



We Matter

Service Delivery Plan



August 2025

Learning Disability Service Model Strategic Delivery Plan

Background

The Learning Disability Service Model outlines the Department of Health's vision on how to transform services. The Service Model centres on 6 Key Ambitions: - Life changes; Health & Wellbeing; Families & Carers; Meaningful Lives & Citizenship; Home; and Mental Ill Health and Behaviours of Distress or Concern.

In addition to the Service Model, a Strategic Delivery Plan (SDP) has been drafted. This Plan outlines how the Model's strategic vision will be translated into actionable steps and identifies how outcomes will be measured. Following Consultation feedback, the draft Plan will be updated to specify details of agreed actions; assigned responsibilities; timelines; and key OBA based performance indicators. This Plan will then be fully costed to support future funding bids. The SDP will remain a 'live' document.

HSC Trusts will be required to develop Implementation Action Plans which will be performance managed, to ensure measurable results and outcomes.

Key Ambition Statement 1: Life Changes - People with learning disabilities will be prepared and supported throughout important changes in their lives.

- **Outcome Measures - What Success Looks Like** - Individuals with a learning disability who require community and specialist health and social care services will be offered a lifelong, coordinated, and proactive transitions programme, which is flexible and responsive to their needs.

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
1.1	Individuals, families, and carers can access clear information and support on policies, procedures and processes regarding transitions. This will include information on available HSC and other services, such as day services, domiciliary care and accommodation-based services.	DoH will complete a review of the resources required to develop a Regional Learning Disability services Information Hub. This will include the potential to develop digital mediums (such as Apps). DoH will oversee development of a Regional Database of the services offered by each Trust and the independent sector. This database will be accessible to those who use the service and who deliver the service.	DoH will pilot a Regional Learning Disability services Information Hub	DoH will launch the Regional Learning Disability services Information Hub
1.2	Every individual will have their needs and strengths assessed using a regionally consistent, rights based and person-centred model . This will ensure that services are targeted according to the	DoH will oversee the development of a co-produced regionally consistent pathway and planning approach for life transitions, which will include development of accessible information	DoH will design and develop a range of information to support the Life Transitions.	DoH will ensure ongoing review and updating of key

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
	assessed needs of individuals and will be informed by a regionally agreed and standardised approach.	regarding policies, procedures and processes. Information on the transitions process and relevant HSC services will be made publicly available to signpost individuals and caregivers in advance of transition.		information regarding services, policies and processes.
1.3	Individuals and their families and carers will be involved in co-producing a comprehensive and holistic Care Plan . Transition planning will commence at age 14 years for young people transitioning from Children's services, and individual's Care Plans will be reviewed throughout transition and adulthood. People supported who complete transitions for other life events (for example moving to live outside the family home) will also receive timely assessment and care planning. Each Care Plan will include a holistic understanding of the needs of people supported, including their physical and mental health needs.	DoH will ensure implementation of a regionally consistent, holistic Care Plan . Transition hand over plans will be developed in line with the Regional Transition Protocol.	DoH will review funding options to resource Transition Link Worker posts to support transitions from children to adult services.	DoH will ensure ongoing monitoring of the implementation of the Regional Transition Protocol.
1.4	Transition Handover Plans to support effective care planning and service delivery from children to adult services will be developed with multidisciplinary input to ensure that both health and social care needs are adequately addressed.	DoH will oversee maintenance of a dynamic register of children and adults who are in receipt of HSC services. This will be used to enable long term planning and facilitate inter-agency working with non-HSC agencies.	DoH will ensure the register is fit for purpose for long term planning.	Ongoing review and development of the Register.

