

DRAFT 4

**LEICESTER CITY COUNCIL &
LEICESTERSHIRE HEALTH AUTHORITY
JOINT INVESTMENT PLAN
FOR
ADULTS WITH LEARNING DISABILITIES**

April 2001-2004

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DRAFT 1.

LEICESTER CITY COUNCIL AND LEICESTERSHIRE HEALTH AUTHORITY JOINT INVESTMENT PLAN FOR ADULTS WITH LEARNING DISABILITIES 2001 - 2004.

1.0 INTRODUCTION

Leicester City Council and Leicestershire Health Authority have agreed this learning disability services joint investment plan. The plan sets out the joint approach for Leicester City to the commissioning of services for adult citizens and patients with a learning disability for the next three years.

2.0 PURPOSE

- 2.1** The purpose of the Joint Investment Plan is to promote the provision of local, integrated services to support people with learning disabilities achieve and sustain maximum independence and quality of life within their local communities.
- 2.2** The strategic objectives of the Learning Disability Services Joint Investment Plan will inform the Leicester's Community Plan and the Health Improvement Programme (HimP)¹.

3.0 BACKGROUND

- 3.1** There has been a Joint Strategy² for learning disability services since 1992. This was reviewed and up-dated in 1999 when strategic objectives were set out for the next five years.
- 3.2** The Joint Investment Plan is intended to supersede the Joint Strategy by identifying a clear framework of need, services and a transparent investment strategy from all partners. It builds on the previous work and achievements of the strategy and incorporates action relating to new policy and legislation that has arisen since.
- 3.3** The multi-disciplinary Learning Disabilities Services Planning Team is now the strategic forum for planning services in the City. See Appendix F for how this fits into wider planning arrangements.

¹ Leicestershire and Leicester City Health Improvement Plan 2001-2002

² Leicester City Council & Leicestershire Health Authority, "Strategy for Services for Adults with a Learning Disability 1999"

4.0 POLICY CONTEXT

4.1 Key Themes

The objectives of the Joint Investment Plan are informed by the Government's health and social care modernising agenda, as set out in the White Papers "The New NHS - Modern and Dependable"³, "Modernising Social Services"⁴, the "NHS Plan"⁵ and more recently the implications of the new White paper "The Health and Social Care Bill"⁶ and the Carers and Disabled Children's Act.

Key themes are to:

- Improve partnership working and break down the barriers between services (expanded on with the Health Act 1999⁷ and the NHS Plan⁵)
- Increase independence
- Promote social inclusion
- Provide safe services (expanded on in Better Services for Vulnerable People⁸)
- Tackle inequalities
- Improve health and well-being through prevention and effective treatment and support
- Consultation, user and carer involvement
- Services developed around individual needs. For Leicester this includes providing culturally appropriate services.
- Support people to obtain, maintain or move closer to employment
- Raise the quality of services whilst maximising value for money (Best Value)
- Transparency and consistency of services
- Focus services around local population needs
- Modernise supporting strategies for human resources, information, performance management and regulation of both services and staff.

The reports "Moving into the Mainstream"⁹ and "Facing the Facts"¹⁰, highlighted that although guidance reflecting the above aims had been

³ DOH *The New NHS - Modern, Dependable*. London, The Stationary Office. 1997

⁴ DOH *Modernising Social Services, Promoting Independence, Improving Protection, Raising Standards* 1998

⁵ Department of Health "The NHS Plan - A Plan for Investment, A Plan for Reform", July 2000

⁶ "The Health and Social Care Bill"

⁷ *Health Act 1999* The Stationary Office Ltd

⁸ DOH *Better Services for Vulnerable People*, 1997

⁹ Social Services Inspectorate 1998 "Moving into the Mainstream; SSI Report of a National Inspection of Services for Adults with learning Disabilities", London: Department of Health

¹⁰ *Facing the Facts - Services for People with Learning Disabilities: A Policy Impact Study of Social Care and Health Services*, Department of Health. November 1999.

available since 1992 (LAC (92) 15¹¹) the lives of the vast majority of with learning disabilities had not significantly changed. There were pockets of good practice and some excellent services, but these were not consistently available to all those who needed them and at the people time they needed them. The majority of services were, and still are, provided in institutional, congregate and segregate settings. It is now accepted by the Government that there should be a move towards more person centred, community based services that can meet individual need. Local policy is reflective of this new policy direction, with close partnership working between commissioners and providers representing the City Council, NHS and Voluntary Sector.

4.2 The Learning Disabilities National Strategy

The Government has just launched 'Valuing People' the White Paper National Strategy for Learning Disabilities. This is based on the service principles as set out in current guidance, with a focus on requiring Local Authorities to turn this into real change for the benefit of people with learning disabilities. Some priorities have emerged. As the most likely tool for achieving these changes, the Joint Investment Plan has incorporated these wherever possible. Performance and outcome indicators to monitor Local Authorities progress are proposed for consultation..

Priority areas are:

- 4.2.1 Changing day services.** Enabling people with learning disabilities to make maximum use of education, leisure and other resources available to the general public. Increasing the number of people in employment.
- 4.2.2 Supporting Independence.** As well as the issues identified in 4.2.1. there will be a need to develop the range, quantity and quality of housing and support options; increasing the number of people supported to live in their own homes.
- 4.2.3 Children's Services.** Ensuring the effective planning and co-ordination of social, health, education and other services for children making the transition into adulthood.
- 4.2.4 Carer's.** Planning future services for people cared for by increasingly an elderly population of carers. Developing the range, quantity and quality of short-term breaks.
- 4.2.5 Health.** Improving access to and quality of the general health services and screening available. Reprovision of long-stay hospitals. Improving local challenging behaviour, mental health and related services. Reducing out of area placements.

¹¹ Department of Health (1992) "Social Care for Adults with Learning Disabilities (LAC(92)15)" London: Department of Health

- 4.2.6 Workforce planning.** Ensuring there are comprehensive training and workforce planning strategies in place to achieve the objectives of the plan. Developing leadership skills. Exploring the potential for multi-skilled staff.
- 4.2.7 Partnership working.** Making use of the potential afforded by the flexibilities in the Health Act 1999 to deliver and design improved services.
- 4.2.8 Diverse ethnic communities.** There is a need to ensure that all services are culturally appropriate for the communities they serve. See 7.8.
- 4.2.9 Direct payments.** Developing Direct Payment schemes to enable people to have greater choice and control over their lives.
- 4.2.10 User involvement and advocacy.** Enabling people with learning disabilities and their families to take a full and active part in planning, monitoring and reviewing services. Links will also be made to patient advocacy liaison currently being developed by the NHS.
- 4.2.11 Person centred planning.** To plan, commission and deliver services that are person centred. To start from the perspective of how people want to live their lives and what support they need to achieve that.

4.3 Health Act 1999 and the NHS Plan

- 4.3.1** The Health Act 1999⁷ introduced new arrangements for the commissioning and provision of health and social care, with the development of Primary Care Trusts and new roles for the NHS Trusts. The NHS Plan⁵ published in July 2000 emphasised the importance of putting the needs of patients, service users and carers first, addressing health inequalities and bringing health and social care together, including the concept of care Trusts and new combined mental health and social care Trusts. All new local developments for Learning Disabilities services will need to be set within this context.
- 4.3.2** The Act introduces a number of flexibilities to allow for more effective partnership working in order to improve services and outcomes for individuals. These include the options of pooling budgets between agencies, integrating services across agencies under one line management system and for one agency to take on responsibility for lead commissioning of services for another. In all cases statutory responsibility remains with the original authority and lines of accountability, audit trails and governance need to be clear.

⁷ Health Act 1999 Stationary Office Ltd

⁵ Department of Health "The NHS Plan - A Plan for Investment, A Plan for Reform", July 2000

- 4.3.3** In Leicestershire, work is underway to agree a framework for a joint approach involving the Councils, the Health Authority, Primary Care Group/Trust Boards and NHS Trusts Boards. This will be reflected in and developed through the NHS Health Improvement Programme, Leicester City Council's Community Plan and built into work on areas of Regeneration and Action Zones.
- 4.3.4** The locally proposed model for learning Disabilities Services is that of lead commissioning by each of the three Social Services Authorities for their area, with a common framework for the NHS role in service provision to those with continuing health needs. This would be managed on a separate pooled budget basis through each of the Social Services Departments with their respective Primary Care Trusts, reporting to their Partnership Boards. A working assumption is that each Local Authority will host their pooled budget.
- 4.3.5** All new service developments and re-configuration need to be set in the proposed model of unified management through social care with specialist clinical provision based in the proposed mental health provider Trust. Workforce planning will be central to ensuring the correct numbers and skills mix for different posts, as well as the appropriate training and support for staff through the changes.
- 4.3.6** Agreements on short, medium and long-term strategies and priorities for this work will inform and add detail to all the developments identified within the first year of this JIP and work should have progressed to enable it to be reflected more fully in the JIP up-date for 2002. This will generate agreement about relative priorities and pressures, as well as determine the investment profile and financial contribution from each of the partners. **This will include the continuation of the agreement of the Joint Strategy to ring-fence existing resources, including uplifts for inflation and development funding.**

Critical areas for agreement in establishing pooled budgets are:

- Gorse Hill hospital reprovision
- Funding of complex care and continuing healthcare packages
- Joint Solutions funding
- Agreeing appropriate levels of NHS and City Council investment streams to enable the strategic service developments to take place.

The complexity of the task indicates that full implementation by April 2002 will pose a significant challenge to all partners.

5 LINKS WITH OTHER INITIATIVES

- 5.1** This Learning Disabilities Joint Investment Plan (JIP) is being prepared at a time when a number of other significant initiatives are also being developed to which this plan will link.
- 5.1.1** Latest Government guidance has given employment a much higher profile with the 2001-2004 Welfare to Work JIP¹². The New Deal for Disabled People that is to be launched in the summer 2001, will create a new mechanism to engage disabled people in the employment process. It will allocate job brokers for all new claimants for certain benefits and make attendance at Job Centres mandatory. This, alongside the merging of the Employment Service with the Benefits Agency into the Working Age Agency, sets the Welfare to Work JIP within the context of radical change.
- 5.1.2** There is ongoing work, to develop the National Service Framework for Mental Health¹³, alongside yearly review of the Mental Health JIP.
- 5.1.3** Older people's Joint investment Plans are now in their second year.
- 5.1.4** Social Services are leading on a strategy for services for physically and sensory disabled people, a major focus of which is implementing the Social Model of Disability.
- 5.1.5** Education are leading on a Lifelong Learning Plan for adults in Leicester.
- 5.1.6** Under the Revised Code of Practice Programme of Action, the local Education Authority is currently implementing new approaches to identifying resources for disabled pupils.
- 5.1.7** The anticipated Special Educational Needs and Disability Bill will place new duties on Local Education Authorities, Local Authorities and the NHS to improve the standards of existing public services to this group of children, young people and their carers and families.
- 5.1.8** Arts and Leisure Department are leading on developing a cultural strategy for Leicester City.
- 5.1.7** Each year priorities identified within the JIP will feed into the local Health Improvement Plan (HImP) and Community Plan/Strategy¹⁴.
- 5.1.8** For accommodation and support, the JIP will link into the local Supporting People Strategy and priorities identified will be reflected in Housing Investment Plans as appropriate. The Supporting People

¹² Nuffield Institute for health *Joint Investment Plans, Welfare to Work for Disabled People, 2000*

¹³ National Service Framework

¹⁴ Leicester City's Community Plan

programme offers vulnerable people the opportunity to improve their quality of life by providing positive services, which enable them to have greater independence and control in making choices within their lives. The programme is being implemented now and will improve services by:

- focusing provision on local need
- improving the range and quality of services
- integrating `support` with wider local strategies
- monitoring and inspecting quality and effectiveness
- introducing effective decision making and administration

DETR and the DOH have been working jointly on guidance for local authorities on expanding the range of housing, care and support options available to people with learning disabilities.

It is now recognised that there is a need to increase diversity, with care and support being provided in a variety of settings, ranging from shared accommodation, through self-contained housing in cluster and network schemes, to ordinary housing.

Alongside mainstream health and social services expenditure on care and support for people with learning disabilities, *Supporting People* will have much to contribute to diversification of opportunities and enhancing the quality of support for people with learning disabilities living in the community

5.2 In addition to the above, a number of other pieces of legislation and policy initiatives are relevant for links to be made as appropriate:

- Health Action Zone
- Education Action Zone
- Sports Action Zone
- Housing Investment Plan
- Primary Care Groups and the development of Primary Care Trusts
- New Opportunities Fund and Healthy Living Centres
- Review of Supported Employment Schemes
- Implementation of Information Advice and Guidance schemes
- Development of the Connexions Service
- Development of the Learning Skills Councils
- Development of the Leicester and Leicestershire Information, Advice and Guidance Scheme
- New Deal for Communities
- Single Regeneration Budgets and other Regeneration initiatives
- National and Leicester City Carer's strategy
- Health Act 1999
- Disability Discrimination Act
- Human Rights Act

This JIP has been written against this background. The inter-relations are complex and future years' plans and links will reflect the growing sophistication in detail and analysis that will develop across all the plans

6.0 MAPPING

A detailed mapping of resources and investment patterns is outlined in Appendix A, Sections A - F. The format follows government guidance.

The Joint Strategy for Adults with a Learning Disability (ref) contains a detailed description of services for adults with learning disabilities in Leicester City and it is therefore not intended to repeat this within this Joint Investment Plan.

There have been a number of service developments that have arisen from the Joint Strategy and worked on since its publication. These are outlined below:

6.1 Supported Living.

- 6.1.1** Multi-disciplinary work has established a set of measurable, outcome based, quality standards for support work. Specifications and a contractual framework have been developed to enable the commissioning of supported living packages for people with social and/or health care needs. A strategy for supported living is being developed in partnership with Leicester City Housing Department. A supported living development worker has been funded for three years through joint finance.
- 6.1.2** Gorse Hill Hospital is the last remaining long stay hospital for people with learning disabilities in the Leicester and Leicestershire area. In line with government intentions, the hospital will close over the next three years and be replaced by a new community based service. The intention is to link with the work outlined in (i) and develop a number of small supported living schemes for up to 58 people (31 City responsibility). Accommodation will be developed by Independent Sector Housing Organisations and people will be supported to hold their own tenancies. Support and enablement services will be commissioned from high quality social care providers. Alternative Residential and Nursing Home care will also be developed for a small group of elderly and frail people.

LRHT will develop specialist community health care teams, to work alongside colleagues in the primary health care teams to meet the complex health care needs of people as they move out of Gorse Hill.

The resettlement project is being managed from within the Learning Disability Joint Strategy Team, and involves partnership working between Leicester City Council Social Services Department, Leicestershire and Rutland County Council, Leicestershire and Rutland Healthcare NHS Trust and Leicestershire Health Authority. New services will be located in both the city and the county. Initially the services will be commissioned by Leicestershire Health Authority, but in the medium to longer term management responsibility will transfer to the Local Authorities.

6.1.3 Social Services Learning Disabilities business plan identified a target of 63 people to be in supported living arrangements by end of 2001, aiming for 78 by end 2002. This figure currently stands at 25. An additional 13 people now have specifications prepared for their support and accommodation and selection of these will begin soon. This will run alongside the first phase of Gorse Hill re-provision, which will include 19 City people. The supported living development is slightly behind time-scale. This is mainly because engaging properly with service users in person-centred planning to develop services that are individual and appropriate for their needs has proved more time consuming than was originally estimated. There has also been a lengthy process to develop commissioning frameworks for support services and methods of identifying accommodation. When these are in place, future developments will be quicker.

6.2 Leicestershire and Rutland NHS Healthcare Trust (LRHT) Community Homes Social Care Strategy

LRHT currently owns and manages 10 community homes for people with learning disabilities who have predominantly social care needs. Three of these homes are located in Leicester. Work is being undertaken to transfer the direct provision of care in these homes from LRHT to Independent Sector Providers and to transfer the management of the services to the Social Services Department. This work is being managed from within the Learning Disability Joint Strategy Team and supported from the Social Services Department.

6.3 Day services.

Partnership working with Leicestershire and Rutland NHS Healthcare Trust has enabled the development of the specification for a non-buildings based support service for people with the most complex challenging behaviours. 250 hours per week is being funded by money made available by the Health Authority following the re-provision of Stoneygate hospital. The service is targeted at people for whom current day service provision within the City is unable to meet their needs, due

to the need for a highly individualised, consistent yet flexible service with one-to one staff trained in skills to positively manage challenging behaviours. Turning Point was the service provider selected following competitive tender and work is starting to establish this new service. It is planned to be operational in Spring 2001.

6.3.1 The Joint Strategy highlighted the need to review and modernise the City day services provided by Social Services and the Trust. The steady increase in demand for services has re-enforced this. A typical model which could be used to help reshape existing day services has been worked up by the City Planning Team for consideration. (See Page 42). A Cabinet paper is currently being developed to seek the support of Members and to consider this and alternative models to help the City Council and partners meet the new performance framework being signalled in the evolving National Strategy.

6.3.1 The Partnership Grant is being used to fund a Community Opportunities Team of four development workers. A major part of their role will be to create alternatives for people with learning disabilities, linked to day services, Welfare to Work and the supported living strategy outlined in 6.1.

6.4 Supported Employment.

Following competitive tender Co-options Co-operative were awarded the contract. The service will work alongside current in-house, independent and voluntary sector services to offer opportunities for supported employment in existing jobs, as well as to develop new work opportunities (e.g. social firms) to people with learning disabilities and physically disabled people. Working within the framework of the Welfare to Work Joint investment Plan it will co-ordinate a local partnership umbrella for all agencies involved in enabling disabled people to train for, move closer to, obtain and maintain employment. The services represent a major investment in supporting disabled people into work in the City and will form a key part of the provision of alternative day services, including those for people with complex needs. The target is to be offering 168 people with learning disabilities work opportunities by December 2003.

6.5 Short Break Services.

6.5.1 Leicester City Social Services Department are working in partnership with service users, Advance Housing and Support and the National Development Team to pilot a customised, flexible, short-break support service. Initial work was funded by a grant from the Housing Corporation and the Carer's Grant funded service provision. As a specific area of unmet need was identified for predominantly Asian service users,

priority work has been with two adult Asian service users and their families. The pilot is being informed by information gained from a small, local consultation, as well as national examples of good practice.

6.5.2 The support offered is person-centred and linked to individual need. The service is not based in a building, but provides support to people in their own home, as well as to go out to activities they enjoy and also have short breaks away from home.

6.5.3 Information from the pilot will inform the strategy for the development of short break services in the City. If successful, it is hoped that the scheme will be extended to other service users and their families.

6.6 Person Centred Planning (PCP)

In Summer 1999 training was provided by the King's Fund for a multi-disciplinary group of staff. This training raised much enthusiasm, but also issues for how PCP could be implemented across such a diverse range of agencies, all with different assessment systems, eligibility criteria, forms and cultures. It was agreed to initially pilot PCP in areas of service development where there was greater opportunity to achieve outcomes and goals arising from the plans. Feedback from this will inform the task and finish group working on a strategy for implementation of PCP and extending the Common Assessment Framework and Care Programme Approach into a single multi-agency assessment tool.

6.7 Advocacy

6.7.1 The Partnership Grant will fund two posts to provide advocacy support for current social work cases and facilitate focus groups to enable people with learning disabilities to be involved in planning and service developments. They will provide information and training to people in self-advocacy skills and facilitate evaluation of services by people with learning disabilities. One of the posts will work specifically with Asian and African Caribbean people. Specifications are currently being written and the service will then be competitively tendered.

6.7.2 There could be scope for some developmental work with young people, their families, carers and school communities to integrate a wider and more consistent approach to advocacy.

6.8 Healthy Lifestyle

A strategy and good practice guidance have been developed by the Trust. Objectives are to reduce the health inequities of people with learning disabilities and enable them to access the same level and quality of mainstream healthcare as other citizens.

6.9 Asperger Syndrome.

It is recognised that there are people with Asperger Syndrome with no other disability, as well as people who also have learning disabilities, mental ill-health, physical and sensory disabilities. Planning arrangements for people with Asperger Syndrome are currently sited in Learning Disabilities. It is recognised that this is an area of work that requires further development in order to identify accurately the numbers of people who have this diagnosis in the City, as well as to provide a wider range of appropriate services. The Prevention grant will fund a development worker to co-ordinate a strategy to meet the needs of people with Asperger Syndrome. They will work across Social Services, Education and Health to inform an analysis of need and both provide and develop services to meet these.

6.10 Good Practice Guidance.

A Good Practice Guide for learning disability residential care services is being developed across the City and County. A draft is completed and is currently being consulted on.

7.0 NEEDS ANALYSIS

7.1 The Leicestershire Learning Disability Register.

7.1.1 The Learning Disability Register is a continuously up-dated information system about the needs of adults with learning disabilities In Leicester City, Leicestershire and Rutland.

7.1.2 The Register is continuously updated through a notification system involving a wide range of professionals and by a 4-5 yearly programme of home interviews with service users and carers. Because of this rolling programme, the information about people can fluctuate slightly. All information for year 2000 used within this plan was based on people known to the register on 29th November 2000.

7.1.3 The Register is currently being reviewed by a range of stakeholders, to ensure the systems for information gathering are consistent and are covering all relevant areas.

