



Cabinet Report

Report of:	Laraine Manley – Executive Director - Communities
Report to:	Cabinet
Date:	17 th December 2014
Subject:	Commissioning Strategy for services for people with a learning disability and their families
Author of Report:	Barbara Carlisle, 273 5439
Key Decision:	YES
Reason Key Decision:	Expenditure/savings over £500,000 Affects 2 or more wards

Summary:

Sheffield is committed to improving the range and quality of care and support for local people with a learning disability. The Commissioning Strategy for services for people with a learning disability and their families sets out our vision for developing local services for adults with a learning disability over the next three to five years.

The number of adults with a learning disability has been increasing year on year and their needs are becoming more diverse and complex. More children with major disabilities are surviving into adulthood and more disabled adults are living into older age. As a result, the number of people with a learning disability accessing Adult Social Care services has increased by around 4% a year over the last ten years.

People now have higher expectations, want more choice and control, and good quality personalised support. However, some local services are out of date, expensive, and need to change if we are to meet these expectations.

The Council has faced several years of austerity as a result of Government cuts to its budget. Despite this, the budget for services for people with a learning disability has increased year on year over the last five years. In addition, benchmarking information indicates that some key services are in the highest quartile of costs in England. This position is unsustainable.

We need to respond to opportunities and requirements presented by new national policy, legislation and guidance.

We need more diverse services to ensure real choice. We need to make sure support builds individual, family and community resilience and reduces people's dependency on social care as the only form of support. We need adult social care services in all sectors to provide best value for Sheffield people. We also need to send out clear messages to providers in the city so that they can think creatively about solutions that will help respond to the challenges we are facing.

However, to date, Sheffield has not had a commissioning strategy for learning disability services that sets out the issues and gives clear direction for development and improvement.

The Commissioning Strategy reflects our Market Position Statement. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided over the next three to five years.

We have consulted on a draft Learning Disabilities Commissioning Strategy and have taken the feedback into account in writing the final strategy. Detailed commissioning plans for specific services will be developed following adoption of this strategy.

Reasons for Recommendations:

To enable the Council to set a clear vision for development of services for people with a learning disability in Sheffield. It will provide:

- The medium to long term context for detailed commissioning plans
- A clear statement of direction to key strategic partners to inform joint and integrated approaches.
- A clear statement of direction to service providers in Sheffield to help inform their own business planning.

Recommendations:

That Cabinet :

1. Approves the Learning Disabilities Commissioning Strategy attached as an appendix to this report as a statement of the Council's vision for the development of care and support services to adults with a learning disability and their families.
2. Authorises the Director of Commissioning to develop the commissioning plans that take forward the intentions and approach set out in the strategy.
3. Authorises officers to ensure an integrated, whole system approach towards people with a learning disability.
4. Authorises the Director of Commissioning to take a joint or integrated commissioning approach with the Children, Young People and Families Portfolio (CYPF) and the Clinical Commissioning Group (CCG).
5. Notes that implementation of commissioning plans and joint or integrated commissioning approaches will be reported for approval in accordance with the Leader's Scheme of Delegation.

Background Papers: Learning Disabilities Commissioning Strategy; Equality Impact Assessment; Consultation Report

Category of Report: **OPEN**

Statutory and Council Policy Checklist

Financial Implications
YES Cleared by: Hayley Dolling
Legal Implications
YES Cleared by: Andrea Simpson
Equality of Opportunity Implications
YES Cleared by: Phil Reid
Tackling Health Inequalities Implications
YES
Human Rights Implications
NO
Environmental and Sustainability implications
NO
Economic Impact
NO
Community Safety Implications
NO
Human Resources Implications
NO
Property Implications
NO
Area(s) Affected
All
Relevant Cabinet Portfolio Lead
Health, Care and Independent Living
Relevant Scrutiny Committee
Healthier Communities and Adult Social Care Scrutiny and Policy Development Committee
Is the item a matter which is reserved for approval by the City Council?
NO
Press Release
NO

REPORT TO CABINET

Learning Disabilities Commissioning Strategy

1.0 SUMMARY

- 1.1 Sheffield is committed to improving the range and quality of care and support for local people with a learning disability. The Commissioning Strategy for services for people with a learning disability and their families sets out our vision for developing local services over the next three to five years.
- 1.2 The number of adults with a learning disability has been increasing year on year and their needs are becoming more diverse and complex. More children with major disabilities are surviving into adulthood and more disabled adults are living into older age. As a result, the number of people with a learning disability accessing Adult Social Care services has increased by around 4% a year over the last ten years.
- 1.3 People now have higher expectations, want more choice and control, and good quality personalised support. However, some local services are out of date, expensive, and need to change if we are to meet these expectations.
- 1.4 The Council has faced several years of austerity as a result of Government cuts to its budget. Despite this, the budget for services for people with a learning disability has increased year on year over the last five years. In addition, benchmarking information indicates that some key services are in the highest quartile of costs in England. This position is unsustainable.
- 1.5 We need to respond to the opportunities and requirements presented by new national policy, legislation and guidance.
- 1.6 We need more diverse services to ensure real choice. We need to make sure support builds individual, family and community resilience and reduces people's dependency on social care as the only form of support. We need adult social care services in all sectors to provide best value for Sheffield people. We also need to send out clear messages to providers in the city so that they can think creatively about solutions that will help respond to the challenges we are facing.
- 1.7 However, to date, Sheffield has not had a commissioning strategy for learning disability services that sets out the issues and gives clear direction for development and improvement.
- 1.8 The Commissioning Strategy reflects our Market Position Statement. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided over the next three to five years.

- 1.9 We have consulted on a draft Learning Disabilities Commissioning Strategy and have taken the feedback into account in writing the final strategy.
- 1.10 Detailed commissioning plans for specific services will be developed following adoption of this strategy.

2.0 WHAT DOES THIS MEAN FOR SHEFFIELD PEOPLE

2.1 Our vision is that in four years' time:

- All services will provide high quality care and support to people with a learning disability and their families.
- Services will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible.
- Local support services will be more diverse so all people with a learning disability in Sheffield, whatever their age, background, or level of need, will have more choice in their support.
- Social inclusion will be promoted throughout everything we do. More people with learning disabilities will be doing more within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. We will have stimulated creative and innovative ways to make this happen.
- More people with learning disabilities will be in paid work and volunteering opportunities, working alongside the rest of the community.
- There will be major improvements in the support for family carers, improving the support available to carers in their own right, and making life better for people with learning disabilities who live in the family home.
- There will be major improvements in local accommodation and support for people who live away from their families. Housing will be high quality and the support will promote people's independence and wellbeing and will offer dignity and privacy.
- Fewer people with a learning disability will live out of the city, and people who need and want to return will have been helped to do so.
- Sheffield will have moved away from traditional or institutional forms of support and will focus on support which is personalised, flexible and meets people's individual needs.
- Services will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships.
- There will be more coordinated information about services and support across all relevant agencies.
- The transition for young people with a learning disability to

adulthood will be positive.

- There will be strong partnerships between the Communities Portfolio, Children, Young People and Families Portfolio, Place Portfolio and NHS partners to make sure support is joined up.
- All services will provide best value for Sheffield people.
- In four years' time people will say they have been fully included and involved in the planning and implementation of changes.

3.0 OUTCOME AND SUSTAINABILITY

- 3.1 The strategy takes into account the current and future needs of local people with a learning disability and their families, and the resources available to meet these needs.
- 3.2 Its aim is that all services will be good quality, personalised and flexible, so that they meet people's needs now, and can adapt to people's needs and expectations as and when they change.
- 3.3 It also seeks to make sure that all services will provide best value and contribute to a sustainable budget.

4.0 MAIN BODY OF THE REPORT

- 4.1 The Commissioning Strategy sets out our broad vision and intentions. There is a need for considerable change and development across services for people with a learning disability in Sheffield. Following adoption of the strategy we will develop proposals which will be set out in detailed commissioning plans for specific areas of service. We will consult and engage on these before developing final implementation plans. The strategy is based on an analysis of:

- What people with a learning disability and their families have told us over time and in the recent consultation on the Commissioning Strategy.
- The needs and numbers of local people with a Learning Disability and their families, how these have changed over recent years, and how we expect them to change in the future.
- The financial resources available to us now and in the future.
- The current market of services, the gaps, strengths and priorities for development.
- The implications of policy and legislation, in particular:
 - The Care Act 2014
 - The Children and Families Act 2014
 - The Winterbourne Concordat and Winterbourne View – Time for Change
 - Sheffield's Health and Wellbeing Strategy
 - Sheffield's plan for integrated commissioning of health and

social care.

4.2 The strategy is based on the needs of people with a learning disability and their carers now and in the future. This analysis is underpinned by what people have told us in the past and through the recent consultation exercise. The development of services will be based on clear market principles, which are, in summary:

- Services will be underpinned by principles of best value.
- Services will be diverse, of consistent good quality, and delivered in the most appropriate sector of the market.
- The majority of services will be purchased on an individual basis to support choice and flexibility. Large block purchased arrangements will be tapered to individually purchased arrangements.

4.3 We consulted on a draft Commissioning Strategy for services for people with a learning disability and their families between September and November 2014. A summary of the consultation feedback has been included in the final strategy. The detailed findings of the consultation are appended to this report. The consultation has greatly added value to the strategy and enriched the evidence base. Feedback from the consultation was broadly supportive of the direction expressed in the draft strategy. However, additional issues were raised, and there was a need to change the emphasis in places. The feedback has been fully taken into account in the final strategy. Key changes include:

- A stronger emphasis on a whole person approach through partnership and whole system working
- Employment has become a higher priority
- A change in emphasis to clarify that there is no expectation on family carers that they should continue caring for disabled relatives at home
- Ensuring specific support for people to take up community and social activities, particularly in the evenings and weekends, and help them to overcome barriers to achieving this
- A new section about helping people to do things together by pooling their personal funds – taking a collective approach to procuring activities
- Diversity of provision will be developed to reflect current and future needs, including the retention of some building based services, which will be remodelled to be more innovative and diverse
- A change of emphasis to the strategy to clarify that the implementation of change will be managed sensitively and within a realistic timeframe.
- Additional detail to reflect feedback on people's access to paid work and inclusion in community life, and barriers that people face
- A change in emphasis to reflect the increasing diversity of people's need, which requires a personalised approach rather than single approaches

- In a period of change, a stronger emphasis on advocacy is required in order to support people to make choices and engage in planning and managing the change and this is now reflected in the strategy.
- Greater emphasis on arrangements for quality assurance have been incorporated.

4.4 We recognise that change can be unsettling for people and we are committed to engaging with people throughout the process. Where we propose changes to specific services we will have further detailed engagement and consultation with all the people whose lives will be affected by specific plans to make sure these plans are right.

The key elements of what we propose to do are:

4.5 **Improve social inclusion**

In all our developments we will help improve wellbeing through major improvements to the social inclusion of people with a learning disability in community life in Sheffield. Community and universal services will be as inclusive as possible, and play a major part in promoting people's independence, safety and wellbeing.

4.6 **Better access to paid employment and volunteering**

More people with a learning disability will have paid employment in Sheffield. We will improve access to volunteering activities which give people a real opportunity to contribute to the community and help move them closer to paid employment.

4.7 **Better support for family carers**

We will make major improvements to the support available to family carers, so that people are able to live well in the family home and have a good life in their communities, if this is what they would like to do. This will include timely information and advice, emotional and practical support, and short breaks.

4.8 **More choice in day time opportunities**

We will widen the current offer so there is much more choice in day time opportunities. We will improve opportunities for people with learning disabilities to engage in social and learning activities which are purposeful, leading to increased access to the wider community and opportunities to make friends and enjoy social activities.

4.9 **More choice in short breaks services**

We will widen the current offer so there is much more choice in short breaks services. This will include different opportunities for a short break, such as activity based breaks or 'sitting' services. We will retain some building based services especially for people with complex needs.

4.10 **Moving away from traditional blocks of service**

We want to move away from block arrangements where appropriate, so

that more services can be as personalised and flexible as possible and so our money is not tied up with 'pre-purchased' services.

4.11 Increasing Adult Placement Shared Lives

- We will increase the number of families registered with Adult Placement Shared Lives who provide befriending, day time opportunities and short breaks.
- We will double the number of families registered with Adult Placement Shared Lives who provide long term Shared Lives support.

4.12 A new accommodation commissioning plan for people with a learning disability

We will implement a new Learning Disabilities Accommodation Commissioning Plan. This will be developed with Children, Young People and Families, Housing and NHS partners. It will set out our vision for accommodation and support, and how we will improve the range, quality and accessibility of housing options available.

4.13 Improving accommodation and support for people with lower level needs.

We will work through the Homes and Communities Agency bidding process to develop new build accommodation, and work with Council Housing and Registered Private Providers of Social Housing to develop new housing networks and other supported accommodation opportunities.

4.14 Implementing the new supported living framework

We will implement the new supported living framework for all supported living services in the city. This change is already taking place.

4.15 Achieving best value in higher cost accommodation and support services

We will review high cost Independent Sector residential care and supported living services funded by the Council and/or through Continuing Healthcare. Where necessary we will take action to improve quality and achieve best value.

4.16 Quality

We will work closely with people with a learning disability, their families and advocates to make sure their outcomes and aspirations are being met by service providers. We will also make sure all service providers work closely with people who use services and family carers to continuously improve their services.

4.17 Joint and integrated approaches to future work

It has become particularly clear throughout the consultation period that

there is significant benefit to be gained from whole service and all age approaches, where joint or integrated approaches, leading to integrated service provision will be mutually beneficial to customers of all partners.

This includes:

- Children, Young People and Families Portfolio
- Public Health
- Regeneration and Development Services
- Housing and Neighbourhood Services
- The Clinical Commissioning Group (including the Continuing Healthcare assessment teams)
- CCG funded clinical support teams.

4.18 **Legal implications**

The Commissioning Strategy is set within the context of relevant legislation including the Care Act 2014 and the Children and Families Act 2014.

The Council has a duty under section 149 of the Equality Act 2010 (the public sector equality duty) in the exercise of its functions to have regard to the need to:

- a) eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under this Act; .
- b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it; .
- c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it. .

This duty has been taken into account in drawing up the draft strategy and in carrying out consultation. Regard has been had to the responses to the consultation in finalising the strategy.

The Council does not have a statutory duty to produce a Learning Disabilities Commissioning Strategy and there are no legal implications arising directly from this report or the Strategy. Statutory guidance has been produced under the Care Act 2014 in respect of commissioning plans and this will be considered when drafting those plans. Any legal implications arising from the implementation of any commissioning plans under the strategy will be considered when they are reported for approval in accordance with the Leader's Scheme of Delegation.

4.19 **Financial implications**

The Commissioning Strategy aims make a significant contribution to helping the Council to meet its financial objectives. Implementation of commissioning plans under the strategy will have specific financial implications. Consideration will need to be given to those implications at the appropriate stage. All commissioning plans will be developed with the Finance Service's Business Partners.

4.20 **Equalities implications**

An EIA was produced for the consultation on the draft Commissioning Strategy. This has been reviewed and updated for the final Commissioning Strategy and is attached as an appendix to this report.

The consultation with learning disabled people was very much led by people themselves. Sometimes, due to people having very complex needs and behaviour, approaches and conversations were adapted to be suitable and appropriate for the particular individual and contributions were short and more limited. However, at every session valuable insight was gained from the people who participated.

The consultation revealed a widely-held view that people with complex needs require specialist support, including support in a building (e.g. day opportunities or short breaks services).

Whilst many carers supported the priority of improving support for people who live in the family home and for their family carers, others stressed that for many people, a move to live away from the family home was a positive option.

Some Asian family carers felt that some provision in the city was not culturally appropriate. This included a preference for single gender services.

5.0 **ALTERNATIVE OPTIONS CONSIDERED**

- 5.1 We face a range of opportunities and challenges both in the present and future. To do nothing is not an option. We require a clear Commissioning Strategy to inform our plans, to manage change sensitively and effectively, and to provide a firm foundation for partnership working.

6.0 **REASONS FOR RECOMMENDATIONS**

- 6.1 To enable the Council to set a clear vision for development of services for people with a learning disability in Sheffield. It will provide:
- The medium to long term context for detailed commissioning plans
 - A clear statement of direction to key strategic partners to inform joint and integrated approaches.
 - A clear statement of direction to service providers in Sheffield to help inform their own business planning.

7.0 RECOMMENDATIONS

That Cabinet :

- 7.1 Approves the Learning Disabilities Commissioning Strategy attached as an appendix to this report as a statement of the Council's vision for the development of care and support services to adults with a learning disability and their families.
- 7.2 Authorises the Director of Commissioning to develop the commissioning plans that take forward the intentions and approach set out in the strategy.
- 7.3 Authorises officers to ensure an integrated, whole system approach towards people with a learning disability.
- 7.4 Authorises the Director of Commissioning to take a joint or integrated commissioning approach with the Children, Young People and Families Portfolio (CYPF) and the Clinical Commissioning Group (CCG).
- 7.5 Notes that implementation of commissioning plans and joint or integrated commissioning approaches will be reported for approval in accordance with the Leader's Scheme of Delegation.

Author: Barbara Carlisle

Job Title: Head of Strategic Commissioning and Partnership

Date: 05 December 2014

Sheffield City Council

Commissioning Strategy for services for people with a learning disability and their families

2015 - 2018



Commissioning Strategy for services for people with a learning disability and their families

Foreword

I am pleased to introduce you to our Learning Disabilities Commissioning Strategy.

We want to make a positive difference to the lives of people with a learning disability and their families in Sheffield. This strategy describes the changes and improvements we plan to make to care and support services in Sheffield. These changes are based on what people have told us, what we know about the needs of local people with a learning disability and their families, the challenges we face, and the opportunities we have identified to help make things better.

Between September and November 2014 we consulted on our draft strategy. We engaged with people with learning disabilities, their families, carers, care professionals and other stakeholders to help shape our ideas. The feedback has been taken into account in this final version of the strategy, which was approved by the Council's Cabinet in December 2014.

Now we have produced this final strategy, we will develop detailed commissioning plans for specific changes and consult on them. For example, where the commissioning plans recommend changes to specific services, we will consult with users of those services on these changes. We want change across the whole system, and for people of all ages with a learning disability. We will develop these plans with our partners across the Council and in the NHS, including working together with the Children Young People and Families Portfolio.

Cllr Mary Lea – Cabinet Member for Health, Care and Independent Living

1. Introduction

The needs of people with a learning disability are changing and becoming more diverse. People have higher expectations of an independent life in their community, and want more control over their lives with good quality support built around their individual needs.

At the same time we face significant challenges. Some local services are out of date, expensive, and need to change if we are to meet people's expectations for the future. Other services, including some housing options, are poor quality and need improving. In the past some people have had to leave Sheffield to access the services they need. We need to make sure this no longer happens, that all support is provided locally and that people who live away from Sheffield can return if that is what they want.

The Council faces severe financial pressures. People are anxious about the impact this might have on their own care and support: there is a need to make sure services provide the best value so people can get the most from the available resources. We need a more diverse range of good quality care and support services to meet people's highly individual needs and ensure real choice. We also need culture and practice to change so that support builds on individual, family and community resources and reduces people's dependency on social care services as the only form of support. And we need strong partnerships to make

sure the 'whole system' helps people with a learning disability and their families stay independent, healthy and well, and fully included in community life.

This Commissioning Strategy responds to these challenges. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided in the future.