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
1.5	All Care Plans and Transitions Handover Plans will be developed, implemented, and reviewed through inter-agency collaboration , and an understanding of local intelligence and community services .	<p>DoH will complete a mapping of services.</p> <p>Needs assessment regional transitions group – sharing of information to support strategic planning</p>		
1.6	Every individual in receipt of services and who is encountering a life change, will have a named staff member who will offer support as needed. This named staff member will co-ordinate with the Trust Transition Link Worker for young people moving from Children to Adult Services. This will ensure the provision of appropriate support and/or signposting to other agencies that can help individuals to achieve their goals.	<p>DoH will establish a regional Transitions oversight group to (i) monitor and respond to population and needs trends; (ii) work with HSC Trusts to facilitate transition of high-cost placements; and (iii) foster communication, share learning and improve practice.</p> <p>DoH will ensure the periodic involvement of independent sector providers and non-HSC agencies, including housing, employment, and infrastructure.</p> <p>DoH will review funding requirements to replace settings and services that transition with children and young people.</p>	<p>DoH will ensure the ongoing monitoring of the Transition Protocol and Action Plan and update accordingly. This will include involvement of independent sector providers.</p> <p>DoH will establish cross departmental governance structure to ensure effective transition arrangements and discharge of statutory duties.</p>	

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
		<p>DoH will complete a review of current inter departmental structures and funding to determine how transition arrangements will be improved.</p> <p>DoH will work collaboratively with NI Executive Departments to (i) review existing transitions arrangements and use of data; (ii) maximise opportunities for inter-agency working; (iii) develop recommendations to the Executive to ensure effective transition arrangements and discharge of statutory duties.</p>		

Key Ambition Statement 2: Health and Wellbeing – People with learning disabilities will have improved health outcomes and experience reduced health inequalities through equal access to general healthcare and wellbeing services.

- **Outcome Measures - What Success Looks Like** - Individuals will have access to the same general healthcare and wellbeing services as all citizens. Focus will be placed upon the implementation of **reasonable adjustments** and access to relevant support.

		Indicators		
		Year 1	Year 2	Year 3
Outcomes (as per LDSM)				
2.1	HSC services will be reviewed to ensure that they are accessible and meet the needs of people with learning disability.	DoH will ensure regional processes are in place to monitor the implementation and effectiveness of reasonable adjustments.	DoH will ensure HSC Trusts review the accessibility of current health pathways including those pathways not routinely accessed by people with a learning disability e.g. sexual health services. DoH will ensure that registered nurses in Learning Disability support general healthcare services in the development and	DoH will support HSC Trusts to have regionally consistent and appropriately resourced staffing to ensure access to HSC services

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
			delivery of reasonable adjustments and navigation of services	
2.2	Individuals, families, and care givers can access information and guidance on self-care and self-management.	<p>DoH will oversee the development of a directory of information and guidance regarding self-care and self-management.</p> <p>DoH will ensure all individuals will have access to a named worker who will provide and signpost to easy read information and guidance regarding health and wellbeing supports.</p>		New technology and digital support options will be explored by DoH to identify opportunities to improve. accessibility and/or the management of health needs.
2.3	Individuals will receive a comprehensive Annual Health Check from the age of 14 years by a GP and will be offered a Health Passport . This Health Check will be holistic and will review the physical, psychological and mental health needs of the individual.	<p>DoH will develop a regional communication plan to promote annual health checks, improve their quality and develop a process to review their impact on improving health outcomes.</p> <p>DoH will develop and maintain a regional database to monitor uptake and outcomes.</p>	DoH will review GP Practices to ensure they have an up-to-date register of individuals with a learning disability	
			DoH will monitor and review activity to ensure all people supported with a learning disability have been offered an annual health check.	

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
2.4	Individuals will have access to Healthcare Facilitation who will support them to access mainstream health services. Healthcare Facilitation is a process involving a range of professionals and programmes of care as opposed to a service. The process will include the offer of clear, accessible and practical information about keeping fit and healthy, and will facilitate access to suitable health and wellbeing programmes available through general HSC services and community partners. This will form a key part of the individual's overall Care Plan .	DoH will complete a Review of health care facilitator roles and responsibilities to consider broadening the remit beyond annual health checks	DoH will ensure Health facilitation resource will be available in all HSC Trusts. DoH will ensure that standardised health information and health promotion tools are regionally agreed. A strategy to promote implementation of these tools will also be developed.	DoH will ensure that the Health Facilitation service is delivered in a regionally consistent manner across each HSC Trust.
2.5	Individuals will have a Health and Wellbeing section in their Care Plan . This section will focus upon prevention, such as health screening programmes, and early intervention activities. The Care Plan will also include a section to outline Physical Health assessment and treatment needs , as required. This will focus upon any specialist treatment and support for long term health conditions. The plan will be person-	DoH will ensure an annual review of the Health and Wellbeing and Physical Health sections of the Care Plan for the person supported. A Personal Health Action Plan will be developed which will include health and mental health wellbeing goals. DoH will oversee an Evaluation of the Health and Wellbeing Co-ordinator role	PHA will develop a health improvement strategy for adults with a learning disability to address a targeted list of relevant physical and mental health promotion and improvement needs. DoH will ensure a CLDT named worker	DoH will review Encompass the Programme design for Learning Disability services incorporates a mechanism to record and monitor HSC data, as part of an individual's

