms and Conditions, and Salary.*
- ☐ *Undertake a Workforce Review/Planning Review – what is the data telling us/joining the dots (5-10 years).*
- ☐ *NISCC – tool box – opened to non-registered staff/Passport (training).*
- ☐ Secure a real living wage (benchmark with Wales)
- ☐ Provide political leadership.
- ☐ Address Retention issues – what would keep you here?
- ☐ Promote a Career pathway for Social Care staff.
- ☐ Recognition/availability of senior staff to maintain and support.
- ☐ Schools/Secondary Education – Career awareness → Pathway.
- ☐ Profiling and promoting.
- ☐ Develop a Peer Support Worker model (similar to Action 33 Mental Health Strategy) – people with lived experience.
- ☐ Provide remuneration for unpaid carers.
- ☐ Facilitate Trauma informed 'self-care' for staff/Reflective.
- ☐ Awareness of 'Practice Leadership' in services.
- ☐ Explore other models e.g., Sweden.
- ☐ Recognition and more skilled staff on the job!

5.5   Theme 5: Commissioning (and Procurement)

Host: Geraldine Hamilton

The **scope** of this area includes:

- ☐ DATA – understand the need – Plan based on evidence.
- ☐ THE PERSON – 'self-directed support (SDS)' – this is the commissioning cycle for the person. Are we buying good quality outcomes for the person? We need more information. This should be needs led, responsive and bespoke.
- ☐ PLANNING - not reactive, regionally consistent.

☐ COMMISSIONING - Buying services on behalf of Government ensuring quality, value and good outcomes. Commissioning happens at different levels (that is, Government; HSC Trust; Person). All different – need to be clear of the differences and what we are resolving.

The Issues affecting Commissioning include:

☐ Confusion, misunderstanding and fragmentation.
☐ There is no commonly understood language.
☐ Lack of clear specification to respond to a person's needs.
☐ Resource doesn't match need – what is the true cost of care?
☐ Person not involved in Plan – 'service centred'.
☐ No regional consistency.
☐ Commissioning 'process' is opaque.
☐ Lack of understanding in statutory services re true cost/how it is delivered.

What can we do?

☐ Better clarity and transparency of process e.g., what is outside of self-directed support (SDS). Is the process appropriate?
☐ Clarify scope of SDS – Revisit the principles and values of SDS. Choice and control. Who's in charge?
☐ When Trust's build a 3–5-year Plan this should be shared and progressed with providers – Integrated Planning.
☐ Better regional oversight.
☐ Use data and information to support understanding of a person's need. Planning and commissioning HAS TO BE BASED on an individual needs.
☐ Social Care Collaborative Forum – recommendations from Resettlement Review to be brought here.
☐ Clear understanding of levels of commissioning and what issues need to be resolved – 3 levels – is commissioning fit for purpose?
☐ Explore the development of quality standards/charter to measure the quality of services being procured.

5.6   Theme 6: Transitions

Host: Siobhan Rogan

The **scope** of this theme includes:

☐ Life stage transitions in a person's life
☐ Transition between services e.g., hospital to home; family home to new home.
☐ In response to emergency (unplanned)).
☐ Healthcare transition.
☐ Social care transition.

- ☐ Inconsistency of access to service by age across different departments (transition from paediatric to adult pathways; from healthcare to housing; from education etc.). There is a six-year period that is particularly difficult as individuals transition through education, health and housing.
- ☐ 'Complex' should not be used to describe an individual's behaviour. Individuals have basic needs in a complex system.

What doesn't go well?

Whilst there are transitions that have gone very well, the group considered what doesn't go well?

- ☐ Significant healthcare needs (Diabetes, Enteral feeding and medication administration, Epilepsy).
- ☐ ASD/ADHD
- ☐ Communication with families and carers regarding adult pathways.
- ☐ Out of family home placement.
- ☐ Forensic needs.
- ☐ Not making adaptations – not giving support early enough.
- ☐ Admission to acute medical services is not always appropriate.
- ☐ Educational approaches.
- ☐ Regulations – understanding of them.
- ☐ Family/carer stress/young carers.
- ☐ Limited choices in children's services with very few residential options for under eighteens.