7.2 Key Facts for Leicester (based on Register figures):

7.2.1 Mid-1999 census figures estimate the total adult population of Leicester to be 220,000.

7.2.2 The learning disability register records 1,276 adults with learning disabilities on 29th November 2000. In March 1998 the total number was 1,220. This is in line with the predicted steady increase in the number of adults with learning disabilities.

7.2.3 Leicester has a prevalence rate for adults with learning disabilities that is close to twice the national average. Leicester's prevalence rate is 5.7 per 1000 population with a national average of 3-4 per 1000. This figure is only partially explained by the fact that a number of specialist resources are concentrated in the City. Information about the originating addresses of people with learning disabilities suggests that in overall terms more people move into Leicester City to receive services (approximately 76) than have moved out. Other reasons for the higher prevalence rate are not immediately apparent.

7.3 Changes in the number of people with learning disabilities in Leicester City.

7.3.1 The number of adults with learning disabilities on the Register has increased by 56 since March 1998. This is in line with the predicted steady increase in the number of adults with learning disabilities. Major changes in childhood survival and improvements in adult survival contribute to this increase. Research carried out at the University of Leicester draws on evidence from a variety of sources that suggests there has been a substantial increase in the prevalence of severe learning disability in adults over the last 30 years (currently estimated at between 60%-100%). The research indicated that this trend was likely to continue for another 30 years (Research by C. McGrother and C.Thorpe, Joint Strategy 1999).

7.3.2 Work carried out by the University of Leicester using the new computerised Future Needs Profiling tool indicates that, within the City of Leicester, the number of people with learning disabilities will increase by around 11% over the ten years from 1999 to 2009 (excluding people who are hospital in-patients). (Source: Joint Strategy 1999).

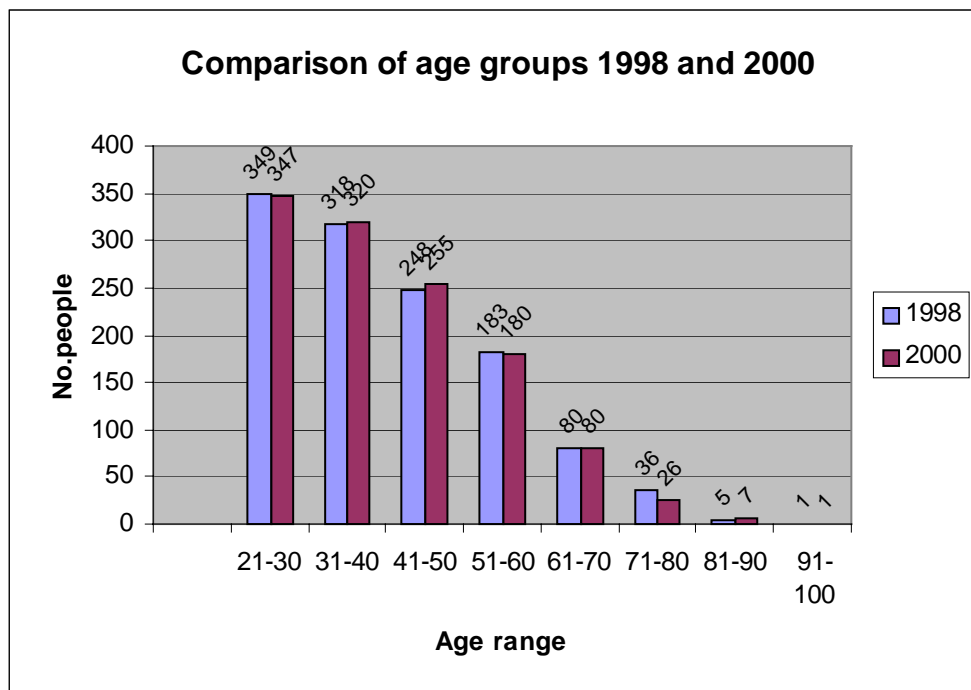
7.4 The Age Profile and Changing Needs of People with Learning Disabilities

7.4.1 People with learning disabilities in Leicester are now living to be older. Over the past three years, however, the patterns of spread of people's ages has remained the same. (See Table 1 below). The register only includes people aged 19 plus, therefore the younger age group, which represents the area with the greatest increase, is not included. Work is currently underway to extend the Register from 14 plus.

7.4.2 Table 1 figures are not yet in line with the Joint Strategy's prediction that the number of people in the 60-69 year age group is likely to rise from 77 to around 130. This was based on research from the Register that predicts a 30% mortality rate over a 10-year period for people now in the 50-59 year age group (Joint Strategy 1999). During the same period, the number of people in the 50-59 year age group is also predicted to rise from 186 to around 219. This is based on research from the

Register that predicts a mortality rate of 10% over 10 years for people aged between 40-49. Although it is still too early to tell, it is important that the trend is monitored regularly to establish whether figures will rise in future years.

Table 1.



Source: Leicestershire Learning Disabilities Register, 29/11/20

7.4.3 Within the general population the prevalence of many of the illnesses and medical conditions resulting in continuing health care needs is strongly age related, with the highest demand in the 80+ age group¹⁵. However, for people with learning disabilities, the health problems associated with old age often become apparent at an earlier stage in life.

7.4.4 Although more people with learning disabilities are surviving into old age, over the age of 60 life expectancy is significantly less than for other groups. This is due to a number of factors, including the higher level of health problems in people with learning disabilities compared to the general population. People with learning disabilities and their carers may have difficulties recognising health needs and ensuring that appropriate help is obtained. There is evidence that people with learning disabilities do not use primary care services as much as would be expected from their needs¹⁶ (Signposts for Success).

7.4.5 As more people with a learning disability are now living longer, their individual level of complexity of need for both health and social care services will increase and change in nature. At the same time, the fact

¹⁵ Leicestershire Health Authority *NHS Responsibilities for Meeting Continuing Health Care Needs*, August 1997

¹⁶ NHS Executive *Signposts for Success in Commissioning and Providing Health Services for People with Learning Disabilities*, January 1998

that people are now living longer is leading to the continued occupation of residential and day care places, which would previously have been vacated.

- 7.4.6** Since the 1970s there has been an increase in survival among more severely disabled children. Many are now 20-30 years old and require adult services that cater for increasing levels of dependency. This will progressively work through to all ages, accentuating the levels of dependence and the need for resources in all sectors over the coming years.¹⁷
- 7.4.7** People with learning disabilities are known to have much greater health needs than the general population and they have high rates of sensory impairment, mental ill-health (including challenging behaviour) epilepsy, cerebral palsy and other physical disabilities. Research suggests that a significant proportion of people with such severe and complex disabilities are likely to enter residential care during adolescence and early adulthood. This will create an increased demand on residential provision that is only now starting to be felt¹⁸(Hatton and Emerson). It is important to ensure that there is a sufficient range of local support services to meet the needs of this group of people both when they move on from the family home, as well as to maintain them within their families for as long they wish.
- 7.4.8** Changes in patterns of service provision, involving the retraction of larger scale hospital accommodation, and an emphasis on providing homes for people in their local communities, are leading to increasing numbers of more vulnerable people, requiring higher levels of support living within the community.
- 7.4.9** Taken together these changes in the overall pattern of needs and provision indicate that there will be an increasing demand for a wide range of community-based services of both a health and social nature. Additional resources will be needed to maintain health and social services at current levels. It is estimated that, in addition to inflation rises, an increase in funding of 2.5% year on year will be required for the next ten years, (Joint Strategy 1999).

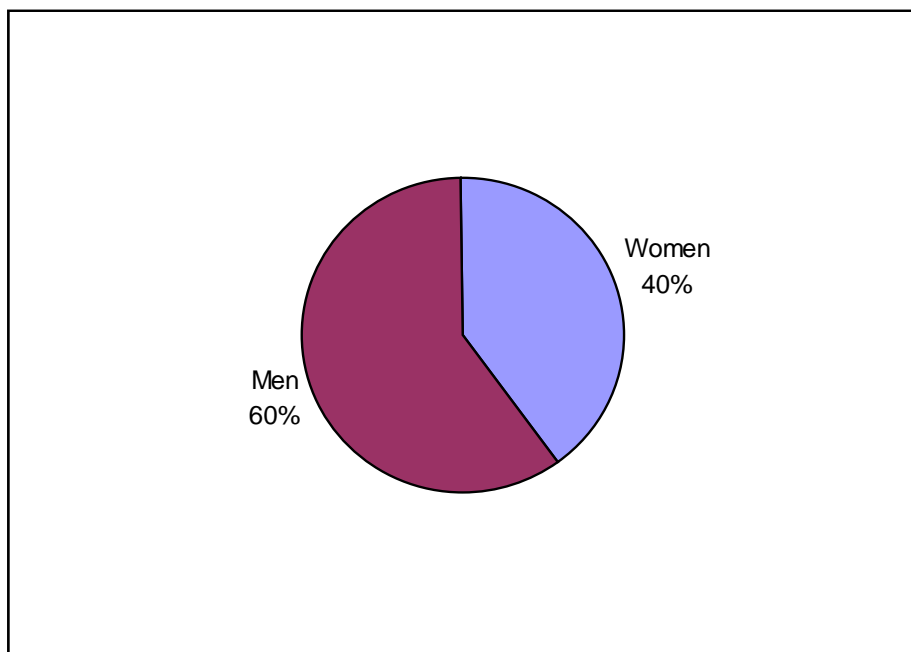
7.5 Gender of adults with Learning Disabilities.

- 7.5.1** There are 764 men with learning disabilities and 511 women on the Register. The proportions of men are higher than that of the general population (Table 2 below). Reasons for this and comparators are not immediately apparent or available.

¹⁷ Journal of Public Health Medicine, Vol.15 No.3 pp263-271 *More and Better Services for People with Learning Disabilities*, McGrother et al, 1993

¹⁸ Hester Adrian Research Centre, University of Manchester *Residential Provision for People with Learning Disabilities: An Analysis of the 1991 Census*, Hatton, C & Emerson, E. 1996

Table 2
Percentage of Men and Women with Learning Disabilities.

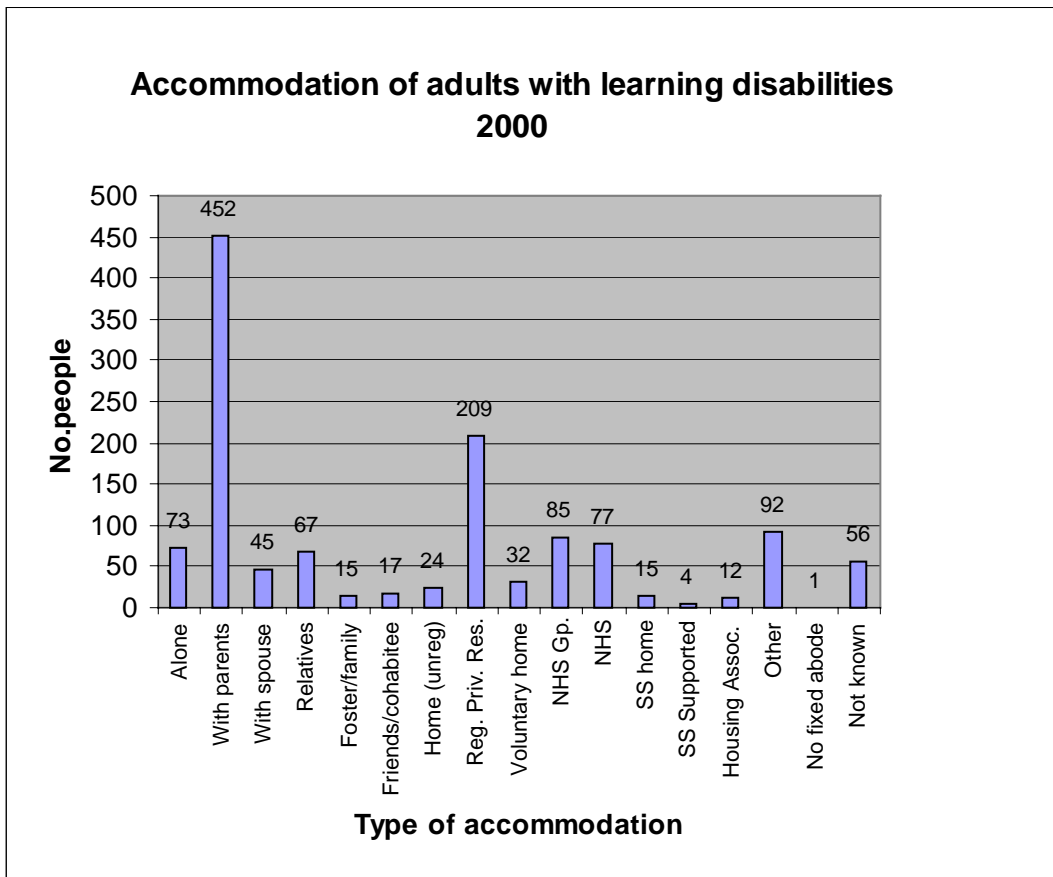


Source: Leicestershire Learning Disabilities Register, 29/11/200.

7.6 Where People with Learning Disabilities Live.

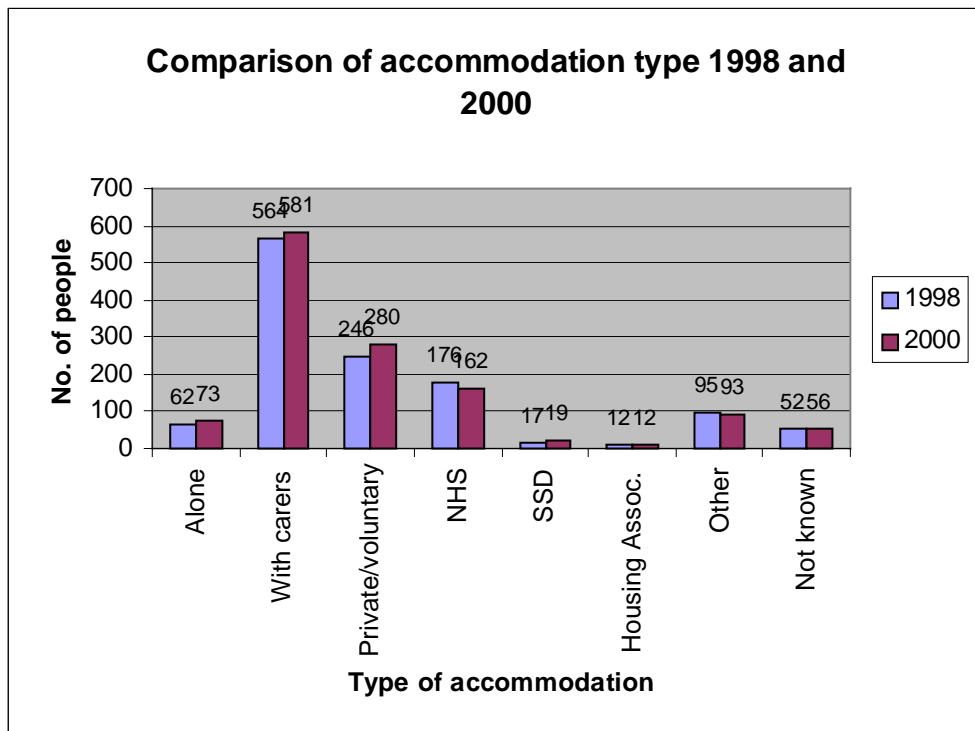
- 7.6.1** Nearly 50% of people with a learning disability live with carers, (see Table 2 below). This number has increased slightly from 564 in 1998 to 581 in 2000.
- 7.6.2** In Leicester City the majority of people with learning disabilities who do not live with family carers are living in congregate settings, in residential, nursing homes or NHS care.
- 7.6.3** The vast majority of these are provided in places where more than ten people live together (See Mapping, Appendix F7), with many of these being for more than 20 people.
- 7.6.4** The least common form of accommodation with support is for people to be supported in their own tenancies. This is currently provided for 28 people in Leicester City.
- 7.6.5** There has been little change in the type of accommodation that people with learning disabilities live in since 1998 (see Table 3). In future years the aim is to see a decrease in numbers of people living in larger, more institutional settings and an increase in people supported to live in their own homes (see Action Plan).

Table 3.



Source: Leicestershire Learning Disabilities Register, 29/11/200

Table 4



Source: Leicestershire Learning Disabilities Register, 29/11/200

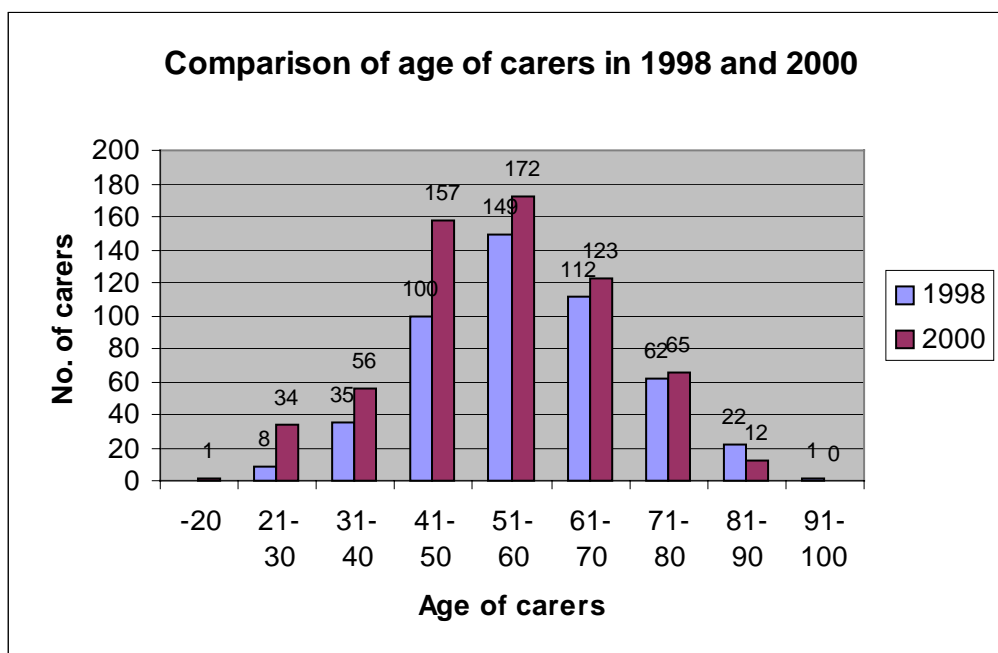
7.7 Family carer's of adults with learning disabilities.

7.7.1 The increasing age of the population of people with learning disabilities, combined with the ageing of the general population, is leading to an increase in the number of people living with more elderly carers. As previously cited, there has been an increase in the prevalence of people with severe learning disabilities has been reported. Nationally, a significant proportion of this group of people are living at home with their parents who are now in their 50s or older (¹⁸Hatton and Emerson, 1996).

7.7.2 In Leicester, comparison of age of carers in 1998 and 2000, shows that the numbers of carers are both increasing, as well as higher numbers entering the more elderly age ranges, (see Table 5, below).

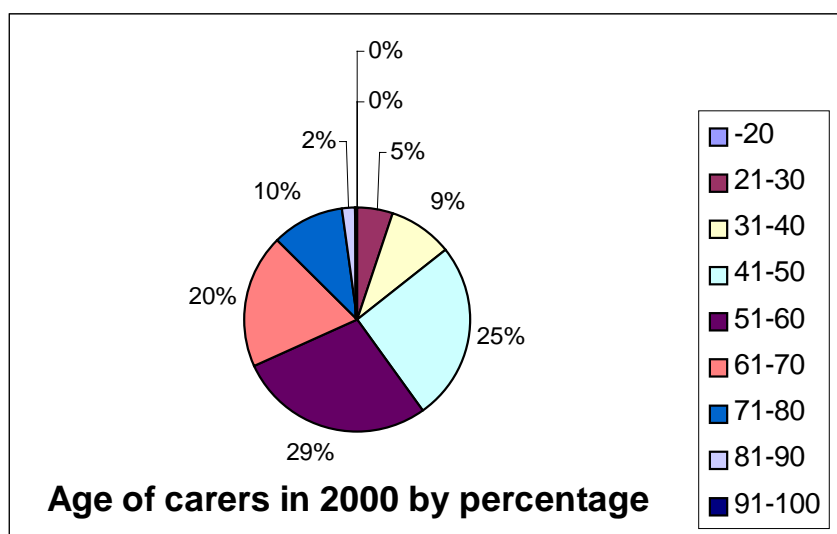
7.7.3 In Leicester City approximately 581 people with learning disabilities live with family carers. 71% of these carers are aged fifty plus (see Table 5 below) with 32% of these being sixty plus.

