

Learning Disabilities Partnership Board



www.signpostsheffield.org.uk

A good life

Sheffield's strategy for adults with learning disabilities

Draft for consultation: October 2007

Foreword

I am pleased to welcome you to 'A good Life' – Sheffield's strategy for people with a learning disability and their families.

This strategy brings together a great deal of work in Sheffield that has happened over a considerable time. It has been built on the contributions of many people through consultation and joint working on a wide range of issues and developments. Some strands of our work are already well developed, with strategies that are in place, or are due to be implemented soon. This strategy tries to pull these together, and highlight all the areas that need further work.

We want to talk to local people about this strategy. We want to make sure that Sheffield's plans are in line with the needs and wishes of local people with a learning disability and their families. We also want to make sure the strategy is consistent with the plans of service providers and other stakeholders.

How can you be involved?

We launched the strategy in October 2007, and we want to consult on it over the next three months. After the consultation, the strategy will be revised, and a final version will be approved by the Learning Disability Partnership Board.

We're holding a series of events in November and December 2007 to discuss specific issues in more detail. As well as these events, we'd be very pleased to come and talk to groups and forums about our plans. If you prefer, you can write to us with your thoughts and ideas.

If you want to get involved, find out more about future events, or contribute to this strategy you can find the contact details at the end of this document. I'm very much looking forward to all your thoughts and ideas.

Best wishes,

Josie Bennett
Head of Sheffield's Joint Learning Disabilities Service

A good life

Sheffield's strategy for adults with learning disabilities

1. Introduction

To have a good life, people with a learning disability and their family carers in Sheffield say they want citizenship and social inclusion, and to have choice and control over their lives. People want good quality health and social care services that work well together as part of a whole system. People also want their needs met locally, so they do not need to leave Sheffield to access services.

People say they want services that are person centred and family centred. They also want to be more in control of their lives and their support. This will require significant changes to the ways services are commissioned and organised.

To have a good life, people with a learning disability and their families also need the universal services used by all Sheffield's citizens – such as housing, leisure, transport or employment - but often face extra difficulties accessing them.

There are now more people with a learning disability in the population than there were 10 years ago, more people have high support needs and people now have much higher expectations of services. However, the resources available for health and social care are not increasing sufficiently to keep pace with people's increasing needs and expectations.

To meet these challenges, Government expects commissioners and service providers to offer personalised services that meet local needs and expectations, improve health and wellbeing, and provide the best quality and value to local people. Government also wants people to have more control over the services they receive. It expects Adult Social Care Services to work in partnership with the NHS to develop strategies for commissioning services to achieve these aims.

Sheffield City Council, and local NHS partners are committed to make sure this happens in a coordinated and planned way. This strategy provides the direction and priorities for services for people with a learning disability and their families in Sheffield for the next ten years. It will be used to help develop services in all sectors – the Statutory Sector, Independent Sector and Third Sector. It sets out

- national and local policy and priorities
- what local people and their families need, and expect, from services,
- what services and resources we currently have, what are the issues, and what we plan to do

2. What are the national and local priorities?

2.1. National priorities

Since 2001, national policy has consistently emphasised the need for people with a learning disability and their families to achieve meaningful social inclusion, choice and control. It expects learning disability services to be local, non institutional, personalised, and user led. The current policy emphasis is on more early intervention and prevention together with self-directed support via individual budgets or direct payments.

[Valuing People](#) (2001) and its supporting papers '[Family Matters – Counting Families In](#)' and '[Learning Difficulties and Ethnicity](#)' are based on people having *rights* as citizens, *inclusion* in local their communities, *choice* in daily life, and opportunities to be *independent*. The Valuing People agenda has been a major influence on learning disability service development. Since 2001, Valuing People Support Team (VPST) have published detailed guidance in key areas - including housing and support, day opportunities, employment, health, education, transport and leisure. The clear and consistent theme is for service modernisation to address institutionalised practices and help people achieve social inclusion through person centred planning and support. Day service modernisation (including increasing the numbers of people in paid jobs) has been a consistently high priority. VPST guidance has been used consistently in Sheffield to develop learning disability services in all areas and in developing this strategy.

Recognising the scale of the development agenda in learning disability services, the VPST have set a number of national priorities. For 2007/08 these are

- Leadership (and Partnership Boards)
- 'Getting a Life' – improving employment, day opportunities, short break services, education and leisure
- Self Directed Support
- Local services for local people
- Better health (including specialist health support and mental health services)

These priorities will be reflected in Sheffield's strategy.

Since Valuing People, government policy has focused on making sure people can have more control over their lives and services, and places a greater emphasis on outcomes. The White Paper '[Our health our care, our say](#)' promotes choice and control, and prioritises prevention and the promotion of health and well being. It stresses the need for the NHS and social services to work effectively together to make this happen. It requires health and social services to develop joint strategic needs assessments to support commissioning of local services across the health and social care system. It expects greater uptake of direct payments and the introduction of personal budgets to give people control over their care and support. It also sets out seven outcomes for social care:

- improved health and emotional well-being
- improved quality of life
- making a positive contribution
- choice and control
- freedom from discrimination
- economic well-being
- personal dignity

Social care services are now to be measured against these outcomes. The new [social care performance framework](#) is based on these outcomes and builds on them through two additional domains – leadership and commissioning. This expects councils to commission and deliver services to clear standards of both quality and cost, by the most effective, economic and efficient means available.

The importance of effective commissioning in assuring quality and challenging institutionalised practice has been reinforced in key recent reports. The Healthcare Commission reports on their investigations into services for people with a learning disability at [Cornwall Partnership NHS Trust](#) (2006) and [Sutton and Merton Primary Care Trust](#) (2007) highlight serious failings and abuses resulting from institutionalised practices and stress the need for improvements in the commissioning and delivery of services. In particular, both reports emphasise the need to identify and address institutionalised forms of care.

However, it is recognised that the need for service modernisation is also taking place in a challenging context of increasing numbers of people with a learning disability and limited resources. In 2005 a report by the Association of Directors of Social Services - [‘Pressures On Learning Disability Services: The case for review by Government of current funding’](#) – identified that the single greatest area of pressure on social services budgets is the increasing pressure on learning disabilities services. The report concluded that in meeting this challenge “*more expenditure should not be directed to institutional forms of care. There is an urgent need to establish better commissioning of individualised support... The focus must be on both better outcomes and better value for money*”. Yet the evidence so far is that this aim is proving difficult to achieve. The report [Getting to grips with commissioning for people with learning disabilities](#) (Care Services Improvement Partnership, 2007) finds that despite a doubling of spending by Local Authorities on adults with a learning disability in the last ten years, the *proportion* spent on enabling people to live in the community as opposed to residential or nursing care remains relatively low.

Current policy is seeking to align the need for greater efficiency with greater choice and control through the introduction of self directed support. This is developing in [Individual Budget](#) and [InControl](#) pilot authorities. Limited evidence from the outcomes of these pilots is now emerging. [Recent evaluation of 31 people](#) by InControl indicated people’s satisfaction rates doubled, whilst average costs for councils reduced by 12%. On the basis of the findings ‘Getting to grips with commissioning for people with learning disabilities’ concludes that a major shift towards self directed support offers the best chance for councils to meet increasing needs and get better value for money.

Self directed support will significantly change the context for social care. There are challenges in expanding self directed support whilst maintaining the efficiencies seen in the pilots, and maintaining existing approaches service users still have a choice. The role of the local authority will also change significantly both in relation to commissioning, contracting and monitoring quality and the provider market will need support to adjust.

2.2. A wider approach to social inclusion

The policy priorities described so far concern social care services. However, for people with a learning disability to be fully included as citizens in their communities will take more than improvement in specialist services. Recognising this, ‘Our health our care our say’ proposes the new role of ‘Director of Adult Social Services’ (DASS) will provide

wider leadership, promoting social inclusion by developing local partnerships across agencies such as health, housing and transport. The DASS will be a significant influence in helping meet the expectations of local people with a learning disability and their families.

The wider role of the DASS links to Sheffield Council's corporate approach to improving services and customer experience. The Council has developed strategies in all priority areas. These are set out in the Council's Corporate Plan, due to be refreshed in Autumn 2007. Implementation of corporate strategies is overseen by a range of bodies. It is a priority for learning disability service development to link with all relevant corporate and citywide strategies and implementation bodies. Key priorities will include links with corporate housing, work and skills, health and wellbeing, and safety neighbourhood strategies. It is also a priority to make sure relevant community care strategies are seen in their corporate context: improving support and opportunities for to carers has implications across the whole council.

Government targets also recognise the wider responsibilities to delivering positive outcomes for people with a learning disability. 'Public Service Agreement (PSA) Delivery Agreement 16' (October 2007) sets targets for increasing the proportion of people with a learning disability in 'settled accommodation' and in 'employment, education or training'. The agreement sets out the joint responsibility for three departments – Department for Work and Pensions, Department of Health and the Department for Innovation, Universities and Skills - to deliver the new targets.

2.3. Priorities for local learning disability services

Sheffield's Learning Disabilities Partnership Board has identified a clear set of priorities for improving services for people with a learning disability in the city. These are implemented through the Board's 'key workstreams'. Current workstreams include

- Self directed support
- Improving support for people with complex needs.
- Improving support for people from black and minority ethnic communities.
- Improving support for family carers.
- Improving Quality Assurance
- Improving support for advocacy, self advocacy and service user involvement
- Improving communications support for all people with a learning disability
- Improving health and reducing health inequalities by promoting access to mainstream health services,
- Implementing a citywide Workforce Plan to improve the training and qualifications of staff in all learning disability services in all sectors in the city

Several workstreams relate to specific service areas

- Modernising accommodation and support services
- Modernising short break services by increasing flexibility and choice
- Modernising day time opportunities
- Increasing the numbers of people with a learning disability in paid work
- Improving access to advice and support through care co-ordination
- Improving access to health and social care through integrated Community Learning Disability Teams for specialist health and social work
- Improving mental health outcomes for people with a learning disability
- Improving transitions for young people with learning disabilities to adulthood

Existing workstreams will continue, and will be refreshed in line with this strategy and appropriate corporate strategies. Others will be developed alongside this strategy and corporate strategies. A key element of Implementation will be coordination between strategies to maximise their effectiveness.

3. What are the needs of local people, and how these are changing?

3.1. Our needs analysis

'Our health, our care, our say' sets out the need for a joint strategic needs assessment to help health and social care services plan ahead for the next 10 to 15 years and to support the development of the wider community. A thorough strategic needs assessment will also help us develop a sustainable Resource Allocation System for large scale implementation of self directed support.

3.2. How have we carried out our needs analysis?

We have looked at national evidence of the needs of people with a learning disability, and how they are changing. We have also used a range of local evidence – from Sheffield Case Register, the social care information system CareFirst, and a range of local research, surveys and project work.

The Case Register has been gathering information on local people with a moderate and severe learning disability and their families since 1975. The Register gathers information by interview and visits to children every two years and adults every five years. Information is also provided by annual 'returns' from learning disability services. It collects information on the nature and level of people's disabilities, their family and social circumstances and the services they use. The Register also helps us look at how the local population of people with a moderate and severe learning disability has changed over the last 30 years, and predict how it is likely to change in the future. It is recognised as one of the most reliable registers in the UK and its information has helped inform both national and local policy.

3.3. What is the range of need?

The needs of local people with a moderate and severe learning disability vary widely. Many people with a moderate and severe learning disability have lifelong needs for support – others only need help at particular times in their lives. People's needs can change considerably over the course of their lives.

People with a learning disability are more likely to experience mental illness, chronic health problems, epilepsy, physical and sensory impairment. More people now have the most profound and multiple learning disabilities, with complex health and social care needs. Others have lower levels of need but still require high quality support to help them achieve the aims set out in Valuing People. Some have particular needs associated with specific disabilities and syndromes.

3.4. How many people with a learning disability live in Sheffield?

In January 2007, Sheffield Case Register recorded 2,570 people with a moderate or severe learning disability living in, or coming from Sheffield. This is approximately 5 people per 1000 of Sheffield's overall population, broadly in line with national prevalence rates for severe learning disability. Of the total number there are approximately 2,019 adults (over 20) with a moderate and severe learning disability known to the Case Register.

Not all people known to the Case Register need specialist learning disability health or social care services. The CareFirst information system records approximately 1200 people with a moderate and severe learning disability currently accessing services.

3.5. How are the overall numbers changing?

Nationally, there is clear evidence that the number of adults with a moderate and severe learning disability is increasing. A Learning Disability Task Force report¹ produced in consultation with the Department of Health in 2004 predicted that on a conservative assumption, between 2001 and 2021, there will be an 11% increase in the total number of adults with learning disabilities. This includes a 36% increase in the numbers of adults with learning disabilities aged over 60. In 2005, a report by the Association of Directors of Social Services² found that more children are now surviving into adulthood with major disabilities and complex needs, and adults are living longer and surviving into older age. The report found the single greatest pressure on social services budgets is the increasing demand on learning disabilities services.

The ADSS report confirms Sheffield's evidence of significantly increased numbers. Case Register and other local health and social care information shows the overall number of people (children and adults) with a learning disability increased by over 25% in the last 10 years, with an 11% increase in the number of adults (aged over 20) with a learning disability. In summary there are increasing numbers of

- young adults with a learning disability, including young adults with the most complex needs
- people living with older family carers
- older people with a learning disability
- people with a learning disability from local black and minority ethnic communities

These, and other factors will combine to significantly increase demand for services over the next decade and beyond. In the rest of this section, we have set out the evidence of the increasing numbers, and the key implications, in more detail.