What can we do in the next six months?

- ☐ Focus on clarifying regulations, housing, benefits for 16–17-year-olds. Understand the issues and seek to resolve them.
- ☐ Increase access to Lifelong learning and supported employment.
- ☐ Agree regional approach to health AND social care transition with identified co-ordinator.

5.7 Theme 7: Housing Stock and Pathways

Host: Shane Elliott

What is the scope?

- ☐ Transitions.
- ☐ Need to establish demand.
- ☐ Future planning.
- ☐ Recognition of housing need for under 18s.
- ☐ Identify Housing Models/Options
- ☐ Supported living.
- ☐ Regional consistency.
- ☐ Policy – needs review.

What needs to happen?

☐ Need to clearly define 'supported living'/Complexity.
☐ <u>Revisit</u>/ Review Joint Strategic Needs Assessment – involving Health and Housing.
☐ Develop clear processes and pathways – avoid 'solo runs.'
☐ Clarify commissioning process for housing and care elements.
☐ Improved intelligence of housing stock.
☐ Suitability of Housing stock for complex needs.
☐ Clarify funding.

What can we do in the next six months?

☐ Need to revisit/review and update the Strategic Needs Assessment – we need shared data on housing, support, care needs etc. We need improved intelligence on housing stock.
☐ Develop interdepartmental Policy – Establish a Task and Finish Group including Department of Finance, NIHE, DoH, HSC Trusts, SPPG, Independent Providers.
☐ Hold a Housing Summit to progress collaborative approaches.
☐ Consider what can be done regarding information, education and training for staff, families and carers.
☐ Develop a Data Register – interconnected system.
☐ Seek clarification regarding funding – Invest to save.
☐ Improved governance.
☐ Bespoke Supported Living Standards.

There is multi-agency responsibility. Solutions require co-production, involving NIHE, SPPG, HSC, DfC, DoH, independent sector, carers and service users.

6.   DELIVERING TOGETHER - CONCLUSIONS

Brendan Whittle, Director of Community Care, DoH, shared his reflections on the day. Challenges and solutions had come through from all the presenters and through discussion. Brendan referred to the collective wisdom of participants. The Summit had built shared understanding of the challenges and explored potential solutions for a refreshed resettlement programme. Successful implementation will require ongoing collaboration, connection, and shared understanding.

Brendan advised that the outputs of the Summit would be written up and shared with participants. The work of the Summit will shape the road map forward. The organising team will work through the ideas/actions and find the places within our structures to operationalise them.

Brendan thanked everyone for their participation in the Summit.

APPENDIX ONE: SUMMIT PROGRAMME

Strategic Planning and Performance Group
Department of Health

Learning Disability Resettlement Strategic Planning Summit

4th July 2023, 9.30 – 4.00pm

Lough Neagh Discovery Centre, Oxford Island, Craigavon, Co. Armagh, BT66 6NJ

Background
The Independent Review of the Learning Disability Resettlement Programme in Northern Ireland reported in July 2022. The then Health Minister Robin Swann accepted all of the recommendations of the review team, and work is underway to implement these. One of the recommendations of the review team was that *'Strategic commissioners within health and care and housing should convene a summit with NIHE, Trusts, Independent Sector representatives, and user/carer representation to review the current resettlement programmes so that there is an agreed refreshed programme and explicit project plan for regional resettlement.'*

The Strategic Planning and Performance Group (SPPG), Department of Health, has convened this Summit as a key step towards implementation of that recommendation. The purpose of the summit is to facilitate strategic conversation, bringing together critical perspectives (service users, carers, independent and statutory providers and service commissioners) to confirm the strategic issues affecting current resettlement programmes with a view to exploring potential solutions and agreeing a process for the development of a collective approach.

