

# *Learning Disabilities*

*Derbyshire County Council Adult Care  
January 2015*

## **MARKET POSITION STATEMENT**

We want to stimulate the development of innovative services that meet growing needs. Social care requires a diverse and active market where flexible services are created to enable clients to have greater choice and more control.

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# Foreword

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We are living in a rapidly changing world. Providers of social care services have to address key challenges if they are to make a difference to the lives of the people who rely on them for care.

The combination of very significant demographic change, the increasing expectations of what is required from support providers and the reduction in the public purse present a serious challenge. This comes at a time when the population's social care needs have never been higher. We have to respond by providing high quality social care more efficiently, whilst ensuring we achieve the best outcomes.

Right across the county of Derbyshire, there are many dedicated social care staff who provide very high quality care daily, without whom the lives of the most vulnerable people would be seriously compromised. The increasing demand for more personalised support services that are purchased using a *Personal Budget*, on top of the unprecedented population growth means that we need more services that are local, flexible and better tailored to the diverse and changing needs of the Derbyshire communities.

Whilst being a significant challenge, this also presents a real opportunity to improve our capacity and ability to respond to need.

This document sets out this new context in detail for people with learning disabilities. It provides a description of the kinds of services that are needed. It illustrates where they are currently in demand and where they are likely to be in demand in the future. It sets out how services funded from the public purse will be targeted in the near future and beyond. Our vision is that we want to enable people with a learning disability to lead ordinary lives in ordinary settings.

If you have any specific questions about services for people with learning disabilities, please contact:

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## Who this Document is for

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*Based on a good understanding of need and demand, market facilitation is the process by which strategic commissioners ensure there is diverse, appropriate and affordable provision available to meet needs and deliver effective outcomes both now and in the future.<sup>1</sup>*

This document is aimed at a wide audience. Its purpose is to explain to those with an interest in social care services for people with a learning disability how the County Council seeks to influence and shape current and future service delivery.

It will be particularly helpful to existing and potential providers of social care and support services and anybody else who has a stake in future services and how they might be designed.

People who may be interested in local business development and the creation of social enterprises will also find this document of use.

We want to stimulate the development of innovative services that meet growing needs. Social care requires a diverse and active market where flexible services are created to enable clients to have greater choice and more control.

In order to facilitate and encourage a growth in flexible, localised services,

this document sets out what we know about the current and future population of people with learning disabilities around the following key questions:

1. How many people have social care needs and at what level?
2. How many people are likely to need very high levels of care?
3. How do they compare with total population numbers?
4. How do they compare with client numbers aged 18-64/65 plus?
5. Who might be the target groups for preventative services?
6. Where are the areas of highest concentration of people with social care needs?
7. What is the current geographical spread and how is this expected to change in the short, medium and long term?
8. How much does Adult Care spend on the client group and on what is it spent?
9. Where are the services; are they local, centralised or regionalised?
10. Are these known to be the most effective services?
11. What do clients/carers/citizens say about the services that are commissioned?
12. What are the trends in demand for publicly funded services and how does this demand fit with eligibility?

### **Future Numbers**

13. Predicting how the number of people with social care needs are

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<sup>1</sup> *What is Market Facilitation?* Institute of Public Care, 2013

likely to change as a result of changing demographics

14. How will this number change in the short, medium and long term?
15. Predicting future service requirements and costs based on baseline patterns.
16. Anticipating changes in needs and aspiration, and implications for services and costs
17. Predicting future service requirements and costs based on service patterns
18. Understanding current and future expectations amongst relevant groups
19. Forming a judgement of relative costs against relative gains or outcomes of changes in provision of care.

### ***Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)***

Preparing the JSNA is a statutory duty placed on directors of adult care, directors of children's services, and directors of public health. They have to co-operate in assessing the local population's wellbeing and health, with particular regard to eradicating health inequity and thereby reducing health inequalities. The analysis that is set out in Section 5 of this document was originally compiled as part of the JSNA.

The JSNA forms the body of evidence and analysis upon which the Health and Wellbeing Board (the statutory body charged with improving health and wellbeing) bases its strategy to raise and improve its population's

healthy life expectancy. This is known as the *Joint Health and Wellbeing Strategy (JHWS)*.

Improving the health and wellbeing of people with a learning disability is a priority commitment in Derbyshire's JHWS.

### **Document Organisation**

This document comprises 6 main Sections

#### **Section 1 Current and Future Demand**

This section contains our analysis of the population of people with a learning disability and their carers. It describes the numbers by broad age groups, by the district they live in and by the extent of their needs.

It provides the number of people now and also projects the numbers over the next 20 years. The numbers are intended to provide a clear view of how many, and what type, of services will be needed between now and the early 2030s.

#### **Section 2 Current Service Use**

In this section, we provide a detailed account of what services are currently used and by how many people. We also describe recent trends in newly emerging services, and we try to estimate and predict the degree to which these newly evolving services will become the preferred way for people with a learning disability to receive their care and support.

This section also looks at quality and how we ensure services are "fit for purpose".

### Section 3 Current and Future Costs

We provide a full breakdown of how much money has been spent on commissioning services such as day and residential care.

This section also projects the likely future costs of the various forms of care and how much public money will be available to meet the future requirements.

### Section 4 Shaping The Future

This section describes how service commissioning is being shaped for the future through Derbyshire's *Community Lives* programme.

### Section 5 The Analysis

This section contains the analysis of the evidence presented in the first three sections. It makes some first steps towards identifying the likely future service requirements for people with learning disabilities. It also lists some messages for service providers. It is the chapter that can stand alone for those readers who want a quick and easy summary of the wider document.

### Section 6 Evidence and Data Sources

In order to keep the document clear and simple, the detailed evidence is presented at the back. Reference is made to the evidence provided, and [hyperlinks](#) enable the reader to click to the evidence on which the statement is based. The evidence is presented in the form of charts and tables with accompanying brief summary statements which interpret them below the chart.

### Terminology

We recognise the importance of adopting appropriate language to ensure that we refer to people correctly and with sensitivity. We advocate the social model of disability which recognises that people are disabled by the inappropriate construction of the environment along with dis-abilist and prejudiced attitudes.

Throughout this report, we have used the term "people with a learning disability" to refer to people who have a learning impairment. We do recognise and understand that within this group there is a very broad range of people, some of whom have profound and multiple impairments.

We have also used the following definitions:

#### **People with Behavioural Support Needs (PBSN)**

This refers to people whose behaviour presents a significant challenge to services, whatever the presumed cause of the problem. Wherever it is used, it includes behaviour which is attributable to mental health problems.

A working definition proposed by Emerson *et al* (1987) is '*Severe challenging behaviour refers to behaviour of such an intensity, frequency or duration that the physical safety of the person or others is likely to be placed in serious jeopardy, or behaviour which is likely to seriously limit or delay access to and use of ordinary community facilities*'.  
(DH 2007)

## **People with Profound and Multiple Learning disabilities (PMLD)**

This refers to people who have a profound intellectual disability and therefore have severely limited understanding. In addition, they have multiple disabilities, which may include impairments of vision, hearing and movement as well as other conditions such as epilepsy and autism. Most people in this group are unable to walk unaided and many people have complex health needs requiring intensive help. People with Profound and Multiple learning disabilities have great difficulty communicating; they typically have very limited understanding and express themselves through non-verbal means, or, at most, using a few words or symbols. Some people have, in addition, behavioural support needs due to self-injury (Mansell, 2010).

Where there is a need to refer to more specific groups of people with a learning disability, it is explained clearly in the relevant part of the text.

## Current and Future Demand

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There are an estimated 780,000 people living in the administrative county of Derbyshire.<sup>2</sup> This is a 5% increase in the resident population since the Census in 2001. 19% of Derbyshire's population is aged 65 or over. This is a higher proportion of older people compared with the East Midlands region and England as a whole.

Children aged 0-4 years make up 5.4% of Derbyshire's resident population, compared with 6% regionally and 6.3% nationally.

So Derbyshire's population has an overall older composition. The ageing of the Derbyshire population is a characteristic that will continue over the next 20 years as the post-war *Baby Boomers* live into older age.

The growth in the number of older people in Derbyshire is not just about the increased birth rate after 1945; it's also because of improved medical care and living conditions. People are living longer. However, they are not necessarily living more healthily or without illness and impairment.

With such large increases in the number of older people, there will inevitably be a very significant increase in the demand for health and social care services. This increased

demand will be at an unprecedented level.

### **The number of people with a learning disability**

It is difficult to know precisely how many people there are with a learning disability living in Derbyshire especially as we will only come into contact with a proportion of them at any one time.

However, we use the best available intelligence and research including [Planning4Care](#) and the work of Emerson and Hatton at the University of Lancaster.

Derbyshire County Council Adult Care has worked closely with *Planning4Care* and five other local authorities similar to us to fine-tune the methodology of using reliable estimates and population projections in order to plan future services.

In 2013, there were 14,170 people aged 14 and over with a learning *difficulty* living in Derbyshire. ([Figure 1, Page 36](#)).

The majority of the learning disabled population have "moderate" needs, and unless they have behavioural support needs as well, it is unlikely that they will have social care needs that would require help and assistance from statutory services. They may

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<sup>2</sup> 2012 Population Projections, ONS, © Crown Copyright



have need for advice about employment and housing.

There were 2,300 people with a severe learning disability in Derbyshire in 2013, 16% of the learning disabled population.

320 people (2%) have a profound and multiple disability. ([Figure 2, Page 37](#)). People with severe and profound and multiple disabilities are most likely to require a social care service.

We also need to include a separate category of people with severe or moderate level learning disabilities who also have *behavioural support needs*. Such behaviours, which may encompass aggression, self-injury, destructiveness, hyperactivity, inappropriate sexual or social conduct and unusual mannerisms, can affect the health and safety both of the person themselves and of those around them. As a result, people with behavioural support needs are likely to require a more intensive level of support (e.g. 1:1) than would be indicated by learning disability level alone. There are about 200 people in Derbyshire across all age groups who have *challenging behaviour*. Some of these people have a level of learning disability which would not be above the threshold for a social care service if they had the learning disability alone.

[Figure 3, on Page 38](#) gives an indication of the likely numbers of people with a moderate or severe

learning disability with serious behaviour support needs in 2013.

The number is around 200 people, approximately 1.4% of the total number of people with a learning disability.

### **Where are the areas of highest concentration of people with social care needs?**

In 2014, there were broadly similar numbers of people with a learning disability across each of the Derbyshire districts.

If we focus on those individuals who meet current thresholds for a service, we find that there are between 220 and 470 people in each district. [Table 1, Page 39](#) gives the district numbers by severity groups.

The table shows that, at about 17% of the total population (470 people), Amber Valley has the largest proportionate share of people with a learning disability.

Similar numbers of people also reside in Chesterfield (400, 14%) and Erewash (430 people, 15%). In 4 other districts, the numbers are around 300 people (Bolsover, 290, 10%; High Peak, 310 people, 11%; NE Derbyshire, 360 people 13% and South Derbyshire, 350 people, 12%).

Derbyshire Dales has the lowest number of residents with a learning disability (around 220 people, 8%).

### **How will this number change in the short, medium and long term?**

Over the next five years, the numbers of people with a learning disability will rise by about 2.8%. Whilst this does not represent a large numerical increase, it will be significant given that it will principally comprise those people aged 65 or over with a learning disability who will have a range of increasing health and wellbeing needs.

In the short to medium term, most of the increased number of people with a learning disability will be in the 65 and over age group; that age group will increase by 370 people.

The 14-17 years group will increase by a small number (estimated at 10) and the 18-64s will increase by about 70.

In the longer term, the number of older people with a learning disability will continue to grow throughout the period, increasing by over 1,000 between 2018 and 2031. The number of people with a learning disability aged 18-64 will also rise but only by 160.

### **The number of carers**

The number of people providing unpaid care has increased since the 2001 Census. The increase can be seen at a national level, in the East Midlands, and across Derbyshire as a whole.

In Derbyshire in 2011 there were 6,320 more people carrying out significant caring duties than there were in 2001. In total, around 12% (or 92,761) of people in Derbyshire were providing unpaid care at some level or another.

This is higher than the percentage for either England or the East Midlands.

It is the highest percentage of all the counties in the East Midlands region. It is also higher than any of Derbyshire's "family"<sup>3</sup> counties.

Compared to the rest of the region Derbyshire has the highest number of carers providing 1-19 hours a week of care, and 20-49 hours of care, and the second highest number of people providing 50+ hours of care. In fact, Derbyshire's districts are amongst those with the highest proportions of people providing care in England and Wales.

Of course, not all of those informal carers will be carers of people with a learning disability, most will be carers of people with a physical disability, including older people.

However, there will be a significant number who are carers of people with a learning disability, and additionally, increasingly these carers will be people of advancing years, some in their late 60s who will have significant caring responsibilities.

### [The Growth in Informal Care](#)

The number of people providing unpaid care is expected to increase by 3% between 2011 and 2015. The increase will occur consistently across all three intensity categories. Year-on-year the increases will be steadily consistent at about 0.7%.

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<sup>3</sup> Derbyshire is grouped with 15 other counties which have similar characteristics based on population demographics, rurality, and economic status.

We have developed close working relationships with Derbyshire carers over the last few years, both with individuals and with carers' groups.

We recognise that in a great many cases, carers want to continue to look after their family member. Carers take their role very seriously, and some see it as their duty to ensure their spouse or their neighbour gets the best possible care and attention. Quite often they are the best-placed and most expert person available to provide that care.

We also recognise that, given the increasing number of people with a social care need, informal carers are a crucial and key resource, without which significantly more public funds would be required to be spent looking after people.

It is vital that we work closely with carers to shape current and future services for people with a learning disability.

Through our past close working, we know it is of paramount importance to carers that, in the event of an emergency involving themselves, somebody will immediately provide cover and be available to ensure that the cared-for person continues to be looked after. The Emergency Carers' Scheme has been developed for precisely these situations.

Since 2008/09, over 3,500 carers have registered with the scheme. The numbers though are still relatively small compared with the total number of carers in the county. The number of

carers with an *Emergency Card* is just 4%.

The Department is currently reviewing how it can reach more carers and support them to plan ahead.

It is very important that the proportion of carers that are registered under the Emergency Carers Scheme is significantly improved to at least 25% over the next four years.

We have developed, and continue to develop, closer links with [carers of people with a learning disability](#). It is important that we are able to promote carer wellbeing in future to maximise their capacity to remain caring.

### **Summary of current numbers**

There are just under 14,200 people aged 14 or over who have a learning disability in 2013 living in Derbyshire.

16% of this group (2,300 people) have a severe learning disability which requires a support service, and a further 2.3% (320) have a Profound and Multiple Learning Disability (PMLD). Another 200 people (1.4%) have a learning disability which is made more debilitating by a behavioural support need.

In total, in 2013 around 2,820 people were affected by a learning disability severe enough to require support with social care needs.

There will be rising numbers of people with a learning disability over the next five years and also up until 2031. The increase will be modest (3% up until 2018) but not insignificant given the potential for high cost care packages.

## Current Service Use

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This section provides a description of the people who are currently using a service that has been commissioned by Derbyshire Adult Care. The data source is *Frameworki*, Adult Care's client database. It is based on a single *snapshot* taken from the database in January 2013.

### How many clients?

The number of adult social care clients changes from week to week. In order to "count" we need to look at two figures:

1. A "Snapshot"

This gives us a figure at a single point in time. Often this is the number of services open at 31<sup>st</sup> March but can be any date during the financial year. Some clients use more than one service so this has to be taken into account.

2. Clients who used a service during the year.

Some clients will use a service for the whole year; others will use a service for part of the year. They may return to use a service the following year. So they are "known" to the Department but may not have a service open at the "snapshot" time. So this count is a larger one because it includes all people who have used a service

during a year and who may come back to use a service.

Quoting both figures gives the fuller picture of the number of clients who use services and shows the variability in demand over time.

When this snapshot was taken there were 1768 clients with an open service recorded on *Frameworki* in January 2013. During 2012/13 there were 1,975 people with a learning disability known to Adult Care, and 1,421 clients receiving a service at March 31<sup>st</sup> 2013.

1,712 clients received a service during 2011/12 and 1,763 people with a learning disability were known to Adult Care and there were 1,392 clients receiving a service at 31<sup>st</sup> March.

The figures above amply illustrate how the numbers vary at different points in time.

### What are their characteristics?

The analysis which follows describes just those who currently use a service that has been commissioned by Derbyshire Adult Care. The detail of each characteristic is provided in the charts and tables in the appendices to this document.

#### [Age](#)

The majority of our clients with a learning disability (84%) are aged between 18 and 64; the remainder

(16%) are aged over 65. Clients come from every age across the broad range. There are a couple of noticeable clusters though: 20-33, 40-51 and 55-64 (see [Figure 4, page 41](#)).

It is notable that, although older people with learning disabilities are not as large in number as the younger age groups, we expect them to be an increasingly larger presence, given what we know about health trends and demographic changes.

Currently amongst the over 65s with learning disabilities, 7% are aged 65-74, 4% are aged 75-84 and 5% are aged 85 and over. We expect to see the number of older aged clients increase over the next few years as the general population ages more.

### Sex

56% of 1,768 clients are male (984 clients) and the remainder are female (784 clients, 44%). This is a “snapshot” at a single point in time and should not be interpreted to mean that clients are always more likely to be male.

### Marital Status

The majority are single, 821 or 47% of clients. 46 are married, 41 widowed, and 19 separated or divorced. 5 users are co-habiting.

47% have no recorded marital status. It is likely that many of these clients are single.

### Ethnicity

The majority, 95.5% of clients, are from a White UK background.