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
	<p>centred, flexible and be supported by multidisciplinary teams who are appropriately trained.</p>	<p>in SHSCT to inform regional plans in each HSC Trust.</p> <p>DoH will develop an action plan to ensure the recommendations from the Hospital Passport Phase II Evaluation are implemented.</p> <p>The Public Health Agency and SPPG will work with Trusts to establish a framework to monitor physical health, including clients on psychotropic medications.</p>	<p>will facilitate an annual review for the person supported of their personal Health Action Plan and identify targets for the following year.</p> <p>DoH will review funding options to extend the SHSCT pilot of a Health and Wellbeing Co-ordinator post for each HSC Trust. This post will monitor outcomes from Health and Wellbeing Action Plans and will explore opportunities for partnerships with other Government Departments.</p>	<p>Annual Health Check.</p>
2.6	<p>The development of a Learning Disability Physician role is currently being reviewed. This professional would manage routine physical health conditions and coordinate care with other healthcare services, such as cardiology, oncology, neurology, etc.</p>	<p>The role, training pathway and professional requirements for a Learning Disability Physician will be reviewed.</p>	<p>Learning from this review will be rolled out accordingly.</p>	

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
2.7	Individuals will be supported to access all healthcare appointments, when required. This will include access to an up-to-date Health Passport which facilitates healthcare professionals to provide the right care, communicate effectively and make any necessary reasonable adjustments. Individuals may also have access to an acute Hospital Liaison service . This service is currently being piloted, and learning will be implemented, as appropriate.	DoH will oversee an evaluation of the Hospital Liaison services in the Western and Belfast HSC Trusts to inform regional roll out.	Based upon evaluation of the WHSCT Service, regional roll-out of Hospital Liaison services will be progressed.	
2.8	Individuals will receive evidenced based holistic assessment and care from Registered Nurses in Learning Disability. RNLDs will support timely discharge from hospital.		DoH will ensure RNLDs are employed within teams in Community and inpatient settings, such as liaison roles	
2.9	Individuals will experience timely access to RNLD's intervention from RNLDs with appropriate skills and level of expertise, working as part of the wider interdisciplinary team.			DoH will ensure Leadership capability and capacity is integrated throughout each pathway. This will include the development of new roles based

		Indicators		
		Year 1	Year 2	Year 3
Outcomes (as per LDSM)				on regional strategic direction and sustainable workforce planning.

Key Ambition Statement 3: Carers and Families -The needs and views of families and carers of people with learning disability are fully understood and accessible support is available.

Outcome Measures - What Success Looks Like - Families and carers will be offered the flexible, practical and emotional support that they need to support individuals to live in the community and have a meaningful life. Practical support may include the provision of day opportunities or short breaks for the person supported. Emotional support should include access to a carer’s assessment, advocacy services, and support and training to assist the carer fulfil their role.

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
3.1	Families and carers can access a single point of contact for all advice and information about services, carer’s assessment and independent advocacy services.	DoH will support the development of regionally agreed roles and job description for named workers within Community Learning Disability Teams	DoH will ensure all individuals have access to a named worker who will provide access to easy read information and guidance	Ongoing monitoring by DoH to ensure families and carers have access to a single point of contact for advice and information
		DoH will ensure development of a regionally consistent carers register via Encompass	DoH will ensure HSC Trusts implement and maintain this register and provide updates as required	DoH will ensure data from the register is used to inform future planning.
3.2	Carers will have local access to an independent advocacy service , when required.	DoH will ensure advocacy arrangements are reviewed. to ensure access to independent advocacy support.	DoH will ensure links to the independent advocacy services are accessible on the Regional Information	