Outcomes
- A shared understanding of the strategic issues affecting the successful implementation of a refreshed resettlement programme.
- Recognition of what has been achieved and understanding of what still needs to be achieved.
- Exploration of potential solutions to these strategic issues (including accommodation and service provision).
- Commitment to a process (principles and outline) that will facilitate development of a collective approach to implementation, with appropriate care and support to enable people with a learning disability to remain living in their localities.

	Session	
9.30am	*Arrival, tea & coffee*	
10.00	**Welcome and Opening Remarks**	Brendan Whittle, Director of Community Care, SPPG-DoH
10.10	**In Focus** **Purpose, Process and People.**	Irene Hewitt Associate Consultant, HSC Leadership Centre
	Where are we now?	
10.30	**A Lived Experience**	Collective Perspectives, supported by the Patient and Client Council
10.45	**Learning from the Independent Review of the Learning Disability Resettlement programme**	Bria Mongan Independent Review Team
11.05	**NI Oversight and Overview**	Dr Patricia Donnelly, Chair, Regional Resettlement Oversight Board. Nigel Chambers, Head of Learning Disability Policy Unit, DoH
11.25	*Tea/Coffee & Scones*	
11.40	**The Supporting People Programme**	Alistair Mawhinney, Supporting People, Assistant Director, NIHE
11.50	**Independent Providers' Perspective**	Collective Perspectives, Leslie-Anne Newton, ARC NI Director
	The Issues	
12.05	**Identifying the Issues**	Table Discussions
12.45	**Issue Report Back**	Brief Report Back
13.00	*Lunch*	
13.45	**Confirming the Issues**	Randal McHugh, Programme Manager, SPPG-DoH
	The Way Forward	
14.00	**Addressing the Issues.** **A deeper dive into some of the issues.**	Table Discussions
15.00	*Tea/Coffee*	
15.15	**Proposed Ways Forward**	Host Feedback
15.45	**Delivering Together**	Brendan Whittle, Director of Community Care, SPPG-DoH
16.00	**Close**	Irene Hewitt, Associate Consultant Leadership Centre.

APPENDIX TWO: PARTICIPANT HOPES AND EXPECTATIONS

Participants noted the following as their hopes and expectations for the Summit (comments have been anonymised and grouped by the author):

Renewed confidence
- Renewed confidence that people awaiting their forever home can happen sooner rather than a dream that isn't achievable.
- Renewed focus and impetus for Resettlement and problem-solving approach.

Remember the person.
- I would like everyone to remember that there is a family in the middle of all conversations. The impact of policy on a family. Remember the person.
- A User focused service.

Hear the individual and carer experience.
- Hearing Service User experience and how this will shape policy and service delivery.
- People supported really in control – at the centre of decision making. Being heard.
- The Service User/Carer lived experience is at the centre of all plans/decision making.
- Integration. Inclusion. Solution -focused. Person centred.

Take a system wide approach.
- Clarity around strategic direction.
- Start fixing the system.
- System wide approach to ensure that individuals have an active life in their community not just a home. A future where no one will call a hospital their home.
- Strategic planning for accommodation needs/demands (between Trusts, providers and NIHE and those responsible for Community Services and Adult Learning Disability Services).
- Remove the postcode lottery to service.
- Improved outcomes for people with a Learning Disability – Strategic Roadmap.

Develop a road map of agreed actions.
- Develop a collective strategic plan to support people with a learning disability to live meaningful lives in their communities.
- Enhanced planning and seamless pathway from Children and Young people to Adults, (better use of data and experience).
- How is the policy and plan update going to move forward?
- To have an outcome that cuts through some of the practical issues that act as barriers to resettlement opportunity including interface between housing and health including resourcing.
- A road map of agreed actions of how we will resettle our long stay patients and meet future accommodation needs.
- Have a clear plan.

