



**STRATEGY
FOR
LEARNING DISABILITY SERVICES
IN
SHROPSHIRE
2010-2013**

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Contact: Ruth Houghton
Ruth.Houghton@shropshire.gov.uk



Shropshire County
Primary Care Trust

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Introduction

The purpose of this document is to provide a formal statement of the strategic plans for services in Shropshire for Adults with a Learning Disability.

This document will include the strategic plans for commissioning, securing, specifying, delivering, reviewing and monitoring services for adults with learning disabilities who live in the County of Shropshire served by Shropshire Council as well as for those living out of the area but who are the responsibility of Shropshire Council or Shropshire County PCT.

This document:

- Describes the vision, aims and outcomes for the adult learning disability service in Shropshire
- Sets out how Shropshire will deliver services for people with a Learning Disability in Shropshire in accordance with expectations of Valuing People Now and other national policy drivers
- Provides the framework to support the provision of high quality services that are both responsive and equitable and which will support the achievement of national and key local targets and performance indicators.
- Sets out the planned actions to achieve the outcomes contained within this document
- Sets out the relationships and the responsibilities of the statutory agencies and partner organisations involved in service provision for adults with learning disabilities in Shropshire including the role of the Learning Disability Partnership Board

The Scope of the Strategy

This strategy covers services for adults with a learning disability in Shropshire which will promote social inclusion, reduce health inequalities and improve access to healthcare.

It will include specialist services commissioned , purchased or provided by Shropshire Council and Shropshire County PCT either separately or jointly, or by the independent or voluntary sector and will also include mainstream services such as leisure, housing and education and training services provided by Shropshire Council and other Partners. This strategy mirrors the National Valuing People Now Strategy (2009) for Learning Disabilities and the key themes in that strategy of:

- Including Everyone
- Personalisation

- Having a Life
- People as Citizens
- Making it Happen

This strategy also links to the outcomes of the Local Strategic Partnership.

The aims of this Learning Disability Strategy are:-

- To ensure a planned and open approach to commissioning of services for people with learning disabilities, making use of information about demand, unmet needs/service gaps and resources
- To ensure that services are centred on service users' needs
- To ensure a transparent relationship with Stakeholders (eg users, Carers, providers, etc), in the commissioning and provision of services
- To provide direction and structure for both Health and Social Care provision within Shropshire and for other mainstream services such as Housing, Leisure, Education and Training
- To link with (or where appropriate develop) local and national target performance indicators
- To continue to review service requirements identified through the Joint Strategic Needs Assessment with due regard to available resources and to use this information to inform the Primary Care Trust's financial planning process and the Council's Strategic Financial Planning of service pressures and requirements
- To act as a cornerstone in the development of any Business Cases or Specific Strategies developed in relation to agreed or proposed changes in service provision

The Strategic Vision

The Shropshire Council vision is to:

To improve significantly the quality of life for Shropshire people by working together

Shropshire Council's Aims are to:

To give children and young people the best opportunities today and for the future
 To improve the health and well-being of Shropshire's residents
 To ensure safe and strong communities for everyone in the County
 To build sustainable communities for local people to live and work in Shropshire

Shropshire Council's Values are:

- | |
|---|
| <ol style="list-style-type: none">1. Focus on meeting the needs of our customers2. Value each other and achieve more by working and learning together3. Use the resources we have responsibly4. Recognise the value difference can make and treat everyone with respect5. Build trust by expressing ourselves openly and honestly |
|---|

Shropshire County Primary Care Trust

Vision Priority areas

The PCT will aim to address the most significant health needs within the Shropshire population, as identified in the Joint Strategic Needs assessment and through listening to local clinicians and the public. The PCT will prioritise efforts and resources in the following areas by 2013:

Tackle health inequalities, recognising that while Shropshire is relatively affluent, there are health inequalities between the most and least deprived, and some of these gaps are widening. Improvements will be achieved through partnership working in the most deprived areas. The work will result in:

- Reduced inequalities
- Development of locally appropriate services
- Reduced burden of preventable disease

There is a recognition that inequalities are not just related to deprivation but that disability is a significant factor which influences health

Support for healthy lifestyle choices and managing long term conditions, recognising that Shropshire has higher than national prevalence in a range of long term conditions, and shares concerns with partners about some specific lifestyle issues in young people. Achievements will be through pathway development across the local health economy and partnership work over lifestyle issues. The work will result in:

- Increased life expectancy
- Reduced burden of preventable disease
- Improved management of long-term conditions
- Improved quality of life
- Independent living for longer

Promoting Mental Health and Wellbeing, recognising the needs of both older people and certain groups of young people, dispersed over a large rural area. The work will result in:

- Strategies for supporting people during life changing events.
- Integration of mental health services into primary care and mainstream services.
- Promoting social inclusion

Develop Care Closer to Home, recognising the needs of a dispersed population with a high proportion of over 65's over a large rural area, and the need for investment in estates infrastructure. The work will result in:

- Right services delivered in the right place at the right time
- Investment in new fit for purpose buildings
- Improved access and choice of care settings
- Increased choice for end of life care

Develop vibrant community hospitals, recognising the distribution of the Shropshire population with one fifth living in market towns and over a third in rural areas, making community hospitals a natural focus for services. The work will result in:

- More equitable distribution of services
- Improved access
- More choice on end of life care
- Maximum impact from services such as DAART for rapid access to diagnostics

Develop modern hospital care, recognising the need to maintain stability and continuity of core services, while developing innovative solutions for service improvement and reconfiguration and with a strong emphasis on quality and safety. The work will result in:

- Patients receiving care in the most appropriate setting with rapid decision making by specialists
- Expertise centralised in one place for "challenged specialties"
- Shorter waits for hospital treatment and shorter lengths of stay
- Developing a choice of providers in some areas

PCT Values

The PCT will progress the above vision based on the values set out below.

The PCT aims to ensure that Shropshire has healthcare services that are *“Modern and Caring, Responsive and Efficient”* and this underpins the core values of the PCT.

Modern: The PCT will ensure that services are developed in line with current and expected best practice, localising where possible and centralising where appropriate. The PCT will work with providers to ensure that services are based on a sound evidence base and are improving clinical quality.

Caring: The PCT recognises that in a fast moving modern world, the traditional value of caring is important to our patients and their families. We will ensure that services maintain a caring attitude whilst patients are in our care.

Responsive: Through a network of hospitals and primary care settings the PCT will develop a flexible menu of services tailored to individual needs, offering improved choice and access.

Efficient: The PCT will ensure that there is good stewardship of public resources by investing in care that delivers best value for money and prioritises according to need. Services will be organised in such a way as to achieve optimum utilisation of resources, having due regard for clinical quality.

The Stakeholders

The stakeholders in this strategy are:

- Adults with a Learning Disability and their families
- Learning Disability Partnership Board (Executive and area boards) and its working sub groups of employment, Carers and short breaks, housing, health and getting a life
- Shropshire Council
- Shropshire County Primary Care Trust
- Advocacy services (Taking Part and OSCA)
- Shropshire Partners in Care (SPIC representing independent residential and domiciliary providers)
- Family Carers and Carers Support services at the Community Council
- South Staffordshire and Shropshire Healthcare NHS Foundation Trust
- Providers of day time/activities eg local authority and voluntary sector services and further education colleges in Shropshire
- Key partners supporting the CAF project including West Mercia Police, West Midlands Ambulance Service and Shropdoc

The Services

This strategy covers the following services in respect of services for people with a learning disability in the following areas:

- Choice and Control for Services Users through the personalisation agenda in adult social care, individual patient budgets in health service provision and direct payments
- Advocacy and the empowerment of service users
- Access to specialist health care services
- Access to mainstream healthcare services
- Housing, accommodation and tenancy support
- Employment, training and learning opportunities
- Support services for family Carers
- Day opportunities, leisure and transport
- Citizenship

Services will be developed through the delivery of the National Strategy for Learning Disabilities Valuing People Now and will aim to meet the changing needs of adults with learning disabilities in Shropshire

The Service Users

The term “adults with learning disabilities” applies to individuals aged between 18 and 65 who have had a diagnosed learning disability and their Carers who are considered to be the statutory responsibility of Shropshire Council and/or Shropshire County Primary Care Trust. Those people with learning disabilities aged over 65 will continue to receive care management through the Adult with Learning Disabilities Team in conjunction with Older Peoples Services.

The strategy will encompass people with the following characteristics:

- Learning disability (mild, moderate, severe)
- Profound/intellectual and multiple disability (PIMD)
- Challenging Behaviour
- Autistic Spectrum Conditions linked to a learning disability
- Adults with learning disabilities and additional mental health needs (dual diagnosis)
- Older people with a learning disability
- Family Carers including older parents and Carers

The Outcomes of this Strategy

Our commitment is to endeavour to achieve, through the implementation of this strategy with all stakeholder groups, the following outcomes:

- Service users and family Carers should experience services as coherent and joined up, rather than fragmentary and that in accessing services they should not be passed backwards and forwards from one agency to another
- Service Users are involved with consultation, planning, participation, and service design and customer feedback
- Service users and Carers should get the full benefit of the available resources and through the Joint Commissioning Board for Learning Disability Services be involved in the development of services which will make the most effective use of these resources
- Service users and Carers should receive consistent advice and messages from the organisations they deal with
- Service users and Carers should get the benefits of experiencing social care and health care positively complementing one another
- Service Users and Carers will experience more choice and control over the services that are provided for them
- Service Users and Carers will experience improved access to health care and benefit from an equitability of access to health care services
- Service Users and Carers will benefit from improved access to housing provision, accommodation and tenancy support which reflects their needs and aspirations
- Service Users and Carers will experience and benefit from greater citizenship including improved access to culture, learning and leisure services and opportunities for employment

This strategy encompasses services to adults with Learning Disabilities aged from 18 and over, and their Carers normally, resident in Shropshire, or otherwise the defined and agreed responsibility of Shropshire Primary Care Trust and Shropshire Council, and who fit the recognised eligibility criteria for care.

National Policy Drivers

Title	Publication Details	Content
A Life Like No Other	Commission for Healthcare Audit and Inspection 2007	A national audit of specialist inpatient services for adults and young people with learning difficulties and an outline of the resulting Healthcare Commission actions to be taken
The Cornwall Report /	Investigation into the	Investigations in allegations

Sutton and Merton Report	provision of services for people with learning disabilities (PLD) at Cornwall Partnership NHS Trust Healthcare Commission 2006, ditto - Sutton and Merton PCT. Healthcare Commission 2007	of abuse against adults with learning disabilities and recommended actions to prevent any future recurrence
The Mansell Report	Services for People with Learning Disabilities and Challenging Behaviour or Mental Health Needs DH 2007	Proposals for changes to commissioning of services for people with learning disabilities to meet the needs of people in area rather than moving out of area
Valuing People and Valuing People Now	Valuing People DH 2001, Valuing people Now DH 2009	Outline of four key principles (legal an civil rights, independence, choice and inclusion) that need to inform the way services are developed for people with learning disabilities and an updated consultation on people's views on the priorities for the learning disability agenda
Putting People First	Putting People First ADSS/DH/LGA 2007	Outline of the Government vision for the development of a personalised adult social care system
Improving The Life Chances of Disabled People	Improving the Life Chances of Disabled people DWP/DH/DfES 2005	Identification of the four key areas where activity is required to improve the life chances of disabled adults
Equal Treatment: Closing the Gap	Equal Treatment: Closing the Gap, DC, 2006	An investigation into the health inequalities experienced by people with mental health problems and/or learning disabilities in England and Wales
Death by Indifference	Death by Indifference, Mencap	An investigation by Mencap into the deaths of six

		people who died whilst in the care of health services
Healthcare for All	Healthcare for All, Sir Jonathon Michael 2008	The report of the independent inquiry into access to healthcare for people with learning disabilities
Mental Capacity Act 2005, updated 2007	Mental Capacity Act 2005/2007	Introduction of the new statutory role of the Independent Mental Capacity Advocate (IMCA)
Progression through Partnership	Progression Through Partnership, DfES/DH/DWP, 2007	Joint working between health, education and work and pensions on the role of further education in supporting people with learning disabilities to live fulfilling lives
Valuing Employment Now	Valuing Employment Now, DH, 2009	People with learning disabilities in paid employment
Carers at the Heart of 21st- century families and communities: a caring system on your side, a life of your own	Carers at the Heart of 21 st - century families and communities” (standing commission on Carers 2009)	Sets out the Government's short term agenda and long term vision for the future care and support of Carers
The National Strategy for Carers 1999	The National Strategy for Carers 1999	Acknowledges the value of Carers in the community by offering information, support and care to Carers
The Carers (Equal Opportunities) Act 2004	The Carers (Equal Opportunities) Act 2004, DH, 2004	Councils duty to inform Carers of their right to an assessment which takes into account their outside interests (work, study, leisure)
The Carers Recognition and Services Act 1995	The Carers Recognition and Services Act 1995, DH	Outlines what the Government expects Local Authorities to do to support Carers
Aiming High for Disabled Children		
The Bradley Report	The Bradley Report,	A review of people with

	Lord Bradley 2009	mental health problems or learning disabilities in the criminal justice system
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The Demographic Profile

The World Health Organisation defines learning disabilities as 'a state of arrested or incomplete development of mind'. Somebody with a learning disability is said also to have 'significant impairment of intellectual functioning' and 'significant impairment of adaptive/social functioning'.

This can cause difficulty understanding, learning and remembering new things, and in generalising any learning to new situations. Because of these difficulties with learning the person may have difficulties with a number of social tasks, for example communication, self-care, awareness of health and safety.

A final dimension to the definition is that impairments are present from childhood, not acquired as a result of accident or following the onset of adult illness.

The words, mild, moderate, severe and profound are also used with learning disability. In the UK, the Department of Health has used the terms moderate, severe and profound¹. These have been linked to IQ test scores. Learning disabilities in the UK are classified with the following definitions based on IQ score:

- 50-70 - Mild
- 35-50 - Moderate
- 20-35 - Severe
- less than 20 - Profound

In Shropshire people with learning disabilities eligibility for social care is determined by Fair Access to Services Criteria (FACS). The criteria outline eligibility on the basis that care is critical, substantial, moderate or low. In Shropshire people, are eligible for care services if their needs meet either the critical or substantial criteria. The criteria is available at Appendix A.

Adults with learning disabilities may be eligible for services if their needs impact on factors that are key to maintaining independence over time and the seriousness of risk to independence, or other consequences, are described as either critical or substantial.

Prevalence of learning disability

The Department of Health estimates that nationally there are around 160,000 adults with learning disabilities in the UK. They also suggest that there could be

between 55,000 – 75,000 children and young people in the UK with moderate to severe learning disabilities.

Locally Quality and Outcomes Framework (QoF) data for 2007-08 states that the prevalence of learning disability on GP practice registers is 0.3% of the Shropshire population. This accounts for 884 people in Shropshire. Nationally the QoF data prevalence of learning disability is also 0.3% of the population (144,909 people). However, QoF data only includes people registered as having a learning disability and is most likely to include people with moderate to profound learning disabilities.

Forecasts of learning disability

The following table shows predictions for the numbers of people aged under 65 years with a moderate or severe learning disability in Shropshire and in England. There is predicted to be a 1% rise in the number for Shropshire in the next 17 years, which is a lower projected percentage increase than the national figure.

Table 1 Predictions for moderate and severe learning disabilities (people aged 18-64 years)

		2008	2010	2015	2020	2025
Shropshire	Number	956	960	956	960	966
	% change		0.4%	0.0%	0.4%	1.0%
England	Number	178,796	181,405	184,664	188,90	192,353
	% change		1.5%	3.3%	5.3%	7.6%

Source: www.pansi.org.uk

Table 2 shows moderate and severe learning disabilities projections for people aged 65 years and over until 2025. Shropshire is predicted to see an increase of 49% during this time period, which is higher than the national predicted increase of 37%. The percentage increase for this age group is larger than that of the under 65 year's age group which reflects the general increase in the ageing population experienced both locally and nationally.

Lower incidences of infant mortality and an increasing life expectancy of people with learning disabilities are contributory factors to an increasing number of people with learning disabilities in Shropshire. In addition those people with learning disabilities who are living longer are doing so with the additional diseases and conditions associated with old age such as dementia.

Table 2 Predictions for moderate and severe learning disabilities (people aged 65+)

		2008	2010	2015	2020	2025
Shropshire	Number	165	177	209	229	246
	% change		7%	27%	39%	49%
England	Number	23,032	23,943	27,309	29,281	31,449
	% change		4%	19%	27%	37%

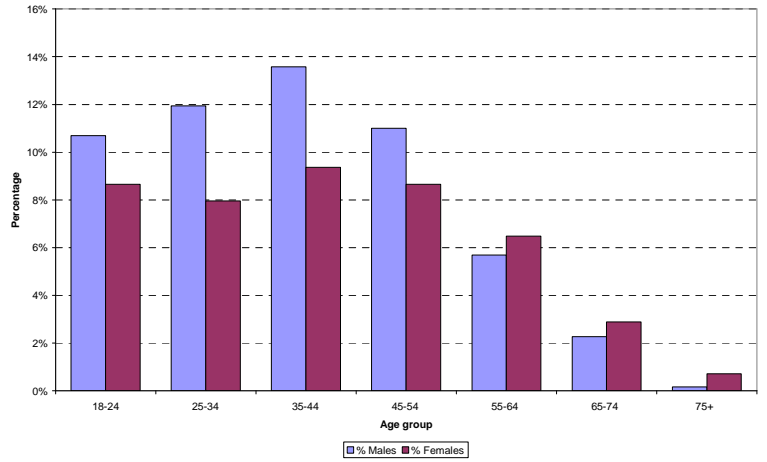
Source: www.pansi.org.uk

People with learning disability receiving social care services in Shropshire

Information on people receiving social care services is collected by Shropshire Council on the care first system. In 2007-08 there were 865 people receiving care from social services in Shropshire. This figure is similar to the prevalence figure reported in the QoF data for 2007-08.