3.6. The age profile of people with a learning disability in Sheffield

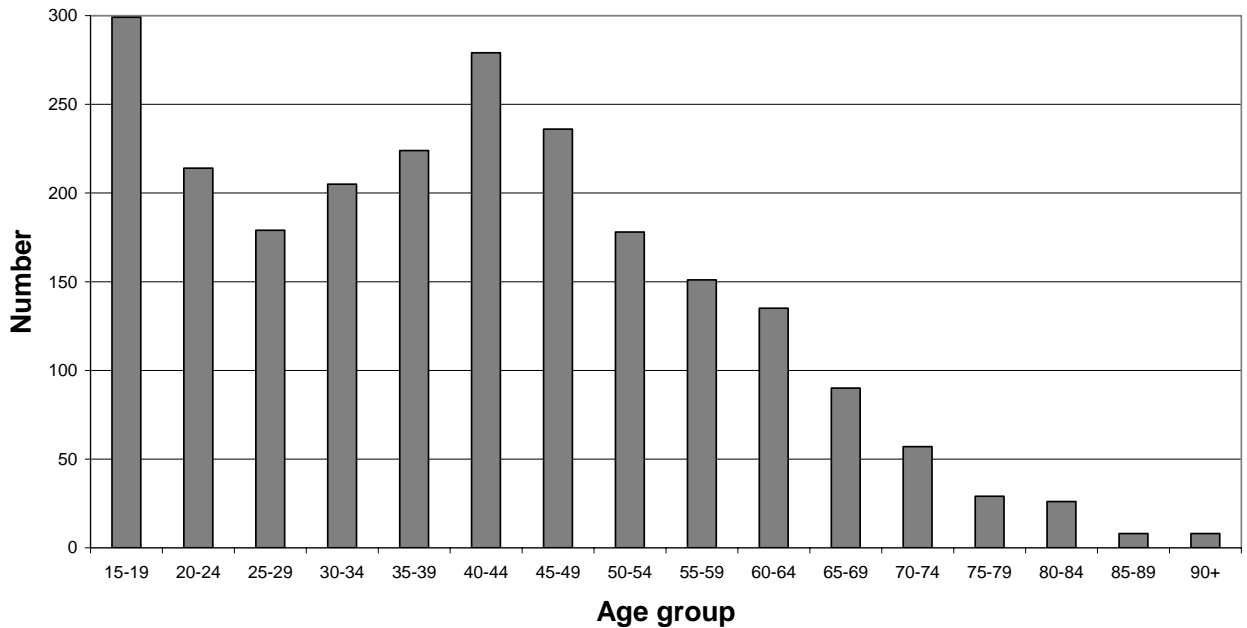
The age profile of people with a moderate and severe learning disability in Sheffield shows a rise in the numbers of young people with a learning disability – in line with national evidence that more children are surviving into adulthood with major disabilities and complex needs.

There is also a large 'bulge' in the numbers of people with a learning disability aged 35 to 50 – the post World War Two 'baby boom' generation. Many of these people are living at home with older family carers – in Sheffield there are currently 400 people with a learning disability living with carers aged over 65.

¹ 'Transforming people's lives – how it can be done'. Learning Disabilities Task Force, September 2004

² 'Pressures On Learning Disability Services: The case for review by Government of current funding', (ADSS, October 2005)

**Age profile of people with a learning disability in Sheffield
(Sheffield Case Register, 2007)**

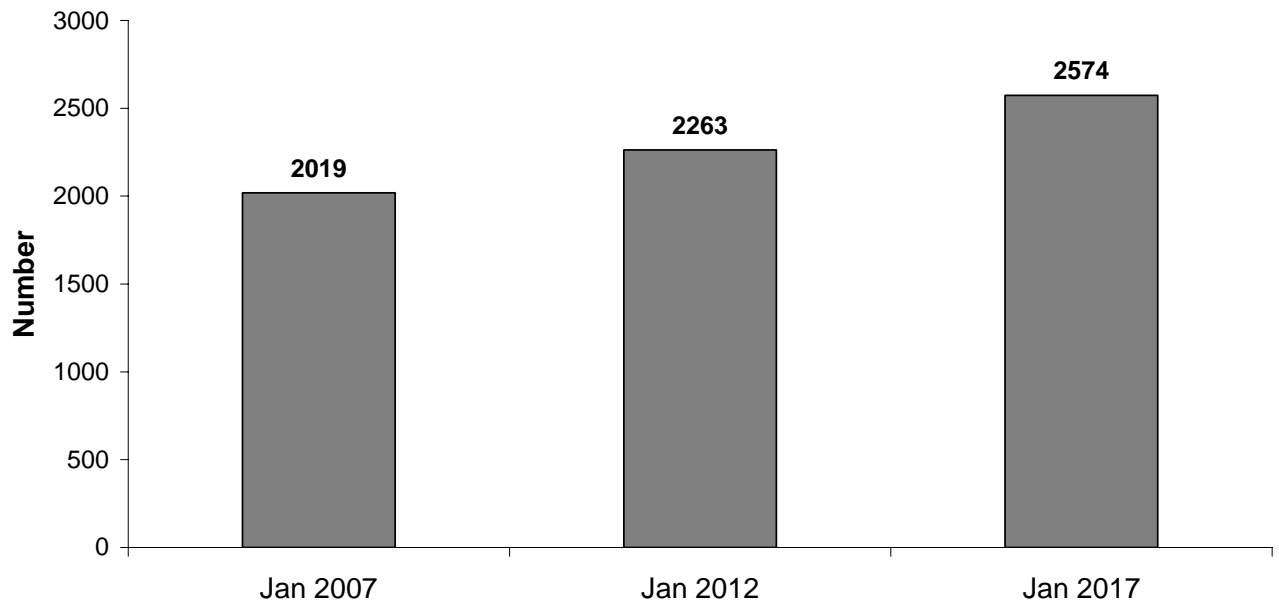


3.7. How will the numbers change over the next ten years?

We have used information from the Case Register to predict how we expect the numbers of people with a moderate and severe learning disability in Sheffield to change over the next ten years. This is based on the current population, age specific information on new referrals to the register, and age specific mortality rates. Projections of the change in numbers based on this modelling approach ten years ago have proved reliable.³ Using this approach, we estimate the overall number of adults (over 20) with moderate and severe learning disabilities in Sheffield will increase by 27%, from 2,019 now, to 2,547 by the year 2017.

³ *Future Demand for Residential Provision for People with Learning Disabilities*, Parrott, Emerson, Hatton, Wolstenholme, Hester Adrian Research Centre, 1997

**Projected increase in number of adults (20+)
with a learning disability in Sheffield - 2007 to 2017
(Sheffield Case Register, 2007)**



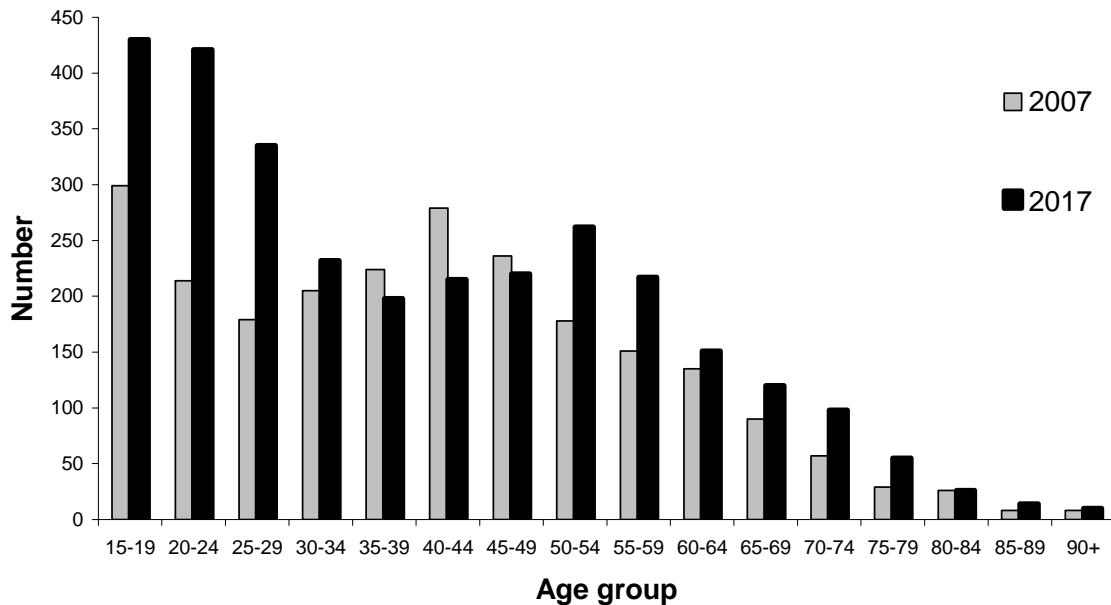
However, the change will be complex. We have used Case Register information to predict how the age profile of the population of people with moderate and severe learning disabilities will change over the next ten years. This shows three main changes: between now and the year 2017, we predict

- a 90% increase in the number of young people with a learning disability age 20 to 30 (from 390 to 750);
- a 45% increase in the number of 50 to 60 year olds with a learning disability (from 330 to 480) as the current 'baby boom' generation of people with a learning disability grow older;
- a 48% increase in the numbers of over 65s with a learning disability (from 218 to 323).

These projections do not take account of any further improvements in the health and wellbeing of people with a learning disability. However, we hope and expect that there will continue to be improvements.

It is anticipated that these increases in numbers will increase the level of need for care and support services. Further work is needed to develop detailed projections, and to estimate the likely level of increased need for services, and increased costs.

Projected change in age profile of people with a learning disability in Sheffield by age group - 2007 to 2017 (Sheffield Case Register, 2007)



3.8. People living with family carers

Sheffield Case Register records approximately 840 adults with a moderate and severe learning disability living with family carers in Sheffield. As the numbers of children entering adulthood increases over the next 10 years, the number of adults with a learning disability living with family carers will increase. The amount, range, and flexibility of support to carers will need to increase at the same time as services for people with a learning disability themselves.

3.9. Older family carers

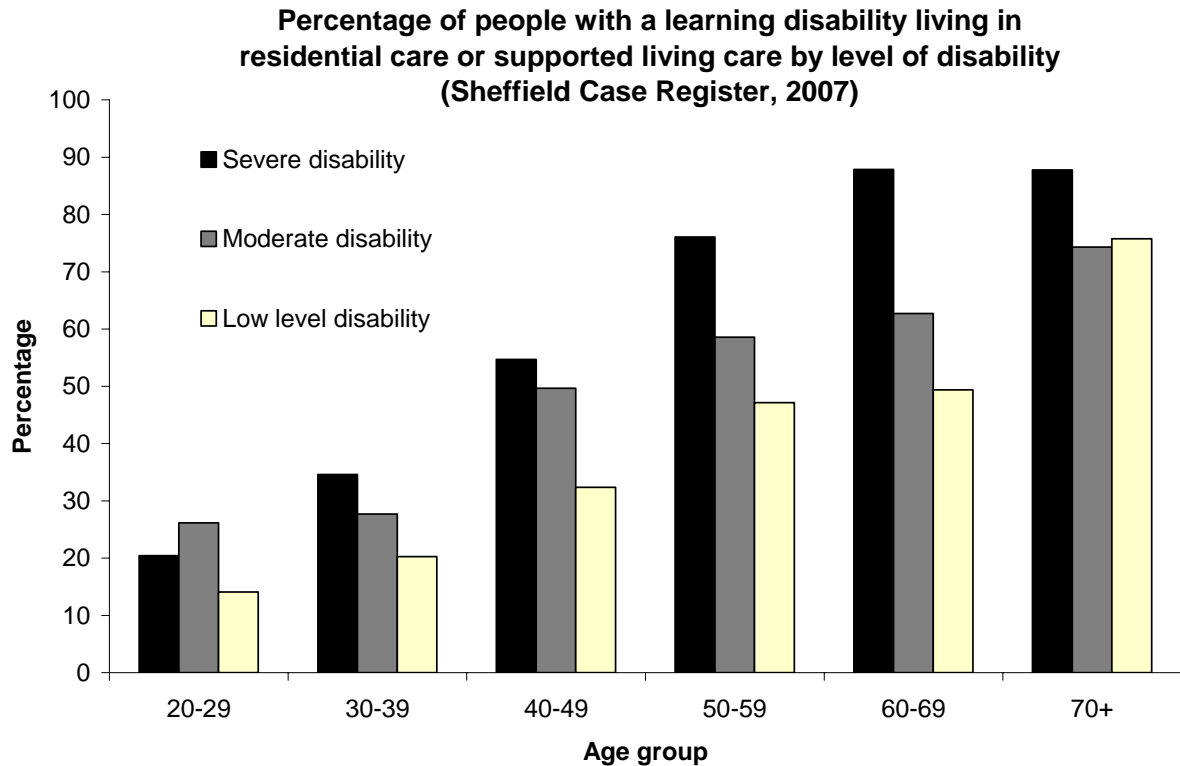
As the evidence has shown, over the next ten years there will be an increase in the number of people living with older family carers. We have evidence that support many older families have had little contact with statutory services, and that many have not made plans for the future. We also have evidence that support for older family carers to plan for their future leads to better outcomes that are more cost effective.

3.10. The need for support away from the family home.

As people with a learning disability grow older, they are less likely to live with their families. By the age of 60, three quarters of all people with a learning disability have left the family home. People move on for many reasons. Many people (and their families) want to move on at the same age as others in the population, and live independently of their families. Other families choose to continue caring at home for their adult sons and daughters, with people moving on when the time is right, or if their families are unable to continue caring at home. There is also clear evidence people with more severe disabilities (people with severe physical, continence and/or behaviour difficulties) are more likely to move on from the family home at an early age, and are more likely than other people with a learning disability of the same age to live in residential, nursing care and supported living services.

The chart below shows the how the proportion of people living away from their families in residential, nursing care and supported living services increases as people get older,

and is higher for people with more severe levels of disability.



This evidence indicates level of services needed to support people to live away from the family home will increase over the next ten years. There are several reasons.

- As the number of younger people (and young people with complex needs) increases, and as the current group of younger people grow older, an increasing number of young people will need supporting away from their families.
- As the current 'baby boom' generation of people living with older family carers grows older (we predict a 45% increase in the number of 50-60 year olds over the next ten years) the level of need for care away from the family home will increase.
- There is considerable anecdotal evidence that many of the current generation of older family carers based their choices to care at home on the assumption they would outlive their sons and daughters. Younger family carers do not hold these assumptions, having expectations that their sons and daughters will leave the family home at an earlier age. Therefore the need for support away from the family home now happens earlier than in previous generations. These changed expectations will have the effect of further increasing the level of need for support away from home.