Table 5



Source: Leicestershire Learning Disabilities Register, 29/11/2000

Table 6

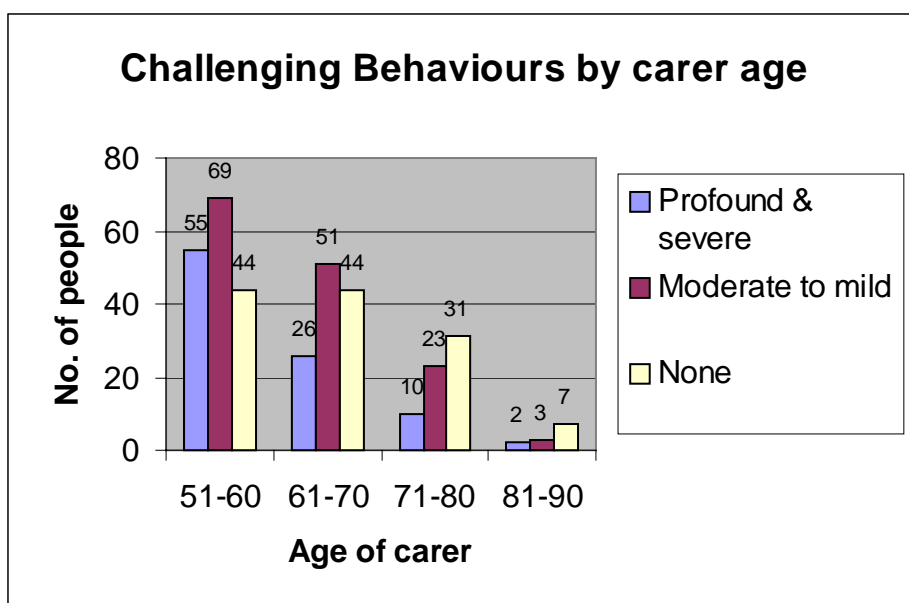


Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.7.4 A significant number of the people who are being cared for have complex needs and other disabilities as well as learning disabilities.

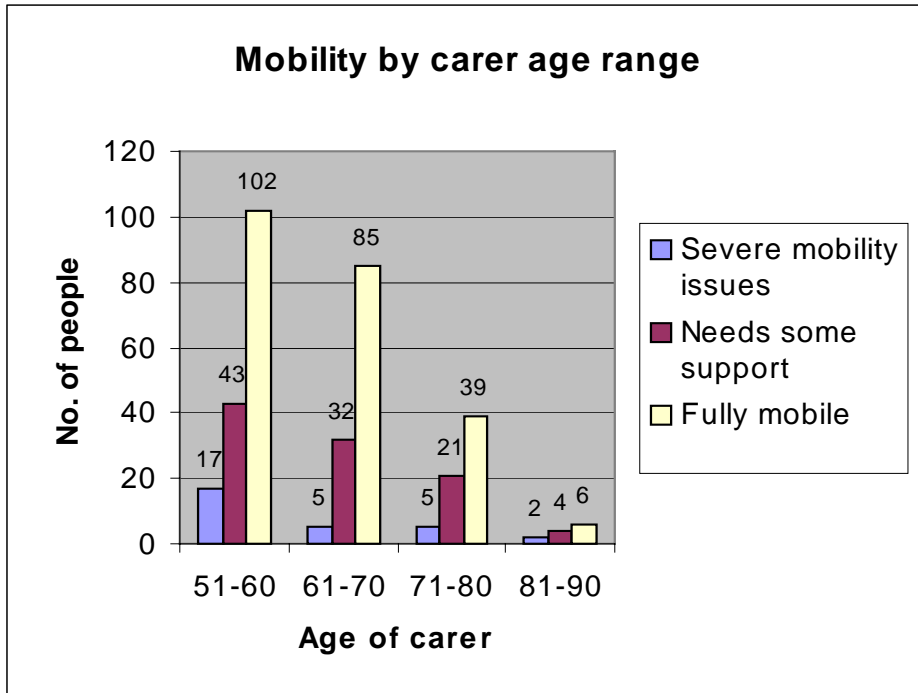
- 93 carers aged fifty plus care for someone described as having profound to severe challenging behaviours (Table 7 below) and 146 care for someone described as having moderate to mild challenges.
- 29 carers aged fifty plus care for someone described as having severe mobility issues (Table 8, below) and 100 care for someone needing some support with mobility.
- Elderly carers are caring for people who are them-selves becoming elderly with associated support needs (Table 9, below).

Table 7



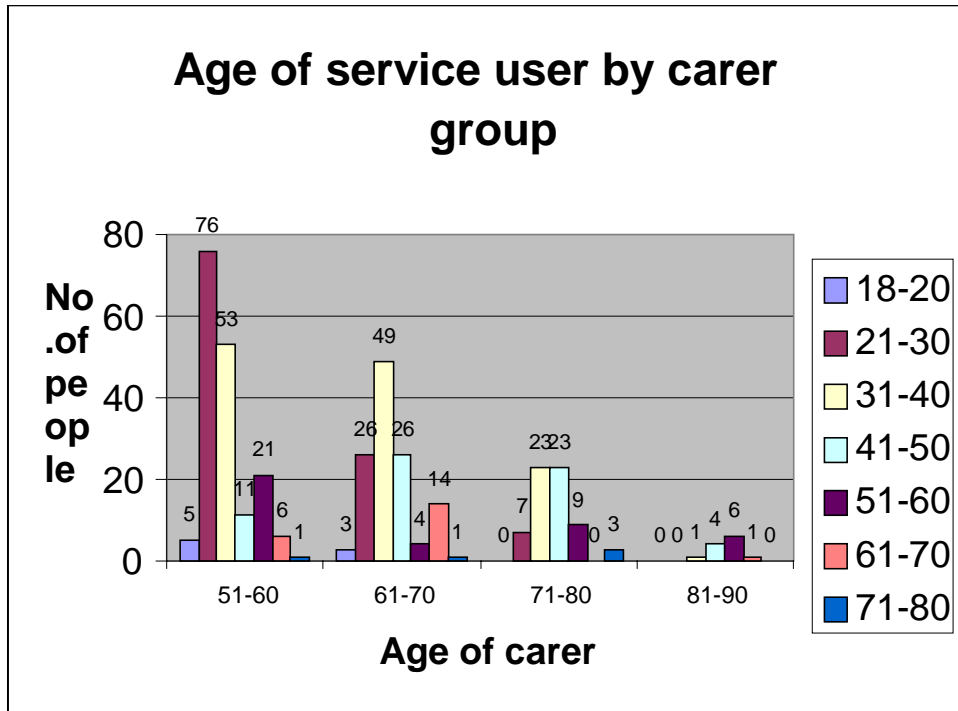
Source: Leicestershire Learning Disabilities Register, 29/11/2000

Table 8



Source: Leicestershire Learning Disabilities Register, 29/11/2000

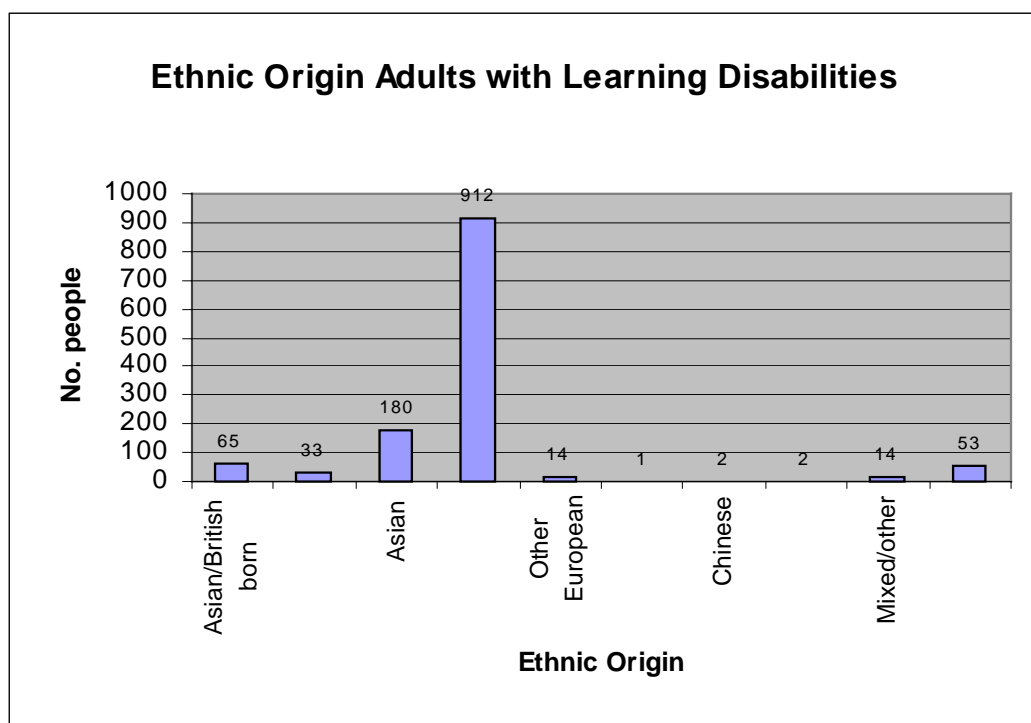
Table 9



Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.8 Ethnic origin of adults with learning disabilities in Leicester City

Chart 10



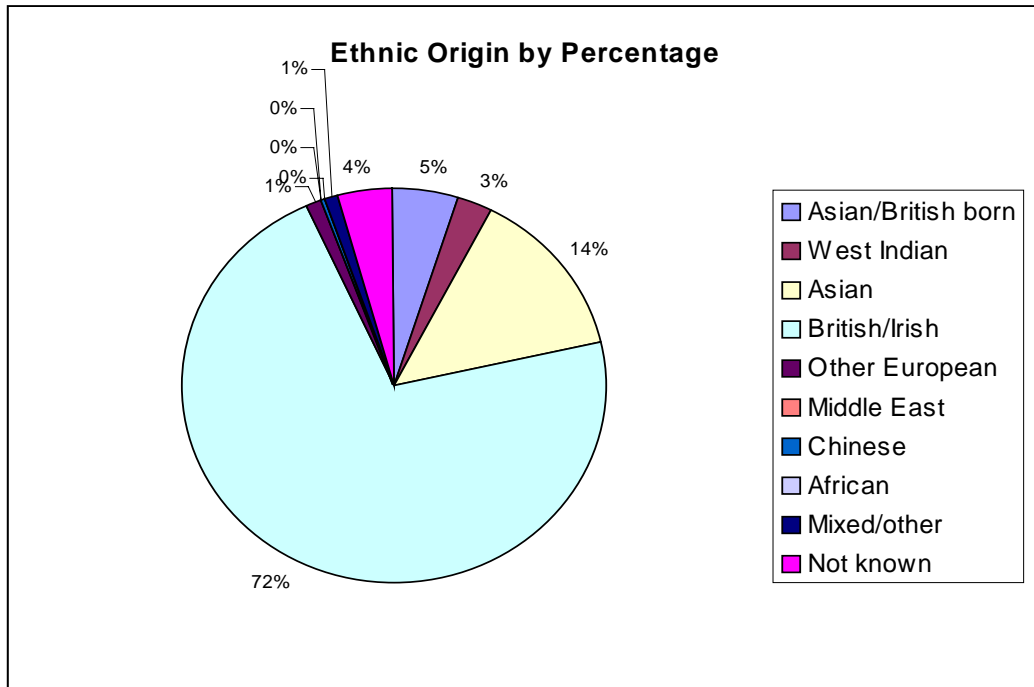
Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.8.1 Since the late 1960's and early 1970's Leicester City has been home to people from a diversity of cultures, particularly people of Asian and African-Caribbean origin. The 1991 Census highlighted that people from ethnic minorities make up 28.5% of the total population (76,991 people from a total population of 270,493).

7.8.2 The ethnic composition of people with learning disabilities broadly reflects the ethnic composition of the general population (see Chart 10, above). The age profile of the Asian population of people with learning disabilities differs from that of the white population in that it is much younger. 79% of the Asian population is aged 19-39, compared to 53% of the white population being in this age group¹⁹. This means that over the next 10 years there will need to be a significant reconfiguration of 'old style' services to reflect the individual cultural needs and aspirations of a growing Asian service user population.

¹⁹ Journal of Intellectual Disability research. Vol.40, part4, pp 298-304 *Psychiatric Disorder in Asian Adults with Learning Disabilities: Patterns of Service use*, Chaplin et al, 1996

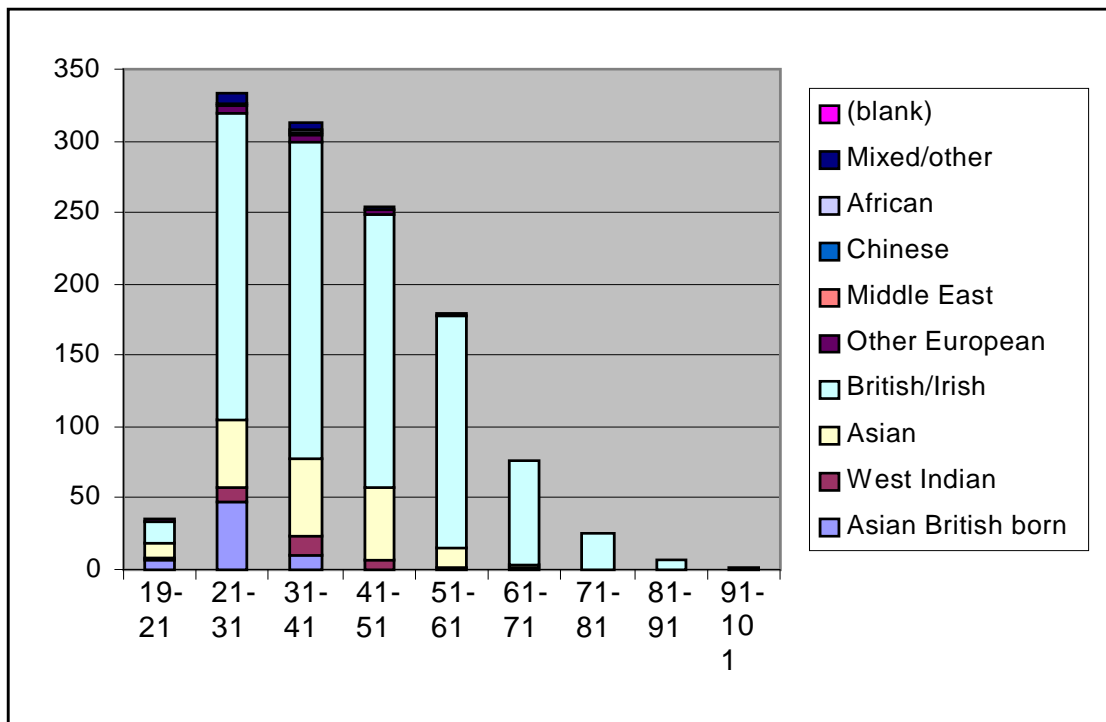
Chart 11



Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.8.3 In Leicester City, for 2001 and 2002 the number of school-leavers from ethnic communities, is equal to those from white communities (see 7.11). Chart 12 shows how the ethnic make-up of the population of adults with learning disabilities is changing over time, with much higher percentages of people from Asian and black ethnic origins in the younger age groups.

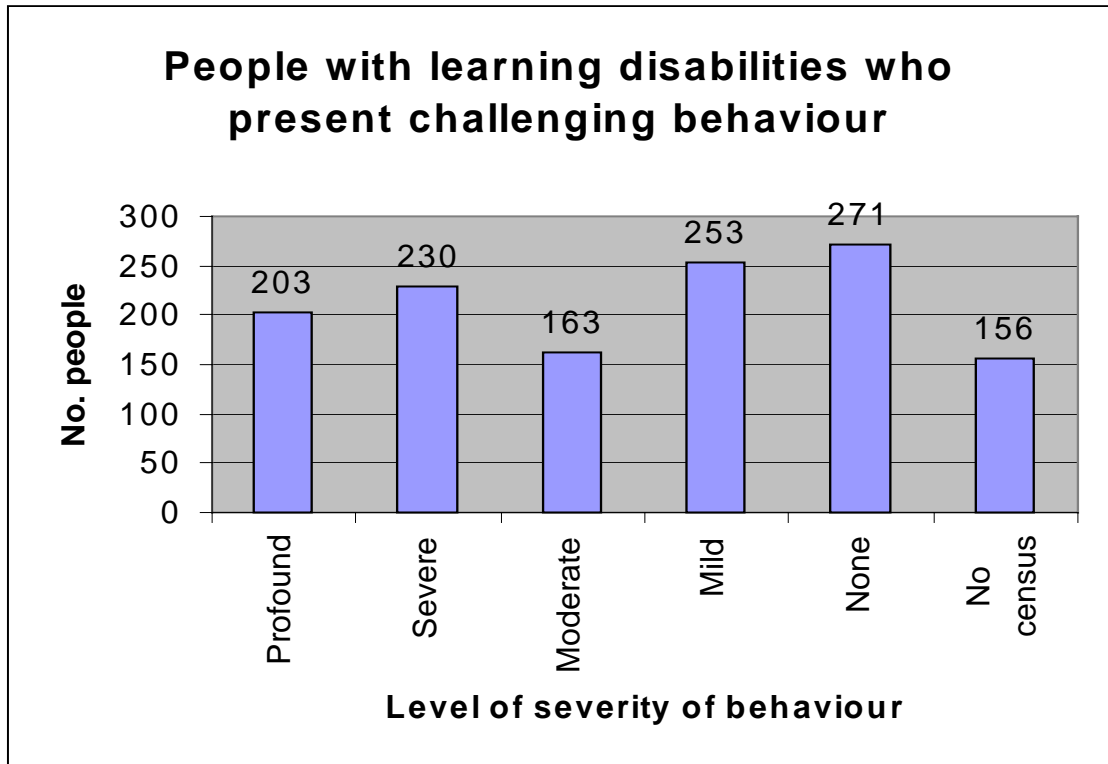
Chart 12: Ethnic Origin of People with Learning Disabilities by Age Group



Source: Leicestershire Learning Disabilities Register, 29/11/2000

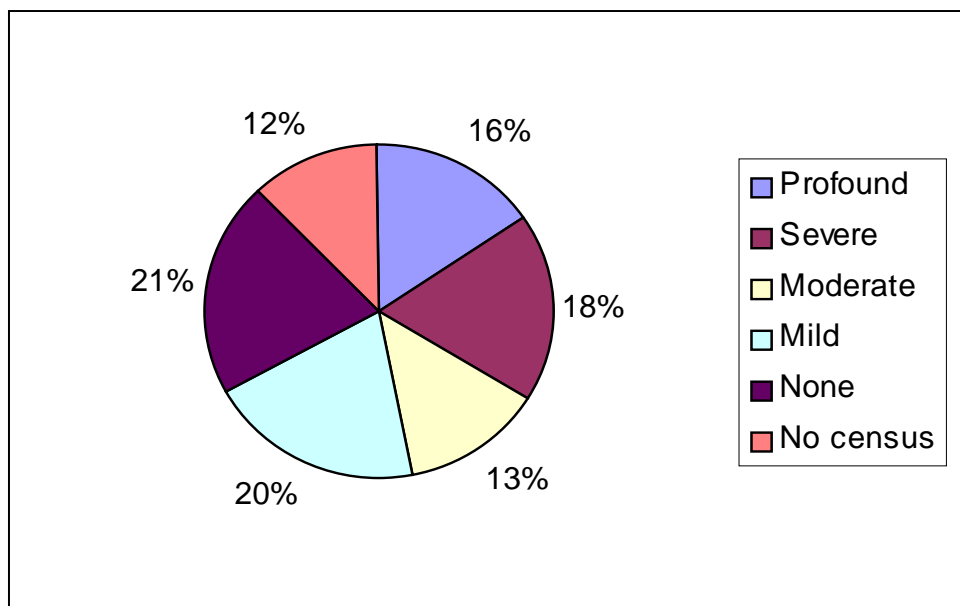
7.9 People with learning disabilities and challenging behaviours

Chart 13



Source: Leicestershire Learning Disabilities Register, 29/11/2000

Chart 14: Challenging behaviours by percentage

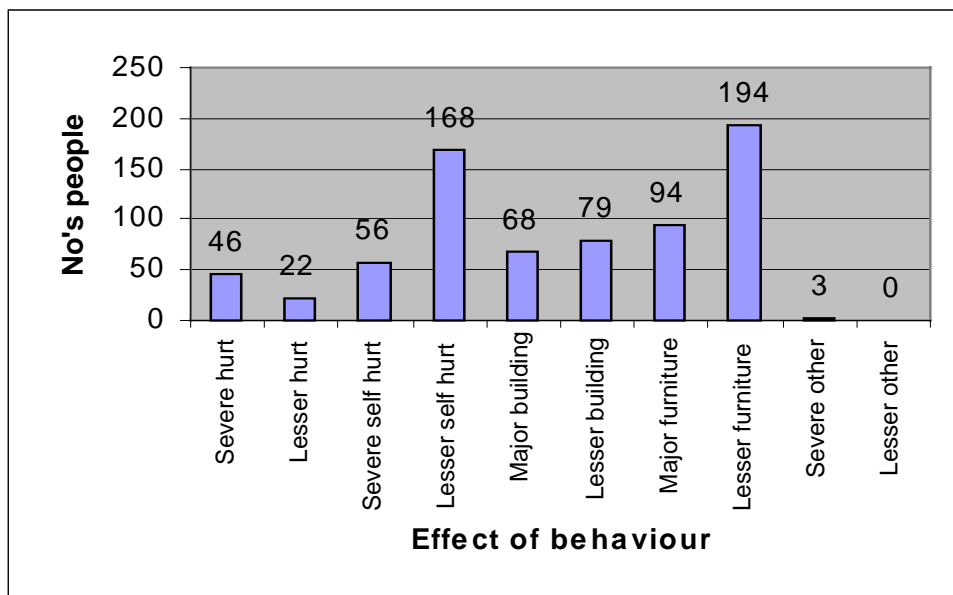


Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.9.1 Behaviour that is termed challenging can be described in a number of different ways. Charts 13 and 14 above summarise information contained in the Register about the **type** of behaviour that an individual

presents. The Joint Strategy adopted Emerson's definition of severe challenging behaviour as: "Of such intensity, frequency and duration that the physical safety of the person or others is likely to be placed in serious jeopardy or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities"²⁰

Chart 15: Effects of challenging behaviours

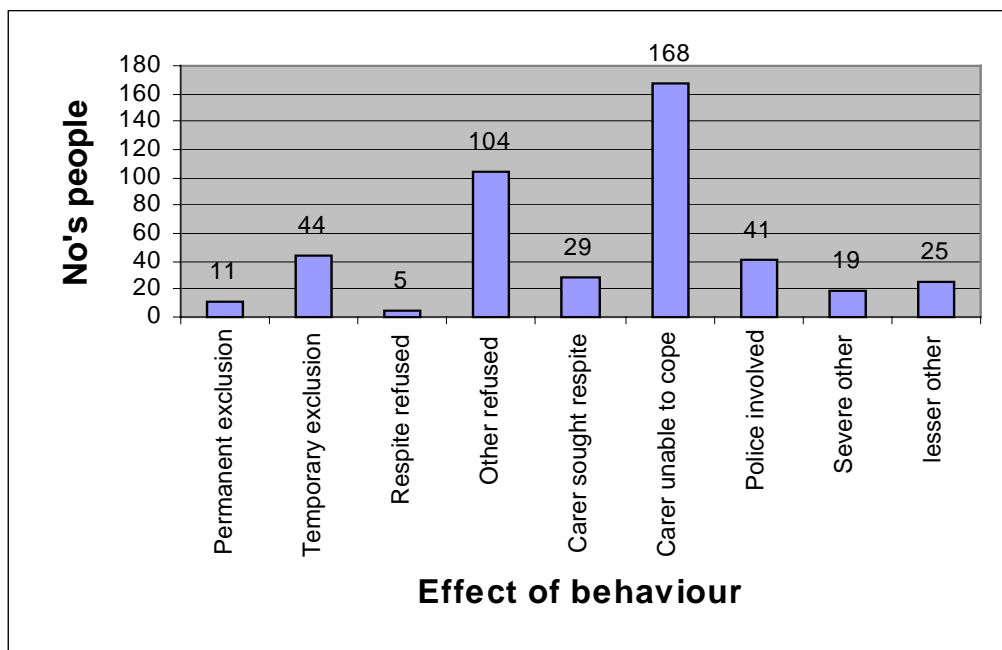


Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.9.2 Chart 15 shows information about the effects of people's challenging behaviours. 19% of the adult learning disability population have difficulties with behaviours that have resulted in physical hurt to themselves or others. 25% have behaviours resulting in damage to buildings or furniture.