Overall, around 55% of people receiving social care services for learning disability in Shropshire were males and 45% females. The following graph shows the proportion of people receiving social care for learning disabilities by age and gender. Overall, most people receiving care are males aged under 65 years old. People aged 65+ years receiving social care for learning disabilities are more likely to be females. The 35-44 years age group has the highest proportion of both males and females receiving care for learning disabilities in Shropshire.

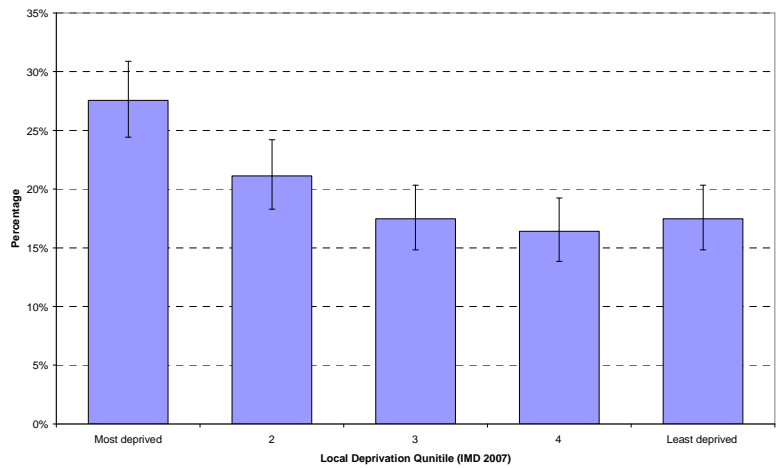
Figure 1 Percentage of people receiving social care services for learning disability by age and gender in Shropshire



Source: Care First System, 2008-09, Shropshire Council

The following figure shows the percentage of people receiving social care services for learning disability by deprivation quintile. There are significantly more people living in the most deprived fifth of areas in Shropshire receiving social care services for learning disability than all other areas.

Figure 2 Percentage of people receiving social care services for learning disability by deprivation in Shropshire



Source: Care First System, 2008-09, Shropshire Council

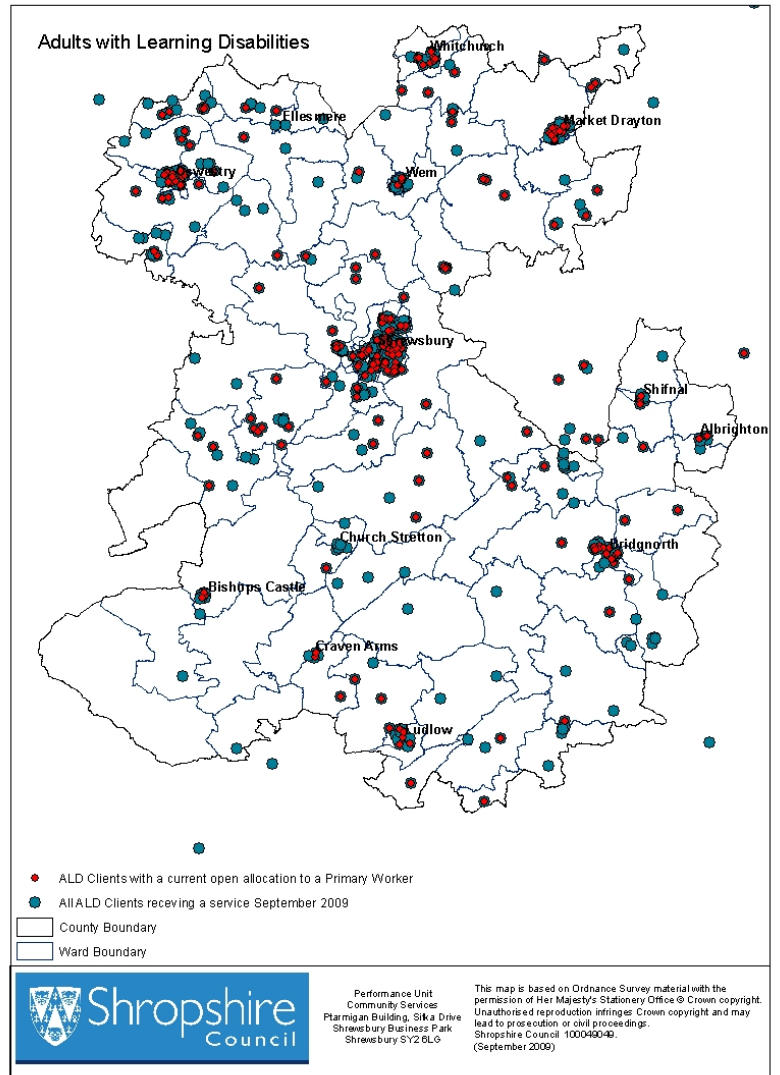
Table 3 shows the numbers of adults with a learning disability receiving social care services, by age bands. People with a learning disability have been enabled to live longer and healthier lives, and the numbers of clients aged over 65 has increased in recent years. We will need to use this information (including the numbers of young people aged 14 to 17) for the planning and commissioning of future learning disability services.

Table 3 ALD Client Information by Age Band

Age Band	All ALD Clients receiving a service September 2009
Age 14-17	89
Age 18-25	155
Age 25-35	157
Age 35-45	177
Age 45-55	177
Age 55-65	116
Age 65-75	52
Age 75+	7

Data Source: Carefirst, September 2009

This map shows the distribution of people with learning disabilities across Shropshire. Most clients are based around the main towns of Shropshire, including Shrewsbury, Oswestry, Market Drayton, Bridgnorth and Ludlow



Autistic Spectrum Conditions

Autistic Spectrum Condition is also sometimes referred to as autistic spectrum disorder, autistic spectrum difference and neuro-diversity.

Autistic Spectrum Condition (ASC) is a lifelong condition that affects how a person communicates with and relates to other people. It also affects how a person makes sense of the world around them. The word "spectrum" is used because the characteristics of the condition vary from one person to another.

The three main difficulties which all people with an ASC share are:

- Social communication (problems using and understanding verbal and non verbal such as gestures, tone of voice)
- Social interaction (problems in recognising and understanding other peoples feelings and in managing their own)
- Social imagination (problems in understanding and predicting other people's intentions and behaviour and imagining situations outside of their own routines)

Many people with an ASC may also experience some form of sensory sensitivity or under-sensitivity to sounds, touch, taste, light or colours for examples and often prefer to have a fixed routine and can be averse to change.

Some people with ASC may also have a co –morbid condition such as attention deficit hyperactivity disorder or dyspraxia.

Asperger syndrome is a form of ASC, although people with Asperger syndrome have fewer problems with speaking than people on the autism spectrum.

People with an ASC often have no obvious disability and many adults find that they are often misunderstood. Some individuals may also not wish to have their condition recognised although the need for support may be great; it can therefore be difficult to create awareness of ASC.

The existing estimates of the prevalence rates for ASC vary dependent upon how it is diagnosed and defined. Prevalence is estimated to be around 116 per 10,000 of population.

The predicted prevalence of ASC in Shropshire is illustrated in Table 4.

Table 4: People aged 18-64 years old projected to have autistic spectrum disorders in Shropshire

	2008	2010	2015	2020	2025
18-24	220	229	225	210	207
25-34	267	269	304	323	313
35-44	419	399	338	326	366
45-54	410	429	462	436	376
55-64	422	420	411	454	490
Total	1,738	1,746	1,740	1,749	1,752

Source: Based on the report 'Prevalence of disorders of the autism spectrum in a population cohort of children in South Thames: the Special Needs and Autism Project (SNAP)', Baird, G. et al, *The Lancet*, 368 (9531), pp. 210-215, 2006, National Statistics population projections 2006, projections produced by Projecting Adult Needs and Service Information System (PANSI) www.pansi.org.uk Crown Copyright, 2007.

Further work to develop a better understanding of the prevalence of ASC is currently being commissioned by the Department of Health. In addition further understanding of the type of approaches that have been successful in delivering change will form the evidence base for the final national strategy

Some people with ASC who need services fall through gaps created by traditional service boundaries, usually between Mental Health and Learning Disability services. People with ASC can also have an accompanying Mental Health or Learning Disability.

The underpinning intent of the national 'strategy' is that people with ASC will be given the support they need to follow individual pathways that meet their personal needs and aspirations.

In terms of the 'evidence' to support the above claims, there is some data to show the differing needs and issues for various 'sub-groups' of people with learning disabilities which would include people with ASC (e.g. by gender, race, additional disability etc).

The evidence available in relation to different aspects of life (e.g. housing, employment, healthcare) is that people with learning disabilities and people with mental health problems experience poorer outcomes from public services than other sections of society.

In Shropshire an adult autism strategy is being developed which will reflect the national strategy and the needs of the local population. This is being developed based on a consultation event that was held in August 2009.

Advocacy

Advocacy services in Shropshire are provided for people with learning disabilities to enable them to:

- Make choices
- Have independence
- Exercise their rights
- Be included in society

The Advocacy organisation Taking Part has produced a Rights Charter, designed by people with learning difficulties for people with learning difficulties. It lays down the rights of the individual with regard to their daily life, relationships, finances, health and wellbeing, legal issues, choice and complaint, and confidentiality and privacy.



Advocacy in Shropshire provides an independent voice for people with learning disabilities through a variety of services.

By supporting people to become better informed advocacy services enable individuals to make decisions for themselves. This empowers people to take control of their own lives. As the individual gains in confidence and begins to feel valued there is an increase in self-esteem and wellbeing; this in turn results in more independence and inclusion.

Advocacy services support people to gain the confidence and skills necessary to enable them to:

- Actively participate in meetings, groups and conferences
- Be involved in decision-making
- Contribute to the development of future service provision

Volunteer Citizen Advocates are also available in Shropshire. These support people with learning disabilities by developing a trusting relationship, promoting and protecting their rights as a citizen and being non judgemental. They can be accessed through Advocacy organisations OSCA and Taking Part.

Advocacy support also includes support for individuals who need help with specific issue and crisis situations. This type of advocacy addresses matters of:

- Individual risk
- Partnership working
- Resolution of issues
- Ongoing support
- Professional knowledge

Advocacy services also help people with learning disabilities to contribute to service development in areas such as Transition, Housing, Health and Employment.

Advocacy staff in Shropshire are highly valued by people with learning disabilities, their families and Carers, professionals, voluntary organizations and other stakeholders.

Advocacy staff and volunteers in Shropshire are experienced, qualified, dedicated and motivated to support people with learning disabilities.

General and specialist legal advice and support is also available in Shropshire relating to social welfare law (welfare benefits, housing, debt and employment) and also Community Care Law including domiciliary care services, day centre provision, respite care, aids and adaptations, community health services, residential and nursing care, hospital discharge arrangements, meals on wheels, assessment of care needs and personal budgets.

This is provided in Shropshire by A4U, an advocacy organisation based at Louise House in Shrewsbury.

This professional legal advice provides a valuable independent facilitation role between people with learning disabilities and the statutory sectors to arrive at mutually acceptable outcomes.

Assessment and Care Management

Assessment and care management for adults with learning disabilities is provided through an integrated joint team of health and social care staff employed by both Shropshire Council and the South Staffordshire and Shropshire Foundation Trust (SSSFT).

There is an operational policy for the Joint Community Learning Disabilities Team who are committed to “Partnership in Action” removing barriers and pooling resources to ensure effective and targeted services to the most vulnerable within society.

The Joint Community Learning Disability Team provides a Shropshire Care Management and Community Nursing/Health Facilitation Service from an office location at Winston Churchill Buildings, Radbrook, Shrewsbury

Those people with learning disabilities aged over 65 will continue to receive care management through the Adult with Learning Disabilities Team in conjunction with Older Peoples Services.

The Joint Community Learning Disability Team aims to:

- Offer assessment, care planning and care management at crucial times in people's lives adopting a person centred approach
- Review and monitor support in line with policy and procedure
- Ensure continuity of care and support in the transition to adulthood
- Promote choice and control through use of advocacy services and person centred planning/approaches
- Provide an integrated service embracing health, social care, accommodation and meaningful daytime activity
- Provide a committed, effective partnership with individuals, Carers, other agencies, voluntary organisations and colleagues within Health and Social Care
- Support Carers in their role through assessment and linking support needs to care planning
- Meet the performance management requirements of the Local Authority and Learning Disability Directorate and SSSFT and Shropshire PCT.
- Actively contribute towards need analysis, service evaluation, planning and development
- Try to be proactive and flexible in the development and provision of services that span health promotion, carer support, assessment and care management and create a preventative culture whereby the need for crisis intervention is minimised
- Promote positive health and equality of access to primary care services and secondary services
- Operationalise the protection of vulnerable adults and safeguarding vulnerable adults with a learning disability
- Promote good practice in the assessment of mental capacity and in best interest decision making
- Makes referrals for financial assessments for service users

People who may be eligible for a service will normally be aged 18 or over and have critical and substantial needs arising from their diagnosis. However where people do not fall into critical or substantial needs, health services may be offered depending on the assessment of need.

The focus throughout is on what people can do, with support where necessary, rather than on what they cannot do.

The presence of a low intelligence quotient, for example an IQ below 70, is not, of itself, a sufficient reason for deciding whether or not an individual should be provided with additional health and social care support. An assessment of social functioning and communication skills should also be taken into account when determining need. Many people with learning disabilities also have physical and/or sensory impairments.

Referrals to the service

Referrals to the service will be accepted from any source with the consent of the person being referred or if they lack capacity to give consent, by someone acting in their best interests via the Duty system and inputted onto the client data management system. The intention is that the duty system should work as a 'single point of referral'.

The Duty Worker will make an initial assessment from the information provided and if an urgent response seems to be required will discuss with the patch Senior or most suitable available person. For all other referrals the Duty Officer will write to the referrer, with the consent of the person being referred if they are not the referrer, inform them of the receipt of the referral, the process and expected timescales.

These referrals are then passed to the patch Seniors and further assessed for prioritisation. They are then allocated to the most appropriate worker based on the information available at this time. The actual allocation will take place at the regular patch meetings. These are held weekly for the South patch and twice weekly in the North and Shrewsbury patches. Cases are allocated to the most appropriate worker, taking into consideration the information available from the referrer, based on the workers experience, role and workload capacity. .

Referrals to other 'wider' team members i.e. Psychiatrists, Physiotherapists, Psychologists, Speech and Language Therapists, Occupational Therapists etc are faxed to the relevant persons by the Duty Officer as soon as possible following the receipt of the referral.

Staff resources

The members of the team I work from a common administrative base (Winston Churchill Buildings) and day to day activities are managed by the three Locality Team Managers (North, Shrewsbury & South)

The Locality Team Managers have responsibility for:

- Ensuring that patch meetings are convened
- Service performance
- Ensuring staff supervision
- The effective utilisation of available resources

- Quality assurance

The team is multi disciplinary and includes social care and health professionals including nurses.

The work of the team consists of:

- Care management
- Case management will include ongoing support and intervention
- Specific expertise in Health and Social Care areas, for example:
 - Appropriate Adult issues
 - Adult Mental Health Professional (AMHP)
 - Assessment and advice over complex health needs
 - Challenging behaviour assessment and intervention
 - Clinical work
 - Health Action Plans
 - Health facilitation
 - Health promotion
 - Promoting access to mainstream services
 - Student placements
 - Training provision
 - (this is not a definitive list)

Care Management /Assessment co-ordination

Assessment and care management constitutes one integrated process for identifying and addressing the needs of individuals whilst recognising that those needs are unique to the individual concerned. It involves the nomination of a dedicated person with responsibility for co-ordinating a network of supports and activities designed to optimise the functioning and well being of the individuals involved.

Key elements of Care Management:

- Screening of eligibility
- Assessment of function and need
- Assessment of capacity and best interests decision making
- Service / care planning
- Definition of required outcomes
- Linkage with available resources
- Monitoring services in place
- Reviewing and evaluation
- Seeking funding approval for packages of care through the Risk Panel and taking into account all financial considerations.
- Arranging and commissioning services for individuals.

Benefits Maximisation

Shropshire's Joint Benefits Team is a partnership between the Council's Fairer Charging Team, the local Pensions Service, Citizens Advice Bureau and A4U.

The service provided is as holistic for the client as possible so that in many instances, complex benefit issues are dealt with by just one person or at the very least, absorbed within the partnership, meaning that the end user's experience is as stress free as possible.