2. Vision

Our vision is that in four years' time:

- All services will provide high quality care and support to people with a learning disability and their families.
- Services will actively promote people's wellbeing, helping them have a good life and be as independent, healthy and well as possible.
- Local support services will be more diverse so all people with a learning disability in Sheffield, whatever their age, background, or level of need, will have more choice in their support.
- Social inclusion will be promoted throughout everything we do. More people with learning disabilities will be doing more within their community. Support will build on resources in the community, tackle barriers to social inclusion and reduce dependence on social care services alone. We will have stimulated creative and innovative ways to make this happen.
- More people with learning disabilities will be in paid work and volunteering opportunities, working alongside the rest of the community.
- There will be major improvements in the support for family carers, improving the support available to carers in their own right, and making life better for people with learning disabilities who live in the family home.
- There will be major improvements in local accommodation and support for people who live away from their families. Housing will be high quality and the support will promote people's independence and wellbeing and will offer dignity and privacy.
- Fewer people with a learning disability will live out of the city, and people who need and want to return will have been helped to do so.
- Sheffield will have moved away from traditional or institutional forms of support and will focus on support which is personalised, flexible and meets people's individual needs.
- Services will help people work together and pool their personal funds so they can share their support and sustain meaningful and rewarding relationships.
- There will be more coordinated information about services and support across all relevant agencies
- The transition for young people with a learning disability to adulthood will be positive

- There will be strong partnerships between the Communities Portfolio, Children, Young People and Families Portfolio, Place Portfolio and NHS partners to make sure support is joined up.
- All services will provide best value for Sheffield people.
- In four years' time people will say they have been fully included and involved in the planning and implementation of changes.

To achieve this vision, some services will need to change. We understand that changes can create anxiety and we will be respectful of this. We will engage with people with learning disabilities, their families and carers throughout the development of plans and make sure their needs continue to be at the forefront of all that we do. We will make sure changes are implemented sensitively and allow people enough time to make successful transitions to new arrangements.

3. The scope and context

3.1 Local people with a learning disability and their families

Over 1,550 adults with a learning disability aged 18-64 currently receive adult social care arranged by the Council. People with a learning disability have a wide range of needs, with a range of backgrounds and live within all of our increasingly diverse communities. They include people with lower level needs for support and people with significant additional needs - including people with dementia, physical disabilities, sensory impairments, mental health problems, profound and multiple intellectual disabilities, autism or behaviours that services find challenging. They also include people who need short term support to help them regain their independence, people needing social care for the first time and people receiving longer term ongoing health, housing and social care services. Approximately 40% of all people with a learning disability receiving adult social care live with their family and approximately 60% live away from their family.

This all means local community-based services must be as diverse and flexible as possible, and develop in ways that reflect people's increasingly varied and changing needs.

3.2 Local services for people with a learning disability

This strategy is about the care and support services that can be purchased or provided to meet the needs of adults with a learning disability and their families. The majority of services are currently provided by a range of Independent Sector organisations (voluntary sector, private sector, social enterprises and self-employed people e.g. personal assistants). Services are also provided directly by the Council and by Sheffield Health and Social Care Trust. Some people have 'packages' of a number of different services provided by one or more of these. This strategy covers services in all these sectors. The gross budget for these services is approximately £44 million per year. More information on this is given in Section 6.

It includes a number of services that may be purchased by the Clinical Commissioning Group, including people eligible for NHS Continuing Healthcare. There are strong links with the Council's Regeneration and Development Services in the development of our local

housing offer, and strong links with the Children, Young People and Families Portfolio, including the Employment and Skills Service.

Adult social care provided or funded by the Council includes:

- Support for family carers, including short breaks services
- Home support services
- Support for people in the community such as support for day time opportunities, volunteering and employment
- Accommodation and support services such as supported living, residential and nursing care
- Adult Placement Shared Lives services, such as befriending, day support, short breaks services and long term placements
- Direct Payments for people or families who want to make their own arrangements for support. This can include paying for support from personal assistants
- Help for people to manage their Direct Payments – such as money management services
- Advocacy support

The strategy also prioritises development of local services so that people do not need to leave Sheffield to access the support they require. This will help people who live out of the city to return to Sheffield if that is what they want to do with access to the appropriate levels and types of services.

There have been many changes to services for people with a learning disability and their families over recent years, and other changes to learning disability services are taking place now. All of these changes aim to contribute to the overall vision.

3.3 A whole system approach

The strategy does not include everything that has an impact on adult social care for people with a learning disability. Other key developments, including our implementation of the requirements of the Care Act 2014, the Children and Families Act (2014) and our Integrated Commissioning Programme will have significant impact on wider Learning Disabilities services. For instance, it does not include the development of social work practice or our plans to integrate commissioning for all customers of health and social care.

All organisations and agencies are committed to working in partnership as we develop and implement specific plans over the next three years. This will include joint or integrated commissioning plans with Children's services, housing and HNS partners where this will benefit local people with a learning disability and their families.

4. What local people want from services

4.1 Engaging with people with a learning disability and their families

This strategy is based on detailed consultation with people with a learning disability, their families and other stakeholders. Details of how we carried out the consultation and the detailed feedback are presented in a separate report.

4.2 Key messages for our Commissioning Strategy

The consultation greatly added value to the draft strategy and enriched the evidence base. Feedback was broadly supportive of the direction set out in the strategy. However, additional issues were raised, and there was a need to change the emphasis in places. The feedback has been fully taken into account in this final strategy.

- **Coordination** – the strategy needs be joined up with Assessment and Care Management, Children’s services, Health, Housing, and other partners.
- **Support to carers/families** – there should not be an assumption that people with learning disabilities will remain living in the family home, and there must be planning ahead and support to prevent carer breakdown.
- **Support to live in your own home** – there was broad support for Supported Living and tenancy support models.
- **Support for community involvement** – there was broad support for this aspiration but specific support for people with learning disabilities is needed to help them take advantage of community opportunities and to support social needs, and there needs to be more to do in the evening and at weekends. There are also a number of barriers, including transport, costs, people’s perceptions of safety, and lack of information on opportunities in the community.
- **Doing things together** – there was a strong theme on the importance of people with a learning disability being supported to take part in communal activities, and that many people enjoy and appreciate friendships and shared experiences. People also said they would benefit from support to pool their personal funds so they can benefit from doing things together, and share their support so the available funding can go further.
- **The impact of reductions in available funding** – there were concerns that there will be insufficient resources for people to access more community activities (e.g. if they need support from Personal Assistants to do this).
- **More choice in short breaks services** – people with learning disabilities and their families need more choice and information about good quality affordable short breaks. People whose behaviours services find challenging need better choices of building-based short breaks services.
- **Quality assurance** – people need assurance that all services in all sectors of the market are of high quality.
- **People need time to adjust to new arrangements** – when things change, people need time and support to adjust to new support arrangements. This should not be underestimated when implementing changes.

- **Barriers to paid work** – many people talked about wanting paid and unpaid work but there are mixed views, and the impact it might have on people’s benefits is seen as a major obstacle.
- **Broad spectrum of need** – it is important to recognise the wide and increasing diversity of need of people with learning disabilities, including people with complex and multiple disabilities and behaviours viewed as challenging.
- **Building-based services** – whilst people support the aspiration for more flexible community based services, many people, in particular people with complex needs, benefit from services based around buildings with the right environments and the right specialist support
- **Advocacy** – people said there is a need to make sure our plans for the future include plans for advocacy services.

5. The policy context

This strategy has been developed in line with local and national policies, with a focus on providing high quality care that promotes independence, social inclusion, choice, and provides best value. A summary of the relevant policies is provided below.

The Care Act 2014 reinforces national policy for adults with a learning disability, including the core principles in Valuing People (2001), and Valuing People Now (2008): rights, independence, choice and social inclusion. The Act consolidates existing law, and introduces a number of new duties on local authorities. It emphasises the requirement for services to actively promote improvements in people’s wellbeing through the care and support they provide at all stages, from the provision of information and advice to reviewing a care and support plan. It brings new entitlements for carers. It reaffirms the principles of personalisation, legislating for Personal Budgets and requiring local authorities to promote Direct Payments.

Assessments should build on individual, family and community strengths, support access to universal services and aim to prevent, delay or reduce people’s dependency on services. The Act brings a duty to stimulate a diverse market of continuously improving, high-quality services, including a range of different service provider organisations to ensure genuine choice. Councils must commission a diverse range of services that provide best value for local people. Transitions for young people with a learning disability into adulthood must be effective. The duty of co-operation will help drive our partnership working.

The ‘Winterbourne Concordat’ and ‘Winterbourne View – time for change’ will underpin this strategy. Stronger local community-based services will build on the Concordat’s five good practice indicators: co-production, community building, a capabilities based approach, integrated services and personalisation. The requirements for strong joint approaches including pooled budgets, integrated commissioning and genuine partnerships with people with a learning disability and their families, and a ‘whole life-course’ approach will further strengthen our partnership working.

The Health and Wellbeing Board and joint Health and Wellbeing Strategy strengthen whole system working to improve health and wellbeing, tackle inequalities, make sure people get

the right support in the right place at the right time, and ensure best value. Implementation of the Commissioning Strategy will also be aligned with implementation of Sheffield's [plan for integrated commissioning of health and social care](#) for people of all ages, which sets out four main areas for integrated working: keeping people well in the community, intermediate care, community equipment, and long term high support.

The Care Act, along with the [Children and Families Act 2014](#) has specific implications for effective progression to adulthood and reinforce our commitment to a 'life-course' approach to supporting people with a learning disability and their families. The new Children's Act also replaces Special Educational Needs statements with a new 'birth to 25' Education, Health and Care Plan, improving cooperation between Councils and the NHS and requiring Councils to publish a 'local offer' of support. It is essential the local 'birth to 25 offer' is aligned with the service offer for all adults with a learning disability.

6. The social and economic context

6.1 Demographic change

The number of adults with a learning disability is increasing and their needs are becoming more complex.

It is good news that more children with major disabilities are surviving into adulthood and more disabled adults are living into older age. However the overall gap in life expectancy between people with a learning disability and the rest of the population has not reduced.

The number of adults (20+) recorded by Sheffield Case Register increased from 1,950 to 2,671 over the ten years between 2003 and 2013 - approximately 4% per year. This is significantly higher than the trends given in the national 'Projecting Adult Needs and Service Information' resource, which estimates increases around 0.5% a year. There is no evidence of specific demographic pressures in Sheffield that might explain the difference: further work is needed to understand the national projections, and the balance between actual population change, and increased identification by local services.

The increase in numbers is principally due to a rise in the number of younger people with a learning disability, in particular children with more severe and complex needs, and children with autism. (Over 50% of 10–20 year olds known to the Case Register have a diagnosis of autism). Our plans therefore need to make sure local services deliver good quality skilled support for people with an increasingly diverse range of needs, both in family and community settings and in accommodation with support away from the family. This requires a joint approach with NHS partners.

The proportion of adults with a learning disability from black and minority ethnic communities (BME) is around the same for as the White British population in ages between 20 and 50, and lower in over 50s. There is evidence of increased prevalence of people with the most complex disabilities within BME communities.

There is also a 'bulge' in the number of people aged 35 to 50. Many of these people are living with family carers, most in older age. As their family carers age, there will be an increase in demand for accommodation with support away from the family. Supporting families to plan in advance for the future living arrangements of their disabled sons and

daughters provides significant reassurance, and helps develop plans that optimise people's future independence and social inclusion.

6.2 Change in demand for services

Over the nine years from 2005 to 2014 the number of adults with a learning disability receiving care and support increased by 35% from 1,136 to 1,531 – again around 4% per year. The proportion of adults with a learning disability supported by the Council per head of the overall population increased from below the England average until 2011/12, to above the average from 2012/13. As with the demographic information, further work is needed to understand the balance between the impact of population increases, and the impact of other factors.

- The biggest area of increase was in younger people. Approximately 60% of the increase in numbers was in young people under 25.
- However 16% of 'new starters' were people who had been living with older family carers, and another 14% were due to breakdown in carers' circumstances.
- Approximately 60% of people live away from family, with either community based support, or in supported living, residential and nursing care settings. If current practice and demand stay as they are, we estimate there would be an increase of around 200 people living in accommodation with support by 2020.

Our understanding of needs and demand informs our priorities.

- The need to make sure services develop to meet the changing needs and expectations of younger adults with a learning disability, at the same time as meeting the changing needs of an ageing population.
- The need for a more diverse and flexible range of local services to meet the increasingly diverse needs of local people.
- The need to make sure family carers have the right support to care for their disabled relatives at home if that is what they want to do.
- The need to improve the quality and achieve best value in accommodation with support for people living away from their families.

6.3 Budget, spend and best value

The total cost of services for adults with a learning disability is £65m. This includes assessment and care management services and other direct costs. Of this, approximately £44 million per year (gross) is currently invested on direct care provision for people with a learning disability.

The Council has faced several years of austerity as a result of Government cuts to its budget, rising prices, and increases in demand for services. Nevertheless, Sheffield's investment in services for people with a learning disability has increased year on year over the last five years. The budget for 2014/15 is around £3.5 million more than 2013/14. Given the Council's financial challenges, this is an unsustainable position.

In comparison with other authorities, the latest available published 'Personal Social Services Expenditure' information (PSSEX1, 2012/13) shows Sheffield's spend per head on adults with a learning disability has moved from below the national, regional and core cities averages in 2008/09 and 2009/10 to above all these averages in 2012/13.

According to the latest benchmarking information, the average cost of residential care in Sheffield for people with learning disabilities is in the highest quartile in England¹. The average cost of nursing care for people with learning disabilities in Sheffield is also higher than in almost any other area. Costs for home support and day services for people with a learning disability are broadly in line with the England averages.

This Commissioning Strategy must be delivered in the context of reducing Council budgets, and we expect any future changes to help us meet our financial challenges. It is important to make sure all services are delivered in an effective and efficient way, and of high quality. The detailed commissioning plans will make sure all services are good quality and affordable. This will also allow us to make accurate financial forecasts and ensure a sustainable range of provision.

7. What needs to change

7.1 Social inclusion

We need a major shift in culture and practice towards promoting people's social inclusion, and reducing people's reliance on institutionalised forms of care as their only form of support.

In the consultation there was broad support for the aspiration to increase people's social inclusion and for more people to be supported to access everyday community opportunities. However many respondents said specific support is needed to help people take advantage of community opportunities and to support social needs, and there need to be better evening and weekend opportunities. People also cited a number of barriers, including transport, costs, people's perceptions of safety, and lack of information on opportunities in the community.

We need to highlight key issues and examples of good practice in promoting social inclusion, strengthen the evidence base and generate new innovative approaches. This will include working with Children's Services, Public Health and the CCG to develop 'whole system' approaches.

Alongside this we need culture and practice in Sheffield to change so it is based on high expectations of people's capabilities and their ability to develop new skills (whether they live with, or away from their families), and recognises that unnecessary dependence on services is 'disabling'. This will require major improvements in the quality of community-based services, including robust, preventative and proactive care.

This will involve innovative new approaches including the rapidly developing assistive technologies. It will include building on Sheffield's strengths as a friendly city to make sure the wider community and universal services are welcoming and accessible to local people with a learning disability. The Special Olympics, to be held in Sheffield in 2017, provides a unique opportunity to draw together partners from all sectors in the city to meet this aspiration.

¹ <http://www.hscic.gov.uk/catalogue/PUB13085> PSSEX1 Indicator 2.9

The implementation of the vision for reducing unnecessary dependency and increasing people's social requires active input from Public Health. We will identify options for Public Health to play a lead role in improving people's wellbeing and social inclusion, and in tackling the inequalities people and their families face in many aspects of their lives.

7.2 Improving employment and volunteering opportunities

A key indicator of social and economic inclusion is the proportion of people with a learning disability in paid employment. This is a key priority for local people. In the consultation the terms 'employment', 'work', 'volunteering' or 'jobs' came second only to the general term 'support' and well ahead of the next most repeated terms. Of the survey respondents, 67% agreed with the aim for more people with a learning disability to have the support to do paid or unpaid work if they want to.

However Sheffield's performance has been consistently lower than other areas at under 4% compared with around 6% for the UK, Yorkshire and Humber and similar Local Authority comparator group averages.

Support to access paid employment is provided by the Council's in house Employment Service and Independent Sector providers. However, providers had concerns about inadequate employment support in Sheffield, including a perception that Government schemes and services (e.g. Jobcentre Plus) were not known about and did not benefit people with learning disabilities. Some people felt day services still operated a 'teaching' model rather than promoting empowerment, and that there was a need for better co-ordination between Jobcentre Plus and learning disability services.

Welfare benefits issues were also seen as a significant barrier to employment, and the desire to retain non-work benefits had a practical impact on people's appetite for paid work.

Many respondents also wanted improved access to wider community based volunteering activities, especially outdoor opportunities e.g. gardening projects and working with animals.

Improving employment support is a clear priority: there is a need to review our overall approach and clarify responsibilities. This will include working with the city's Employment and Skills service, the Public Health team and our NHS colleagues to ensure a co-ordinated approach to employers and employment support providers.

7.3 Support for family carers

Support for people living with their families and to family carers is a high priority. 'Valuing People' and 'Valuing People Now' both placed a strong emphasis on families' vital contribution to the lives of people with learning disabilities, often providing most of the support they need, and being crucial in ensuring that people with learning disabilities can live in the community. The Care Act gives us further opportunities to change and improve the support available to family carers.

The consultation provided wide ranging feedback from family carers. Many agreed with the emphasis on making sure families have access to high quality support to help them continue caring at home, if that is what they want to do.

Families need reliable and timely information and advice, and reliable communication and support from Assessment and Care Management services. Peer support between families is important. Many family carers value short breaks services, but there was mixed feedback about the quality of the available choices. There is a need for short breaks services to meet the increasingly diverse range and backgrounds of people with a learning disability, and to provide a positive experience for younger people. There is interest in flexible alternatives to building based short breaks services but a clear message that for some people, especially those with more complex needs, building based short breaks services are a positive option.

However, many family carers also stressed there should not be an assumption that they should continue to care at home, and that for disabled relatives to move on and live away from their families is often a positive or necessary option.

In particular, families need the reassurance that comes with being supported to plan ahead for the future. Families also need the assurance that there is flexible and responsive support if they are in crisis, to provide the time and resources needed to resolve problems and help them remain together.

7.4 Making sure people can get what they want from Direct Payments

The number of people with a learning disability and their families accessing Direct Payments more than doubled from 367 at the start of 2010/11 to 901 by the end of 2013/14. The principal uses of Direct Payments are for personal assistants, day time opportunities and supported living services. An increasing number of families (including families of children and young people with a learning disability) now also use Direct Payments for flexible alternatives to building based day and short breaks services.

However feedback suggests that whilst Direct Payments are popular, there is a lack of the right kinds of support for people to purchase, and a lack of reliable information about local services and opportunities. There is also a need for people to be assured about the quality of support provided by personal assistants. Some people are concerned about the administrative burden of managing Direct Payments.

It is a priority to stimulate diverse, innovative support, based on the feedback from people with a learning disability, their families and support planners, to make sure the right services are available for people using Direct Payments, and that people have comprehensive up to date information about services and opportunities available in the city.

7.5 Moving away from traditional 'blocks' of service

We continue to have significant reliance on 'block' arrangements for services in particular for day time opportunities, supported living, short breaks services and residential and nursing care. This includes the arrangements for the Council's 'in-house' services.

These arrangements are not in line with our vision. They mean our investment is tied up in 'pre-purchased' support. This can be expensive, limit choice and reduce the ability of services to adapt to people's changing needs and expectations. We also need to respond to the Care Act's requirements for local authorities to ensure a diverse market of services. The Care Act also makes clear that Direct Payments should not be used to purchase local authority in-house services other than in exceptional or 'one off' circumstances.