- A clear direction and actions to enable choice on where people live and who they live with.
- Interfaces/timescales. Seeing needs first.
- Impetus.
- A committed plan to get resettlement done.
- Action/Outcomes (for Service Users and Stakeholders) in partnership.
- An Action Plan with timeframes clearly set out.
- Focused actions that will result in better/new/creative housing options for adults with learning disabilities. Regional think for ALD services.
- Clear plan – pragmatic action.
- Regional Plan that will provide improved outcomes for Service Users and their families.

Clarify roles and responsibilities.
- Clarity on roles and responsibilities for designing/developing models of support/care/housing for those with most complex needs.
- Understanding the role of each person, process and policy.

Better understanding of the housing pathway and processes
- Common understanding of how healthcare and housing professionals work together to provide suitable and sustainable housing for individuals.
- To gain a better understanding of the housing pathway and processes for people with Learning Disability. To provide clarity re the interfaces between HSC Trusts and Housing Providers.
- A future where no-one will call a Hospital their Home.
- Greater understanding of the issues and housing problems being experienced by persons with a learning disability.
- Understanding of housing issues for learning disabilities (Design).

Better understanding of the issues across Learning Disability
- Healthcare (public and individual) informed by evidence.
- Recognising the increased risk for those with protected characteristics.
- Deeper understanding of challenges and how we can get involved.
- To better understand the issues across Learning Disability within the whole HSC and beyond to agree a better way forward through the LDSM and CWD.

Renewed focus and impetus for action
- Influence mindset for people to receive care in the right place at the right time that they need it – end crisis in management.

Develop clear pathways.
- Future of hospitals with ongoing Muckamore consultation, what's next for Learning Disability?
- Assurance that people with learning disability have a defined/clear pathway through healthcare.
- How can we meet the challenges of transitional placements/needs for resettlement and younger people approaching transition together?

- The development of the healthcare sector to meet the needs of transition cases coming into adult services. Social care sector <u>cannot</u> meet the medical needs of these young people. <u>Urgent actions are needed in this area?</u>

Better understanding of workforce challenges
- Better understanding of workforce challenges and how to support.
- Implications for social care workforce.

Strengthened collaboration.
- Connection -Interface between Adult Safeguarding (ASG) and Learning Disability:
- Work together to find a way forward.
- Collaboration – 'All in it together.'
- Commitment to work together – maximise resource potential.
- Connection to shared narrative re way forward.
- Joined up working between Trusts and Community and Voluntary services. Share services – no silo working.
- Services working together.
- Collective planning to create solutions.
- Shared/agreed commitment to deliver on key actions!!
- Collaboration between all those who can make a difference and keeping going.
- Commitment to collaboration.
- Networking to support improved collaboration across sectors.
- Strengthening collaboration with motivated like-minded people.
- Shared problem solving to issues that present.
- Opportunity to gain understanding and build relationships across Statutory organisations to create effective collaborative working.
- Connections.

Learn, Learn, Learn
- Learn, Learn, Learn about Learning Disability.
- Networking and learning opportunity.

Be transparent.
- Be transparent.

APPENDIX THREE: SUMMIT PARTICIPANTS

Name	Organisation
Alistair Mawhinney	NIHE
Allison Cooke	NHSCT
Bria Mongan	Leadership Centre
Brendan Whittle	SPPG
Caroline Holloway	SPPG
Caroline McGonigle	SPPG
Catherine Maguire	NISCC
Charmaine Stewart	SPPG
Christine McLaughlin	WHSCT
Clare McStay	SEHSCT
David Pettigrew	SPPG
Dr Heather Hanna	Royal College of Psychiatrists
Dr Ken Yeow	BHSCT
Dr Marina Lupari	IHCP
Eilish Deeney	PHA
Enda McConville	SEHSCT
Fiona Ferguson	NHSCT
Frances Dundee	DoH
Gary Paul	NIHE
Geraldine Hamilton	SPPG
Geraldine Teague	AHP
Gerard McWilliams	PCC
Gillian Hynes	Dept of Communities
Helen McNally	SPPG
Irene Hewitt	Leadership Centre