There is clear evidence of the economic contribution of family carers. Recent research by the University of Leeds for Carers UK⁴ indicates carers saved the UK £57 billion in 2002, with the average carer saving the nation over £15,260 a year. The need for increased care for people with a learning disability away from the family home will therefore significantly increase pressure on social care resources. This will be compounded by the need for more intensive (and costly) services for the increasing number of people with more complex needs requiring care away from the family home over the next ten years. As with our overall projections, further analysis is essential in

4 *Valuing Carers – calculating the value of unpaid care*, Carers UK, 2007

order to form an accurate forecast of the impact of this over the next ten years.

3.11. People with a learning disability from black and minority ethnic communities

The 2001 census indicated there were 45,000 people from black and minority ethnic groups in Sheffield - 9% of Sheffield's population. Whilst the overall population showed a decline of 6,900 from 1991 census, the black and minority ethnic community increased by 15,000 (nearly 50%). Sheffield's largest black and minority ethnic group is Pakistani with 16,000 people. The second largest group is Black Caribbeans with 5,200.

In line with the overall population, the proportion of people with a moderate and severe learning disability from Sheffield's black and minority ethnic communities is increasing. Whilst 7% of people with a learning disability over age 18 in Sheffield are from black and minority ethnic communities, the proportion of those aged under 18 is 17%. Over the next ten years the number of people with a learning disability from Sheffield's black and minority ethnic communities will therefore increase significantly.

This reflects the changing ethnic profile of Sheffield's overall population. In addition, the proportion of young people with profound and multiple learning disabilities from local black and minority ethnic communities is double that in the general learning disabled population. Whilst 17% of children and young people with a learning disability known to the Case Register are from black and minority ethnic communities, 37.5% of those with profound and multiple learning disabilities are from black and minority ethnic communities.

A high proportion of people with a learning disability from black and minority ethnic communities are from Sheffield's Pakistani Muslim community. However, the numbers of people from the Pakistani community accessing services is lower than expected, given the high level of need. Recently, there have been positive developments to address this: black and minority ethnic community link workers have improved information, awareness and access, and the development of culturally appropriate day time opportunities and short break services. It remains a high priority to make sure people from all communities have equal access to services that meet their cultural and religious needs. This is particularly important for people with profound and multiple learning disabilities who have high levels of personal and intimate care needs.

3.12. People with specific additional needs

Within the overall change in numbers and the changing age profile of the local population, we can also identify some specific changes. These will also increase the level of need for health and social care supports.

3.13. Young people with complex needs

The number of young people with a moderate and severe learning disability in Sheffield is increasing rapidly and significantly. In the last 5 years the overall number of 15-19 year olds with a learning disability in Sheffield increased 57% (from 167 to 262) and the number of 10-14 year olds increased 74% (from 198 to 345). As we have shown, we expect this number to further increase by 90% in the next ten years.

Within this increase, we can expect the number of 20 to 25 year olds with the most complex needs to increase by around 20% over the next five years. Using 'Social and

Physical Incapacity' diagnostic ratings recorded by Sheffield Case Register, 120 young people aged 15-19 are identified as having severe levels of disability (this includes young people with severe physical, continence and/or behaviour difficulties). This is 22% higher than the current number of 20–24 year olds with a severe disability. In addition, there are a further 70 young people with a learning disability aged 15-19 who have not yet had an assessment of the nature and severity of their disabilities.

3.14. Young people with profound and multiple learning disabilities

Within the increase in number of young people with complex needs, the number who have the most 'profound and multiple learning disabilities' is also increasing. Recent research by the Joint Learning Disabilities Service found that 40 young people aged 14 to 19⁵ had 'profound and multiple learning disabilities' (based on the World Health Organisation's definition). This is a significantly higher prevalence than older age groups.

The research revealed an unprecedented level of health and social care need, predicted to further increase as the young people enter adulthood. People were found to need high levels of primary and acute health care, as well as support from specialist learning disability services. The research highlights a need to address the implications for the funding and service design of primary and acute health care as well as for specialist learning disability health and social care services. A key challenge is to make sure the needs of people with profound and multiple learning disabilities are met within local and inclusive community based services.

3.15. People with complex autism

At the same time the number of people diagnosed as having complex autism is also increasing significantly. The Case Register uses a definition of 'Pervasive Developmental Disorder' that includes diagnoses of autism, Rett's syndrome and Asperger's syndrome.

Based on work carried out for Sheffield's autism strategy, we estimate 410 (14%) of people with a learning disability are currently registered with this diagnosis. The highest proportions are in the youngest age groups: 32% of 0-9 year olds, 28% of 10 to 19 year olds and 17% of 20 to 29 year olds. The smallest proportions are in the older age groups. This is likely to reflect trends in diagnosis: up until about 10 years ago, few adults were formally diagnosed. The figure of 410 is therefore likely to under-estimate the true number. The actual number in Sheffield is more likely to be between 500 people (17%) and 900 people (32 %).

We need to make sure there is a sufficiently wide and flexible range of services to meet the needs of autistic people within Sheffield. In particular, we need to make sure people whose autism currently leads to them experiencing restrictive practices or exclusion from local supports can have their needs met within local, inclusive community based services.

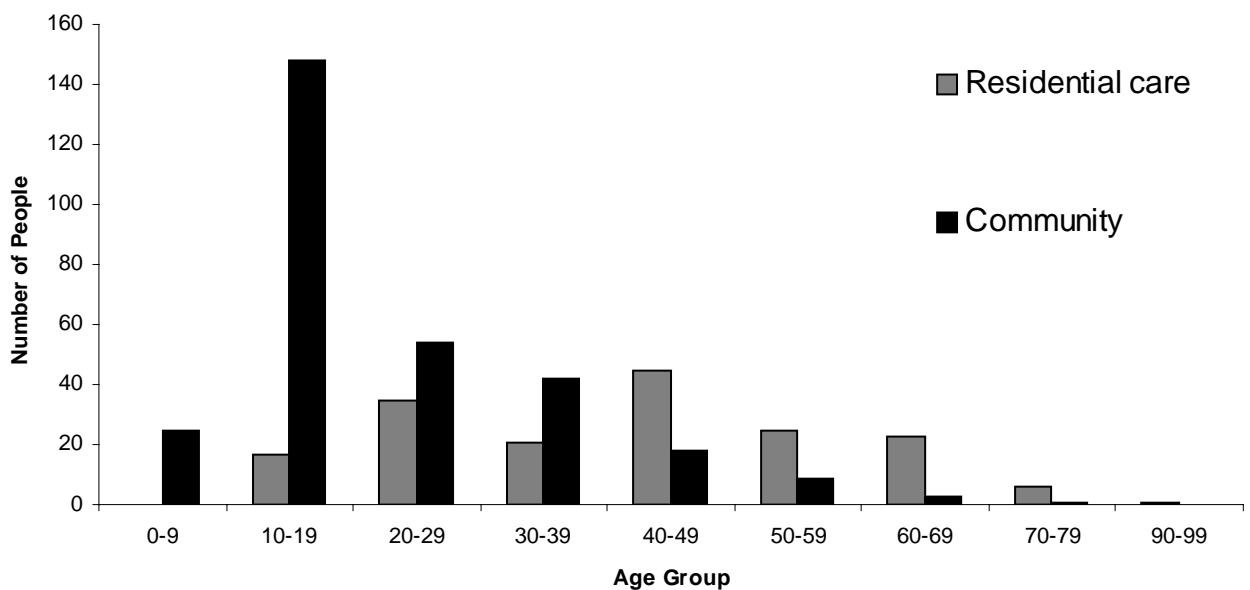
⁵ *Young people with complex needs: implications for adult services.* Sheffield Joint Learning Disabilities Service, 2006

3.16. People with a learning disability whose carers and/or services are challenged by their behaviour

Nationally, it is estimated that between 10% and 15% of people who are supported in learning disability services have behaviours considered to cause a serious management problem, or which would do so without specific measures being in place⁶. The Case Register includes a category of 'severe behaviour' difficulties. This includes people who severely self injure, are regularly violent, or regularly damage property and/or furniture.

Case Register information shows that by far the largest group of people with recorded 'severe behaviour difficulties' is the 10-19 age group. The extent of the challenge this will pose to adult services over the next ten years will depend on the extent to which behaviour problems are specific to childhood, and can be expected to diminish with age. However, health clinicians consider it probable that the numbers of adults with severe behaviour will rise significantly over the next ten years.

Number of people with severe behavior difficulties - in residential care and living in the community (Sheffield Case Register, 2007)



People with severe behaviour difficulties are more likely than other people with a learning disability to live in residential care or supported living. By their forties, most people with severe behaviour difficulties (67%) are living in residential or supported living services, whereas for the overall local population of people with a learning disability, most people are still living with their families. People whose carers and/or services are challenged by their behaviour are also more likely to live in services out of Sheffield. We predict a significant increase in the number of people whose carers and/or services are challenged by their behaviour needing support away from the family home over the next ten years.

⁶ *The prevalence of challenging behaviour*. Emerson E et al. (1997) University of Manchester: Hester Adrian Research Centre.

Care for people whose carers and/or services are challenged by their behaviour is highly skilled, staff intensive, and costly. There is a need for local multi-professional/multi-agency approaches, and a skilled local workforce that can meet the specific needs of people who present challenges.

3.17. Older people with a learning disability.

People with a learning disability are living longer and getting older. In the last 10 years there has been a 60% increase in the number of people aged 60-70 with a learning disability in Sheffield. As shown in our projections, we estimate the number of over 65s will increase by a further 48% over the coming ten years. This not only reflects the improvements in life expectancies for the general population, but is also clear evidence of an overall improvement in the health and wellbeing of people with a learning disability.

Services report increased pressure on staff and other resources as people become elderly. Services also report an increasing need for ground floor or accessible accommodation as people's mobility needs increase. In addition, as people are living longer, the level of turnover in services is falling, further increasing pressure on resources.

There are higher incidences of early onset dementia associated with people with a learning disability, in particular people with Down's syndrome. Best practice is for learning disability services to develop the skills to meet people's changing needs in familiar settings, including making best use of specialist health support.

Our strategic and service planning will need to respond to the changes in need as people grow older, and the increasing pressure on resources.

3.18. Housing needs

In 2006 the council carried out a Housing Needs Assessment Survey⁷ for all adults with a moderate and severe learning disability known to the Case Register. This asked a series of questions about people's future needs and wishes for housing, and when their needs might change. Approximately 700 people (38%) responded. This has provided rich information on the types of support services, and the range and location of accommodation that people want in the future.

Key findings are that most people are hoping to access mainstream housing options, that most people want to remain in their current familiar neighbourhoods if and when they need to move, and that there is a strong interest in housing solutions that also develop and maintain social networks. It also identified the need for isolated people to meet and make friends with others in similar situations before they need to move, to help them live with or near them in the future. The survey results are presented in full in the Housing Needs Survey Report.

⁷ *The Housing needs of people with a learning disability in Sheffield*, Sheffield City Council, 2007

3.19. What do local people say they need?

Throughout all our consultation and partnership work, people with a learning disability and their families have said what they want from their lives, and how they want services to support them. In the Sheffield consultation 'Which Way for the Future?' (2003) people with a learning disability, family carers and people who provide services said how they want services in Sheffield to develop in the future. This was set out in the report 'This Way for the Future' (2003). In summary:

People with a learning disability said the important things are:

- to be treated with respect
- to be safe
- to have a voice
- to be part of the community
- to have choices and control
- to get a job
- to have good information
- to have good support
- to have communication that works
- to have support for change

Family carers said the important things are:

- long term relationships with services help at the right time and right place
- involvement with services
- to be able to plan ahead
- joined up services
- quality services
- good community services
- carer needs considered
- good information and communication

People working in services said the important things are:

- good services that meet people's needs
- to move services forward
- to have job and career security
- to work in partnership
- to be valued

People managing and commissioning services said the important things are:

- to work in partnership
- to have good forward planning
- effective use of resources
- good information

In service planning groups, people with a learning disability and their families have told us what they want from particular services (such as day time opportunities, employment, short break services or accommodation and support services). They have also said how they want services to meet the needs of particular groups of people (such as autistic people, people with profound and multiple learning disabilities and people from minority ethnic communities). These are set out in more detail in separate strategies.

A further outcome of the consultation and partnership work in Sheffield has been the consistent call for Sheffield's services in all sectors – statutory, voluntary and private - to develop clear, consistent and citywide standards, and to work in partnership to make sure services are person and family centred.

3.20. Conclusion

The level of need for services for people with a learning disability has increased significantly over the last ten years, and will continue to increase significantly over the next ten years. There has been a sustained pressure on resources which will continue. Over the next ten years, the range of social, health and cultural needs will widen: services will need to adapt and change to meet these challenges.

4. What do we have now, what are the issues, and what are our plans?

The over-riding challenge over the next five to ten years is to meet increasing and changing needs and expectations of local people with a learning disability and their families, deliver the right outcomes and offer the best quality and value within limited resources.

Our strategy will support best value, high quality, personalised and self directed approaches. It will seek to improve access to the whole community. The strategy will improve our partnerships, improve the commissioning of services, improve the support for people with specific needs and modernise services in all sectors in the city.

4.1. Partnership with all stakeholders

What do we have now?

People with a learning disability and their families tell us that strong partnership working is essential. The Learning Disabilities Partnership Board provides the focus for joint working across health and social care and the wider city partnership. It seeks to provide direction and leadership for learning disability services and for the Local Implementation Team for Valuing People. The Board has representation from all key stakeholders – elected members, people with a learning disability, family carers, the Council, local NHS Trusts, other public sector services and a range of independent sector organisations. All key decisions concerning specialist local health and social care services for people with a learning disability and their families are advised by the Partnership Board. The Board is committed to involving people with a learning disability and their families, and other stakeholders in all its work - developing services, monitoring outcomes, and campaigning on key issues.