In addition to identifying and claiming additional benefits, partners will make referrals to Keep Shropshire Warm, for fuel and insulation advice and grants, to the fire service safety officers, for free installation of smoke alarms.

The Partnership has worked together to increase the numbers of vulnerable people claiming strategic Social Security benefits:

- **Independent Living Fund** (a benefit that enables people to provide financial support to disabled people to enable them to choose to live in the community)
- **Attendance Allowance** (A benefit that helps vulnerable older people to remain living independently)
- **Carer's Allowance** (A benefit that rewards people looking after severely disabled people)
- **Disability Living Allowance** (A benefit that helps severely disabled people under 65 to remain independent)
- **Housing and Council Tax Benefits** (A benefit that helps those on low pay or benefits to pay these outgoings)
- **Pension Credit** (a means tested top up to the basic pension)

The impact of the work of the Partnership on the lives of people can be profound with additional benefits making a real practical difference to the lives people can lead and enjoy.

Legal Advice

There are a number of organisations in Shropshire that support people and their family carers with benefit enquiries and completing complex forms. In Shropshire A4U are a nationally quality marked agency who can deliver legal advice on benefits maximisation under both generalist and specialist quality accreditation.

Service Users on low income (below £750 per month) qualify for legal aid and receive legal advice free).

Black and Ethnic Minority Population

The black and ethnic minority population of Shropshire is relatively small i.e. 3.2% of the population (Source: Office for National Statistics).

In Shropshire the % of service users from a black or ethnic minority service in receipt of a learning disability service is just under 1% at 0.91%.

Trends where there are larger black and ethnic populations are showing an increase in the numbers of people with learning disabilities, particularly among the South Asian population. This needs to be considered in respect of analysis and planning of services for the future.

Choice and Control

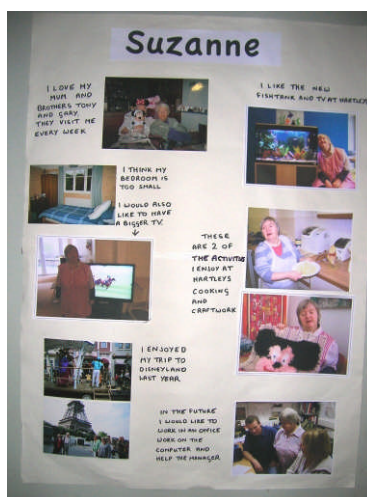


'My Life, My Choice' Plans to transform social care in Shropshire

Every Council in England is planning how they will transform their social care services. In December 2007 the government issued a paper called 'Putting People First' which was an agreement between many government departments. Putting People First talks about the need to ensure all people who need extra support in their lives are able get good information about what is available to them, are supported to live in their own homes for longer and are able to use mainstream community services.

My Life, My Choice is the name of Shropshire's Programme to transform social care services, to make them more modern and more tailored around the needs and wishes of the person and those closest to them. An important part of this work will be to offer people who are eligible for social care support the opportunity to have choice and control over the support they get – this means they can make choices about what support they have, when and by whom.

People will be provided with support to understand what is and what is not possible with an individual budget and will also have support to plan how they spend their money if they wish it. To make these choices people will be offered a 'personal budget' which is an amount of funding that is appropriate for them to meet their needs. Knowing the amount of money that may be available means that people can then be creative in how they use it – as long as it is legal and as long as they can show the Council that what they are choosing will work for them and achieve the outcomes that have been agreed.



It is important to stress that this does not mean that more people have to receive a Direct Payment (receiving the money directly). An individual can choose how a personal budget is used and a Direct Payment is one option, but many people prefer to ask the Council to pay the money to a provider of their choice, or to a voluntary organisation that agrees to manage the budget, or to provide Council services directly. The important thing is that people can opt for what suits them.

Working in this new way will mean many changes and we are just embarking on this locally. We have identified 13 projects that will oversee the work needed – these include work that looks at how systems and processes will need to change, the communication that will be needed with all parties involved (including Carers), finance and contracts, working with providers and the voluntary sector etc.

We want to involve Carers and service users in this work in a number of ways. We need to hear the views of service users and Carers in shaping these changes so that we make sure we get it right and that people are valued and supported. We also want to work with people who are keen to pilot having a personal budget for the person they support. This means that we need to hear what works and what doesn't and use this learning to inform the changes as this work develops.

At the moment the option of a Direct Payment provides people with a learning disability some choice and control over how their care is provided.

Table 5 shows that Shropshire provides a good proportion of the population with a learning disability, with direct payments, compared to other councils in the family group of similar councils. Direct payments offer people more flexibility and

choice over their care services. We will continue to encourage people with a learning disability to take up direct payments during 2009/10.

Table 5 Number of learning disabled people (18-64) in receipt of Direct Payments

Council	31 March 2008 Number of People	18-64 Population (Data Source PANSI)	Number per 100,000 of people
Norfolk	179.0	509700	35.12
Shropshire	59.0	173800	33.95
Cheshire	139.0	423800	32.80
Cumbria	96.0	302600	31.73
Devon	138.0	452100	30.52
Lincolnshire	118.0	422000	27.96
Warwickshire	91.0	327500	27.79
North Yorkshire	87.0	363600	23.93
Leicestershire	96.0	404800	23.72
Derbyshire	101.0	470500	21.47
Cornwall	65.0	321500	20.22
Somerset	60.0	310400	19.33
Wiltshire	48.0	273400	17.56
Worcestershire	56.0	340900	16.43
Cambridgeshire	94.0	588800	15.96
Gloucestershire	54.0	356300	15.16

Data Source: Adult Performance Assessment Data & Information, CQC, January 2009

Adults with Learning Disability Services have worked with the PCT to identify opportunities to be innovative and develop personalised/individual health budgets around CHC funding. This work will be further expanded in the future as Shropshire County PCT develops further the opportunities for individual health budgets through participation in the West midlands regional pilot.

The individual health budget pilot in Shropshire will focus on two specific areas; People with Learning Disabilities and Continuing Health Care. It is envisaged the pilot will focus directly on no more than 20 people but will contribute directly to the over arching Transformation Project thus impacting much wider than the initial project area.

Outcomes of the Individual Patient budget pilot include:

- the development of a clear operational framework for individual patient budgets which will be understandable to all stakeholders including the general public and health and social care professionals
- to work collaboratively and share learning across the broader health and social care community

The safeguarding of vulnerable people involved in the pilot of individual patient budgets will be supported by the vulnerable adult safeguarding policies of both Shropshire PCT and Shropshire Council.

Shropshire PCT and Shropshire Council are keen to contribute to the learning connected to this pilot, with particular emphasis on the factors that impact on service delivery, patient choice and the implementation of individual health budgets in sparsely populated rural areas.

Individual budgets are focused on outcomes. A review of ALD paperwork for Day Opportunities has been carried out to ensure it is really person centred. This has enabled more carer involvement and greater service user determination and empowerment in developing care plans and is key to increasing the take up of individual budgets.

Individual budgets are not only for people with a learning disability, their Carers can also benefit and the Adults with Learning Disability Service have been developing flexible and innovative approaches to providing Carers with direct payments which enable Carers to remain in work e.g. to cover the time between day services ending and the carer finishing work, or the carer being provided with flexible direct payments to enable them to carryout their work including working abroad.

Case Study 1: Direct payments have been used for a family who couldn't return from work until after day opportunities had finished and needed to leave home before transport to day opportunities arrived. Direct payments paid for a carer to carry out personal care needs prior to the service user leaving home which meant they didn't have to get up very early for it to be done before their parent/carer left for work, and to provide cover the end of the day

Case Study 2: Another Direct Payment was developed for family whose main carer ran a small business that required international travel at short notice. An agreed number of respite care days were identified that could be used on a flexible basis and could be implemented at very short. This has enabled the service user to remain within family home which was the desire of all concerned and for the carer to continue in employment

Common Assessment Framework (CAF) Demonstrator Site Pilot

Shropshire Council have been successful in becoming a Department of Health CAF demonstrator site with "Data across Disability", a project which is strongly connected to a number of initiatives but which has transformation, personalisation and self directed support at the centre. This project focuses on people with learning disabilities in South Shropshire and has a natural link to individual health budgets. The main principles of CAF are to provide a framework for the sharing of information both locally and nationally.

The CAF project links to transformation, personalisation and self directed support by means of the creation of a centred support plan and the use of the My Life Portal to provide an easier and less intrusive route into peoples lives enabling them to apply for budget funding and arrange their own service provision. CAF will contribute to the delivery of a broader more personalised range of services, shaped by individuals and their family Carers. We aim to achieve this through the development of a single person centred support plan with increasing roles played by user led and advocacy groups supporting a citizen led process which in turn will promote a better quality of life through improved access to preventative services and faster identification of needs and issues.

Partners in the CAF project including West Mercia Police, West Midlands Ambulance Service and Shropdoc will be helping to determine the content of the emergency action plan which will contribute to the safeguarding of vulnerable adults.

The Criminal Justice System

Evidence suggests that there are now more people with mental health problems in prison than ever before. Although it is unknown exactly how many of these are people with a learning disability it is thought that the number of people with learning disabilities in the Criminal Justice System is between 2%-10% of the offender population and possibly even higher in those under 18 years old (Ref. Positive Practice, Positive Outcomes. CSIP 2007).

Within the Criminal Justice system there is a lack of consensus in defining the boundaries between learning disability, borderline learning disability and learning difficulty. Lord Bradley in his 2009 report concludes that this is due, in part, to the

lack of agreement on the most effective methods of identification and assessment within the prison service.

In Shropshire there are two prisons, Stoke Heath YOI which is a young offender's institution and HMP Shrewsbury which is currently a category B local prison. Both prisons have very different populations and therefore very different health needs, however the prison population in Shropshire with a learning disability is still unknown.

In 2005 Shropshire County PCT took on the responsibility of commissioning and providing health care services at prisons in Shropshire. The Government has stated that prison health care services should mirror health care services provided in the community, although this has to consider security.

The PCT's World Class Commissioning (WCC) agenda highlights tackling inequalities as an organisational priority. The prison population is more likely than the general population to experience health inequalities and social exclusion. However, it also provides a unique opportunity in terms of delivering health services to a section of the population that may not previously have had access to such services.

There is a Prison Partnership Board which in the future will need to develop links with the Learning Disability Partnership Board.

Stoke Heath YOI

Stoke Heath is a closed male Young Offenders Institution (YOI) situated at Tern Hill just outside the town of Market Drayton in Shropshire. Stoke Heath YOI effectively functions as two separate prisons – detainees aged 15 to 17 (referred to as 'young people') and those aged 18 to 21 (referred to as 'young offenders'). The prison takes both remand and sentenced prisoners.

In 2007-08 there were 1,281 new receptions at Stoke Heath Prison. Almost a quarter of the prisoners are serving sentences of less than three years. Only around 3% of the prison population at Stoke Heath come from Shropshire.

The responsibility for the education of young people at Stoke Heath will become the responsibility of Shropshire Council from September 2010. As such the Local Authority is starting learn a lot about the needs of these young men. Assessments are starting to be undertaken and it is envisaged that this will start to inform the numbers of young people with a learning disability in this institution. Future work with Stoke Heath can be planned once these numbers are known.

HMP Shrewsbury

HMP Shrewsbury is a male Local Prison situated in Shrewsbury, Shropshire. Shrewsbury prison accepts males aged 21 years and over from courts in its catchment area. The prison takes both remand and sentenced prisoners.

The movement of prisoners through the prison throughout the year in HMP Shrewsbury was 1,942 in 2006-07. Most prisoners are aged between 21-44 years old (88%) with only 5% being aged over 55 years old. Prisoners from Shropshire accounted for 12.4% of all prisoners at HMP Shrewsbury.

Access to health care

National research has highlighted that prisoners tend to utilise health services at times of crisis rather than as a preventative measure. Therefore, access to primary healthcare services by this group is low. In Shropshire prisons around 46% of young people aged 15-17 years in prison were not currently registered with a GP. The figure for young offenders aged 18-21 years was 25% and for adults over 21 years 16%.

Mental Health

Prisoners are significantly more likely than the general population to suffer from mental health problems. In Shropshire prisons 23% of young people aged 15-17 years stated that they had previously had psychiatric treatment whilst not in prison. The figure for young offenders (aged 18-21 years) was 28% and the figure for people over 21 years was 14%. Although there is a high prevalence of mental health problems in prisons, in Shropshire many appointments with mental health were not attended.

Transition: Young people with a Learning Disability

The Adult Learning Disability Team in conjunction with the Disabled Children's Team at Shropshire Council identifies on an annual basis the young people at Severndale School and other specialist schools that will be coming through Transition in the next three years, ie reach their 18th Birthday and become the responsibility of adult services. In most instances the 18th birthday is the key point of change, however in relation to responsibility for education and training it can go up to the 19th birthday and in some instances the responsibility in relation to commissioning and funding can remain the responsibility of Children and Young People Services up to the age of 25.

Table 6 Number of Young People in Transition 2010 to 2013 (Severndale School, The Bridge School and other specialist schools only)

Young People reaching 18 years old	Year
April 2010 to March 2011	29 (19 Severndale, 10 others)
April 2011 to March 2012	38 (27 Severndale, 11 others)
April 2012 to March 2013	27 (17 Severndale, 10 others)

Source: ALD Team, Shropshire Council

The Learning Disability team at the local Authority commence assessments and identification of future need and the potential costs of meeting these needs between a young persons 15 and 18 birthday. Early indications are that around

11 young people over the next three years will be eligible for Continuing Health Care subject to assessment for eligibility and thus become the responsibility of the PCT. The remainder, around 83 at present, will become, subject to eligibility, the responsibility of the local authority who will have to provide a range of services including but not exclusively residential care, supported housing, community living, access to employment and day care opportunities.



It should be noted that this preliminary work does not include, at present, young people with disabilities and/or health needs in main stream education or being home educated or young people in specialist residential provision out of county.

There is a national transition initiative and support team working with each local authority. Each local authority has undertaken a self analysis and this being the second year it has been completed in Shropshire. The self analysis identifies areas for development and improvement which links into the work of Strategic Transition Group whose role it is to ensure a smooth and effective transition for young people into adult services.

The Learning Disability Team and the Children's and Young People's Service at the Local Authority work closely together to enhance the transition process through being able to identify needs and aspirations of both the young person and the parent carer earlier and thus achieve more effective outcomes.

The number of young people coming through Transition is not a dissimilar number to those of previous years.

Planning for the future is crucial to a successful transition for a young person into adult services. In Shropshire 100% Person Centred Planning has been achieved for those in transition from children's to adult services. This has helped to understand what is important to individuals and their families and to better focus support on the aspects of peoples' lives that help peoples' health and well being.

End of Life Care

End of Life Care is care that helps all those with advanced, progressive, incurable illness to live as well as possible until they die. It enables the supportive and palliative care needs of both patient and family to be identified and met throughout the last phase of life and into bereavement. It includes management

of pain and other symptoms and provision of psychological, social, spiritual and practical support. The key strategic priorities are to:

- Develop a care pathway approach to the delivery of palliative and end of life care for adults
- Ensure that care is available on a 24 hour, seven day a week basis for patients with palliative and end of life care needs
- Implement local End of Life (EOL) Initiatives to ensure sustainability of the Gold Standards Framework in Primary Care, and implement Preferred Priorities for Care and the Liverpool Care Pathway for the Dying across all settings
- Review and co-ordinate information made available to professionals, patients and their Carers through the development of a directory of services
- Develop plans to implement centralised care co-ordination and single point of access and a locality based register
- Implement educational programmes for specialist and general staff to meet the standards laid down in the NICE guidelines and Skills for Health
- Put in place mechanisms for assessing patient's choice in the place they receive care and treatment through the implementation of Preferred Priorities for Care and assure the co-ordination of services along the care pathway to meet these choices

There is currently a team of EOL care co-ordinators working across all sectors to support health professionals to implement and embed the use of the EOL care initiatives to ensure the delivery of high quality end of life care and support for patients and their families/Carers. One member of this team is a specialist learning disability nurse.

Needs assessment for people with learning disabilities and difficulties at the end of life

A special interest group is being facilitated by the EOL care team to work with all organisations in Shropshire who provide care for people with a learning disability. People with a learning disability are members of the group supported by Taking Part (Citizen Advocacy group). Scoping work is currently being undertaken to identify the number of people who have received End of Life care services and project figures for the future. This will identify the needs of individuals, family and paid Carers and suggest recommendations for meeting these.

Work has been completed with Taking Part and Severn Hospice in the form of visits to both local Hospice sites in Shropshire by 6 members of Taking Part who with support have completed easy read information about each hospice site and the interviews which they held with those staff on duty.

Workshops

There has been training delivered to 30 staff from joint community learning Disability teams and residential services relating to the 6 steps end of life care pathway and the tools/processes used in this.

Preferred priorities for Care

In February 2009 a pilot project was set up to introduce the Preferred Priorities for Care (PPC) document to end of life care patients in Shropshire, Telford and Wrekin. Trainers from a wide variety of settings attend a two day course and disseminate training to their colleagues on their return to work with the ongoing support of a mentor from the End of Life Care team. This ensures that as many end of life care patients as possible are given the opportunity to express and document their wishes which can then be supported and enabled within care plans, as far as possible.