The remaining 4.5% are dispersed amongst a wide range of groups the largest single one being dual heritage (11 clients, <1%).

### First Language

The majority of clients’ (1,704, 96%) first language is English.

The remaining 5 per cent use a range of communication methods including British Sign Language and Makaton.

24 clients have no verbal speech, in addition to the 10 clients who use Makaton and the 3 clients who use British Sign Language.

A small number of current clients are unable to hear and so that may impair their ability to communicate.

### Clients’ Conditions

Most clients have learning impairment recorded as being their main condition and reason for using the service (1,180, 75%). 264 clients have “multiple impairments” recorded; 17% of clients.

Other conditions recorded are sensory loss, self-harm, autism, epilepsy and mental health problems.

These figures are indicative only, given what we know about formal diagnoses and the tendency for records to take time to be updated. They do provide a broad indication that people with a learning disability can experience a range of impairments (“co-morbidity”).

### Where do People live?

Clients are quite evenly distributed around the county in every district.



As we would predict, Chesterfield has the highest number of clients, being the single most populated area of the county (384, 22%)

North East Derbyshire, High Peak and Amber Valley have similar numbers and proportions (15%, 14% and 13% respectively).

Bolsover has 11% (199 clients), similar to Derbyshire Dales (127, 7%) and South Derbyshire (120, 7%).

### [What Kind of Accommodation?](#)

The information held on type of accommodation is difficult to keep up-to-date as individual circumstances change without always requiring Adult Care to be notified.

What we know is that whilst significant numbers live in settled accommodation (26% in safe and settled mainstream housing, 4% are recorded as “owner occupiers<sup>4</sup>”, 16% (283) are tenants of housing association or council properties), there are still significant numbers of clients whose accommodation needs are not as ideal as they could be. For example, we support almost 200 people with a learning disability to live in a registered care home.

### [Fair Access to Care Service Criteria](#)

Fair Access to Care Services (FACS) is a system for deciding how much support people with social care needs can expect, to help them cope and keep them fit and well. It applies to all the local authorities in England. Its aim is to help social care workers

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<sup>4</sup> This may be inaccurate and may reflect clients living with parents who are “owner-occupiers”.

make fair and consistent decisions about the level of support needed.

<https://www.gov.uk/government/publications/the-health-and-care-system-explained/the-health-and-care-system-explained>

There are four bands of eligibility: *Critical, Substantial, Moderate* and *Low*. A decision will be made by Adult Care, based on the information provided, about which of these bands is the best fit with level of needs. [Fair Access to Care Services Criteria explained.](#)

[Table 2 page 50](#), illustrates FACS criteria and service use.

### **Which services do clients use?**

[Figure 13, page 51.](#)

Altogether 1768 clients were taking up 2,335 services when the snapshot was taken in January 2013.

National policies such as *Valuing People*<sup>5</sup> and *Think Local Act Personal (TLAP)*<sup>6</sup> means that there will be increasingly diverse and varied ways in which people’s social care needs are fulfilled in future.

Already we can see a move away from traditional provision (eg day care, home care, residential and nursing care) towards more varied and tailored services that are accessed through a

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<sup>5</sup> *Valuing People: A New Strategy for Learning Disability for the 21<sup>st</sup> Century*; Dept. of Health

<sup>6</sup> *Think Local Act Personal*, sector-wide commitment to moving forward with personalisation and community-based support January 2011

Direct Payment, (now the 2<sup>nd</sup> highest provided intervention).

A Direct Payment amount is set according to an assessment of need; the amount of need identified by an assessment is converted to a monetary amount and the client is then able, possibly through brokerage services, to purchase bespoke services available in their locality.

A Direct Payment service can be used by the client to purchase a range of other services so, in a sense, the numbers of services described here will be an undercount. The largest single service is day care, which accounts for 866 services (37%). The next highest service is indeed the provision of a Direct Payment (343 instances, 15%). Next there are 329 instances of Home Care (14%). A place in residential care is used by 277 people (12%) and a further 99 people (4%) have a nursing care placement.

288 people (12%) have a Supported Living service.

Miscellaneous services refer to Employment Projects (N=5), Support Worker (N=6), Frozen Meals (N=31), Hostel place (N=11) Laundry (N=18), and Shared Lives (N=52), and Transport (N=10).

### **How many services per client?**

The data indicates that most people with a learning difficulty receive just 1 service (70%, 1,232 clients).

449 (25%) clients have 2 services. Together, those receiving 2 services or

just 1 comprise 1681 people or 95% of all clients.

72 clients (4%) use 3 services, 14 clients (less than 1%) use 4 services and 1 client receives 5 services.

However, as previously noted, a Direct Payment will lead to the further commissioning of a potential range of services so this will be an undercount of services used in combination.

Through the advent of personalisation, we are seeing an increasingly higher proportion of services being provided by the independent sector.

For example, 606 of the 866 day centre services are provided directly by Derbyshire County Council (70%). The remainder (260) are provided by external providers.

Similarly, 240 of the 329 home care services to people with a learning disability (73%) are provided by the independent sector.

The move towards greater provision by the independent sector is a relatively recent trend, stimulated by a need to enable increasingly localised and bespoke services.

The purest expression of the trend towards *personalisation* and the maximisation of *choice* and *control* is a client who employs a *Personal Assistant* by way of a Direct Payment. Our data shows that of the 343 Direct Payments services open at January 2013, 79 (23%) are being used to secure the services of a Personal Assistant.

## Service Quality

Service quality refers fundamentally to how well something fulfils its purpose. Given the complex nature of social care, it is difficult to assess and measure its success. There are different approaches to tackling this, none of which singularly and solely does the job.

Among the relevant components are:

### Dignity Award

Adult Care in partnership with the NHS in Derbyshire promotes a county-wide dignity campaign. This has established 10 key principles on which all services should be delivered, that they:

1. Have a zero tolerance of all forms of abuse
2. Support people with the same respect you would want for yourself or a member of your family
3. Treat each person as an individual by offering a personalised service.
4. Enable people to maintain the maximum possible level of independence, choice and control
5. Listen and support people to express their needs and wants
6. Respect people's right to privacy.
7. Ensure people feel able to complain without fear of retribution.
8. Engage with family members and carers as care partners.
9. Assist people to maintain confidence and positive self-esteem.
10. Act to alleviate people's loneliness and isolation.

It is policy for every team to register a dignity champion who then works with their colleagues to achieve the bronze

dignity award. To gain the award teams need to examine each principle and ask '*Is this the best we can do?*' If not, actions of what will be done needs to be listed as well as evidence of what is already being done to deliver the principles.

The silver award builds on bronze and involves a significant piece of work which is delivering clear results in terms of the experience of dignity for people receiving the service. The gold award will be launched in due course.

It is our intention that all providers of social care will adhere to the values and principles enshrined in the Dignity Award. In order to embed its adoption into everyday practice, future commissioning of services will have a quality premium payment for those providers who are able to demonstrate that it fully guides their practice.

### Outcomes framework

At a broader level the *Adult Social Care Outcomes Framework (ASCOF)* comprises over 20 performance indicators that enable comparison of performance of adult social care across England. ASCOF contains 4 indicators that are relevant to identify good and less good performance:

- a) Carer reported quality of life
- b) Adults with a learning disability in paid employment
- c) Adults with a learning disability who live in their own home or with family
- d) Permanent admissions of people aged 18-64 with a learning disability to residential or nursing care.



To link to the data showing Derbyshire's performance on these indicators for 2013/14, [click here](#) or go to pages 57-60.

The comparison of Derbyshire's performance with regional neighbours is double edged. Whilst Derbyshire compares reasonably well overall (apart from on the number of admissions to residential and nursing care, where performance is below-average) in absolute terms these are all areas where significant improvements need to be made:

1. A carer's quality of life can be further improved with the provision of more respite care, enabling regular breaks.
2. The number of carers has increased and is increasing further and so the volume of carer break opportunities needs to increase accordingly.
3. Carers Emergency Cards should be expanded.
4. This is especially the case in Amber Valley, Chesterfield and Erewash.
5. There are too many people being admitted to residential and nursing care.
6. Whilst Derbyshire's current record on supporting people to live independently is good (for example, we support a number of people through Shared Lives and Supported Living) it can be improved to help more people.
7. There is a need to expand training and work opportunities for people with a learning disability.

## Learning disability profiles

Another source for assessing service effectiveness and the quality of services is the [Improving Health and Lives: Learning Disabilities Observatory](#) (IHAL).

There are overlaps between the ASCOF and the IHAL indicators but the latter comprises a broader range including health and accommodation measures.

A degree of caution needs to be applied when interpreting the meaning of some of the IHAL charts. Some of the indicators imply "very good performance" by Derbyshire when we know that the indicators in question are problematic.

Indicator 16 the *Number of Adults with Learning Disabilities Living in Settled Accommodation* shows Derbyshire to be significantly better than the England average. This is the case even though that statistic will count some people with a learning disability who are in their mid-40s and being looked after by their parents in the parental home, rather than living independently.

The IHAL publication uses the England average for comparison purposes and reports statistical significance without explaining whether being *statistically significantly different* has any real relevance or meaning. Note also that the IHAL data relates to 2010/11.

Among the other indicators is *Gross current expenditure for residential personal social services per 1,000 people known to LAs with LD*. The IHAL profile shows Derbyshire to be

“significantly worse” than the England average (£20.10 local value against an England average of £21:52), implying that Derbyshire should spend more, yet Derbyshire spends £48.5 million of a £74 million budget on residential costs for people with a learning disability.

Two other indicators worthy of mention are *Adults (18-64) using day services* and *Adults (18-64) receiving community services*. Both indicator values are “significantly better” than the national average but neither is necessarily a positive statistic.

For example, a larger number of day centre users than average defies the desire for personalisation, independence and autonomy; and a larger than average number of community-based service clients may indicate less than acceptable targeting of people through the FACS system.

The value to be placed on the former may be explained in light of *Adults with a learning disability in paid employment*. At a rate of 3.06, Derbyshire’s figure is “significantly worse” than the England average. And given what some day centre clients say about their experiences, this is another area where developments can be facilitated.

### **What do users/carers/citizens say about the services that are commissioned?**

In 2011 Derbyshire County Council undertook the first part of the Community Lives programme. They adopted the *working together for change* tool designed by Helen

Sanderson Associates specifically to give people with a learning disability the opportunity to get involved in decision making.

This approach gave us the opportunity to engage with people with a learning disability and their carers to review their experiences and views of present services and to work out priorities for future change.

300 day clients and family carers, day service staff and other professionals took part in the 12 workshops across the county. Three workshops were targeted to young people and 2 workshops were held with people with profound and multiple learning disabilities.

[Table 3, page 64](#), included in this report highlights the themes from the workshops; the areas for development and the associated Adult Care future market planning objective.

The main views were:

Some people with a learning disability say that they can’t always do the things they want because of staff resourcing either through there not being enough staff, the support not being flexible enough, or the supporter not being skilled in the right areas.

It was felt that society had a role to play too and that there should be more emphasis on raising awareness of disability matters across the whole of the community and not just in specialist services.

Some people with learning disabilities feel that they need to be allowed and empowered to take risks as a way of exercising real choice and control.

This includes the views of people with profound and multiple learning disabilities.

The desire to stay healthy, enjoying things that enhance people's wellbeing is important to those with a learning disability.

Good and regular postural care for people with profound and multiple disabilities was highlighted as fundamental to maintaining their health and wellbeing.

People with a learning disability say they enjoy going to their day centres but there isn't enough variety of activities. Many people with a learning disability have highlighted the importance of having a wide circle of friends, being able to make friends and keep in touch with old friends. Many people with a learning disability are very clear that they want to be understood, that they want people to learn how to communicate with them and some felt that they needed help to communicate.

Public transport is said to not always be available and accessible for wheelchair users. Transport costs and the time spent travelling to and from day centres are also perceived as being things that require attention.

People with a learning disability have highlighted the importance of being fully involved in assessments and reviews. They want their views to be properly listened to, respected and reflected in people's support plans.

People with a learning disability and their family carers desire a future

where they feel safe. This includes contingency planning and good quality support plans which cover variations in availability of community resources.

### **The support the LA will offer towards meeting the ideal model**

It is still quite early in the evolution of *TLAP* but, clearly, with more clients purchasing or negotiating their own care, there will be a significant impact on the care market.

### **Information from Brokerage**

Between April 2012 and February 2013 there were 67 requests made to brokerage by LD clients (or others on their behalf).

50% of the requests (34) were for social activities, so this appears to be a major gap in people's lives. The implication for services is that people need support to get to mainstream social activities (e.g. transport; personal assistance; accessible venues) or that some people would be prepared to pay for 'special' activities set up by a provider. The next highest number of requests was for day services (13), befriending (8) and Adult Education (7). 6 requests were for voluntary work; 5 for a support group and three for transport.

### **Information from Direct Payments social workers**

In their experience, people tend to choose what's already available. It was noted that many people with Direct Payments don't go through Brokerage so they aren't aware of support other than through Personal Assistants..

Further, they say there is a gap in the market where someone wants a Personal Assistant but does not want to be an employer themselves, or use an agency, because they will not have one consistent carer. What is needed is an agency which recruits carers or will employ family members. The client chooses their own Personal Assistant but whilst they have control they have none of the responsibility. There is only one agency that nationally does this at present so they have no competition. This agency trains the Personal Assistant, does CRB check, takes references and offers four supervisions a year. It will mediate between the client and the Personal Assistant and get involved in disciplinary issues if necessary. The considered view is that this agency is expensive to use.

### **Other gaps in services**

It is felt that there is a widespread need for small-scale support services to assist people's health and wellbeing, e.g. classes offering yoga and meditation.

In providing a range of opportunities for people with a learning disability to improve their health and wellbeing other aspects, such as widening access to social networks and other learning opportunities should follow.

### **The overall message regarding quality**

There are a number of evaluation systems in existence, all of which try to capture and assess different aspects of services for people with a learning

disability. The performance messages that can be deduced from some of those systems are unfortunately misleading.

Nevertheless we can say and we do know that existing services continue to be of a "one size fits all" approach and are insufficiently sensitive to the individual needs of the people that they are designed for. If we tried to capture in a nutshell what we want services for people with a learning disability to be like, we would simply state that we want to enable people with a learning disability to lead ordinary lives in ordinary settings.

## Finance and Funding

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Derbyshire County Council Adult Care spent £73.6 million on services for people with a learning disability during 2012/13.

This represents 32-33% of the gross total budget for Adult Care.

Expenditure is divided up between 8 broad areas: residential care, nursing care, home care, day care, Direct Payments, assessment and care management, supported accommodation, and “other”.

40% of expenditure is taken up by funding of residential and nursing care placements. If we add in the £15.5 million spend on Supported Living accommodation then the proportion increases to 61%.

Day care accounts for 19% of expenditure and home care accounts for 5%.

Direct Payments, a relatively new service, accounts for 6% of expenditure. Care management services account for 5% of annual expenditure.

[Figure 23, page 6](#) provides a year-on-year comparison of expenditure for learning disability services between 2011/12 and 2012/13. Overall there was a 5% reduction in expenditure from 2011/12 to 2012/13. Expenditure was fairly stable across two areas: assessment and care management and Supported Living schemes.

Some other areas of expenditure showed slight reductions between 2011/12 and 2012/13: Day care and home care service expenditure reduced by 12% and 14% respectively though these reductions are offset by an increase in expenditure on Direct Payments.

Other services saw a significant reduction of almost £3.4 million due to a reduction in money provided through grants to voluntary organisations.

At the moment, we cannot say precisely where expenditure cuts will fall by the pending need to reduce public spending. However, we do know that over the next five years, Derbyshire County Council will face a reduction in its overall budget by about one third. The council needs to make some very difficult decisions and whilst it has vowed to protect frontline services as far as possible, it is highly unlikely that millions of pounds can be saved solely through efficiencies.

Clearly, there will be less public money available to run services. It is in this context that we need to shape and develop new ways of doing things.

## Shaping the Future

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Government policy on meeting the needs of people with learning disabilities is set out in *Valuing People* and *Valuing People Now*.

These set the future direction and emphasise the importance of using person-centred approaches to promote independence and choice, placing greater emphasis on employment and voluntary work. The principles of *Valuing People Now* are set out below:

### **Rights**

People with learning disabilities and their families have the same human rights as everyone else.

### **Independent Living**

This does not mean living on your own or having to do everything yourself. All disabled people should have greater choice and control over the support they need to go about their daily lives, greater access to housing, education, employment, leisure and transport opportunities and to participate in family and community life.

In Derbyshire we recognise that where you live and the kind of accommodation you live in has a fundamental impact on a person's sense of wellbeing. Historically, Derbyshire County Council has had to make a lot of residential care home placements due to the lack of alternative more appropriate accommodation options.

***Derbyshire's accommodation and support strategy for people with a learning disability*** is designed to reduce overreliance on inappropriate residential and nursing care, especially on those homes that are located outside Derbyshire and which required people to move from the area where their friends and family live.

The strategy aims to provide a wider range of accommodation options and increase access to existing and mainstream provision:

#### Shared Lives

This is where a person lives in a community setting along with other people, for example in a house with a family (or individual) who are not related to the person with a learning disability. The council operates a Shared Lives Scheme across Derbyshire.

#### Supported Living

This is where a person lives under a tenancy agreement. In Derbyshire this is commonly shared accommodation with up to four people having their own bedroom but sharing lounge, kitchen and bathroom facilities. Some have overnight staff support that is shared between the tenants.