Jackie Kelly	PCC
Jayne Bellingham	IHCP
John Kane	NIHE
Katie McHugh	SPPG
Kelly Hillock	NIHE
Leona Quinn	PCC
Lesly Ann Newton	ARC NI
Lorna Conn	SPPG
Lyn Long	RQIA
Marie Boyle	WHSCT
Marion Fisher	NIHE
Mark Broadhurst	Dept of Communities
Mark McGuikien	DoH
Mary Emerson	AHP
Maurice Largey	SEHSCT
Maurice Leeson	SPPG
Mervyn Bothell	NISCC
Nicola McCann	RQIA
Nigel Chambers	DoH
Patricia Elliot	SPPG
Patricia Donnelly	DoH
Peter Sloan	BHSCT
Rachel Gibbs	SEHSCT
Randal McHugh	SPPG
Roisin OHare	SHSCT
Sarah Leitch	BILD
Shane Elliot	DoH/NIHE
Shauna Doyle	IHCP

Siobhan Rogan	SPPG
Tony Starrs	DoH
Una Cushnahan	SPPG
Ursula Murray	PCC
Representative for Wendy McGregor	RQIA
	Autism initiatives representative
	Mainstay representative
	Mencap representative
	Positive Futures representative
	Triangle representative
	Cedar Foundation representative
	Carer representative (2)

APPENDIX FOUR: STRATEGIC ISSUES AFFECTING IMPLEMENTATION

Table	The Issues What are the strategic issues affecting implementation?	The Why Why has the issue been difficult to resolve? What's involved?	The Questions Change the issues into 'How to…" questions.
1	- Remit and Boundaries (Funding, Services, Policy, Professional, Families and Person). - Transitions Planning (Home, Day activity, Continuity of care, Connection to families). - Crisis management and prioritisation of service. - Lacking clarity on role of Assessment & Treatment. - Workforce (Low pay, benefits, career progression, risk). * Complex and fragmented services.	- Funding model Doesn't promote collaboration. Long term investment. - Lacking model on Learning Disability. Community Infrastructure. - Access to information and support gap to navigate the system. - Not sufficient lens on Learning Disability. - Demand outstrips supply. - Pay and benefits.	How can we enable the funding and resources to move with the person? How can we include all stakeholders in planning and delivery of a service? How can we ensure that families don't have to fight for support? How can we grow capacity of the system to better meet need and promote person-centred planning?
2	- Mythology – Myth busting, we don't always need massive blobs of 12 boxes. - Local housing options, sustained family and community connections. - How can waiting lists exist if planning and placement is truly person centred? - Planning in a 'crisis' model is truly difficult and leads to breakdowns.	Resettlement/Transition - Policy won't change practice. Plans need to be achieved too. - Planning can be heavily influenced by staffing and funding – looking at a financial solution. - Lack of communication and planning. - Needs to be a level of review in where the breakdown of resettlement takes place.	- How do we get oversight of our needs? - How to pull together shared learning and best practice? - How to include service user/carer expert? - How do we stimulate the market to encourage applications for workforce?