We need to reduce our reliance on current block arrangements, and make sure the social care market provides a wider range of services that provide best value and can be accessed through Direct Payments. This will mean specifying the outcomes people want from services, stimulating innovation and development, and having frameworks in place that make sure alternatives to traditional blocks of service provide quality and best value. If people don't want, or are unable to manage a Direct Payment, the Council will arrange services directly using these frameworks, based on people's person centred support plans and Personal Budgets.

7.6 Doing things together: pooling personal funds.

It is clear from the consultation feedback that people want opportunities to make and sustain personal relationships, and value communal activities. People also want to get the most out of their available resources. Many said that one way to achieve this was to pool their personal funds, including their Direct Payments, to purchase shared support if they do not require 'one to one' support to take part in group activities.

As we move away from traditional 'block' arrangements, which often provide shared support, it is a priority to make sure people have both the opportunity and support to pool their personal funding, including their Direct Payments, so they can share their activities and support, and make their personal budgets go further.

7.7 Moving away from traditional or institutional forms of care

Whilst we have many examples of excellent services in Sheffield we also have an over-reliance on some traditional or institutional models of care, where support is arranged around the guidelines or principles of the service, rather than individual need. This is the case in many service areas, both building based and community-based, including some residential and nursing care, supported living, short breaks services and day time opportunities. This is not in line with our vision, and does not meet the changing expectations of local people with a learning disability and their families. This can be seen in the lower uptake by young people with a learning disability of more 'traditional' types of service.

We need to reduce our reliance on traditional or institutional models of care and make sure all people with a learning disability have access to community-based services that promote independence, wellbeing and social inclusion. An important part of this is to reduce our reliance on residential care, increase the level of supported living and improve the outcomes it delivers. Our new supported living framework sets new, higher standards for supported living based on clear outcomes: enhanced quality of life, health and wellbeing, maximising independence from paid services, a positive experience of support, and staying safe. It is now a priority to build on this and stimulate new, innovative alternatives to more traditional day services and short breaks services.

There was support in the consultation for proposals to increase the level of Adult Placement Shared Lives (APSL). This service is registered by the Care Quality Commission, and trains, approves and supports APSL carers to provide long term care and short breaks in the approved carers' own homes and in the community. It is similar to the fostering model in children's services and is seen by many as an attractive alternative to traditional forms of care. Some Asian family carers saw potential in APSL and were keen to learn more.

However, some people felt it was difficult to match people to approved APSL carers, and arrangements can take a long time to set up. There were questions as to how well APSL could meet the needs of people with complex needs. Some family carers had concerns that APSL arrangements could break down or come to an end when the approved APSL carers themselves became too old to carry on. These issues will be taken into account in the plans to increase the capacity of the APSL service.

7.8 Building based services

There was a clear theme in the consultation around the need for building based services. Many family carers do not want building based support for young people, wanting instead flexible support that meets different aspirations, often arranged through Direct Payments and personal assistants.

Nevertheless there was also a clear message in the consultation that many people, in particular people with more complex needs and behaviours viewed as challenging, benefit from building based services. Many people said building based services provide the specialist physical environments, the specialist support, the reliability and the safety needed by people with more complex needs. There was also a view that it is unrealistic to expect people to be 'perpetual tourists' spending their days going from one community activity to the next. People also considered that building based services provided the opportunity to maintain friendships and personal relationships.

Some family carers also said the current range of building based services did not provide the right environments for their disabled relatives. If such services were the only option, this was a significant barrier. This was particularly clear in the feedback from Asian carers.

As we develop more community-based services, it is a priority to have a clear vision for building based environments that sets out the outcomes good building based services will help deliver. We will need to review the current capital assets in use in line with the vision and take opportunities to improve their effectiveness.

7.9 Improving people's housing and accommodation

Whilst we have much good quality housing for people with a learning disability living in supported living settings, we also have examples of poor quality accommodation that does not meet people's needs. It can be difficult for some people with specific housing needs to access the right accommodation. In some cases this can lead to people needing to leave Sheffield to access the accommodation they need. Some types of accommodation, particularly more institutional models, are now less popular and have vacancies that are hard to fill, making them unsustainable in the long term.

In the consultation, the need for the right choice of accommodation was highlighted by people with learning disabilities, carers and providers. Respondents also stressed the importance of making sure accommodation was well matched to people's needs and that care should be taken to make sure people living in shared accommodation are able to live well together.

In the consultation it was clear that the accommodation in the city should reflect the increasingly diverse range of people's needs and expectations. People with more complex needs, including people with autism, may require housing that is specifically designed for their unique individual needs.

There was broad support for supported living as a model of choice. There was support for housing network and other tenancy support models. People felt there was a need for more supported living for people with lower level eligible needs. However there was also interest in people with a learning disability being able to access other forms of accommodation with support if it best met their needs – for instance nursing care for people with dementia, or Extra Care Housing.

We need to expand the range of good quality local accommodation and decommission less popular accommodation. We need to build on the lessons set out in ‘Winterbourne View – time for change’ and take advantage of the recommendations and opportunities in the report. Accommodation services in Sheffield must meet the whole range of people’s needs so people do not need to leave Sheffield to access the housing they require. This should help minimise the risk of breakdown in people’s support arrangements, reduce the need for hospital placements and help people move on swiftly from hospital to community-based services. We need to improve the way we manage accommodation to make sure people can access the housing options that best meet their needs at the time they need it. We also need to improve the coordination of housing, support and benefits to make sure supported living works smoothly for people.

7.10 Advocacy

Advocacy in its broad sense plays a key role in ensuring people’s rights - in decision making processes and in their wider social and economic inclusion. The Care Act sets out specific responsibilities for local authorities to arrange independent advocates to facilitate people’s involvement in their assessment, care planning and review, where they have substantial difficulty in this, and where there is no-one appropriate available to support them and represent their views. In a period of change we need a strong emphasis on advocacy to support people to make choices and engage in planning and managing change.

In the consultation people stressed the importance of advocacy, and said there needs to be a clear vision and plan for making sure the right advocacy support is available when people need it. We need to review our investment in advocacy as part of our implementation of this strategy.

8. What we propose to do

8.1 Improved social inclusion

Aim: In all our developments we want to help improve wellbeing through major improvements to the social inclusion of people with a learning disability in community life in Sheffield. We want community and universal services to be as inclusive as possible, and play a major part in promoting people’s independence, safety and wellbeing.

How will we achieve this?

- We want to talk to people, their families and the wider community about what this means and how we can help make big improvements.

- We will look at what already works well in Sheffield and what opportunities we can build on for the future.
- We will also look at other places where they have done this successfully, to learn what works well and help shape our more detailed plans.
- We will work with the organisers of the Special Olympics and other partners to make sure the games and city life are fully inclusive of Sheffield people with a learning disability.

What will this mean for people with a learning disability and their families?

- The wider community and public places will be more welcoming, accessible and safe for people with a learning disability and their families.
- People will have more opportunities to spend their time doing things alongside the rest of the community in Sheffield.
- As a result, some people will need less ‘service’ based support.
- The Special Olympics will provide a lasting legacy of Sheffield as a city that is friendly and inclusive of disabled people.

8.2 Better access to paid employment and volunteering

Aim: We want more people with a learning disability to have paid employment in Sheffield and for the number of people doing so to be as good if not better than similar cities. We also want to improve access to volunteering activities which give people a real opportunity to contribute to the community and help move them closer to paid employment.

How will we achieve this?

- We will review the effectiveness and value for money of our current employment support services, including the Council’s in-house services, and develop options for the future. We will do this in partnership with people with a learning disability, the city’s Employment and Skills service, Public Health, NHS colleagues, the voluntary sector and the city’s employers.
- We will work with colleagues to develop specific proposals for employment support and will consult on these to make sure they reflect what people want and evidence of what works best.
- We will work with others to make sure information and advice about pathways to employment is accessible and up to date.
- We will promote, with the organisers, opportunities for employment and volunteering for people with a learning disability when Sheffield hosts the Special Olympics in 2017.

What will this mean for people with a learning disability and their families?

- People with a learning disability will be engaged in developing our more detailed proposals.
- More people with a learning disability will be in paid employment if that is what they want.

- Some support services will be re-designed based on evidence about what works best.
- People will have good information and advice so they can make informed choices about accessing employment.
- Some services may need to change. People with a learning disability and their families will be involved in developing detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.3 Better support for family carers

Aim: We propose to make major changes and improvements to the support available to family carers, so that people are able to live well in the family home and have a good life in their communities, if this is what they would like to do. We want to make our investment in carer support more effective. This will include timely information and advice, emotional and practical support, and short breaks away from the family home.

How will we achieve this?

- We will continue to engage with family carers and carer support services to better understand what family carers want.
- Using this feedback, we will review the effectiveness of the carer support services we fund. Our current carers' contract ends in November 2015 and we will propose changes to the new contract which better provide what family carers say they want.

What will this mean for people with a learning disability and their families?

- Family carers will be better supported as carers in their own right.
- Carer support services will be re-designed based on the feedback from family carers.
- There will be changes to carers' support services from November 2015.

8.4 More choice in day time opportunities

Aim: We want to widen the current offer so there is much more choice in day time opportunities. We want to improve opportunities for people with learning disabilities to engage in social and learning activities which are purposeful, leading to people increasing their access to their wider community. People have told us they want better opportunities to make friends, build social networks and enjoy social activities.

We want community-based day time opportunities that support all people with a learning disability including people with the most complex needs and behaviours viewed as challenging. We want to move away from block arrangements where appropriate, so that more services can be as personalised and flexible as possible and so our money is not tied up with 'pre-purchased' services. As we do this we want to stimulate innovation and flexibility. Alongside this we want a positive vision for good quality building based services. We want day time opportunities to offer best value so that people can get the most out of their Personal Budgets. As part of this we want to support people to do things together by helping them pool their personal funds to arrange innovative activities with shared support.

How will we achieve this?

- We will engage with people with a learning disability and their families to better understand how people want to spend their days, and generate new ideas about how this might be achieved.
- We will work alongside children’s services to stimulate innovation and choice in local services by encouraging new ideas. This might include investing in an innovation fund for new day time opportunities.
- We will review the effectiveness and value of the day time opportunities we commission, and develop options for the future.
- We will make sure the improvements are accessible to all people with a learning disability, including those with the most complex needs or behaviours viewed as challenging.
- We will develop a vision for good quality building based services.
- As we develop specific proposals for day time opportunities we will consult on these to make sure they reflect what people want.

What will this mean for people with a learning disability and their families?

- People with learning disabilities will have more choice about how to spend their days and have varied experiences, which meet their needs and aspirations and enrich their lives.
- Some services will be re-designed based on the changing needs of people with learning disabilities.
- There will still be building based services for people to meet and socialise. These will be fit for purpose, and there will be more opportunities for people to spend their time out and about in their community.
- Some services will need to change. New developments will be stimulated. People with a learning disability and their families will be engaged in developing detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.5 More choice in short breaks services

Aim: We want to widen the current offer so there is much more choice in short breaks services. This will include different opportunities for a short break, such as activity based breaks or ‘sitting’ services. We recognise the need to retain some building based services especially for people with complex needs. People have told us they want short breaks services to offer meaningful activities including opportunities to make friends, build social networks and enjoy social activities.

We want short breaks to work better for all people, including people with very complex needs or people whose behaviours services find challenging. We also want short breaks to offer best value so that people can get the most out of their personal funds. We also want reliable services for families who find themselves in crisis situations, such as providing short term intensive support to allow the time and space for crises to be resolved so families can continue caring, if that is what they want to do.

How will we achieve this?

- We will engage with people with a learning disability and their families to develop a vision for good quality building based short breaks services and generate new ideas.
- In partnership with the Clinical Commissioning Group, we will review all short breaks services we commission, develop clear plans for the future, stimulate innovation and real choice, and make sure all services are of the highest quality and offer best value.
- We will make sure people have good information about what short breaks services are available.

What will this mean for people with a learning disability and their families?

- People with a learning disability will be able to have more varied experiences whilst having a short break, which meet their needs and aspirations and enrich their lives.
- People will have a better choice of good quality short breaks to help family carers care for their disabled relatives at home and prevent family breakdown.
- Building based short breaks services will be high quality and offer enjoyable and purposeful experiences.
- Short breaks services will provide best value, so people will be able to get the most from their Personal Budgets.
- Some services may need to change. People with a learning disability and their families will be engaged in developing detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.6 Increasing Adult Placement Shared Lives

Aim: Many people with learning disabilities and their families have support from approved carers registered with the Adult Placement Shared Lives (APSL) service. This includes befriending, day time opportunities, short breaks services and long term placements as an alternative to supported living or residential care. Adult Placement Shared Lives also offers good value for money. We want more people to benefit from Adult Placement Shared Lives.

How will we achieve this?

- We will increase the number of families registered with Adult Placement Shared Lives who provide befriending, day time opportunities and short breaks.
- We will double the number of families registered with Adult Placement Shared Lives who provide long term Shared Lives support.
- We will make these opportunities more accessible, including to people with complex needs and people whose behaviours services find challenging.

What will this mean for people with a learning disability and their families?

- More people with learning disabilities and their families will be able to have support from families registered with Adult Placement Shared Lives.
- As Adult Placement Shared Lives services offer good value for money, people will be able to get more from the available resources.

8.7 A new accommodation commissioning plan for people with a learning disability

19

Aim: We want to expand the amount and range of good quality accessible community-based accommodation and support that meets the wide range of people's needs.

We want accommodation to enhance wellbeing and reduce social isolation by combining privacy with access to shared space, shared activities and, where people choose, shared care arrangements. We want to set and enforce quality standards. We want good processes to identify people's needs and help them access the right options.

We want to make sure people do not need to leave Sheffield to access the accommodation they need, and help people who live away from Sheffield to return if that is what they want to do. This will include making sure good quality local community-based accommodation services help prevent breakdowns in people's support, and help people move on from hospital placements as soon as they are ready. And we want services to provide the best value for local people.

How will we achieve this?

- We will implement a new Learning Disabilities Accommodation Commissioning Plan. This will be developed with Children, Young People and Families, Housing and NHS partners. It will set out our vision for accommodation and support, and how we will improve the range, quality and accessibility of housing options available.
- We will stimulate new accommodation through external grants and by supporting private sector investment.
- We will set clear quality standards for accommodation and will make sure these are maintained.
- We will improve the way we manage accommodation and support.
- We may decommission housing that no longer meets people's needs.

What will this mean for people with a learning disability?

- People with a learning disability will have more choice of good quality accommodation and support.
- People will have better access to the housing options they need at the times they need it.
- Accommodation services will facilitate swift, safe discharge from inpatient settings back into the community.
- Accommodation and support will provide best value for money so we are able to support the growing number of people who will need it in the future.
- People will be engaged in developing more detailed proposals before the Commissioning Plan is finalised.

8.8 Improving accommodation and support for people with lower level needs.

Aim: There is insufficient accommodation and support for people with a learning disability who are eligible for adult social care support, but who have lower level needs. This means some people live in settings that are not geared to helping them maximise their wellbeing and achieve their full potential. We want to improve range, choice and achieve best value

in accommodation and support for people with a learning disability with lower level eligible needs.

How will we achieve this?

- We will stimulate new housing options to increase the choice and availability of housing for people with a learning disability with lower level eligible needs.
- We will work through the Homes and Communities Agency bidding process to develop new build accommodation, and work with Council Housing and Registered Private Providers of Social Housing to develop new housing networks and other supported accommodation opportunities.
- We will work with people with a learning disability and support providers to develop high quality, innovative, personalised and flexible forms of community-based accommodation services that deliver best value.

What will this mean for people with a learning disability?

- People with a learning disability with lower level eligible needs will have better choices of good quality accommodation and support. This may include new housing networks where a group of people have their own homes within a short distance of one another, so they have companionship and support from a coordinator. People will also have access to new build supported housing developments.
- Accommodation and support services will provide best value so people can get the most out of the available resources.

8.9 Implementing the new supported living framework

Aim: We want more people who live away from their families to be able to live in supported living settings. We want supported living to be high quality, reduce people's dependency and increase their social inclusion. We want supported living services to provide best value for local people. We want to reduce our reliance on block arrangements for supported living.

How will we achieve this?

- We will implement the new supported living framework for all supported living services in the city. This change is already taking place.
- We will proceed with de-registration of 'block funded' residential care homes to change them to supported living services. When we do this we will tender for the supported living service against the new supported living framework. This change is already taking place and is ongoing.
- We will continue to use the 'Deciding together' protocol so people can continue to work together and pool their personal funds to choose supported living providers, if that is what they want to do.
- We will review the Council's 'in-house' supported living services, and develop options for the future.
- We will improve the way supported living services can be accessed by individuals or groups of people.

What will this mean for people with a learning disability?

- More people will have the benefits of supported living - more control over their daily lives, their own tenancy, access to benefits, and a greater say in their support.
- More people will have services that are geared towards helping them become more independent and take an active part in their local community.
- Supported living services will provide best value so people can get the most out of the available resources.
- Some people's services may need to change. People will have the chance to comment on detailed proposals before any plans for change are finalised, and will be closely involved in any changes that happen.

8.10 Achieving best value in higher cost accommodation and support services

Aim: We want all accommodation and support services to provide best value for local people. This means making sure services are good quality, help people achieve the outcomes they need, whilst also being good value for local people.

How will we achieve this?

- We will review high cost Independent Sector residential care and supported living services funded by the Council and/or through Continuing Healthcare.
- Where necessary we will take action to improve quality and achieve best value.

What will this mean for people with a learning disability?

- People's accommodation and support will be good quality, meet their needs and help them achieve their goals.
- People's accommodation and support will provide best value so people can get the most out of the available resources.

8.11 Quality

Aim: People expect services to reflect their unique individual needs and be delivered to consistent high standards, regardless of who commissions them i.e. the person with their own personal funds or the Council. The people best placed to challenge are those people who use services, their family carers and their advocates. We want to make sure quality is at the heart of all developments in this strategy.

How will we achieve this?

- We will work closely with people with a learning disability, their families and advocates to make sure their outcomes and aspirations are being met by service providers.
- We will maximise the opportunities to improve quality and capacity in community-based services and build the skills of the local workforce, as set out in 'Winterbourne View – time for change.'

- We will have in place a range of quality assurance measures at the heart of which is feedback from people who use services on their experiences to make sure provision is safe and sustainable.
- We will make sure all service providers, regardless of who commissions the services, work closely with people who use services and family carers to continuously improve their services, and provide flexibility and innovation.

What will this mean for people with a learning disability and their families?

- All local services will meet the needs and aspirations of people with a learning disability and their families and promote their independence, safety and wellbeing.
- Local services will provide high quality community-based support to all people with a learning disability, including people with the most complex needs and behaviours viewed as challenging.

9. Engaging with people throughout the changes

9.1 Working together on future changes

This Commissioning Strategy sets out the need for considerable change and development across Learning Disabilities services in Sheffield. Following the consultation there will be further work to consider the feedback and develop detailed options for changes to specific services. In doing this, we will work in genuine partnership with people with a learning disability and their families in drawing up commissioning plans, in implementing the plans, in making sure services meet our high quality standards, and in scrutinising and holding us to account. Where we propose changes to specific services we will have further detailed engagement and consultation with all the people whose lives will be affected by specific plans to make sure these plans are right.

9.2 Integrated working and partnership

We will work together with a range of partners, including our partners on Sheffield's Health and Wellbeing Board and wider 'universal services' to ensure a whole system approach.