#### Extra Care

Basic characteristics of Extra Care are a complex of self-contained flats and/or bungalows which have onsite staff and/or other tenants who are able to provide support, with some communal facilities. Independent living is also facilitated through assistive technology such as call alarms, sensors, intelligent safety monitoring and so on. Extra Care Housing specifically for people with a learning disability has been identified as a gap in service. A model of extra care

building specification is currently being developed.

#### Mainstream housing association or private rented flats/houses/bungalows

Many people could access a wider range of accommodation by better use of housing associations and private landlords.

#### Specialist accommodation and support for people with complex behavioural support needs.

Some people require adapted environments and specialist staff to help them manage their behaviour. This may include extra space, sound proofing and specialist furnishings. This is not always available within Derbyshire at the time it is needed.

#### Short Breaks

Some adults with learning disabilities choose to live in the family home. To support families to continue to provide this accommodation option, short breaks for family carers will need to be available.

#### **Control**

This is about being involved in (and in control of) decisions made about your life. This is not usually doing exactly what you want, but is about having information and support to understand the different options and their implications and consequences, so people can make informed decisions about their own lives.

#### **Inclusion**

This means being able to participate in all the aspects of community - to work, learn, get about, meet people, be part of social networks and access goods and services - and to have the support to do so.

The delivery of *Personalisation* through *self-directed support* and the introduction of *Personal Budgets* requires councils to redesign models of care and support. Over the past three years, from the start of *Making Care Personal*, as people have been re-assessed and received a *Personal Budget*, some of them have chosen to use this to organise different activities during the day, evenings and weekends.

At the same time, Adult Care has been modernising day services for people with learning disabilities by moving from predominantly building-based services to a more personalised service providing a range of opportunities. *Community Lives* represents a consolidation of these strands of development.

Progress that has been made includes:

1. Holding 12 'Working Together for Change' workshops which involved 300 people with learning disabilities, family carers and other stakeholders. These workshops focused on the individual person with a learning disability and used material from their person-centred plans as a basis for identifying 'what's working', 'what's not working' and 'what's important for the future'.
2. Establishing a Community Lives assessment team of five social workers and a service manager, to undertake assessments over the next two years in conjunction with our fieldwork



teams. The team currently works with four groups: young people in transition, people who have expressed a wish to move out of day services, people who currently attend day services and where it is considered they will not meet our current Fair Access to Care Services criteria following reassessment, and people who are seeking either voluntary or paid employment.

3. Establishing a Community Connector service to work with people with learning disabilities to develop and implement support plans to link people to their local communities. This will support people who choose an alternative to day services using their *Personal Budget* and people who no longer meet Fair Access to Care Services criteria.

### ***Working Together for Change*** workshop themes

The workshops focused on things which are important to people with learning disabilities, as well as on the views of family carers, service providers and staff; this led on to discussions about what success might look like. [Table 3 on page 64](#) sets out a summary of the main themes and associated ideas about the future which came out of the workshops.

The ideas suggested will be used to help improve services during the *Community Lives* Programme.

### **Themes from Working Together for Change**

Services should offer as much choice as possible based on people's expressed preferences through person-centred plans.

Adult Care will continue to support people to speak up for themselves by supporting self advocacy. People with a *Personal Budget* (PB) would be able to 'shop around' for a service.

### **Communication**

Staff would have specialised training in communication skills to work with people with Profound and Multiple Learning Disabilities (PMLD) and training to work with People with Behavioural Support Needs (PBSN)..

### **Safety**

Services would be provided in a safe environment with suitable equipment.

### **Accessible and safe transport**

People who need specialised transport following assessment would have it provided. People would be appropriately supported to travel independently and use public transport. We would ensure public transport providers have a better understanding of people's requirements.

### **Variety of activities**

Adult Care would commission services that offer meaningful and stimulating activities, regardless of people's levels of disability. Some people will need



support to access universal services and when using their *Personal Budget*. We would build community capacity to ensure local and flexible support is available. We would encourage micro providers and social enterprises to enter the market so that there are more choices for people to buy with their *Personal Budget*.

### **Wellbeing**

People with PMLD should have their specific therapeutic and equipment needs addressed including posture support and epilepsy support. There would be specific support for PBSN.

### **Choice and control**

Everyone would have a person centred plan. People with a *Personal Budget* will be able to choose how this is used to support them in day, evening and weekend activities.

### **Dignity and respect**

Standards would be set for how services will operate to ensure everyone is treated with dignity and respect. We would work with other organisations to raise public awareness about learning disability and people's right to an ordinary life where they are treated with dignity and respect.

### **Individually tailored support**

This would be based on person centred plans.

### **Friendship**

The importance of relationships should be included consistently in person

centred plans. Adult Care would promote opportunities for people to meet up with friends in a safe environment. We would support people who wish to pool their *Personal Budget* with friends to get maximum value.

### **Future opportunities, new skills and jobs**

Adult Care would make sure there are opportunities for people to undertake accredited learning, vocational projects and volunteering, and be involved in 'place, train and maintain'<sup>7</sup> projects. People who want paid work would be referred to suitable organisations to help them.

### **Importance of day services as respite for family carers**

Day services offer security and certainty to family carers. Maximum support would be offered to the people who need it most.

Assisting carers to remain in work and supporting older carers would be important priorities.

Family carers also told us that the following things are important to them in respect of the people they care for:

- a) There should be regular opportunities for carers to give feedback;
- b) People should be occupied and be able to make friends and develop new opportunities

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<sup>7</sup> The Place Train and Maintain model involves working with a person who is looking for paid work (legal minimum wage or above with a contract of employment), identifying realistic and sustainable paid work goals and then developing a personalised support programme so they can achieve and sustain paid work.

which will in turn provide respite time for the carers;

- c) Not feeling that people can do things only if they, as carers, provide transport and support;
- d) Knowing that there are good contingency plans so people are safe whatever they do;
- e) That carers are able to relax and switch off from caring.

The *Working Together for Change* workshops, information on the needs of people currently attending day services and national policy set out in *Valuing People* and *Think Local Act Personal* make it clear that there will be increasingly different responses to people based on their specific needs and choices. Meeting individual outcomes through personalised information, care and support will mean existing services continuing to modernise by diversifying and extending the opportunities available to individuals.

Set out below are some of the potential service implications arising from the Working Together for Change workshop feedback.

No major changes to services will be made without formal consultation being carried out and further reports to Cabinet. There will be detailed consultation on specific proposals in the next phase of the Community Lives programme throughout 2014 and beyond.

## **People with Profound and Multiple Learning Disabilities (PMLD)**

We heard that people want a building base with availability over seven days but also opportunities to be involved in the community. Services should offer stimulation and meaningful activity and importantly provide a break for family carers. People should be supported to spend part of their time in community settings, with appropriate staffing input. To deliver this could involve an appropriate mix of pre-invested services and use of *Personal Budgets*.

This approach would require increased Changing Places facilities across Derbyshire. Many disabled people cannot use standard accessible toilets as they need more space for manoeuvring and assistance. Changing places toilets are larger than accessible toilets; they have lots of space and specialised equipment, including a height adjustable changing bench and a hoist.

We were told that ensuring that people's health needs continue to be addressed is very important. This includes, for example, providing postural equipment and supporting people to access primary and secondary health care.

We are working with National Health Service and Clinical Commissioning Group colleagues to ensure that health needs are met appropriately.

## **People with Behavioural Support Needs (PBSN)**

People would like more specialist support for people who have severe

learning disabilities with behavioural support needs. This again requires a base but also opportunities to be part of the community with appropriate staffing.

### **People with less complex needs**

It is estimated that approximately 70% of the people who currently use day services have less complex needs. Over time, the allocation of *Personal Budgets* will assist people to move to more personalised and socially inclusive lifestyles. Adult Care will continue to offer people support to do this, including support to have and use a Direct Payment.

Community Connectors is a new service which provides intensive short-term support, currently 12 weeks, for people who wish to access activities or universal services within their local communities. So far over 120 people have benefitted from the service.

People wishing to purchase a day service from their *Personal Budget* on a sessional basis to meet their needs, as identified in their support plans, would be able to do so. 'Drop In' facilities could be established in a range of settings, including existing day services, for people with less complex needs. These would offer people, for example, a space to meet friends or an opportunity to pool their *Personal Budgets* to enjoy group activities.

Following the changes to *Fair Access to Care Services* eligibility criteria agreed at Cabinet on 29th March 2011 people with Moderate needs or below

are no longer eligible for Adult Care services following an initial or reassessment.

In addition to being supported to access universal services, including personalised information advice and support, they will be offered the choice to be referred to the Community Connectors.

This would assist them in linking into training opportunities as preparation for employment, finding suitable community based activities or support.

### **People who are interested in paid and voluntary (unpaid) work**

It is estimated that there are up to 20% of people with less complex needs currently using day services, who are already engaged in or would like to be engaged in voluntary or paid work or preparation.

### **Summary**

This section has outlined what the main stakeholders of learning disability services want. It will help to guide and inform future service design.

## Analysis

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This section uses the information presented to draw out and analyse how service requirements are changing and what this may mean for the development of services now and in the near and longer term. It uses the questions set out in the [Introduction](#) to formulate and structure the analysis.

### **How many people have social care needs and at what level?**

There are an estimated 14,170 people with a learning difficulty resident in Derbyshire. The majority of these people have a 'moderate' learning disability and are unlikely to require statutory social care intervention.

About 2,600 people do require a service either because their learning disability is at a "severe" level or above or because they have a behavioural support need.

Some of these people in the population are below 18 and not yet adults. Others will be self-funders, although we will not know the precise number of these and without further work can only make a broad estimate.

### **How many people are likely to need very high levels of care?**

Our snapshot analysis of service delivery to clients during a week in January 2013 shows that there were just over 1,760 people receiving a service commissioned by Derbyshire Adult Care.

The best single source of data to answer the specific question about needing very high levels of care is the FACS analysis. Accordingly, 866 (49%) clients had a FACS band of substantial<sup>8</sup>. 442 people (25%) had a FACS band of critical<sup>9</sup>. Together, these two top FACS bands account for 75% of the clients receiving a service.

It is difficult to be precise about likely numbers requiring very high levels of care based on FACS banding alone but it is reasonable to assume that a very high proportion of these clients (say 90% or 1200) will continue to need very high levels of support.

### **How do they compare with total population numbers?**

Derbyshire's total population is just over 780,000 people. So people with a learning disability likely to require a statutory social care service is 0.2% of the total population. Currently, expenditure on services for people with a learning disability accounts for 33% of Adult Care's total budget.

### **How do they compare with service user numbers aged 18-64/65 plus?**

We estimate that there are 2,400 adults with a learning disability living in Derbyshire whose level of need meets our FACS eligibility threshold.

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<sup>8</sup> You or your carer may be finding it increasingly difficult to cope with the majority of personal care tasks and you are likely to be at significant risk of harm or loss of independence.

<sup>9</sup> You, or the person you are referring, is in a crisis situation where your life is or will be threatened or you may be at serious and immediate risk of losing your independence, or at risk of substantial harm without an immediate assessment of your needs.

Assuming that our January 2013 snapshot figure of 1768 is reliable, then we deduce that Derbyshire County Council commissions services for about 80% of the adult learning disabled population.

Whilst we believe these figures to be reliable and robust, we should note that the Learning Disability Profiles produced by Public Health England report that Derbyshire's figure for Adults (aged 18-64) with learning disability known to local authorities is "significantly lower than England".

However, they do not explain why the number of adults with a learning disability known to a local authority should cohere with a computed average for England. The figures used by IHAL are also those for 2011/12 rather than the most up to date.

<http://www.improvinghealthandlives.org.uk/profiles/index.php?view=E1000007>

### **Who might be the target groups for preventative services?**

Research reliably shows that adults with a learning disability face more difficulty than others in recognising health problems and getting treatment for them. Each year GPs are required to offer regular health checks to make sure important problems are identified and treated. CCGs report to the Department of Health how many people there are on GP practice lists known both to their GP and the local social services department to have a learning disability. They show how many of these have had a health check in the last year.

For 2011/12, the data indicated that the proportion of eligible adults with a learning disability having a GP health check in Derbyshire is significantly better than England. However, this rate was on a downward trajectory.

### **Where are the areas of highest concentration of people with social care needs?**

There are people with a learning disability resident in every district of Derbyshire. The district with the highest resident people with a learning disability is Chesterfield but the differences in numbers between districts is not large.

There is no reason to expect that the current pattern of geographical distribution of where people with a learning disability live will change.

### **How much does Derbyshire County Council Adult Care spend on the user group and on what is it spent?**

Derbyshire County Council Adult Care spent £73.6 million on services for people with a learning disability during 2012/13. This represents 33% of the gross total budget for Adult Care.

Expenditure is divided up between eight broad areas: residential, nursing care, home care, day care, Direct Payments, assessment and care management, supported accommodation and "other".

40% of expenditure is taken up by funding of residential and nursing care placements. If we add in the £15.5 million spend on Supported Living

accommodation then the proportion increases to 61%.

Day care accounts for 19% of expenditure and home care accounts for 5%. Direct Payments, a relatively new service, accounts for 6% of expenditure. Assessment and Care management services accounts for 5% of expenditure.

### **How will the number of people change in the short, medium and long term?**

Over the next five years, the numbers of people with a learning disability will rise by about 2.8%.

Whilst this does not represent a large increase *per se*, it will be significant given that it will principally comprise those people aged 65 or over who will have a range of increasing health and wellbeing needs.

In this short to medium term, most of the increased number of people with a learning disability will be in the 65 and over age group; that age group will increase by 370 people.

The 14-17 years group will increase by a small number (estimated at 10) and the 18-64s will increase by about 70.

In the longer term, the number of *older* people with a learning disability will continue to grow throughout the period, increasing by about 1000 between 2018 and 2031. The number of people with a learning disability aged 18-64s will also rise but only by 160.

### **Where are the services are they local, centralised or regionalised?**

Given *Think Local Act Personal*, it is important that all future services must be designed as far as possible according to the values and aims set out. Against this though, we have to be mindful of cost, especially in the era of austerity.

The aspiration is that services need to be local to enable people to access them with relative ease.

[Figure 26, page 71](#) and [Figure 27, page 72](#) illustrate clients' district locations and where services are provided. We can see from a general overview that many services are localised. However, we also know that many are not localised enough.

### **Are these known to be the most effective services?**

Assessing effectiveness is difficult. Social care provision is complex, and there are lots of different angles and levels to take into account.

Consequently there are different systems that focus on different aspects.

There are currently a number of statistical indicators that give us some insights into Derbyshire's relative service effectiveness, although sometimes interpretation and meaning is not always clear.

What we can say though is:

Derbyshire commissions a higher than average amount of day service for people with a learning disability. Given

what clients say about day care ([Table 3, page 64](#)), it is possible that more people could be steered towards employment through commissioning employment training. This is further indicated by Derbyshire having lower numbers of people with a learning disability in paid employment.

Despite commissioning high levels of community-based support packages, there has been a fairly dramatic increase in the number of carers who provide significant levels of input to people with a learning disability. Carers' quality of life can be further improved with the provision of more respite care, enabling regular breaks. We know from [Figure 18, page 57](#) that carers' reported quality of life is at best average compared with other local authorities.

The number of carers has increased and is increasing further, and so the volume of carer break opportunities needs to increase accordingly. Also, carers' Emergency Cards should be expanded.

This is especially the case in Amber Valley, Chesterfield and Erewash.

There are too many people being admitted to residential and nursing care. Derbyshire's current record on supporting people to live independently is good, but can be better through enabling more work opportunities for people with a learning disability.

### **What do users/carers/citizens say about the services that are commissioned?**

Some people with a learning disability say that they can't always do the things they want to because of staff resourcing either through there not being enough staff, the support not being flexible enough, or the supporter not being skilled in the right areas.

It was felt that society had a role to play too and that there should be more emphasis on raising awareness of disability matters across the whole of the community and not just in specialist services.

Some people with learning disabilities feel that they need to be allowed and empowered to take risks as a way of exercising real choice and control, including people with PMLD.

The desire to stay healthy enjoying things that enhance peoples' wellbeing is important to those with a learning disability.

Good and regular postural care for people with profound and multiple disabilities was highlighted as fundamental to maintaining their health and wellbeing.

People with a learning disability say that they enjoyed going to their day centres but there isn't enough variety of activities.

Many people with a learning disability have highlighted the importance of having a wide circle of friends, being able to make friends and keep in touch with old friends.

Many people with a learning disability are very clear that they wanted to be understood, that they wanted people to learn how to communicate with them and some felt that they needed help to communicate.

Public transport is said to not always be available and accessible for wheelchair users. Transport costs and the time spent travelling to and from day centres can also be prohibitive.

People with a learning disability have highlighted the importance of being fully involved in assessments and review processes. They want their views to be properly listened to, respected and thus reflected in their support plans.

People with a learning disability and their family carers desired a future where they felt safe.

This includes contingency planning and good quality support plans which cover variations in availability of community resources.

### **What are the trends in demand for publicly funded services and how does this fit with eligibility?**

We can say with reasonable confidence that demand for publicly funded services will continue to be at least as high as hitherto; in fact given the demographic changes, particularly around the number of older people with a learning disability, we can confidently predict that demand for older person's services will rise.

Over the next five years this rise will be in the order of 3-4%. It is most likely

that the increased demand will be for more suitable accommodation, not necessarily residential or nursing care, but accommodation that helps older people with a learning disability to maintain a level of independent living such as sheltered housing or similar.

Over the same time, there will be a small increase in the number of people aged 18-64 with a learning disability although it is not likely that this will trigger an increased demand for service provision.

Over the longer term (e.g. to 2031) again the more significant change will be to the number of people aged 65 or over. Planning4care projections estimate that between 2013 and 2031, there will be an increase of 980 people aged 65 or over.

