Life Planning summary and overview:

Over 1.2 million people in England have a learning disability and face significant health inequalities compared with the rest of the population. Autism is a lifelong condition and a part of daily life for around 600,000 people in England. It is estimated that 20-30% of people with a learning disability also have autism. Despite suffering greater ill-health, people with a learning disability, autism or both often experience poorer access to healthcare. In 2017, the Learning Disabilities Mortality Review Programme (LeDeR) found that 31% of deaths in people with a learning disability were due to respiratory conditions and 18% were due to diseases of the circulatory system.

Children, young people and adults with a learning disability, autism or both, with the most complex needs have the same rights to live fulfilling lives. Since 2015, the number of people in inpatient care has reduced by almost a fifth and around 63,598 people who had been in hospital for over five years were supported to move to the community. This has led to greater identification of individuals receiving inpatient care with a learning disability and/or autism diagnosis.

A Life Planning service would deliver Life Plans for people in placements commissioned by NHSEI South East Region (secure hospital and children's specialist inpatient services).

The key task would be to develop detailed plans that meet the standards detailed below and conform to the values and principles outlined in Keys to Citizenship model.

The service would use citizenship-based person-centred approaches and help commissioners and providers to create support arrangements in the community that meet the hopes, needs, aspirations and requirements for a person to live safely and well.

The people would be identified by commissioners following a C(E)TR or if they have been identified as a priority by case managers – either due to a change in needs or because of safeguarding concerns.

The provider would be required to establish clearly documented and effective processes for arranging and delivering life planning events triggered through the C(E)TR process.

Consent for the Life Plan would need to be gained from the person in hospital (or if they do not have capacity via a suitable route). This would be required before a Life Plan could start and be the responsibility of the commissioners.

The service would provide plans for both adults and children. All those undertaking Life Plans would require a valid Enhanced DBS that covers work with vulnerable adults and children.

There are no grounds for denying someone a Life Plan but given the nature of secure hospital care, flexibility would be required in planning and delivering the process. Secure hospitals have significantly limiting environments and the flexibility to undertake Life Planning sessions may be compromised. An ability to negotiate these issues would be a key quality for any provider.

The process of Life Planning would require the participation of commissioners, providers and families. To be effective people need to attend and stay for the day. The provider of the Life Planning service would be responsible for notifying commissioners if this is not happening and commissioners would ensure the requirement to participate is understood and complied with.

The co-ordination and planning required for a Life Plan day would require participation from the hospital, commissioners, local services, housing providers, families and the person with whom the plan is being developed. There may also be involvement from the Police, Ministry of Justice and other statutory organisations as well as advocates and people with experience of the person in their past.

The service would be expected to:

- Deliver the agreed number of Life Plans within the life of the contract to a standard suitable for sign off by commissioners and other stakeholders
- Help local commissioners to understand the plan for a person and translating it into a support arrangement that will deliver the plan
- Report quarterly on progress to commissioners
- Provide a monthly issue log that identifies challenges to delivery and highlights risks and opportunities

Governance arrangements for the service would be agreed with the provider following award of the contract but there would be an expectation of the following:

- A named Governance Lead for the provider
- A quarterly report for the commissioners identifying
    - Progress with plans against trajectory: number of Life Plans completed during the quarter by month
    - Time between referral to contact with providers where patient is accommodated
    - Time between referral to 1st Life Planning session
    - Number of calendar days from Life planning event to the delivery of the Life Plan
    - On-going costs associated with the programme
    - Internal monitoring of quality of the plans
    - Feedback from participants
    - Complaints/praise

    - Supervision of Life Planners
- A policy covering Safeguarding and the provision of regular reports on Safeguarding;
- An external, independent review of the quality of life plans will be taken from a random sample to be agreed with the commissioner;
- A full set of policies and procedures that cover:
    - Life Planning, including engagement of stakeholders
    - Safeguarding
    - Mental Capacity Act
    - Human Resources
    - Equality and Diversity policy
- Information governance that complies with commissioner's standard. An incident management and review process

There are requirements for acceptable service quality to help ensure delivery of the service outcomes. These are based on the principles described in Keys to Citizenship - http://www.centreforwelfarereform.org/library/ keys-to-citizenship2.html

The monitoring of quality in the process would seek to ensure that:

- All plans are created with the person and, if available, their family;
- All plans will have addressed the 7 Keys to Citizenship
- Plans will indicate how the plan can be translated into a support arrangement
- All plans will have included commissioners, professionals involved in current care and treatment and people who have a history of working with the person
- A draft plan will be available to the commissioners to review quality within a period of 14 days after the life planning day
- Plans will be created and shared within 28 days from the life planning day
- The person with whom the plan has been created will be shown the plan prior to it being shared with commissioners