People with a learning disability are represented and supported in partnership working by the self advocacy organisation '*Speaking Up For Action*', and other local self advocacy groups. Young people in transition have a voice at the Partnership Board through the '*Soul and Fame*' group. Family carer representatives are supported through Sheffield Sharing Caring Project. Voluntary Sector organisations are represented through the Voluntary Sector Learning Disability Partnership Network, supported by Voluntary Action Sheffield.

Certain local and national priorities for people with a learning disability - such as adult learning – do not fall within the direct remit of health and social care and health commissioning. The Partnership Board delivers its responsibilities to meet these priorities through partnership working with other organisations as and when appropriate.

The effectiveness of partnership working is monitored by the Partnership Board's Consultation and Partnership Group. This meets regularly to oversee and advise on partnership working and reports to the Partnership Board.

What are the issues?

The range of needs of people with a learning disability and their families, and the range of services and organisations involved, means that strong partnership working is essential. Delivering the changes we need will take commitment and leadership across the partnership. There is a need to continuously improve partnership working with all stakeholders if we are to make the changes.

The Partnership Board has been focus for partnership working, we know there is real

scope for improvement. It is also a current Valuing People priority to improve the effectiveness of Partnership Boards. A key priority is make sure the views of *all* people are represented, including people with complex needs, and from marginalised groups in society.

The current focus of partnership working is on specialist learning disability services. If we are to help people with a learning disability and their families achieve full social inclusion we need to make sure our partnerships reflect the widest range of needs – in particular, improving access to mainstream services and opportunities. It is a priority to make sure the Learning Disabilities Partnership Board has effective links to the right citywide partnerships to support social inclusion in all aspects of people's lives.

What are our plans?

We plan to set up a group of people to lead the changes we need to make. This will be a representative group, with people with a learning disability and family carers at the centre. It will include representatives of public, voluntary and independent sector providers, health professionals, trades unions, and human resources.

We plan to review and improve the way the Learning Disabilities Partnership Board works, and raise the standards for partnership, involvement and representation.

We plan to widen our partnership working beyond specialist learning disability services. We will make sure the needs of people with a learning disability and their families are included in the whole range of citywide partnerships and developments.

We plan to monitor the effectiveness of all our partnership working through the Consultation and Partnership Group.

4.2. Partnership in commissioning health and social care services

What do we have now?

Health and social care services for people with a learning disability are commissioned and provided by a range of organisations. The Local Authority leads the commissioning partnership for learning disability services, in line with national policy. The Council's Neighbourhoods and Community Care Directorate commissions a wide range of personal social care services for people with a learning disability. Eligibility for adult social care services is set out under the 'Fair Access to Care Services' (FACS) criteria. In Sheffield eligibility is currently at the *Substantial and Critical* levels of risk to independence to ensure effective targeting of care for those with the greatest level of need.

Sheffield Primary Care Trust (PCT) commissions the specialist health services for people with a learning disability delivered by Sheffield Care Trust. It also commissions a range of accommodation and support services: some of these were established in the mid 1970s, and some were established at the closure of Sheffield's long stay learning disability hospitals. The PCT also funds a number of individual continuing health care placements. The Council and PCT commissioners have pooled the funding for commissioned accommodation and support services through a Section 31 (Health Act 1999) Agreement for the provision of integrated services. These are now commissioned and managed through the Pooled Budget Management Group, led by the Local Authority.

The Housing Independence Service is a major commissioning partner with the Local Authority and PCT, responsible for managing the Supporting People budget for

supported living services. A joint commissioning approach is developing with proposals for Supporting People funding for learning disability services to link into the Pooled Budget.

The commissioning and procurement of new housing to support increased supported living opportunities is developing through new partnership agreements with a range of local general and specialist housing providers. In recent years we have gained new experience in helping people with a learning disability access shared mortgage arrangements with housing providers.

Sheffield has an allocation of Learning Disability Development Fund (LDDF), provided to support the changes required under Valuing People. Commissioning priorities for the LDDF are agreed by the Partnership Board and administered by the Local Implementation Team (LIT) whose members include Sheffield PCT, Sheffield Council, Sheffield Care Trust and Sheffield Teaching Hospitals Foundation Trust.

The Independent Living Fund (ILF), administered by the Department for Work and Pensions Opportunities provides funds directly to people who meet its criteria. ILF awards allow people to fund and arrange their own services. Sheffield's policy is to require ILF awards are taken up by everyone who is eligible.

What are the issues?

Government expects local councils and NHS organisations to develop joint strategic approaches to the needs assessments of local people and the commissioning and leadership of service development. There is scope to further develop and improve joint approaches to commissioning of services, with stronger partnerships between the Council and the PCT.

The majority of accommodation and support services in Sheffield are commissioned by a combination of Social Care, PCT and Supporting People funding. There is a need to make sure that the commissioning and contracting for accommodation and support services is strategically managed in partnership between the three commissioners. A joint approach will make sure services develop coherently, and will improve the partnership between commissioners and providers.

What are our plans?

We plan to develop and improve joint approaches between health and social care for commissioning services for people with a learning disability and their families. We will work with Sheffield PCT to develop a joint strategic needs assessment, and explore new ways of working together to improve the outcomes for people.

We plan to develop a joint approach between Adult Social Care, Sheffield Primary Care Trust and Housing Independence Service, in the commissioning, monitoring and development of accommodation and support services.

4.3. Partnership in providing services

What do we have now?

Learning disability services are delivered by a range of local organisations through a range of commissioning and delivery arrangements.

The key partnership for delivery of specialist learning disability services is the Joint Learning Disabilities Service. This brings together the Council's Learning Disability Service and Sheffield Care Trust's Learning Disability Directorate. The Head of the

Joint Service is the lead commissioner for learning disability services and the Valuing People Lead Officer. The Joint Service delivers the statutory functions of Assessment and Care Management, and provides a range of specialist health support services – Psychiatry, Psychology, Occupational Therapy, Physiotherapy, Speech and Language Therapy, Community Nursing, and both in and out patient Assessment and Treatment services. It directly provides daytime opportunities, accommodation and support services, and short break services. The Care Trust also provides Sheffield Case Register. The Joint Service is developing an integrated management structure to improve overall coordination of service delivery and outcomes for service users.

Contractual arrangements are in place for the purchase of registered residential care (including short breaks), supported living and home support. Services are commissioned through both 'block' arrangements, or may be 'spot' purchased. People can access services through Direct Payments: Sheffield's performance on Direct Payments for people with a learning disability is amongst the best in the UK.

The voluntary sector plays a significant role in the provision of services from residential care, supported living and day opportunities to advocacy and advice. Some Voluntary Sector organisations access funding from a combination of different sources – Council contracts, LSC contracts, Lottery and Charity Grants, and in some cases European funding.

What are the issues?

Over the next ten years, the challenges of meeting the increasing needs and expectations of local people, within limited resources will require significant change and development for service providers in all sectors. Self directed support will require new arrangements between commissioners, care managers, financial services, service providers and people with a learning disability and their families. All services will need to develop in ways that increase efficiency. Local providers will need to develop new approaches to help people with the most complex needs have a good life. This is increasingly likely to involve providers working in partnership with each other as well as with people with a learning disability and their families and commissioners.

However, there is currently no forum that brings together learning disability service providers in all sectors in Sheffield, to share information, resolve issues and develop services. There is a clear need to develop a partnership with and between providers.

What are our plans?

We will establish a learning disability 'provider forum' for Sheffield. This will link to a new citywide social care provider forum. It will improve communication with and between service providers. It will help develop services and practice in partnership, in ways that meet people's expectations, that are in line with this strategy and over timescales that are realistic.

4.4. The right resources, finance and funding

What do we have now?

Nationally, increasing demand on learning disability services is increasing the pressure on financial resources. The Association of Directors of Adult Social Services/Local Government Association Treasurers Budget Survey Report 06/07 reported significant demand/volume pressures across all adult social care services, but notably for care placements for people with learning difficulties (reported by 82 per cent of councils). It also reported significant unit cost pressures across all adult social care

services, but like demand/volume pressures, most notably in care placements for people with learning difficulties (reported by in 64 per cent of councils).

The Association of Directors of Adult Social Services also reported that despite no direct recognition of the numbers of people with learning disabilities in 'Formula Spending Share' formulae or funding settlements, local authorities have increased the amount they spend on people with learning disabilities by 96% between 1995/6 and 2003/4. In the same period NHS spend on people with learning disabilities was reduced despite rising numbers, placing further pressure on social care budgets.

In 2006/07 the total combined expenditure by Sheffield Council and PCT on health and social care services for adults with a learning disability was approximately £50m. Sheffield City Council expenditure was £37.7m (including £7m of Supporting People Grant, the Carers Grant allocation of £300K and Learning Disability Development Fund allocation of £644K). Total PCT expenditure was £16.3m. This includes investment in Sheffield Care Trust of £13.8m and an additional £2.5m of additional purchasing for individuals.

In recent years, the overall financial position in Sheffield has improved relative to its comparators. Sheffield Council significantly increased the proportion of its Social Services Budget spent on adults with a learning disability from 7% in 1999/2000 to 12% in 2005/06. This brought Sheffield broadly into line with other Metropolitan Districts (13%) and other English Authorities (14%).

	1999/2000	2002/03	2004/05	2005/06
Sheffield	7%	10%	12%	14%
Met average	13%	14%	13%	-
English average	15%	17%	14%	16%

Sheffield's rate of increase in the proportion of its Social Services Budget spent on adults with a learning disability has been amongst the highest of all English authorities – increasing 45% compared to the average of 16% for the top quartile.

This increase is reflected in the proportion the overall Council Budget spent on adults with a learning disability –increasing from 1.7% in 2003/04 to 3.4% in 2007/08. As a result of the increases over recent years, Sheffield is closing the gap in comparison with other authorities spending on learning disability services, though we recognise the gap is not yet fully closed.

Over the last five years, expenditure on the Council's directly provided learning disability services has remained relatively constant (other than inflation). However, spending on independent sector services and Direct Payments through the Learning Disability Purchasing Budget has risen consistently over the last five years. This is now the single largest area of spending on social care services for people with a learning disability.

In 2006/07 Council spending on learning disability services was

- £18.2m on services purchased from Independent Sector providers
- £9.8m on directly provided council services (accommodation, short break and day services).
- £7m Supporting People funding for supported living services
- £2.7m on fieldwork services, development services and management.

What are the issues?

The increase in numbers of people eligible for social care services, and the increasing complexity of people's needs has placed sustained pressure on resources for people with a learning disability. In the last ten years, national expenditure by Councils on learning disability services has doubled from £1.5 billion in 1996 to £3 billion in 2006⁸. In 2006 the NHS spent £2 billion. Our needs analysis indicates that the factors underlying the increase in demand over the last ten years demand will continue and increase over the coming ten years. The move towards modernised and more personalised services, away from larger institutionally based services has also increased costs. However, health and social care resources are not expected to increase in line with the increase in demand. In addition, it is anticipated there will be long term reductions in the overall Supporting People budget as part of reductions in the national programme.

Funding reductions elsewhere in the learning disability 'partnership' (eg reduction in LSC funding for adult learning for people with a learning disability, the winding down of certain European funding streams and changes to National Lottery priorities) have reduced capacity in other sectors. Where this has led to increased risk to people who are eligible for support under local eligibility criteria, these reductions have increased pressure (and expenditure) on social care budgets. Further anticipated funding difficulties in these sectors over the coming years risks increasing the pressure on social care budgets.

The pressure on resources is an over-riding challenge to the commissioning of learning disability services for the next ten years. The *Getting to Grips with the Money* programme is working with councils nationally to identify the key issues, develop new approaches that increase efficiency and share best practice.

Analysis of the Learning Disability budget indicates that approximately 66% of the increase results from new spending for adults with a learning disability, and approximately 33% from young people moving through transition into adult services.

What do we plan to do?

We plan to carry out further detailed analysis of the needs of local people with a learning disability, how these will change over time, how these affect demand for services, and how they will affect the level of resources required. We will use this information to develop detailed longer term commissioning plans for health and social care services.

We plan to implement a range of actions to manage the Purchasing Budget efficiently, and reduce costs of purchased services. We will work with service providers to develop shared approaches. Where it is helpful, we will work with other authorities in the Yorkshire and Humber region to implement regional approaches to managing the costs of high cost services. This will include implementing a Fair Pricing Tool for high cost residential and nursing care placements.

We plan to take a systematic approach to making sure more people can access mainstream and universal services. This will reduce people's reliance on learning disability services and promote social inclusion. We plan to link with other citywide

⁸ *Commissioning for adults with learning disabilities*: Care Services Improvement Partnership, 2007.

bodies to maximise people's access to mainstream services and opportunities. We will also work with the self directed support programme to maximise people's access to natural supports.

We plan to systematically seek opportunities to use local information to contribute to national policy through relevant networks - including the Association of Directors of Adult Social Services, the Valuing People Support Team, In Control, the Regional Centre of Excellence and the Care Services Improvement Partnership.

4.5. Choice and control

What do we have now?

People tell us they want much more control of the services they receive, and have services that are as personalised as possible. For many years, Direct Payments and the Independent Living Fund have provided means of achieving this, but further approaches are required if significantly more people are to have control over their services in the future. The major initiative supporting this over the next ten years will be the development of self directed support. Under this approach, people who are eligible for services will be given an indicative cash entitlement – a 'resource allocation' - at the start of their planning process to inform how much money they will have to meet their needs. Their resource allocation may combine several sources of funding – social care, Independent Living Fund, Supporting People, Access to Work, and Disabled Facilities Grant. People will be able to use their resource allocation to plan and manage their own support.

Sheffield has already developed experience and learning in self directed support through a New Partnerships pilot. Sheffield is a member of the national In Control programme, a partnership between families, individuals, services, local authorities, Government and many other organisations, which supports the implementation of self directed support.

Sheffield is working with the national In Control programme with the aim of implementing self directed support across all adult social care groups in the next two to three years. The Learning Disability service will be working with people who have a learning disability, families, providers and others to achieve this vision.