In contrast, over the same period of time, the number of people aged 18-64 with a learning disability will increase by 50 people. We anticipate that as this number will also spread evenly across needs groups, the likely impact on demand for public service will not be high although we have to remember that some learning disability services can be low volume but very high cost.

### **Predicting future service requirements and costs based on current baseline patterns.**

Prediction is always difficult and must be done with caution. It involves weighing up a number of different factors that are not fixed and which may change.



We know from population projections that over the next five years or so, the number of people with a learning disability aged 18-64 is not going to grow significantly. However, given that some people with a learning disability can have severe and multiple needs, we have to be mindful that low projected numbers does not necessarily mean that costs will not rise. Typically, packages of care for people with a learning disability can be low volume but very high cost. The best information that we have at the moment suggests that increases will be small in terms of numbers of younger people (18-64). It is reasonable to assume that new clients will have reasonably similar levels of need to those at present.

For older people with a learning disability, the numbers will increase more steeply. Given the relative costs of community-based compared with residential packages, it is vital that real alternatives to traditional residential and nursing care services are developed.

The arguments for this are both economic and from a value-based practice perspective.

For example, over the short to medium-term, the increase in older people aged 65 and over with a learning disability will not be dramatic but nevertheless will add an estimated £6-8 million per year extra to the residential and nursing care annual budget.

Over the longer term, (e.g. 10-15 years), increased demand from the

older age groups will add an estimated £15-20 million to the residential care budget. At present, it is unclear how this level of support could be found from the public purse.

So with a growth in the number of people with a learning disability, especially amongst the older age groups, there needs to be a concomitant growth in the provision of supportive services that are based in the local community.

There need to be more carers' support services, more befriending services to prevent older people becoming socially isolated; there need to be more opportunities for diverse day activities, more step-up training type opportunities to increase the likelihood of a pathway into open and sheltered employment. There also need to be new approaches to residential care that enable people with a learning disability to maintain a connection with their local community and not become prematurely dependant on professional care.

### **Forming a judgement of relative costs against relative gains or outcomes of changes in provision of care.**

Given the current and likely projected economic outlook for the next decade, new ways to better support people with a learning disability need to be developed that are at least no more costly than at present.

More realistically, the new practices and opportunities need to be actually less expensive than at present. How

this might be achieved will require a lot of partnership working across all of the professional and other stakeholder groups.

### **Messages for the market.**

Our key starting point is that people with a learning disability should lead ordinary lives in ordinary settings i.e. in their own homes, using community facilities with the option of a job or at least some meaningful activity.

Whenever possible, people with a learning disability should not be accommodated in settings that take them from their home environment.

In future, following the recent changes in who is - and how people are - funded, only people with a severe/profound or complex needs will receive public funds and these will be paid via *Personal Budgets* and not block contracts.

There is a clear and pressing need to address health inequalities and inequities for learning disabled people. For too long people with a learning disability have experienced an inferior deal when it comes to health care and treatment.

Services need to place the person at the centre of things and should be designed in liaison with people with a learning disability, so that they are effectively co-produced.

Services that facilitate early intervention and that have a preventative focus and which promotes or increases independence will attract the most support.

Over the next five years, Derbyshire's Adult Care budget will be reduced by some £65 million. The precise details of where and how these cuts will fall have yet to be worked out. However, it means that there will be much less money available to deal with increasing care needs in the population.

1. Given the prevailing economic climate, it is important that we look ahead and establish the key critical pressures and identify how best, and with which type of care and support, the market can be developed.
2. There has been a significant growth in the number of people caring for a family member. This growth will continue. Carers take their duties very seriously.

Sometimes carers lose sight of their own health and wellbeing needs or they actually knowingly disregard their own needs for the sake of the cared-for person. However, these carers need to be helped in order to enable them to continue caring for as long as possible. Quite often they need to be advised about the need for regular breaks from their caring routine. The provision of regular opportunities for respite is a service area that needs to grow in every locality across Derbyshire.

3. In a similar vein, carers benefit from information, counselling,

emotional support and practical advice on how to best maintain and replenish their own sense of wellbeing. They need to be able to more readily access local groups which function to support carers in this way. This too is a service area that needs to grow in every locality across Derbyshire.

4. Carers also need to be assured that in the event of an accident or situation that prevents them from carrying out their caring duty, there are alternative arrangements in place to act as a safety net. Yet despite great efforts to encourage carers to register for the Emergency Carers Scheme, there is still a large gap between the number of registered carers and the number of carers in the general population. It is a false economy not to go the extra mile to widen this scheme significantly.
5. There are currently significant numbers of learning disabled clients in their early- to mid-50s. In fact this is one of the largest age group clusters amongst our current clients with a learning disability. Given the tendency in the past to admit clients to residential and nursing care and the disproportionately high spend on those services, it is **essential** that Derbyshire's new Accommodation and Support Strategy for People with Learning Disabilities, and the *Community Lives* programme

prioritises this cohort and steers them more appropriately to services that are designed to maximise their independence.

6. A very significant requirement is in the sphere of alternatives to residential care.
7. One potential alternative form of residential care is the Shared Lives adult placement scheme.
8. That same cohort of people would be very well served by having better access to services which help them to improve their general health and wellbeing (e.g. *diet and exercise regimes, dance and expressive arts, meditation and pilates*).
9. Research from the 1930s showed the huge positive psychological impact that being in remunerative work brings (e.g. Jahoda et al, 1932<sup>10</sup>).
10. Given what some users have said about their day care experience ([Table 3, page 64](#)) it is important that more "step up" routes to employment are developed across all districts.
11. Placement in an open, competitive, employment setting may not be suitable for all people with a learning disability

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<sup>10</sup> Jahoda said five key factors were vital to feelings of wellbeing; these are time structure, social contact, collective effort or purpose, social identity or status, and regular activity.

so more sheltered placements need to be opened which offer training and mentoring, and which allow for people with a learning disability to sample a range of different job contexts.

12. It is the expressed intention of the County Council to continue to be a substantial provider of services to people with a learning disability.

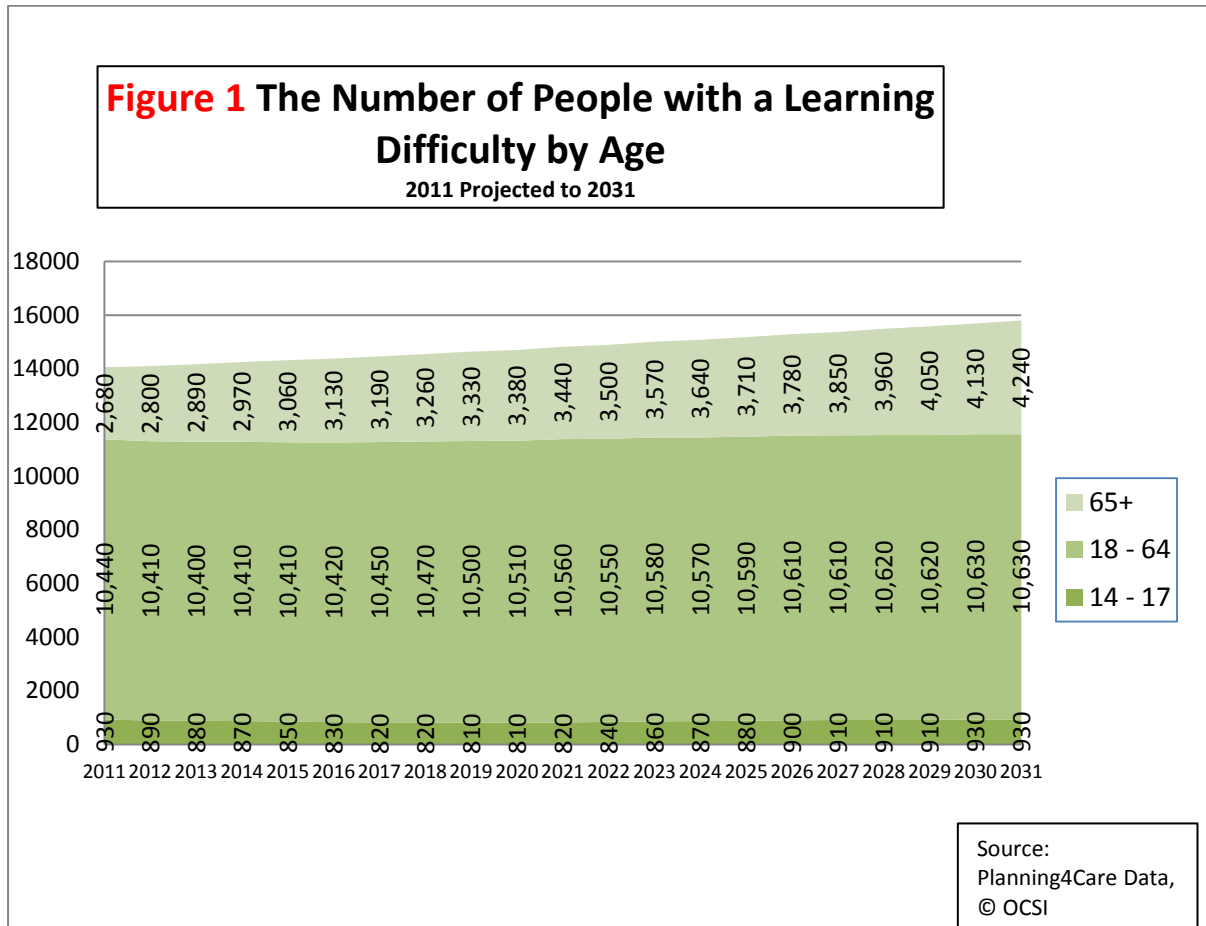
13. With the advent of *Personal Budgets* and the potential for groups to pool their resources, plus new models of community-based care, there will be opportunities for micro-providers and social enterprises to enter the market and provide

more options, especially around day and pastoral care.

14. It is our intention that all providers of social care will adhere to the values and principles enshrined in the Dignity Award. In order to embed its adoption into everyday practice, future commissioning of services will have a quality premium payment for those providers who are able to demonstrate that it fully guides their practice.

15. Befriending services through volunteer agencies that can seek out and develop more meaningful and stimulating social activities will be especially likely to be successful in finding a niche.

# Evidence and Data

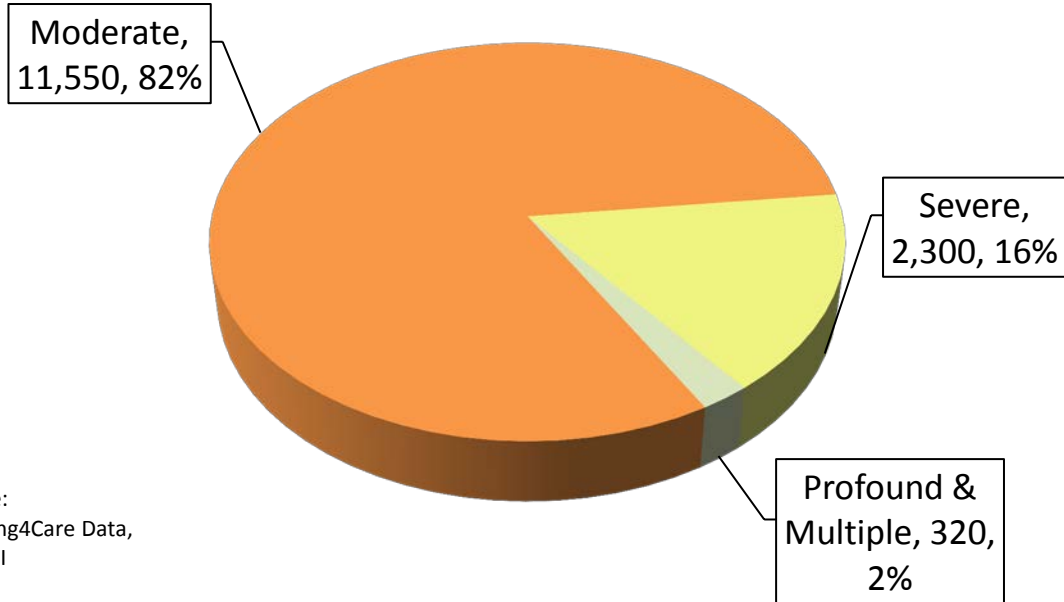


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Figure 1 illustrates that:

- There are 14,170 people aged 14 or over with a learning difficulty in 2013.
- 14-17 year olds make up 6% of the total number of people with a learning difficulty, 73% are aged between 18 and 64 and those aged 65 and over make up 21%.
- Between 2013 and 2018, the number of people with a learning difficulty will rise to 14,550. That is an increase of 380 people ( 2.7% increase).
- Most of the increased number of people with a learning difficulty will be in the 65 and over age group; that age group will increase by 370 people.
- The 14-17 years group will increase by a small number (estimated at 10) and the 18-64s will increase by about 70.
- Numbers of older people with a learning difficulty will continue to grow throughout the period, increasing by 1,350 by 2031.

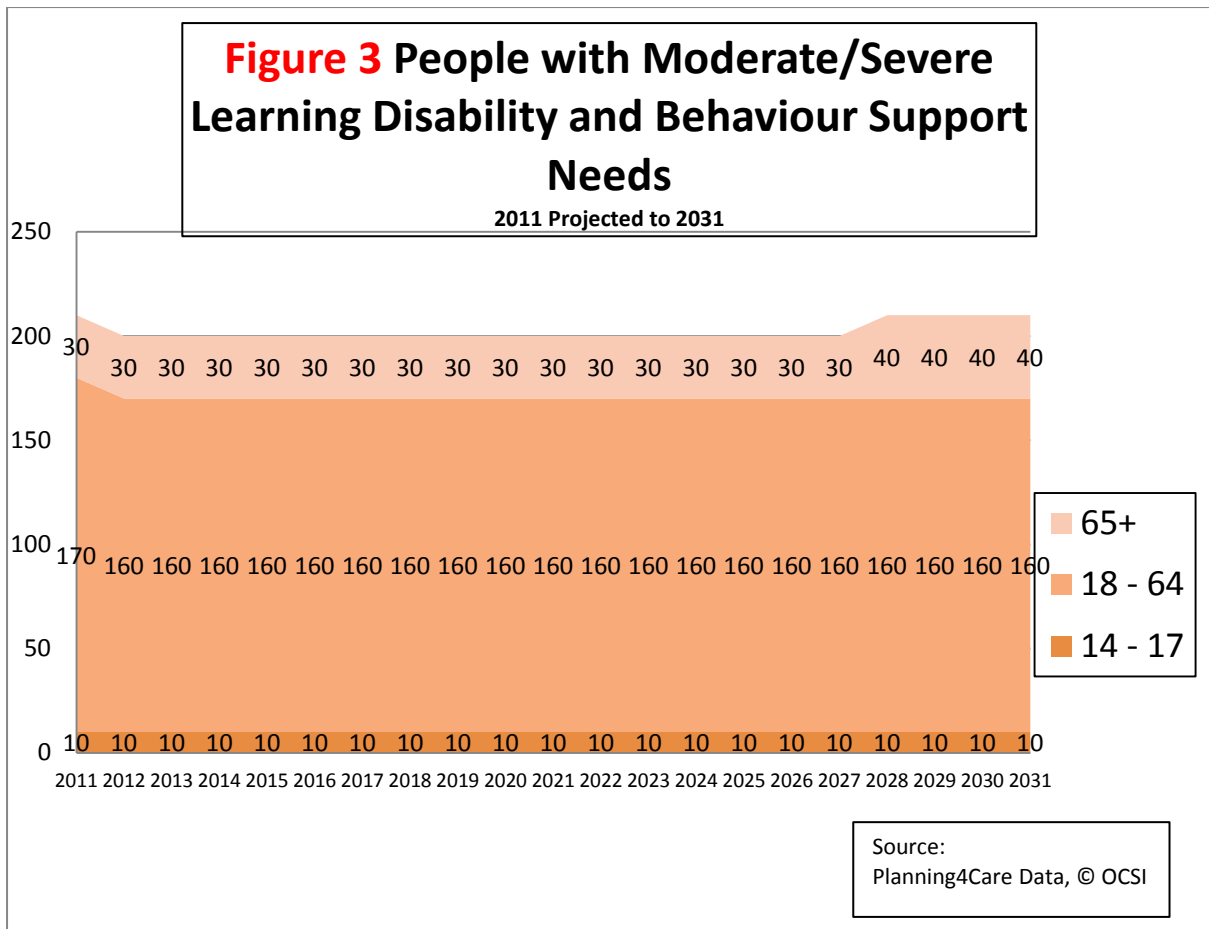
**Figure 2 People with a Learning Disability in Derbyshire 2013 by Severity**



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Figure 2 illustrates that:

- 11,550 people out of the total 14,170 have a “Moderate” learning disability.
- 2,300 people out of the total 14,170 have a “Severe” learning disability.
- 320 people living in Derbyshire have a profound learning disability with multiple impairments, including physical disability.



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Figure 3 illustrates that:

- There are about 200 people in 2013 living in Derbyshire whose level of learning difficulty is at least moderate or severe and who also present serious challenging behaviours.
- The number of people with a moderate learning disability who also have behavioural support needs is not projected to grow over the next few years.
- There will be an increase of approximately 10 people aged over 65 by 2027.