Staff in organisations working with people who have a learning disability or Dementia are assessing individuals capacity. Teams follow the Mental Capacity Act guidance and use the locally agreed checklists to assess if individuals have capacity to make the decision regarding their future care. If this is not the case they are sign posted on the training to use a best interest process and incorporate the principles of PPC into their care through their current care/health action plan or person centred plan. There have been community learning disability nurses on the PPC training and outcomes of their work are awaited.

The principles of the PPC fits well within this approach and supports the national work to improve the quality of care for vulnerable adults and provide equitable services in a person centred way as identified in the National Minimum standards for Care Homes 2000, Valuing people 2001, Valuing people Now 2009, and the National dementia Strategy, 2009.

There have been focus groups held with the advocacy group Taking Part for people with a learning disability; here individuals were supported to share their experience which has informed the scoping work described above. All the work is shared with the Shropshire Partnership Board for Learning Disability.

Family Carers

Services for family Carers in Shropshire are provided by The Community Council of Shropshire and are based on the national policy drivers which set out clear commitments over the next 10 years to improve and invest in services and support for Carers.

The key drivers are to protect Carers from economic disadvantage, enable them to have a life beyond caring, ensure they are able to maintain their own health and well being and ensure they are well informed and supported in gaining the

knowledge and skills that they need to enable them to continue to care for as long as they wish to.

Family Carers of people with a learning disability, due of the often life long caring commitment that is undertaken, are particularly vulnerable to social and economic disadvantage and need proactive support to ensure they have appropriate housing, feel safe in their local communities, have opportunities for short breaks and respite and look after their own health needs.

Family Carers in Shropshire are recognised as vital partners with both Shropshire Council and Shropshire County PCT in the provision of care and support to adults with learning disabilities.

Valuing People Now (2009) and other national strategies recognise this partnership and the needs Carers may have for information, practical support and service coordination. It is important that Carers have an assessment of their own needs to enable them to continue caring for as long as they may wish to. For many Carers of an adult with a learning disability this is a lifelong commitment and the needs of the care and the level of support that is required changes and develops overtime.

Carers support workers provide ongoing practical and emotional support and information to 180 older family Carers aged over 60 in Shropshire and also to the small but dependent group of mutual Carers where a person with a learning disability is pivotal to the care and support of an older parent whilst also being in receipt of care from that same person.

Working with mutual Carers requires a sensitive and flexible approach to family situations to ensure that all of the individuals concerned in mutual caring are recognised as Carers and yet also as service users and supported, involved and informed appropriately

The work of Carers Support Workers involves carrying out Carers assessments and then ensuring that an annual review is completed. Support offered to family Carers needs to be appropriate and responsive to individual needs and circumstances and the way in which these can change over time.

During the period of transition when the cared for person moves from Children and Young People's Services into Adult Services family Carers may often require additional support. This can include putting in place emergency plans should their capacity to care be jeopardised in any way and also longer term plans for the person they care for when they die.

As well as providing carer support, training for family Carers in safe handling, keeping well and other topics, The Community Council provide regular newsletter and trips out for Carers, with or without the person or persons they care for.

In addition carer awareness training is also provided to adult social care and health professionals.

Shropshire Council in conjunction with the Community Council of Shropshire and Crossroads provides practical support to enable family Carers to continue caring for as long as they wish to:

Underpinning this is the completion of a Carers assessment which provides the opportunity for Carers to have an assessment of their own needs, separate to that of the person they care for. A completed carers assessment leads to a number of outcomes:

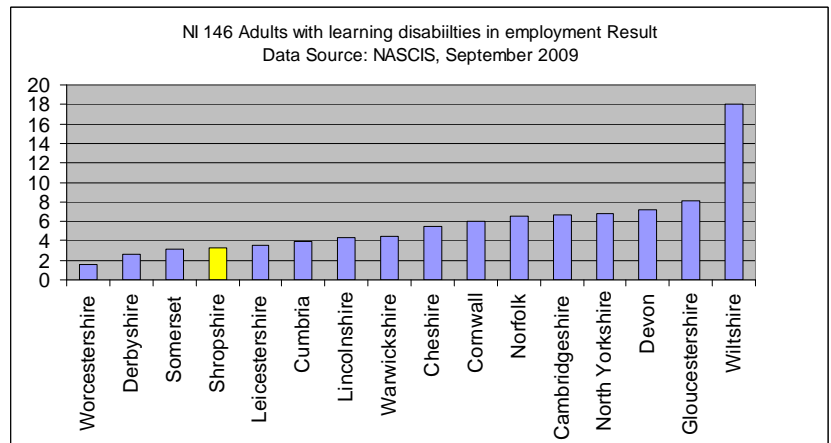
- The family carer may identify that they do not have any specific needs at the time of the assessment but just want some advice and guidance as to where to go in the future for support
- The family carer may want to register for the Emergency Carer Respite Scheme, which provides them with the peace of mind to know that if ever they are unable to care, for whatever reason, that care can be provided at short notice for between 48 – 78 hours
- The family carer, as part of the assessment, may identify that they have a particular interest or hobby, or wish to further their knowledge or training or need help to remain in or return to work. In that situation, the carer could access a direct payment to provide ongoing support to themselves
- The family carer may find that the Carers “one off” direct payment would allow them to purchase gym membership, membership of a club or society, purchase complimentary therapies, purchase a mobile telephone, laptop etc. – in fact, anything that they feel enhances their caring role and supports their health and wellbeing

Employment and Citizenship

Performance Indicator NI 146 Adults with learning disabilities in employment

Figure 3 shows Shropshire's position within the group of councils, for enabling adults with a learning disability paid employment opportunities. These results are for only part of the year 2009/10 (March – September 2009), but they show that Shropshire needs to improve employment opportunities for people with a learning disability.

Figure 3 Performance Indicator NI 146 Adults with learning disabilities in employment



A number of initiatives are under way to improve the number of adults with learning disabilities in employment. These are being driven by the employment working sub group of the learning disability partnership board.

A successful project bid to the Department of Health has resulted in one off funding of £57,000 for two initiatives. Firstly £30k will be used by ENABLE to support Shropshire Council, Shropshire PCT and the South Staffs and Shropshire Foundation Trust to create an integrated employment opportunity scheme across the three organisations. The remaining £27k will be used to recruit a designated support worker into day opportunities to start working with adults with learning disabilities in preparing them with the skills needed for employment.

Through working with Taking Part it is hoped that that the post in day opportunities can be split to provide a fixed term paid employment opportunity for an adult with a learning disability.

In addition to, and complementary to this, is some ongoing work within the Council on developing a co-operative based social enterprise model. An additional one off grant of £25k has been secured to take this forward. The work promotes the ethos of citizenship not just employment and it is a vehicle that

potentially all client groups can subscribe to through either through self employment, social enterprise or micro enterprise models of employment.

The co-operative based social enterprise model addresses the lack of employment progression opportunity for adults with a learning disability who do not want support into open employment or who want the opportunity to prepare for open employment within a more protective environment.



It recognises that we need to provide a wide spectrum of opportunity which allows individuals to engage with the world of employment and it is an opportunity to create an employment model which also emphasises the importance of active citizenship through involvement, the development of decision making skills, and the valuing of creative and entrepreneurial skills.

Initial work will focus on a feasibility study which will look at the potential to create a self financing co-operative consortium servicing the needs of a broad range of micro growers and makers co-operatives which will offer a range of direct and self employment related opportunities

It is also anticipated that we will be able to create an independent business vehicle which has the potential to maximise the potential for the opportunities presented by the personalisation agenda. It will re-focus the emphasis of all day services for adults with a learning disability towards employment through additional training for staff and the creation of an employment workbook for use with service users in person centred planning

This approach will contribute to the following outcomes:

- An increase in the numbers of adults with a learning disability progressing towards paid employment or self employment
- Increasing inclusion and involvement of people with a learning disability both within community services and in their broader daily lives as active citizens
- An increase in the potential for the long term sustainability of a day service for adults with a learning disability by creating a more 'mixed economy' of provision

This initiative will also provide a vehicle to take forward the already well established and successful social enterprises of Oak Farm, Greenacres,

Patchworks and Maesbury Metals through marketing support and the identification of retail outlets.



Case Study 3 Located at Ditton Priors in the South of Shropshire, Oak Farm Farm Shop and Tea Rooms opened in 2008/09 and provides more voluntary opportunities for Adults with Learning Disabilities plus a sense of contribution to the Farm. Services users have also been trained to be guides for the farm. This has included being aware of changing seasons and what this means for the farm its crops and animals. The Farm Shop and Tea Rooms also sell farm produce and other work opportunities include the local school giving mail

drops and envelope filling. There is a Community Composting Scheme, and the farm workers also help maintain the village green and verges. There is a very positive contribution to the local community and the service users at the farm experience a respected and valued profile

Whilst these initiatives provide opportunities to increase the number of adults with a learning disability in paid employment it is also important that the PCT, Hospitals and the Council as the largest employers in Shropshire set an example to other businesses by employing people with a learning disability.



To this end the PCT Board has received a brief on PSA16 and signed up to exploring opportunities within the PCT and partners for employment opportunities for people with Learning Disabilities which fits within the scope of the current work. The Council is also addressing this through the work of the Diversity and Equalities Group.

In addition to these very specific initiatives the work of Enable continues to support adults with learning disabilities into mainstream employment.

ENABLE provides a specialist service for people with moderate and severe learning disabilities who are known to the Council and who want support into paid employment. ENABLE works with:

- Disabled people seeking paid or unpaid work

- Employers in Shropshire and Telford & Wrekin, ranging from Tesco and Muller to all public sector and voluntary organisation
- Referral agencies, including Social Care and Health Teams, Jobcentre Plus, Connexions and other supported employment services
- Funders (Department of Work and Pensions, Shropshire's Primary Care Trust and Shropshire Council Community Services Directorate)

ENABLE provides extensive initial support to ensure that service users are able to work independently. Service users are supported by a team split into job seeking / employer engagement and support, ensuring a smooth transition from local authority day services and Connexions services to independent employment in the community.

The ENABLE contract has been refocused on people with a learning disability who are not in receipt of adult social care services. This approach is aimed at preventing people requiring services and maintaining and developing independence.

The refocus of the contract with ENABLE has moved the support of voluntary work placements to Day Opportunities. ENABLE provides specialist support to those who are ready to achieve open paid employment.

This has helped to maintain people in work experience and gives them a sense of contribution whilst increasing the opportunity for people to find open employment through ENABLE and preventing people having to enter services in the future.

ENABLE are currently working with 76 people with a learning disability

Case Study 4 'George' was referred to ENABLE for Workstep support. 'George' has a learning disability and had been unemployed since January 2006. ENABLE secured paid employment for 'George' and are currently providing job coach support to him and his employer. This support is being closely monitored by ENABLE and being gradually withdrawn as 'George' becomes more confident in his role. ENABLE have arranged transport to and from work for 'George' through Access to Work and have funded his taxi fares for the first month. ENABLE also supported 'George' in purchasing clothes for work. 'George's' parents have advised that they have seen a big change in 'George' in the time that he has been in work.

Volunteering opportunities in Shropshire, whether through countryside leisure activities or through volunteering with social enterprise and third sector organisations, provides a valuable step towards paid employment through individuals gaining confidence, self esteem, work and life skills and the all important work experience for a reference and CV, all of which can contribute to open paid employment.

Whilst employment is a contributory factor towards active citizenship other activities also help people with a learning disability to make a positive contribution.

In Shropshire the Leadership Programme for ALD Carer's and service users has been introduced to enable them to participate in the Leadership and Partnership Boards. 12 -14 Carers involved in the Leadership Programme have been supported by the Community Council of Shropshire. The work has resulted in the development of skills to enable the parent/Carers voice to be heard and to take forward the promotion of key issues.

Seven service users involved in the Leadership Group have been supported by Taking Part. They are helping people to contribute to local agenda and meetings and the programme is developing the next generation of self advocates to take on the role of future leaders. This is enabling people to make contributions in meetings raising issues and helping to develop services.

The Learning Disability Partnership Board have held visioning sessions with service users. Taking Part supported the Visioning Days enabling services users to participate in the review of day opportunities and to promote positive practices and respond to service users' likes and dislikes. Feed back from the Visioning Days is shared at the Partnership Board.

As a consequence of these Visioning days services have been 're-modelled' creating a more person centred approach.

Service Users and Parent Carer's are trained to inspect day opportunities through the open door project. This approach was introduced as a response to the Cornwall enquiry in that the only services not regulated in Shropshire were day opportunities. The approach promotes openness, transparency, accountability and adult safeguarding.

Findings from these inspections are shared with Area Partnership Boards along with an action plan for service improvements. The inspection/audits focus on the ways in which people are supported and the outcomes of their activities, making sure the service is person centred and people are treated with dignity and respect.

Providing the 'Escape' nightclub event for Adults with Learning Disabilities has enabled service users to have a new social opportunity within the community, with the opportunity to be able to stay on for the later night should they choose to do so. This has been an opportunity for Adults with learning Disabilities to make new friends and develop personal relationships with people outside of their usual day opportunities circle of friends.

Future areas of work will need to focus on developing appropriate support and care for Adults with Learning Disabilities who choose to become parents. This will be in conjunction with Children and Young People Services.

It is recognised that community based services that are not provided by the statutory sector provide a valuable source of support and informal community networks. Examples include local churches and church groups, sports activities and youth groups.

Resources

Shropshire Council and Shropshire PCT both have allocated budgets to support people with a learning disability. The total resources for 2009/10 are around £29 million. This is reviewed on an annual basis and the Learning Disability Partnership Board are involved in the budget consultation of the local authority.

Healthcare and Clinical Services

Learning disabilities and health needs

The healthcare needs of people with learning disabilities are well documented. Health needs might be related to disabilities e.g. epilepsy, sensory impairment; syndrome related e.g. hypothyroidism in people with Down's syndrome or secondary e.g. obesity .

People with learning disabilities are less likely to visit primary care professionals than would be expected, receive fewer screening tests and fewer health investigations despite evidence that regular and repeated health checks can identify previously unrecognised health care needsⁱⁱ.

Cancer

Reviews of cancer and people with learning disabilities have suggested that uptake of cancer screening services has been found to be lower in people with learning disabilities than in the general population, with 23% of women undertaking breast screening in one study reported as being given no explanation about the procedure. Another study reported women with learning disabilities being arbitrarily removed from screening lists by their doctor.

Lack of information about treatment decisions has also been highlighted by a review as being an inequality experienced by people with learning disabilities. It has also been highlighted that disclosure about diagnosis and prognosis in people with learning may not be adequate. A lack of appropriate cancer information presents clear obstacles and barriers that impact on treatment and management of over all survival rates. Policy and research reports have highlighted that there is a need for accessible information and effective communicationⁱⁱ.

CHD

As people with learning disabilities live longer Coronary Heart Disease (CHD) has become the second most common cause of death. There has also been an increase in risk factors as a result of lifestyle changes associated with living in community settingsⁱⁱ.

Challenging behaviour

The term challenging behaviour was adopted from The Association for Persons with Severe Handicaps, and emphasises that behaviours represent challenges to services, rather than problems which are solely intrinsic to the individuals with learning disabilities. Although behaviours may not always be life threatening, they can significantly interfere with the quality of life of those who live with them and those who care for them. They can include aggression, both verbal and physical, self-injurious behaviour and non-injurious stereo-typed behaviours.

A review suggested that although half the population with challenging behaviour engaged in some form of aggression, only a small number were responsible for frequent or severe acts, and that insufficient evidence exists to recommend a single medication, with psychiatrists agreeing medication should not be the first treatment optionⁱⁱ.

MAPA (managing actual and physical aggression) training is provided to health and social care professionals across the statutory and independent sectors to ensure a safe and consistent approach to the management of behaviour that challenges services.

Epilepsy

The prevalence rate of epilepsy amongst people with learning disabilities is suggested as 22% compared to 0.4%-1% for the general population. Epilepsy occurs 15-30 times as often in people with learning disabilities. The prevalence of epilepsy has been found to vary with the age of patients and aetiology of learning disabilityⁱⁱ.

Respiratory Illness

Respiratory disease is the biggest cause of early mortality for people with learning disabilities, significantly higher than for the general populationⁱⁱ.

Mental Health

People with learning disabilities are thought to be more vulnerable to mental health issues. This can be for several reasons; their psychiatric illness may be directly as a result of their disability, or due to their circumstances, and in some cases, previous or current lack of access to psychiatric services.

People with learning disabilities may be more vulnerable to suffering mental health issues due to health, circumstantial or societal factors. Social exclusion, depression and stress, as well as increased vulnerability from attacks and abuse,

are examples of societal and circumstantial situations where a person with a learning disability may develop mental health issuesⁱⁱⁱ.

Dementia

There is no evidence that dementia affects people with learning disabilities differently to how it affects other people. However, early stage dementia is more likely to be missed or misinterpreted - particularly if several professionals are involved in the person's care. The person may find it hard to express how they feel their abilities have deteriorated, and problems with communication may make it more difficult for others to assess change. About 20 per cent of people with a learning disability have Down's syndrome, and people with Down's syndrome are at particular risk of developing dementia^{iv}.