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
			Hub and within HSC Trusts	
3.3	Family and carers will be offered a Carer's Support Assessment of their own needs using a standardised Regional Assessment Tool e.g., the Carers' Northern Ireland Single Assessment Tool or the Carer's Conversation . A Carer Support Plan will be developed which will outline the carer's needs and the support that they will receive.	DoH will ensure a regionally consistent Carer's Assessment Tool is agreed and implemented (e.g. NISAT or the Carer's Conversation tool)	DoH will ensure the register of Carer's Assessments is implemented and provides updates as required	DoH will use data from the register to inform future service planning
3.4	Accessible training, information and support will be provided to staff, families and carers to enable them to be actively involved, understand and respond effectively to the physical health, mental health and behavioural needs of people supported.	DoH will review existing evidenced based education and training programmes for families and carers of people with learning disabilities. It will produce a menu of training options and ensure links to training are available on the Regional Information Hub	DoH will ensure all individuals have access to a named person worker who will provide access to easy read information, guidance and training	DoH will provide ongoing monitoring and quality assurance to ensure that training remains relevant and high quality

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
3.5	Families and carers will be involved in planning and decision making and supported to carry out their role effectively. Families and carers will be offered support by HSC staff to plan for future life changes for themselves and their family member.	DoH will ensure families and carers are involved in the co-production of a Care Plan for their family member	DoH will ensure HSC Trusts review, and update Care Plans as required	
		DoH to review options for training in Future Planning and facilitate regional roll out of training.	DoH will ensure relevant HSC Trust staff receive training in Future planning	DoH will monitor that Future Plans are being developed within HSC Trusts, where relevant
3.6	When a short break is required, carers will be offered a flexible choice, based upon assessed need, and clear, transparent, regionally agreed, standardised criteria.	<p>DoH will liaise with HSC Trusts to review existing short break provision and produce a regional plan.</p> <p>DoH will undertake a needs assessment to identify future requirements for short breaks (including Shared Lives and family placements). A regional plan to expand capacity and develop the independent sector will be developed</p>	DoH will develop standardised criteria and a menu of options for short breaks which will be rolled out regionally. This will include options for emergency provision	DoH will monitor access to short breaks

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
3.7	Families and carers can access self directed support, direct payments, and managed budgets aligned with assessed need. This will be underpinned by clear information, advice and support on the options and process to be followed.	DoH will review the policies and commissioning frameworks for Self-Directed Support, Personal Care Assistants and domiciliary care. This will include a consideration of options for clinical tasks to be delegated to support complex healthcare needs	DoH will issue updated guidance to HSC Trusts on policies and commissioning frameworks for Self-Directed Support, Personal Assistants and domiciliary care, including information regarding delegated tasks	
		DoH will ensure access to easy read information on self-directed support, direct payments, and managed budgets to facilitate choice and control. DoH will ensure this information is accessible on the Regional Information Hub.	DoH will review uptake of information on the Regional Information Hub	

Key Ambition Statement 4: Meaningful Lives and Citizenship - People with learning disabilities will have greater opportunities to learn, engage in communities, make friendships and pursue meaningful activity.

Outcome Measures - What Success Looks Like - Individuals will be supported to access a range of community based services and supports to lead full meaningful lives, have access to a wide range of social, work and leisure opportunities, and to form and maintain friendships and relationships.

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
4.1	An Individual’s Care Plan will be reviewed with them on an annual basis to ensure access to a range of community based services, activities, and training and/or employment opportunities, as appropriate.	<p>DoH will complete an updated review of the Regional Day Opportunities Model which will include key stakeholders and departments.</p> <p>DoH will identify KPIs related to the expansion of day opportunities and transition away from buildings-based services.</p> <p>DoH will ensure HSC Trusts develop & implement plans for the expansion of day</p>	<p>DoH through the Cross Departmental Working Group will develop arrangements for joint resourcing and management of community services.</p> <p>DoH will ensure HSC Trusts identify and implement new day opportunity programs or services as outlined in the expansion plan.</p> <p>DoH will monitor the KPIs to track progress towards reducing reliance on</p>	<p>DoH will issue guidance on the revised Regional Day Opportunities Model and implement review findings.</p> <p>DoH will monitor and evaluate the new arrangements.</p> <p>DoH will ensure HSC Trusts increase access to community-based day opportunities for individuals with diverse needs.</p>