²⁰ Emerson et al, 1987

Chart 16: Effects of Challenging Behaviours on Support Systems



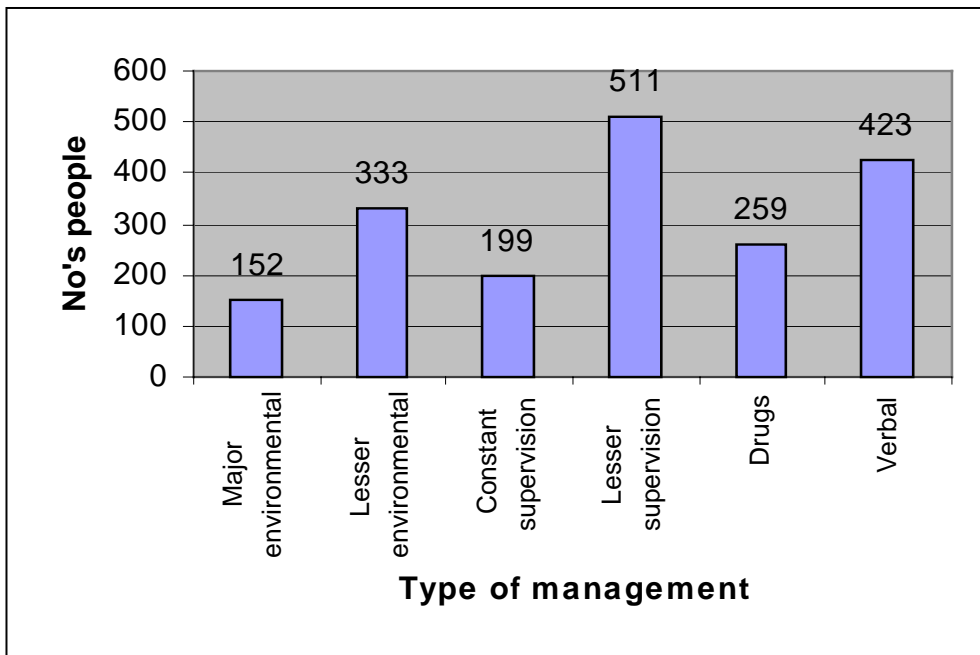
Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.9.3 Chart 16 summarises the effects of challenging behaviours on formal and informal support systems. 8% of the population of adults with learning disabilities have difficulties with behaviours that have resulted in exclusion or refusal of services. 16% have behaviours that have resulted in carers being unable to cope, seeking respite or police involvement. This means that all public services have to design new services that either prevent these behaviours or support their management in other settings. For this to happen effectively requires an enhanced training programme across all agencies for staff working with people with challenging behaviours.

7.9.4 It is important not to focus on problem behaviour as inherent qualities of people, but to examine support services and the ways in which they might respond to behaviours and their causes. Many behaviours have triggers that can be avoided, or management strategies that can minimize the frequency and impact difficult of behaviours. Often, the challenge is for services to be able to implement these and enable people to achieve as ordinary a life as possible. This is not an easy task. As identified in 7.9.3 an effective training programme will need developing. It is important that staff and carers from all agencies and sectors support people with challenging behaviours in a way that is safe for all.

7.9.5 28% of the total population of adults with learning disabilities have difficulties with behaviours that can be managed by a change to their environment. 36% require supervision, 17% are taking medication and 25% require some form of verbal intervention (Chart 17).

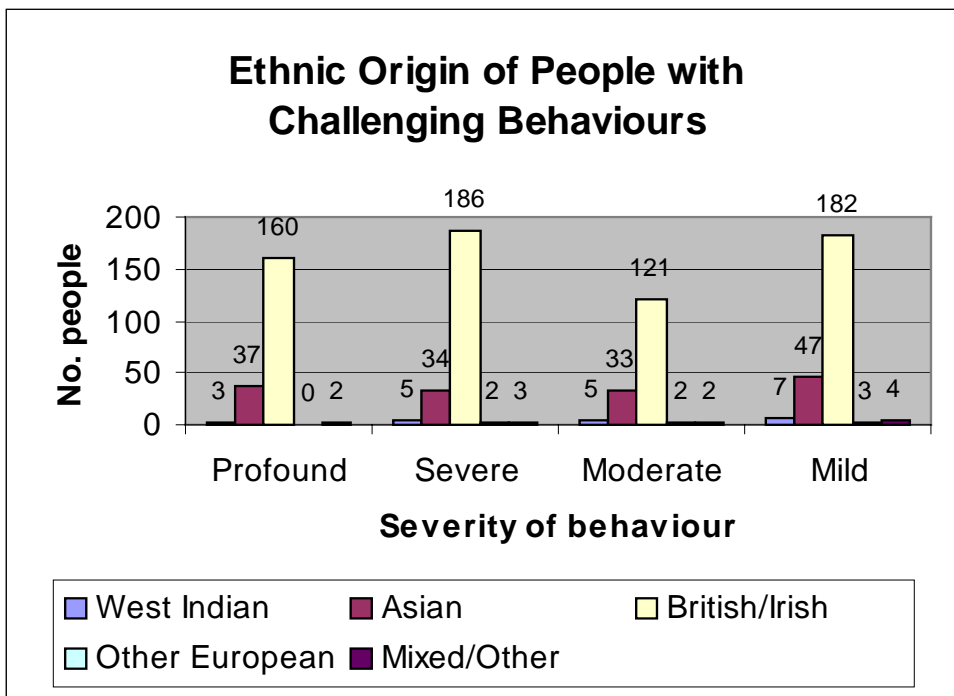
Chart 17: Management of Challenging Behaviours



Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.9.10 Chart 18 shows that the numbers of people from different ethnic origins are broadly represented proportionately in the different levels of challenging behaviour presented.

Chart 18

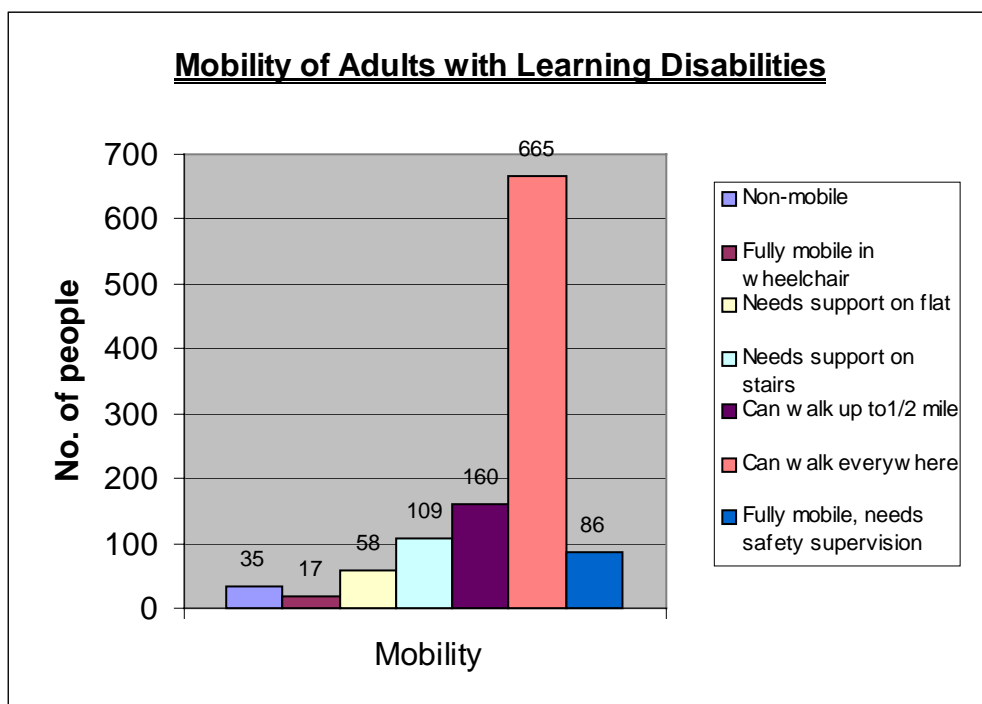


Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.10 People with learning disabilities and physical and sensory disabilities.

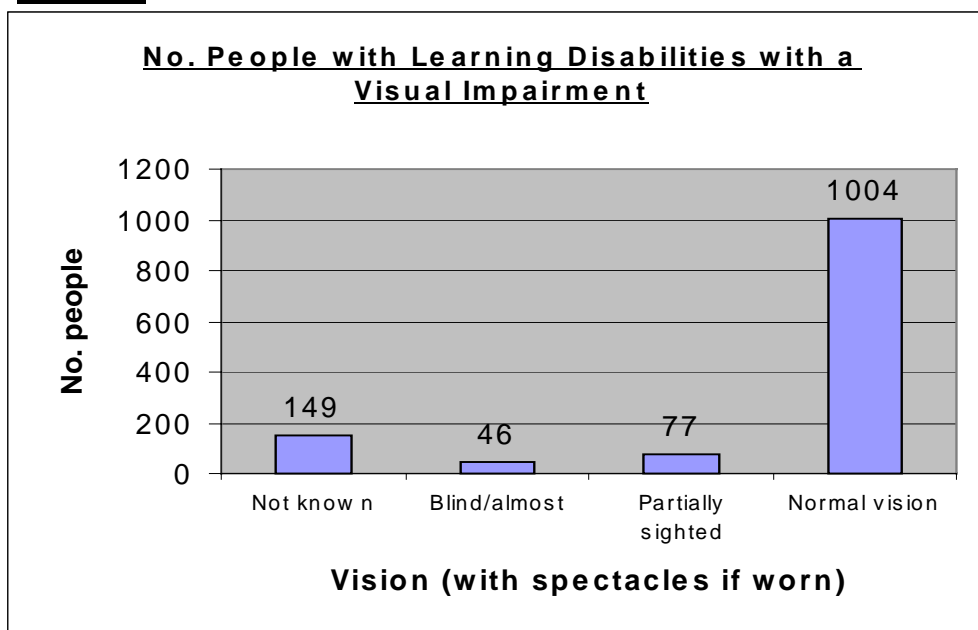
7.10.1 Although the majority of people with learning disabilities are fully mobile, 8% of people have major mobility needs and 22% of people requiring some support with mobility. Our buildings and services must be accessible (Chart 19).

Chart 19



Source: Leicestershire Learning Disabilities Register, 29/11/2000

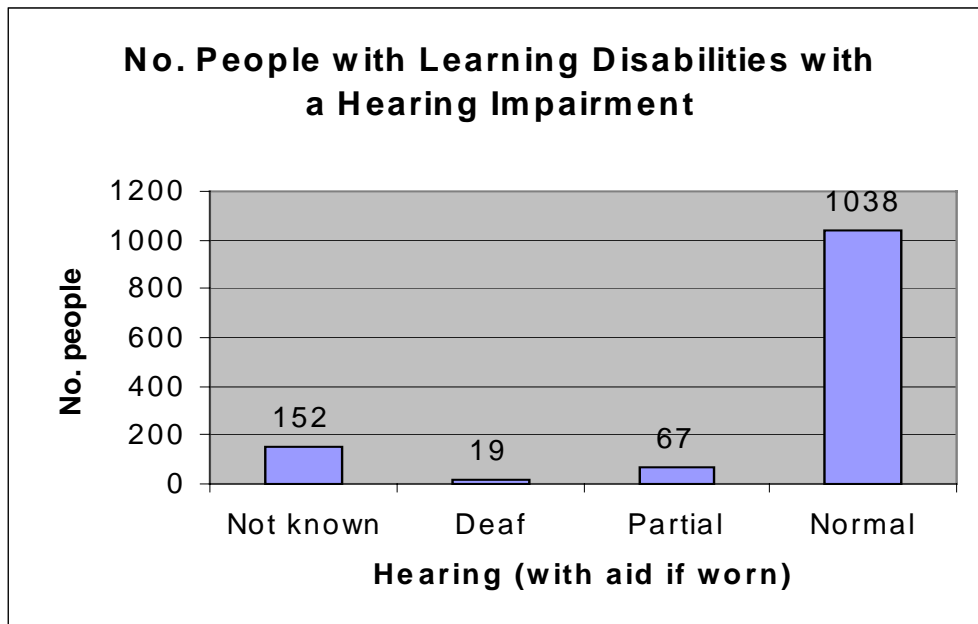
Chart 20



Source: Leicestershire Learning Disabilities Register, 29/11/2000

7.10.2 3% of the total population of adults with learning disabilities are diagnosed as blind, or almost blind. A further 6% are partially sighted (Chart20).

Chart 21



7.10.3 6% of the total population of adults with learning disabilities have a profound or partial hearing impairment (Chart 21).

7.10.4 It is acknowledged that there is an under diagnosis of sensory disabilities for people with learning disabilities, so the actual numbers of people with difficulties will be higher. Not enough of our services are equipped to deal with these additional disabilities. This will be addressed through a person centred approach within existing services and new developments.

7.11 Children and young people with learning disabilities.

7.11.1 Disabled Person's Act (1986) Assessments.

In their last year before leaving school, all young people who are defined as disabled are offered an assessment of their needs for the transition into adult services. Information is therefore available from this work, school-leaver reviews and Special Statements of Educational Needs.

- **In 2001 and 2002 there will be between 20 to 25 young people with learning disabilities leaving school each year (Appendix C). By 2006 this figure will have risen to approximately 59. The majority will require some form of support service.**

- Approximately 8 school-leavers each year will need a substantial day service straight away (Appendix C).
- Although the majority of school-leavers will go on to a place at Further Education College, when these courses end, many will need day time activities in two to three years time.
- At least 3 new people each year will require respite services (Appendix C).
- In 2001 there are at least 3 people with complex needs and in 2002, 7 people with complex needs. These are mainly some forms of challenging behaviour (Appendix C).
- There is an approximate 50:50 ratio of people from the total of all the black and ethnic communities, to the white population of school-leavers for the next two years. This highlights information from Chart 12, which also demonstrates that over time the cultural make-up of people with learning disabilities is changing, with far higher numbers from Asian and ethnic minority communities in younger age groups. Services need to be appropriate to the cultures of all these young people.

	2001	2002
White British	16	10
Asian, Indian, Pakistani	12	6
Black, African Caribbean	1	1
Dual Heritage	4	1
Cantonese		1
TOTAL	23	19

7.11.2 Leicester City Education Authority Statistics.

Transition Year Groups for Pupils with Learning Disabilities.

The following chart summarises information about young people with learning disabilities from age fourteen. Full details are included in Appendix B.

- There is a steady year-by-year increase in overall numbers of young people with a learning disability within the education system.
- **The total numbers of school-leavers with learning disabilities, more than doubles from 25 in 2001, to 59 in 2006.**

- **It must be noted that definitions of level of learning disability are not always compatible across education and social services.** This will account for some disparity across the figures. Also, the service users having DPA Act assessments in their final school year changes over that year. Sometimes people are not identified (e.g. from within mainstream schools until late in the year).

Type of special school	No City children in current year groups (& approx. leaving year if leave at 19 yrs old)					
	86-87 (2006)	85-86 (2005)	85-85 (2004)	83-84 (2003)	82-83 (2002)	81-82 (2001)
Severe learning disability	15	15	17	18	10	18
Complex learning disability units		1	1			
Mild learning disability	43	36	35	27	16	7
Autistic Units	1	1	1	1	2	
TOTALS	59	53	54	46	28	25

7.12 Referrals to unmet need telephone link line 1999-2000

7.12.1 Over the year 19 calls were made to the Social Services line about people with learning disabilities. These are summarised in the Table in Appendix D.

- 11 calls were about unmet needs for women and 8 for men.
- 9 calls were about unmet needs for people with white ethnic origin and 10 were for people with Asian/African Caribbean origin. This is disproportionately higher for the latter given that approximately one third of the local population is Asian/African Caribbean.

7.12.2 In terms of type of service calls were made as follows:

Accommodation and support	8
Social, educational and recreational activities	4
Respite	3
Home care	2
Mobile meals	2

7.12.3 This mirrors information gained from service user and carer consultation, for the need for more flexible respite services. Respite that can cater for a variety of Asian cultures is a particular

need; all three respite requests were about Asian service users. Flexible support respite that is non-residential based is needed; this would enable people to be supported in their own homes and also enable people to access a variety of activities and social events whilst offering carer's respite. This includes offering support to enable people to participate in activities at evenings and weekends.

- 7.12.4** Four of the eight requests for accommodation and support were from people from Asian and African Caribbean origins. There is a need for more flexible, individual services such as supported living to enable people to live in their own homes. The vast majority of local accommodation for people with learning disabilities is in residential accommodation and the development of this has been ad hoc, depending on what providers want to develop, rather than being needs led. Person centred planning would enable services to be developed in a more individual and needs led way.
- 7.12.5** Three of the accommodation and support requests were for services that would work with white men who had a history of sexual offences, but were also vulnerable themselves. This is an area of need where there are currently no appropriate services.
- 7.12.6** Domiciliary support service availability is often difficult to arrange for key times of the day, such as getting up in the morning and getting to bed. This is a specialist service area for domiciliary support services and there is a need for staff to have training and a better understanding of the needs of people with learning disabilities. The range and availability of these services need further developing.
- 7.12.7** The requests for mobile meals seem to indicate that it is difficult to get meals that can cater to individualised diets. This will need further evaluation.

8.0 Consultation

This is a summary of the three most recent areas of consultation undertaken by the Social Services Department.

8.1 Respite/short-break services

- 8.1.1** In January 2000 a small, local consultation was carried out with the support of the National Development Team and Advance Housing. This was the initial stage of the respite pilot (see 6.6). Everyone attending a day centre and was invited to attend a number of small, independently facilitated, group sessions. Service users and carers indicated that respite was a very important service to them and there was a great deal

of positive work done. The following were, however, significant issues they would like to see addressed.

- Services cannot sufficiently meet people's individual needs, particularly cultural issues
- Services don't always work closely enough with families
- People don't get enough opportunities to go out and do things that are interesting
- Services don't always meet individual health needs e.g. medication information not being up-to-date
- There are not enough services for people with complex needs and challenging behaviours
- Staff need extra training in specialist areas
- People often have to travel a long way to services
- There is no support that can go into people's homes
- There is no support that is not residential based

A full report of the project is being compiled.