This will include

- Children, Young People and Families Portfolio
- Public Health
- Regeneration and Development Services
- Housing and Neighbourhood Services
- The Clinical Commissioning Group (including the Continuing Healthcare assessment teams)
- CCG funded clinical support teams.

In particular we will align our plans with Sheffield's plan for integrated commissioning of health and social care for people of all ages. We will work closely with Children, Young

People and Families to make sure the 'local offer' of services to children and adults with a learning disability and their families is consistent, and based on what local people want.

9.3 Advocacy

In working with people with a learning disability throughout the changes we will make sure their needs for advocacy are fully reflected in the Council's overall approach to advocacy and the requirements set out in the Care Act. We will also make sure there are effective arrangements in place at times of specific change so that people are fully involved in planning and implementation of change.

Appendix 2 – Equalities Impact Assessment

LD COMMISSIONING STRATEGY EIA

What are the brief aims of the Budget/Project proposal and the outcomes you want to achieve.

This EIA identifies:

- Key potential impacts for the strategy overall in relation to customers (additional EIA/s will be completed regarding any planned staff changes as/when required).
- Actions in progressing the LD Commissioning Strategy to ensure that we meet our Equality Duty – including our approach to the development of detailed commissioning plans.

The Learning Disabilities Commissioning Strategy sets out the headline plans for how we propose to make major improvements to the services that can be purchased or provided to meet the support needs of people with a learning disability and their families. This includes services available to:

- People living in accommodation with support
- People living with their families and their family carers.

It also seeks to promote social and economic inclusion of people with a learning disability in everyday community life.

The strategy outlines how the needs of people with a learning disability are changing and becoming more diverse and responds to the significant challenges that we face in transforming our services. It builds on work already in place to improve learning disability services in Sheffield, and proposes significant changes in the way services will be commissioned and provided in the future.

There is a need for considerable change and development across Learning Disabilities services in Sheffield. We have set this out in the strategy (attached). Commissioning plans will be developed to support and implement change. This will include further work to engage with people who use services and their families. Further equality impact assessments will be developed alongside these.

1 Health and wellbeing

IMPACT – positive / medium

Will the proposal have a significant impact on health and wellbeing including its effects on the wider determinants of health?

The Learning Disabilities Commissioning Strategy sets out the headline plans for how we propose to make major improvements to the services that can be purchased or provided to meet the support needs of people with a learning disability and their families. It seeks to improve their access to universal services, and contribute towards preventing, delaying or reducing the need for support.

Action Plan; Action and mitigation

We will continue to seek information about impacts on health and wellbeing as we develop the commissioning plans.

2 Age

IMPACT – positive - medium

Customers: Age Impact and Level

Customers: Provide details on Age Impact

The overall impact of this strategy will be positive for younger and older people because it aims to increase the diversity of support services and help us better meet people's increasingly diverse needs and expectations.

Young adults and their families have told us that services as they are now do not always meet their expectations, and there are issues in how positive the transition from Children's to Adults' services is. There is also some evidence that some older people with learning disabilities would benefit from more access to generic older people's services such as nursing care and Extra Care housing.

However, although people want improvement, we know change can create anxiety. Even when change is generally positive it can initially be difficult for service users and their families, and therefore transitional arrangements would need to be managed carefully and sensitively. This came out as a strong message in the consultation.

Demographics

The number of adults with a learning disability is increasing. More children with major disabilities are surviving into adulthood and more disabled adults are living into older age.

The increase in numbers is primarily due to a rise in number of younger people with a learning disability, in particular children with more severe and complex needs, and children with autism.

There is also a 'bulge' in the number of people aged 35 to 50. Many of these people are living with family carers, most in older age. As their family carers age,

there will be an increase in demand for accommodation with support away from the family.

Feedback from consultation

There has been considerable engagement with people who use services over recent years. We know that people want more diverse services that promote independence in the community and tackle barriers to social inclusion. Many respondents feel that there is a lack of appropriate provision for younger adults with learning disabilities; and the transition from Children’s to Adults’ services is a cause for concern for young people and their carers. Both older carers and people with learning disabilities with older carers are worried about the future and need to be able to plan ahead and take steps towards supported living for adults living at home with family carers getting older. The feedback suggested that some older family carers may not want respite service providers in their homes.

See also section on carers.

Age Action Plan; Action and mitigation

The strategy outlines that we will align our plans with Sheffield’s plan for integrated commissioning of health and social care for people of all ages. We will work closely with Children’s Services to ensure the local market of support services assists a smooth transition to adulthood, and improves consistency in the local offer to children and adults with a learning disability. The consultation has emphasised the need for joint working.

There has been consultation with children, young people and adults with learning disabilities. Proposals for specific service developments on how we transform family and community support, and accommodation with support will include evidence from the engagement on the draft Commissioning Strategy. We will carry out more detailed EIAs on these proposals early in 2015, once we have developed these plans, and we will consult on these proposals.

We will address concerns about the transition from Children’s to Adults’ services with better joint working between these services in the development of commissioning plans.

We will ensure that EIA findings and feedback from consultation particularly take into account the views and needs of different age groups.

3 Disability

IMPACT – positive - medium/high

Customers: Disability Impact and Level

Customers: Provide details on Disability Impact

The overall impact of this strategy should be **positive** for people with learning disabilities (including those who have additional disabilities) because it should improve the diversity of services and help us to better meet people's increasingly diverse needs and expectations. Customers' needs are becoming increasingly diverse and we need to respond better to this.

However, although people want improvement, we know change can create anxiety. Even when change is generally positive it can initially be difficult for service users and their families, and therefore transitional arrangements will be managed carefully and sensitively. It was reiterated in the consultation that people need time and support to adjust to change, and this should not be underestimated.

When mitigating actions have been put in place, the impact should lead to positive outcomes for people with a learning disability and their carers.

Demographics

Number of LD clients aged 18-64 receiving services provided or commissioned by SCC during the period 01/04/13 to 31/03/14: 1531.

The number of adults with a learning disability is increasing. The increase in numbers is primarily due to a rise in number of younger people with a learning disability, in particular children with more severe and complex needs, and children with autism. There is also an increase in the number of older adults with a learning disability. Our plans need to make sure local services are the right ones to support people with the most complex needs, in family settings, community settings and in accommodation with support away from the family.

Feedback from consultation

Many people with learning disabilities aspire to moving out of the family home into a place of their own and feel that the strategy should not expect or assume that people will remain in the family home.

Some people with lower level needs want and feel able to access the wider community. Others also want to but need some specialist services too. Some people need support to access the wider community. The consultation revealed a widely-held view that people with complex needs often require specialist support, including support in a building (e.g. day opportunity or short breaks service). Many people with learning disabilities enjoy and appreciate doing things together.

There are mixed views about paid work the potential impact on people's benefits is felt to be a major obstacle.

People said there is a need to make sure our plans for the future include plans for advocacy services and that there needs to be a clear vision for making sure the right advocacy support is available when people need it.

Disability Action Plan

There has been consultation with people with a learning disability. The discussions with learning disabled people were very much person with learning disabilities-led. Sometimes, due to people having very complex needs and behaviour, approaches and conversations were adapted to be suitable and appropriate for the particular individual and contributions were short and more limited. However, at every session valuable insight was gained from the people who participated. It was noted that within learning disabilities there is a very broad, diverse spectrum of need.

We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support early in 2015, once we have developed the detailed plans. We will consult on these proposals. We need to review our investment in advocacy as part of our implementation of the strategy.

4 Pregnancy/ Maternity

No specific impact.

5 Race

Positive / medium

Customers: Provide details on Race Explanation impact

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by consultation and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, BME customers).

Demographics

19-20% of the general population (18-65) is from a BME background. The proportion of adults with a learning disability from BME communities is generally around the same as for the White British population in ages between 20 and 50, and lower in over 50s. However, there is a higher prevalence of learning disabilities amongst South Asian populations; where there is also evidence of increased prevalence of more than one person with disabilities in a family. There is evidence of increased prevalence of people with the most complex disabilities within BME communities.

However, the proportion of BME learning disability service users is significantly lower than the BME population proportion, at around 11% of service users.

Feedback from consultation

Concern was expressed during the consultation that there is a lack of appropriate provision for BME communities. For some Asian family carers, current building-based short breaks provision is not suitable due a lack of female-only provision and halal food. The feedback suggested some family carers from Asian backgrounds may not want respite service providers in their homes. Some Asian family carers saw potential in APSL and were keen to learn more.

Race Action Plan

There has been consultation with people from a BME background.

Proposals for specific service developments on how we transform family and community support, and accommodation with support will include evidence from the consultation. We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support early in 2015, once we have developed the detailed plans. We will consult on these proposals with BME communities.

We will make sure that EIA findings and feedback from consultation take into account the views and needs of BME communities and ensure that our services are equally accessible for all.

6 Religion/ Belief

IMPACT – neutral

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by involvement and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, customers from different religious communities).

We will make sure the EIA findings and feedback from consultation take into account the views and needs of faith communities.

7 Sex

IMPACT – positive; low

Of the 1,722 LD clients receiving services provided or commissioned by SCC during the period 01/04/13 to 31/03/14, 1010 were men and 712 were women.

Over 50% of 10–20 year olds known to the Case Register have a diagnosis of autism. Autism affects more men than women. Our plans need to make sure local services are the right ones to support people with the most complex needs, both in family and community settings and in accommodation with support away from the family.

See also Carers section - more women than men have primary family caring responsibilities.

In the consultation, it was found that for some Asian family carers, current building-based short breaks provision is not suitable due a lack of female-only provision. This includes female transport staff, escorts, etc.

Action plan

Consultation took place with men and women (including carers).

Proposals for specific service developments on how we transform family support, accommodation with support and promote social and economic inclusion will include evidence from the consultation. We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support early in 2015, once we have developed the detailed plans. We will consult on these proposals.

8 Sexual Orientation

IMPACT – neutral

There are 3514 people recorded on the case register so we can estimate up to 245 could be LGB. National research (e.g. Stonewall; Norah & Fry's Secret Lives) tells us that health and social care services need to do more to meet the needs of lesbian, gay and bisexual customers. Disabled people face the challenge of coming out twice as both disabled and LGB, double stigma may lead people to not wish to disclose (Davidson-Paine and Corbett, 1995).

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by involvement and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, LGBT customers).

The consultation plan identifies how the consultation was promoted to LGBT networks in the city. There is no specific feedback from the consultation.

Action plan

We will carry out more detailed EIAs on how we transform family support, accommodation with support and promote social and economic inclusion. We will ensure that EIA findings and feedback from consultation take into account the views and needs of LGBT communities. We will consult on these proposals.

9 Transgender

IMPACT – neutral

The strategy aims to make major improvements to services, and as new commissioning plans are developed (and informed by involvement and consultation) this will allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, LGBT customers).

The consultation plan identifies how the consultation was promoted to LGBT networks in the city. There is no specific feedback from the consultation.

We will ensure that EIA findings and feedback from consultation take into account the views and needs of LGBT communities. We will consult on these proposals.

10 Carers

IMPACT – positive/ medium

Approximately 40% of adults with a learning disability known to adult social care live with family.

There is also a 'bulge' in the number of service users aged 35 to 50. Many of these people are living with family carers, most in older age. As their family carers age, there will be an increase in demand for accommodation with support away from the family. Supporting families to plan in advance for the future living arrangements of their disabled sons and daughters provides significant reassurance, and helps develop plans that maximise people's future independence and social inclusion.

See also disability section. Although people want improvement, we know change can create anxiety. Even when change is generally positive it can initially be difficult for service users and their families, and therefore transitional arrangements need to be managed carefully and sensitively. This came out as a strong message in the consultation. When these mitigating actions have been put into place, the impact should lead to positive outcomes for people with learning disabilities and their carers.

Involvement -

There has been consultation with carers.

For many people, 'living independently' is seen as living away from the family home. Some families want their disabled sons and daughters to increase their independence whilst living together as a family. Carers also said there should not be an assumption that families should continue caring at home, and that, for many, a move to live away from family is a positive option.

The importance of better support to help family carers to care at home was acknowledged by all. Feedback from the consultation shows that carers feel that support could be improved.

Many carers are concerned about the future for their sons and daughters, and want information, advice and support with planning for the future. See also age section.

Short breaks services are a priority: people want more choice, including more non-building based short breaks. There has been much discussion about potential changes to short breaks services in recent years. People say they now want something to happen. Consultation feedback shows that building based short breaks are felt to be important for people with more complex needs.

Carers' Action Plan

The consultation plan identifies how the consultation will be inclusive for carers.

We will carry out more detailed EIAs on how we transform family and community support, and accommodation with support - including when reviewing carers support contracts. We will carry out these EIAs early in 2015, once we have developed the detailed plans.

We will ensure that EIA findings and feedback from consultation particularly take into account the views and needs of carers.

10 Voluntary/ Community & Faith Sector

IMPACT – positive/medium

The strategy should provide opportunities for the VCF to become more involved in the lives of people with learning disabilities. There could be opportunities to compete to provide new and innovative community based services through the commissioning plans.

It is also possible that changes to services may increase pressure on some existing VCF services.

The consultation plan has already started to identify ways to engage the VCF sector in the strategy. It will be important that further ways to involve the sector are identified throughout the process.

11 Financial Inclusion, poverty, social justice

IMPACT – positive/medium

One of the aims of the strategy is to move more people from institutional forms of support (care homes) into tenant supported living. This allows for greater financial independence and opportunities (e.g. claiming benefits), as will the increased focus on employment.

Support to ensure support with financial capability and to avoid financial abuse would form part of wrap around support.

Appropriate networks for promoting the consultation have/will be identified as part of the consultation strategy.

Social and economic inclusion will be promoted through improving access to paid employment. We will develop specific proposals for employment support and will consult on these.

12 Other/ Additional

Staffing – Neutral

Change and improvement to services will impact on specific staff in specific services. Additional EIA/s will be completed regarding any planned staff changes as/when required. We will ensure that corporate good practice is followed.

13 Overall summary of possible impact

IMPACT – positive/medium

The overall impact of this strategy should be positive for people with learning disabilities (including people of different ages, men/women, BME people, people with additional disabilities, people with religion/belief, and LGBT people).

The strategy aims to make major improvements to services for people with learning disabilities. As new commissioning plans are developed (and informed by involvement and consultation) this will also allow opportunities for sharpening how we commission and monitor services to reflect the needs of all equality groups within the LD community (for example, BME customers).

Although people want improvement, we know change can create anxiety. Even when change ultimately results in positive outcomes for service users, it can initially be difficult for them and their families, and therefore any transitional arrangements would need to be managed carefully and sensitively.

It is important that we are transparent in the EIA process that the Council faces severe financial pressures and that we acknowledge that people are anxious about the impact this might have on their own care and support: there is a need to ensure the best quality and value for money so people can get the most from the available resources. It is also important that we ensure a fair approach to how all adult social care resources are spent so that we meet our equality duties to existing and new learning disability customers, as well as other older/disabled adult social care customers.

Appendix 3 – Report into the consultation on the draft Learning Disabilities Commissioning Strategy (2014)

1.0 Introduction

- 1.1 The draft Learning Disabilities Commissioning Strategy (2014) sets out broad principles for the future direction of support for adults with learning disabilities in Sheffield and their family carers. It contains a vision for the way people should be supported by 2018 and key priorities for getting there, including support for families and more emphasis on community-based, flexible support.
- 1.2 The Quality Team has worked with Adult Social Care Commissioning to run a consultation exercise with a range of stakeholders to test out the strategy's vision.
- 1.3 Feedback from the consultation, which closed on 14 November 2014, will inform the final version of the strategy, which will be included in a report to Cabinet in December 2014. Following approval of the final strategy, more detailed commissioning plans are expected, which will require further consultation with relevant stakeholders.
- 1.4 This report describes the approach taken to the consultation and the feedback received for each of the proposals.

2.0 Summary

Key overall messages from the consultation were:

- **Coordination** – the strategy needs be more joined up with Health, Assessment & Care Management and other partners
- **Support to carers/families** – there should not be an assumption that people with learning disabilities will remain living in the family home, and there must be planning ahead and support to prevent carer breakdown
- **Support to live in own home** – there was broad support for Supported Living and tenancy support models
- **Support for community involvement** – there was broad support for this aspiration but specific support for people with learning disabilities is needed to help people take advantage of community opportunities and to support social needs, and there needs to be more things to do in evening and at weekends
- **Barriers to community involvement** – there are mixed expectations about living more independently, and barriers to tackle, like transport, costs, [perceptions of] safety and lack of information
- **Doing things together** – there was an overall sense of the collective and that many people with learning disabilities enjoy and appreciate communal activity because of friendships, inclusion and shared experience
- **Reductions in personal budgets impact on the strategy** – there are concerns that people will be unable to afford to access more community activities (e.g. with Personal Assistants) with less funding
- **More choice of short breaks** – people with learning disabilities and families need more choice and information about affordable short breaks, and people whose behaviours services find challenging need a better choice specifically of building-based short breaks services

- **Quality assurance** – more needs to be done to reassure people about provider quality
- **People need to adjust to new arrangements** – people need time and support to move to new support arrangements, and this should not be under-estimated
- **Barriers to realising work potential** – lots of people talked about paid and unpaid work but there are mixed views, and benefits is a major obstacle
- **Building-based services** – many people with complex needs in particular need services based around buildings with appropriate specialist support
- **Broad spectrum of need** – it is important to recognise the diversity of need of people with learning disabilities, including people with complex and multiple disabilities
- **Advocacy** – the strategy needs to cover aims for advocacy

3.0 Consultation methodology

3.1 The aim was to ensure as many people in Sheffield as possible were aware of the draft strategy and knew how to have their say in relation to the strategy. It was acknowledged that people with a learning disability and their carers were likely to be most interested in the strategy and that a variety of ways to participate in the consultation was necessary in order to ensure everyone who wanted it had an opportunity to participate.

3.2 Methods used to gather the views of Sheffield Citizens included:

- An online survey, also available in paper and other alternative versions (see **Appendix 1**).
- Organised public consultation events including one aimed at carers, one for people with learning disabilities and one for people with learning disabilities who use direct payments.
- Visits to existing SCC learning disability service-user and carer forums.
- Visits to 3rd sector representative and support groups for people with learning disabilities and their family carers.
- Visits to a range of service settings for both internal and external providers where there were groups of people with a learning disability and family members. This was planned as far as possible to include a geographic spread across the city, views from people of different ages including young people, and views from people with different spectrum of need. (See **Appendix 2** for the list of organisations visited).
- Support materials were also available for groups to run their own consultation event.
- Groups or service settings were also able to request a member of the consultation team to attend and run a discussion event for them.

3.3 An Equality Impact Assessment was carried out on the consultation plan to ensure that those people whose views are seldom heard were also able to contribute to the consultation. (See **Appendix 3** for the consultation Equality Impact Assessment).

3.4 The draft strategy was available on the website and an easy read version entitled 'The Big Plan' (See **Appendix 4**) was also prepared to accompany the consultation. Copies of 'The Big Plan' and the full strategy were distributed at all the events and others were requested by individuals.

3.5 The consultation was carried out by members of the Quality Team within Business Strategy, Communities. This team has experience of conducting consultation exercises and particular experience involving people who have a learning disability.