		Indicators		
		Year 1	Year 2	Year 3
Outcomes (as per LDSM)		<p>opportunity and community-based programs.</p> <p>DoH will ensure HSC Trusts re-assess the needs of individuals currently using buildings-based services.</p> <p>DoH will ensure HSC Trusts complete an environmental audit of existing buildings-based day services and assess opportunities for modernisation</p> <p>DoH will establish a Cross Departmental Working Group to draft regionally consistent criteria regarding access to buildings-based and community day services.</p> <p>DoH will establish baseline data for the current use of buildings-based day services.</p> <p>DoH will review the Regional Day Opportunities Model on a</p>	<p>buildings-based day services.</p> <p>DoH will oversee a pilot of the proposed criteria for access to buildings-based day services and align the criteria with existing policies and regulations.</p> <p>DoH will monitor the pilot(s) and direct expansion, as appropriate.</p>	<p>DoH will ensure that all HSC Trusts adopt the regionally consistent criteria for access to buildings-based and community-based services.</p> <p>DoH will continue to monitor and evaluate the criteria regarding service access.</p> <p>DoH will ensure extended service hours for buildings-based day services are integrated into standard operating procedures for HSC Trusts and independent sector providers.</p> <p>DoH will monitor implementation of extended service hours</p>

		Indicators		
		Year 1	Year 2	Year 3
		cross-departmental basis to define the roles of each government department.		
4.2	Individuals will have access to activities and services in the community that are meaningful and purposeful. They will have choice and control over the activities in which they participate. Individuals will be offered a range of options such as self-directed support, direct payments, and managed budgets to facilitate choice and control.	<p>DoH will undertake a review of the Chronically Sick and Disabled Persons (NI) Act 1978 to identify legislative options to enable people with learning disabilities to access more diverse and meaningful activity and transport.</p> <p>DoH will assess the current availability and accessibility of community-based day services provided by HSC Trusts and independent sector providers.</p>	<p>DoH will propose for legislative amendments or new legislation based on the review findings.</p> <p>DoH will conduct impact assessments to evaluate the potential effects of proposed changes on various stakeholders.</p> <p>DoH will ensure implementation of training programs for staff to ensure they are better equipped to support individuals with complex physical, mental health, or behavioural needs in community settings.</p> <p>DoH will develop and implement guidelines for ensuring continuity of care with other HSC</p>	<p>DoH will oversee HSC Trusts implementation of the approved legislative changes.</p> <p>DoH will monitor the effectiveness of the new legislation in improving access to activities and transport for people with learning disabilities.</p> <p>DoH will ensure Day Opportunities and Shared Lives programmes meet the identified needs of individuals with diverse requirements.</p> <p>DoH will provide ongoing review of transportation policies and procedures to ensure they are adapted to changing</p>

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
			services, such as short breaks	needs and / or circumstances.
4.3	Individuals, and where appropriate families/carers, will have access to information, advice and support to help them understand the choices available to them, exercise these choices, and help them plan to use a managed budget .	DoH will commission IMPACT to review current arrangements for managed budgets (IMPACT project) across HSC Trusts.	DoH will develop and deliver regional guidance and training for staff on the principles and processes of managed budgets.	DoH will monitor managed budgets arrangements across HSC Trusts
4.4	Services will be planned and delivered on the basis of inter-agency working and an understanding of local intelligence and community opportunities .	DoH will re-establish the Regional Day Opportunities Forum to convene stakeholders from HSC and non-HSC agencies. The group will oversee the coordination and implementation of the expansion of the Day Opportunities Model. DoH will carry out an initial assessment of current day opportunity models to identify	DoH will develop a regional plan for expanding the Day Opportunities Model based on input and recommendations from the Regional Day Opportunities Forum. DoH will establish working groups within the forum to address specific aspects of implementation, such as	DoH will ensure the Regional Day Opportunities Forum reviews progress and shares best practices on a regional basis.

		Indicators		
		Year 1	Year 2	Year 3
Outcomes (as per LDSM)				
		areas for improvement and/or expansion.	service delivery or quality assurance.	
4.5	Individuals will have local access to an independent advocacy service , when required.	DoH will oversee a review of advocacy arrangements within HSC Trusts to ensure access to independent advocacy support is available.	DoH will ensure links to independent advocacy services are accessible on the Regional Information Hub and that HSC Trusts signpost and monitor their uptake.	