What are the issues?

Self directed support will radically change the way social care services are organised. Early evaluation of In Control Pilots indicates that most people choose less institutionalised supports than they received under traditional ways of accessing services, and that the average costs of the services are lower.

To help individuals, their families and friends plan their support, new roles - such as support planning and service brokerage - will be introduced. The role of the local authority in commissioning, contracting, care management and monitoring quality will change.

Service providers will need to change the way they organise and deliver services. Self directed support will have different implications for services depending on the way in which they are currently commissioned. Different approaches will be needed for directly provided services, block contracted services, spot purchased services and jointly commissioned services.

In the context of increasing demand for services within limited resources, self directed support must help make sure people's needs are met within the available resources.

What do we plan to do?

We plan to work through Sheffield's Self Directed Support Programme to make sure self directed support is available for all people with a learning disability and their families who want it. We will implement formal arrangements for working with all stakeholders. We will work with the wider community to make sure self directed support improves opportunities for people to have natural support from their families, friends and communities. We will work in partnership with providers to make sure self directed support is based on sustainable high quality services. At the same time we will make sure that people with a learning disability and their families who want to access services in traditional ways, can continue to do so.

4.6. Person-centred planning

What do we have now?

Valuing People emphasises the importance of person centred planning, choice and control. Resources are identified for person centred planning coordination to make sure structures are in place to support person centred planning facilitators and provide a comprehensive training programme. The adult learning disability service has invested in person centred planning facilitation for children and young people in transition, and for older family carers.

What are the issues?

The funding identified for person centred planning coordination has only been short term, which has created recruitment difficulties.

Training has been successful over the last few years, and there are a number of person centred planning facilitators across the Joint Learning Disabilities Service, and in independent sector organisations. However in Sheffield, as in other authorities, releasing people to undertake lengthy planning has proved difficult, as this requires 'back fill' funding to release staff. Where person-centred planning has been undertaken by paid facilitators, it has proved successful. The evidence from person centred planning for young people with complex needs in transition, and person centred planning for people living with older family carers is that this approach improves the quality and cost effectiveness of outcomes.

What are our plans?

We plan to identify resources for coordinating and developing person centred planning across all sectors on a permanent basis. Person centred planning post holders will work with new self directed support developments including support planning and brokerage systems. We also plan to develop systems to help individuals access person centred planning facilitation as part of the development of self directed support.

4.7. Good contracting arrangements

What do we have now?

Purchased services are procured through both 'block' and individual, or 'spot' contracting arrangements. The current purchasing of learning disability services is split approximately 50:50 between spot and block purchasing. The block purchasing is itself split between direct provision from Council and Sheffield Care Trust, and contracts with external providers. In addition there are a range of block (or partnership) contracts with local Third Sector Organisations, and for carers' services commissioned through the Carers Grant.

Over the last five years, the growth in expenditure on learning disability services has been almost entirely through spot contracts with independent sector providers of residential and nursing home care, supported living, home support and day time opportunities.

What are the issues?

Block purchasing of services (including 'directly provided services') allows commissioners to achieve economies of scale and best value, and gives security to providers. Block purchasing also allows commissioners to reconfigure and modernise services to meet changing needs and aspirations, and strategic priorities.

Spot purchasing from preferred providers with a demonstrable commitment to quality can provide wider choice. It also provides the flexibility for resources to follow individual need rather than be 'locked' within block contracts.

However, high levels of spot purchasing with individual providers risks losing the opportunity to achieve significant efficiencies. Spot purchasing also carries insecurity for service providers. There is a need to review our spot purchasing with independent sector providers and consider options for new partnership arrangements that provide efficiencies for commissioners security for providers and quality for service users.

What are our plans?

We plan to review our spot purchasing with independent sector providers. We will seek opportunities to develop improved partnership arrangements that increase the value for money for the city, provide greater security for service providers and increase the range and number of providers to increase choice.

4.8. Services based on outcomes

What do we have now?

Over the next ten years, services will increasingly move away from specific service models - such as day services, accommodation and support, home support - towards services based on outcomes that promote citizenship. The new Supporting People 'outcomes measurement framework' places outcomes at the centre of the commissioning and contract monitoring process. Self directed support will further strengthen the emphasis on outcomes – on having 'a good life' - rather than 'good services'.

What are the issues?

Current service specifications and contracting arrangements do not reflect the emphasis on outcomes. Further, 'non residential' learning disability community support services - supported living, day and outreach services – are currently procured through the home support service specification and contract model. This is unsatisfactory as the nature of community support is not reflected in the specification, or the contracting process for establishing preferred providers.

The development of outcomes based specifications and contracts will take time, and will involve close partnership working between commissioners and service providers.

What are our plans?

We plan to develop a new outcomes based approach to commissioning and contracting for services. This will include developing new service specifications and contracting processes. We will develop the new models by working in partnership with service providers in all sectors. This will build on the experience of Supporting People 'outcomes measurement framework'. We will also do this alongside the work to develop self directed support. We will do this over realistic timescales that allow for changes in service design and delivery.

4.9. Good quality

What do we have now?

Good quality service provision is of the highest priority for people with a learning disability, families, service providers and commissioners. A number of arrangements are in place for monitoring quality: these include external inspection by the Commission for Social Care Inspection (CSCI), and Supporting People Reviews. The performance of services provided under contract is reviewed regularly. Many services have their own specific quality standards (eg REACH standards for supported living services).

The Assessment and Care Management Review Team monitors the effectiveness of services in meeting individual need. The Assessment and Care Management Service reports performance on statutory performance indicators to CSCI.

Specialist health services have specific performance review, governance and audit arrangements. The Joint Learning Disabilities Service has developed its own Governance Framework that sets out seven 'domains' for monitoring the quality and performance of its specialist learning disability health and social care services.

The Learning Disabilities Partnership Board has developed its own Quality Assurance Framework to assess service quality against the expectations of local stakeholders.

What are the issues?

Although there are a range of quality assurance measures, there is currently no system for coordinating this work. There is also a need for processes that reflect the outcome for individual people with a learning disability of the wide range of services they may receive. Further, the Healthcare Commission's findings from its investigations in Cornwall and Sutton and Merton, raise additional important issues for commissioners relating to quality assurance and monitoring.

There is a need for resources to support the Partnership Board Quality Assurance Framework, as this has not been satisfactorily implemented.

What are our plans?

We plan to develop a quality assurance system for learning disability services in Sheffield. This will report to the Learning Disabilities Partnership Board. The quality assurance system will involve people with a learning disability and family carers in setting standards, monitoring and reporting.

We plan to prioritise areas for additional investment in quality assurance and where we need to increase our capacity to monitor and report on quality and raise standards. We will establish a Quality Assurance post to coordinate quality assurance in Pooled Budget commissioned accommodation and support services. We will evaluate this process and build further quality approaches across the wider range of services.

4.10. Assessment and Care Management

What do we have now?

The Assessment and Care Management Service carries out the statutory responsibility of Councils with Adult Social Services Responsibilities to assess the care needs of any adult who may require a community care service and, if their needs are eligible for services, agree a care plan and make arrangements for their needs to be met. The Care Management Panel decides on the funding of packages. Where people have needs for continuing health care, the funding of packages is agreed in partnership with the Primary Care Trust.

Currently, Access, Assessment and Care Management services are provided in two area teams - for the north and south of the city - and citywide access and reviewing teams, managed jointly with the Physical Disabilities and Sensory Impairment Service. There are close links with the Transitions Team based in the Children and Young People's Directorate. The Service also undertakes the statutory Adult Protection and specialist Mental Health social work duties.

Direct Payments and Independent Living Fund awards increase people's choice and control. Independent Living Fund awards increase the overall income for social care services to the city. The Assessment and Care Management Service has a policy of making sure every person has the opportunity of a Direct Payment. The Direct Payment and Independent Living Fund Team (based in the Assessment and Care Management Service) supports people in this, and Sheffield's performance on Direct Payments is strong. The service also has a policy of making sure everyone who is eligible for the Independent Living Fund takes up the award: Independent Living Fund coordinators coordinate this work, including supporting people's Independent Living Fund applications: again, Sheffield's performance on Independent Living Fund awards is strong.

What are the issues?

Over recent years, increasing demand, and the level of adult protection work has placed sustained pressure on the capacity of the Assessment and Care Management Service. As a result there is an increasing focus on crisis management. This is unsatisfactory for people with a learning disability and their families, and frequently results in more costly outcomes than those that arise from longer term person centred planning. Family carers have said they would like additional Assessment and Care Management capacity in Sheffield.

Self Directed Support will radically change the Assessment and Care Management process, and provide new opportunities for people to access person centred planning through the development of new arrangements for support planning and service brokerage.

In the 2003 consultation "Which way for the future?" local people with a learning disability and their families said they wanted services that are joined up and person centred. Outcomes for local people will be improved by joining the working of the Assessment and Care Management Service with the specialist health Community Learning Disabilities Teams.

People with a learning disability and their families also say they want a known contact point with services so they can have accessible and timely advice, information and support. Again, pressure of demand means the Assessment and Care Management Service is unable to provide the long-term low-level contact to deliver this.

What are our plans?

We plan to identify additional resources to increase the capacity of the Assessment and Care Management Service. This will include new roles and a new skill mix within the teams, based on recent pilots of care coordination.

We plan to join the two area Assessment and Care Management Service teams with the two specialist health services and create integrated Community Learning Disabilities Teams.

We plan to develop an approach for 'care coordination' - providing reliable long-term contact for every person with a learning disability in Sheffield. This may be undertaken by family and friends at one level, with professional support when necessary.

4.11. Good health: Community Learning Disability Teams

What do we have now?

People with a learning disability are more likely to experience a range of health problems – including chronic health problems, mental illness, epilepsy, physical and sensory impairment. It is a priority to reduce the health inequalities of people with a learning disability by making sure people can access mainstream primary and acute health care services. Community Learning Disability Teams are a key to promoting good health for people with learning disability, reducing inequalities and delivering high quality, evidence based care. They support health facilitation, health action planning and training and supporting colleagues in mainstream primary and secondary health services.

A range of health professionals provide specialist health support service through the Community Learning Disability Teams. These include Psychiatrists, Psychologists, Occupational Therapists, and Community Nurses. Speech and Language Therapists and Physiotherapists are employed by Sheffield Primary Care Trust as part of the community teams.

Community Learning Disability Teams directly support individuals or work closely with primary and secondary health services to make sure the appropriate services are accessed. Clinicians also undertake 'enabling work' with service providers, to create supportive environments that provide suitable approaches to promote good health and wellbeing.

Health Action Plans are the focus for identifying individuals' health needs. Health Action Planning is a key role for Community Nurses who both facilitate them directly, and support primary care services.

What are the issues?

Pressure on the services leads to demand exceeding the available resources, and to waiting lists for health assessments and interventions. Community Learning Disability Teams have a key role in delivering national and local priorities, and the skill mix of the teams must reflect the priority for specialist clinical services to meet the needs of people with profound and multiple learning disabilities, autism and challenging behaviour, as well as promoting access to primary and secondary healthcare.

What are our plans?

We plan to develop joint Community Learning Disability Teams. We will join the area Assessment and Care Management Teams with the health Community Learning Disability Teams to create integrated Community Learning Disability Teams – for the North and South of Sheffield. The teams will work as interdisciplinary teams to provide more efficient and ‘joined up’ approaches. The skill mix of the teams will be reviewed as part of the Department of Health’s ‘New Ways of Working’ agenda.

4.12. Good health: specialist clinical support

What do we have now?

The priority to support people close to home and to avoid hospital admission, has led to the development of specialist support that works in partnership with the Community Learning Disability Teams and Community Mental Health Teams. The Community Assessment and Intensive Support Service support people whose behaviours services find challenging, have additional mental health needs or a history or risk of offending. They offer advice and support to other professionals and those who provide day to day support as well as direct intervention with people and families. These teams provide

- early intervention (community based treatment and support)
- crisis resolution (preventing hospital admission by providing 24hour community based support)
- ‘assertive outreach’ (supporting people with complex needs within the community)

The specialist Mental Health Team has recently been established. This is a reconfiguration of services based on the Department of Health’s ‘New Ways of Working for Psychiatrists’ approach. It aims to provide an improved service for people with a learning disability with mental health needs, working closely with mainstream adult mental health services.

What are the issues?

Further development of these specialist support functions is central to our strategies to improve local support to people with complex and challenging needs, and reduce reliance on hospital or nursing home provision, and on out of city services.

What are our plans?

We plan to implement a strategy for working with people whose behaviours services find challenging. This will identify ways for the Community Assessment and Intensive Support Service to work alongside other services and support the ‘local services for local people’ agenda.

We plan to evaluate the effectiveness of the Mental Health Team with the aim of continually improving the level and quality of the service.

4.13. Good health: in patient services and secure services

What do we have now?

Whilst most people's health needs can be met in the community, a small number of people need access to a hospital bed for diagnosis and treatment. Sheffield Care Trust provides a 6 place in patient Assessment and Treatment Unit, and one emergency bed, on the Northern General Hospital site, for people whose behaviours services can find challenging. This provides assessment and treatment services, which support people to move on from hospital, and return to local community based accommodation and support services, or to their families. The service also supports people returning from out of city placements who need a period of assessment and treatment before returning to the local community.

For people with a learning disability with mental health problems, Sheffield Care Trust provides specialist in patient mental health services on the Maple Ward at the Northern General Hospital.

The Joint Learning Disabilities Service does not provide secure services for people with a learning disability. These are usually accessed out of Sheffield, and we are working with other authorities in the region (eg Doncaster and South Humber NHS Trust) to develop joint approaches.

What are the issues?

Hospital in-patient services are a choice of last resort: an acute mental health ward can be a difficult place to provide a therapeutic environment for people with a learning disability. However, there are situations when this is unavoidable. The Assessment and Treatment Unit successfully provides assessment and treatment for a small number of people. A small number of people have become 'stuck' in Assessment and Treatment services due to the lack of appropriate 'move on' provision. For people who are out of city, there needs to be prompt and active planning to help them return closer to home.