- 3.6** The discussions and conversations with learning disabled people were very much person with learning disabilities-led. Where possible, an introduction to the purpose of the strategy was given and then a 'big tree' exercise was completed. This asked people to think about what their aspirations were and what things they needed or wanted to be available in the future in order for them to flourish and for their own wellbeing. (see **Appendix 5** for an example of a completed tree).
- 3.7** Discussions then took place about the quality and range of provision and support available at the moment and about things respondents felt were missing. During these conversations the themes present in the strategy – such as approach to short breaks, accommodation or employment – were addressed. It should be noted that some people wanted to express views on everything whilst others only had a very narrow focus.
- 3.8** Sometimes, due to people having very complex needs and behaviour, approaches and conversations were adapted to be suitable and appropriate for the particular individual and contributions were short and more limited. However, at every session valuable insight was gained from the people who participated.
- 3.9** The views of people with learning disabilities and family carers were recorded separately wherever possible. However, on some occasions the presence of a family carer or a known support worker was the only way to enable an individual to be able to contribute.
- 3.10** At the SCC provider session, care was taken to record the views of the providers as providers of social care. However it was also noted that those who currently provide services to people with learning disabilities were also able to comment on issues they had observed which were pertinent to the people they worked with.
- 3.11** The information gathered from this exercise is therefore largely qualitative and should be considered as valuable insight and comment.
- 3.12** Engagement and involvement in this consultation was promoted by:
- 2,753 letters to every person with a learning disability aged 14 years plus on the Sheffield Health and Social Care Trust (SHSCT) Learning Disability Case Register (see **Appendix 6** for copy of the letter)
 - Information distributed about the consultation to SCC learning disability staff
 - Consultation advertised in Communities News (email bulletin for all staff within Communities , approximately 3,000 in total)
 - Webpage created with information about the consultation and opportunity for people to download the strategy, the Big Plan and to complete a survey – 856 individuals viewed the webpage
 - Online survey on the Council website
 - Production of 'The Big Plan' easy-ready version of the strategy
 - Links to the SCC website consultation page were made from Disability Sheffield website, Signpost Sheffield, Healthwatch Sheffield, Carers in Sheffield and Voluntary Action Sheffield
 - Commissioning section shared with their adult provider services network, including 100 Learning disability provider contacts
 - Shared with the SCC Strategic Equality and Inclusion Staff network
 - Advertised via the SCC Equality Hub network
 - Advertised on Citywide Learning Body information centre
 - Notified Sheffield Futures, Parent Carer Forum and the Parental Assembly

- Notified the Transitions team and the Children with Disability Team
- Dedicated phone line provided to give views or complete a survey over the telephone
- Dedicated email address provided to email views and comments or requests
- Sheffield Universities advertised the consultation on their staff intranets (approximately 9,500 staff)
- Details emailed to 507 organisations in Sheffield and asked to disseminate information to all staff and people with learning disabilities – this included BME groups, 54 Faith groups and 23 LGBT groups (see **Appendix 7** for copy of the email)
- Presentation at SAVE (Sheffield Association for the Vulnerable and Excluded) network meeting – left Big Plan, copies of paper survey and flier advertising events for service users
- 13 BME groups with known learning disability received a targeted email inviting them to participate and offering support to do so
- Articles published in nine Partner newsletters e.g. Parental Assembly, Sharing Caring Project newsletter, Carers Centre newsletter, SAVE newsletter, Disability Sheffield, Learning Disability Partnership Board e-bulletin, News bite
- SAVE press release from the Council’s Communications team
- Radio interview on Radio Sheffield by Cabinet Member for Health, Care and Independent Living
- Promoted on Sheffield Live Community Radio and via an on-line video clip
- Social media advertising including twitter
- Offered to facilitate consultation events with all organisations contacted and targeted organisations that support learning disabled people to ensure their views were heard

3.13 Who responded?

Approximately 380 individuals engaged in the consultation through different methods:

- 21 consultation sessions with service-user and family carer groups
- Four consultation events
- Provider forum
- 24 surveys responded to by 15 family carers/members; two people with learning disabilities; six LD professionals; one ‘other’
- Two groups requested information to run their own sessions

3.14 Relevant views of other stakeholders were gathered through engagement routes outside the Quality Team’s consultation.

3.15 Adult Social Care Commissioning gathered feedback from key statutory partners:

- Transitions team – SCC
- Clinical Commissioning Group
- Executive Management Team – SHSCT
- Learning Disability Service Community Team – SCC
- Learning Disability Service Provider Service – SCC
- Learning Disability Service Community Team and Provider Service – SHSCT

Key headlines from this were:

- Lack of appropriate accommodation, particularly for people with higher/complex needs

- Lack of responsiveness and flexibility of some in house short breaks provision – there is a need for good quality short breaks so that families can continue to care
- Restricted choice of daytime opportunities – there is a need for good quality day time opportunities
- More joined up approach between children’s and adults’ services needed.

See **Appendix 8**.

3.16 At the same time as the consultation, Children’s Commissioning consulted on short breaks services for children and young people. The outcome of that exercise will be linked to this consultation.

3.17 Two other exercises, outside, but linked to, the consultation also took place:

- FLASh (learning disabilities family carer group) survey – relevant comments are included in feedback to this consultation
- Commissioning engagement with people with learning disabilities and family carers through the Health Reconfiguration programme

4.0 Results

The full feedback results are recorded on a database. The following is a summary of those results. Issues frequently cited raised by several different respondents are shown in **bold**.

4.1 Transforming family and community support

Changing and improving the support for family carers

4.1.1 Family carers associated a lack of support for themselves with inadequate service from assessment & care management – e.g. unable to contact the duty team or maintain contact with a named worker in social care or health (see below). Some people with learning disabilities agreed with family carers that poor communication or service from social workers contributed to a lack of support for family carers.

4.1.2 The importance of better support for family carers was acknowledged by all. Family carers cited a **lack of information about support and opportunities available**.

“Taking budgets off people – stress and not knowing where to go in the day, nothing available” – *family carer*

4.1.3 There was also insufficient support at times of crises.

4.1.4 To many family carers, support for them also meant reassurance that provision will be in place for their relatives in the future when they are no longer around or able to provide care. The need to **plan ahead** was a key theme – helping people in learning disabilities take steps towards independence before their families were unable to carry on in a caring role.

4.1.5 There was also a need to pass knowledge on from families to others. Some sons and daughters with learning disabilities also worry about their parents aging.

“Who will keep our daughter safe, healthy, clean and happy when we are no longer able?” *Family carer*

“We are not sure where to go for info? At the right time. In the future we want for her to be able to live independently.” *Family carer*

“People want to be able to plan for the future. Stages needed before supported living.” *Family carer*

“With family (happy), independently with a bit of support.” *Person with learning disabilities*

- 4.1.6 Some family carers (e.g. in Transitions) were concerned at the prospect of being asked to care for their loved ones indefinitely. Moving out of the family home into a place of their own – for example, supported living – was an aspiration for many people with learning disabilities and family carers. Some respondents associated moving out with the development of greater independence. The strategy should not expect or assume that people will remain in the family home.
- 4.1.7 The importance of **peer support** came across in the feedback. Groups who encourage this, and provide information and support – especially those who have operated over many years – were much valued by family carers.
- 4.1.8 Of the survey respondents, 12 (48%) agreed with the stated aim to help people to live at home with their families if they wish to do so and to do more in the community, and a further 10 (40%) agreed but had some other ideas, suggestions or concerns.

Changing and improving day time opportunities

- 4.1.9 There was **broad support for the aspiration of more community activities** amongst person with learning disabilities, providers and carers – a range of activities was identified in the consultation and an overall consensus that people:
- want to try different things
 - want to meet new people
 - want to be active and busy
 - want to do meaningful activities

“R loves working outside with plants. Likes learning about vegetables that he brings home. Makes him feel useful but not under pressure.”
Family carer

“Would be interested in more sports but doesn't have confidence for mainstream.” *Family carer*

- 4.1.10 People with critical or substantial needs also highlighted aspirations – e.g. being supported to go shopping and make personal choices.
- 4.1.11 Feedback highlighted barriers to community involvement. There was a general view that a **lack of information** about opportunities affects people’s ability to get involved.
- 4.1.12 **Reductions in personal budgets** were seen as reducing opportunities for people to take-up community activities. Examples included the costs of PAs and one-to-one

support, and taxis. Family carers and providers highlighted reducing budgets as a problem. However, some providers also acknowledged the need to work with other providers to develop opportunities for people with learning disabilities.

- 4.1.13 **Transport issues** were thought of as a further barrier and may prevent people from going out. People may lack travelling skills or face long journeys to opportunities they want to take up. This issue is linked to comments made by family carers about reductions in specialist transport and **reductions in personal budgets**.
- 4.1.14 Certain places felt safer – e.g. a regular learning disabilities-specific organised event in a mainstream setting was cited by several people. Many respondents felt there was a need for support for people with learning disabilities to get involved in community activities. This included support to do things together and the maintenance of **learning disability specific services** and groups. This would provide for peer support, socialisation, the exchange of ideas and, for people with complex needs, stimulation.
- 4.1.15 Some person with learning disabilities queried whether there was enough support for people with lower level needs. There was some awareness of the potential of certain community facilities – e.g. an advocacy group feeling they could meet in a quiet pub.

“Prefer being at home on my own because have been bullied so not feel safe. Could try if someone was with me. If it's too loud, can be intimidating.” *Person with learning disabilities*

“Nervous about going to town, want more local support in the community.”
Person with learning disabilities

- 4.1.16 Personal Assistants were seen by many as being essential to help people with learning disabilities access community activities and some PA arrangements were working well. Family carers highlighted some concerns about PAs, such as the lack of sickness cover. Examples of PAs apparently ignoring their clients were given, which linked family carer questions about the real quality/benefit certain community activities for people with complex needs – e.g. spending a lot of time in shopping centres.

“[The PA is] great, involves son with family.” *Family carer*

- 4.1.17 Support to develop and sustain **friendships and relationships** was a high priority for person with learning disabilities, and agreed with by both family carers and providers. A risk of being encouraged to do more in the community, paradoxically, was more isolation for people as old peer groups and services may erode. There were calls for more **weekend and evening opportunities**, and more flexibility from support providers.
- 4.1.18 The need to support people with learning disabilities to make the transition towards independent and community-based activity was also expressed. People need time and support to adjust. An example given was the need to **plan ahead** and take steps towards supported living for adults living at home with family carers getting older. Family carers, providers and other professionals highlighted the need to help people develop independent living skills.
- 4.1.19 Supporting people to manage change also applied to moving between support providers. Some respondents highlighted the importance of person with learning disabilities knowing a service and the people there.

“If my daughter is happy with her respite provider but just about to start college then don’t change her respite at the same time. Don’t overload them at the same time with too much change....e.g. keep building but can change staff.” *Family carer*

“Need 'hub' to meet people. Isolated after leaving school” – *person with learning disabilities*

- 4.1.20 There was mixed feedback about day services but an overall view that there is still a place for them. Person with learning disabilities and family carers wanted more information and communication about day services. There was positive feedback about a number of independent providers of day opportunities and some in-house provision. Good services encouraged people to get involved and choose their own activities.
- 4.1.21 The need for **specialist building-based support** currently provided in day service settings was highlighted – e.g. sensory stimulation and warm water therapy for people with complex needs.
- 4.1.22 Some person with learning disabilities and family carers looked to day services to provide social contact for people and respite for families. The feedback conveyed a sense that day centres provide a base from which people may then go out and do things (if transport is available).
- 4.1.23 Some support providers criticised current day service provision and others felt that there were more opportunities out there than provided by day services alone.

“...day service premises are too small and not really fit for purpose (it's in a pub). We are students - we want to do adult stuff - not "baby stuff" like jigsaws. What's the point!! It's also under-staffed. We want more than just to socialise.” *Person with learning disabilities*

“Agree that some services are out of date. The staff working there don’t keep up with changes over the years and then they can’t support people properly.” *Family carer*

- 4.1.24 There was no clear feedback about the availability or suitability of education opportunities. Some comments were made about the benefits of smaller class sizes, others about the chance to take part in mainstream activities through college. One respondent felt the strategy did not say enough about lifelong learning and the link to training and employment.
- 4.1.25 Of the survey respondents, 11 (40%) agreed with the stated aim to support people to be able to do the same things in the community as other people, and a further 11 (40%) agreed but had some other ideas, suggestions or concerns.

“We need to focus on skill development and personal development rather than focus on leisure activity so much. Need to address physical and mental well-being and healthy diet/lifestyle to reduce health inequality” – *LD professional*

Changing and improving short breaks

- 4.1.26 There was mixed feedback to the current respite/short breaks provision available. Some family carers really valued it because it works for them. For example, one service was felt to understand their customers and generally really tried to provide good support for people with high support needs. There were some comments about the difficulty of physical access to the building. Another family carer referred to it as ‘stresspite.’
- 4.1.27 Some family carers felt the facilities at another service were inadequate and it was not geared up to support with challenging behaviour. A shortage of staff and management often meant person with learning disabilities were unable to go out while staying there, which caused anxiety for person with learning disabilities and family carers.

“No entertainment, bored, wants and makes excuses to come home, sat on backsides all day. What they wanted to do: Walk, swim, coffee and cake in the cafe or at the supermarket – not children's games.” *Family carer*

“[A building is needed for short breaks] “to prevent daughter either destroying things/hurting herself.” *Family carer*

- 4.1.28 Family carer feedback highlighted the need for building-based short breaks for people with complex needs and behaviour that services find challenging in order to provide an appropriate physical environment.
- 4.1.29 Other feedback reported the difficulty in encouraging people with learning disabilities to go to respite. However, some respondents suggested some older family carers, and those from Asian backgrounds, may not want respite service providers in their homes.
- 4.1.30 For Asian family carers, there was a lack of an entirely suitable building-based service. There was a question-mark about whether services were able to provide halal food for Muslim service-users. There was a clear reluctance to want female Muslims to go to a mixed-sex short breaks facility.
- 4.1.31 Family carers did not see a nursing home as being an appropriate environment for respite, but had mixed views about out of city short breaks. Some family carers and people with learning disabilities highlighted the benefits of holiday-focused short breaks out of Sheffield.
- 4.1.32 There was some lack of knowledge about short breaks options amongst family carers and people with learning disabilities. Others, including person with learning disabilities, wanted some more flexibility of ideas for breaks.
- 4.1.33 Some respondents wanted short breaks services with better facilities for younger person with learning disabilities (e.g. internet access).
- 4.1.34 Respondents agreed there was a need for better support for people in crises and for there to be more choice of short breaks for people with complex needs and behaviours that services find challenging.

“Need to make sure that there is appropriate provision for people with challenging conditions.” *LD professional*

- 4.1.35 One provider felt that some current short breaks providers were over-charging in a market of few suppliers. Other respondents said that personal budget reductions were

reducing the affordability of current respite, reducing take-up and wrongly suggestion this service was not needed.

4.1.36 Of the survey respondents, 13 (54%) agreed with the stated aim to give people a better choice of short breaks, and a further five (21%) agreed but had some other ideas, suggestions or concerns.

4.1.37 Around the same time as the consultation has taken place, Children's Commissioning have been conducting their own consultation into short breaks for children and young people. It is hoped and expected the results from that exercise will inform the final version of the Learning Disabilities Commissioning Strategy and subsequent development of plans.

Increasing Adult Placement Shared Lives (APSL)

4.1.38 There was **overall support for the development of APSL**, with some qualifications. There was family carer and person with learning disabilities feedback about the scheme's flexibility, quality and value for money. Some Asian family carers saw potential in APSL and were keen to learn more.

"With a family I'm familiar with and trust, close by for some headspace. They know your routines and willing to learn" – *person with learning disabilities*.

4.1.39 However, other respondents felt it would be hard to match people and could take a long time to set up arrangements. There were questions from family carers as to how it could meet the needs of people with complex needs. It might be preferable to employ a PA rather than go through matching exercise.

4.1.40 Some family carers had concerns that APSL arrangements could break down and, inevitably, would come to an end when the provider family members themselves became too old to carry on.

4.1.41 Of the survey respondents, 16 (64%) agreed with the stated aim for more people to have support from Adult Placements Shared Lives, and a further two (8%) agreed but had some other ideas, suggestions or concerns.

4.2 Transforming services that provide accommodation and support

A new Learning Disabilities Accommodation Commissioning Plan

4.2.1 Feedback broadly **welcomed the development of a new accommodation plan** and the aim to develop housing options that meet people's needs. Having the right choice of accommodation was highlighted by people with learning disabilities, carers and providers, who also stressed the importance of matching people.

4.2.2 The consultation covered people's overall views towards accommodation options. More detailed accommodation plans are anticipated and expected to generate more specific feedback.

4.2.3 Person with learning disabilities highlighted the need for appropriate accommodation for people with low support needs and tenancy/network support was cited by several respondents as a good model.

“Son needs 1:1 support. Waiting for accommodation - Been waiting 4 years; at top of list. Keep bidding but rejected every time. No explanation.”

Family carer

- 4.2.4 Of the survey respondents, 14 (56%) agreed with the stated aim for people to have more choice of high quality housing that suits their needs, and a further six (24%) agreed but had some other ideas, suggestions or concerns. 16 respondents (67%) agreed with the stated aim for all houses, flats and other types of housing to be of high quality and value for money, and a further four (17%) agreed but had some other ideas, suggestions or concerns.

Implementing the new supported living framework

- 4.2.5 There was **strong overall support for Supported Living** and similar models of accommodation and care, and different independent supported living providers were referred to positively.
- 4.2.6 However, several respondents believed Supported Living was not appropriate for all.
- 4.2.7 In many cases, people with learning disabilities were able to reflect on the positive outcomes of moving into their own home. For example, support for some tenants helps them to focus on community-based and mainstream activities such as work, and there was other positive feedback about tenancy support.

“I like it because my housemates help me, also the care staff. It's brilliant. Would like more flexibility to do evening activities. All 3 service users have to want to do it or we can't do it. Would be good to live with like-minded people.”

– *Person with learning disabilities*

“Live independently with partner in a privately rented flat. Support worker comes in each day and father helps with finance - 'appointee service'. Takes away the stress.” *Person with learning disabilities*

- 4.2.8 Supported living was a future aim for some young people in school. Family carers of young people in Transition were expecting and looking forward to their children moving into supported living when the time is right. They agreed with the sentiment to provide the right support for family carers but did not like the idea of being asked to care indefinitely. Family carers highlighted the need to have plans for people to move into their own accommodation out of the family home in later life.
- 4.2.9 Family carers of people who are now tenants with Supported Living providers were satisfied with the support their relatives receive and the time away from a direct caring role it has afforded them. Some family carers, though, had to maintain a higher than expected practical role with their relative and the Supported Living provider.

“Supported Living – how will it be monitored? Will carers/parents be involved? What will happen when standards not good?” *Family carer*

- 4.2.10 There some warnings about people being asked to move into Supported Living at the wrong time. One sibling of a service-user compared a poor Supported Living environment with a previous caring and healthy residential care set-up. A professional and a family carer both highlighted the challenge of people making meaningful choices about who

they live with. A person with learning disabilities identified the stress of moving into a more independent setting from an institutional one.

- 4.2.11 Some concerns were expressed about the relationship between cost and quality in the Supported Living Framework. A small number of concerns were raised about security of tenure, Housing Benefit claims and the quality of accommodation within the private rented sector. There was also worry about liability for bills in shared accommodation when other tenants leave.

“My wife and I were caring for our son for 50 years and didn’t need help. But when my wife became ill, my daughter died and our son’s behaviour became difficult to cope with, my social worker talked to me about Supported Living” – *Family carer*

Improving value for money in higher cost accommodation and support services

- 4.2.12 Feedback suggested further clarification of the term ‘value for money’ may be helpful. Some respondents interpreted it as meaning lowest cost providers. One respondent suggested ‘best value’ as an alternative.

- 4.2.13 There was agreement of the need to monitor services, including putting in place effective person with learning disabilities feedback into the measures of quality. **Quality assurance** of services was a big overall issue, especially for carers. However, there were examples of independent providers in supported living and day opportunities that are working well. These included services felt to have specialist skills – e.g. autism.