Key Ambition Statement 5: Home - People with Learning Disability will be supported to live with the highest level of independence possible.

- Outcome Measures - What Success Looks Like** - Individuals will be supported to remain in their own home for as long as possible or as long as they wish. When a change of home is being considered, the individual, with their family and/or their advocate, will play a key role in the decision-making process about where they live and with whom. This can include wishing to live in an urban or rural area, wishing to live with other people or alone, and wishing to move to another part of Northern Ireland, outside the person’s ‘Trust of Origin’ geographical boundary.

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
5.1	An Individual’s Care Plan will include a review of home and/or accommodation needs and will be discussed with them on an annual basis .	DoH will oversee the development of a dynamic register of adults with a learning disability that are in receipt of HSC services and will ensure ongoing maintenance of the register.	DoH will ensure the register is fit for purpose for long term planning and will provide an up-to-date register of housing demand to support future housing provision.	DoH will ensure ongoing review of people supported and needs registers.
5.2	HSC Trusts will periodically review availability of placements at a population level to ensure sufficient supply of accommodation-based and floating	DoH will review the number of Supported Living ‘high-cost case’ providers across the region by HSC Trust, type of facility, level of need, duration of placement, voids etc. This	DoH will complete a regional needs assessment to review the capacity and demand mapping	DoH will establish a Regional framework of providers (to

		Indicators		
		Year 1	Year 2	Year 3
	support services. This data will be shared with the NI Housing Executive to enable strategic needs assessment.	<p>will allow data mapping to better understand service demand and supply of bespoke placements. DoH will pilot a care calculator approach (based on cost calculators models UK) to support regional consistency.</p> <p>DoH will produce a regional list of definitions regarding care categories and tasks</p>	exercise. This will include a focus on transitions planning; and consideration of the balance of Independent Sector & Statutory sector provision.	include details of Quality Assurance standards, compliance, benchmarking, etc.). HSC Trusts will purchase services from providers on the approved list.
5.3	DoH and HSC agencies will continue to work collaboratively across government departments, agencies and independent sector to enable access to a greater choice of housing options.	<p>DoH will develop an overall vision for supported living for Northern Ireland. DoH will establish a Supported Living Workstream as part of the Social Care Collaborative Forum to: (i) develop a shared definition of services; (ii) establish regulations and standards; (iii) map existing provision and funding; and (iv) improve the interface between HSC and housing.</p> <p>DoH will continue to work with the Department for Communities and the NI Housing Executive to explore</p>	DoH will oversee the implementation of proposals and recommendations from the Supported Living Workstream regarding how services are commissioned, regulated and delivered.	DoH will ensure there is collaborative working and joint commissioning with the DfC to agree a model of delivery to ensure vulnerable adults have a choice

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
		<p>opportunities to efficiently fund jointly commissioned services.</p> <p>HSC Trusts and SPPG, will utilise the registers of children and adults, to enable long term planning and facilitate inter-agency working with non-HSC agencies, e.g., the Northern Ireland Housing Executive</p> <p>DoH will develop a standardised model for supported living services to inform a wider exercise to develop more appropriate regulation.</p>		regarding where to live.
5.4	Individuals can access placements to meet their individualised needs. This may involve engagement with agencies to adapt the environment and/or provide bespoke accommodation for those with more complex needs. This may include the availability of larger spaces, therapeutic and sensory provision, assistive technology and staff facilities.	DoH will influence housing policy with the Department for Communities; and work collaboratively with HSC Trusts and the Housing Executive; to ensure that housing adaptation eligibility and guidance includes the needs of people supported with complex needs. This may include access to sensory space and other bespoke works to ensure equality of access for housing options.	DoH will ensure use of electronic assistive technology, as appropriate, to enable individuals to reach their full functional potential.	

		Indicators		
		Year 1	Year 2	Year 3
Outcomes (as per LDSM)				
5.5	Services and placements will be connected and located within wider community services, including access to day activity, transport links, and general public amenities. Services will be integrated and coordinated to ensure need is considered holistically and to support continuity of care.	DoH will complete a review to inform proposals and recommendations on how a regional crisis support service should be configured.	DoH will oversee implementation of the regional crisis model to ensure the needs of individuals are being met, and to reduce risk of placement breakdown.	