Prevalence estimates and projections have been made for the number of people with early on set dementia in Shropshire based on the work of the Alzheimer's Society and are included as part of the POPPI and PANSI tools for projecting prevalence of conditions that impact on health and social care.

Although information in this table is for the total population of Shropshire and not just those with learning disabilities, it gives an idea of the expected increase in the overall population. This is illustrated in the table at Appendix C.

Thyroid

Children and adults with Down's syndrome are at increased risk of thyroid dysfunction, particularly hypo-thyroidism. Thyroid disease can be difficult to diagnose in people with learning disabilities, and often presents itself as a change in behaviour being the only 'symptom'^v.

Sensory impairment

Amongst adults with learning disabilities the prevalence of visual impairment increases with the severity of the learning disability and with age. A literature review by the Valuing People Support Team found people with learning disabilities to be between 8.5 and 200 times more likely to have a visual impairment compared to the general population.

In March 2006, the Down Syndrome Medical Interest Group reported a high incidence of ocular disorder among people with Down's syndrome:

- Refractive errors and/or squint often present from an early age,
- Cataract and/or glaucoma occurring in infancy,
- Nystagmus present in at least 10% of the DS population.
- Keratoconus more common in adolescents and young adults^{vi}

Specialist Health Care Services

Specialist health care services for people with a learning disability are provided in Shropshire by South Staffordshire and Shropshire Foundation Trust. These services include:

Assessment & Treatment Services

Shropshire has access to three assessment and treatment beds, purchased by Shropshire PCT, at Church Parade in Oakengates. Church Parade is a community based service for people who can present additional and complex behaviours which challenge services. The service provides planned short-stay admissions and additionally can undertake medication reviews, health assessments and investigations, behavioural assessment and management plans and short admissions.

Oak House, Shrewsbury is a 10 bed unit, of which Shropshire has access to 6 beds, providing specialist healthcare services for adults with learning disabilities and additional complex and profound healthcare needs. Both services offer a responsive approach to admissions which are jointly agreed by the Provider, the referrer and with families and carers.

The service, purchased by Shropshire PCT, provides planned short-stay admissions and additionally can undertake medication reviews, health assessment, investigation and treatment plans and epilepsy management plans.

Situated on the Royal Shrewsbury Hospital site this service is able to provide 'step-up' and 'step-down' services to/ from acute hospital admission.

These two Inpatient services are the subject of an ongoing review with the Joint Commissioners from both Shropshire and Telford & Wrekin in order that further improvements can be made to the service.

Health Access Team

The Health Access Team is made up of two nurses who concentrate their work on improving the access to mainstream health services for adults with a learning disability.

The Team works across Shropshire and Telford & Wrekin and in conjunction with service users, family Carers, health and social care professionals.

There is a considerable amount of training delivered across these groups. Particular emphasis is paid to improving access to the general hospitals in the area and this is supported by the document "Guidelines for the Admission of People with a Learning Disability to Shrewsbury and Telford Hospitals"

Integrated Community Teams for Psychology and Therapies

Psychology Services

The Psychology Service offers a service to adults with learning disabilities living in Shropshire who have identified psychological needs which can be addressed by one of the psychological therapies or approaches. Staff include clinical, counselling and assistant psychologists.

Shropshire Integrated Teams

Community Learning Disability Nurses

The Community Learning Disability Nurses in Shropshire are co-located with the Local Authority Community Services team. These teams cover Shropshire North, South and Central Shrewsbury. These nurses carry care management responsibilities and each team has a designated health facilitator. The nurses receive referrals for adults with complex healthcare needs and provide interventions based on individual need.

Therapy Services

An integrated Therapy Service comprising Speech & Language Therapists, Physiotherapists, Occupational Therapists, Assistant Practitioners and the Joining in Service provides a service to adults with a learning disability across Shropshire. This seamless approach ultimately improves client care/management and has recently included group work within day opportunities.

Discussions are ongoing with colleagues in Shrewsbury and Telford Hospitals to continue and expand the Joining In Service.

Learning Disability Psychiatric Services – liaison with all other teams

The service provides assessment and treatment for the most frequent developmental neuropsychiatric conditions present in the adult learning disability population across Shropshire and South Staffordshire. Psychiatrists work closely with all other teams and services within the Directorate as well as other teams within the Foundation Trust and partner agencies.

Governance Framework

Mutual Governance

Mutual governance arrangements are in place between the Trust and the Joint Commissioner and the Head of Learning Disability Services to ensure the smooth re-provision of residential and assessment and treatment services, and which will add real value to working in partnership.

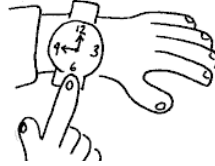
Commissioners, service users, Carers, staff and partners are involved in developing the future of learning disability services in Shropshire with Service Users supported by Taking Part.

Directed Enhanced Service

The Directed Enhanced Service (DES) is a national initiative to improve the number of annual health checks provided by GP's for people with a learning disability.

There is good evidence that patients with learning disability have more health problems and die at a younger age than the rest of the population. The DES is designed to encourage GP practices to identify those patients with moderate to severe learning disabilities as defined by the local authority. A GP Practice providing this service will be expected to have attended a multi professional education session. This was provided in Shropshire by South Staffordshire Foundation Trust Service Users, Taking Part and the Local Authority towards the end of the 2008/09 financial year using the following programme.

See the person – not the disability

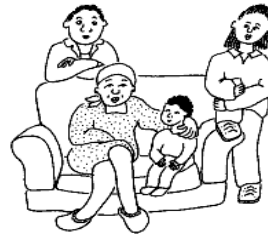


Find time to:



• listen to the person

• listen



to the family.

Find the best way to communicate:



• pay attention to facial expressions



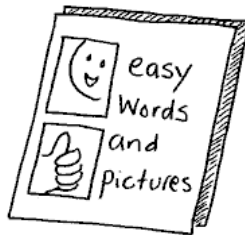
- notice gestures and body language



- try pointing to pictures



- try signing



- Keep information simple and brief



- Avoid using jargon

Don't make assumptions about the person's quality of life

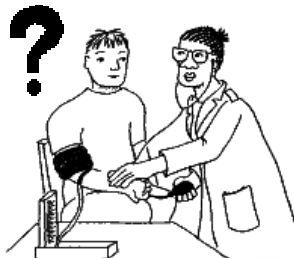


People with a learning disability feel pain too.

learning



People with a disability get ill too.



Don't confuse a learning disability with illness.



Be suspicious about serious illness - act quickly!



- ✓ Get to know some of the health conditions that are more common for people with a learning disability.

The law and you



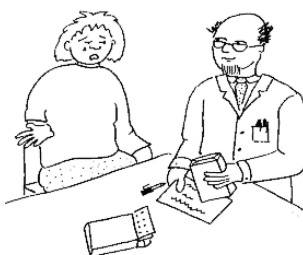
- ✓ You must make reasonable adjustments to ensure that each person has the same opportunity for health, whether they have a learning disability or not.

(Disability Discrimination Act 2005)

- ✓ Capacity is specific to a particular decision and time. You must assume the person has capacity. If assessment shows they don't, a decision must be



made in their best interest. (Mental Capacity Act 2005)



Everyone has a right to expect and receive appropriate healthcare. (Human Rights Act 1998)

Some video clips were also used and a general question and answer session held. Service Users also shared some of their own experiences about the support they had received.

Uptake of the annual health check

Of the 44 GP practices in Shropshire, 33 attended the training session.

The number of people who received an annual health check in 2008/09 was 493. This included 228 from Derwen College. With the exception of a very small number these are not the responsibility of Shropshire Council but are all placed from out of county.

Therefore, the net **number of people with LD receiving (DES) health checks = 493-228 = 265**

Shropshire Council record that the number of people with an LD as 892. From health submissions made by SCPCT GP practices the number is 1098, however when Derwen Collage is excluded the figure is 870 (1098 – 228 = 870)

The submission made to the DoH for 2008/09 is based on the following criteria:

First denominator:

Number of people with learning disability receiving a health check'

The only health check that should be counted is one that meets the requirement of the DES specification. Namely:

The health check is undertaken by a provider who can demonstrate that they had appropriate training, which meets the standard outlined in the DES specification. The annual health check is based on a local protocol that consists of the following.

- a review of physical and mental health with referral through the usual practical routes and if health problems are identified:
- health promotion
- chronic illness and systems enquiry
- physical examination
- epilepsy
- behaviour and mental health and specific syndrome check
- a check on the accuracy of prescribed medications
- a review of co-ordination arrangements with secondary care
- a review of transition arrangements where appropriate

Second denominator:

‘Number of people with learning disabilities’

This should be based on a list or register of people who are known to social services primarily because of their learning disabilities.

The clinical Guidance for the DES specifies that it is the number of “Learning disabled clients known to Councils with Adult Social Services Responsibilities: those clients who are assessed or reviewed in the financial year and who have received a service, as well as ‘those who are assessed and/or reviewed but who have not received a service. In addition, include learning disabled clients who should be reviewed by the CASSR in a financial year but are not.”

In 2008/09 29.7% of people with a learning disability that met the above criteria received an annual health check.

N° of people with LD Receiving health checks = 265

N° of people with LD = 892

N° of people with LD receiving health checks as a proportion of people with LD = 29.7%

As the DES only commenced towards the end of the financial year the numbers undertaken will have been influenced/limited by this.

The expectation for 2009/10 is that the number of people with a learning disability who receive an annual health check will increase and this will be monitored throughout the year by the health sub group of the Partnership Board.

Hate Crime

Shropshire Hate Crime Initiative was launched in 2006 and there has been a significant increase in the number of reported incidents.

Shropshire Council continues to work with West Mercia Police Authority, Crown Prosecution Service, Victims Support and many other organisations to ensure:

- vulnerable people/groups are made aware of the new initiative,
- adequate and appropriate support is place for victims
- information is shared for efficiency

Table 7 Hate Crime reports for the last three years

Mar 06 – Mar 07	Target -130	Actual - 200
Mar 07 – Mar 08	Target -140	Actual – 129
Mar 08 – Mar 09	Target – 140	Actual 160

There have been 77 hate crimes/incidents reported since April 2009. Of these 44 have been racially aggravated crimes of which 29 have been in the Central area, 8 in the Northern area and 7 in the Southern area. The Central area has 66% of all reported hate crimes in Shropshire.

Other hate crime incidents reported are 24 racist incidents, 1 disability incident, 3 trans-phobic incidents and 5 homophobic incidents.

It is encouraging to note only one disability related incident and adults with learning disabilities report feeling a real difference. Adults with learning difficulties at the Abbots Wood Centre in Shrewsbury have taken part in initiatives during 2008/09 with Severnside Housing Association and the Police. As a result they have produced their own Hate Crime poster showing a brick being thrown through a window. Their comments include: "it's good to have a contact other than the police" and "I'm glad to see hate crime against disabled people is being addressed".

Hate crime does remain an issue in Shropshire and it is therefore, important to ensure that partnership working continues and that awareness raising continues with adults with learning disabilities and that they are supported to report incidents which make them feel unsafe and vulnerable.

The Caring for People Group identifies specific issues of Hate Crime and is attended by a variety of service providers, partners and users. The Local Constabulary Hate Crime officers are regular visitors to learning disabilities day opportunities.

Shropshire Housing Strategy

The Housing service in Shropshire aims to help meet the diverse range of housing needs in our communities, with particular concern for vulnerable people and those who may be excluded from access to suitable housing for a variety of reasons.

This includes people who are vulnerable and in need of tenancy support due to a physical disability, learning disability or acquired brain injury.

Shropshire aims to continue to improve services for vulnerable and older people especially practical support in their homes.

Supporting People

The aim of the Supporting People service is to enable people with learning disabilities to live as independently as possible, even if their support needs are enduring and there is little or no prospect of support ceasing to be required. By offering a number of alternatives to registered care, Supporting People resources can be deployed alongside statutory funding to make sure that individuals' support and care packages are tailored to their needs. As a result, whilst many people will still need nursing and residential care, others will be able to make new choices – including the option of staying in their own homes.

The overarching approach has been to ensure that Supporting People makes the right level of contribution to the support services that form part of the wider packages that people with learning difficulties receive. This means that partnership funding of services is now the norm rather than the exception. Supporting People funding is for targeted housing-related support aimed at developing or sustaining a tenancy or maintaining owned property.

In line with the recommendations of our Service Matrix Group, we intend to ensure that:

- Services to people with low-level needs are met through Floating Support, which will require some staff within Floating Support teams to have specialised skills;
- Services for people with medium-level Learning Disabilities are subject to consistent assessments of eligibility, for Supporting People and other kinds of service, aimed at providing the individual package of help they need;
- Strong strategic linkages to the Valuing People Strategy are maintained;
- Access to low-level services via the VROs and Customer Service Centre;
- Support services are opened up to people in the family home who are being looked after by Carers;
- The 2007 Strategy Review identified the need for a wider range of affordable housing options to be made accessible for people with Learning Difficulties.

- This has informed development of our Supporting People Capital Investment Strategy for 2008/2011. Such developments could include Shared Ownership housing options providing real pathways of choice

People with Learning Disabilities present a wide range of needs, from low level needs such as help with understanding bills to intensive support, including in group homes. There is a need to understand the aspirations of ALD clients including young people who have received high levels of support as children and who may find the transition to independent living difficult.

The Supporting People programme in Shropshire currently invests just over £1m annually in housing-related support services for people with learning disabilities/difficulties. 76 people are currently supported at an average of just under 13 hours per person per week.

The approach to be taken towards commissioning housing-related support services through the Supporting People programme is driven by the Commissioning Framework 2009 -2011, service reconfiguration and the eligibility criteria.

The Supporting People Commissioning Body has requested that the Supporting People team work with Learning Disabilities Assessment and Care Management Team at Shropshire Council to reconfigure services so that Supporting People funding is more appropriately targeted in line with revised eligibility criteria at 3-8 hours per person per week and therefore ensuring that more people benefit from Supporting People funding.

Supported Housing

The growth in ALD Supported Housing has become the preferred style of accommodation for people moving on from the family home as evidenced by a housing survey carried out by Taking Part and commissioned by the Partnership Board Housing Sub Group.

Feedback and findings to date from this survey have underlined the need to commission services outside of residential care.

This is reflected in the new supported housing that is being commissioned for people with a variety of needs.

Domiciliary support is commissioned with sufficient skill level and volume of hours so that this style of living can support those with high personal care needs through to those with significant challenging behaviours.

There is now a better understanding of peoples hopes wishes and aspirations so that changes in peoples' living environments is not just about bricks and mortar

but lifestyles e.g. being supported to attend football matches, church and maintaining contact with family and friends.

The need for more local accommodation and services has been identified to further reduce the numbers of people placed out of county. Out of county services break up local friendships, undermine family relationships and removes people from their communities.

New services are being commissioned to enable people to move back into Shropshire further building on the successes achieved to date. Parent/Carers are consulted with and involved in initiatives to bring people back into Shropshire and to place them into appropriate accommodation with the appropriate support.

The new services are a combination of supported tenancies and residential care. The residential care element is being kept to a minimum but is felt to be necessary for a minority of people, particularly those with a mental impairment and there is an emphasis to ensure that whenever possible people are supported to move from residential care to supported living.

The benefits to the services user and the parent/Carers arising from bringing them back into Shropshire from external placements include:

- re-establishing contact with family and friends
- reducing travel time and associated costs
- enabling more frequent contact
- closer monitoring of the quality of life outcomes, and
- helping to build up the infrastructure necessary to maintain people in county

Within Shropshire a significant amount of work has been undertaken recently to develop accommodation for people with a learning disability. This includes the reconfiguration project for Crowmoor and Eskdale which will also see the development of additional community living opportunities at Belvedere Bungalow.

There has been no increase in the numbers placed in residential care despite the increase in numbers of clients with the primary client group being ALD. This has been achieved by developing more cost effective, person centred styles of living including:

- Development of additional Shared Lives places
- Increase in Supported Living Tenancies
- Reviewing expensive care packages
- Maximising use of vacancies

Performance Indicator NI 145 Adults with learning disabilities in settled accommodation

Figure 4 shows that Shropshire has the highest proportion of adults with a learning disability in settled accommodation for 2008/09. Whilst this is excellent performance, we recognise that these results are only for part of the year, and so we anticipate our results this coming year (2009/10) to be lower.