The HealthCare Commission reports into adult protection issues in the Cornwall and the Sutton and Merton NHS Trusts highlight serious failings and abuses resulting from institutionalised practices and stress the need for improvements in the commissioning and delivery of services. As a result the Healthcare commission commissioned a national self assessment audit of services for people with learning disabilities (2007), and inspected a range of health services for people with a learning disability. This included an inspection of Sheffield's Assessment and Treatment Unit. As a result of the audit, the Joint Learning Disabilities Service has identified a range of measures to improve service quality and governance.

What are our plans?

We plan to work together with neighbouring authorities to develop regional approach to mental health and secure services with a view to supporting people to return closer to home where appropriate.

We plan to implement the action plan for the Assessment and Treatment Unit following the national audit of health services for people with learning disabilities. We will improve the quality of in patient services and make sure there are robust and accountable governance processes in place.

4.14. Good transitions to adulthood for young people

What do we have now?

Successful transition to adulthood for young people with a learning disability requires careful planning and coordination of a range of health, social care, education and other services. The Transitions Team is based in the council's Children and Young People's Directorate, and has close operational links with the Assessment and Care Management Service. Information from the Transitions Team supports forward planning for the adult service. Transitions Team workers link to the adult Care Management Panel. The team also maintains close links with children's health services.

The Joint Learning Disabilities Service funds a person-centred planning coordinator based in the Transitions Team. The Community Learning Disabilities Teams include a social worker and development worker who focus on developing supported living opportunities for young people wishing to move on from their families. The Joint Learning Disabilities Service also funds a post of Transitions Nurse who is working with the Children's Hospital Trust to support families of children with profound and multiple learning disabilities in their transition to adulthood.

What are the issues?

Over recent years Sheffield has increasingly achieved successful outcomes in transitions for many young people. However, many families tell us they experience considerable difficulties in the process. The need for improving outcomes of transitions will increase over the next ten years, as significantly more young people with complex needs enter adulthood. Self directed support will offer new opportunities for young people with a learning disability and their families to have more choice and control over their support.

There is a clear need to make sure good outcomes are more consistently achieved by improving the way work is coordinated both strategically and operationally. There are developing strategic links between adults and children's services. There is a need to develop formal oversight of Transitions issues, and strengthen the senior strategic leadership and partnership across the range of organisations.

We plan to improve the partnerships and working arrangements for transitions through establishing an executive Transitions Strategy Group. This will bring together senior officers from all the key agencies to identify and develop a Transitions Strategy, joint protocols and policies.

We plan to continue to increase the focus on person and family centred planning approaches through starting to work early in the transitions process and the potential for self directed support approaches to be introduced at the age 14 review. We will improve operational standards and working protocols, and improve advice and information. Young people in transition will be one of the priorities for our self directed support programme.

4.15. Keeping safe

What do have we now?

Keeping safe is a priority for people with a learning disability and their families. However, many people with a learning disability feel vulnerable in their communities, which is a real barrier to social inclusion.

The Assessment and Care Management Service carries out Adult Protection duties for people with a learning disability suffering or at risk of physical, sexual, financial abuse, or serious neglect. Other workers from Community Learning Disability Teams also support adult protection work. There are on average around 40 adult protection cases concerning people with a learning disability in the city at any one time. Detailed monitoring only started in 2007, so it is not yet possible to identify trends. However, the number of adult protection cases being managed each month did not change markedly over 2007.

Sheffield Safer Communities Partnership is responsible for improving community safety and reducing crime across the city. The primary responsibility is to reduce and deliver a Crime Reduction Strategy specifically for Sheffield. The Partnership aims to create stronger, safer communities, make sure people feel safe in their communities and have confidence in the criminal justice system.

What are the issues?

By their nature, adult protection cases are of the highest priority. A considerable amount of social worker and manager time is dedicated to managing these prioritised cases: this includes convening, chairing and reporting to case discussions, strategy meetings and case conferences, and making sure decisions are acted upon promptly and reported systematically.

Bullying is a key issue for people with a learning disability and is a national priority, particularly within self advocacy networks. The National Forum of people with a learning disability campaign 'Stamp out Hate Crime' aims for bullying and harassment of people with a learning disability recognised as hate crime, and to become an agenda for local Community Safety partnerships. There is scope to raise the profile of hate crime towards people with a learning disability in Sheffield's Safer Communities Partnership.

What are our plans?

We plan to join the Assessment and Care Management teams with Health Support Teams as Community Learning Disability Teams. We will improve adult protection outcomes through closer joint working.

We plan to raise the profile of hate crime towards people with a learning disability in Sheffield's Safer Communities Partnership. We will work with self advocacy groups to link with the national 'Stamp out Hate Crime' campaign.

4.16. Social inclusion – mainstream services

What do we have now?

To have a good life, people with a learning disability and their families need the same mainstream services, and need to be as fully and safely involved in community life as the rest of the population.

Sheffield First - the 'Local Strategic Partnership' and Sheffield's 'family' of strategic partnerships provide the focus for the city's approaches to improving the lives of local people and the prosperity of the city. They provide a key route to make sure the needs of people with learning disabilities are addressed in all aspects of the city's development. Sheffield's Social Inclusion Strategy sets out the needs of all excluded groups in the city and sets priorities for tackling social exclusion. The strategy will be relaunched in 2007.

What are the issues?

Despite the long standing priority for people with a learning disability achieving full citizenship, most face social exclusion in many areas of their lives. 'Valuing People' identified that people with a learning disability were more likely than most of the population to have poor housing, difficulties in finding work, and difficulties in using transport. It also identified barriers to accessing the same health care as other citizens. In 2005, a review of progress with Valuing People concluded that whilst society was beginning to understand that people with a learning disability are equal citizens, making this real is still a long way off. Valuing People makes clear that despite the ambition to improve social inclusion, people remain

Over the next ten years we want to improve the inclusion of people with a learning disability and their families in all aspects of community life. We want to address barriers and difficulties they face accessing mainstream and universal services. This will both promote citizenship and prioritise health and social care resources for those who need them most. Effective social inclusion for people with profound and multiple learning disabilities in their communities will also require work with the wider community to make sure the city has sufficient accessible 'changing places' toilets.

However, we have not systematically made sure that the needs of people with a learning disability and their families are included in all relevant citywide partnerships, strategies and developments. There is a need for a rigorous approach to making sure that the needs of people with a learning disability are reflected in all citywide structures and plans.

What are our plans?

We plan to actively work with Sheffield First and the 'family' of strategic partnerships to make sure the needs of people with a learning disability and their families are included in their strategies and developments. Through this approach we will work with mainstream services to identify and address the barriers to inclusion of people with a learning disability and their families.

We plan to make sure the needs of people with a learning disability are recognised and addressed within Sheffield's Social Inclusion Strategy.

We also plan to make sure all our plans for developing specialist learning disability services and improving outcomes for people with a learning disability will systematically identify and link with the relevant wider citywide strategies and partnerships.

We plan to widen the scope of the Learning Disabilities Partnership Board to make sure it addresses issues of access to mainstream services as well as specialist learning disability services.

We plan to make sure there are accessible changing places toilets in all major public centres in the city. We will work through the Partnership Board and relevant citywide bodies to influence planning and development decisions.

4.17. Social inclusion - moving into the mainstream

Where are we now?

With the right support, many people are able move on from learning disability day time and Voluntary Sector opportunities to access more mainstream opportunities and employment. This promotes social inclusion and helps makes sure learning disability services can be accessed by people who need them the most. There is also an increased priority on progression from Further Education/adult community learning.

Helping people move on from services requires knowledge of community resources, pathways to employment and community capacity building skills. Lack of capacity to support people moving on can lead to poor outcomes resulting from people remaining in services that limit their potential.

The Assessment and Care Management reviewing process identifies and supports people to move on from social care services. Over the last five years, the Neighbourhoods and Community Care Day Services' Social Inclusion Team has developed considerable expertise in helping people move on and in community capacity building.

What are the issues?

Pressure on the Assessment and Care Management service limits its ability to carry out the necessary person centred planning. Further, the Care Management review may not include people who access voluntary sector services not provided under Fair Access to Care Services eligibility criteria.

What are our plans?

We plan to build on the success of the Social Inclusion Team and integrate their approaches into mainstream Assessment and Care Management practice. We will also work with Further Education/adult community learning by building in active support for helping people move on.

We plan to work with the self directed support programme to develop systems of brokerage that will help people access mainstream services.

4.18. Social inclusion - the Voluntary Sector

What do we have now?

The voluntary sector, or 'Third Sector', has a key role in providing a good life for people with a learning disability and their families. It plays a central role in supporting social inclusion, and is a source of innovation, energy and change. The sector also plays a key role in attracting new, and additional sources of investment to the city.

The voluntary sector in Sheffield provides a wide range of valued opportunities for people with a learning disability and their families. Most importantly, these include opportunities for people who are not eligible for social care services under the FACS

criteria, and lower level preventive services.

Over the next ten years, our self directed support programme will seek to further develop natural supports for people and their families, which will include accessing voluntary sector opportunities.

What are the issues?

The voluntary sector currently faces significant financial pressures. Retraction of LSC funding, and the ending of Objective One European Social Fund opportunities will further increase the pressure over the coming years. One response has been for local voluntary sector organisations to increasingly move to a model of providing services for people eligible under FACS, purchased by adult social care. This is welcome, increasing the range and diversity of social care services in the city. However, there is also a risk of the sector moving away from its traditional base, and moving towards the mainstream social care market.

What are our plans?

We plan to work in partnership with local voluntary sector organisations to establish a clear vision for how the sector can develop over the next ten years, and support the social inclusion of people with a learning disability. We will review current provision and develop new and better ways of commissioning voluntary sector services. We will also support the voluntary sector in the development of new approaches that enable the wider scale implementation of self directed support. We will do this in partnership with the Neighbourhoods and Community Care Voluntary Sector Liaison Team.

4.19. A good life for people with a learning disability from black and minority ethnic communities

What do we have now?

A number of positive initiatives have taken place within the last 10 years that provide support specifically to people with a learning disability from black and minority ethnic communities. The family support worker and The Asian Carers' Group were established in 2001 by the Sharing Caring Project. The Apni Awaaz day service opened 2003 to provide day time opportunities for people with a learning disability from Sheffield's Pakistani community. The Black and Minority Ethnic community Link Worker posts were established in 2006. Single gender short break services have been introduced in the Joint Learning Disabilities Service short break services. These have proved effective in improving access for people from the Asian community.

These initiatives have been funded through a number of sources including the Joint learning Disability Service, the Carers Grant and the Learning Disability Development Fund.

What are the issues?

Evidence suggests that the number of people from black and minority ethnic communities accessing learning disability services is less than would be expected, given the increasing level of need. We know from experience of staff and service users and carers that we do not have sufficient culturally appropriate services for adults with a learning disability who live in Sheffield.

The specific service developments have been effective and popular: however they have developed in an isolated way and not as part of a coherent strategy for the city.

What are our plans?

We plan to implement our Black and Minority Ethnic Communities Strategy. We will plan and commission services based on the best evidence of what local people need, and what people want. We will make sure services can support the current and future demand for appropriate services from BME communities. We will develop a workforce that reflects the diversity of the population in Sheffield.

We plan to develop effective methods of communication to make sure people from black and minority ethnic communities are aware of the services available and how to access them. We will develop links with voluntary, community and faith sector groups and promote the inclusion of people with learning disabilities from black and minority ethnic communities in wider service initiatives. We will make sure there is effective consultation with people with a learning disability and their families, which is inclusive of all black and minority ethnic communities.

4.20. A good life for people with complex or additional needs**Where are we now and what are the issues?**

Over the next ten years there will be an increase in the numbers of people with additional or complex needs – for instance profound and multiple learning disabilities, autism, and behaviours that carers and services find challenging. There will be an increase in the number of older people with a learning disability, and people with a learning disability from black and minority ethnic communities. We also need to improve the outcomes for people with learning disability and mental health problems. This will be a challenge not just for learning disability services but also for primary and acute health services.

What are our plans?

We plan to develop a range of strategies for improving the outcomes for people with a learning disability who have additional or complex needs. All these strategies will be based on the principle of 'all means all' - to make sure all local learning disability services have the right skills, support and capacity to respond to people's complex needs so that people do not need to leave the city to access services. Our strategies will not seek to develop specialist or segregated services or 'special needs' units. They will be built on person centred planning and promote social inclusion. They will seek to engage the wider community wherever appropriate – in particular primary and acute health care services.

We are currently developing specific strategies for improving the outcomes for

- People whose behaviour carers and/or services find challenging
- People with a learning disability with mental health problems
- People with autism
- People with profound and multiple learning disabilities

All our plans for a better life for people with complex needs will recognise that we need to take person centred approaches that work with people 'one person at a time' to develop individual approaches that maximise people's choice and control.

4.21. A good life for family carers

What do we have now?

Supporting family carers is key priority for Sheffield's Joint Learning Disabilities Service. The Service has consulted with family carers on a number of occasions over recent years, on what would most help them most in their caring responsibilities. There are three main strands to the support for carers of people with a learning disability.

- **Assessment of need.**
A core responsibility of the service is to assess carers' needs and provide them with support to help them in their caring role. This may be through a Carers Assessment, or as a specific element of part of an overall community care assessment.
- **Services for carers**
Support to the 'cared for' person. A range of services is provided to people with a learning disability, which provides support for their family carers – eg sitting, befriending and short break services. Services that support carers in this way are funded either through the core health and social care budgets, or through the Carers' Grant. These services may be directly provided by the Joint Learning Disabilities Service, or purchased by the Service from a range of Independent Sector organisations.
- **Direct support to carers.** The Joint Learning Disabilities Service also funds a range of services that directly support carers in their caring role. The Carers Centre is a focus for all carers in the city, including carers of people with a learning disability. This provides a range of services and helps signpost carers of people with a learning disability to other specialist carer support services.