8.2 Consultation on the Social Model of Disability and Improving Community Opportunities and Daytime Activities for Adults

8.2.1 In November 1997 the Social Services Committee adopted the Social Model of Disability as a basis on which to plan and develop services for adults and children with disabilities. In September 1998 Social Services Committee approved the report "Improving Community Opportunities and Daytime Activities for Adults", subject to wider consultation with service users and carers.

8.2.2 This consultation took place in January 1999 and focused on service users with learning disabilities, physical and sensory disabilities, carers and a range of relevant key agencies.

8.2.3 Key themes for discussion were:

- The rights of disabled people to be included in and access the same services as other citizens of Leicester
- Equal opportunities
- How disabled people can have a voice in the services they receive
- How participation in a range of non-segregated, community based opportunities can be achieved
- How to engage Health Authority, voluntary sector and all City Council Departments in this approach
- What are some of the barriers and how can we overcome them

8.2.4 The following was agreed with service users, carers and partners.

- Any future changes would not result in an increase in carer responsibility;

- No services would close before appropriate services were developed;
- On-going consultation would be maintained with all stakeholders throughout any development work

8.2.5 People consulted were generally positive about the approach outlined. The following summarises some of the specific issues that were raised:

8.2.6 Service user issues

- Fears of closure or reduction of services, with nothing else in place.
- Fears about cuts in resources/expenditure
- Good idea that staff support people in the community
- More opportunities needed to communicate ideas, choices and be involved in planning and developing services (empowerment)
- Some friendships made at day centres were important and people wanted to maintain them
- People had had different levels of opportunity to go to community based services
- Fears that their views would not be listened to
- Service users wish to be involved in setting quality standards
- Many people would like to do "work" experience, volunteering and paid work
- Communication and information is crucial
- Need for holistic, person-centred planning
- Greater cultural awareness needed in assessing and providing day services

8.2.7 Carer issues

- No closure should happen until new services are firmly established
- Wish to be involved in planning changes
- Day services are important to enable family carers to pursue other areas of their life, e.g. work, education
- Carers need information
- More flexible support is needed, that can go to people's homes, as well as to access community-based resources

8.2.8 Staff issues

- Front line staff have fears and concerns about their own jobs in relation to changing services
- More support staff will be needed
- There is insufficient transport for disabled people
- Clarity needed about role and purpose of day centres/services
- Training plan needed

8.2.9 Work completed to address issues:

These issues were addressed in the proposed learning disabilities day service strategy "Changing Times". (See 9.4 for summary action plan).

Specific actions arising from the consultation report and learning disability Commissioning Service and Business Plan that have already been addressed are:

- The establishment of a temporary Community Options Development Team to facilitate the strategy. £80,000 Partnership Grant is funding this team (3.5 staff) until March 2002. In addition there are two joint finance staff funded until January 2003 to work on the developments.
- Person centred planning will be at the heart of new developments. Training is taking place and work is underway to make the Department's assessment process more person centred.
- £50,000 increased advocacy support for 2002-2003 will enable service users to be involved in developing new services
- Values project that supports people with learning disabilities in voluntary work opportunities will be moved from temporary Joint Finance to mainstream Social Services funding from April 2001
- A tender has resulted in Co-options Co-operative establishing in Leicester from December 2000 to offer increased opportunities for supported employment and flexible work opportunities through e.g. social firm developments (£128,000 per annum)
- A tender has resulted in Turning Point establishing in Leicester from April 2001 to offer 250 hours a week of intensively staffed support to enable people with challenging behaviours to access community opportunities (£180,000 per annum).

8.3 Welfare to Work Consultation

8.3.1 Consultation with service users and staff was carried out in August 2000 as part of the work on Welfare to Work for disabled people. This included all groups of disabled people. These are covered in detail in the Welfare to Work Joint Investment Plan a summary of needs identified is included in Appendix E.

8.3.2 Welfare to Work covers all services that might be involved in supporting disabled people to enter, re-enter, train for or move closer to work and employment.

8.3.3 The consultation was limited to individual questionnaires and staff facilitating groups of disabled people to respond to the questionnaires. More detailed and ongoing consultation and involvement will form part of the work for next year.

8.3.4 Chart 22 shows the barriers to employment that people with learning disabilities identified. The main barriers were, benefits, confidence, access to transport and type of jobs and work opportunities available.

Actions around employment and day services try to address these. The establishment of Co-options co-operative is a major investment in increasing resources for supported employment and variety of work opportunities. For further detail see the Welfare to Work for Disabled People Joint Investment Plan 2001-2004.

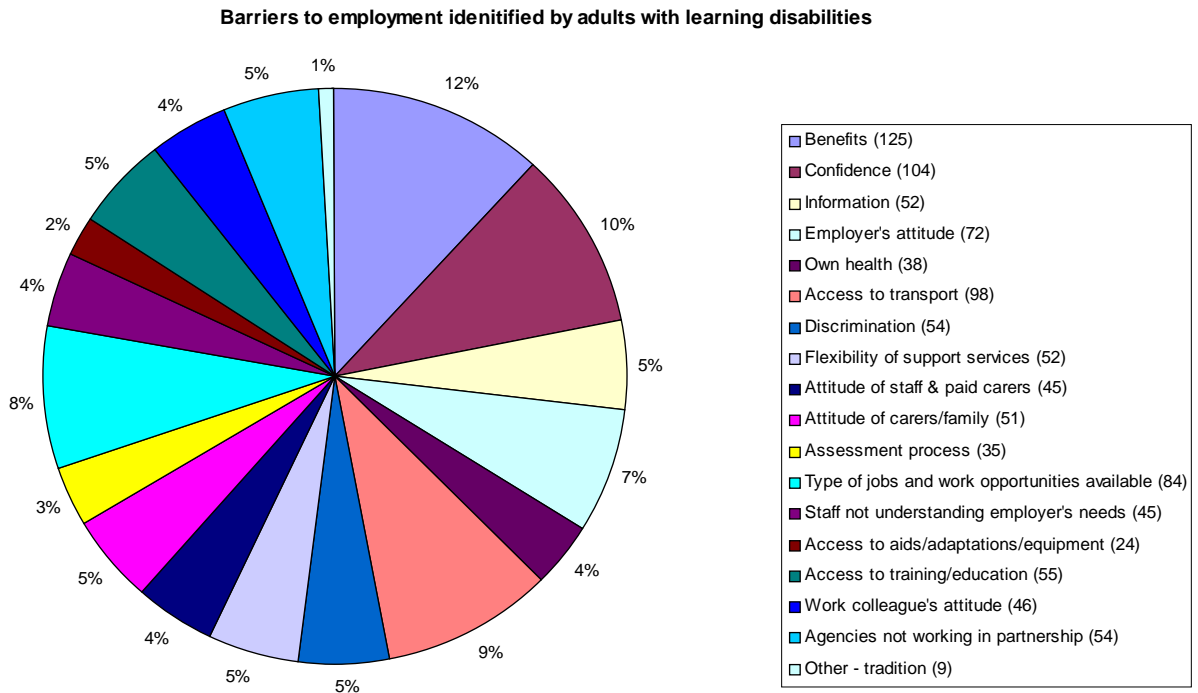
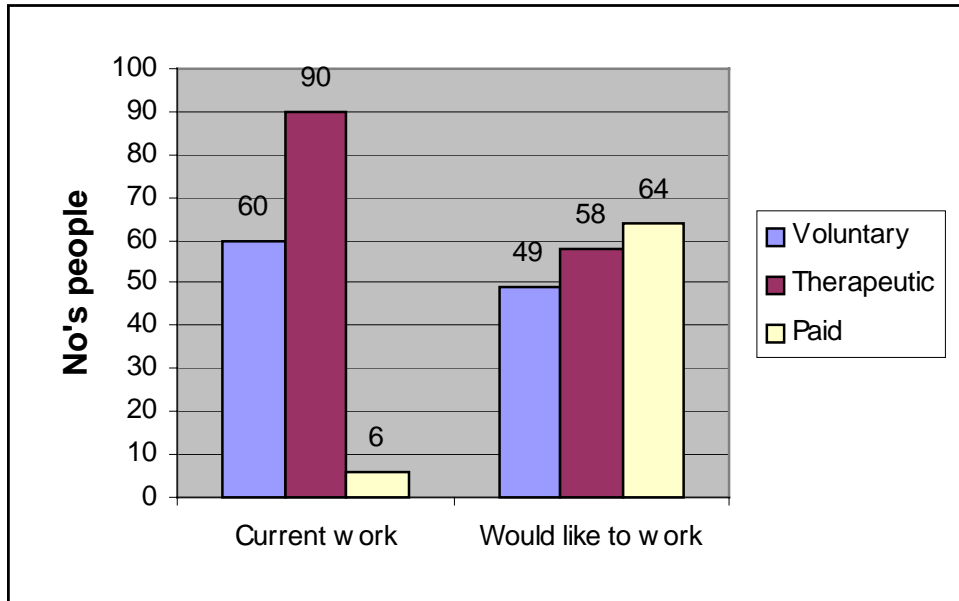


Chart 22

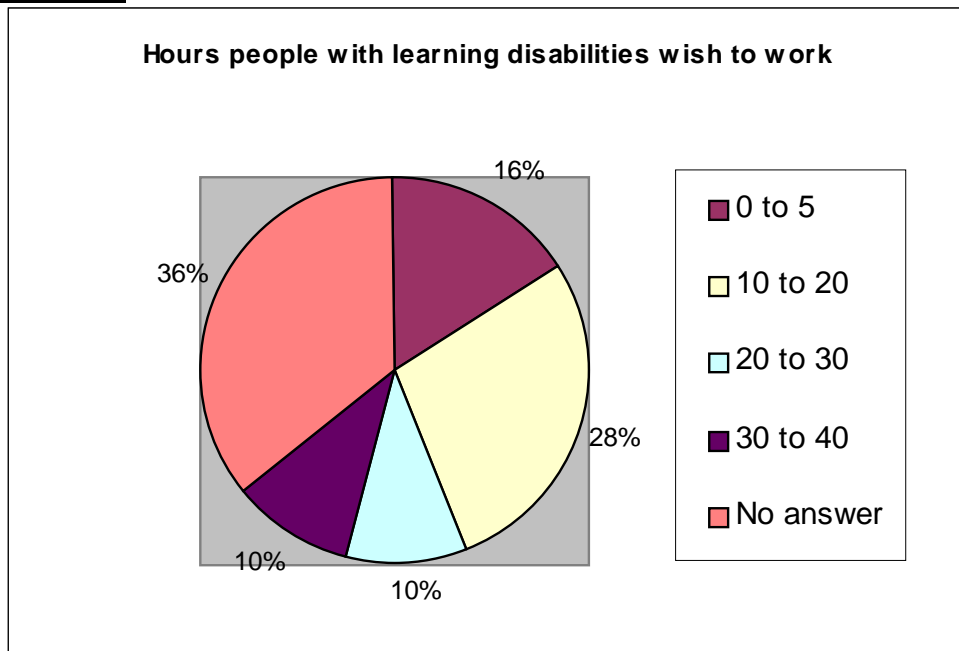
8.3.5 Chart 23 (below) shows that although many of the people involved in the consultation were involved in work opportunities, people would like to be able to have more employment for which they are paid. Establishing social firms should increase these opportunities, although risk of losing benefits remains an issue to be addressed.

Chart 23: Type of work opportunities people with learning disabilities have and would like to have.



8.3.6 Chart 24 shows the number of hours that people with learning disabilities involved in the consultation would like to work (shown as a percentage of total number of responses). The most popular is not full-time work, but between 10 to 20 hours, which many people feel is enough each week for them. This has implications for the minimum wage and benefit uptake. The potential for flexibilities on these issues will be explored through the new "powers of well-being" currently being given to local government by central government.

Chart 24



9.0 What services will look like

Analysis of the mapping of resources and needs, indicates the need to review and possibly implement significant changes in services over the next three years. In this way the City could increase its capacity to meet new demands, as well as modernise services. All services interlink across all areas of the action plan, but have been grouped into key areas. Action plan points refer to the joint investment action plan on pages 51-67. Changes can be summarised as follows:

9.1 Information, Speaking Up and Citizenship

<p>See action plan points: Information Money, Speaking up and Citizenship</p>
--

Rationale for change

- 9.1.1** Many agencies providing support to people with learning disabilities develop, on an ad hoc basis, innovative ways of ensuring people understand what is happening in their day-to-day life. Most agencies in Leicester produce information in formats that are not accessible to people with learning disabilities, the majority of whom cannot read. This includes information leaflets about services, assessments and care plans.
- 9.1.2** Access to information is vital for people to make decisions about their lives and most people with learning disabilities have limited access to a wide range of information.
- 9.1.3** Although individual and group advocacy support is available in Leicester, it is currently underdeveloped in being able to meet case work demands, whilst also supporting people to be involved in planning, developing, monitoring and reviewing their services.
- 9.1.4** Furthermore limited training is available to enable people to develop their advocacy skills and there are no specific advocates for people with learning disabilities with local Asian language skills.
- 9.1.5** Most people with learning disabilities are on low income, mainly through benefits. They have little disposable income and few opportunities to gain this. People in residential care have only a small allowance to purchase all personal items and social activities.

The Way Forward.

- 9.1.6** The communication strategy started across Leicester and Leicestershire will be developed to create more consistency, this should increase people's communication skills. Speech and Language Therapists have the lead for developing a range of user-friendly symbols. When used consistently

people will not be confused by seeing different symbols for the same thing in different places.

- 9.1.7** Key information leaflets will be targeted to be made appropriate for people with learning disabilities to understand. This will include a summary of the Joint Investment Plan. Speech and language therapists have already supported the development of a leaflet explaining supported living.
- 9.1.8** There will be a rolling programme of developing accessible person-centred plans for individuals.
- 9.1.9** Learning Disabilities are a key focus in the successful Invest to Save Bid. Should this be successful, it will provide Information Technology for disabled people to enable them to access information, aid their communication skills and enable them to put forward their ideas.
- 9.1.10** Information, Advice and Guidance (IAG) will have a major role in disseminating information and advice about work and learning. There will also be opportunities for guidance work in this area. People with learning disabilities are one of the IAG priority groups.
- 9.1.11** Increased advocacy support (Partnership Grant) will enable increased capacity for access to individual advocacy on priority social work cases, support for people to input to service developments and advocacy skills training. Advocates will also be able to receive and manage money on people's behalf where they do not have capacity. This will be subject to appropriate legal safeguards and frameworks. One advocate will have appropriate Asian language skills.
- 9.1.12** There will be increased opportunities for earning within the range of flexible work opportunities being developed locally (see jobs/occupation).
- 9.1.13** Direct Payments will be reviewed to see if it would be appropriate to encourage some people with learning disabilities to use this to gain more control over their finances and services.
- 9.1.14** Increased use of Independent Living Fund will increase support available for people with complex needs.

9.2 Planning for Life and Transition

See action plan points: Planning for Life
--

Rationale for change.

- 9.2.1** Although current assessments are based on individual needs there is room for improvement in order to make the assessment and care management process more person centred. As people are often in

crisis, there tends to be a focus on solving immediate issues and often this means that people's long-term hopes, wishes and aspirations are not fully explored. Case-work demands mean that it is not possible for social workers to do this for everybody. Often it is the person's key worker/ support worker who has the ongoing relationship and role to do in-depth planning with people.

- 9.2.2 The national strategy will have person centred planning as a priority.
- 9.2.3 Current assessments and care plans are not in formats that people with learning disabilities can understand.
- 9.2.4 Often we are unaware of the needs of school-leavers until it is too late to properly plan for their transition, or develop new services if they are needed.

The Way Forward

- 9.2.5 Most people with learning disabilities who are receipt of services they are likely to continue to need throughout their life will benefit from a person-centred plan. This will be completed on a rolling programme. Training will be run for staff so they are confident and able to facilitate person-centred planning.
- 9.2.6 Person-centred planning will be incorporated into the review of the common assessment framework. This is also developing multi-disciplinary assessment including integrating the Care Programme Approach.
- 9.2.7 Work will continue within children's services and education to establish a clearer picture of the needs of young people who will be coming into adult services to enable adequate planning of services. This may include extending the Learning Disabilities Register to 14+.

9.3 Accommodation and Support

<p>See action plan points: A Place to Live Support in Daily Living</p>

Rationale for change

- 9.3.1 The vast majority of people with learning disabilities in Leicester who do not live with family carers live in large, segregated residential or nursing care homes (235) or long-stay hospitals, (Appendix A, Section F).
- 9.3.2 Only 25 people with learning disabilities are supported to live independently in their own homes in Leicester.

- 9.3.3** Many of these people are and continue to be placed outside Leicester City (98) because there is a lack of appropriate services locally. This is particularly evident for people with the most complex needs such as challenging behaviours. Many of the specialist placements are extremely high cost and due to distance they are difficult to monitor and review. People are split completely from natural family supports and also from local available community support, such as community health professionals, local services and facilities. Often costs are incurred within the overall placement cost to access these. Where people have had a temporary placement due to a deterioration in their mental-health, it is extremely difficult to risk assess and manage a safe discharge from an out-of county placement, back to the local community.
- 9.3.4** Quality of residential services varies greatly and many are often not able to provide a sufficiently individual service to meet people's needs.
- 9.3.5** People with learning disabilities have the same right to access local services, such as housing, as other citizens and this needs promoting.
- 9.3.6** Current residential services struggle to meet the diversity of need of people with Asian and African-Caribbean ethnic origin. This needs changing.
- 9.3.7** A Performance Assessment Framework indicator is the number of people with a learning disability aged 18-64 receiving community based services per 1000 head of population. Leicester's average 1999/2000 was 1.6, whereas the national average was 2.1 and the family average (of similar Local Authorities) was 2.4. Leicester's target for improvement 2000/2001 was to reach 2.4.

The Way Forward

- 9.3.8** Person centred planning facilitated by the Supported Living Development Worker for community clients and via the Gorse Hill Project for people currently in hospital, will be used to develop individual service specifications for different models of supported living. A supported living strategy has been developed that integrates, where possible, the people being reprovided from Gorse Hill with community people. As well as maximising opportunities for people to be matched to live together, this will ensure consistency of quality standards, models and contracting frameworks.
- 9.3.9** A commissioning strategy for support work will identify a number of support work provider agencies who will work on these developments.
- 9.3.10** The Housing Department will lead on the identification of appropriate housing. This will include, as most appropriate, existing stock, adaptations, new buy or new build.

- 9.3.11** The supporting living strategy will be part of Leicester's wider 'Supporting People' strategy.
- 9.3.12** Targets for increased numbers of people in supported living (including people from Gorse Hill) are 63 by end of 2000-2001 and 78 by end of 2001-2002.
- 9.3.13** The review of Adult Placement schemes concluded that one action is to explore whether the scheme could offer supported living.

9.4 Day Services and Community Opportunities

<p>See action plan points: Leisure and social activities Friends and relationships Learning Transport</p>

Rationale for change

- 9.4.1** Leicester City has responsibility for approximately 600 people with learning disabilities receiving day services.
- 9.4.2** Consultation (see 8.2) established that although there are many issues to address, disabled people should be accessing the same opportunities as others and not be in segregated services. This is in line with the government's modernising agenda and the new Learning Disabilities National Strategy.
- 9.4.3** Combined Health and Social Services budget for day services is £3,160,600 per annum.
- 9.4.4** People are in a variety of situations; people receive services in City day centres, in County day centres, in Health Authority day centres and in independent/voluntary sector day services.
- 9.4.5** The City provides for 54 County service users within the City centres. The County provides for 74 City service users within the County centres.
- 9.4.6** Some people are living at home with their families and others are in residential care.
- 9.4.7** Only approximately 20% of people using day centres have ever received a community care assessment of their needs.
- 9.4.8** We know that there will be at least eight school-leavers in each of the next two years who will require day services. This amount will increase year on year, to more than double by 2006 (see 7.11).
- 9.4.9** In addition there will be an estimated ten people each year who will leave Further Education College and require some form of day service.

- 9.4.10** There has been no available capacity in City day centres for the past two years, for the reasons explained earlier about demographic pressures in the learning disability population. For Summer 2001 there are between 7-9 main unit places and 2 places for people with complex needs, across the 4 City centres. These places will be filled by 2001 school-leavers, which will mean there is again no increase for capacity in City day centres.
- 9.4.11** Leicester Glenfrith Day Service will be reprovided for as part of the Gorse Hill Hospital re-provision. The NHS day service will close by April 2002 and the six City people there (not Health Authority responsibility) will need re-providing for.
- 9.4.12** The costs of spot purchasing services for the last two years school-leavers £20,000 per annum, per person. (This does not include additional costs for people with complex needs). To continue commissioning traditional day centre places in such a way, for up to eighteen people a year will therefore cost a minimum of £160,000 additional funding a year.
- 9.4.13** In order to manage this increase in demand for services, achieve Best Value and minimise extra funding required, we need to reconfigure our services, change the type of support money is providing and take this period of change as an opportunity to improve the quality of and modernise our day services.
- 9.4.14** If Members were to agree the model discussed in 6.3.1 and outlined in 9.4.26 - where a preliminary time-table has been worked up to give an idea of the typical amount of time this may take – it will probably be possible to manage this demand more effectively.
- 9.4.15** What is clear is that the current configuration of services are not able to meet all the needs of Leicester's diverse communities

The Way Forward:

- 9.4.16** The principle of a person-centred approach will underpin the re-development of day services. This will help to ensure that all services are culturally appropriate. Information from person-centred plans will be aggregated to form specifications for new community-based projects in mainstream settings. Services will be more individual and therefore better able to respond to a diverse range of needs, including those arising from people's race and culture.
- 9.4.17** There is ongoing work to explore the best fit for an integrated health and social care day services (consider use of Health Act Flexibilities, see 4.3).