- 4.2.14 Reducing block contracts and developing a bigger market was interpreted by some carers as *inhibiting* choice (because more expensive providers are not affordable). Some family carers and providers felt there should be longer-term funding to providers.

“The voluntary sector is often superb at working with LD in a multitude of ways – maintain funding securely rather than constant short-term contracts that have to be applied for.” *Family carer*

- 4.2.15 Providers identified the need to develop befriending, informal support and joint-working with other providers, showing awareness of needing to make the money go further.

Increasing long term Adult Placement Shared Lives services

- 4.2.16 The consultation feedback did not distinguish between the need for short-term or long-term APSL. Overall, there was interest in the scheme with some qualifications – see above.

4.3 Improving people’s wellbeing and social inclusion

Community development

- 4.3.1 Each respondent group stressed the need to develop **better community awareness** (people with learning disabilities cited tolerance, respect and safety) to make this aspiration achievable.

- 4.3.2 The need for Changing Places facilities was highlighted by some respondents.

4.3.3 Many respondents agreed with the strategy’s sentiment for more people with learning disabilities doing activities with the wider community. Leisure/sports aspirations were highlighted, but the clearest examples of this came in relation to work and unpaid work – see below.

Changing and improving access to paid employment and volunteering

4.3.4 There was a mixed, but overall, supportive response to the aim of more people working.

4.3.5 The consultation included an unprompted ‘big tree’ exercise that invited respondents to list the most important priorities they would like to see in place for people with learning disabilities (see **Appendix 5**). The words ‘employment’, ‘work’, ‘volunteering’ or ‘jobs’ got 51 separate mentions, second only to the general term ‘support’ (52), and well ahead of the next most repeated terms (‘activity’ or ‘activities’, 32).

4.3.6 A reasonable proportion of people with lower levels needs were working, had worked and/or aspired to work. There were many different examples:

- Lathe work
- Shop work
- Catering
- Carpentry
- Reception
- Office work

“[Through employment] ‘people feel they have the same opportunities.’ *LD professional*

4.3.7 Many respondents really wanted, and felt able to, access wider community activities, including outside – e.g. examples of working on allotments, gardening projects and with animals were referred to. One family carer spoke positively of his son volunteering in the Peak District.

4.3.8 Some respondents flagged up a lack of cohesion. Providers had concerns about inadequate employment support provision. This concern added to a perception that Government schemes were not known about and did not benefit people with learning disabilities in the main.

“Needs to be better coordinated between job centre and learning disability services – at present, no coordination at all.” *Family carer*

“Disability employment advisors from Job Centre Plus need to be more knowledgeable” – *provider*

4.3.9 **Benefits** were a significant barrier to person with learning disabilities, and the desire to retain non-work benefits had a practical impact on people’s appetite to work.

“Should aim for jobs that offer significant hours per week to help lift people with LD out of poverty.” *Family carer*

4.3.10 People had different motivations to work or volunteer – e.g. one person with learning disabilities on the autistic spectrum wanted to work in a supermarket because he liked the order of the aisles, the colours and because he finds it calming.

- 4.3.11 Family carers, person with learning disabilities and providers also flagged up the need for meaningful occupation and activity.
- 4.3.12 There were some concerns about purposeless activity, the risk of exploitation and bullying in the workplace, although some person with learning disabilities reported good support from work colleagues. A lack of employer awareness was also highlighted as an issue. Other respondents raised the issue of the time needed to learn jobs and the support with communication required whilst at work.

“Not enough worthwhile activities or employment opportunities. Day services still working in a 'teaching' model rather than promoting leadership and empowerment” – *provider*

- 4.3.13 There was some family carer support for the ambition for more people with learning disabilities to find paid employment as a means to increase income in a supportive workplace environment.
- 4.3.14 Of the survey respondents, 16 (67%) agreed with the stated aim for more people with a learning disability to have the support to do paid or unpaid work if they want to, and a further five (21%) agreed but had some other ideas, suggestions or concerns.

5.0 What people also said

- 5.1 There was **overall positivity about the aims in the strategy** but many concerns about its deliverability. Of the survey respondents, 10 (40%) agreed with all of the strategy’s vision, and a further 10 (40%) agreed some of it. The consultation feedback showed that respondents wanted more detailed plans and welcomed the opportunity to consult on these when they are available.

“It will help the service user to have a better quality of life.” *Person with learning disabilities*

- 5.2 An overall theme was the feeling amongst respondents that more communication and information is needed.
- 5.3 Person with learning disabilities, providers and carers each highlighted the importance of **advocacy**, which the strategy does not directly address.
- 5.4 Many family carers felt the strategy needed to show a greater **co-ordination and join-up with other key services** – e.g. Assessment & Care Management, Health services, education and Job Centre Plus.

“Well intentioned, but practicalities don't always match.” *Family carer*
 “Where is the link with current policy and practice? E.g. Creative respite solutions are not being agreed.” *Family carer*

“Would be very happy if everything in the strategy were delivered, but the reality of what's done is different.” *Family carer*

“Social care cannot progress without health involvement. Where is the

- 5.5 Family carers had a lot of **concerns about assessments**. Some queried the value of assessments that take a lot of time, make service-users anxious and are conducted in respect of people whose needs may not change. Some family carers were unhappy with the way reviews and reassessments have been carried out.
- 5.6 People who had personal experience of reducing personal budgets were concerned about possible impact and anxiety for family carers, person with learning disabilities (and providers). There were with strong feelings that this hampered many of the strategy's aims for more community activity. There are on-going discussions about this involving the Director of Care & Support and forums of people with learning disabilities and family carers.
- 5.7 There were also concerns with a perceived lack of social workers and no single/consistent point of contact. For many, the experience of assessments, support plans and processes seemed completely at odds with aspirations in the strategy.
- 6.0 **Equality issues**
- 6.1 The consultation revealed a widely-held view that **people with complex needs require specialist support**, including support in a building (e.g. day opportunity or short breaks service).
- 6.2 Some Asian family carers were not entirely comfortable with current building-based short breaks (respite) provision in terms of its cultural appropriateness – a lack of female-only provision and halal food.
- 6.3 Family carers often expressed a different emphasis to that of people with learning disabilities – e.g. in relation to expectations about people staying living in the family home.
- 6.4 Family carers, including older carers, had specific concerns about planning ahead and independence for their sons and daughters.
- 6.5 Younger people with learning disabilities, including teenagers in Transition, overall had more aspirations to live away from their family home.
- 6.6 No sexuality issues were raised, and no differences in approach for lesbian, gay, bi-sexual or trans-gender people with learning disabilities.
- 6.7 No specific faith issues were raised, other than the halal food issue highlighted above.
- 6.8 No specific gender issues were raised, other than the single-sex short breaks service issue raised by Asian carers and highlighted above.

Sheffield City Council

Draft Learning Disabilities Commissioning Strategy 2014-2018

Your views on proposed changes to learning disability services

The number of people with a learning disability in Sheffield is increasing and their needs are changing. We need to make sure we have the support and services in the city that can meet these needs in the future. We would like your views on our ideas for a new approach to supporting people with a learning disability. This includes:

- A bigger choice of more flexible support options
- More support for family carers
- Support that enables people to be more independent and involved in the community
- More value for money in services

It would be helpful to have a copy of the strategy document to hand whilst completing the survey as some of the questions are about specific parts of it. The full strategy document or the easy-read version 'The Big Plan' can be downloaded from our webpage -

www.sheffield.gov.uk/lcds. The strategy document outlines our vision. We will ask you your views on this at the end of the survey.

Section 1: What you think about the services you currently use

Are you answering these questions as a...

- Person with a learning disability
- Family carer of a person with a learning disability
- Professional working in social care / health (voluntary or independent sector)
- Professional working in social care / health (public sector)
- Other

If other, please state [Click here to enter text.](#)

Do you use or have experience of any learning disability services?

When we talk about learning disability services, we mean things like day services, short breaks, employment services, supported living, carers' services and residential / nursing care. If you are a service provider, please do not comment on your own service but we are interested in what you might think of other services.

- Yes
- No

Please tell us which services you use or have experience of. Tick all that apply.

- Day services
- Respite / short breaks
- Employment services
- Supported living
- Carers' services
- Residential or nursing care
- Other

Which other learning disability services do you use?

What do you think about day services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about day services?

What do you think about respite / short breaks services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about respite / short breaks services?

What do you think about employment services?

- Very good
- Good

- Quite good
- Not very good

Is there anything else you want to say about employment services?

What do you think about supported living services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about supported living services?

What do you think about carers' services?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about carers' services?

What do you think about residential or nursing care?

- Very good
- Good
- Quite good
- Not very good

Is there anything else you want to say about residential or nursing care?

Do you receive a direct payment?

- Yes
- No

What do you use your direct payment for? Tick all that apply.

- Buying things such as equipment that you need to live independently
- Supported living
- Employing a personal assistant(s)
- Day time support such as a day service
- Short breaks
- Other

What else do you use your direct payment for? [Click here to enter text.](#)

Do you think you have enough choice in what you can buy with your direct payment?

- Yes
- No

Please tell us why

Section 2: Your views on some of the things we would like to do

The next few questions ask what you think about our aims for the next four years and the things we want to do to achieve them. You will need to read the background information either in the [Draft Learning Disabilities Commissioning Strategy 2014-2018](#) or [The Big Plan](#) (easy-read version). We will refer you to the relevant section. The section numbers are the same, whichever version of the strategy you are reading.

We want to help people to live at home with their families if they wish to do so and to do more in the community. Please read [Section 4.1](#)

Do you agree with these aims and how we want to achieve them?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want people with a learning disability to be able to do the same things in the community as other people. We want to make sure that they are supported in the best possible way to do these things. Please read [Section 4.3 \(a\)](#)

Do you agree with the aims and how we want to achieve these?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want to give people a better choice of Short Breaks Services. Please read [Section 4.1 \(c\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want more people to have support from Adult Placement - Shared Lives. Please read [Section 4.1 \(d\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want people to have more choice of high quality housing that suits their needs.

Please read [Section 4.2 \(a\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want all houses, flats and other types of housing to be of high quality and value for money.

Please read [Section 4.2 \(b\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

We want more people with a learning disability to have the support to do paid or unpaid work if they want to.

Please read [Section 4.3 \(b\)](#)

Do you agree with the aim and how we want to achieve this?

- Yes
- Yes, but I have some other ideas / suggestions / concerns
- No
- Not sure

Please tell us why you answered this way

Section 3: Your views on our vision - the changes we want to see by 2018

Please read [Section 1.1](#)

How much do you agree with our vision?

- I agree with all of it
- I agree with some of it
- I don't agree with any of it
- I am not sure

Please tell us any ideas, suggestions or concerns you have about our vision

Section 4: Equality Monitoring

How do we use this information?

This information helps us to make sure that everyone has a chance to have a say. It also helps us to understand the different views different groups may have. If you do not want to answer any specific question, please leave it blank. Some questions may feel personal, but the information we collect will be kept confidential and secure. The better the information that we collect, the more useful it will be.

Which of these best describes your ethnic or cultural background?

- White
- Mixed / Dual Background

- Asian or Asian British
- Black / African / Caribbean or Black British
- Other Ethnic Group

How would you describe your religion?

- Atheist / None
- Buddhism
- Christianity
- Hinduism
- Humanism
- Islam
- Judaism
- Sikhism
- Other

If other religion, please state [Click here to enter text.](#)

Do you actively practise your religion?

- Yes
- No

Which age bracket do you come under?

- Under 14
- 14-18
- 19-24
- 25-44
- 45-64
- 65-79
- 80 or over

Are you...

- Male
- Female

What is your current employment status?

- Employed / self-employed
- Not employed and currently looking for work
- Not employed and not currently looking for work
- Student
- On an apprenticeship scheme / training programme
- Retired
- Other

Do you consider yourself to be a disabled person?

- Yes
- No

One final question...

We would like to know what you thought about this survey so that we can make any necessary improvements to future surveys. Please give your comments in the box below - these might be about things such as the design, content, length, language used, how easy or difficult it was to fill in.

Thank you for taking the time to complete this survey. Your views will help influence our plans.

Appendix 2 – list of organisations visited

LD Commissioning Strategy Consultation Events			
Organisation / Event	Type of Organisation	Date	Nos.
Living Our Lives Group	SCC Customer Forum	09-Sep	7
Strategic Equality & Inclusion Network	SCC Staff Forum	18-Sep	10
CCG	Commissioning/contracts engagement	18-Sep	14
LD Partnership Board	SCC Customer Forum	22-Sep	27
LD community services – SCC	Commissioning/contracts engagement	24-Sep	22
Key Ring – customers	Independent provider	30-Sep	8
LD family carers	SCC/Mencap Joint Event	01-Oct	30
LD Customer Forum	SCC Customer Forum	02-Oct	4
Good Place to Live	SCC Customer Forum	02-Oct	5
Transitions Team	Commissioning/contracts engagement	03-Oct	4
In-house day service customers	SCC In-house provider	07-Oct	12
Sharing Caring Project Transitions parents group	Independent provider	09-Oct	10
Direct payment users event	SCC organised open event	10-Oct	50
Talbot School – consultation with 16-18 year olds	SCC Special School	14-Oct	12
LD BME Carers support group	Pakistani Carers Support Group through Sharing Caring Project	15-Oct	20
Disability Sheffield – Self Advocacy Group	Independent provider	16-Oct	7

Heeley City Farm – customers/ volunteers	Independent provider	16/10/2014	12
LD health services – SHSCT	Commissioning/contracts engagement	20/10/2014	26
North Carers Support Group	Carers lunch club through Sharing Caring Project	21-Oct	14
HFT – families	Independent provider – families	21-Oct	12
Provider Reference Group	Agenda item on SCC regular forum	22-Oct	36
Paces	Commissioning/contracts engagement	22-Oct	12
Service user event	SCC Open Event	24-Oct	25
Paces – customers and families	Independent provider	24-Oct	12
HFT – customers	Customer forum	28-Oct	11
Fairways Carers Support Group	Carers lunch club through Sharing Caring Project	30-Oct	20
Spa Sensations – customers	Independent day service provider	12-Nov	4

Appendix 3 – Equality Impact Assessment for the Consultation
Sheffield City Council
Draft Equality Impact Assessment



Name of policy/project/decision: LD Commissioning Strategy
 Consultation - WORKING DOCUMENT

Status of policy/project/decision: Existing

Name of person(s) writing EIA: Melanie Rice

Date: 26/09/14 **Service:** Business Strategy, Quality Team

Portfolio: Communities

What are the brief aims of the policy/project/decision? To consult on new proposals and principles within the LD commissioning strategy.

There is a need for considerable change and development across Learning Disabilities services in Sheffield. We have set out our proposals for change in the LD Commissioning Strategy summary document. Many of these need further work to engage with people who use services and their families, consider options, develop Commissioning Plans and implement change.

We are now consulting on this strategy to ensure a common understanding of the issues and priorities for change, and make sure local people are fully engaged in our plans.

SEE ALSO OVERARCHING EIA ON THE LD COMMISSIONING STRATEGY - SharePoint Ref 312 - and Involvement Plan.

Are there any potential Council staffing implications, include workforce diversity? No

Under the [Public Sector Equality Duty](#), we have to pay due regard to: “Eliminate discrimination, harassment and victimisation, advance equality of opportunity and foster good relations.” [More information is available on the council website](#)

potential impact			(Details of data, reports, feedback or consultation.) This should be proportionate to the impact.)
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Age	Neutral	Medium	See overarching EIA for impact of the strategy on this group. Older and younger people are a group that we have targeted to consult with. Facilitating focus group with young people with LD at Talbot Special School. Advertised consultation on the City Wide Learning Body Information Centre (School Point) which sends information to all schools, Transitions Team, Children's Disability Team, Parent Forum and Sheffield Futures.
Disability	Neutral	Medium	See overarching EIA for impact of the strategy on this group. Disabled people are a group that we have targeted to consult with. Organised focus group with SUFA using easy read versions of survey. Launched consultation at LD Partnership Board. Sent out communication materials to 31 organisations that support people with physical disabilities, 16 groups who support people with learning disabilities and 19 groups who support people with mental health disabilities. Facilitating Open Events; one for LD providers, one for LD carers and one for LD service users. Over 50% of 10–20 year olds known to the Case Register have a diagnosis of autism. Autism affects more men than women. Consultation will be targeted to engage this group.
Pregnancy / maternity	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Race	Neutral	Low	See overarching EIA for impact of the strategy on this group. BME people are a group that we have targeted to consult with. Weekly monitoring of responses to consultation carried is being carried out. Tried to organise focus groups through the BME Network and Somali advice centre but no interest. Offered supporting all 13 BME groups in Sheffield but no take up so far. Have secured a focus group with Pakistani Muslim LD carers so are consulting with this group.
Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Religion / belief	Neutral	Low	The involvement plan already identifies faith groups to be engaged in the consultation. The consultation will also be promoted via wider faith networks. Sent communication details to 54 faith organisations and asked them to disseminate information to all their members and offered to facilitate focus groups with any

			organisations interested. Have secured a focus group with Pakistani Muslim LD carers so are consulting with this group.
Sex	Neutral	Low	Consultation will need to ensure (and monitor) engagement with men and women (including carers - more women than men are primary carers).
Sexual orientation	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Transgender	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Carers	Negative	High	We have targeted carers groups to facilitate focus groups to generate their views to these proposals as they are directly affected. We are also facilitating a carers' focus group through Mencap and the Caring Sharing Project. Carers of Sheffield have advertised the consultation in their newsletter and they have been offered a focus group. Approximately 12% of the adult population of Sheffield are carers (1 in every 8 adults).
Voluntary, community & faith sector	Negative	Medium	We have sent the consultation flyer and information to all voluntary and community groups to generate their views to these proposals, offered to facilitate of focus groups and provided them with the tools to carry out a group response themselves. Sent communication details to 54 faith organisations and 404 community and voluntary organisations and asked them to disseminate information to all their members and offered to facilitate focus groups with any organisations interested.

Areas of possible impact	Impact	Impact level	Explanation and evidence (Details of data, reports, feedback or consultations. This should be proportionate to the impact.)
Financial inclusion, poverty, social justice:	Negative	High	We have collaborated with SAVE (Sheffield Agencies for the vulnerable and excluded) to promote the consultation and they have included a promotional articles in their newsletter and distributed our flyer to all their contacts. Presented LR cons details at SAVE event to 16 organisations that support homeless, excluded and vulnerable people of Sheffield. Left resources for them to disseminate with all their clients and offered focus group

Cohesion:	Neutral	Low	We don't anticipate there will be any disproportionate impact on this group so this group will not be included on the equality monitoring form or have targeted engagement in this consultation.
Other / additional:	-Select-	-Select-	

Overall summary of possible impact (to be used on EMT, cabinet reports etc.):

The overall impact of this strategy should be positive for people with learning disabilities (including people of different ages, men/women, BME people, people with additional disabilities, people with religion/belief, and LGBT people). However, although people want improvement, we know change can create anxiety. Even when change ultimately results in positive outcomes for service users, it can initially be difficult for them and their families, and therefore any transitional arrangements would need to be managed carefully and sensitively.

We are now consulting on this strategy to ensure a common understanding of the issues and priorities for change, and make sure local people are fully engaged in our plans. Consultation can also help inform mitigation for any issues that people will face, for example during transitional arrangements.