**Table 1 People with Learning Disabilities Aged 14 + by District 2013**

District	Age Group				Total		
	Level	14-17	18-64	65 plus	Number	%	
Amber Valley	P and M	10	40	10	60	470	16.7%
	Severe	30	290	50	370		
	CB	0	30	0	30		
Bolsover	P and M	0	20	0	20	290	10.2%
	Severe	20	200	30	250		
	CB	0	20	0	20		
Chesterfield	P and M	10	30	10	50	400	14.2%
	Severe	20	260	40	320		
	CB	0	20	0	20		
Derbys' Dales	P and M	0	20	0	20	220	7.8%
	Severe	10	150	30	190		
	CB	0	10	0	10		
Erewash	P and M	10	40	10	60	430	15.2%
	Severe	20	270	40	330		
	CB	0	20	10	30		
High Peak	P and M	0	30	0	30	310	10.9%
	Severe	20	210	30	260		
	CB	0	20	0	20		
N E Derbys	P and M	0	30	10	40	360	12.8%
	Severe	20	230	40	290		
	CB	0	20	10	30		
S Derbys	P and M	10	30	0	40	350	12.4%
	Severe	20	230	30	280		
	CB	10	20	0	20		
<b>Total</b>	<b>P and M</b>	<b>40</b>	<b>240</b>	<b>30</b>	<b>320</b>	<b>2,820</b>	<b>100</b>
	<b>Severe</b>	<b>160</b>	<b>1840</b>	<b>290</b>	<b>2300</b>		
	<b>CB</b>	<b>10</b>	<b>160</b>	<b>30</b>	<b>200</b>		

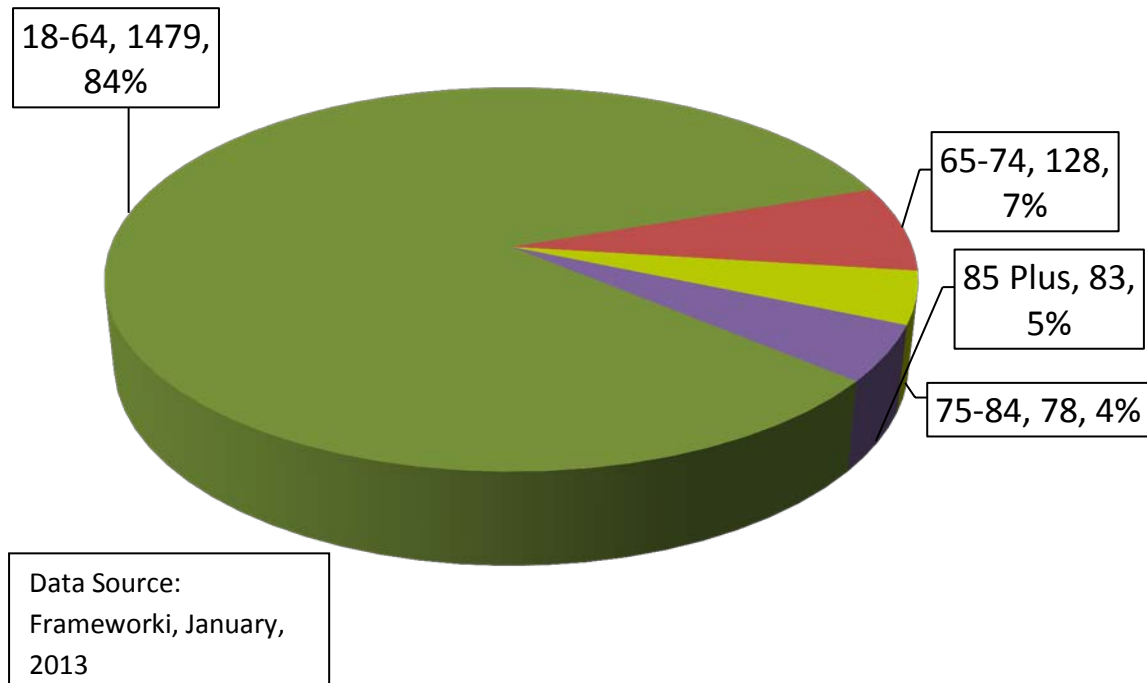


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Table 1 illustrates that:

- There are about 2,820 people in 2013 living in Derbyshire whose level of learning difficulty is at least moderate or severe and who also present behaviour and support needs.
- People with a learning disability live across all the districts of Derbyshire.
- Amber Valley and Erewash have the largest populations of people with a learning disability.

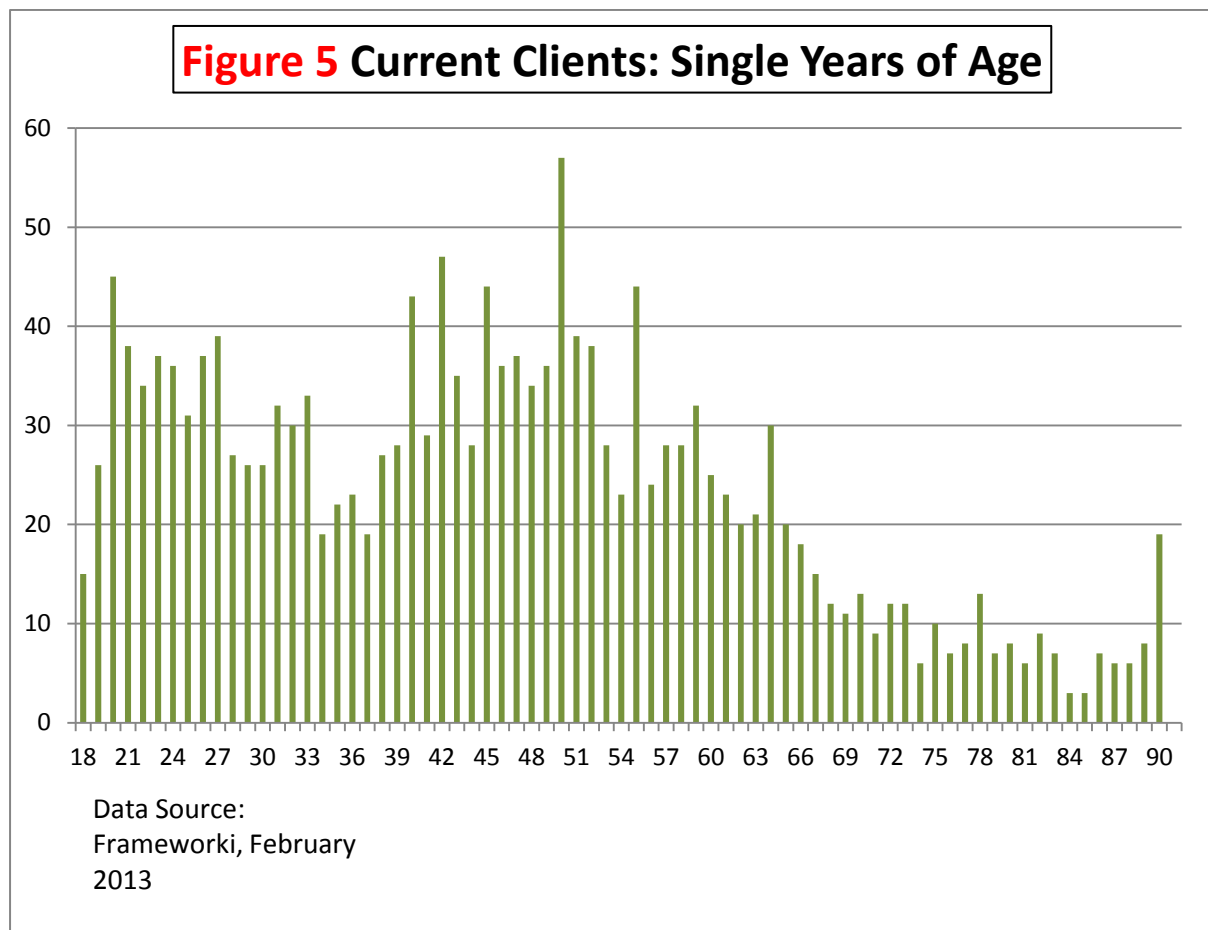
**Figure 4 Age Group of Clients**



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Figure 4 illustrates that:

- The majority of clients are aged 18-64 at January 2013. They account for 84% of people who use services.
- The other clients are older people, aged 65-74 (7%) and 75-84 (4%). There are 4% of clients who are aged 85 and over.
- We expect to see the number of older aged clients increase over the next few years as the general population ages more.

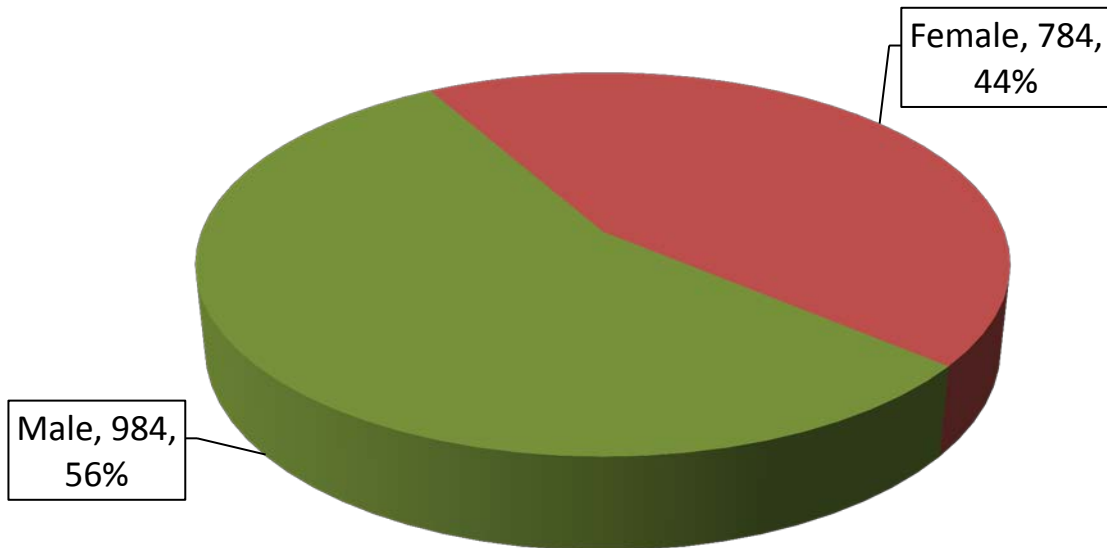


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Figure 5 illustrates that:

- Clients come from every age across the range.
- A couple of noticeable clusters: 20-33, 40-51 and 55-64 (see Fig 5) are discernible.
- It is notable that although older people with learning disabilities are not as large in number as the other ages, we expect them to be an increasingly larger presence, given what we know about health trends and demographic changes.

**Figure 6 Sex of Clients**

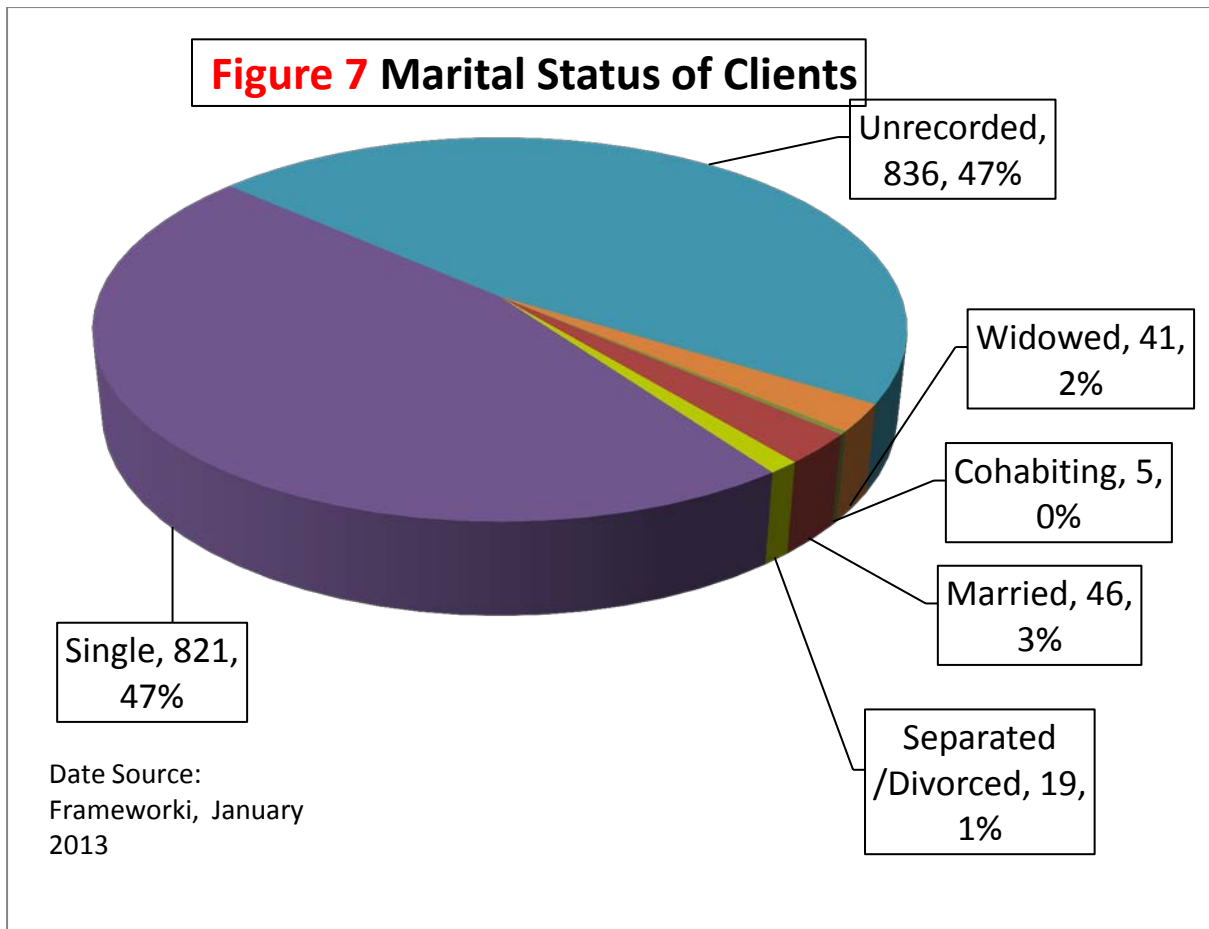


Date Source:  
Frameworkki, January  
2013

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Figure 6 illustrates that:

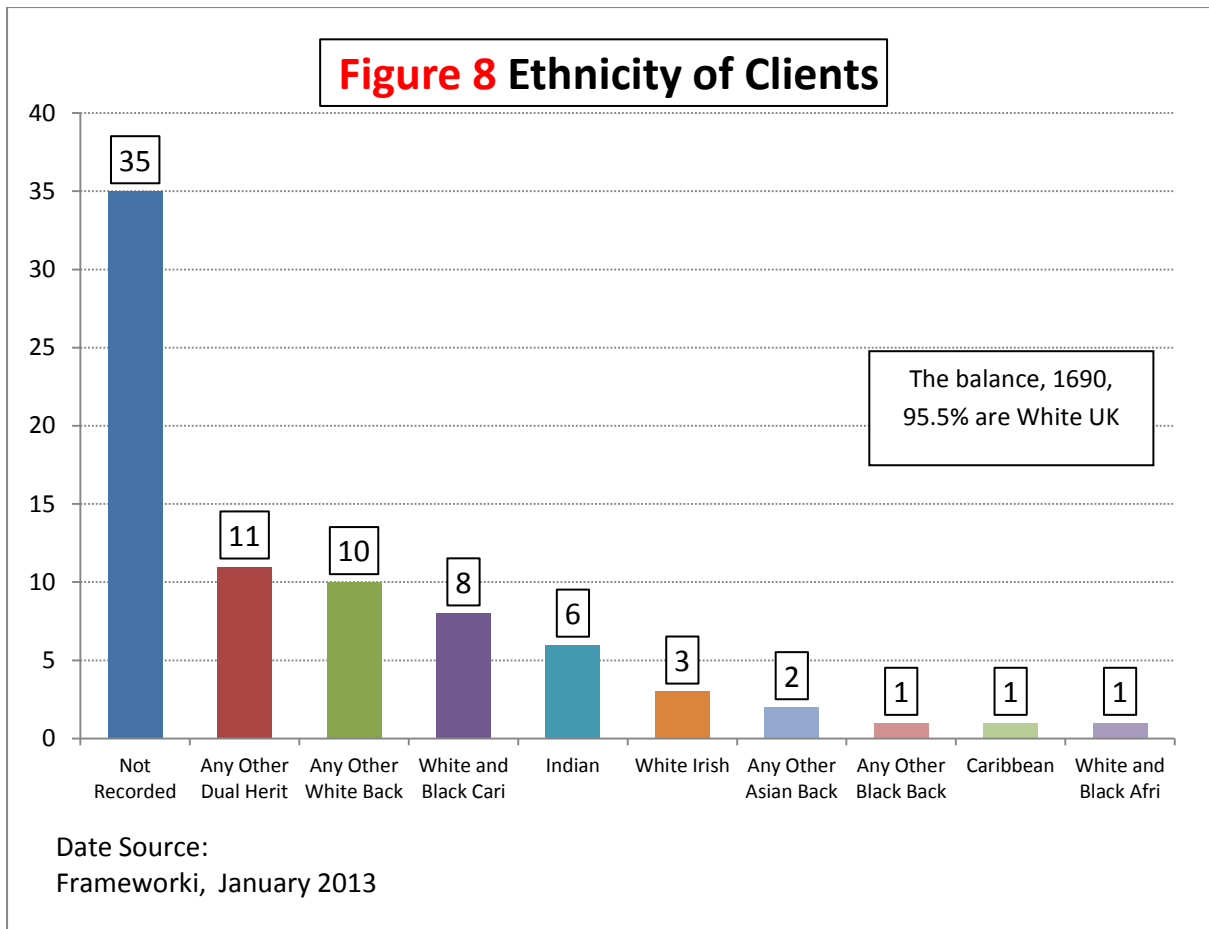
- Males make up the majority of clients with over 56% male (984, clients).
- Females make up 44% with 784 clients.
- Note that the data is a “snapshot” which will be at a single point in time and so we must not conclude that there are more male clients than female clients.