Figure 4 Performance Indicator NI 145 Adults with learning disabilities in settled accommodation

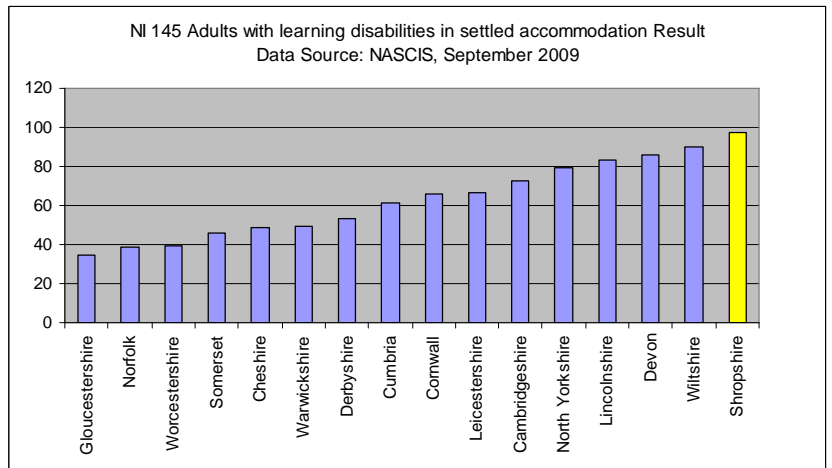
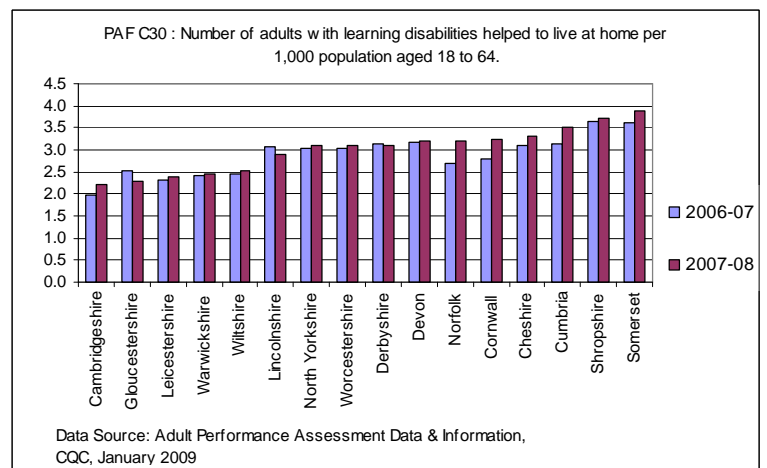


Figure 5 Number of Adults with Learning Disabilities helped to live at home



This chart shows that Shropshire has performed consistently well over the years, compared to other Councils, for helping adults with a learning disability to live independently in their own homes. Helping people to remain in their own homes continues to remain a priority and we will try to maintain this high level of performance for this current year.

Table 8 S1 Number of ALD residents supported by your local authority in residential and nursing placements as at 31 March 2009, by type of residence

	Number of Residents Supported - Nursing Care	Number of Residents Supported - Residential Care	18-64 Population (Data Source PANSI, 2008)	Number per 10,000 population
Cheshire	40	210	423800	5.90
Cumbria	30	195	302600	7.44
Cambridgeshire	20	455	588800	8.07
Norfolk		420	509700	8.24
Warwickshire	-	320	327500	9.77
Somerset	20	310	310400	10.63
Derbyshire	125	395	470500	11.05
Lincolnshire	110	390	422000	11.85
Wiltshire		325	273400	11.89
Shropshire	10	205	173800	12.37
Worcestershire	35	390	340900	12.47
Leicestershire	-	510	404800	12.60
Cornwall	25	430	321500	14.15
Gloucestershire	15	535	356300	15.44
Devon	40	760	452100	17.70

Source Data: Adult Social Care Combined Activity Return (ASC-CAR)

This table shows that for every 10 thousand people, we support nearly 14 adults with a learning disability in adult placements, residential, and nursing care. The table shows Shropshire's position compared to the family group of councils. It is interesting to note that Shropshire's population aged 18 – 64 is very low compared to others in this group of councils. A higher population would give us a

lower number per 10,000 population. This means that, whilst Shropshire has a relatively low number of adults with a learning disability in care homes, our position in this table is quite low because of our low population figures.

Transfer of Long Stay Hospital Resettlement Grant

In October 2008 the Department of Health issued a circular, as part of the Valuing People strategy requesting Primary Care Trusts and Local Authorities to reach agreement via Primary Care Trust and Local Authority respective Governance arrangements on:

- the transfer of the 28a resettlement grant for people with learning disabilities who were resettled from long stay hospitals
- to specifically agree the amounts to be transferred for 2009/10 and put arrangements in place so that the transfer is effective from 1 April 2009 and that local transfers of the amount can be made for 2009/10 and 2010/11

In Shropshire the amount for transfer has been agreed and documented in a formal agreement between the Council the Primary Care Trust.

As part of the transfer Shropshire County Primary Care Trust and Shropshire Council (the Partners) have agreed to establish a Joint Commissioning Board for Learning Disabilities to over see the expenditure of the transferred grant and to ensure that any savings or efficiencies that may be generated in the future are reinvested into Joint Commissioning Priorities.

In addition four properties currently in the ownership of the PCT will transfer to the local authority, work is ongoing with this and the property transfer is expected to take place in April 2010.

The transfer of the resettlement grant and the establishment of a joint commissioning board will contribute towards achieving the objectives set out in the Health Improvement Plan and the Local Strategic Partnership for Shropshire which the aim of improving the health and well being of people with a learning disability by :

- the Council and the PCT working together with commissioners and providers of health, social care and support for older people in Shropshire
- Identification of gaps and areas for improvement in existing service provision and through supporting service developments to meet these gaps
- Overseeing the expenditure of the 28a resettlement grant transferred from the PCT to the Local Authority and ensuring that any efficiencies from this transfer are used towards jointly agreed priorities for learning disability services
- Monitoring the budgets of both the local authority and the PCT for learning disabilities
- Benchmarking of learning disability expenditure with other West Midlands PCT's and the family group of the local authority

- Contributing to the aims and objectives of the Valuing People Now Strategy and the action plan of the Shropshire Learning Disability Partnership Board
- Developing and managing a fund for the purposes of commissioning, on an integrated basis, services for adult people with a learning disability who live in Shropshire
- Commission, on behalf of the Partners, health and social care services for people with a learning disability and their families in such a way that results in an improved range and mix of services that promote independence and social inclusion
- Agree and set quality standards and performance indicators to ensure continuous service improvement
- Promote the health and well-being of people with a learning disability in Shropshire, which ensures their security and safety from abuse
- Ensure that users and Carers and service providers are afforded every opportunity to influence the development and shape of services whether through the respective networks or otherwise

Ensure that services are efficient and economical, offer best value and are clinically appropriate.

Continuing Health Care

Shropshire County PCT provides a comprehensive assessment and commissioned service for those deemed eligible for continuing health care. This includes dedicated nurse assessors.

Safeguarding

Shropshire Council has identified Safeguarding as a key priority for the new Council. The Adult Safeguarding arrangements continue to make significant progress, particularly in relation to Adult Protection.

There is robust partnership working at both strategic and operational levels across the Council, the PCT and the Independent and Voluntary sectors which is overseen by a Safeguarding Board. The Council in partnership with Shropshire PCT have implemented a robust Deprivation of Liberty Safeguards Service (DOLS) which is receiving regional and national recognition in relation to the work that it is undertaking

The Adult Safeguarding Board is joint across both Shropshire Council and Telford and Wrekin Council. It is jointly Chaired by the Assistant Director of Adult Social Care (Shropshire) and the Head of Performance and Standards Adults and Community Well-Being (Telford and Wrekin). During 2009 the Board reviewed its Terms of Reference and membership recognising that the Adult Protection agenda needed to develop into one that included safeguarding.

The Adult Protection policy itself is a live document and is regularly reviewed. Significant changes in policy and practice have been made enabling resources to be focused on areas of high vulnerability and risk.

The Police are key partners in promoting and managing safeguarding issues in relation to adults with learning disabilities. A close working relationship has developed since the introduction of 'No Secrets' which has helped both the local authority and the Police resolve very difficult and sensitive safeguarding issues at the very earliest stage. Much more information is now shared and acted upon to safeguard vulnerable adults.

Through the development of the Common Assessment Framework and the sharing of data we will be enhancing this joint work through the development of a 'Virtual Record' which will provide the mechanism to share the Emergency Action Plan & Support Plan electronically. We will also be defining the content of a National CAF message that will be held on the spine, with relevant access given to the professional involved in the care of the individual. This will mean that we will have a system that provides clear assurances and safeguards in the use and security of people's personal and confidential information.

Safeguarding Awareness training for people with learning disabilities has been provided to support their recognition of harassment and discrimination. This has included the development of a specific training package for Adults with Learning Disabilities to help them recognise safeguarding issues and when they or others are being subjected to abuse. Vulnerable people are supported by suitably trained and vetted staff to access the bespoke training on the protection of vulnerable adults "Keeping Yourself Safe - understanding and reporting abuse".

People with learning disabilities in Shropshire, through the Area Partnership Boards responded to the "No Secrets" consultation.

Community Involvement in Countryside, Leisure, Learning and Physical Activity

People with a learning disability are supported in Shropshire to access countryside, leisure and learning opportunities.

The Shropshire Outdoors Project promotes health and well-being by working with people who experience barriers to accessing the countryside. In particular the project works with adults with learning difficulties, people with physical disabilities and those that are experiencing or recovering from mental ill-health.



Since the project started in January 2008 12 groups have been supported and made access improvements to six Countryside Sites within the County.

The Conservation and Ranger Team supported 58 community projects/groups in 2008/09. This included 22 groups working on Countryside Heritage Sites including Derwen College, The Wayfarers Day opportunities (Market Drayton), Hartley's Day opportunities (Shrewsbury) and Greenacres, all groups caring for people with a learning disability.

The Walking for Life Project has continued to support existing Walking for Health schemes and provided support for new groups, some of these groups of people with a learning disability from day opportunities at Sabrina Court and Wayfarers.

An action plan has been developed to improve access to countryside, learning and leisure for people with a learning disability and their Carers. This is a live document which is regularly updated. The implementation of and progress made against this plan is maintained by the Learning Disability Partnership Board.

There is a provision for people with Learning Disabilities to be involved in physical activity and sport (eg inclusive tag Rugby) which has numerous health and social benefits. This benefits not only the service users themselves but also the carers. Participation in physical activity by people with disabilities within Shropshire has decreased over the last year from 9.1% to 8.2%.

Shropshire Physical Activity Alliance has been created within Shropshire to identify priority areas of work within the physical activity area. The Alliance is made up of Shropshire Council, Shropshire PCT, Energize Shropshire, Telford & Wrekin, voluntary organisations and private gyms, etc and is a useful source of information and support for people interested in increasing their levels of physical activity. The benefits of physical activity include social integration, breaks for carers, a sense of belonging and improved health benefits.

Part Two: Making it Happen Key Priorities for Action

Including Everyone

The overall policy objective in Valuing People Now is that all people with learning disabilities and their families will benefit from Valuing People Now and that all people with learning disabilities will be supported to become empowered citizens. The national strategy places a focus on including all groups of people with a learning disability, particularly those groups who are least often heard and most often excluded. It identifies the need to take specific actions to include people with complex needs, people whose behaviour challenges services, people on the autistic spectrum, people from black and ethnic groups and offenders,

There is also a focus on the needs of family Carers and the importance of recognising and valuing Carers as key partners in the delivery of the strategy as well as people in their own right. There is a strong link with the government strategy "Carers at the Heart of 21st-century families and communities" (2008).

In Shropshire this means that we will:

- Communicate with people with learning disabilities including those with the most complex needs through the continuing support and development of the Learning Disability Executive Partnership Board, its three area partnership boards and its working sub groups
- Publishing an adult autism strategy that reflects the national priorities whilst taking into account the views of local service users, Carers and stakeholders
- Include service users and family Carers in the implementation of the national Carers strategy and recognise the needs of Carers including Older Carers and Mutual Carers
- Scope, with the involvement of service users and their families and Carers, how best we can deliver services and better commission services for individuals whose behaviour challenges services. This will be reviewed through the Learning Disability Partnership Board
- Ensure that appropriate advocacy services are available for people with a learning disability and that people are supported to access these services including for those people living in a residential care setting
- Ensure that all communication is in a format that is easy to understand including the translation of documents into an easy read format. This includes the executive summary of this Strategy and the Learning Disability section of the Joint Strategic Needs Assessment
- Establish a formal relationship between the Learning Disability Executive Partnership Board and the Prison Partnership Board.

Personalisation

The overall policy objective in Valuing People Now is that all people with learning disabilities and their families will have greater choice and control over their lives and have the support they need to develop person centred plans.

Person centred planning, advocacy and Direct Payments to give people more choice and control in their lives were fundamental to Valuing People (2001). Putting People First makes an explicit commitment to transform services and make them more personalised to the needs of the individual user. Valuing People Now (2009) re-asserts that person centred planning and support planning should become the norm, with more people with learning disabilities commissioning their own services.

In Shropshire this means that we will through the Transformation Project Board and the identified key work streams of client experience, quality support, engagement and systems and finance develop:

- A resource allocation system
- A web based shop for support service
- A range of support materials for people with learning disabilities and their Carers to explain how individual budgets work.
- Individual patient budgets for adults with learning disabilities who are supported and funded through continuing health care.
- Reablement services
- Access points and a self assessment questionnaire
- Assistive technology support
- Services for Carers
- User Led Organisations
- Training and development for staff and shared learning across the health and social care sector
- Direct Payment Support
- Strategies for personalisation and business plans for in house provision
- Programme branding and news letters

This list is not exhaustive but provides an overview of the work streams that are being developed around the personalisation agenda. This work will promote choice and control for people with a learning disability and the Partnership Board will review and monitor the implementation and take up of individual budgets by people with learning disabilities.

Better Health

The overall policy objective of Valuing People Now is that all people with learning disabilities get the healthcare and the support that they need to live healthy lives.

Most people with learning disabilities have poorer health than the rest of the population and are more likely to die at a younger age. There is evidence that their access to the NHS is often poor.

In Shropshire this means that we will:

- Ensure that all people with learning disabilities receiving a service have a health action plan
- Work towards achieving the full inclusion of people with learning disabilities in mainstream work on reducing health inequalities through the local strategic partnership
- ensure high-quality evidence-based specialist health services
- review on a regular basis the guidelines for admission to hospital of a person with a learning disability and check that they are in use and their effectiveness
- Improve the physical health of people with a learning disability by promoting physical activity through the use of the access to leisure card for people with learning disabilities and their Carers
- Improve the mental health and well being of people with a learning disability and their Carers through improved access to countryside and leisure activities
- Monitor the provision, quality and uptake of annual health checks provided by GP practices for people with a learning disability
- Work with young people in Transition in the delivery of health information including information on sexual health
- Promote access to oral health care for people with learning disability through the joining in service and mainstream dental services
- Review acute admissions to track the number of cancelled procedures after admission and work to minimise these through preadmission support
- Complete a review of admission to acute care of people with a learning disability to check whether prior to admission the 3 star system was used, grab sheets were prepared and whether the stay in hospital was good or raised concerns
- Monitor the implementation and effectiveness in community hospitals of the policy adopted to support people with learning disabilities who are transferred from an acute setting
- Work closely with Public Health to identify the health profile of the learning disability population in Shropshire and use this information to determine commissioning priorities

In response to Mencap's report Death by Indifference, an Independent Inquiry into access to healthcare for people with learning disabilities was commissioned. The report of that Inquiry – Healthcare for All – was published in July 2008.

In Shropshire we will implement the recommendations of this inquiry by:

- staff training and development

- the collection of data and information to allow people with a learning disability to be identified by the health service and their pathways of care tracked;
- ensuring that all premature deaths of people with learning disabilities are reported through the safeguarding process and fully investigated;
- Ensure that regular health checks for people with learning disabilities are provided by GP's should the individual wish one
- Reviewing and reconfiguring where appropriate the specialist "in patient services" provided for people with a learning disability

In response to the Ombudsman report following "Death by Indifference" and "Healthcare for All" Shropshire will:

- Raise awareness of Ombudsman Report with senior managers and elected Members
- Share a summary of Six Lives report with Equalities Committee of PCT and Shropshire Council:
- The progress against the action plan to be reported twice yearly and include
 - Monitoring and Inspection: this will include the elected member Champion for Equalities to be involved in Reg 26 visits of LD homes (SC) with Taking Part
 - Champion for Equalities to take on an independent inspection role with an 'officer of Council/PCT/Taking Part of Health/PCT provided residential based health review services, eg Oak House, Church Parade
 - Involving CINCH in the inspection of PCT provided specialist health care
- Review and audit annually the services provided by SaTH to ensure they meet needs of people with learning disabilities and to include consultation with service users, advocates and Carers.
- Review to be undertaken of systems for commissioning, procurement and delivery of services for people with a learning disability in:
 - SaTH
 - RJAH
 - South Staffordshire and ShropshireHealthcare NHS Foundation Trust
 - PCT commissioned and delivered services
 - Local Authority commissioned and delivered services – Mental Health and Learning Disabilities including GPs

Review to involve service users and advocates and reported through the Governance mechanisms.

- Desktop review of independent inspection reports CQC/CSCI to determine the grading of homes registered in Shropshire with Shropshire placements with a view of developing a policy which will ensure that procurement is with homes rated as adequate, good or excellent.
- Summary of skills audit to be undertaken within:
 - SaTH
 - RJAH
 - South Staffordshire and Shropshire Healthcare NHS Foundation Trust
 - PCT commissioned and delivered services
 - Local Authority commissioned and delivered services and with Shropshire Partners in Care

Annual Safeguarding report to include specific review of training undertaken by staff in:

- Hospitals
- ALD specialist provision
- ALD teams
- SPIC ALD homes
- Other agencies

and reported to the Learning Disability Partnership Board and the health sub group of this board.