Review date: 21 Oct 13 **Q Tier Ref** **Reference number:**
Entered on Qtier: No **Action plan needed:** No
Approved (Lead Manager): Ed Sexton **Date:** 26.09.14

Approved (EIA Lead person for Portfolio): Phil Reid **Date:**
Does the proposal/ decision impact on or relate to specialist provision: yes

Risk rating: Medium

Action plan

Area of impact	Action and mitigation	Lead, timescale and how it will be monitored/reviewed
All groups		
All groups	The consultation will be fully accessible as outlined in the Involvement Plan (e.g. we will use a range of means to engage people e.g. focus groups, events, online surveys, face to face visits at LD day centres and supported living accommodation)	October 2014

All groups	Groups who will be affected by the proposals will be targeted for engagement as outlined in the EIA above	October 2014
Race	The consultation and analysis will seek to establish the impact of the proposals on protected groups and by other characteristics e.g. level of disability, accommodation type, age, gender etc. Findings will be reported to decision makers in time and will be considered by decision-makers prior to making any decisions	From November 2014 onwards
Sexual orientation		
Carers		I
VCF		
Poverty		
-Select-		
-Select-		
-Select-		
-Select-		

Approved (Lead Manager): Ed Sexton Date:
Approved (EIA Lead Officer for Portfolio): Date:



Learning Disabilities Commissioning Strategy 2014

The Big Plan

Easy read information





Learning Disabilities Commissioning Strategy 2014

Have your say

Some hard words and what they mean

When we use hard words in this document, we will write them in **purple** and tell you what they mean underneath. Like this . . .

Commissioning - Deciding what support is needed (in Sheffield) to meet people's needs and putting that support in place.

Strategy - A plan that tells us how things will change in the future and what needs to happen next.



1. Introduction (what is this all about?)

The number of people with a learning disability is going up and their needs are changing. People want to have a life in their **community** and more control about how they are supported.


Community - The parts of the city where we live, made up of people and places.




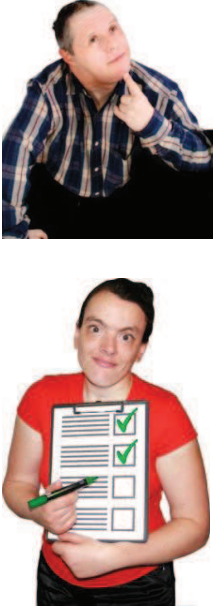
There are problems with some services in Sheffield



- Some services are out of date
- Some services cost too much money
- Some services (like housing) need to be better

We need good local services so people get the support they need in Sheffield and don't have to live elsewhere.

	<p>There is much less money to spend on health and social care</p> <ul style="list-style-type: none"> • Support providers need to be good quality and value for money. • There needs to be a better choice of support providers so people can choose who supports them and how. • We should not only think about paid support services – we should also think about people’s own strengths, their families and the support they can get from the community where they live.
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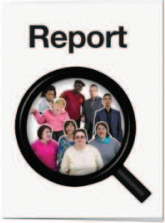

Value for money – something that does not cost too much money but is still good quality.

	<p>This strategy looks at what we are already doing about these problems and asks what else we could do in the future.</p>
	<p>1.1 Our vision – what changes do we want to see by 2018?</p> <ul style="list-style-type: none"> • There will be no old fashioned or institutional forms of support – people will have support when and how they need it. • There will be more choice of support and it will be better. • Families will receive really good support to help them care for people with a learning disability at home. • People living away from their families will have support that meets their personal and individual needs and helps them to be more independent. • All services are high quality and value for money. • More people will join in with their community

	<p>and not need only to have paid support services.</p> <ul style="list-style-type: none"> • People will have better support to help them to do paid or unpaid work. • People will enjoy going from being a young person to an adult and get good support. • Everyone with a learning disability will get better support – whatever needs they have.
	<p>We know that changes can worry people. So we want to listen to what people tell us about this strategy so we make sure we get our plans right.</p>

Institutional – the feeling in a support service where people live or where they go that they should behave in a certain way and follow rules.

Individual needs – a person’s own care and support needs (not the needs of other people they might live with).

  	<p>1.2 How we want to put this strategy in place</p> <p>This strategy is about lots of things we want to do. We want to ask you about them to help us make sure we get it right. Some things have already been allowed to start and so we won’t be asking people about these again.</p> <p>We will use people’s views to help us write commissioning plans and a final report for Cabinet. We will ask your views on the commissioning plans.</p> <p>The strategy covers the social care and support we think adults with a learning disability and their families will need in the future. It’s about people aged 18 and over.</p> <p>It doesn’t cover other types of support people might also need (like from assessment and care management). This is because there other big plans that are being written.</p>
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Cabinet – people who are voted in as councillors and who make big decisions for the Council.

What this strategy is about



Social care and support providers for adults with a learning disability (aged 18 and over) and their families

What this strategy is not about



Social care and support providers for children and young people with a learning disability (aged under 18) or their families



Education and education providers



The transitions service



Learning Disabilities assessment and care management



Health and health providers



2. People with a learning disability in Sheffield

The council arranges adult social care for just over 1,500 people with a learning disability aged 18 – 64. This includes people with extra support needs because of:



- Dementia – an illness that gives people problems remembering things, working out how to do things, thinking or using language
- Physical disabilities
- Sensory impairments – having problems with hearing things or seeing things
- Mental health problems
- Profound and multiple intellectual disabilities – having lots of very big problems with things like understanding and being understood,



walking, sitting, eating, drinking and toileting, and often many serious physical and mental health conditions

- Autism – a condition that can make it difficult for people to understand the world and people around them
- Behaviours that services find it difficult to support people with

It includes people’s support needs when they first have contact with adult social care. It also covers people who need ongoing health, housing and social care services.



Where people live:

- About 600 people live with their family – this is 4 people out every 10.
- About 900 people live away from their family and get home support, supported living, residential care or nursing care – this is 6 people out of every 10.

The type of support people get:

- Short breaks and other support for family carers
- Home support services
- Day time support and help to work
- Supported living, residential care and nursing care
- **Adult Placement Shared Lives**
- Direct Payments
- Help to manage their money and support
- Advocacy

Adult Placement Shared Lives – a service where families support people (often in their own home) in the day, overnight or in the longer term.



How much money is spent on support:



- About £50 million is spent on this support
- About £2.3 million is spent on assessment and care management services

Who provides the support:

- Voluntary organisations
- Private organisations
- Social enterprises
- People who work for themselves (like personal assistants)
- Sheffield City Council
- Sheffield Health and Social Care Trust

Some people get support from more than one provider. This strategy looks at all these types of support.



2.1 What people want from services

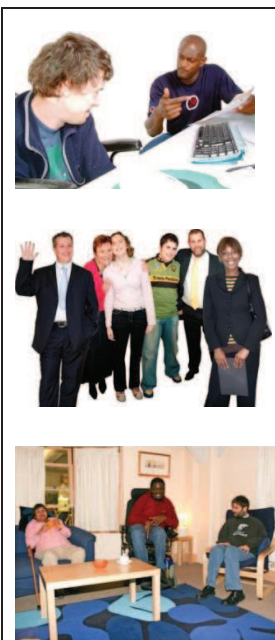
People have told us they want:

Independence and **social inclusion**

- More chances to do things in the community and have friends and support that helps them do this
- Support that helps them do interesting and different things and to take '**positive risks**'
- Clear information and advice to help them be more independent
- Support for family carers to help people they care for with these things

Social inclusion – being able and welcome to join in with things happening in the community and with other people.

Positive risks – taking a chance to do something that seems right for you even if it's not something you've done before or other people worry it may not be good for you.



Work

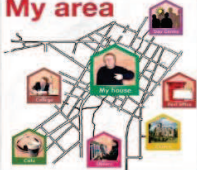


- Help to work
- Support that fits around their work
- Information and advice to help them stay in work

Support for family carers

- More choice for people to take short breaks
- Information, advice and support to help plan for when they are no longer caring

Support for people living away from their family

- Supported living with just a few people (not a big home)
- Somewhere to live that is close to friends and family, or part of a support network
- Housing that meets individual needs (like a wheelchair ramp)

	
	<p>To be asked about changes to services:</p> <ul style="list-style-type: none"> • People are worried about changes and want the chance to talk about them
	<h2>2.2 Other big strategies and plans</h2> <p>People's independence, social inclusion, choice and value for money are really important. This strategy takes account of lots of other strategies and plans like:</p> <ul style="list-style-type: none"> • Valuing People (2001) • Valuing People Now (2009) • The big plan ('concordat') that was written after Winterbourne <p>The Children and Families Act (2014) says that people's education, health and care needs should be planned together until they are 25.</p> <p>The Care and Support Act (2014) is really important and tells us how we should do things:</p> <ul style="list-style-type: none"> • Personalisation – people must have choice and control about how they are supported, and may have a Direct Payment • Prevention and early intervention – we must support people early enough so that they don't need services or their needs don't increase • Family carers have new rights • Value for money – we must not spend too much public money • Health and social care must join together <p>Sheffield's joint Health and Social Care Strategy aims to</p>



tackle inequalities and make sure people get the right support in the right place at the right time.



Sheffield's [plan for 'integrated' commissioning of health and social care](#) aims to keep people well in the community and out of hospital.

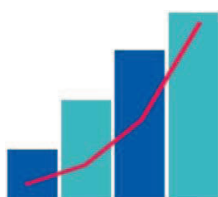
Integrated – joined up and working very closely together.



3. Things we need to think about

3.1 The number of people with a learning disability is going up

In 2003 there were 1,950 adults with a learning disability (aged over 20). In 2013 there were 2,671 adults with a learning disability (aged over 20)



This increase is higher than in other parts of the country. At the moment, we don't know why. Although there are more people, on average people with a learning disability still don't live as long as some other people.



There are now more children and young people with very complex needs or autism. This includes people from **BME communities**. So we need to make sure we have local services that can meet their needs, including health services.



There are lots of people aged 35 to 50 who are living with an older family carer. So we need to plan for the future with people for when they will be living more independently.

BME communities – people from black or minority ethnic communities



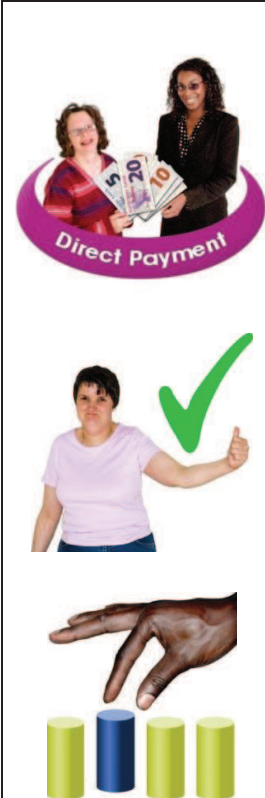
3.2 There is more demand for services

In 2005 there were 1,136 adults with a learning disability receiving care and support. In 2014 there were 1,531 adults with a learning disability receiving care and support.

 	<p>Lots of people under 30 started receiving care and support. Quite a lot of people who used to be looked after by a carer also started receiving care and support.</p> <p>We think 200 more people might want supported living, residential care or nursing care by the year 2020. We need a good choice of these services. We also need to make sure family carers are supported to provide care.</p> <p>It is really important that we support:</p> <ul style="list-style-type: none"> • Families who are finding it difficult to keep caring • Younger adults who might want different kinds of support • People with a learning disability and family carers as they get older
 	<p>3.3 We are spending too much money</p> <p>About £50 million is spent on care and support. About £2.3 million is spent on assessment and care management services.</p> <p>We have increased the amount of money we can spend on learning disability services in each of the last 5 years. But we have carried on spending more money than we have. So we have to make big savings of £5 million. And we have to have value for money to get the most out of the services that we have.</p>
	<p>3.4 Other areas don't spend as much money</p> <p>We now spend more money for every adult with a learning disability receiving care and support than other areas which are like Sheffield or near to Sheffield.</p> <p>The costs of residential care and nursing care for people with a learning disability in Sheffield are some of the highest in the country. We already have people's agreement to turn some care homes into supported living services.</p> <p>We spend about the same average amount on home care</p>



and day services as other areas.



3.5 People want a choice for how they use Direct Payments

In 2010 there were 367 people with a learning disability receiving a Direct Payment. In 2014 there were 901 people with a learning disability receiving a Direct Payment.

People use Direct Payments for things like:

- Personal assistants
- Day time opportunities
- Supported living
- Short breaks that aren't based in a building

People like Direct Payments but some people have told us there aren't new and different types of support to spend them on. We need to make sure that people have a choice of the right kind of support for them.




3.6 We have too many big contracts

We pay lots of money out to support providers for things like day time support, supported living, short breaks services, residential care and nursing care. We have to keep paying this money for as long as we have agreed to (through contracts).


But these contracts can cost too much money and don't give people a choice about how and where they are supported. Paying lots of money through big contracts means it can't be spent on new ways of support that people might now want.



Some of the services that we have big contracts with are run by the Council.

We need to have less big contracts and more choice of support that people can get through Direct Payments or Personal Budgets. We need services that can come up with new ideas and meet the **support outcomes** people want


	<p>and need.</p>
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Support outcomes – support that makes a positive difference to people’s lives and helps them to reach their goals.

	<p>We will make sure we can help people to choose good support that is value for money.</p> <p>We will continue to offer people a Direct Payment or, if they prefer, use their person-centred support plan to arrange services for them.</p>
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 	<p>3.7 Some care is institutional</p> <p>There are lots of good services but too many that are old-fashioned or institutional. These include some day time support, supported living, short breaks services, residential care and nursing care.</p> <p>We don’t think people want institutional care so we need less of it.</p> <p>We need more supported living that is good quality. So we are introducing a Supported Living Framework. Support providers will now have to do more to look after people’s independence, wellbeing and social inclusion.</p>
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Supported Living Framework – a type of contract that lets us arrange support from providers who are good enough and are chosen by people with a learning disability.

	<p>3.8 Not enough people are supported to work</p> <p>Paid and unpaid work is a good way for people to be more included in their community. Support to help people work is provided by the Council and by voluntary organisations.</p>
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In Sheffield, around 4 out of every 100 people with a learning disability are working. In the UK, around 6 out of every 100 people with a learning disability are working.



It is really important that we get much better at supporting people to work. We need services to agree how best to work together to do this.



3.9 People can't always move into the right accommodation

Not all housing is as good as it should be. Sometimes people need to live outside Sheffield to get the housing they need.

Less people want to live in institutional forms of accommodation. We need less of this accommodation and more of the modern type people want.

We need to **manage vacancies** and make sure people can move into the best accommodation for them when they need it. We need to make sure people get the housing, support and benefits they need.

Manage vacancies – making sure the people waiting for accommodation can move into the right place as soon as it is ready for them.



3.10 People have to rely too much on paid services

We need to stop thinking that people can only get support from paid services, some of which are institutional. We need to think how we can help people not to need as much paid support, or not to need it until later in their life.

This idea is called prevention, (preventing people's need for social care). We need to show people whenever prevention is working well.

We need to work with Children's Services, **Public Health teams** and the NHS so that we all think about prevention.

We need to use **assistive technology** better.

Public Health teams – people whose job it is to plan for the general health needs of everyone or certain groups of people.

Assistive technology – a tool or equipment that people can use to help them do things for themselves (often in their home) and be more independent. It could include things like a special wheelchair or an alarm.



Everyone needs to start thinking about what people **can** do and not just what they can't. We need to understand that people can learn new skills and should not only have to rely on a paid service. This will need a big change in the way we all think.



3.11 Public Health needs to do more

We need Public Health teams to think more about the wellbeing, social inclusion and inequalities of people with a learning disability.



4. How we will plan for the changes we need

4.1 Listening to people

We will find lots of ways to talk to people about this strategy and our plans for the future. We will do this because we want to make sure our plans are right. This is called consultation.




We know that people worry about change. We will talk to people about any changes planned to their services. Where needed, we will make sure people have person-centred support plans and advocacy. We will make sure that the change to a new service is done carefully.



4.2 Thinking about the support outcomes people want

We will make sure services make a positive change for people and help with things like independence, wellbeing, social inclusion and safety.

This includes people with very complex needs and their families.

	<p>4.3 New types of support and more choice</p> <p>We will tell support providers what support outcomes people with a learning disability and families tell us they need. This will help us get more support providers who are offering services that people want.</p> <p>We will help to make sure these services are good quality and value for money.</p>
	<p>4.4 Less big contracts, more support where and when people want it</p> <p>We want support to help people do more in the community and have more independence. We don't want big contracts with support providers that don't give people a choice about how and where they are supported.</p> <p>To help with this new way of doing things, we already have people's agreement to turn some care homes into supported living services.</p> <p>We want to ask support providers to tell us how they could support people differently to traditional day services and short breaks services. And how they could help people do more in the community.</p>
	<p>4.5 Quality and value for money</p> <p>We want to make sure people can choose high quality support providers. Services that aren't good enough, or don't offer value for money, will need to change.</p>
	<p>4.6 Working together</p> <p>We want to work closely with the Health and Wellbeing Board, Health Services, Children's Services and universal services. This will help to make sure all</p>

	organisations are doing what they should to meet the needs of people with a learning disability and family carers.
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Health and Wellbeing Board – A meeting of the Council, NHS and others that makes big decisions about Health and Wellbeing in Sheffield.

Universal Services – Services that are open to everyone.



4.7 Further work is needed before any changes can be made

We will need to talk to lots of people about the changes that are needed before the future plans can be agreed and put into place.

The next section covers what we would like to do.



5. What we would like to do

5.1 Really good support for family carers and really good support for people in the community

We know that family carers are very important in providing support for their family members who have a learning disability. Big strategies like Valuing People and the Care Act tell us this too.



We want to help people live at home with their families if they wish to do so and do more in the community. We want to support the increasing number of family carers. So we would like to see these things:



Family carers have helpful support for things that they really need:

- Information and advice
- Emotional support
- Short breaks



We will listen to what types of support family carers say they want and need. We will make sure this support is part of our new carers' contract in November 2015. (This is when the old contract will end).



People have a choice of day time opportunities that they really want to do:

- We want people with a learning disability to be able to do the same things in the community as other people
- We want less big contracts that don't give people a choice of how they are supported
- We want value for money services so we can support more people
- We want day time support to be good for everyone, including people with very high support needs and young people

We will listen to what people say are good ways to spend their days. We want to ask support providers how they could support people in different ways. We might offer them some money (an 'innovation fund') for the best ideas.

We will check to see if the day services we have now are good quality and value for money. This includes the Council's services. If we decide we want to make changes, we will ask people about this first.

People have a better choice of short breaks services:

- We want short breaks services that provide support when and how people need it
- This includes support for families if they are in a crisis and finding it very difficult to provide care, and high level support for the person with a learning disability
- We want short breaks services to be good for everyone, including people with very high support needs and young people
- We want short breaks services to be good value for money so they are affordable

We want to ask support providers how they could provide short breaks in different ways. This would give people more choice and interesting things to do while they are with the support provider.