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Figure 7 illustrates that:

- The majority of clients are single, 821 or 47% of clients.
- 46 are married, 41 widowed, and 19 separated or divorced.
- 5 users are co-habiting.
- 47% have no recorded marital status.

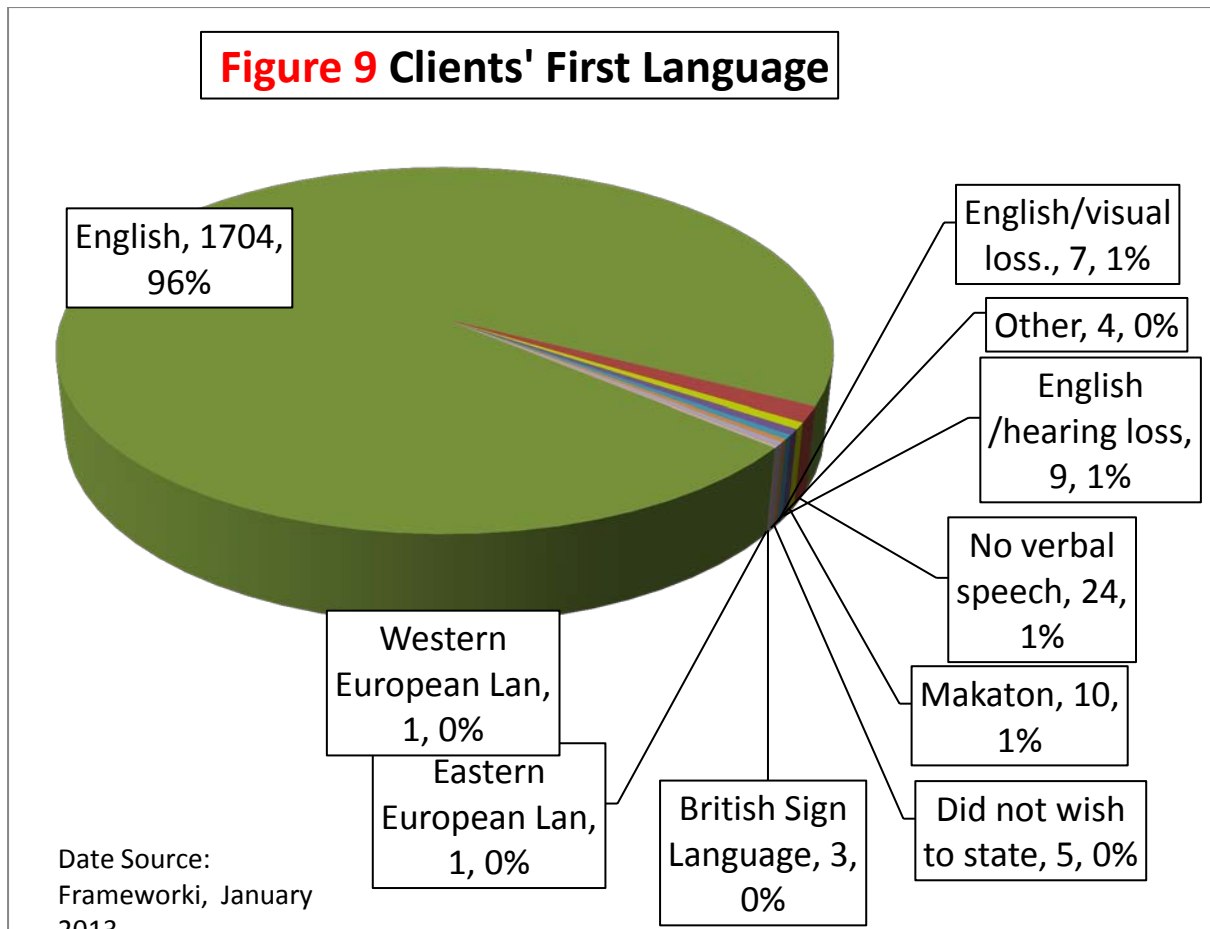


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Figure 8 illustrates that:

- The majority, 95.5% of clients, are from a White UK background.
- The remaining 4.5%- are dispersed amongst a wide range of groups the largest single one being dual heritage (11 clients, <1%).

**Figure 9 Clients' First Language**



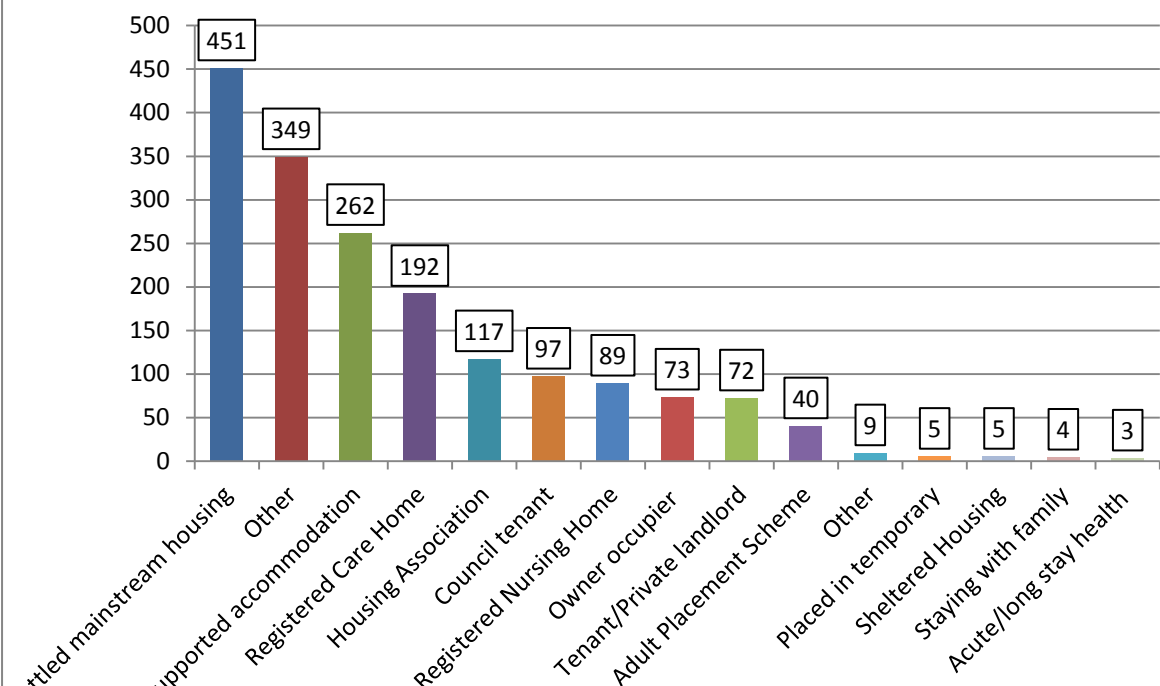
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Figure 9 illustrates that:

- The majority of clients' (1,704, 96%) first language is English.
- The remaining five per cent use a range of communication methods including British Sign Language and Makaton.
- A small number of current clients are unable to hear and so that may impair their ability to communicate.
- 24 clients have no verbal speech, in addition to the 10 clients who use Makaton and the three clients who use British Sign Language.



**Figure 10 Property Tenure of Clients**

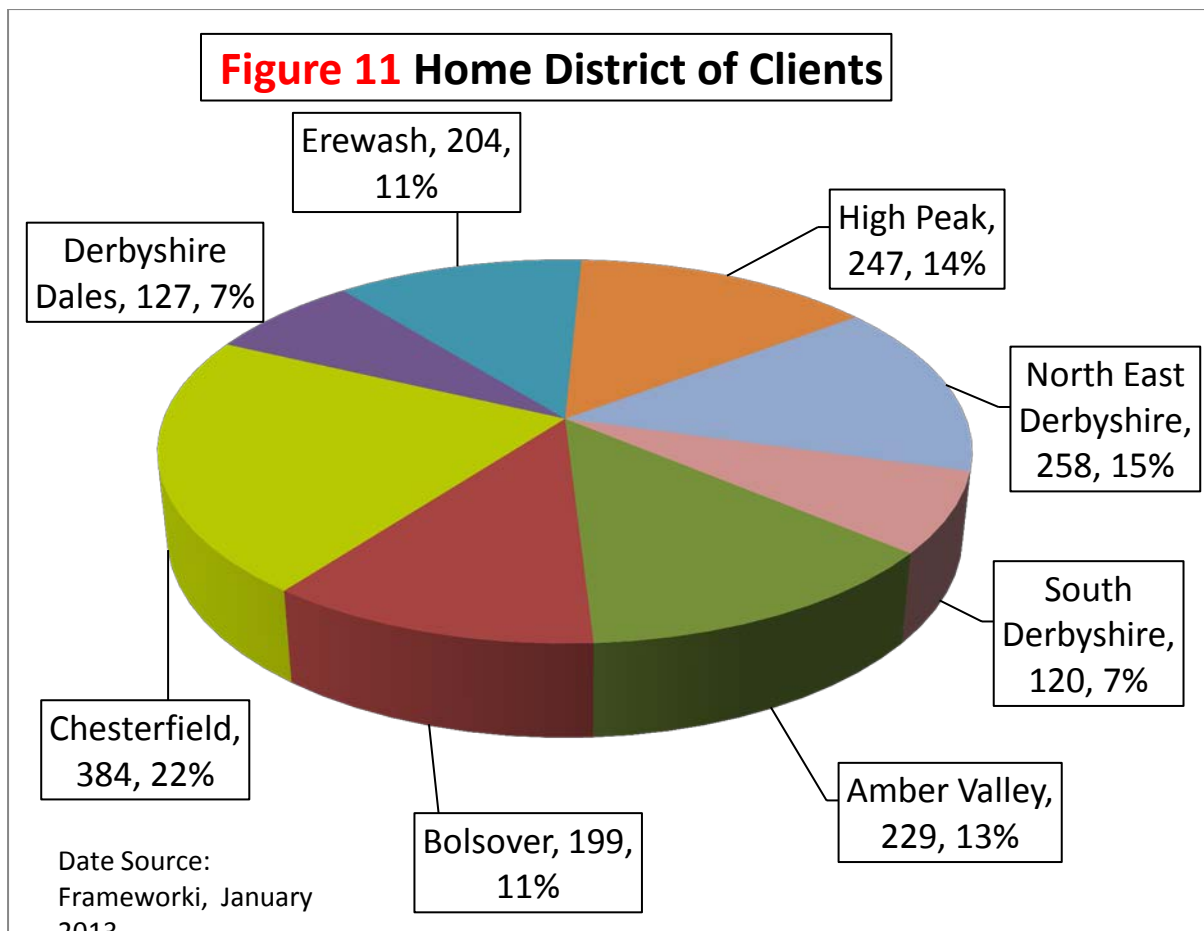


Date Source:  
Frameworkki, January  
2013

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Figure 10 illustrates that:

- Although recorded on Frameworkki as “Property Tenure”, this chart describes a mixture of client property tenure and “Type of Accommodation”.
- The majority of clients are recorded as being in settled mainstream housing (451/1,768 = 59%).
- A lot of people are recorded under “Other”.

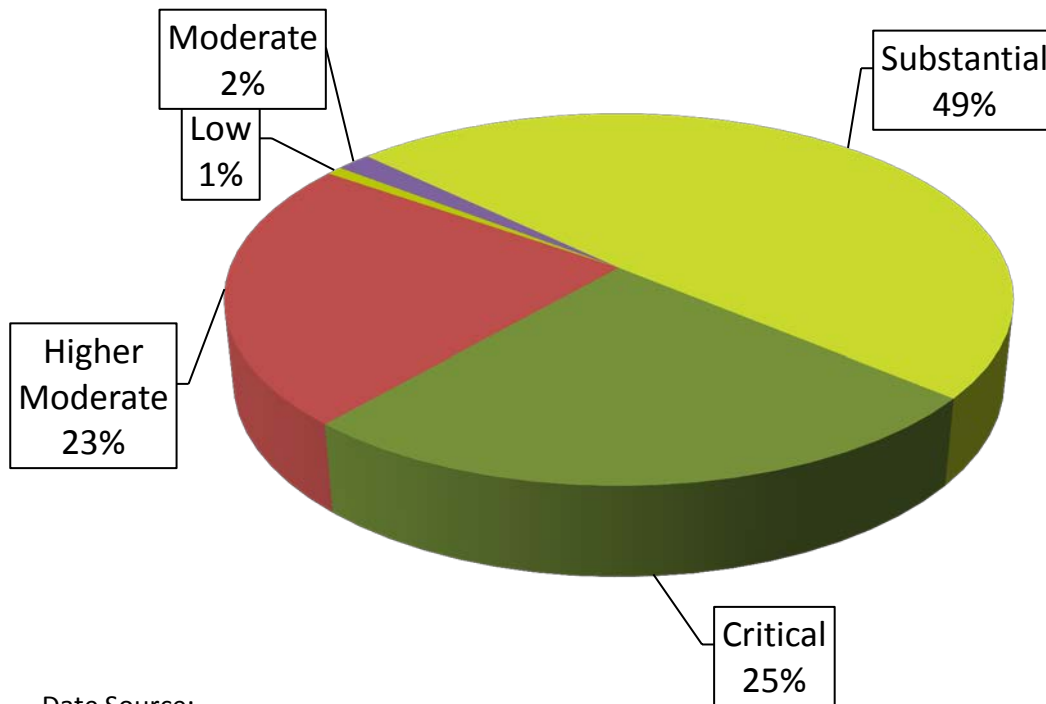


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Figure 11 illustrates that:

- Clients are quite evenly distributed around the county such that every district is represented.
- As we would predict, Chesterfield has the highest number of clients, being the single most populated area of the county (384, 22%)
- North East Derbyshire, High Peak and Amber Valley have similar numbers and proportions (15% and 14% and 13% respectively).
- Bolsover has 11% (199 clients), similar to Derbyshire Dales (127, 7%) and South Derbyshire (120, 7%).

**Figure 12 Clients' Fair Access to Care Levels**



Date Source:  
Frameworki, January 2013

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Figure 12 illustrates that:

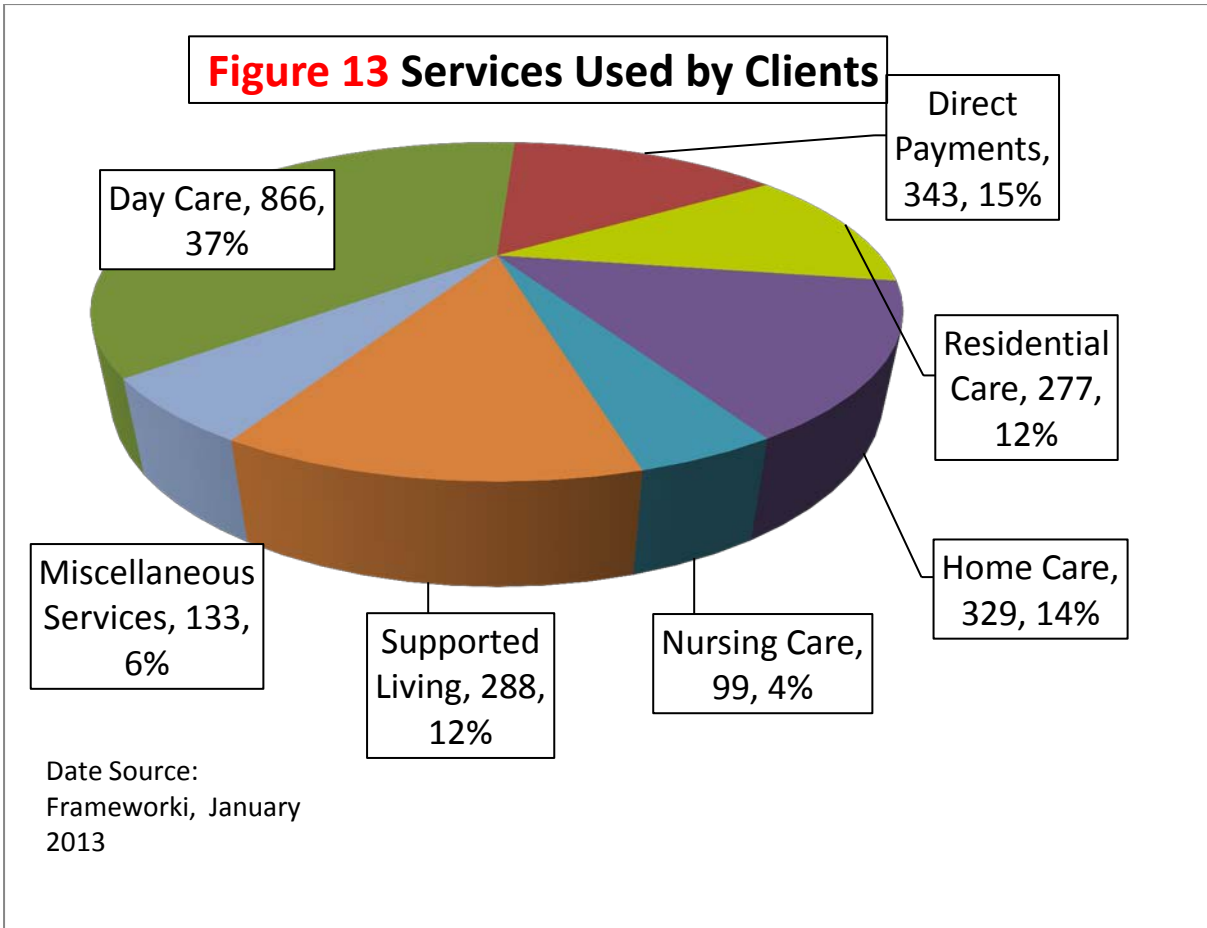
- The majority of clients (49%) are assessed as being in the “Substantial” FACS band. This is the highest FACS band and clients with this level of needs will have problems with more than daily activity for which they need help and assistance from another person.
- The next two bands account pretty much for the remaining 50%, although there are a small number of clients whose FACS band are assessed as being “Moderate” or “Low”.