Key Ambition Statement 6: Mental Ill Health and Behaviours of Distress or Concern - People with learning disabilities will achieve better mental health outcomes through integrated community and specialist hospital services that meet their needs.

Outcome Measures - What Success Looks Like - Individuals will be supported to optimise their mental health and wellbeing through provision of a range of integrated and specialist services, in keeping with the Stepped Care Model of service delivery.

Outcomes (as per LDSM)		Indicators		
		Year 1	Year 2	Year 3
6.1	Individuals will receive a review of their comprehensive assessment of their strengths and needs; risk; and their capacity to make decisions and express preferences. This assessment will be coordinated by a professional with expertise in mental health problems and/or behavioural concerns for people with learning disabilities, and an understanding of how those needs can be met. The comprehensive assessment may be completed by Community or Specialist services.	<p>DoH will complete a review of existing assessment processes and pathways for individuals with mental health and/or behavioural needs.</p> <p>DoH will develop an Outcomes Framework to measure the impact of assessment and intervention for mental health and behavioural needs. This Framework will be in keeping with evidence of best practice and be in line with the regional Mental Health strategy.</p>	DoH will ensure ongoing monitoring of pathways and outcomes for individuals with mental health and/or behavioural needs.	

		Indicators		
	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
6.2	Individuals will receive an individually tailored, evidence-based therapeutic care plan . This will outline details of an up-to-date physical health assessment, a review of existing social supports; and details of behavioural, psychological and pharmacological interventions as required.	DoH will oversee a review of (1) therapeutic care plans used within existing services across the region, and (2) evidence of best practice	DoH will ensure the implementation of a standardised therapeutic care plan within services	

		Indicators		
	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
6.3	<p>Services will be delivered by those with expertise to meet the assessed needs of the person supported. This may involve engagement with Mental Health services (for those with mild learning disability); engagement with Specialist Learning Disability services (for those with moderate to profound learning disability) or a collaborative system of care with mainstream Mental Health services and Specialist Learning Disability services. It is important to stress that care will be provided by the right person, in the right place, at the right time.</p>	<p>DoH will review current Pathways for access to Services in Mental Health and Learning Disability programmes of care.</p> <p>DoH will build on existing engagement and identify best practice models of collaborative working between Adult Mental Health and Learning Disability services.</p> <p>DoH will assess the awareness and training needs of the mainstream and specialist HSC workforce.</p>	<p>DoH will ensure clear pathways are in place to meet the needs of people with learning disability.</p> <p>DoH will develop a regional standardised model for the mental health and behavioural needs of people with learning disability.</p> <p>DoH will develop a comprehensive Workforce Plan</p> <p>DoH will develop a training plan to ensure the workforce has the required knowledge and skills to complete their role</p>	<p>DoH will monitor and ensure the delivery of services is standardised across the region.</p> <p>DoH will invest in community infrastructure and Community Mental Health services</p>

		Indicators		
	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
6.4	Individuals will access evidence-based interventions in line with the stepped care model. This may include communication and activity-based interventions; psychological and/or behavioural interventions (such as Positive Behaviour Support; Cognitive Behaviour Therapy; Art Therapy; etc.) and pharmacological interventions, as required.	<p>DoH will complete a review of the Pathways for access to therapeutic support.</p> <p>DoH will review the uptake and utilisation of therapeutic and psychological support.</p> <p>DoH will develop a strategy for the implementation of the Positive Behaviour Support Framework. This will include a review of the training needs of staff in Community, Specialist and inpatient settings</p>	<p>DoH will collaborate with HSC Trusts to develop a commissioning plan which will ensure access to evidence based psychological and behavioural interventions.</p> <p>DoH will monitor the implementation of the Positive Behaviour Support Framework.</p>	
6.5	Individuals who require more intensive support (Step 4) will receive intervention from integrated, community-based, specialist multidisciplinary HSC services . This may include input from mainstream Mental Health services, Specialist Learning Disability services, or a combination of both services.	DoH will undertake a review of the capacity and utilisation of existing specialist community assessment and treatment services (for example Intensive Support services, Crisis Response services etc).	<p>DoH will review the staffing composition and skill requirements of Specialist Learning Disability Services</p> <p>DoH will implement recommendations from the capacity and workforce reviews</p>	

