

# Responding to the Transforming Care agenda: Developing community services for adults with learning (intellectual) disabilities

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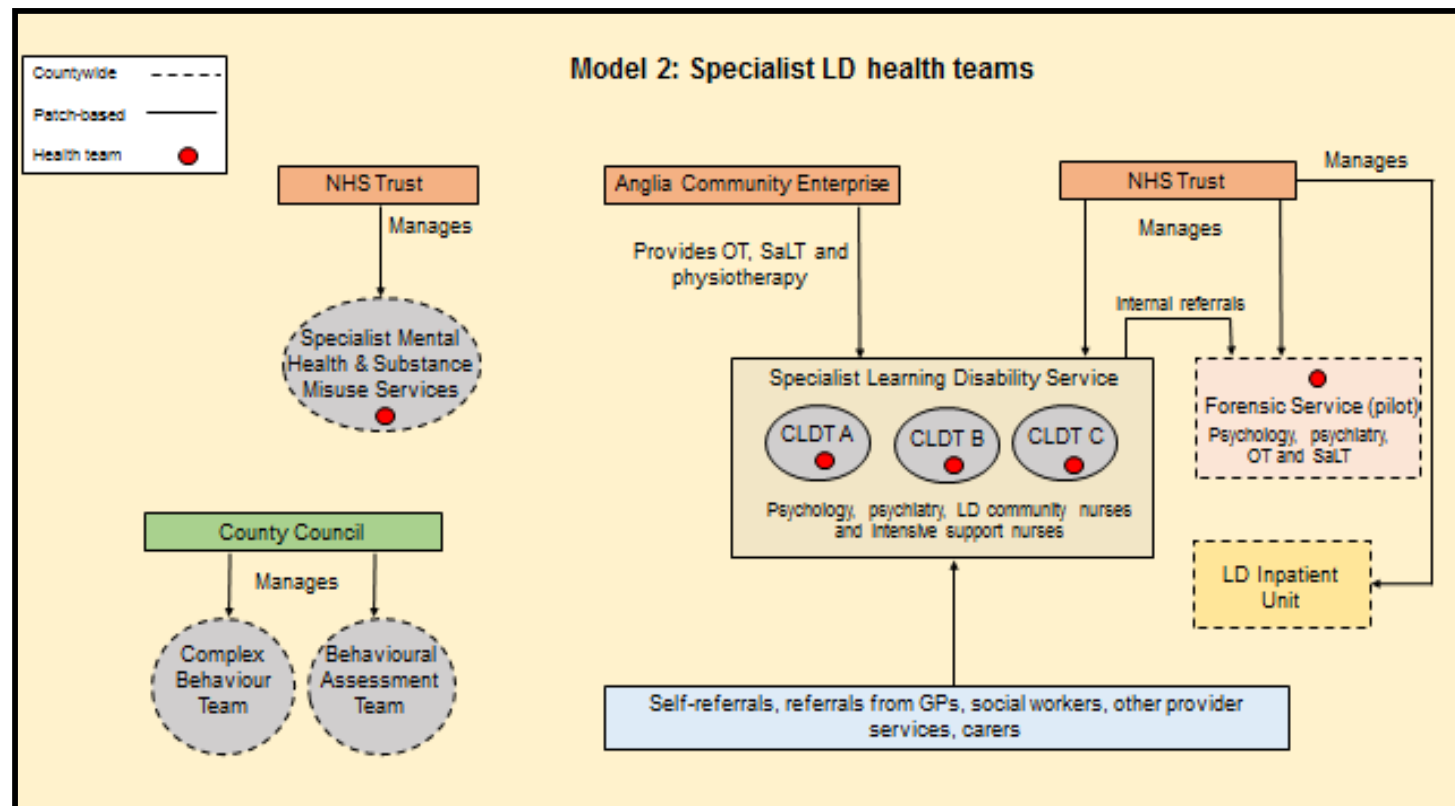
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## BACKGROUND

- The Government's Transforming Care agenda, which followed the Winterbourne View scandal, highlighted the failure of community services to minimise preventable 'out-of-area' placements.
- However, Transforming Care has made limited progress, in part because there is so little recent evidence available about the community services that were established to support adults with learning disabilities (LD) in their local communities.