Half yearly analysis of safeguarding referrals to be undertaken in relation to all ALD referrals to review causes, actions taken, and sharing of effective strategies that improve outcomes.

People with a learning disability to be involved in staff selection for key posts within learning disability services in PCT, SaTH, Local Authority and SSSFT.

Procurement and commissioning processes should include People with a learning disability who should be involved in the selection process for providers of learning disability services, hospital services, Local Authority delivered services and PCT community services.

A Home of Your Own

The overall policy objective in Valuing People Now is that all people with learning disabilities and their families have the opportunity to make an informed choice about where, and with whom, they live.

Many people with learning disabilities – unlike the rest of the population – do not choose where they live or with whom. Nationally, over half live with families; around 30% live in residential care and the remainder in rented accommodation.

Residential care should continue to be available for those who actively choose it but more emphasis needs to be placed on alternative ways of providing the housing that people want, and the support they need to live in it. Commissioners and service providers need to look at how they could develop creative solutions to meeting the needs of people with a learning disability, including home ownership, assured tenancies, being supported to live with a group of friends or living in residential care.

PSA 16 measures the progress in the numbers of adults with learning disabilities known to social services moving into settled accommodation (i.e. not living in NHS campuses or residential care). Valuing People Now states that this is a delivery priority for Government and local authorities. NI 145 (Adults with learning disabilities in settled accommodation) is included in the Shropshire Local Area Agreement.

In Shropshire this means that we will:

- Engage with the Learning Disability Partnership Board and the housing sub group to develop plans using information from the JSNA to ensure a range of housing options are available and ensuring that these are reflected in the housing strategy of the local authority
- Ensure that the choice based lettings system is available and accessible for people with learning disabilities
- Ensure that the disabled facilities grant is used effectively to make housing adaptations that are necessary
- Work to build on existing programmes such as the Supporting People programme to increase choice in housing provision for people with a learning disability
- Work with Housing Associations to explore the options of shared ownership for those people with a learning disability who wish to own their own home
- Ensure that for those people who choose to live in a residential care home or for those people whose needs can only be met in such an environment that the provision provided by the Council is of a good or excellent standard as rated by the Care Quality Commission
- For residential accommodation provided by the independent sector or through specialist healthcare provision the Council will work with these Providers to ensure that the standard is of an adequate, good or excellent standard as rated by the Care Quality Commission and will take appropriate action to support the improvement of any accommodation that falls below this to a Poor rating
- Use assistive technology where appropriate to support people to live independently

Work, Education and Getting a Life

The overall policy objective in Valuing People Now is that all people with a learning disability and their families should have a fulfilling life of their own, beyond services that includes opportunities to work, study, and enjoy leisure and social activities. This includes supporting more people with learning disabilities into paid work, including those with more complex needs.

The strategy places an emphasis on transition and recognising the importance of working with schools and colleges to ensure a positive transition to adulthood for young people, using a person centred approach.

There are cross-government plans to improve post-16 education for people with learning disabilities ensuring that meaningful and relevant learning opportunities are accessible, and that imminent changes to funding of all post-16 education benefit all people with learning disabilities. A new Foundation Learning Tier will be introduced, providing accredited learning pathways for those below Level 2 and with a focus on employability skills.

Valuing People Now states that services should see planning for employment as a key objective in person centred plans particularly person centred transition plans. The Government have published Valuing People Now strategy on employment of people with learning disabilities. Underpinning this will be the presumption of employability. PSA 16 provides the delivery agreement aimed at getting more people with learning disabilities known to councils into paid work (NI 146 Adults with learning disabilities in employment.)

Valuing People Now states that services should invest in making community-based facilities and settings accessible for all and develop a clear de-commissioning strategy that shows how money will be drawn down from traditional services and re-invested in wider opportunities.

In Shropshire this means that we will:

Employment

- Develop a social enterprise co-operative model which will provide supported employment opportunities for people with a learning disability
- Work towards providing supported employment opportunities within the Council, the Primary Care Trust and with other public sector employers
- Develop day opportunities into micro enterprise centres where appropriate and ensure that individuals are supported into employment through the acquisition of work and life skills
- Work with further education colleges in Shropshire to support people with learning disabilities to acquire skills for employment



Access to Education and Leisure opportunities

- Improve access to learning, leisure and countryside services for people with a learning disability and their families and Carers. To achieve this an action plan has been developed by Learning Countryside and Leisure Services. This will be reviewed annually and updated in agreement with the Learning Disability Partnership Board. On an annual basis progress against this plan will be reported to the Learning Disability Partnership Board.

Relationships and Having a Family

The overall policy objective in Valuing People Now is that People with a learning disability have the choice to have relationships, become parents and continue to be parents, and are supported to do so.



Evidence suggests that people with a learning disability often have very few relationships and limited opportunities to make them. People should be supported to have friendships and relationships of a personal and sexual nature. The right to marry or have a civil partnership is both a civil and human right. Local systems should enable practice that supports the individual's choice with regard to forming and sustaining relationships.

In Shropshire this means that we will:

- Implement the Friendship and Relationship policy which will be shared and implemented with partner organisations and stakeholders
- Develop services and activities which support people with a learning disability to make friends and relationships, take part in community based activities and contribute to society as citizens
- Ensure that sexual health care, including advice on contraception, is available for young people in transition and throughout their life as adults in a format that is appropriate and easily understood



Parents with a learning disability

Evidence suggests that parents with a learning disability often do not get sufficient access to parental support and are at a disproportionate risk of losing their children into care. More needs to be done to ensure that parents with a learning disability receive support and benefit from all mainstream initiatives aimed at parents.

In Shropshire this means that we will:

- Work with The Shropshire Children's Trust to collate data on the numbers of parents with learning disabilities
- Develop in conjunction with Children's services a disabled parenting policy which will include people with learning disabilities as parents
- Develop Advocacy services which will include support for parents with a learning disability and their families to access mainstream health services.
- Establish a support group for parents who have a learning disability and also those who are planning a family

- Work with partners to ensure that parents with a learning disability are supported to access maternity and ante natal care and children's services
- Work with children's service to ensure that parents with a learning disability receive appropriate support which will enable them to make informed choices relating to their own child's education options
- Work with the Shropshire Children's Trust through "Think Family" to support vulnerable families where there is a parent or a child with a learning disability

People as Citizens

The overall policy objective in Valuing People Now is that people with learning disabilities will be treated as equal citizens in society and supported to enact their rights and fulfil their responsibilities.

This section covers advocacy, transport, access to leisure services and recreational activities, being safe in the community and at home, and access to justice and redress.

Valuing People Now states that people with a learning disability should be able to get support if they need it to speak out and be heard. Public transport should be safe and easy for people with learning disabilities to use, and mainstream leisure and social opportunities should be accessible to people with a learning disability. People with a learning disability will be safe to lead their lives in safe environments and will feel confident that their right to live in safety is upheld by the criminal justice system.

In Shropshire this means that we will:

- Through the Learning Disability Partnership Board structure ensure that people with a learning disability are included in any policy development and implementation work and that they are supported to take part in both local and national initiatives
- Ensure that all providers of public services take responsibility for safeguarding and provide the appropriate training for them to do so
- Provide safeguarding training for adults with learning disabilities and their families and Carers
- Improve access to learning, leisure and countryside services for people with a learning disability and their families
- Develop public transport services that are safe and accessible for people with learning disability and their Carers and promote concessionary travel passes to those people that are eligible
- Through the involvement of the local strategic partnership work towards the elimination of hate crime towards people with a learning disability
- Ensure that people with a learning disability can live without the risk of fire through the installation of fire alarms and smoke detectors and provide the

appropriate training for people with a learning disability to react appropriately to an alarm

- Ensure that people with a learning disability and their Carers have their benefits maximised and that they are supported and equipped to manage their money effectively.
- Provide access to legal advice including the provision of advice on wills and trusts through the CLASP initiative and its Delivery/Support Partners
- Ensure that advocacy services are available to people with a learning disability in prison and in the criminal justice system to promote equality of access to health care.
- Ensure that advocacy services are available to people with a learning disability living in residential care settings through including this as a requirement in residential contracts
- Identify the health needs of people with a learning disability in prisons and respond in a way which would ensure the same service would be received by people, as they could expect from community based health care services

Summary of Key Priorities

The key overarching priorities and the overall direction of travel is summarised as:

- Involving people with a learning disability and their Carers in the development of services, the implementation of national policy and strategies and strengthening the role of the Learning Disability Partnership Board
- Ensuring that the Transforming Adult Social Care Programme in Shropshire involves people with learning disabilities and their Carers in the planning, consultation and delivery of the key work streams of the Programme
- Reduce health inequalities for people with learning disabilities and ensure that there is equality of access to mainstream health care provision. The take up of annual health checks for people with a learning disability will also be monitored and targets agreed with GP practices for year on year improvement
- The development of supported housing and other alternatives to residential care will be a key direction of travel for the next 3 years
- Develop a range of supported employment opportunities for people with a learning disability
- Ensure that people with a learning disability are supported to have friendship and relationships and supported as parents
- Ensure that all providers of public services take responsibility for safeguarding
- Develop services and support for Family Carers that will enable them to continue caring for as long as they wish to
- Support citizenship and reduce social isolation for people with learning disabilities through the promotion of leisure services, advocacy support, access to transport, the maximisation of benefits and the reduction of hate crime

These key priorities summarise the overall direction of travel for the next 3 years. These will be developed into an annual work action plan by the Learning Disability Partnership Board which will provide the focus for the Partnership Board sub groups throughout the year. The Learning Disability Partnership Board will be responsible for monitoring the progress of the agreed actions to achieve the key priorities.

Part Three: Making it Happen

To make all of this happen Valuing People Now set out policy objectives around Leadership and delivery structures and the role of Partnership Boards. These are applicable in Shropshire and will ensure the delivery of this strategy. The Learning Disability Partnership Board will, in conjunction with statutory and independent partners lead on developing an action plan to deliver the priorities identified in this strategy. As key stakeholders in delivery of Valuing People Now, the Board will determine the priorities in light of regional and national Valuing People Now priorities. This action plan will include timescales and any consultation required for changes to service delivery.

Leadership and Delivery Structures

The overall policy objective in Valuing People Now is to put leadership, delivery and partnership structures in place that will make sure that the outcomes set out in the Valuing People Now strategy are delivered.

Leadership for delivery will come from a national, regional and local level and across all agencies, public and private. There are some changes to the delivery structure, including the National Learning Disability Programme Board and Regional Learning Disability Programme Boards. Locally, delivery needs to be rooted within existing mechanisms and processes, particularly Joint Strategic Needs Assessments, Local Strategic Partnerships, Local Area Agreements and Partnership Boards. (This is outlined in Appendix B).

For each of the next three years, key priorities will be set in order to ensure that Valuing People Now is implemented and embedded in all areas. Progress will be reviewed each year and this will inform the following year's priorities. National and regional support for local implementation will focus on these priorities.

It is these same structures and leadership arrangements which will, over the next 3 years, deliver the Shropshire Learning Disability Strategy 2010 -2013.

It will mean that the existing work with the learning disability leadership group will grow and expand to include more people with learning disabilities and equip them with the skills they need to help deliver the actions and priorities set out in this document.

On an annual basis the requirements made by the regional and national Valuing People Now forums will be reported to both the Cabinet at Shropshire Council, the Board of the Primary Care Trust, the Joint Member Board and to Partners through the local Strategic Partnership.

Partnership Boards

Valuing People Now recognised that the effectiveness of Partnership Boards has been variable around the country. Evidence suggests that the effectiveness of Partnership Boards is reliant on the commitment of their members especially at senior officer level.

Valuing People Now states that Partnership Boards are expected to take their place at the centre of local delivery of the key objectives. Partnership Boards will be expected to report regularly to the newly established regional programme boards (beginning March 2010). These reports must be agreed by the self-advocacy and family carer's representatives on the Board. It means a greater focus on performance management, using data and the experience of individuals with learning disabilities and their families.

In this Shropshire this means that we will:

- Review the revised best practice guidance for Partnership Boards issued by the Department of Health and ensure that the guidance for the Shropshire Partnership Board reflects this and that the Board is compliant
- Use the national self-assessment tool that is currently being developed to enable the Shropshire Partnership Board to benchmark their performance and work programmes with other areas and against performance indicators
- Ensure that the membership of the Partnership Board is inclusive and representative of the local community and that it includes advocacy, carer and service user representation
- Ensure that the Partnership Board reports against the criteria contained in the national guidance for the production of an annual report
- Develop robust links between the Learning Disability Partnership Board and the Prison Partnership Boards
- Ensure that the annual safeguarding report is presented to the Learning Disability Partnership Board
- Make recommendations for service developments based on the views of service users
- Produce an annual plan to deliver the priorities of this strategy and involve Adults with Learning Disabilities and family Carers in developing this plan
- Strength the reporting mechanisms from the Executive Board to national and regional bodies

Better Commissioning

The overall policy objective of Valuing People Now is to ensure effective commissioning in a way that best supports the right outcomes for people with a learning disability and their families. Effective commissioning means a greater focus on understanding needs locally through the Joint Strategic Needs

Assessment and developing commissioning strategies which will support individual choice and the move towards personal budgets in both health and social care.

In Shropshire we will seek to do this through the joint commissioning plan of the Primary Care Trust and the Council which will seek to ensure that the services we commission make a real difference to people's lives taking into account that every individual is unique and that what they want out of life and what support they may need to realise their ambitions, will vary for each and every one.

There is increasing evidence and information which tells us what people want at such times. The qualities people most value include:

- Responsiveness, speed and convenience of service
- Services tailored to individual users needs, with respect for culture and lifestyle
- Services that build on peoples abilities and enable them to participate fully in society
- Services that are coherent, integrated and can respond to a range of Health and Social Care needs in a holistic way
- High professional standards across the workforce

Shropshire Council and Shropshire County Primary Care Trust are committed to the commissioning and provision of quality services which focus on ensuring the delivery of government and local priorities within budget.

At all times the agencies seek to operate as a single system understanding and recognising the complementary roles that Health and Social Care play in the delivery of local and national targets.

The ethos of partnership working, not only between statutory agencies but with a range of stakeholders and most specifically with service users and Carers, is at the heart of this.

Vision Statement: Joint Commissioning

Our shared vision is that by working together and forming a clear understanding of the health and social care needs of our population we will:

- Arrange, deliver and develop services in line with local and national priorities
- Make best use of the Social Care and Health resources available
- Ensure that service users and Carers experience effective, responsive and efficient services, provided in an integrated way by well trained and informed staff

For Adults with learning disabilities this means that all the Stakeholders in Shropshire will work together to provide high quality affordable services which will

provide adults with learning disabilities improved opportunities and better chances to:

- Live and enjoy healthier lives
- Make choices that are relevant to their own needs
- Receive the care and support they need when they need it
- Become more involved in community life through full engagement as citizens

The World Class Commissioning programme in the Primary Care Trust sets out how we will deliver good quality services for people with a learning disability through achievement of the following ten competency statements:

- Recognition as the local leader of the NHS
- Working collaboratively with community partners to commission services that optimise health gains and reduce health inequalities
- Proactively building continuous and meaningful engagement with the public and patients to shape services and improve health
- Leading continuous and meaningful engagement of all clinicians to inform strategy and drive quality, service design and resource utilisation
- Manage knowledge and undertake robust and regular needs assessments that establish a full understanding of current and future local health needs and requirements
- Prioritise investment according to local needs, service requirements and the values of the NHS
- Effectively stimulate the market to meet demand and secure required clinical and health and wellbeing outcomes
- Promote and specify continuous improvements in quality and outcomes through clinical and provider innovation and configuration
- Secure procurement skills that ensure robust and viable contracts
- Effectively manage systems and work in partnership with providers to ensure contract compliance and continuous improvement in quality and outcomes and value for money

To enable effective commissioning reliable information is required. A valuable resource is the Joint Strategic Needs Assessment (JSNA) which has been in place since July 2008. It was reviewed and updated in the Autumn of 2008 with specific user groups and further update is underway at present. Annual reviews and refreshes will take place after this unless other changes are required within the year.

The JSNA has contributed directly to identifying the LAA outcomes and priorities of the local strategic partnership. It has also informed the Primary Care Trust's World Class Commissioning work. The JSNA will also be taken into account as new strategies are developed and existing strategies reviewed and updated.

It is also intended to establish a Learning Disability Commissioning Board which will support the planning, commissioning and monitoring of health and social care services for adults with a learning disability in Shropshire. An annual Commissioning Plan will be agreed by the Learning Disability Commissioning Board. The Commissioning Plan will include the annual budget for Learning Disability Services. The Commissioning Plan will include clear targets for improvement against National Indicators.

Specialist Health Care Services

Commissioning of Specialist Health services for people with a learning disability will include:

- A review, jointly by the Commissioners of both Shropshire and Telford and Wrekin will be undertaken of the two inpatient services in Shropshire. Church Parade, Oakengates (6 bed) community based service for people who can present additional and complex behaviours which challenge services and Oak House, Shrewsbury (10 bed) unit providing specialist healthcare services for adults with learning disabilities and additional complex and profound healthcare needs will be reviewed and recommissioned where necessary into a more responsive community based resource. A comprehensive template has been populated with a range of information about the usage of the services and the needs of adults with a learning disability who access them.