- 9.4.18** There will be a move away from large, buildings based services, to small projects based in local, mainstream centres e.g., sports and leisure centres, neighbourhood centres, museums. Social services support staff will work alongside existing centre staff.
- 9.4.19** People would not be transported in to a day centre to then go out to activities, to return for lunch, go out to activities again and then return to the centre to catch the coach home. For those that needed it there would be more flexible transport that would take them direct to where they were to spend their day. Support staff would meet them there.
- 9.4.20** People would bring their own lunch or money and be supported to eat in community settings, for example, at local cafes.
- 9.4.21** More people will be supported into employment or work related activities. This will include people with high support needs. A wider range of flexible work opportunities will be created, for example, social firms.
- 9.4.22** More people will be supported to be volunteers and people will continue to access Further and Continuing Education (Lifelong Learning). This will be more consistently planned as steps towards their aspirations for their future, for example, work related training courses.
- 9.4.23** The development work is being undertaken in partnership. Social Services and the NHS are to working closely with other City Council Departments and the independent and voluntary sector. There is a strong commitment to this approach across these agencies.
- 9.4.24** Increased funding and better use of available resources will be needed to meet increase in demand for services for school-leavers.
- 9.4.25** The Community Options Team will provide the extra staff to facilitate day centre staff in the development work

Proposed Action Plan

- 9.4.26** The following action plan is an initial attempt to map out critical stages and milestones. The re-development is a complex task. This plan can be modified and adapted to meet various local national and agendas that may evolve.

Action.	
Complete Person Centred Plans (and risk assessments) for 72 service users, facilitated in partnership by day centre staff and Community Options Team (including 6 health placements and 9 school and college leavers)	1st-3 rd month
Establish an ongoing multi-disciplinary steering group, with input from service users and carers forums	
Involve specialist consultants in planning to ensure it is informed by national good practice	
Develop an ongoing communication strategy to inform all stakeholders about the changes	
Establish an on-going service user focus group	
Continue rolling programme of person-centred planning training and identify other training needs	
Initiate ongoing meetings with day centre staff and unions to discuss employment issues	
Action.	
Complete PCPs and risk assessments for a further 69 service users (Including 9 school and college leavers) (Total 141)	3 rd -6 th month
Map geographical locations of current service users, to inform where projects should be developed and the transport strategy	
Training as required	
Begin to aggregate information from PCP's	
Action.	
Finalise aggregation of PCP outcomes to develop project groups and new service specifications to meet client's needs.	6 th -9 th month
Develop new job descriptions to meet the needs of the new service (job evaluation panels)	
Appendix R process	
Identify needs and provide staff training for new posts	
Use PCP outcomes to develop transport strategy	

Action.	
Staff to establish projects in integrated community bases over this year	9 th -21 st month
Measure improvements in service by reviewing outcomes from PCPs	
Continue to develop projects to offer further opportunities for community inclusion	
Strategy to be developed to work in a similar way with the other day centres.	
Day centre to close after one year, income to be re-invested in further day services development	

9.5 Job/Occupation

**See action plan points: Jobs/occupation
 Also, Welfare to Work for Disabled People Joint Investment Plan**

Rationale for change

- 9.5.1 People with learning disabilities want more work related and employment opportunities (Day Service (8.2) and Welfare to Work consultation (8.3).
- 9.5.2 Opportunities are currently only available to people with low support needs.
- 9.5.3 There are limited types of flexible work opportunities available.
- 9.5.4 There is a lack of accessible information to tell both disabled people and staff about what resources are available.
- 9.5.5 Welfare to Work for Disabled People is a major Government priority. From April 2001 each Local Authority area is required to work in partnership with the range agencies involved in supporting people into work, to produce a local Joint investment Plan with targets for achieving this.

The Way Forward

- 9.5.6 There are many agencies working to support people with learning disabilities into work, such as Employment Plus, LEAT, college course etc. There are also many mainstream resources that can be used. These tend to have developed on an ad hoc basis and there is little linkage or strategic co-ordination. An information resource will be produced for all disabled people, about resources that are available. This will be accessible in a variety of formats.
- 9.5.7 Extra resources (Co-options) will increase opportunities for support into employment. They will also do feasibility studies and where appropriate

establish social and partnership firms. Some of the work already done within day centres may be appropriate to change into these types of businesses. This will offer people a greater range of more flexible work opportunities. These will be available to people with more complex needs.

9.6 Access to Health Care

<p>See action plan points: Health Primary Health Specialist</p>
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Rationale for change:

- 9.6.1** People with learning disabilities need access to quality, mainstream healthcare, including education and information. Currently most provision is from specialist services and learning disabled people do not access health care as the general population. Mainstream input varies depending on the provider's level of knowledge, training and skills.
- 9.6.2** People with learning disabilities have greater healthcare needs than the general population, but tend to be seen as separate and therefore not targeted to benefit from increased levels of resources and funding aimed at, for example, mental ill-health, coronary heart disease and cancer.
- 9.6.3** The Government intention is that people with learning disabilities currently living in long-stay hospitals, such as Gorse Hill, should have the same opportunities as all people and be supported to live in the community.
- 9.6.4** Existing services within the Leicestershire and Rutland NHS Trust now need review to ensure that people using the services have access to quality, community based services in line with the key themes of the modernising agenda (see 4.1)
- 9.6.5** Acute specialist services, such as the Treatment and Assessment Unit often have no places available.
- 9.6.6** Respite services are not currently able to meet all the needs of clients or carers (HimP Chapter)
- 9.6.7** From the charts in 7.6 -7.10, it can be seen that there are significant numbers of people with complex healthcare needs and that these numbers are rising.

The Way Forward:

- 9.6.8** There is a need to increase awareness of the needs of people with learning disabilities within Primary Healthcare Groups/Teams and for

example, develop mainstream yearly health checks and screening programmes with G.P.s.

- 9.6.9** There is a need for flexible care packages for people with complex health and social care needs, particularly for young people leaving school. Local services need developing that meet individual needs and provide intensive community based supported living packages. Pooled budgets with a lead commissioner will increase accessibility to available funding for this. (HimP priority).
- 9.6.10** The re-provision of Gorse Hill Hospital, will include significant developments in people being supported to live in their own homes and increased community healthcare teams. (HimP priority).
- 9.6.11** Leicester and Rutland NHS Trust social care homes and third party contracts for residential and nursing care will transfer from the Trust to Local Authorities as part of the work utilising the Health Act Flexibilities.
- 9.6.12** Review of the Treatment Unit and local approach to managing crisis situations for people with a dual diagnosis of learning disability and mental ill-health. This will be informed by national good practice. (HimP priority).
- 9.6.13** More detailed analysis of people's specialist health care needs, (including challenging behaviours) which will then feed into planning and service developments.
- 9.6.14** Further work on consistent use of the communication strategy for people with learning disabilities (to include schools in this). This aims to maximise people's opportunities to communicate, express choice and opinions, as well as have information in accessible formats. (HimP priority).

9.7 Respite/Short Break Services

See action plan points: Family Carers
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Rationale for change

- 9.7.1** There is little capacity in current respite for more service users.
- 9.7.2** There is no funding currently available to increase services.
- 9.7.3** There will be at least three school-leavers each year requiring new respite services (See Appendix C).
- 9.7.4** There are increasing numbers of elderly carers, some caring for people with very complex needs, who will require increasing support in future years.

- 9.7.5** We currently struggle to meet some the needs of all Leicester's diverse range of cultures within our respite services (See Appendix D).
- 9.7.6** Charges, eligibility criteria and booking systems need greater consistency and transparency across Social Services and Health.
- 9.7.7** The major Social Services respite service includes people who live there permanently, as well as the changing groups of people who constitute respite stays.
- 9.7.8** Social Services commission a sitting service, but this is recognised as being insufficient in itself to provide substantial support to service users and carers in their homes.
- 9.7.9** Services struggle to cater for individual need to the extent that is needed (See 8.1 and Appendix D).
- 9.7.10** Some people fall between the current Health and Social Services provision, for example people with challenging behaviours. Delay and inability to provide support to family carers can result in service users needing to move out from home and have a full package of accommodation and support provided

The Way Forward:

- 9.7.11** Non-buildings based support services that offer respite to carers, as well as individualised support to service users.
- 9.7.12** Integrated Health and Social care services (Health Act Flexibilities).
- 9.7.13** In addition to residential services, support that can be in the service users home, or take service users out for social, recreational and leisure activities e.g. bowling, to the pictures, week-ends away.
- 9.7.14** A person-centred approach to services, this will enable appropriate provisions for different cultural needs.
- 9.7.15** Reconfiguration of services. For example, as people who are living in services where people go for respite move on, into supported living or residential care, the vacancies will not be filled with new people. Instead the staffing and resources will be refocused to provide respite support to people at home and to go to activities. The current pilot of this type of service will inform the development of a detailed strategy to implement this approach.

9.8 Family Carers

See action plan point: Family Carers

Rationale for change:

- 9.8.1** Charts in 7.7 show that there are an increased number of family carers who are becoming elderly and caring for people with complex needs. These people will need services in the near future, either to offer increased support to their carers, or when carers are no longer able to continue in their role.
- 9.8.2** Current demands on social work teams mean that it is difficult to work with people to plan for their futures when there is no immediate crisis. Currently, it is often the case that people are only assessed for when services when family carer's are no longer able to continue in their role, for example due to ill-health.
- 9.8.3** There is no information available about what these peoples needs are in order for their services to be planned for. As most learning disability services in the City are full, it is often difficult to provide appropriately, or people have to go out of Leicester.

The Way Forward:

- 9.8.4** A short-term dedicated Carer's Assessment Worker who would work with people with learning disabilities and their elderly carers to develop person-centred plans for their futures. (Funding not currently identified for this post).
- 9.8.5** Information from the plans will then feed into planning and service developments, to inform strategies and finance.

9.9 Keeping Safe

See action point: Keeping Safe

Rationale for change:

- 9.9.1** The Government has recently produced draft guidelines outlining standards for physical interventions whilst managing behaviour in learning disability settings. Social Services is currently reviewing its standards in light of this document.
- 9.9.2** There is a need to develop a multi-agency policy on the management of challenging behaviours. A great deal of training has taken place in this area, but it is needs a multi-agency policy framework within which to take place.

The Way Forward

9.9.3 It is a priority to develop a multi-disciplinary policy on the use of physical interventions and positive management of challenging behaviour.

9.9.4 Social Services have a Mistreatment of Vulnerable Adults procedure in place and a rolling programme of training is in place. The number of Vulnerable Adults assessments taking place is increasing steadily, partly due to the increased awareness of the issues arising from this. The impact of this increased work on the capacity of social work teams needs to continue to be monitored. The procedure needs extending to be multi-disciplinary.

9.10 Organisation of services

<p>See action plan points: Quality Workforce Planning Access to and co-ordination of services</p>
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Rationale for change:

9.10.1 There is varying range in the quality of services for people with learning disabilities. There are many areas where greater clarity needs developing about what are agreed standards.

9.10.2 There are standards identified in contracts and Service Level Agreements used for the independent and voluntary sector and these need close linking to in-house services.

9.10.3 Older style contracts are no longer appropriate for new types of services e.g. non-buildings based day and respite services.

9.10.4 Workforce planning needs strengthening to ensure that we have planned for the right type and skill mix of staff to get the desired outcomes for service users. It is known that the quality of staff has the single most effect on the quality of service that people receive.

9.10.5 Integrated services may mean staff need to have a mixture of social and health care skills. Historically these have largely been trained for and provided separately.

9.10.6 The Care Standards Bill will require occupational standards to be set for all posts.

9.10.7 There is not currently sufficient ease of access to and within, similar services. People have separate procedures for referral to Social Workers, Health Professionals and then a range of other resources. Services are based in a range of geographically diverse buildings. This can be confusing and difficult for service users and carers to negotiate.

The Way Forward:

- 9.10.8** Service specifications with clear standards, have now been developed for supported living and non-buildings based day services. This work needs to continue across our entire range of service provision. The residential home core contract is currently being reviewed.
- 9.10.9** The proposal for lead commissioning and integrated services (See 4.3) affords us the opportunity to review learning disability services across the City and change the way that we assess and provide our services. This will help provide a more accessible, streamlined service that is effective and offers positive outcomes for service users.
- 9.10.10** All posts will have occupational standards.
- 9.10.11** Workforce plans need to be developed that ensure staff teams are appropriate for the demands of their services.

10.0 Action Plan

- 10.1** The following action plan summarises the key areas of work and targets arising from this Joint Investment Plan. This will be reviewed on a yearly basis by all stakeholders.
- 10.2** Overall responsibility for all service developments will be with Head of Learning Disability Service. Many of these areas will be delegated to others and these leads are indicated.

LEARNING DISABILITIES JOINT INVESTMENT ACTION PLAN

INFORMATION

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • Accessible information in a variety of formats • Clear information about resources and pathways available to support people into, or maintain employment 	<ul style="list-style-type: none"> • No accessible information except for Supported Living leaflet/tape • SALTs • Symbols Communication Project • SS leaflets in A variety of languages • Potential for Invest to Save Bid for IT for information, learning and consultation • Information is available from different agencies, but not accessible from one point • Information given is not always accurate • Information & Guidance (IAG) Network Directory 	<ul style="list-style-type: none"> • Summary of JIP in accessible formats • Information leaflets • Information in accessible places and community resources e.g. community centres, temples • User friendly Person Centred Plans • Gain user views • Accessible information is needed in a variety of places for service users and staff about learning and work opportunities • Information offered needs to be accurate 	<ul style="list-style-type: none"> • No's information leaflets in appropriate formats • Accessible summary of JIP available • No. PCPs that are accessible • No.s people offered a copy of their assessment and care plan. Target: 98% in 2000-2001 • Availability of accessible and current information resource on learning and work • Sufficient competent & trained staff to deliver work related information and guidance 	<ul style="list-style-type: none"> • Prioritise new leaflets and key ones to have alternative formats (including JIP summary) • Arrange resources (cameras, tapes) for making alternatives • Arrange training and support for staff facilitating PCPs • Link to Invest to Save Bid • Welfare to work information task & finish group to work with Co-options to develop information resource & IAG to deliver the information and provide and train staff to do this 	<ul style="list-style-type: none"> • SSD leaflets ongoing. Some resources in place in planning • JIP summary available May 2001 • SSD PCP training for April 2001 (LD Planning Officer) • Invest to Save Bid. Lead: SSD planning • Strategy to be in place by April 2001, this will include funding needs. Lead: Welfare to Work task & finish group (WtW Planning Officer)

PLANNING FOR LIFE

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People want to be involved in planning for their future and for this to include their wishes and hopes • Accurate planning for future needs and a smooth transition e.g. from school to adult services, or, for changes as people become elderly 	<ul style="list-style-type: none"> • Common Assessment Framework (pilot) • Multi-disciplinary Person Centred Planning (pilot) • This JIP contains an analysis of broad information/stats, with detail in some areas • Learning Disabilities Register • Information from education and 14+ reviews • 2 Disabled Person's Act Social Workers who assess people defined as disabled in the year prior to leaving school • Departmental transitional working group in place 	<ul style="list-style-type: none"> • PCPs being done for people when new services are being developed eg supported living, short-breaks and day services • Building more detailed information e.g. further detail from education figures, numbers of elderly people and associated needs • Review of LD Register to ensure info. needed is collected & extend Register to 14+ • There are approx. 200-250 14+ reviews p.a. Transitional Planning group to explore a more effective system 	<ul style="list-style-type: none"> • Number of people with Person Centred Plans Targets : 2001 = 30, plus Gorse Hill, April 2002 = 200 April 2003 = 350 • PCP multi-disciplinary assessment in place • Needs of children at school collated and fed into planning • Detailed information available about children who will need adult services • LD Register extended to 14+ 	<ul style="list-style-type: none"> • Link PCP into review of CAF • Written guidance • PCP training as needed (funding to be identified) • Work with children's services and education to identify future need and plan transition • LD Register task & finish group to develop action plan to extend Register 	<ul style="list-style-type: none"> • SSD PCP training for April 2001 (LD Planning Officer) • Multi-disciplinary assessment to be in place by April 2002. Lead SSD. • Plan in place by June 2001 for collating information from education and children's services. This will feed into LD Register task & finish group and Transitional Planning group • Analysis of info. with funding implications in place by December 2001

A PLACE TO LIVE

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People want opportunities to be supported to live locally in their own homes • Vulnerable people with a history of offending need accommodation & support (info. from unmet need helpline) • Need for accommodation & support appropriate for a variety of cultures (statistics for supported living referrals & unmet need) 	<ul style="list-style-type: none"> • 25 people are currently supported in their own tenancies • Residential homes are the main service provided, often not locally • Many people placed Out of County • Gorse Hill Hospital (long-stay). £400,000 each year 2001-02 and 2002-03 in HimP for reprovion • Housing Benefit Transitional Grant, which will become "Supporting People Fund" in April 2003 • Supported Living Development Worker (3 year Joint Finance) 	<p>Priorities for supported living are:</p> <ul style="list-style-type: none"> • people with complex needs, such as challenging behaviour and autism where there are few local resources • people who can be supported to live more independently and move on from residential care • Gorse Hill resettlement • Transfer of 3rd party contracts from HA to SS • Examine reasons for low numbers of referrals for supported living from Black & Asian communities 	<ul style="list-style-type: none"> • No's people supported to live in their own homes Target: 63 in 2000-2001 78 in 2001-2002 • No. of Out of County placements • Positive individual outcomes, monitored from Individual Service Plans • Cost of support packages, measured individually and over all people, over time. • Black & Asian communities represented proportionally in supported living services 	<ul style="list-style-type: none"> • Implement supported living strategy (including Gorse Hill Hospital reprovion) in partnership with Housing Department. This will increase range of accommodation options • Development worker to review current projects • Link strategy to re view of in-house supported living project • Transfer of 3rd party contracts from Health to SS • Development worker to provide information about supported living e.g. through Asian carer's group 	<ul style="list-style-type: none"> • Agree supported living strategy by April 2001 Lead:LD Planning Team • First phase supported living (13 + G.Hill) people in their homes by April 2002. 2nd phase by April 2003. Lead: LD Planning Team • Plan agreed for transfer of services under Health Act 1999 by April 2002. Lead: LD Partnership Group • Ongoing monitoring of referrals/need

MONEY: INCOME AND MANAGEMENT

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<p>People want a disposable income and support to manage it</p>	<ul style="list-style-type: none"> • Most people are receiving benefits, supported to manage them by their families • People in residential care receive only a small personal allowance • Support workers enable some people to manage their finances • No people with learning disabilities are receiving Direct Payments • Welfare to Work, New Deal for disabled people 	<ul style="list-style-type: none"> • Increase opportunities for earning through employment • Increase availability of support workers to assist people managing their finances • Ensure maximising income is part of care plans • Explore reasons for no uptake of Direct Payments 	<ul style="list-style-type: none"> • Number of people in paid employment • Increased range of flexible work opportunities. • Number of people supported to live independently • Evidence that finance is addressed in care plans • Number of people receiving Direct Payments • Availability of staff or agencies that can support people to manage their money, or manage it on their behalf e.g. advocates for ILF, appointeeship scheme 	<ul style="list-style-type: none"> • Development of range of paid employment options (Co-options) see actions under job/occupation • Implement supported living strategy • Monitor care plan outcomes • Establish a task and finish group to agree a strategy for use of Direct Payments • Tender for increased advocacy support (includes role to manage ILF on service users behalf) • Seek funding to extend advocacy support 2002-2003 • Re-examine proposed SSD appointeeship scheme 	<ul style="list-style-type: none"> • Co-options lead developing social and partnership firms. Target is 2 social or partnership firms by Aug. 2001 • Agree supported living strategy by April 2001 Lead:LD Planning Team. • Direct Payment lead: SSD Contracting Unit • Advocacy tender to be completed by May 2001 (SSD contracting Unit) • Appointeeship scheme proposal to go to SSD Directorate by June 2001