	- Workforce is a huge issue. Beds and placements exist but we are unable to staff them. (Agency – paying 40% more. Hard stop on Agency. Covid caused further issues). - User voice and Advocacy – Service User and Carer expert. - Aging population and aging carers. Moving towards a crisis. - Risk.	- Lack of planning. We should know when a child or an adult will need transitions or resettlement. - Still working in silos – need to streamline. - Learning from pandemic.	- How do we ensure user led needs assessment? How do we truly get oversight, avoid lip service and ensure the user/carer is expert?
3	- Housing supply - Demand exceeds capacity. - Private sector rental costs. - Shared tenancies. - Appropriateness of accommodation (sustainability). - Design/Location of accommodation. - Definition/Common understanding of supported living/accommodation. - Lack of 'Good Enough' data to inform planning. - Need for better intelligence re. current stock/Need. - Need for data definitions. - Lack of Departmental (Inter) Policy & Strategy. - 'Solo Running' Housing supply – lack of/ limited Need for better intelligence data re	- Complex/Complicated. - Number of Agencies/Departments. - Fragmented approach. - Inconsistency. - <u>Funding!!</u> – reduced Capital allocations. - Material build costs. - Workforce issues. - Lack of integrated policy – political leadership. - Lack of vision. - Exploring/other models (supported housing). - Post Covid pressures. - Relationships/Network - Skill base and knowledge loss.	- Develop integrated policy. - Establishing a vision. - Data definitions. - Better data/intelligence - Understanding need. - Defining supported living. - Clear leadership. - Defining housing v. health. - Improved design guidance. - Training/Education – (Inter-Agency, statutory, community, independent sector)

	Housing stock and need, underpinned by an integrated (interdepartmental strategy).		
4	- Accommodation in community - Housing and health roles - Complexity of funding streams and challenge of aligning them around the needs of individual. - Shared multi-Agency understanding of need and resources. We need a shared narrative, shared (and quality) data. - Gaps in our knowledge of what's out there – in terms of approaches and resources. Include what's working well and what's not and include hospital avoidance, forward planning. - Workforce Not fully involving service users.	- Having invested time/turnover of senior leadership/a difficult conversation. Learning Disability has not had profile/interest. - Crisis driven – diverted from building a support infrastructure – how we contract is a challenge. - Not had the attention and time. Not always full information sharing. Don't have the conversation around the information needed by organisations as opposed to what we think they need to know. - Constant crisis response mode – not sufficient time for planning/reflecting. - Under appreciation of complexity of work. (paid well, recognised, supported).	- Name it. Be honest about issue. Senior leaders (includes Departmental) grasp this issue. - Be open to learning from other jurisdictions. Settle the issue of local v regional commissioning. - How do we build the shared narrative?
5	- Lack of regional consistency – Variance in Trusts - Workforce issues (Nursing and University alignment) - The 'Chill' factor. - Care needs v Service User income/benefits. - Complex health care needs and homes of choice. - Making people 'fit' resources. - What is 'good enough'? - Legislation – P.D.	- 'Silo' working from DoH down. - Lack of direction and clear commissioning model. - Clinical Medical support/GP model. - Pay and conditions. - Regional rate. - Regional Contract – not fit for purpose – 'True cost of care.' - DSF outdated. - Trusts seen as different entities. - We don't listen/learn enough.	- How to achieve a Northern Ireland approach? - How to build a sustainable workforce? - How do we agree appropriate funding? (People themselves/providers). - How do we meet service user needs? - How do we meet the needs of families?

	- Thresholds. - Joint working between NIHE and DoH and DfC. - Lack of collaborative working. - Housing stock. - Lack of community infrastructure.		- How do we achieve joint working support models?
6	Funding/Resources Transport (Rural) Workforce Silo working (Departments) Availability of suitable housing.	Lack of understanding of resources. (£450 million good). Increased demand for Community services but no increase in funding (reduced) Proper pay/Recruitment/Training/Postcode lottery. Lack of consistency of service across Trusts. Manage expectations of available services. Budget restraints/Cost of bespoke packages/suitable housing to meet the needs of the person based on assessed need.	Review bespoke packages (including pay structures), Value for Money. Transitions planning earlier and through life. How can we look across Trusts/Providers/Families experience to see where we are getting it right? Consistent regional approach.

7.	Workforce
	- Supply / Value – linked.
	- Lowest paid addressing the most complex presentations ALONE.
	- Integration – a whole Team between statutory and non-statutory. Shared responsibility.
	- Stress and burnout vicious cycle (need more MDTs).
	