		Indicators		
	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
6.6	Individuals who have come/are at risk of coming into contact with the Criminal Justice System as a result of their mental health or behaviour will have access to Community Mental Health or Learning Disability Forensic services , who have established links with criminal justice agencies.	<p>DoH will undertake an assessment of the forensic needs of people with learning disability.</p> <p>DoH will explore options for a Regional Forensic Service for adults with Learning Disability</p>	DoH will pilot a Forensic Service Model which has clearly defined referral criteria and pathways.	DoH will evaluate and monitor the Forensic Service Model
6.7	Some individuals may require intervention from Specialist Mental Health services , for example Substance Misuse services, Personality Disorder services; Perinatal services; Dementia services ; etc. Individuals with mild learning disability may access these Services directly. Community Learning Disability services may also engage with these Specialist services in order to access consultation and expert guidance with regard to addressing these needs for individuals with moderate to profound learning disability.	DOH will review the existing pathways to Specialist Mental Health services, for example Substance Misuse services, Personality Disorder services; Perinatal services; Dementia services; etc.	DoH will implement recommendations from this review	

		Indicators		
	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
6.8	Individuals experiencing a crisis can access intensive 24/7 multidisciplinary HSC assessment, intervention and support at home or in a homely setting, including in a Community Assessment and Treatment Unit (CATU). This support will be delivered by highly skilled and experienced multidisciplinary teams with specialist knowledge in understanding and meeting the mental health and complex behavioural needs of people with learning disability.	DoH will review the Regional Mental Health Crisis Model and scope best practice in the delivery of mental health crisis services. This will be used to develop recommendations regarding the establishment of a Learning Disability Crisis service	DoH will pilot a Learning Disability Crisis service model DoH will evaluate the Crisis Service pilot and identify key recommendations. DoH will review regulation guidelines in respect of the definition of 'homely setting'	DoH will oversee implementation of learning from the Crisis service pilot

		Indicators		
6.9	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
	<p>People who present an immediate risk to themselves and/or others due to their mental health or behaviour may require admission to inpatient services. People with learning disabilities should be assessed and treated in mainstream mental health services where this is the most appropriate option.</p> <p>Consideration of physical and healthcare needs will be facilitated when people are in inpatient settings.</p>	<p>DoH will undertake a review of the needs of adults with mild learning disability who may require admission to an Adult Mental Health inpatient bed.</p> <p>DoH will scope and evaluate the current networks to support people with learning disability in Adult Mental Health inpatient services</p> <p>DoH will develop a regional protocol for Learning Disability inpatient services. This will include definitions; admissions criteria; service thresholds; care pathways and discharge processes.</p> <p>DoH will establish a clinical network to facilitate the implementation of the protocol and enhance collaboration.</p> <p>DoH will develop specific quality of care indicators for Inpatient Learning Disability services and community care environments.</p>	<p>DoH will ensure regional pathways are in place for people with learning disabilities to be assessed and treated in mainstream Mental Health services where this is the most appropriate option.</p> <p>DoH will ensure acute admissions, discharges and patient flow are reviewed periodically. This will inform capacity and demand modelling and future commissioning activity.</p> <p>DoH will oversee the implementation and ongoing monitoring of the Learning Disability inpatient services protocol.</p> <p>DoH & PHA will monitor the specific quality of care indicators for Inpatient Learning Disability services and community care environments.</p>	

		Indicators		
	Outcomes (as per LDSM)	Year 1	Year 2	Year 3
6.10	<p>Each individual's named worker from Community services will remain engaged with the patient while under the care of hospital staff and/or Forensic services and will have an active role in discharge planning.</p> <p>Planning for discharge will start from the point of admission. A community-based, specialist multidisciplinary HSC team will coordinate the discharge from inpatient care to another setting.</p>	<p>DoH will oversee implementation of an Inpatient Care Pathway. This will include.</p> <ul style="list-style-type: none"> - Pre-admission - Admission - Assessment and treatment - Discharge planning 		