We will work with the Clinical Commissioning Group to check to see if the short breaks services we have now are good

	<p>quality and value for money. This includes the short breaks services provided by the Council and Sheffield Health and Social Care Trust.</p> <p>If we decide we want to make changes, we will ask people about this first.</p>
	<p>More people use the Adult Placement Shared Lives service:</p> <ul style="list-style-type: none"> • We want more people to have support from Adult Placement Shared Lives with things like befriending, day time opportunities and short breaks • We also want more people to have long-term support • We want to increase the number of families who provide this type of support • We want the support to be good for all and open to all, including people with very high support needs • We think Adult Placement Shared Lives is good value for money and can support more people
	<p>5.2 Really good services that provide accommodation and support</p> <p>We want to make big changes to accommodation and support for people who live away from their families. So we would like to see these things:</p> <p>A new Learning Disabilities Accommodation Commissioning Plan</p> <ul style="list-style-type: none"> • This plan will set out what we want for the future in more detail • We want people to have more choice of high quality accessible accommodation • We want housing providers to build and offer the type of accommodation that people need and Sheffield needs – we will look for money from outside adult social care to help with this • We want accommodation that gives people privacy but still helps them to live with other people • We need to be better at helping people to find accommodation that meets their needs

	<ul style="list-style-type: none"> • We want people to find the accommodation they need in Sheffield – not to feel they have to live elsewhere • We want all accommodation to be very good and value for money, so that more people can be supported <p>We want to manage vacancies to make sure people can move into the best accommodation for them when they need it.</p> <p>We will ask people for their views on the Learning Disabilities Accommodation Commissioning Plan when it is ready.</p>
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Accessible accommodation – houses, flats and other kinds of housing that meet people’s physical needs or help them to receive support (e.g. a house with doors widened for a wheelchair)

	<p>People with lower level needs have better accommodation and support and more choice:</p> <ul style="list-style-type: none"> • We want to ask accommodation providers how they could increase the choice of housing for people with lower level needs • We want to ask support providers for new ways to support people with lower level needs • We will work with the Housing and Communities Association to help get more homes built • We will work with Council Housing and Registered Social Landlords to help us get more housing networks and supported living services • We want all accommodation to be value for money so that more people can be supported
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Housing and Communities Association – a housing association that provides and manages housing

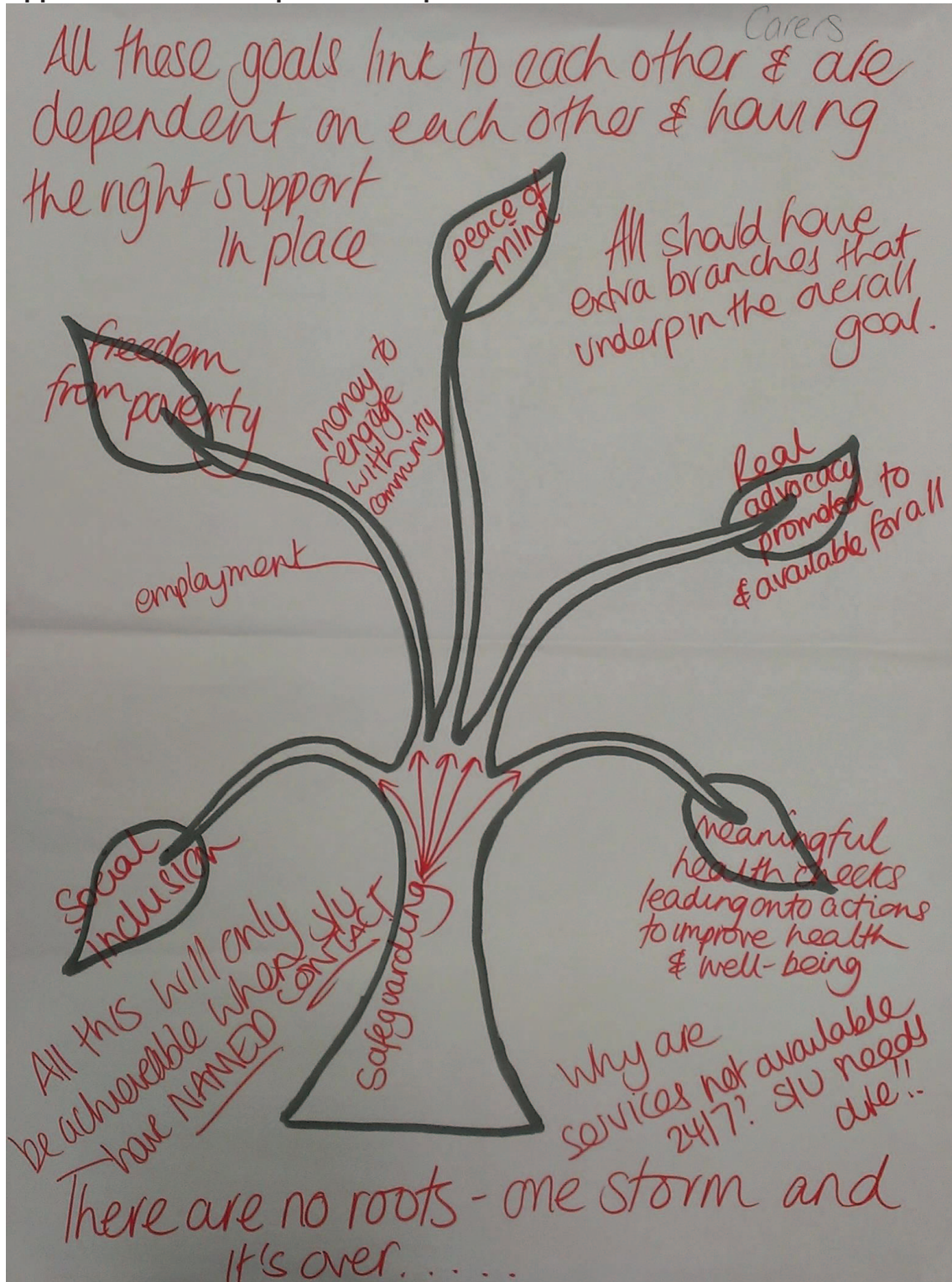
Registered Social Landlords – housing associations and other similar organisations

	<p>A new Supported Living Framework:</p> <ul style="list-style-type: none"> • We believe supported living is the best way for people
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	<p>with a learning disability to live away from their family</p> <ul style="list-style-type: none"> • It gives people more control over their lives, support and home, and more money through benefits • We want supported living to help people reduce their need for paid services, to be more independent and to do more in the community • We want supported living to be value for money and we want to spend less money on big contracts that do not give people choice • We want people to be able to choose supported living by themselves or as part of a group of people <p>We already have agreement to do the following things so we are not asking you about them in this strategy:</p> <ul style="list-style-type: none"> • Introduce a Supported Living Framework – this is a type of contract that will let us arrange support from good providers chosen by people with a learning disability • Change some residential care into supported living services – we will ask support providers to bid to provide the new supported living services <p>We will check to see if the Council’s supported living service is good and decide what needs to happen next.</p> <p>Some people’s services may need to change. We will talk to people about this and make sure they are closely involved in the changes.</p>
	<p>Accommodation and support that costs a lot of money is better value for money:</p> <ul style="list-style-type: none"> • We want to make sure services are good quality and meet people’s support outcomes but are still value for money • The Council and the Clinical Commissioning Group pay independent organisations to provide residential care services and supported living services • We will check all of these services and take action to improve quality and value for money if we need to
	<p>5.3 People with a learning disability are able to do more things in the community and with other people</p>

	<p>We want to see more people doing more things in their community and using universal services. So we would like to see these things:</p> <p>Making communities better</p> <ul style="list-style-type: none"> • We want to talk to people with a learning disability, family carers and the wider community about how we can increase people’s social inclusion • We want to see what is already working well in Sheffield and elsewhere • We want Sheffield to be more welcoming, friendly, open and safe for people with a learning disability • We want more people with a learning disability to have support and opportunities in the communities where they live
	<p>More people with a learning disability are able to work:</p> <ul style="list-style-type: none"> • We want people to have the support to do paid or unpaid work if they want to • We will check to see if the employment support services we have are good quality and value for money, including the Council’s service • We will work with the Council’s Employment and Skills service to come up with a new plan for employment support, and ask people’s views about this <p>Some services may need to change. We will talk to people about this and make sure they are closely involved in the changes.</p>

Appendix 5 – An example of a completed tree



Appendix 6 – Case Register Letter



Sheffield City Council (Communities)
Business Strategy Quality Team
Moorfoot, Sheffield
S1 4PL



The Big Plan

September 2014

Hello



Sheffield City Council has written a Big Plan for people with a learning disability. We would like to know what you think about it.



Please come along to a meeting where you will hear about the Big Plan and give your views.



If you have a **Direct Payment**, we would like you to go to this meeting:



Friday 10 October



at Sheffield Town Hall



Start 10.00 am



End 12.00 pm

Or . . .



If you can't go to that meeting, or you don't have a Direct Payment, we would like you to go to this meeting:



Friday 24 October



at The Circle, Rockingham Lane



Start 10.30 am



End 12.30 am



You can tell us what you think about the Big Plan in other ways too.



If you have a service provider, they might hold a special meeting about the Big Plan.



If you can't come to a meeting, you can answer some questions about the Big Plan – this is called a survey.



You can do the survey on a computer on-line – someone might be able to help you with this if you need help.

You can find the survey on this webpage www.sheffield.gov.uk/lcds.



You can get in touch with us at Sheffield City Council if you would like us to send you the survey or you want to know more about the Big Plan.

Telephone (0114) 273 4119



email PracticeDevelop@sheffield.gov.uk.



We are asking people what they think about the Big Plan until 4 November 2014.

Thank you
Christina Shipley

Quality Team

Appendix 7 – Copy of the email sent out to all LD partners and organisations

From: Davison Elizabeth **On Behalf Of** PracticeDevelopmentTeam

Sent: 11 September 2014 16:19

Subject: Learning Disability Commissioning Strategy - we want your views

Dear all

We have opened a consultation on the Council's draft Learning Disabilities Commissioning Strategy. The strategy sets out a future vision for learning disability services and support, and we would very much like to hear your views about it and ideas for taking the vision forward. We would also like to know your views on current services.

Please note that the strategy is about services provided or purchased to meet people's needs – it is not about assessment services. The consultation is open until **14 November**.

What happens after the consultation?

Your views will go into our consultation report, which we provide for Cabinet to inform their decision on the strategy. When the final version of the strategy is approved, we will publish and consult on our more detailed plans. Your views will also help influence these plans.

How to find the strategy

The strategy is available on-line at www.sheffield.gov.uk/ldcs, where you can also find an easy ready version ('The Big Plan'). We can post a copy of either strategy out if required – please contact us on (0114) 2734119 or at PracticeDevelop@sheffield.gov.uk and let us know if you'd like the full version of the strategy or the easy read version ('The Big Plan').

How you can respond to the strategy

You can respond to the consultation in one of a number of ways.

Please let us know if:

- You are interested in coming to one of the consultation events below
- You are interested in us coming along to present to your group/service
- You are interested in delivering a focus group yourself and would like support materials to enable you to do this
- You are interested in promoting this consultation through your networks and/or news bulletins

Consultation events

If you can, please come along to one of our events and discuss what the strategy means for you, your relatives or your customers. We really want to hear your thoughts and ideas.

Have a look at the events below and decide which is best for you. Note that the events are aimed towards different people. Please see the below information for alternative ways to take part, if you cannot come to one of the events.

<p>Event designed for people with a learning disability and open to all</p>	<p>Monday 22 September 2014 11.00-1.00 Learning Disabilities Partnership Board Sheffield Town Hall Reception Room</p>	<p>How to book on Please contact Julie Hossell at Sheffield City Council: (0114) 2734119 or PracticeDevelop@sheffield.gov.uk This event is open to all.</p>
<p>Family carers meeting</p>	<p>Wednesday 1 October 2014 10.30-12.30 Sheffield Mencap & Gateway Norfolk Lodge</p>	<p>How to book on Please contact Sharing Caring Project: (0114) 275 8879 or scpoffice@sheffield.org.uk This event is for family carers of people with a learning disability.</p>
<p>Direct Payment customers</p>	<p>Friday 10 October 2014 10.00-12.00 Sheffield Town Hall Reception Room</p>	<p>How to book on Please contact Julie Hossell at Sheffield City Council: (0114) 2734119 or PracticeDevelop@sheffield.gov.uk This event is for people with a learning disability (and family members) who receive a Direct Payment.</p>

Consultation sessions with groups and services

We'd like to run consultation sessions at a number of groups/services for their customers or members. These will include community groups, supported living services and day services.

Want us to come to you? Please let us know when your group/service or meeting is taking place and if any additional support will be required – e.g. staff skilled in Makaton or other forms of communication. We're really keen that as many people as possible can respond to the consultation.

Want to run your own session? We can provide you with an information pack to help you run your own consultation session if you'd prefer.

Please contact us on (0114) 2734119 or at PracticeDevelop@sheffield.gov.uk.

If you are a customer of a learning disability service, or a family member of someone who is, please check with the service about any session that is planned.

On-line survey

If you are unable to take part in one of the consultation events or sessions, you can complete an on-line survey. You can find this at www.sheffield.gov.uk/ldcs, where you can also find the strategy and easy read version ('The Big Plan'). If you prefer a paper version of the strategy, please ring us on (0114) 2734119. However you decide to respond to the strategy, we look forward to hearing you.

Business Strategy Quality Team

Communities Portfolio

Sheffield City Council

Level 9

Moorfoot

Sheffield

S1 4PL

email: PracticeDevelop@sheffield.gov.uk

Appendix 8 – feedback from key statutory partners to Adult Social Care Commissioning

1. Introduction

The following report outlines feedback received from face to face consultation with key partners. This took place alongside the public consultation undertaken by Business Strategy's Quality team.

Between September and November 2014, the LD Commissioning Project team consulted with the following:

Date	Group/team	Number in attendance
18 September	Mental Health and LD Commissioning team (CCG)	14
24 September	Assessment and Care Management team	22
03 October	Transitions Social Workers (CYPF)	4
14 October	LD Clinical and Care Service Managers (Care Trust)	30
20 October	LD Provider Service meeting (managers)	26
11 November	Care Trust Executives	3

The format of the sessions varied from short slots on existing meeting agendas to a dedicated one to two hour session with a presentation and full discussion. For this reason, there are differing levels of feedback from groups.

Feedback from the consultation has informed the final version of the Learning Disabilities Commissioning Strategy.

2. Summary

Key overall messages from this part of the consultation were:

- There is a lack of appropriate accommodation, particularly for people with complex needs.
- There is a lack of responsiveness and flexibility with some in house and Care Trust short breaks provision.
- With short breaks, there is a need for:
 - Good quality short breaks so that families can continue to care.
 - A wider range of short breaks services to meet the diverse needs of people with learning disabilities.
 - Better choices of short breaks for young adults with learning disabilities.

- Better value for money
- Choice of daytime opportunities is limited.
- With daytime opportunities, there is a need for:
 - Good quality day time opportunities.
 - Building based services
 - Better value for money
- A more joined up approach between Children's and Adults' services is needed.

3. Results

3.1. Transforming family and community support

Changing and improving the support for family carers

Respondents said that support for family carers should be improved. Carers' Development Workers, who are no longer in place, were mentioned as a useful model. Some were interested in feeding into the review of the Carers' Contract. It was also mentioned that it is useful for there to be a link person between the social worker and the carer.

Changing and improving day time opportunities

Some respondents said that it is difficult to judge quality and value for money of day services. They felt that the current market is provider led, with high costs and very limited choice for people with complex needs. Some said that there is a need for building based services.

Several respondents said that there are gaps in provision for young people when they move to adult services, which they referred to as a 'culture shock'. There is a need for provision which is adaptable to the needs of 18-25s, and more in line with what they have experienced in Children's services. Some providers respond to this, but it has not been replicated in in house services. As a result, families have rejected building based support and many young people are using their direct payments to purchase PA support. About 250 children and young people are doing activities with a PA. This misses an opportunity for social contact with other people and is not good value for money. A project in Bristol was mentioned where direct payments are pooled to carry out joint activities around shared interests. It was suggested that there is a need to facilitate networking to allow this type of pooling to take place.

Respondents also said that it is difficult for young people to access evening and weekend activities.

Changing and improving short breaks

Many respondents said different, individualised approaches to short breaks and respite are required. Some noted that there are far more respite opportunities for children than for adults and that this is difficult for young adults and their families.

Some groups highlighted a lack of range and quality in overnight building based short breaks provision. Some in house and Care Trust provision was felt to be inflexible and unresponsive to younger people and/or people with complex needs. It can be difficult to find a place for them. However, there is a pressing need for respite: 'A lot of people are just holding on – we need to be able to catch them before they fall.' An example was given of a family which needed emergency provision for their son, who had complex needs, that day. Daytime opportunities had been too expensive, and suitable overnight respite could not be arranged quickly enough. This had now reached crisis point and the family were unable to continue caring.

Families had fed back to social workers that independent sector providers are often more flexible and welcoming to younger people and/or people with complex needs. However, independent sector costs for people with high level, complex needs were seen to be prohibitive and it was felt by several groups that the market is provider led. Independent sector providers were sometimes felt to promise more than they delivered.

3.2. Transforming services that provide accommodation and support

3.2.1. A new Learning Disabilities Accommodation Commissioning Plan

Several groups emphasised the lack of appropriate accommodation for people with learning disabilities. This included a lack of the right property types (e.g. one beds), in areas where people feel safe; and to suit specific needs (e.g. higher level/complex needs and under 65s with dementia).

Some respondents were concerned about lack of quality in residential services for people with complex needs. Others said that involvement of an occupational therapist can improve the process of finding the right accommodation.

Some respondents said that the lack of appropriate move-on supply means that people are inappropriately 'housed' in the bed-based Intensive Support Service, or in residential services. They also said that some people don't want to live on their own and only see paid staff. Others felt that Extra Care presents a missed opportunity for people with learning disabilities. Another gap mentioned by one group was in nursing care for people with later stage dementia.

3.2.2. Implementing the new supported living framework

One group noted that it helps to reduce anxiety when someone with learning disabilities is able to share their experience of moving into supported living with people who are about to do so.

3.2.3. Improving value for money in higher cost accommodation and support services

Several respondents said that there is a need to improve value for money in higher cost accommodation, and that they would welcome support with this from colleagues working in Contracts.

3.3. Improving people's wellbeing and social inclusion

3.3.1. Community development

Some respondents said that people with learning disabilities are often ostracised from the general community and that this needs to change. It is better to work with people than for them. Some felt that there is a need for a proactive approach to building up people's skills, so that they don't require support. One group said that some people with lower level needs stopped using more general provision when personal budgets were introduced, and now use social care funding and services. They added that it is hard to improve social inclusion when many voluntary sector, community-based projects have closed or reduced their range of activities due to funding cuts.

3.3.2. Changing and improving access to paid employment and volunteering

One group highlighted a lack of opportunities to improve social inclusion through access to employment and volunteering. This was due to cuts and closures in voluntary sector projects (as above) and the reduction in schemes to support this, such as an employment development worker post. Several groups said that better information is required, including accessible information to help adults apply for work, and improved careers advice and work placements while at school.

One group said that coaching for employment could be a useful approach; and noted that the Council should improve its own disability employment practices.

3.4. What people also said

3.4.1. Building links and working together

Several groups said that better joined up working between Children's and Adults' services is needed. It was felt that communication and information sharing could be better as there were gaps in knowledge about what services could be accessed, particularly around young adults, and that this should be done proactively rather than as situations arise. Some respondents said that parents of transitions age children have a real fear about the move into adult services. They noted the need for continuity in service – that needs do not change between the ages of 17 and 18.

Several groups mentioned the need for better joint working, including with the Clinical Commissioning Group and between Assessment and Care Management and LD Commissioning.

3.4.2. A broader approach

One group said that it is the right time for wider engagement about learning disabilities across all relevant partner organisations.

3.4.3. Quality of service provision

One group was concerned that it is important to ensure that quality is maintained when moving away from traditional 'blocks' of service.

One group said that the current offer is not acceptable for BME communities and that this must be improved.

4. Equality issues

One group said that there is a lack of appropriate provision for BME communities.

Several groups felt that there is a lack of appropriate provision for young adults with learning disabilities.