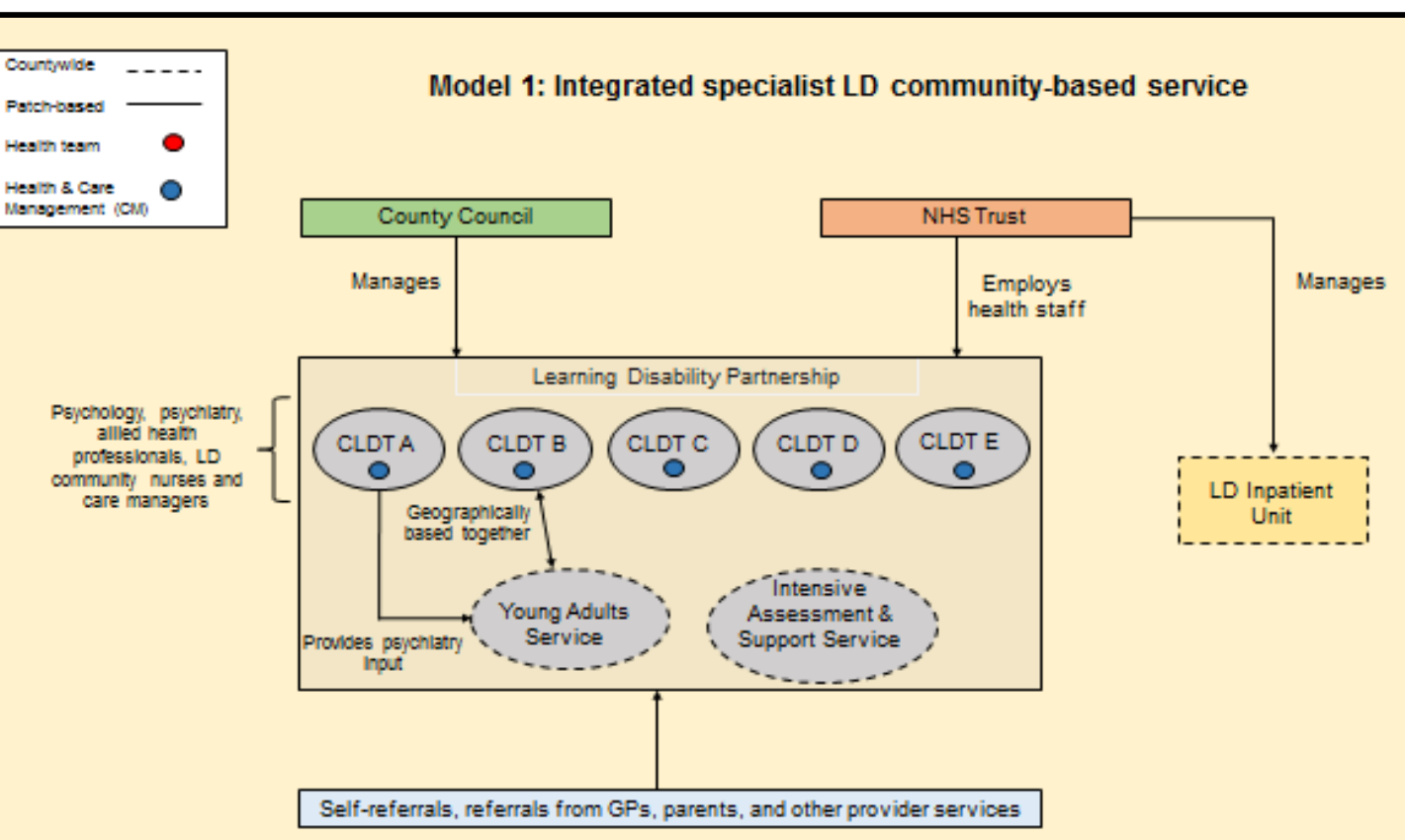
## RESEARCH DETAILS

We are carrying out a programme of descriptive, mixed-methods, studies relating to a) the design and delivery of community services in the Eastern Region, and b) the experiences of service users, care-givers, team members and other stakeholders in a county-wide LD service that includes five locality-based CTs, comprising health care (NHS) and care managers (LA) <sup>1,2</sup>.



## SOME EMERGING FINDINGS

1. Even within the same community service, different teams have different ways of working, reflecting their histories, staffing, and geographies. While services should adapt to local needs, such diversity may reflect a perceived lack of vision about the role of community services.
2. In some integrated services, the failure to develop explicit knowledge exchange processes has led to an excessive reliance on informal *ad hoc* interactions. Explicit knowledge exchange practices are particularly problematic when relevant service members are not co-located and/or there is high staff turnover.
3. Across the Eastern Region, there is agreement about the core tasks of community services. But at the margins there is marked disagreement about the needs that should be addressed, and for whom. There is also a bewildering array of models of service provision. (see e.g. Models 1 and 2). The rationale for a specific model is often unclear to staff within services.



## IMPLICATIONS FOR PRACTICE

1. Health care and social care are often inseparable for adults with LDs, meaning that specialist health and care management services should be integrated and need to work closely with carers and social care providers. There must be more clarity about the role of community services and their remit in a particular geographical area.
2. The complex interface in integrated community services between NHS service provision and local authority commissioning requires clarity about knowledge exchange and management.
3. Given the range and complexity of the needs of people with LDs, community services need to include practitioners with a range of expertise, able to work together flexibly to meet those needs. This is difficult to achieve where team members in health and care management are not co-located; where the only model is that of out-patient clinics; or where services do not have a visible and readily accessible community presence.

## ACKNOWLEDGEMENTS

We would like to thank the research team, all the participants, and members of our Service User Advisory Group.

## CORRESPONDENCE

If you would like to know more about the project, please contact Isabel Clare ([ichc2@medschl.cam.ac.uk](mailto:ichc2@medschl.cam.ac.uk))

## REFERENCES

- <sup>1</sup>Farrington, C.J.T., Clare, I.C.H., Holland, A.J., Barrett, M. and Oborn, E. (2015) Knowledge exchange and integrated services: Experiences from an integrated community intellectual (learning) disability service for adults, *Journal of Intellectual Disability Research*, 59(3), 238-247.
- <sup>2</sup>Clare, I.C.H., Madden, E.M., Holland, A.J., Farrington, C.J.T., Whitson, S., Broughton, S., Lillywhite, A., Jones, E. Wade, K.A., Redley, M. and Wagner, A.P. (2017) 'What vision?': experiences of team members in a community service for adults with intellectual disabilities, *J. Intellectual Disability Research*, 61(3), 197-299.