	Commissioning
	- Fragmented/siloed.
		Culture change
		Salary
		Supported and thriving workforce.
		  - Training
		  - Mentoring
		  - Reward.
		Whole Team – fear/blame dynamic.
		
		MONEY/RESOURCE
			How do we standardise provision across the region and attract and support and grow the workforce?
			
			How do we better understand need? Data →Commissioning.

	- Service centred rather than person-centred. - Lack of planning - Lack of meaningful data. - Mapping issues re. voids. - Regulation – barrier to person centred placements. - Inconsistent. - Joined up – strategic planning needed. Funding and Sustainability - Linked to commissioning and workforce. - Contracting. - Lack of leadership. CULTURE	There has been no joined up workforce planning. Lack of focus. Lack of leadership.	
8.	Workforce (Agency staff, Cost, Challenge, Burnout). Environment Funding (NIHE, Capital build and Homelessness; Trusts financial pressures, funding doesn't follow need). Accommodation. Collaboration. Pressures in the system. Transition planning (Prevention, Crisis response, Step-up Step down; Intensive support). Life cycle planning: Early years. Physical and mental health care. Conflicting expectations – everyone's role in supporting. Regional rates for packages. Commissioning. Trust is 'protected.'	Funding dilemmas /tensions /costs. Training and development opportunities. Skilled, valued service, supported. SAIs Managing risk situations.\Cultures – prevented progress. Competition. Shift focus to Young Adults now. Lack of focus on transition. Not skilling patient: Early years. No future planning. Poverty and benefits traps. Anxiety about options.	How to create and develop more appropriate sustainable accommodation? How to make caring a valued career? How to get political buy-in? How to resolve funding fairly? How to get from agreement to action? How to get good quality data? How to get to a regional position?

	Young adults in education: Challenging behaviours.		
9.	No regional approach to resettlement. Data (and joining it up) Basic needs not well met over a prolonged period → what need are we not meeting? - Communication (means to): - Feeling safe - Health - Social opportunities. Skills development. Workforce.	Hasn't been a priority for system/region. Data agreements and systems – only collect what is asked for e.g., DSF. Reactive system – need to move intervention to a much more preventative model. Education are key to this.	Ownership – take lead, clear direction, cross-Department. We need standardised data to inform planning and decision making and to meet needs of population. Plan now for children and get it right in early years.
10.	Workforce Lack of joined up planning. Lack of understanding of processes/pathways and reliant on relationships. Lack of forward planning (transitions, variance in approach), variance in Commissioning, discussion re. what is in Contracts. Fragmentation, lack of regional approach. Variance in service provision, accommodation and services.	Pay, Contracts, can't compete with statutory provision, recruitment and supply issues. Dependent on relationships rather than agreed processes. Each Trust has a different process, locality variance, provider variance. Limited conversation with providers, to have shared understanding of true cost of care. Custom and practice.	How to give equity in a fair market economy? International recruitment, training, PBS consideration, support – How to create? How to bring regional consistency of approach? How to agree a regional transition model? How to have difficult conversations, value for money service provision. How to regionally measure?

	- Housing, supply and demand issues. - Definitions of tenants, pathway approach variance, supported living) licence issues. - Political and budgetary constraints. Lack of crisis management planning.	Uncertainty – funding changes from Children's to Adult.	Outcomes measurement/service users- Carers-providers. Agreed tool in system to monitor. How to develop a pathway of housing support and provision for people with learning disability? How to ensure sustained focus on equal opportunity of housing? Forward and ongoing planning required. How to do joint strategic needs assessment, housing and health to support transition planning? How to support transition planning? How to reduce crisis management in the community to avoid hospital admission? How to create a regional CART? How to agree regional inpatient and community services, wrap around to support Service User and Carer? How to learn from placement failure?