LEISURE AND SOCIAL ACTIVITIES

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People want opportunities to do social and leisure activities in the same places other people go • People with challenging behaviours need flexible, individualised, community based services, supported by skilled staff 	<ul style="list-style-type: none"> • 4 large traditional SS day centres (400 people) • 1 Health funded day centre (20) • Fosse autism service (24) • Community support team enables most independent people to access community facilities • Day centres full • Values service, supporting people to be volunteers • Employment Plus supported employment project • Co-option supported employment service to establish • Current day centre services, staff levels and environment are not appropriate for many people with challenges 	<ul style="list-style-type: none"> • Review day centre provision for increased community opportunities • Increasing capacity to provide opportunities for school-leavers and new referrals • Making opportunities available at evenings and weekends • Increasing opportunities that are appropriate for Asian service users • Provision of volunteers to support people widen their social networks • Appropriate services for people with challenging behaviours who currently have unmet needs 	<ul style="list-style-type: none"> • No's people in community based activities • Positive outcomes monitored from Individual Service Plans • Cost of session • Reduction in no. days excluded from day centres. Target: 37 in 2000-2001 0 in 2001=2002 • Increase in opportunities available at evening and weekend • Increase in no. of culturally appropriate services • Reduction in exclusions • Reduction in challenging behaviours & positive individual outcomes monitored from Ind. Care Plans 	<ul style="list-style-type: none"> • Agreement of multi-disciplinary strategy for day service re-provision. (Consideration of Health Act Flexibilities & a corporate approach) • Establish Community Opportunities (COP) Development Team (Partnership Grant £80,000 2001-2002) • Seek COP funding for 2002-2003 • COP Team to work with (VAL) to recruit volunteers (Cost £1,000 per year) • Pilot approach at LCC Craft and Skills Centre • Establish new Community Support Service for people with challenging Behaviours • Link to wider day service strategy 	<ul style="list-style-type: none"> • Strategy to be agreed by April 2001. Lead: LD Planning Team Phase 1 completed by Dec. 2002 Phase 2 April 2003 • Community Opportunities Development Team recruited by April 2001 Lead: LD Planning Officer • 4 volunteers by April 2002 • Sessions established and funding options explored by August 2001. • Turning Point Service to start April 2001 • Establish multi-disciplinary steering group March 2001

FRIENDSHIPS AND RELATIONSHIPS

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need opportunities to meet new friends, including non-disabled people, as well as maintaining established relationships 	<ul style="list-style-type: none"> • Most social opportunities are at daytime in the week, within segregated settings, with other people with learning disabilities • Limited guidance is available for staff about sexual relationships, legal, ethical issues & people with learning disabilities 	<ul style="list-style-type: none"> • Establishing Circles of Support to extend people's social networks and community links • Increase social opportunities in non-segregated settings, to include evenings and weekends • Develop multi-disciplinary policy/guidance on sexual relationships, including sexual health education 	<ul style="list-style-type: none"> • No. people who have someone who is not a relative or paid carer in their social network • Monitoring individual outcomes • Increase in non-segregated social opportunities • Opportunities available evenings and weekends • Policy/guidance in place. Clarity for staff • Issues addressed appropriately in care plans 	<ul style="list-style-type: none"> • Establishing Circles of Support for people moving into new services • Staff training plan for Person Centred Planning & Circles of Support • See also, plans for day service strategy, respite pilot and volunteers • Develop task & finish group to progress 	<ul style="list-style-type: none"> • See actions for: Person Centred Planning in Planning for Life, Leisure & Social Opportunities and Family Carer's respite pilot • Lead: LD Planning Officer. Time-scales to be se

SUPPORT IN DAILY LIVING

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need training and support in a range of daily, independent living skills 	<ul style="list-style-type: none"> • Main provision is Residential and Nursing Homes • Long stay hospital • 25 people supported in own homes by in-house staff and 2 voluntary agencies (fixed hours, no extra capacity in key-ring service) • Supported Living Development Worker • Local under-use of Independent Living Fund • Specifications and monitoring systems are now in place for support work provision 	<ul style="list-style-type: none"> • Increase range of support work providers in Leicester City to enable more people to be supported to live in their own homes. This will include people who SSD have responsibility for, as well as people being reprovided from Gorse Hill Hospital 	<ul style="list-style-type: none"> • Number of people supported to live in their own homes • Positive individual outcomes monitored • Cost of individual support packages, measured individually and over all people over time 	<ul style="list-style-type: none"> • Implement Supported Living Strategy including PCP for all service users to develop individual support specifications which are then tendered. • Tender will develop a list of Approved Support Work providers 	<ul style="list-style-type: none"> • See actions for supported living strategy, under 'A Place to Live'

LEARNING

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need opportunities to learn new skills, including those that are relevant to employment • People need opportunities to develop and learn new interests 	<ul style="list-style-type: none"> • F.E. and community colleges • Day centres • Range of voluntary sector projects • Lifelong learning • Most learning opportunities are in separate, segregated sessions • Education led training for part-time tutors in learning disability issues • Opportunities for education to run 'taster' sessions 	<ul style="list-style-type: none"> • Ensuring a needs-led partnership approach is taken to providing these services • Increased access to mainstream learning opportunities • Develop closer links to Lifelong Learning Strategies being developed by education • Increase range of choice in educational provision 	<ul style="list-style-type: none"> • Multi-disciplinary strategy in place • Range of learning opportunities available • Increased access to mainstream learning • Increased visibility of learning Disabilities in Lifelong Learning Strategy • Fewer appeals to SEN tribunals 	<ul style="list-style-type: none"> • Agree a strategy (part of day services) • Representative from education is needed on the planning team 	<ul style="list-style-type: none"> ▪ Temporary representative from education (pending restructuring April 2001) to attend LD planning team from March 2001

JOB/OCCUPATION

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need a range of flexible opportunities (work experience, voluntary, therapeutic, paid) to enable them to enter, maintain or move closer to work • People need information and guidance about how to access the above opportunities • Opportunities need to be available for people with complex needs • Major barriers to work identified by people with learning disabilities that need addressing are; benefits, confidence, transport 	<ul style="list-style-type: none"> • Employment Plus, (Social Services), 2 job coaches supporting more independent people into jobs • LEAT voluntary project • Employment Service • Career's Service • Education • Range voluntary sector provision • Range of resources offering work experience (See mapping in WtW JIP) • Anecdotal evidence of waiting lists for referrals with all agencies • Co-options currently establishing supported employment and social firms 	<ul style="list-style-type: none"> • Welfare to work strategy for disabled people to be agreed by partners • Information is needed about what is available • Increase resources to meet demand, particularly for work preparation and tapering support into work • Develop new, flexible employment opportunities e.g. social firms • Ensure opportunities are available to people with complex needs • Increase funding to employment • Establish more detailed information about levels of need 	<ul style="list-style-type: none"> • Welfare to Work Plan in place • Information available (see Information actions) • Increased numbers of people with employment opportunities • Monitoring positive individual outcomes • Opportunities provided for people with complex needs • Increased funding and resources to supported employment • Detailed information available about need levels 	<ul style="list-style-type: none"> • Focus for employment opportunities for people with learning disabilities to continue to be the Welfare to Work JIP partnership group • Establish new service (Co-options) locally • Establish priority referrals for Co-options and also levels of need • Development of range of paid employment options & funding (Co-options) £11,500 HAZ for gardening firm £XXXX HAZ for feasibility study for re-cycling project <p>Develop monitoring systems of numbers people in work. Currently no overall figures available</p>	<ul style="list-style-type: none"> • Welfare to Work JIP 2001-2003 for disabled people in place by April 2001 Lead: WtW Planning officer • Co-options to lead develop of working group specifically aimed at people with learning disabilities (Initial meeting by May 2001) • Co-options lead developing social and partnership firms. Target is 2 social or partnership firms by Aug. 2001, with 28 people being in work opportunities by end of 2001, rising to 168 people by 2003 • Information (see Information section)

SPEAKING UP AND CITIZENSHIP

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need opportunities to speak out for themselves, as well as in groups • People need opportunities to develop their skills in speaking out • People need to be involved in planning, monitoring and reviewing all their services • Appropriate advocates are needed for Asian communities • People need support in managing their money, or having it managed on their behalf 	<ul style="list-style-type: none"> • Voluntary advocacy agency (demand exceeds capacity) • Day centre committees • Talking and Working Group • No focus groups to work on service developments • No service user input to service reviews or staff recruitment • £50,000 Partnership Grant to increase advocacy resources until 2002 	<ul style="list-style-type: none"> • Increase capacity for swift access to individual advocacy • Establish appropriate advocacy support available for people from Leicester's Asian communities • Establish focus groups • Establish skills training • Advocates to be able to receive and manage money on people's behalf when needed 	<ul style="list-style-type: none"> • Number of people accessing individual advocacy, time-scales and ethnic origin • Service user input to development work • Increase in people's advocacy skills • Increased support for people to access and manage their finances 	<ul style="list-style-type: none"> • Tender for new advocacy support service using Partnership Grant. • Seek funding to extend advocacy support into 2002-2003 • Agree a detailed strategy for user and carer involvement in planning, monitoring and reviewing services. 	<ul style="list-style-type: none"> ▪ New advocacy service in place by May 2001 (SSD contracting Dept) ▪ Funding extension to be part of special grants review May 2001 Lead: Planning Section ▪ New advocacy support will lead on implementing strategy agreed by planning team on service user involvement in planning, monitoring & service review (agency lead for carer's to be identified. Asian carer's support group will lead on parts)

KEEPING SAFE

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> ▪ People want safe services and to be able to seek support when vulnerable ▪ People want physical interventions to be used only as a last resort, when other strategies have been exhausted, or in emergencies. Safety and a sense of dignity must be maintained. 	<ul style="list-style-type: none"> • SSD Vulnerable Adults Policy and training • SW vulnerable adults assessments • Ad hoc multi-agency policy on the use of physical interventions or the positive management of challenging behaviour 	<ul style="list-style-type: none"> • Vulnerable Adults policy needs extending to include Health Authority, Education, police & other key agencies • Develop policy on use of physical interventions in line with Government Guidance in LAC (2000), under Sec. 7 LASSA 1970 • Alongside the above, to develop guidance on positive management of challenging behaviours 	<ul style="list-style-type: none"> • Vulnerable Adults Policy to be multi-disciplinary • No. of vulnerable adult assessments completed. Projections: 75 in 2000-2001 125 in 2001-2002 • Policy on use of physical interventions in place • Above to include guidance on positive management of challenging behaviours 	<ul style="list-style-type: none"> • SSD Vulnerable Adults working group to extend policy to be multi-disciplinary • Continue to monitor assessments • Develop task and finish group (to include children's services and L&R NHS Trust) to draw up multi-disciplinary guidance on physical intervention 	<ul style="list-style-type: none"> • Policy Lead: Vulnerable Adults Group • Assessment monitoring to continue by operational social work teams and LD lead officer • Task and finish group for guidance on physical intervention to be in place by May 2001. Lead LD Planning Officer

HEALTH - PRIMARY

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need access to quality mainstream primary healthcare • People need information and education about healthy living 	<ul style="list-style-type: none"> • No routine system for health checks. • Pilot for learning disabilities within a Healthy Living Centre. Joint Finance exercise co-ordinator post. • Guidelines for Good Practice working with people with learning disabilities in primary healthcare • People with learning disabilities have greater health care needs than the general population (CHD, cancer, mental health etc) 	<ul style="list-style-type: none"> • Raise awareness of needs of people with learning disabilities with PCGs • Start pilot for health screening programme for GPs in PHCTs • Development of Health passports with PCGs • Links need to be made with planning for NHS priorities: (cancer, mental health, chronic heart disease), to ensure the needs of people with learning disabilities are met 	<ul style="list-style-type: none"> • Number of people having yearly health checks and screening programmes with GPs • Positive health outcomes (care plans) • Integrated healthy living centres • Learning disabilities addressed appropriately in NHS priorities 	<ul style="list-style-type: none"> • Develop screening programmes in PHCTs • Implement Healthy Lifestyle strategy across the City • Launch Guidance to PHCTs and acute hospitals 	<ul style="list-style-type: none"> • Healthy Lifestyle Strategy group is lead.

HEALTH - SPECIALIST

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<p>People need local, specialist health services</p>	<ul style="list-style-type: none"> • No specific strategy for people with learning disabilities and: <ul style="list-style-type: none"> - Challenging Behaviours - Physical and sensory disabilities - Mental ill-health - Asperger Syndrome - Prader Willi Syndrome • Many Out of County placements • Funding from Partnership Grant £25,000 for Asperger Syndrome development worker • No space on acute Treatment Unit ward. Need to agree reprovion • CPA • Joint Solutions budget to fund short-term input • Complex care budget fully allocated 	<ul style="list-style-type: none"> • Develop detailed information and strategies for specific areas. Link to other relevant plans. Include accessing levels of funding needed • Gorse Hill reprovion includes establishing community health care teams • Review Treatment Unit (acute, low security ward) including consideration of developing 24 hour Outreach Teams • Clarify role of CPA and Community care assessment • Single point of access to specialist health services & integrated care pathways • Increase complex care budget 	<ul style="list-style-type: none"> • Local services for people with specialist health needs. • Strategy in place for services for people with Asperger Syndrome • Decrease in no. Out of County placements • Whole systems approach to psychiatric care • Decrease in number of hospital admissions • Multi-disciplinary Common Assessment framework integrated with CPA • Clear access and care pathways • Budgets sufficient to meet needs 	<ul style="list-style-type: none"> • Develop detailed needs analysis and strategies as identified • Recruit to Asperger Syndrome Development Worker post • Link strategies to other plans as appropriate • Establish task & finish group for Treatment Unit review • Link CPA into CAF review • Pilot for single referral point • Establish pooled budgets for joint solution and complex care to increase efficiency of access and consistency of use • Complex care to increase by 370K 2001-2002 (HImP) 	<ul style="list-style-type: none"> • Development of strategies to be led by LD Planning Team • Asperger Syndrome Development Worker post to be in place by March 2001 • Seek extension for funding 2002-2003 via special grants • Task and finish group for Treatment Unit review to be in place by April 2001 • Pilot for single access to health services • For CAF actions see 'Planning for Life' section • Plan for transfer of services under HAF to be in place by April 2001 • Complex care increased for 2001

FAMILY CARERS

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • Flexible, individualised support/breaks that enables people to stay at home if they wish • Respite that service user enjoys • Information • Planning for life • Culturally appropriate services 	<ul style="list-style-type: none"> • Health & Social Care respite all residential based • Pilot project for non-buildings based respite service funded by £10,000 Carer's Grant • Unable to meet variety of cultural needs • Many carers are becoming older, but little is known about their future needs • Small numbers of Carer's assessments completed • Elder carer's currently caring for people for whom early research shows to have quite complex needs 	<ul style="list-style-type: none"> • Develop flexible support services that can go to people at home or take people out to activities • Develop services that can meet the needs of Asian communities • Increase number of Carer's assessments completed • Identify in detail the needs of elder Carers and their families 	<ul style="list-style-type: none"> • Range of respite options available • Number of Carer's assessments completed. Targets: 40 in 2000-2001 80 in 2001-2002 (from LD Business Plan) • Information available about needs of older carers and their families • Reduction in unmet need, particularly for Asian people 	<ul style="list-style-type: none"> • Use information from pilot project (for flexible support respite for 2 Asian service users and their families) to inform a multi-disciplinary strategy for reshaping respite services (consider Health Act Flexibilities) • Identify funding for a dedicated Carer's Worker to start to plan/assess needs of people with older carers (£30,000 per annum) 	<ul style="list-style-type: none"> • Written review of pilot completed by March 2001. Lead: National Development Team • To establish respite task and finish group to develop respite strategy by April 2001 • Strategy for respite in place for August 2001-02-20 • Respite strategy implementation 1st phase completed by April 2003 • Proposal for Carer's assessment worker to be submitted for 2001-2003 Carer's Grant

TRANSPORT

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People need transport to get to their activities of daily living • Transport needs to meet individual needs 	<ul style="list-style-type: none"> • Transport review group • Transport for people with learning disabilities who need support is mainly by separate coach/bus or costly individual taxis with escorts • CST train people in independent travel 	<ul style="list-style-type: none"> • Link learning disability needs into Departmental review as appropriate • Explore wider city Council resources • Re-configuring transport will be a key part of the day services strategy 	<ul style="list-style-type: none"> • Availability of wider range of more individual and flexible transport options • Strategic approach, maximising quality and cost 	<ul style="list-style-type: none"> • Establish links to transport review • Establish links to City Council transport services 	<ul style="list-style-type: none"> • Learning disability representative to be part of transport review

QUALITY

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People want quality, co-ordinated services 	<ul style="list-style-type: none"> • Varying range of quality in services • Inconsistent methods of quality assurance and standards • SSD residential care core contracts being reviewed 	<ul style="list-style-type: none"> • All new services to have clear, consistent, quality standards and monitoring procedures • Link into Department's review of core contracts 	<ul style="list-style-type: none"> • Quality standards in place • Information gathered from monitoring services • Up-dated residential core contracts 	<ul style="list-style-type: none"> • Continue work with contracting unit on developing standards and monitoring • Link to SSD review of residential core contracts 	<ul style="list-style-type: none"> • Lead: SSD Contracting Dept

WORKFORCE PLANNING

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<ul style="list-style-type: none"> • People want and need skilled, trained staff who have a positive attitude towards disabled people. This has one of the greatest effects on quality of service • People want and need staff in jobs that are designed to meet their needs 	<ul style="list-style-type: none"> • Mainly separate staff development and training programmes. Little multi-disciplinary training or skill sharing • Little workforce planning, particularly to ensure job descriptions focused to meet service user needs • Health Act Flexibilities may change the organisation and role of some posts e.g. integrated staff teams and service provision • Care Standards Bill 	<ul style="list-style-type: none"> • Develop a multi-agency Workforce Plan when the future shape of learning disabilities is agreed for the City • Occupational standards for all posts • Implement induction & training requirements required by Care Standards Bill for all staff • Links to the Trent Region Workforce planning group. • Multi-disciplinary training to include SS, Health staff, Education, Housing, Arts & Leisure etc. 	<ul style="list-style-type: none"> • Workforce Plan in place by April 2002 • Implementation of plan April 2002-2004 • Staff teams that are appropriate for the demands of their services 	<ul style="list-style-type: none"> • Agree a lead to develop the learning disabilities workforce plan (this will link to Trent regional exercise) 	<ul style="list-style-type: none"> • Lead: LD Planning Team

ACCESS TO AND CO-ORDINATION OF SERVICES

What people want and need	What is available	Priorities for change	Outcomes + Measures	Action tasks	Milestones & lead
<p>People want services that are accessible and co-ordinated</p>	<ul style="list-style-type: none"> • People have to access similar services at a variety of different places and via different referral processes • Agreed move to lead commissioning by the Local Authority by 2002, with use of pooled budgets and integrated provision as appropriate (see Section 4.3) 	<ul style="list-style-type: none"> • Consider use of Health Act Flexibilities to improve learning disability service outcomes through lead commissioning, pooled budgets and integrated services • Review Joint Strategy Team role and responsibilities 	<ul style="list-style-type: none"> • Improved access, co-ordination, clarity and cost effectiveness of services 	<ul style="list-style-type: none"> • Consult on and develop a plan for implementation of the Health Act Flexibilities. This will include consideration of new use of the resources/roles of the Joint Strategy Team • Recruit to new resources to manage transfer of services 	<ul style="list-style-type: none"> • Plan to be in place by April 2002. Lead: Head of LD service • Recruitment to staff to facilitate project • Implementation of plan 2002-2004

DoH National Learning Disability Strategy

BASIC NATIONAL RESOURCE ANALYSIS OF ADULT SERVICES

Local Authority: Leicester City Council

Total Population:

Date & Source of Pop. Number:

Proportion of Population from Black and Ethnic Minority Communities
..... %

Number of Adults (19+) known to local services (through register):
1,276

Local Authority contact:

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Section A: FINANCE

N.B. Total Health Authority budget for Leicester City, Leicestershire County and Rutland County is £18,041,230. All Leicester City Health figures have been produced and predicted on a geographical notion. This means that the Health Authority budget has been split on where people currently live, rather than their originating address. The costs are therefore influenced by the number of full time residential places established within each geographical area rather than numbers of people for which each Local Authority currently has responsibility. Further work is required to develop a more sophisticated analysis of 'City' spend. It is hoped that this will be completed before 31st April 2001 or as soon as possible after this date.