<b>Table 2 Fair Access to Care Services by N<sup>o</sup> of Services Used</b>						
	<b>1</b>	<b>2</b>	<b>3</b>	<b>4</b>	<b>5</b>	<b>Total</b>
<b>Low</b>	18	0	0	0	0	<b>18</b>
<b>Moderate</b>	27	8	0	0	0	<b>35</b>
<b>Higher Moderate</b>	276	110	20	0	1	<b>407</b>
<b>Critical</b>	305	102	26	9	0	<b>442</b>
<b>Substantial</b>	606	229	26	5	0	<b>866</b>
<b>Total</b>	1232	449	72	14	1	<b>1768</b>

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Table 2 illustrates that:

- Although we might expect one, there is not an association between the number of services that a client receives and the complexity of their needs as indicated by their FACS banding.
- Most people with learning difficulties just receive one service (70%, 1,232 clients). Within that group, people with “Substantial” needs are the most numerous single group (606 clients, 34%)
- Clients who use two services or less comprise 1,681 people or 95% of all clients.
- Only 87 clients use three or more services, 72 of whom are spread over three FACS bands: Substantial, Critical and Higher Moderate.
- Rather unexpectedly, 53 clients have a FACS band which technically is lower than Adult Care’s current service threshold (“Higher Moderate”). Why this is the case isn’t clear from the data.



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Figure 13 illustrates that:

- Altogether 1,768 clients were taking up 2,335 services when the snapshot was taken.
- A Direct Payment service can be used by the client to purchase a range of other services so in a sense the number is an undercount.
- The largest single service is day care, which accounts for 866 services.
- “Miscellaneous services” refer to employment projects (N=5), support worker (N=6), frozen meals (N=31), hostel place (N=11) laundry (N=18), and Shared Lives (N=52), and transport (N=10).

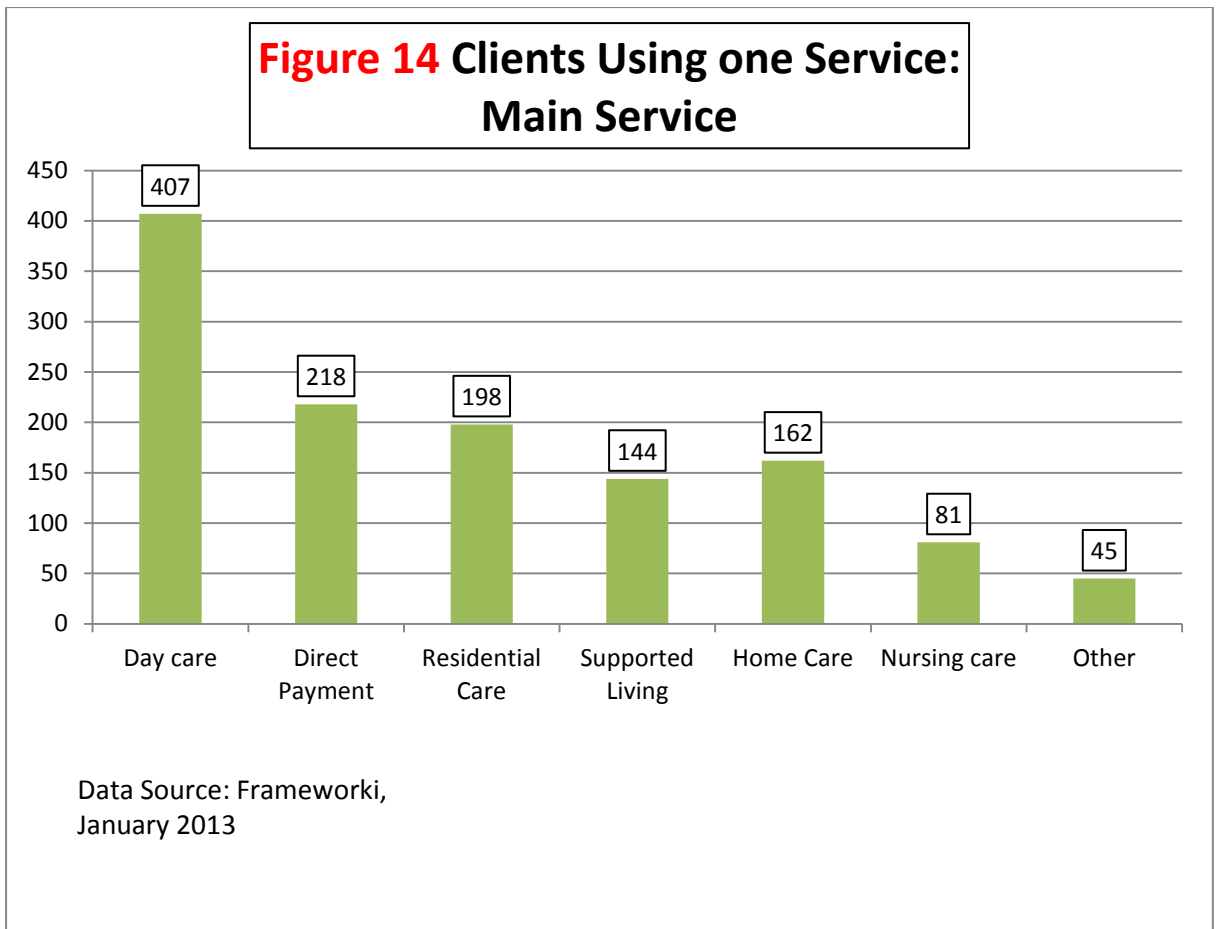
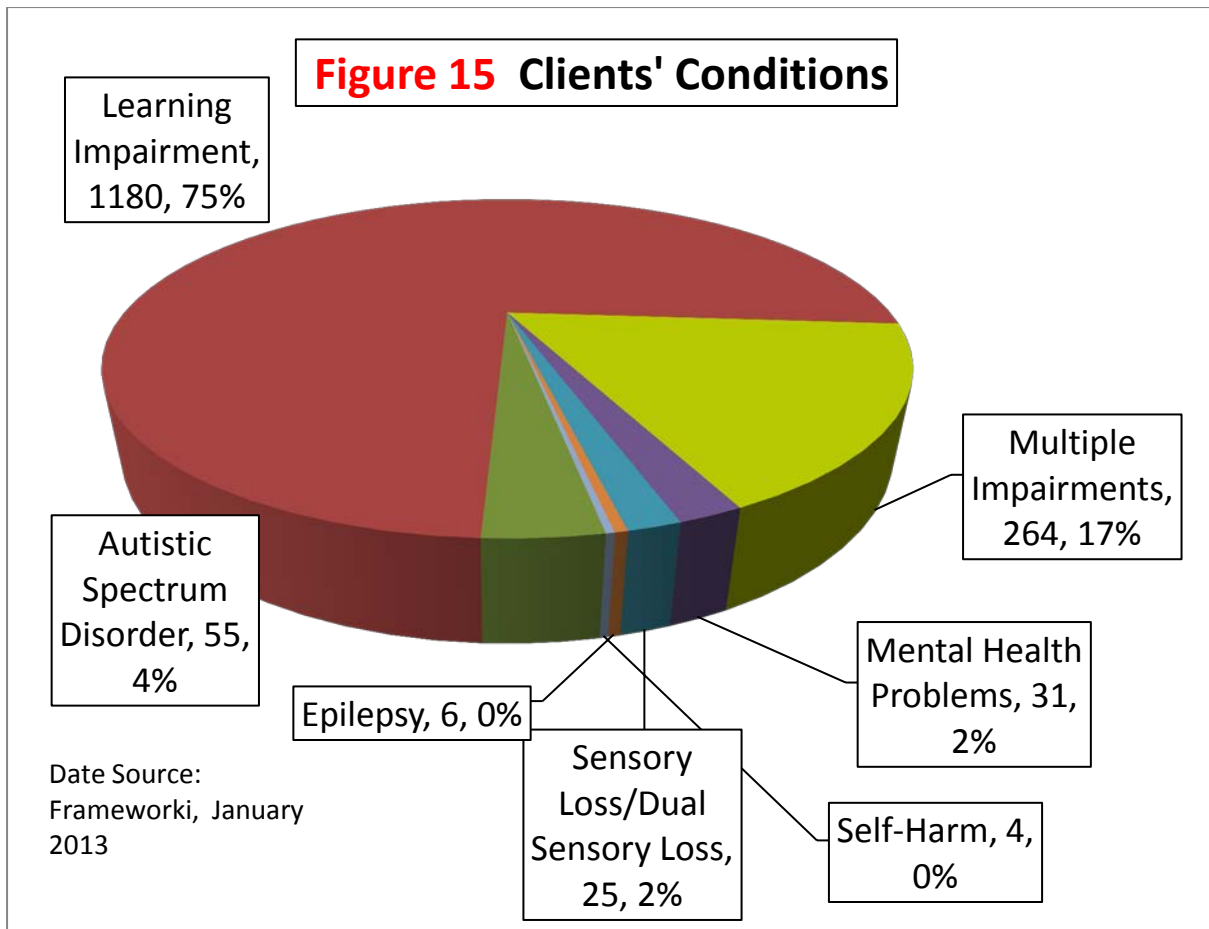


Figure 14 illustrates that:

- Most single service clients use a day care service only. This is the most popular single service by some distance.
- A Direct Payment is the next most popular service for those who use one service only.
- Residential care, Supported Living and home care are the next most numerous single services being used by clients.

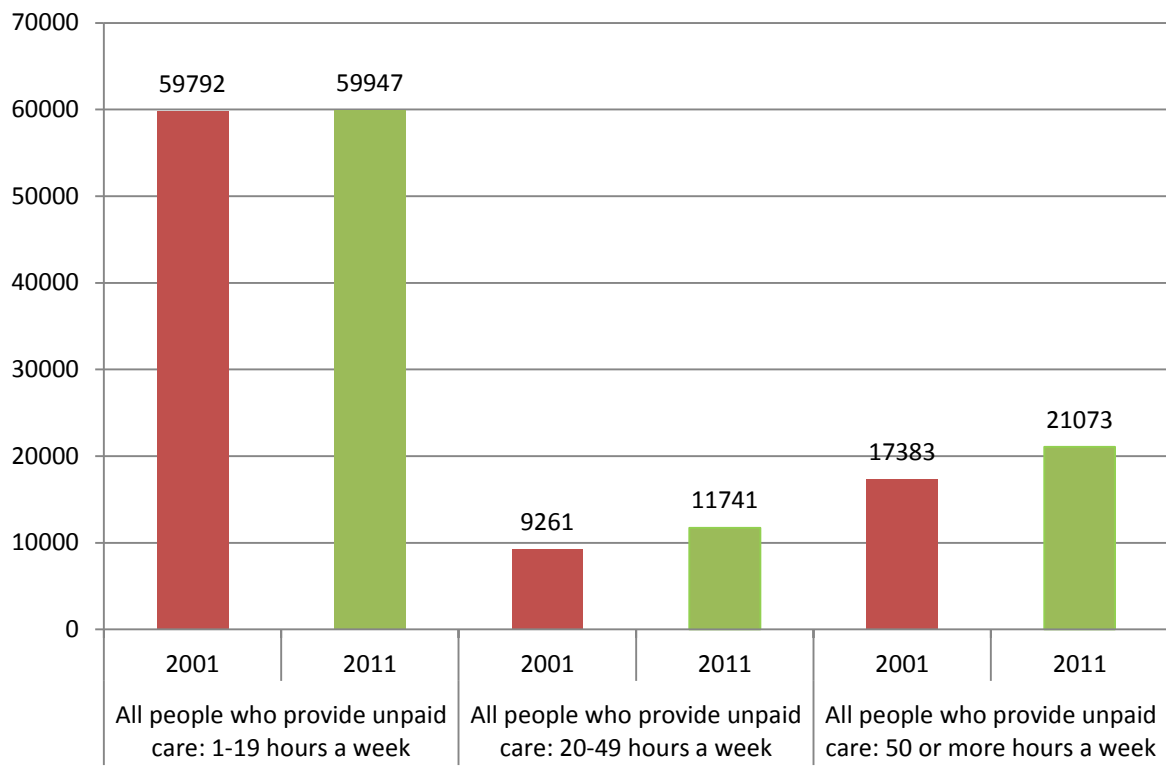


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Figure 15 illustrates that:

- Most clients have learning impairment recorded as being their main condition and reason for using the service (1,180, 75%).
- 264 clients have “multiple impairments” recorded; 17% of clients.
- Other conditions recorded are sensory loss, self harm, autism, epilepsy and mental health problems.
- These figures are illustrative only, given what we know about formal diagnoses and the tendency for records to take time to be properly updated. They do provide a broad indication that people with a learning disability can experience a range of impairments (“co-morbidity”).

**Figure 16 Number of People Providing Unpaid Care in Derbyshire in the 2001 and 2011 Census**



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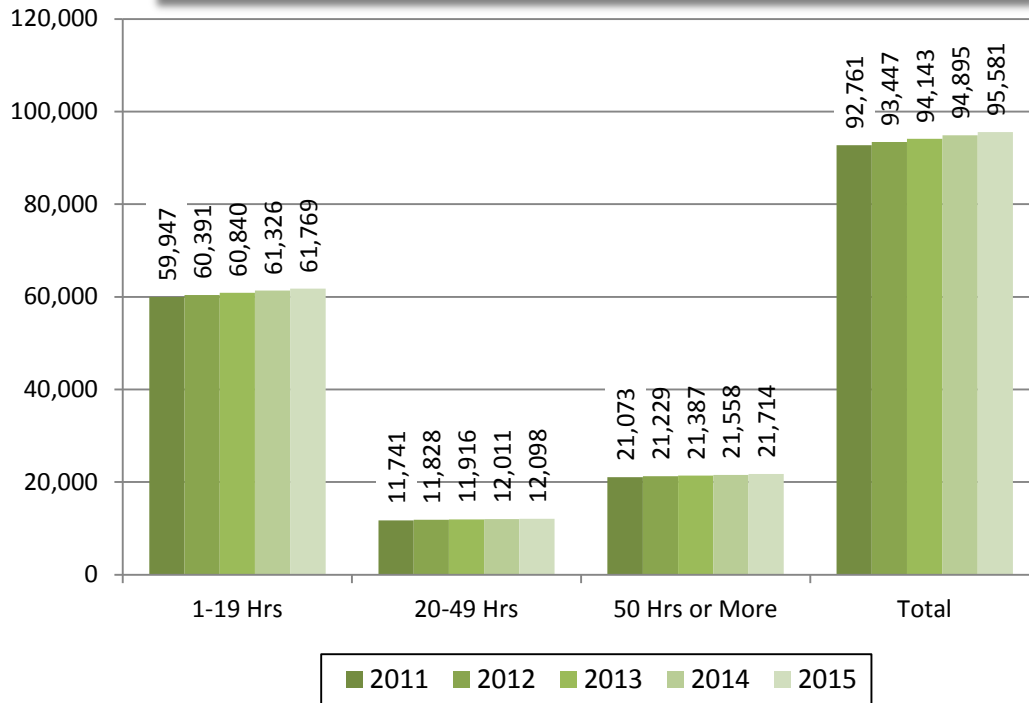
Figure 16 illustrates that:

- The number of people providing unpaid care has increased since the 2001 Census in England, the East Midlands, and Derbyshire as a whole. All districts have seen an overall increase in the number of carers; the total amounts to 6,320 more people carrying out significant caring duties since 2001.
- The biggest numerical increases were in the number of people providing 50+ hours a week of care (average increase of 461 carers with the highest increase of 657 in Chesterfield).
- Around 12% (or 92,761) of people in Derbyshire were providing unpaid care at some level or another. This is higher than the percentage for either England or the East Midlands. It is the highest percentage of all the counties in the East Midlands region. It is also higher than any of Derbyshire's CIPFA family counties.
- Compared to the rest of the region Derbyshire has the highest number of carers providing 1-19 hours a week of care and 20-49 hours of care and the second highest number of people providing 50+ hours of care.



- Derbyshire had some of the districts with the highest proportions of people providing care in England and Wales. Derbyshire has three districts in the top ten of England for total unpaid care provision including North East Derbyshire which was the top district in England. Bolsover was ranked 6<sup>th</sup> and Derbyshire Dales 8<sup>th</sup>.
- The number of people providing care in Derbyshire's districts are highest in Amber Valley (highest number for 1-19 hours a week and second highest for both 20-49 and 50 or more hours). Chesterfield (fourth highest number for 1-19 hours a week and highest number for both 20-49 and 50 or more hours). North East Derbyshire (second highest for 1-19 hours and the third highest for both 20-49 and 50 or more).