A key priority is to support older family carers and make sure they have effective plans in place for the future. The Sharing Caring Project provides advice, support and advocacy to older carers of people with a learning disability. The Sharing Caring Project also has a partnership with the Asian Disability Project to support the needs of Asian family carers of people with a learning disability. Sheffield's 'Older Carers Support Scheme' is managed by the Joint Learning Disabilities Service, in partnership with the Sharing Caring Project. It offers regular contact to older carers and assists them to access a range of additional preventative supports that may be useful for them or the people they care for. Sheffield's 'Older Families Planning Project' is a multi agency partnership to help older carers and their sons and daughters develop person centred plans for the future. The project will help secure funding agreements for future plans, and can also help families in implementing plans if necessary.

- **Supporting effective carer representation and involvement.** Sheffield's Learning Disability Partnership Board aims to achieve effective partnership working with family carers. It is a priority to make sure there is effective family carer representation on the Board itself, and all of the working groups that report to it. This includes working with carers of people with a learning disability from Sheffield's black and minority ethnic communities through the Ethnicity Leadership Group.

In 2006, the Partnership Board provided additional funding to support carers in their

role as representatives through administrative support and office facilities.

The Joint Learning Disability Service, in partnership with family carers, has produced a "Tell us what you think" leaflet for people with a learning disability and their carers using Day Services. This is designed to make it easier for carers to make a comment, compliment or complaint.

What are the issues?

Over the next ten years as the numbers of adults with a learning disability increases, there will be an increase in the number people being cared for by family carers. It is a priority to provide 'family centred' as well as 'person centred' support to help families stay together and lead the lives they want.

Over the next ten years there will be an increase in the number of family carers caring for particular groups of people. We predict an increase in the number of families caring for young people with complex needs, an increase in the number of older family carers, and of carers from black and minority ethnic communities.

It is a priority across all adult social care to make sure carer support is as effective as possible. Sheffield's revised Carers' Strategy builds on the strategy developed with Social Services, Health Services and carers in 1994. It provides a framework for a multi-agency approach to improve the way that carers are supported in their caring role and to increase the amount of choice they have when providing care.

What are our plans?

We plan to work across adult social care services to revise Sheffield's Carers Strategy. We will include a range of statutory and non-statutory agencies – Housing, Employment, Education, Leisure, Health, the Voluntary Sector and other agencies in the further development and implementation of the Strategy.

We plan to make sure there are effective emergency support services for local people with a learning disability and their families.

We plan to continue to prioritise support for carers with particular needs: This will include older family carers and carers from black and minority ethnic communities.

We plan to increase the capacity and skills of Assessment and Care Management services to improve support for family carers.

We plan to continue to support carer representatives in their representative role, so carers can have an increasing voice in planning and delivery of services.

4.22. A good place to live

What have we now?

Approximately 650 people with a learning disability live in accommodation and support services in Sheffield. These services are provided by a range of organisations. The largest sector is the services commissioned through the Pooled Budget - 234 supported living places and 176 registered residential care places. These are commissioned through block contracts with a range of housing and support providers - Sheffield Care Trust, Sheffield City Council and Voluntary Sector partners. The overall Pooled Budget contribution to these services for 2006/07 is £12.735m.

The remainder of the accommodation and support services comprise a range of private

and voluntary sector accommodation and support services and residential care homes purchased by the Assessment and Care Management Service or by individuals themselves.

Sheffield's Accommodation and Support Services Strategy was published in 2003. The key priorities are to modernise services by increasing the amount of supported living services and reducing the amount of registered residential/nursing care and larger congregate services. Further priorities are being delivered through a programme to reprovide the local authority hostels, develop person centred planning approaches for people in transition and people living with older family carers, and reduce out of city placements. The Accommodation Development Team supports the strategy – through the Transitions Worker, Housing Solutions worker based in the Neighbourhoods Directorate, Older Families Planning Project, Hostel reprovion project and Out of city team.

In 2003 Sheffield undertook a major programme of deregistering registered residential care services and establishing supported living services. A range of supported living services now provide tenancy support through contracts with Supporting People. There is a degree of overlap between the provision and funding of tenancy support and that of social support and care ineligible for Supporting People funding. Since 2003, more than 40 new supported living opportunities have been developed through the work of the Accommodation Development Team.

What are the issues?

In Sheffield, as elsewhere in the country, there are significant long term financial pressures in accommodation and support services. The Pooled Budget faces pressures resulting from increasing needs of existing residents, cost pressures arising from Supporting People eligibility and the staffing costs of the NHS *Agenda for Change* regrading in Sheffield Care Trust. There remain four larger registered care homes within the commissioned services. Services must also be able to meet the needs of people who will need accommodation and support services in the future.

Although the Accommodation and Support Strategy seeks to increase the proportion of supported living opportunities, there has been continued growth in spot purchased registered residential care. Supported living arrangements are individually planned, can be complex and take considerable time to establish. They also depend on people achieving the right housing related benefits. The recent Turnbull judgement has led to us developing a clear Council model that satisfies all necessary requirements. It is a priority to improve arrangements to develop supported living as the mainstream model. This will include clear agreements with Housing Benefits, new contractual and partnership arrangements for tenants, housing and support providers, and the right advice and support for people with a learning disability, their families and the people who support them.

From consultation with people with a learning disability and their families, it is clear there is a need for better information about the range of supported living opportunities, and the benefits of supported living arrangements.

Sheffield's key mainstream housing and support strategies are being updated. It is important the revised strategies reflect the needs of local people with a learning disability.

What are our plans?

We plan to review and update the Accommodation and Support Strategy. This will be the focus for making sure the existing priorities continue, and for making sure there are links with Sheffield's wider strategies. The review will incorporate the Housing Needs survey has provided rich information on what kinds of housing local people with a learning disability are looking for in the future.

We plan to improve the information and advice available to people with a learning disability and their families about the range of housing and support options in the city, and how to access them.

We plan to carry out Comprehensive Service Reviews of Pooled Budget funded accommodation and support services, identify the long term needs and financial pressures, and redesign services where necessary so they meet future needs and are financially sustainable. This will be a long term programme of service review and development, which we will carry out in partnership with all the stakeholders.

4.23. Local services for local people.

What do we have now?

In common with many authorities, as the number of people with complex needs has increased, Sheffield has relied on independent sector providers for a range of services, often out of the city. Such services include 'forensic' and low secure accommodation services. At times, out of city placements are made in emergencies, but continue as longer term arrangements. Out of city placements also arise when young people with a learning disability move from their family home into out of city residential schools and colleges and establish relationships with service providers out of Sheffield.

Approximately 180 adults with a learning disability from Sheffield live in out of city services. These services often operate within a regional/national market for 'specialist' services, accessed by many authorities.

What are the issues?

The current situation is unsatisfactory: nearly all families would prefer local alternatives, and out of city placements are frequently very costly (some in excess of £250,000 per year). It is difficult to closely monitor the quality and outcomes of out of city arrangements, and to help people return to the city. Money spent on services outside Sheffield also reduces our capacity to develop local skills and support. Reducing reliance on, and containing the high costs of out of city placements and helping people return is a priority for most authorities and is a key Valuing People priority for 2007/08.

We currently have no clear process to negotiate costs for residential placements. The experience of most authorities is that that negotiating costs with providers, and being assured of best value, is difficult.

What are our plans?

We plan to develop the appropriate skills, capacity and support to prevent people inappropriately or unnecessarily leaving Sheffield, and to help people return. We will do this by working through the Out of City project, linking to mainstream Assessment and Care Management Service and accommodation and support services. We will set targets for reducing the number of out of city placements. Our plans will link to strategies to support people whose behaviours services find challenging, autistic

people and people with profound and multiple learning disabilities in mainstream local learning disability services.

We plan to work with the Learning and Skills Council and local colleges to develop new local alternatives to residential out of city school and college placements, so that young people can continue to learn, develop their independence and maintain their relationships in Sheffield.

We plan to work with other authorities through the Regional Centre of Excellence in Yorkshire and South Humber to implement a regional approach to a fair pricing tool for high cost out of city placements.

We plan to implement a new process of 'Creative Solutions Circles' to coordinate local services and develop new responses to meet the needs of individuals with complex needs within Sheffield, building responses one person at a time.

4.24. A good day

What do we have now?

Day time opportunities should help people have a good day, access and enjoy community life, and provide their carers with a reliable break. Day time opportunities are provided by a range of organisations in Sheffield. The largest single provider is the Neighbourhoods and Community Care Day Service, which provides approximately 350 daily places to around 460 people. The Council has closed all the large day centres that were established in the 1970s, and now delivers all its day time opportunities through smaller community bases.

Several community based voluntary sector organisations provide a range of day time opportunities, many funded through partnership contracts with the council, LSC contracts and individual spot purchasing or direct payments. Some also access European regeneration funding, charity or lottery grants and generate income through their activities. These services are used by a wider group of people with a learning disability including those who are not eligible under local FACS criteria for social care services. Approximately 300 people access day time opportunities in local voluntary sector organisations.

There is currently only a limited level of specialised independent sector day service, mostly focussed on people with the most complex physical care needs, people with complex autism, and people whose behaviours services find challenging. A small number of people with complex needs access day opportunities in independent sector services out of Sheffield.

Sheffield has examples of excellent practice in day time opportunities, including developing new approaches for people with a learning disability from black and minority ethnic communities and for people with profound and multiple learning disabilities.

Over 2006 and 2007 a representative group of stakeholders has been meeting to develop our strategy for modernising day time opportunities across all sectors in the city. The group has been facilitated by the National Development Team, and has drawn on evidence of best practice from the UK and beyond.

What are the issues?

Day time opportunities are moving from a focus on care provided within specialist 'learning disability' settings to a greater focus on social inclusion. This includes

supporting people to move on from care services and access mainstream community resources. Practice in all sectors needs to develop to achieve this.

However, locally and nationally it is recognised that day time opportunities need modernising if they are to meet the expectations of people with a learning disability and their families and achieve the outcomes of Valuing People. In particular, it is recognised that the move to smaller community based day time opportunities has not helped people with profound and multiple learning disabilities.

What are our plans?

We plan to finalise and implement our citywide strategy for modernising day time opportunities. Through the strategy we will develop new approaches and standards for day time opportunities, built on person centred planning, evidence of successful practice models and approaches that enable self directed support.

Modernised day time opportunities in Sheffield will meet the needs of all people with a learning disability in the city, in particular, people who existing services have not systematically included – people with autism, complex needs, profound and multiple learning disabilities and from black and minority ethnic communities.

4.25. Working

What do we have now?

Increasing the number of people with a learning disability in paid employment is a long standing Valuing People and local priority. Several services in Sheffield support people with a learning disability access paid work. People can access mainstream services – such as Job Centre Plus and the Disability Employment Advisors. The Council and the PCT have partnership contracts with 'Bridge Employment' – which provides a supported employment service based on the model set out by the British Association for Supported Employment.

The Crown Hill Service based in the Joint Learning Disabilities Service Day Service supports people into paid work and works with other agencies to develop and support new employment opportunities. Remploy is also developing its supported employment services. Several other voluntary sector services in Sheffield support people with a learning disability to access paid work.

Further Education/adult community learning plays a key role in supporting people with a learning disability into work. Future Further Education priorities will increase the emphasis on learning as a pathway to paid work.

What are the issues?

It is difficult to establish precise numbers of people with a learning disability in employment. However we estimate that 210 people with a learning disability in Sheffield have jobs – the equivalent of approximately 10% of people of working age known to the Case Register. However, this is too few, and it is a priority to increase the number of people with a learning disability in paid employment. We also need to make sure Sheffield meets the targets for increasing the proportion of people with a learning disability in work set out in the new Public Service Agreement.

There is a need to improve the coordination of Further Education/adult community learning and its partnership with other organisations in the city, so that it supports the greater employment of people with a learning disability in the city.

There are particular difficulties for people with a learning disability accessing public sector jobs.

Support for people with a learning disability into employment is not only a responsibility for specialist learning disability services but for the whole community. There are opportunities to develop closer links between learning disability services and the wider employment sector in the city. In particular there is a need to make links with Sheffield's Work and Skills strategy and Board.

What are our plans?

We plan to finalise and implement Sheffield's strategy for increasing the number of people with a learning disability in paid work. This will set targets for increasing the number of people with a learning disability in work. These will link to targets in the 'Public Service Agreement (PSA) Delivery Agreement 16' (October 2007).

The strategy will focus on improving local partnerships for organisations delivering further education, supported employment. It will improve information and access. The strategy will provide standards for employment, based on the 'supported employment' model. It will also improve people's access to public sector jobs. The strategy will link to Sheffield's Work and Skills strategy and Board.

4.26. A good short break

What do we have now?

Short break services are a major component of effective family centred and preventive services, promoting family well being and preventing crisis. In total approximately 170 people with a learning disability access short break (respite) services in Sheffield on a regular basis. The majority of short break services are provided by the Joint Learning Disabilities Service. Sheffield Care Trust provides 9 places at Longley Meadows for people with complex health and social care needs and another 6 places at Rutland Road and Warminster Road. Neighbourhoods and Community Care provide 7 places at Rutland Road and Warminster Road. The Respite User Group for Sheffield (RUGS) has provided an effective voice for people using these services, and will be influential in the future development of short break services.

The Adult Family Placement Service provides short break services for 29 people. A small number of short break services are provided in private sector services. These focus on people with complex needs. Shirebrook Fields provides four beds as part of a block contract with the Joint Learning Disabilities Service.

Access to the Joint Learning Disabilities Service health and social care services, and the Shirebrook Fields service is coordinated by the Joint Learning Disabilities Service.

What are the issues?

Short break services face several pressures. Families tell us they want more flexible short break options. There is a serious lack of bedrooms that are accessible to people who use wheelchairs and with complex needs. There is also a lack of the right level of services accessible to people with a learning disability from black and minority ethnic communities.

Other than the service at Longley Meadows, the Joint Learning Disabilities Service short break services are provided on the current hostel sites at Rutland Road and Warminster Road. These services will need to relocate as the hostels are to be

reprovided. This will offer opportunities to provide new short break services that are accessible to more people with physical access needs.

What are our plans?