A1: <u>TOTAL LEARNING DISABILITY BUDGET IN YEAR 1999/2000</u>		£000's
Social Services	Grand Total	£ 6,542
Of which:	Is received under S28A from the Health Authority	£ 480
	Is Joint Finance	£ 109
Health Authority	Grand Total:	£ 13,900
Of which:	Transferred under S28A to Local Authorities:	£ 480
	Represents Old Long Stay funding:	£ 000
	Sourced from Joint Finance:	£ 61
	Short term price support to long stay hospitals:	£ 000
TOTAL = £20,442,000		

Leicester City Council and Leicestershire Health Authority
Adults with Learning Disabilities Joint Investment Plan April 2001-2004

A2 Social Services Spend
(including Sec.28a from the Health Authority)

	<u>Social Services Base</u> <u>Budget</u>	<u>Cost</u>	<u>L.A. Spend of S28A *</u> <u>Money or HA Joint</u> <u>Finance</u>	<u>Cost</u>	<u>Total</u>
Residential support & care, including Nursing home, registered & non-registered care, family placements & non-24 hr support	Residential Care	1,615,034	Complex Care (7) *	74,180	
	Nursing Home	11,815	Thera *	5,369	
	Adult Placement L.T.	725,500	Ipswich Clse *	102,025	
	<u>Supported Living</u> JW	52,000	Stoneygate individs. *	44,756	
	Ipswich	102,025			
	Huntsman's Advance	29,884			
	Key Ring Advance	36,836			
Key Ring Extra Hrs	36,334				
Total		2,609,428	Total	226,327	2,835,339
Short-term breaks	Beaumanor hostel	271,907			
	Adult Placement	?			
	Mencap Sitting Service	50,867			
Total		322,774			322,774
Care managers/social workers	Layton Hse SW team	222,800	Gorse Hill Manager *	28,000	
	Greyfriars SW Team	153,700	Joint Strategy Officer*	26,000	
	APS Social Workers	49,700			
Total		426,200	Total	54,000	466,200

Leicester City Council and Leicestershire Health Authority
Adults with Learning Disabilities Joint Investment Plan April 2001-2004

Advocacy	Fairdeal (Total-37,337)	12,000			
	CLASP (Total-78,087)	26,029			
	Total	38,029	Total	0	38,029
Support for family carers (not included above) NB this includes unpaid carers who may not be relatives	Asian Carers Project	37,925			
	Total	37,925			37,925
Day services, plus other activity projects including employment	Fosse (inc. Employ +)	910,400	Values (to go to main)	24,837	
	Hastings Road	774,600	2 day serv dev. wkr	13,131	
	South Lodge	298,100	City Daycare (CB) *	82,973	
	Layton House	187,000	CST day serv. Dev.	27,077	
	Co-options	103,000	2 care assts (H.Rd)	16,007	
	East Park Activity Gp	5,116	Day service S.W.	19,772	
	Frith contract (4)	86,517	HA day care contract *	117,083	
	Age Concern	51,480			
	Community Support Tm	89,000			
	Total	2,505,213	Total	300,880	2,717,093
	Joint Solutions	13,148	Asperger Social Club	3,030	43%
			Supp. Living Dev. Wkr	5,202	
	Total	13,148	Total	8,232	21380
			28a Total =	479,967	
			Grand Total =	6,542,156	

A3: Health Authority Spend

Includes all organisational overheads for service provision, but not organisational overheads for commissioning activity

Includes money spent out of the Authority area

Transfer via S 28A to Local Authority for LA purchasing activities = **£312,000**

Therefore, Health Authority Spend in 000's (excluding S28A transfers to SS) is as set out below:

	Health Spend to NHS (LRHT)	Cost	Health spend to independent sector (S28A or S64)	Cost	Joint Finance/ Specific Grants	Cost	Total 000's
Long stay hospitals	Direct & non-direct wards & non-reg homes	10,097		217			10,314
Continuing care beds							
Short term assessment and treatment (in-patient)	Treatment Unit	731					731
Residential support & care (nursing, reg. & non-reg.)		213		992			1,205
Short term breaks							

Leicester City Council and Leicestershire Health Authority
Adults with Learning Disabilities Joint Investment Plan April 2001-2004

	Health Spend to NHS (LRHT)	Cost	Health spend to independent sector (S28A or S64)	Cost	Joint Finance/ Specific Grants	Cost	Total 000's
Multi-disciplinary staff inc. community teams				29		5	34
Day services, inc. activity projects & employment	Inc. 43% Fosse Autism service	455		40	Exercise prog. Summer scheme	8 6	510
Advocacy support				10	Fairdeal SAIA	8 2	20
Other support for family carers (not inc)							
Other:	Inc. Outreach 50% LD Register 56% Comm. Nurses 40% Therapy input	1,045		10	LRHT scheme Joint solutions	26 6	1,088
TOTAL		12,541		1298		61	13,900

Section B: Supplementary Financial Information.

B1: List expenditure (from within the preceding totals) from additional new grants, such as Partnership Grant, Carer's Grant

None for financial year 1999/2000.
 Plans for developments in 2000/2002 (see Action Plan).

B2: Provide details of expenditure specifically aimed at services and support for people from black and ethnic communities

Purpose	Amount
Asian carer's support group - support and advocacy for Asian carers of people with learning disabilities	£37,925
East Park Road Activity Group - specific day service for Asian people with learning disabilities	£5,116
	Total = £41,041

B3: Of the spend on day services, what amount relates specifically to employment for people with learning disabilities?

Employment Plus
 Work units within the day centres (LA and HA)

B4: Details of advocacy funding in 1999/2000 and its length of security

Project	Advocacy Service	Amount	Period Security
Fairdeal -Advocacy support for all disabled people in Leicester City	Fairdeal is the advocacy project mainly responding to the needs of people with learning disabilities, but it is for all disabled people and the services listed below are also available	£37,337	3 year SLA
Asian carer's project (Adhar) (included also in B2)	Support and advocacy for Asian carers of adults with learning disabilities	£37,925	
CLASP - carers centre	Advocacy provided for carers of all disabled people	£78,087	
LAMP - action for Mental Health	Individual and group advocacy for people with mental ill-health	£58,904	
Mental Health Shop	Advocacy for black and Asian people with mental ill-health	£97,705	
LEEAP - Leics. Ethnic Elderly advocacy	Advocacy for ethnic elders	£35,151	
Gorse Hill carers	Advocacy for carers of people involved in Gorse Hill Reprovision	£10,000	
Gorse Hill Service Users	Advocacy for people who will be resettled from Gorse Hill	£10,000	
Total		£355,109	

Section C: Financial Policy

Agreed policy between the Health Authority and Local Authority in relation to:

C1: S28A Funding (not attached to OLS - see below), following the death of former long stay hospital residents.

Policy Position	Tick where Applicable
The money is left with the Local Authority in full to meet costs of new people coming through the system.	
Part of the money is left with the Local Authority and part returned to the Health Authority.	
All of the money is returned to the Health Authority.	√ Managed by JST for HA. Re-invested within LD services
There is no agreed policy between the Health and Local Authorities on this issue.	

C2: Old Long Stay Funding following reductions in allocation arising from census return.

Following the last OLS census the net position of the Health Authority in relation to its OLS allocation was:

£ 45,000 GAIN

Policy Position	Tick where Applicable
The Health Authority re-invests up to the full amount of the reduction.	
All money returned to the Health Authority by the NHSE is ring-fenced back to learning disabilities.	
Learning disabilities is considered for money returned to the Health Authority by the NHSE alongside other Health Authority priorities.	√
Any money returned to the Health Authority by the NHSE is allocated to other Authority priorities.	
There is no agreed policy between Health and Local Authorities on this issue.	

Section D: Activity Data

Position at end of March 2000

People = users funded

Places = number of places funded

Activity Area	Funded through Social Service base budget		Funded through Social Services using S28A transfer		Funded through Health Authority Direct purchasing	
	People =	Places =	People =	Places =	People =	Places =
Long stay hospitals	People = 0	Places = 0	People = 0	Places = 0	People = 195 Total 155 in City	Places = 218 Total 179 in City
Continuing care	People = 0	Places = 0	People = 0	Places = 0	People = 5	Places = 5
Nursing homes	People = 1	Places = 1	People = 0	Places = 0	People = 34	Places = 34
Registered care homes (including PartIII)	People = 170 Total = 170	Places = 170 Total = 170	People = 6 complex jt 6 Thera 1 full 28A Total = 13	Places = 6 complex jt 6Thera 1 full 28A Total = 13	People = 15 3 rd party contracts Total =	Places = 16 3 rd party contracts Total =
Hostels	People = 0	Places = 0	People = 0	Places = 0	People = 0	Places = 0
Supported housing with a separation of housing and support (including 24 hour support)	People = 28	Places = 28	People = 1 joint funded	Places = 1 joint funded	People = 0	Places = 0
Adult placement	People = 14 long-term respite Total =	Places = 14 long term respite Total =	People = 0 Total = 0	Places = 0 Total = 0	People = 0 Total = 0	Places = 0 Total = 0
Non-designated accommodation e.g. 24 hour or low level support. (Not including domiciliary care into the family home)	People =	Places =	People =	Places =	People = 0	Places = 0

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Overnight short term care (including APS respite)	Nights used in last 12 mnths = Beaumanor = 2,437 APS = 627 Total = 3,064		Nights used in last 12 mnths = = 0		Nights used in last 12 mnths = Tournament Rd = 6 Farm Lodge = ? County Cedars = ? County Total = 0	
Day services etc	People LA centres = 261 per day LA CST = 43 East Park Rd = 12 X 3 day wk Frith = 7 Total = 323	Places LA centres = 335 per day LA CST = 22 + community East Park Rd = 12 X 3 day wk Frith = 7 Total = 376	People HA block contract = 24 Challenging behaviour = 4 Total = 28	Places HA block contract = 21 Challenging behaviour = 4 Total = 25	People Frith = 7 Total = 7	Places Frith = 7 Total = 7
Short term assessment and treatment beds	Beds = 0		Beds = 0		Beds = 12	

Section E: HEALTH PROFESSIONAL STAFFING in learning disabilities

As at end of March 2000

NB These figures cover staff for Leicester City, Leicestershire County and Rutland.

Health Professional Staff	Whole time equivalent posts	Social Services Base Budget	Through Social Services using S 28a transfer	Health Authority Direct
Psychiatry of learning disability (consultants)	5.90			£459,516
Psychiatry of learning disability (other grade)	4.00			£191,892
Qualified psychologists	5.13			£183,318
Other psychology (e.g. assistant)	1.37			£ 15,660
Qualified community nurses	14.80			£320,091
Unqualified nurses (community)	9.54			£109,488
Qualified speech therapists	9.30			£222,397
Other speech therapists (e.g. assistants)	2.70			£ 27,672
Qualified Occupational Therapists	10.30			£200,374
Other Occupational Therapy (e.g. helpers)	12.68			£167,425
Qualified physiotherapists	10.46			£251,658
Other physiotherapy (e.g. assistants)	6.14			£ 75,529
Challenging Behaviour Teams (excl. psychologists & qualified nurses)	-			-
Art and other therapies	-			-
Dieticians	0.10			£ 2,200
Other support workers	40.21			£462,042

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Health Professional Staff	Whole time equivalent posts	Social Services Base Budget	Through Social Services using S 28a transfer	Health Authority Direct
Other:				
Qualified nurses (wards & homes, not community)	167.81			£3,859,794
Unqualified nurses (wards & homes)	362.77			£5,182,746
Autism co-ordinator	1.00			£ 19,476
Senior Managers (home leaders in social care homes)	9.00			£177,027
Total				£11,928,305

Section F: Supplementary Activity Information

F1: Total number of people who are supported to live separately from their families who are the responsibility of the authorities.

Social Services:

Placements in residential care	182
People supported in their own tenancies	25

Total = 207

Health Authority:

City ordinary residence

Hospital	?
3 rd party contracts in residential care	53
Continuing care contracts	5

Total =

F2: Total number of this group who live outside the local authority area.

Social Services (City Ordinary Residence):

Living in Leicester City	=	108
Living out of County	=	15
Living in Leicestershire County	=	59

Total no. people who are SS responsibility living out of the City = 74

Health Authority:

Living in Leicester City in:

Hospital	=	?
Social Care Homes	=	?
3 rd party contracts	=	34

Total = 34

Living out of County

Continuing healthcare	=	5
3 rd party contracts	=	1

Living in Leicestershire County
 3rd party contracts = 18

Total HA Out of City = 24

F3: Total number of people living inside the authority areas who have been placed by other authorities.

The exact figure is not currently known. We do know, however, that there are 420 places in residential/nursing homes for people with learning disabilities in Leicester City. Of these only 142 are purchased by the City and Health Authority, this leaves a total of 278 places that must be funded from elsewhere. This figure is probably slightly higher than the real figure, due to the fact that some places are for double categories, such as learning disability and/or mental health, some of these places for could be purchased by the City for other client groups

F4: Number of people with learning disabilities are currently supported into open and/or paid employment?

Employment Plus 31

F5: Number of people with learning disabilities who are currently in receipt of Direct Payments?

There are no people with learning disabilities as their primary disability currently receiving Direct payments.

F6: Short term care schemes that operate beyond overnight accommodation and support?

One pilot project for non-residential respite is currently being piloted for 2 people (see action for carers/respite).

F7: Size of services for supported housing, residential and nursing home services within the authority area.

Accommodation Size	No. of Places	No. of Homes/Services
Over 20	148	6 residential homes
10-20	155	10 residential homes
	36	2 nursing homes
7-10	54	6 residential homes
4-6	25	5 residential homes
	8	2 supported living
3 and under	22	8 residential homes
	21	21 people supported alone
Totals	469	60

This refers to the number of people living in one house. A house is defined as a residence with a separate front door, with access to bedroom, bathroom, kitchen and living areas.

F8: SIZE OF DAY CENTRES/SERVICES WITHIN LEICESTER CITY

Centre Size	Max.no.of places WTE per day	Max. no. sessions (1/2 day) per day	Actual Sessions per day (1998/99)	Variance from max. to actual sessions per day	Centres
Over 100					
	126	252	237.5	22.5	Fosse
	130	260	183	69	Hastings Road
50-100					
	50	100	71	39	South Lodge
	50	100	81	19	Layton House
25-50					
	?	?	?	?	Leicester Frith
Under 25					
	12 (X3days)	24 (X3days)			East Park Road
TOTALS		712*	572.5	149.5	

APPENDIX B

Transition year groups for pupils with disabilities/emotional behaviour disorders

<u>SPECIAL</u> <u>SCHOOL</u>	<u>TYPE</u>	<u>CURRENT YEAR-GROUPS</u>																	
		<u>1/9/86-31/8/87</u>			<u>1/9/85-31/8/86</u>			<u>1/9/84-31/8/85</u>			<u>1/9/83-31/8/84</u>			<u>1/9/82-1/8/83</u>			<u>1/9/81-31/8/82</u>		
<u>CITY</u>	<u>BASED</u>	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
ASH FIELD	Physical Dis	8	3	11	1	3	4	7	5	12	7	3	10	5	2	7	5	5	10
ELLESMERE	Mild LD	22	17	39	21	13	34	23	12	35	16	11	27	9	7	16	5	2	7
EMILY FORTEY	Severe LD	5	2	7	4	4	8	4	1	5	3	1	4	1	4	5	2	4	6
KEYHAM LODGE	Emotional BD	5	N/A	5	9	N/A	9	9	N/A	9									
MILLGATE	Emotional BD	8	N/A	8	7	N/A	7	6	N/A	6									
NETHER HALL	Severe LD	2	2	4	4	3	7	6	4	10	5	5	10	2	3	5	7	4	11
WESTERN PK	Phys/Med	8	7	15	3	2	5	1	4	5									

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<u>SPECIAL</u> <u>SCHOOL</u>	<u>TYPE</u>	<u>CURRENT YEAR-GROUPS</u>																	
		<u>1/9/86-31/8/87</u>			<u>1/9/85-31/8/86</u>			<u>1/9/84-31/8/85</u>			<u>1/9/83-31/8/84</u>			<u>1/9/82-1/8/83</u>					
		<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>	<u>M</u>	<u>F</u>	<u>Total</u>			
<u>COUNTY</u>	<u>BASED</u>																		
BIRKETT HSE	Severe LD	2	1	3	1	0	1	1	0	1	1	1	2	0	1	1	1	1	2
FOREST WAY	Severe LD	2	0	2	0	0	0	1	1	2	1	0	1	0	0	0	0	1	1
MAPLEWELL HALL	Mild LD	2	1	3	2	0	2	0	0	0									
MAPLEWELL HALL	Autism Unit							1	0	1				1	0	1			
MOUNT	Severe LD												0	1	1				
<u>OUT OF</u>	<u>LEA</u>																		
BANHAM MARSHALLS	Emotional BD				1	0	1												
BLADON HSE	Sp/Lang	1	0	1															
BIRKDALE	Hearing Imp	0	1	1															
CHAIGELEY	ComplexX LD				1	0	1												
GRANGE	Emotional BD	3	N/A	3	1	N/A	1												

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SPECIAL SCHOOL	TYPE	CURRENT YEAR-GROUPS																	
		1/9/86-31/8/87			1/9/85-31/8/86			1/9/84-31/8/85			1/9/83-31/8/84			1/9/82-1/8/83			1/9/81-31/8/82		
		M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total	M	F	Total
GRIFF	Mild LD	1	0	1															
HEADLANDS	Emotional BD	1	0	1															
OLD SCHOOL	Emotional BD				2	0	2	0	1	1									
PEGASUS	Complex LD							1	0	1									
PINGLE	Sev LD Unit										0	1	1						
ROBERT OGDEN	Autism	1	0	1															
ROSEHILL	Autism										1	0	1						
RSD DERBY	Hearing Imp	1	1	2	0	0	0	0	1	1									
SEDGEMOOR	Emotional BD				0	1	1	0	1	1									
SUTHERLAND HOUSE	Autism				1	0	1							0	1	1			
UNDERLEY HALL	Emotional BD							1	0	1									

APPENDIX C

Summary of early information from 2001 and 2002 school-leavers assessments.

It must be noted that this information is liable to change and is a best estimate of needs. Assessments are in progress for school-leavers in the year prior to leaving school. Services stated below are those it seems will be required in the year students leave school. Needs will, however, change with time as indicated in the national demographic information.

2001

No. with a Learning Disability	Accommodation & support	Day Service	F.E.College	Respite	Complex needs	Asperger Syndrome
18	2	8	11	3	3	Not known

2002

No. with a Learning Disability	Accommodation & support	Day Service	F.E.College	Respite	Complex needs	Asperger Syndrome
18	3	7	12	3	7	2

APPENDIX D

SUMMARY OF UNMET NEEDS MADE TO SOCIAL SERVICES PLANNING SECTION TELEPHONE LINK LINE 1999-2000

19 calls were made regarding learning disabilities (1 from Greyfriars Adult Access, 11 from Layton House LDT, 7 from Greyfriars LDT).

Men

White	Asian Gujarati Hindu	African Caribbean
<p>X1 social, educational, leisure activities in evenings and w/e (Age 19)</p> <p>X3 accommodation & support for vulnerable adults with a history of sexual offences (Ages 36, 18 & 35)</p> <p>X1 home care evening call 9.00 pm</p>	<p>X1 (LD & phys.dis.) culturally appropriate respite. APS preferred. (Age 20)</p> <p>X1 culturally appropriate supported social, ed. & leisure activities (Age 24)</p>	<p>X1 culturally appropriate accommodation & support (Age 31)</p>

Women

White	Asian Gujarati Hindu	Asian Kutchi	Indian Punjabi Sikh	Pakistani Muslim
<p>X1 befriending to increase social network (in residential care) (Age 70)</p> <p>X1 social, ed. & recreational activities eves. & w/e for younger people (Age 19)</p> <p>X1 home care at w/e (Had to go to res. care respite) (Age 29)</p> <p>X1 accommodation (grnd floor) & support (Age 29)</p>	<p>X1 culturally appropriate respite (Age 50)</p> <p>X1 nut free Gujarati style mobile meals (Age 41)</p> <p>X1 non vegetarian (no beef) Gujarati style mobile meals (Age 46)</p> <p>X1 culturally appropriate accommodation & support (APS requested) (age 49)</p>	<p>X1 culturally appropriate respite (Age 32)</p>	<p>X1 culturally appropriate accommodation & support (Age 45)</p>	<p>X1 culturally appropriate, Urdu speaking, accommodation & support. Currently in res. Home where no-one can speak her language. (Age 33)</p>

APPENDIX E

Welfare to Work - Summary of needs identified in service user and staff consultation.

1. Information

- Needed for service users and staff
- Accessible formats, appropriate for different communication needs
- What is available
- Clarifying roles
- Clarifying who would be appropriate to refer to which agency

2. Raising awareness and changing the culture.

- About WTW and what the strategy is trying to achieve
- To create positive attitudes towards disabled people in work
- For service users, staff (across all agencies), employers, G.P.s e.t.c.
- Promote disabled people in jobs as role models, there should e.g. be more disabled people working in day centres
- Training

3. Priorities

- Concentrate on people who are keen to work
- School-leavers and young people should be a priority

4. Barriers

- **People with learning disabilities** top 3:
Benefits, Confidence, Transport
- **People with mental ill-health** top 3:
Benefits, Confidence, Employer's attitude
- **People with physical and sensory disabilities** top 3:
1 Own health, Flexibility of support services, Transport
- People need to be re-assured that they will not be on less money/lose benefits
- Transport to meet individual needs
- Skills training needed to develop confidence and prepare for work

5. Partnership working

- Need clarity about who does what, roles and responsibilities
- Need to avoid duplication and fill service gaps
- Multi-disciplinary approach needed (Integrated teams?)
- Work needs to be considered in all assessments
- Assessments need to be individual and person-centred
- Information needs to flow better between agencies
- Limitations and confusions about City/County address need resolving
- Day centres need support to be more task centred and focused in assisting people to move into employment

- One access point needed for information about employment and sign-posting people on the right place for them to go to

6. Resources

- Not enough generally, particular need for more job coaches (further work to identify exact need required?)
- Not enough staff time currently available at all levels
- Not enough support available to support people with high needs into employment
- Support needs to taper off, but people need to be able to have a contact point if they have a query/problem
- Specialist services needed with knowledge of different needs of disabled people
- Services must be able to meet needs of diversity of communities of it's population
- Local services needed
- Need to attract funding into WTW (Joint funding between different agencies, Grants, Charity applications etc?)

7. Job opportunities

- Needs to be a greater range and variety
- Need to be more flexible
- Social Firms, Co-operatives etc

8. Misc

- Realistic expectations (service user and employer)
- Time needs to be taken to work with carers

Appendix F.