Supporting People commissioning framework for learning disabilities

The Supporting People programme has continued to develop in the period since April 2003 when it assumed responsibility for delivering Housing Related Support. During that time a set of principles has been established at both a national and local level. These include:

Needs based provision	Developing services and individual support that responds to an individual's needs
Cross tenure provision	Delivering services to those who need them irrespective of their type of housing
Equality of opportunity and access	Accessible services that promote independence and challenge discrimination
Involvement and consultation	Focusing on service users, engaging them in the developing services
Meets VfM and Quality standards	Meeting the QAF standards and pursuing continuous service improvement while delivering Value for Money
Affordability	Maximising the range and effectiveness of services within the available finances
Retaining and promoting independence	Enabling service users to enjoy the highest possible levels of independence
Safeguarding	Protecting vulnerable service users from abuse

Supporting People services have been traditionally viewed as providing 'low-level' support. SP works effectively to support a wide range of needs and in doing so enables vulnerable people to live independently. Some people however have more complex needs and in those situations SP is one element of a coordinated support package. The SP commissioning approach in Shropshire is one of working to be effective and to achieve the best outcomes for vulnerable people.

Supporting People recognise that where services are commissioned for people who have more complex needs which require intervention from statutory and other partners then a jointly commissioned solution needs to be sought. Where housing support alone cannot effectively achieve outcomes identified in the support plan or community care assessment, then housing support may only be available once a package of care and support, including where appropriate, housing support is in place.

We now have robust locally derived needs data from the Shropshire Supporting People Needs Analysis. In addition to quantitative research, the Shropshire needs analysis is based on local input through experience, observation and consultation.

The commissioning directions described here for adults with learning disabilities have been identified to address the key challenges arising from the Needs Analysis.

The Supporting People Needs Analysis for Shropshire Council (2009) identified a range of considerations with respect to adults with learning difficulties:

- Transition to adult services can be problematic for those living out of county
- Increasing numbers of elderly Carers
- Need to understand the aspirations of ALD clients

As a result of this Supporting People will engage more closely with ALD services to become involved with accommodation planning for ALD clients, for example forward planning where Carers are getting less able to care through ill health or old age, as set out in the Shropshire Supporting People Move-On Strategy through the Transition Process from children's to adult services and through working with the housing sub group of the Learning Disability Partnership Board. Supporting People will seek to have more formal links with Shropshire Council's Development Services and ALD care management and assessment team to address issues around the supply of accommodation for people with learning disabilities.

Workforce Development

The overall policy objective in Valuing People Now is that the workforce across public services are given the appropriate support and training to equip them with the values, skills and knowledge to deliver the Valuing People Now priorities for all people with learning disabilities.

The DH is developing an Adult Social Care Workforce Strategy which is due to be published in 2009. The national workforce organisations such as Skills for Care will play a central role in workforce developments.

An Integrated Workforce Strategy for Adult Health and Social Care in Shropshire has been developed in partnership with Shropshire Council, Shropshire County Primary Care Trust and the Independent and Voluntary sector. The Strategy identifies the priorities for developing the community health and social care workforce to support the changing demographic profile for the County, achieving more efficient services, addressing the skills shortages, involvement of people who use services and their Carers and the major impact of 'Putting People First' and the Personalisation Agenda.

In Shropshire Joint Training work with Taking Part to deliver training for service users and support staff to promote understanding of Values, Rights and Person Centred Approaches. This initial workshop in December resulted in the identification of the need to review current documentation with regard to record keeping in order for this to reflect a Person Centred Approach.

The expected outcomes for the follow on workshop to this were:

- To consult and work with service users, who have led this process, supported by staff to review and change documentation
- To enable the application of Person Centred Approaches in identifying the needs and wishes of individuals. In line with Personalisation
- To plan future training activity to be delivered to managers and teams by the services users supported by Joint Training and Taking Part to launch the new documentation

The training for managers to launch the revised documentation will be delivered by service users supported by Joint Training and Taking Part. This will be followed by a series of workshops for staff teams.

The close partnership work with Taking Part and operational services enables effective consultation and active involvement of service users.

Appendix A: Fair Access to Care Criteria

The following criteria are used in assessing eligibility:

Critical

- 3.1.1 Life is, or will be, threatened; and/or
- 3.1.2 Significant health problems have developed or will develop; and/or
- 3.1.3 There is, or will be, little or no choice and control over vital aspects of the immediate environment; and/or
- 3.1.4 Serious abuse or neglect has occurred or will occur; and/or
- 3.1.5 There is, or will be, an inability to carry out vital personal care or domestic routines; and/or
- 3.1.6 Vital involvement in work, education or learning cannot or will not be sustained; and/or
- 3.1.7 Vital social support systems and relationships cannot or will not be sustained; and/or
- 3.1.8 Vital family and other social roles and responsibilities cannot or will not be undertaken.

Substantial

- 3.2.1 There is, or will be, only partial choice and control over the immediate environment; and/or
- 3.2.2 Abuse or neglect has occurred or will occur; and/or
- 3.2.3 There is, or will be, an inability to carry out the majority of personal care or domestic routines; and/or
- 3.2.4 Involvement in many aspects of work, education or learning cannot or will not be sustained; and/or
- 3.2.5 The majority of social support systems and relationships cannot or will not be sustained; and/or
- 3.2.6 The majority of family and other social roles and responsibilities cannot or will not be undertaken.

Moderate

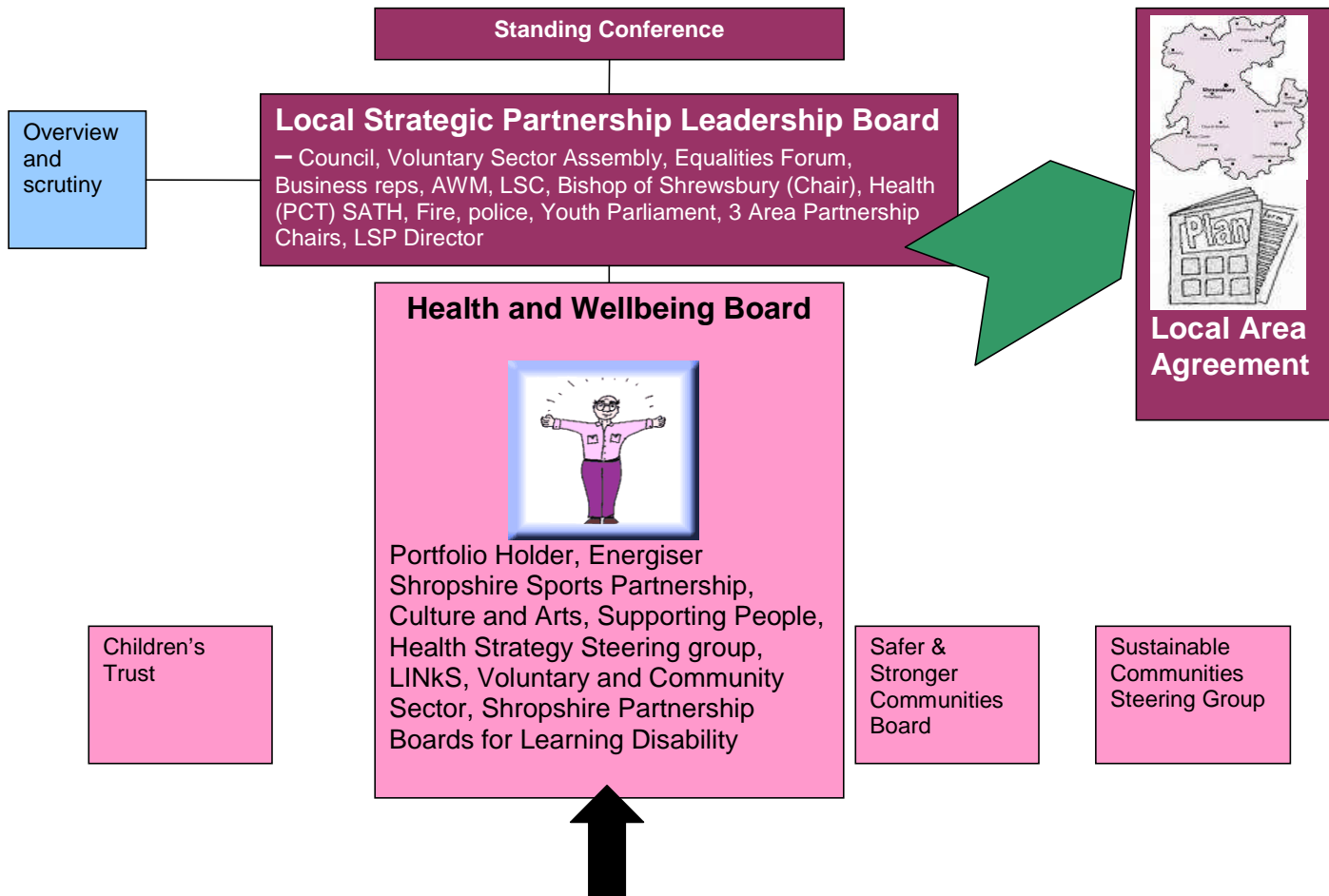
- 3.3.1 There is, or will be, an inability to carry out several personal care or domestic routines; and/or
- 3.3.2 Involvement in several aspects of work, education or learning cannot or will not be sustained; and/or
- 3.3.3 Several social support systems and relationships cannot or will not be sustained; and/or
- 3.3.4 Several family and other social roles and responsibilities cannot or will not be undertaken.

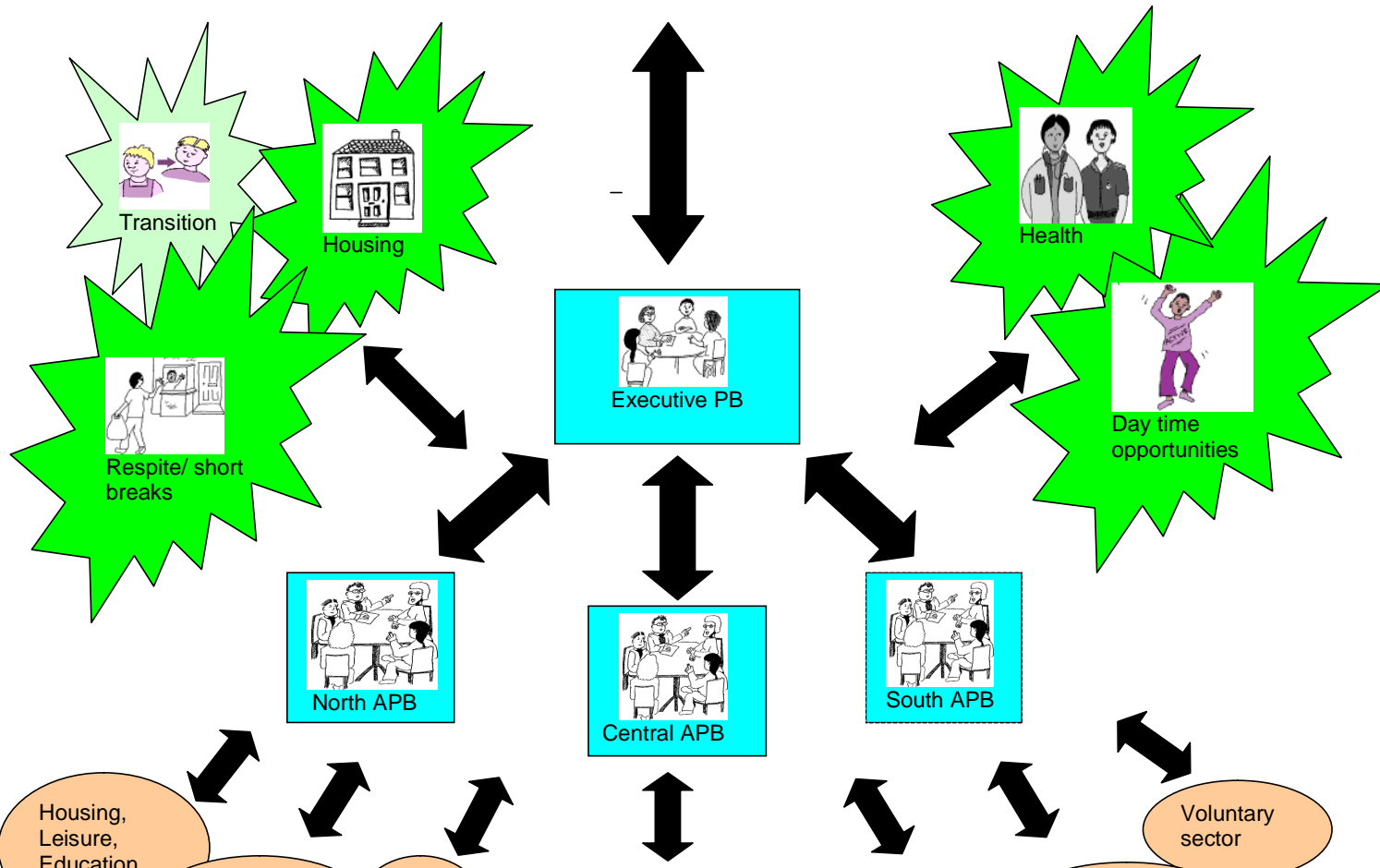
Low

- 3.4.1 There is, or will be, an inability to carry out one or two personal care or domestic routines; and/or
- 3.4.2 Involvement in one or two aspects of work, education or learning cannot or will not be sustained; and/or
- 3.4.3 One or two social support systems and relationships cannot or will not be sustained, and/or
- 3.4.4 One or two family and other social roles and responsibilities cannot or will not be undertaken.

- Housing choice is limited;
- Day services are often not tailored to the needs and abilities of the individual;
- Limited opportunities for employment;
- The needs of people from minority ethnic communities are often overlooked;
- Inconsistency in expenditure and service delivery and;
- Few examples of real partnerships between health and social care or involving people with learning disabilities and Carers.

Appendix B Shropshire Partnership Structure & Relationship to Partnership Boards for Learning Disability





Appendix C People aged 30-64 predicted to have early onset dementia, by gender, projected to 2025

		2008	2010	2015	2020	2025	2010	2015	2020	2025
England	Males aged 30-39	263	260	276	308	317	-1.1%	4.9%	17.1%	20.0%
	Males aged 40-49	731	757	757	695	681	3.6%	3.6%	-4.9%	-6.0%
	Males aged 50-59	3,654	3,647	4,012	4,406	4,389	-0.2%	9.8%	20.6%	20.0%
	Males aged 60-64	2,953	3,024	2,748	3,005	3,402	2.4%	-6.9%	1.8%	15.0%
	Total males 30-64	7,601	7,688	7,794	8,415	8,788	1.1%	2.5%	10.7%	15.0%
Shropshire	Males aged 30-39	1	1	1	1	1	0.0%	0.0%	0.0%	0.0%
	Males aged 40-49	4	4	4	4	3	0.0%	0.0%	0.0%	25.0%
	Males aged 50-59	24	24	26	28	28	0.0%	8.3%	16.7%	16.7%
	Males aged 60-64	21	21	20	21	24	0.0%	-4.8%	0.0%	14.3%
	Total males 30-64	50	51	51	54	56	2.0%	2.0%	8.0%	12.0%
England	Females aged 30-39	331	326	337	371	380	-1.5%	1.8%	12.1%	14.0%
	Females aged 40-49	890	910	883	818	831	2.2%	-0.8%	-8.1%	-6.0%
	Females aged 50-59	2,367	2,376	2,626	2,862	2,795	0.4%	10.9%	20.9%	18.0%
	Females aged 60-64	1,832	1,888	1,718	1,864	2,135	3.1%	-6.2%	1.7%	16.0%
	Total females 30-64	5,421	5,500	5,564	5,915	6,141	1.5%	2.6%	9.1%	13.0%
Shropshire	Females aged 30-39	2	1	1	2	2	50.0%	50.0%	0.0%	0.0%
	Females aged 40-49	5	5	5	4	4	0.0%	0.0%	20.0%	20.0%
	Females aged 50-59	16	15	17	18	18	-6.3%	6.3%	12.5%	12.5%
	Females aged 60-64	13	14	12	13	15	7.7%	-7.7%	0.0%	15.0%
	Total females 30-64	36	36	35	37	39	0.0%	-2.8%	2.8%	8.0%

Source: www.poppi.org.uk

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- ⁱ British Institute of Learning Disability Fact Sheet – what is a learning disability? January 2004, www.bild.org.uk
- ⁱⁱ Health Needs Annual Evidence Update 2009, NHS Evidence – Learning Disabilities, www.library.nhs.uk
- ⁱⁱⁱ www.aboutlearningdisabilities.co.uk
- ^{iv} www.alzheimers.org.uk/factsheet/430
- ^v The A to Z of health issues affecting people with Learning Disabilities, www.valuingpeople.gov.uk
- ^{vi} Visual Impairment & People with Learning Disabilities John Northfield, Clinical Lead, NLH Learning Disabilities Specialist Library NLH Eyes & Vision Specialist Library ~ <http://www.library.nhs.uk/eyes> July 2008