We will complete our short break services strategy in 2008. We will aim to modernise short break services through reproviding the existing Joint Learning Disabilities Service services in more accessible accommodation, improving coordination and expanding choice through increasing flexibility – including the development of non residential evening and weekend services.

4.27. Getting about

What do we have now?

Independence in personal mobility promotes wider independence and social inclusion. For many people, access to day time opportunities, short break services, and other community opportunities depends on effective and reliable mobility support (transport) services. These are commissioned in a range of ways through a range of providers. There is a service level agreement with Sheffield's Central Transport Services and there are contracts with local taxi firms. Sheffield Community Transport is a key strategic partner across all adults' and children's social care services.

What are the issues?

Access to mobility support is inconsistent, with no clear and consistent eligibility criteria. Mainstream transport remains inaccessible for many, and specialist services do not work effectively as part of a whole system. There are significant inefficiencies within the system.

The Adult Care Services, in partnership with transport providers, are developing a Community Care Mobility Strategy for all adult groups. This will address issues of access, efficiency and quality, and seek to support choice and independence.

What are our plans?

We will finalise and implement the Community Care Mobility Strategy. We will improve mobility support through personal mobility planning linked to person centred planning, implement clear eligibility criteria, improve coordination of local services through new partnerships and technology, and improve access to mainstream transport.

4.28. Further Education/adult community learning

What do we have now?

Further Education/adult community learning plays a key role in developing people's independence, life skills and ability to get paid work. The Learning and Skills Council (LSC) funds Further Education/adult community learning opportunities (apart from Universities) including opportunities for adults with a learning disability.

Joint Sheffield College provides five full time courses accessed by approximately 40 young adults with a learning disability. It also runs 10 part time courses (2.5 hours a week) accessed by nearly 100 people with a learning disability. A number of Voluntary Sector organisations in Sheffield provide adult learning opportunities that are funded and accredited through local colleges. Many of these provide learning opportunities alongside support for people to access other opportunities in their local communities. In 2006, a survey indicated approximately 470 learning places delivered by 9 voluntary

sector organisations.

What are the issues?

Over 2006/07 there have been significant problems in Further Education/adult community learning within Sheffield. Around 200 places have been lost: this has been the result of decisions taken by separate Further Education institutions, and for different reasons. Recent changes in LSC funding priorities with a greater emphasis on 16 – 19 provision, and more challenging progression requirements, have contributed to the situation. This has also affected the overall funding of some local voluntary sector organisations.

It is acknowledged there is a need to improve coordination of the commissioning and delivery of local Further Education/adult community learning. It is also acknowledged there is a need to improve progression from adult learning to employment and mainstream opportunities.

Lack of local residential college provision means that over the years many young people have accessed residential college provision outside Sheffield. This can lead to longer term out of city living arrangements after college provision ends, or difficulties for young people returning to Sheffield.

What are our plans?

In recent years, the overall commissioning and delivery of adult learning has been relatively disconnected from health and social care learning disability services. **We plan to** develop a new working partnership with the LSC and local further education institutions to improve the quality and relevance of learning, develop new local provision, and improve people's access to employment. This will include working in partnership with Sheffield's Learning, Skills and Employment Unit to access new funding, commission and deliver new services in partnership with local organisations.

We plan to work with the LSC and local further education services to reduce out of city residential college provision and increase flexible local alternatives. This will include developing new approaches based on self directed support.

4.29. Adult Family Placement

What do we have now?

Sheffield has a well established Adult Family Placement Service. This has been consistently well regarded by people with a learning disability and their families. The service provides long term care, short breaks, and day opportunities. Services are provided by 'approved carers' in their own homes or in the community. 75 people with a learning disability receive Adult Family Placement Services.

What are the issues?

Adult Family Placement is a popular service, able to meet a range of needs in domestic settings. It is cost effective and offers high quality. The service has the potential to meet the needs of people who find it difficult to access mainstream learning disability services. For instance there is scope to develop Adult Family Placement services for people with a learning disability from black and minority ethnic communities, through approved carers from local black and minority ethnic communities. However, there is scope to improve the links between the Adult Family Placement Service and learning disability services.

What are our plans?

We plan to work with the Adult Family Placement Service to identify priorities for development of the service. We will improve awareness of the service amongst people with a learning disability and their families and learning disability services.

4.30. Communication

What do we have now?

People with learning disabilities frequently have communication difficulties: this can be frustrating both for the individual and their communicative partner. It can result in withdrawal, social isolation, low self esteem, challenging behaviour, limited choice and life experiences, loss of independence and of social identity. Communication difficulties are often exacerbated by the communicative partners' difficulties in compensating and using appropriate methods to support the individual's own communication skills.

Specialist support is provided by Speech and Language Therapists who both support people with a learning disability directly, and work with their families and the staff who provide support.

What are the issues?

Making sure people with learning disabilities and their communicative partners can communicate effectively is central to the delivery of the principles within Valuing People. Its importance has been highlighted in almost every subsequent report. Recent investigations by the Healthcare Commission (into Cornwall, Sutton and Merton Health Trusts) have highlighted the importance of services creating positive communicative environments that recognise that individuals communicate and interact in a whole variety of ways. Nationally, there is a growing emphasis on the development of local Communication Strategies. The Sheffield Action Plan following the Healthcare Commission investigations recognises the lack of an overall communication strategy and local standards, with links to the Service Governance Framework.

The Mental Capacity Act requires local organisations to prove that they can effectively communicate with all people, including those with severe learning disabilities.

Over the next ten years, the increasing number of people with complex needs, including people with autism, people with profound and multiple learning disabilities, and people from black and minority ethnic communities will increase the need for effective communication support.

What are our plans?

We plan to develop and implement a communication strategy for people with a learning disability. This will make sure that all people with a learning disability in Sheffield can access appropriate and effective means and opportunities for communicating. It will develop systems that facilitate communication for and with people with learning disabilities, and provide a framework for communication in the learning disability services. The strategy will be implemented over a period of approximately 4 years.

4.31. Advocacy

What do we have now?

Effective self-advocacy and citizen advocacy are essential if people with learning disabilities are to have more choice and control in their lives, influence service development and delivery, and if local services are to be genuinely accountable to their users.

Advocacy services in Sheffield are provided by a range of organisations including

- Self advocacy – people speaking up for themselves
- Citizen advocacy - people who get to know someone with a learning disability so that they can help get their wishes understood and heard
- Short term, issue based or crisis advocacy - where people are paid to speak up for someone about a particular issue, or when they are in a crisis

Sheffield has a partnership with Speaking Up For Action to support self advocacy, and with Sheffield Citizen Advocacy for citizen advocacy. The learning disability People's Parliament has a monthly attendance of over 100 people. Other voluntary sector organisations provide advocacy services and many local services have successful speak up groups. Regional self advocacy groups provide an important link to national forums including the Valuing People team.

What are the issues?

There is a need to develop a consistent vision for advocacy and self advocacy in the city. There is also a need to develop a consistent vision and effective local network for advocacy so all groups can work together, strengthen the voice of local people with a learning disability and influence service development and delivery. Self directed support will bring new needs for advocacy, and opportunities to develop new approaches.

Speaking Up For Action tell us that as people become better at speaking up, there is a need to increase the overall level of advocacy in the city. They have also said there is a need for a range of support, so local people can choose which kind of advocacy suits their needs.

Key service developments increase the demand on advocacy. The current hostel repositioning programme and the programme of Comprehensive Service Reviews will have a significant requirement for advocacy.

What are our plans?

We plan to review the overall level of advocacy in the city and make sure there is sufficient advocacy capacity to meet the needs of local people with a learning disability.

We plan to work in partnership develop a clear vision for advocacy and self advocacy in Sheffield. We will make sure the People's Parliament has a strong voice at the Learning Disability Partnership Board. We will develop a citywide network so that advocacy can develop a strong voice for people with a learning disability. We will identify and prioritise areas that have particular needs for investment in advocacy support – in particular where services are undergoing significant change affecting people's lives.

4.32. Good information and advice

What do we have now?

Access to the right information and advice is a high priority for people with a learning disability and their families. This includes access to information about learning disability services, about mainstream services, benefits, and legal advice. People with a learning disability and their families from black and minority ethnic communities have additional specific needs for accessible information.

The Key – Guide to learning disability services – was published in 2002. This is a comprehensive directory of information for people with a learning disability and their families. *The Key* was made available to every people with a learning disability and their family known to the Case Register in Sheffield.

The [Signpost Sheffield](#) website – was launched in 2006. This was designed for people with a learning disability, families, carers and staff, and was developed in consultation with people with a learning disability. The site aims to give up to date information on a range of services – including health, social care, housing, transport, and leisure – and information on how to access specialist health and social care services.

Over the last five years the Joint Learning Disabilities Service has run a series of information events. These take place in the city centre and bring together learning disability and carer services and organisations from all sectors in the city. In addition, specific information events are held – for instance giving detailed information and advice on accommodation and support services.

Sheffield City Council has contracts to provide a range of advice services in Sheffield. These are provided through advice centres and Citizens Advice Bureaux across the city. These can be accessed by people with a learning disability and their families, advocates and staff who support people with a learning disability.

Sheffield's [Help Yourself](#) website is provided in partnership with the Department of Information Studies at Sheffield University and Voluntary Action Sheffield. It provides access to the Help Yourself database, which holds information on more than 5000 clubs, organisations, services and groups in Sheffield covering a wide range of subjects from health to sport, from community care to religion. Information from the database is used to produce the Help Yourself Directory, which includes mainly social welfare/community care groups, services and organisations, and information for specific sections of the community including people with disabilities.

What are the issues?

Despite the current range of information and advice services, people with a learning disability and their families continue to tell us it is find it difficult to access accessible, up to date, independent, quality assured advice and information. Although comprehensive general information and advice services are available across the city, we have evidence that there are real benefits in advice services that recognise and meet the particular needs of people with a learning disability and their families.

What are our plans?

We plan to develop the Signpost Sheffield website, in consultation with people with a learning disability.

We plan to continue to run citywide information events for people with a learning disability, their families, and learning disability services in the city.

We plan to work with Advice Services to make sure that services in Sheffield include specialist services for people with a learning disability and their families. This will provide consultancy, case work, training and awareness sessions for parents/carers and support staff and will development of self-help and other information. The service will be accessible to black and minority ethnic communities and especially south Asian communities.

4.33. Excellent staff

What do we have now?

A wide range of people provide services for people with learning disabilities, on both a paid and unpaid basis, both directly and indirectly. Valuing People includes a requirement for Learning Disability Partnership Boards to make sure that health and social care staff working with people with learning disabilities, are skilled, trained and qualified, and promote better understanding of the needs of people with learning disabilities amongst the wider workforce.

National Minimum Standards describe the minimum levels of competence for staff working in care services and social care delivery services. There are three main sets of standards relating to training and development of staff working in services for people with a learning disability:

- Skills for Care Standards – National Training Strategy
- Commission for Social Care Inspection (CSIC) standards
- Learning Disabilities Induction Award (LDIA)

Alongside these a range of Occupational Standards apply to specific professional groups.

Learning Disability services have limited budgets for workforce development. Funding for learning and development comes from a variety of sources including Department of Health grants, Workforce Confederation, Learning and Skills Council and Sector Skills Councils. Independent and voluntary sectors access funds from Learning Skills Council and the Local Authority.

What are the issues?

Our needs analysis sets out how the needs of local of people with a learning disability are changing – with more people with complex needs predicted to need local services over the next ten years. Our strategies for improving local services for local people have, at their heart, the need to build and develop local skills, working practices and support for staff. This will need to apply across all sectors in the city, and in all areas of service.

The challenge and opportunity of Self Directed Support will require significant workforce development as new roles and new ways of working emerge. This will require development of new roles that may change the existing boundaries between social care and health professionals and the wider community.

At present there is no framework for benchmarking achievement of standards across all organisations in the city. Complete information on the demographics of the workforce is unknown and therefore the funding required for moving developments forward is

difficult to establish. Whilst there is a range of funding for training and development of the workforce in the city, there is a need to focus and target the collective resource.

What are our plans?

We plan to implement a citywide Workforce Development Strategy for all services who support people with learning disabilities in Sheffield. The strategy will address the expected changes in the needs of local people with a learning disability and their families. It will also address key service changes (e.g. supported living approaches, self directed support, and new types of support that may be required by family carers). It will identify all possible sources of support and funding to support the development of the local workforce.

We plan to co-ordinate workforce development on a community wide basis. We will develop and support collaborative working between employers across health and social care including the independent and voluntary sectors. We will provide a Workforce Planning and Training and Development Framework for working across the all partner organisations.

5 Making this happen – the next steps

5.1 Leading the implementation

The Learning Disability Partnership Board will lead the implementation of this strategy. The detailed work will be taken forward in sub groups of the Partnership Board.

The Board will

- Make sure an action plan is developed. This will set priorities, targets and responsibilities for achieving change, and realistic timescales.
- Provide leadership for the implementation of the plan
- Link with other relevant citywide partnerships, developments and strategies
- Work across all sectors to seek to change culture and raise expectations
- Recognise and communicate success
- Monitor, review and evaluate performance against the plan Report to the Learning Disabilities Partnership Board and other relevant strategic bodies

5.2 Developing a ‘commissioning plan’

With the increasing needs of local people with a learning disability, and with the increasing pressure on resources, this strategy needs to make sure the changes happen, and seek at all times to improve the value and efficiency of services.

When it is finalised, the strategy will have a ‘commissioning plan’ to set out how the money available to the city will be spent. This will identify our priorities and set out how we will achieve our intentions. The commissioning plan will set out in detail how we will use our resources differently to meet the requirements of this strategy. It will be developed jointly with Sheffield Primary Care Trust.

5.3 Specific strategies

The development of all specific strategies, action plans and implementation will continue to be delivered through representative multi agency groups including people with a learning disability and family carers.

We will publish clear plans setting out the detail of all specific strategies and action plans. These will be available through the [Council website](#) and the learning disability website [Signpost Sheffield](#).

6 How to get involved in the consultation

For more information about this strategy, or to get involved in the consultation, please contact:

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