**Figure 17 People who provide Unpaid Care:  
Projected Numbers in Derbyshire  
2011-2015**

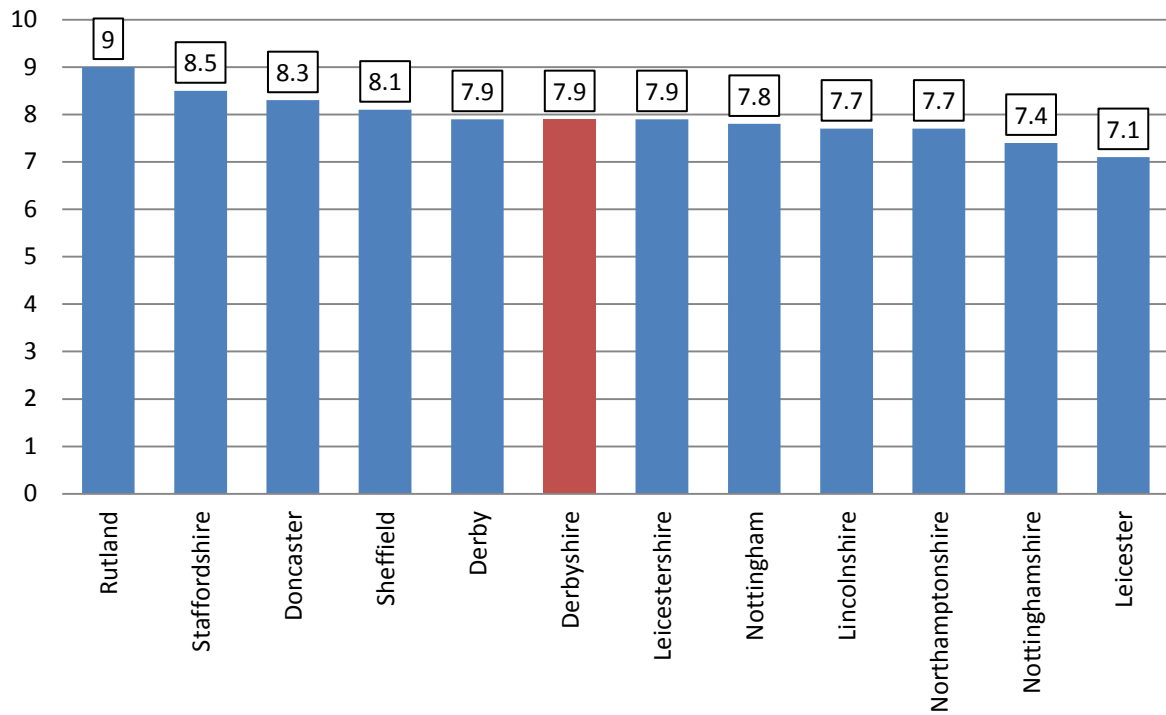


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Figure 17 illustrates that:

- The number of people providing unpaid care will increase by 3% between 2011 and 2015.
- The increase will occur consistently across all three intensity categories.
- Year-on-year the increases will be steadily consistent at about 0.7%.

**Figure 18 Outcome 1D - Carer-reported quality of life 2012-13**

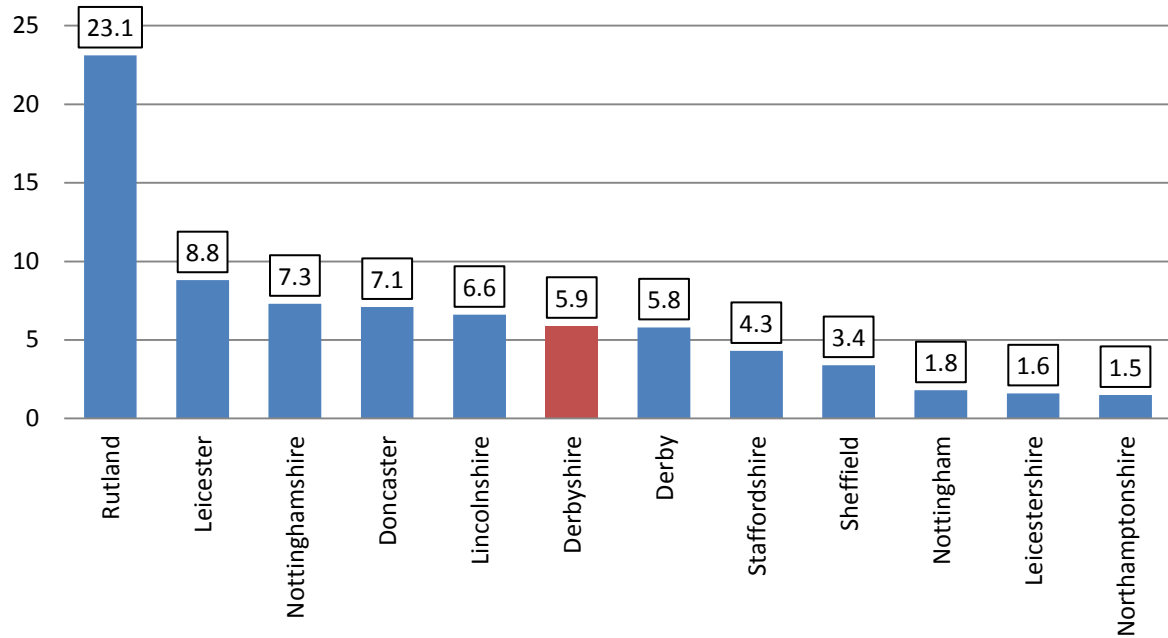


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Figure 18 illustrates that:

- Derbyshire is average compared with its regional neighbours when it comes to how its carers rate their quality of life.
- Compared with its CIPFA family average (8.0), Derbyshire is pretty much on par
- More can and should be done to improve carers' quality of life

**Figure 19 Outcome 1E: % adults with learning disabilities in paid employment 2012-13**

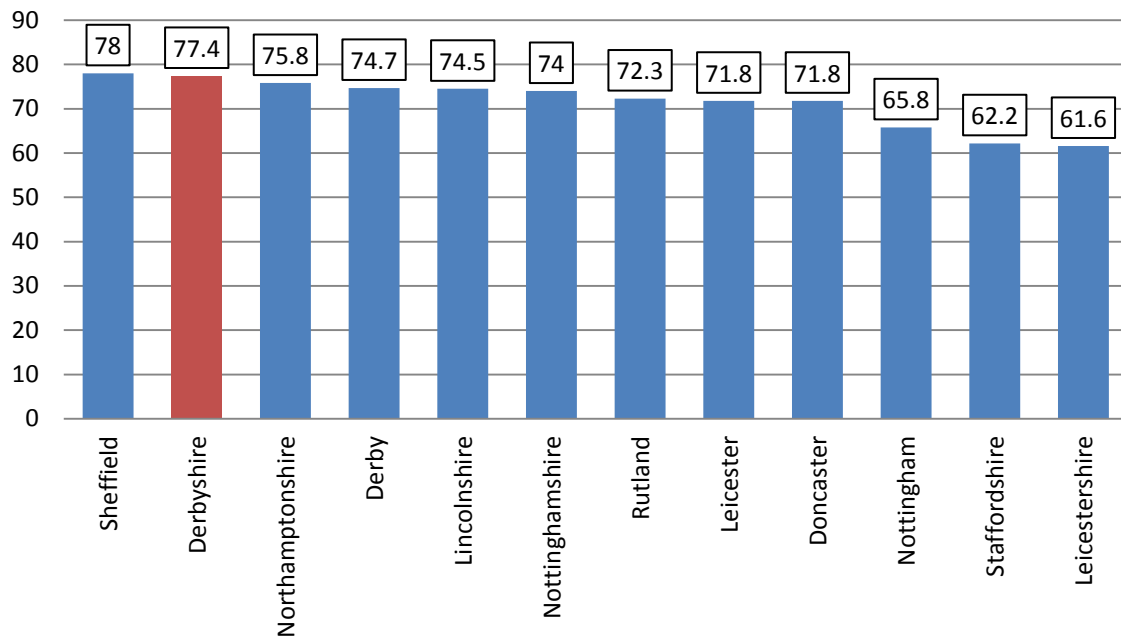


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Figure 19 illustrates that:

- Derbyshire is respectably placed in comparison with the regional neighbours, in what is quite a wide-ranging performance spectrum.
- Clearly there is plenty of room to improve.
- Rutland's figures are very much out of kilter with the rest of the distribution which indicates that it may be an unreliable report.

**Figure 20 Outcome 1G: % adults with learning disabilities who live in their own home or with family 2012-13**

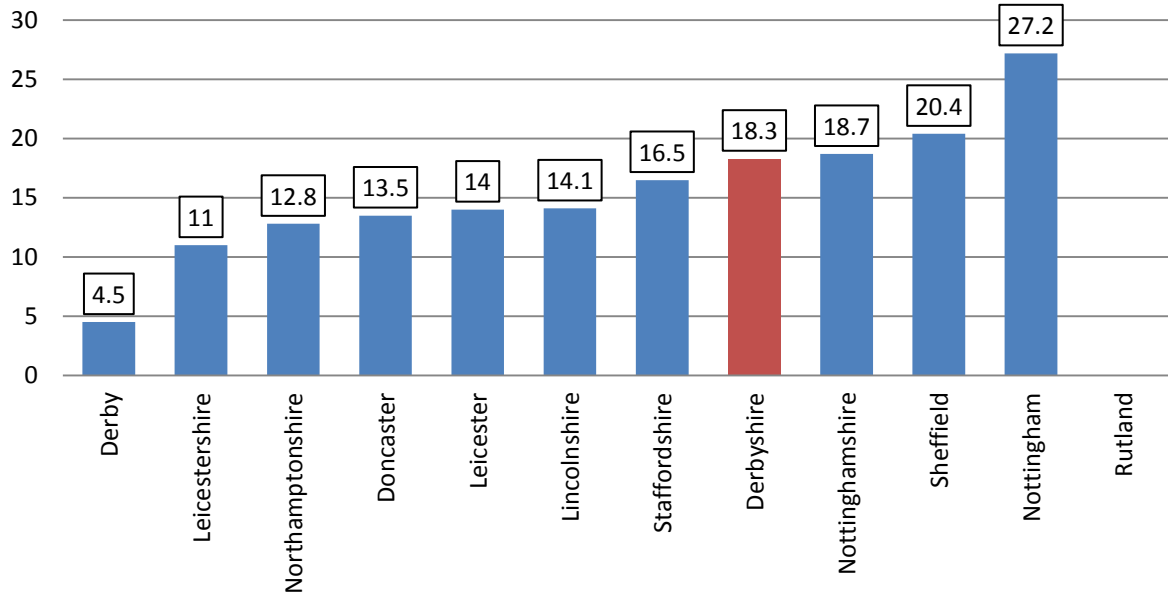


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Figure 20 illustrates that:

- Derbyshire is doing well on the face of performance on this measure, out-achieving most of its regional neighbours, apart from Sheffield.
- However, sometimes it is inappropriate for adults to remain living in their parental home beyond a certain age. This indicator takes no account of that and, in that respect, is qualified somewhat.

**Figure 21 Outcome 2A(1): Permanent admissions of younger adults(18 to 64) to nursing/residential care**



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Figure 21 illustrates that:

- Derbyshire is tending to admit a high rate of younger people with a learning disability to nursing and residential care.
- The chart shows only admissions and not people resident in institutional care.

**Figure 22 Total Net Expenditure on Services for People with a Learning Disability 2012/13 (£'000s)**

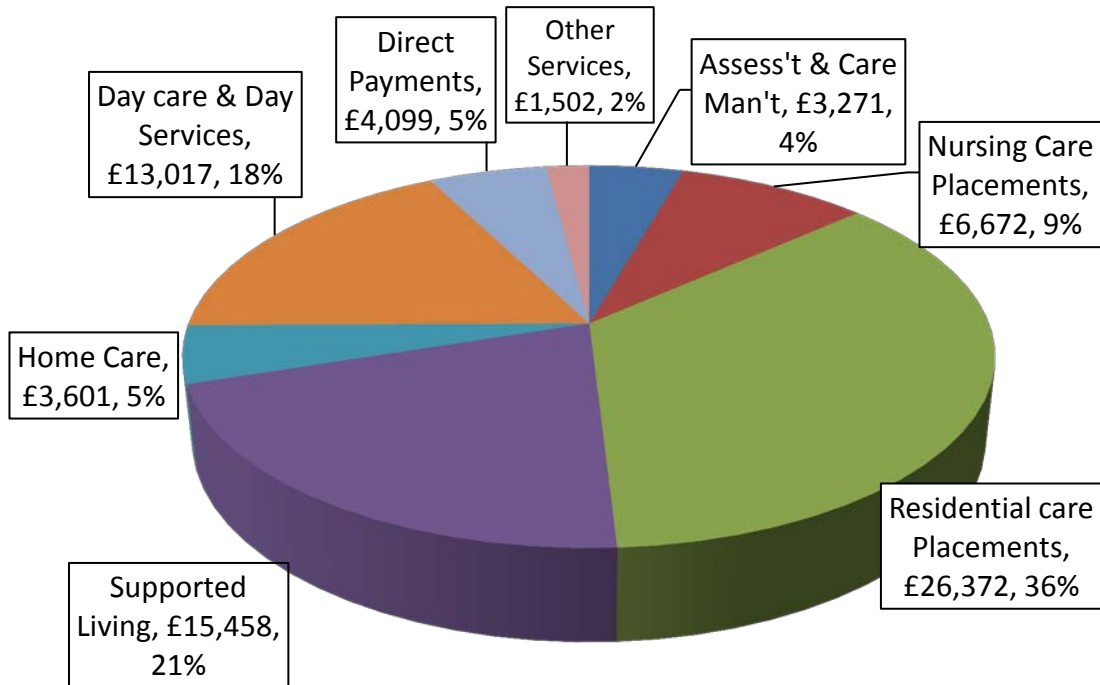
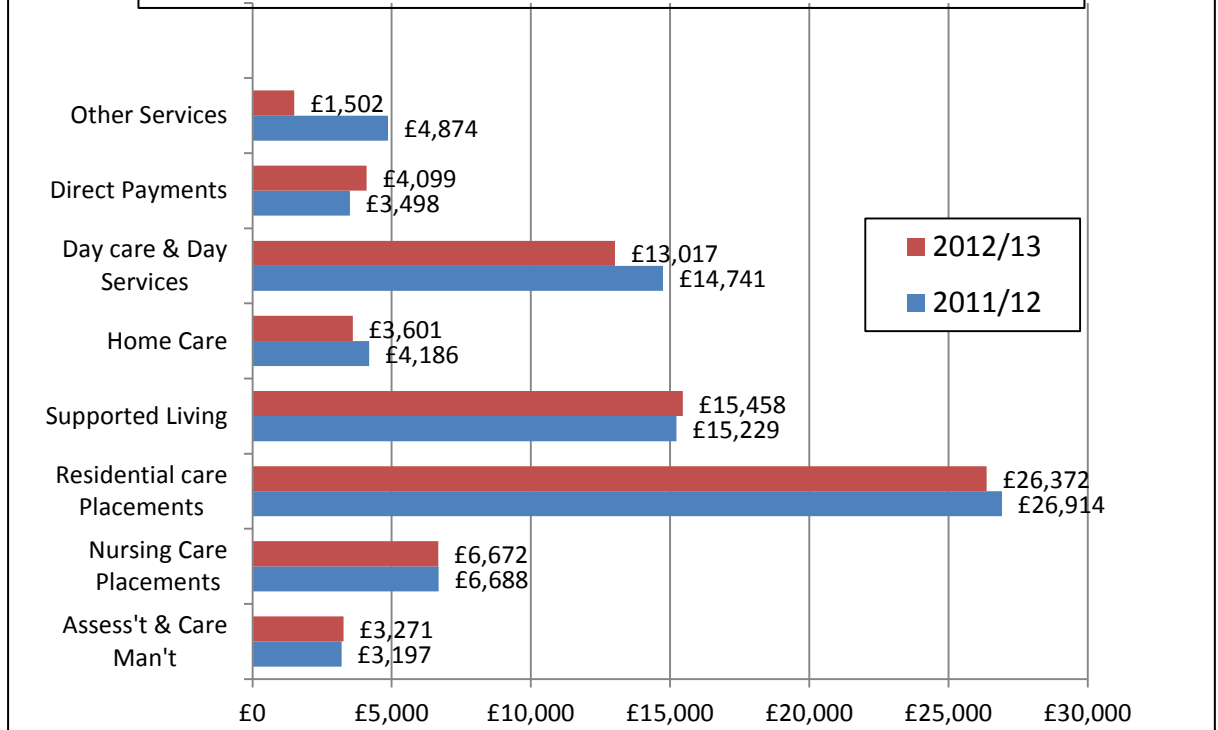


Figure 22 illustrates that:

- Derbyshire County Council Adult Care spent £73.6 million on services for people with a learning disability during 2012/13. This represents 32% of the gross total budget for Adult Care<sup>11</sup>.
- Expenditure is divided up between eight broad areas: residential, nursing care, home care, day care, Direct Payments, assessment and care management, supported accommodation, and “other”.
- 45% of expenditure is taken up by funding of residential and nursing care placements. If we add in the £15.5 million spend on supported accommodation then the proportion increases to 66%.
- Day care accounts for 18% of expenditure and home care accounts for 5%. Direct Payments, a relatively new service, accounts for 5% of expenditure.

<sup>11</sup> Including Supporting People expenditure

**Figure 23 Total Net Expenditure on Services for People with a Learning Disability 2011/12 and 2012/13 (£'000s)**



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Figure 23 illustrates that:

- In comparing expenditure for learning disability services between 2011/12 and 2012/13, overall there was a 5% reduction from 2011/12 to 2012/13.
- “Other” services saw a significant reduction of almost £3.4 million due to a reduction in money provided through grants to voluntary organisations.
- Some other areas of expenditure showed slight reductions between 2011/12 and 2012/13: Day care and home care service expenditure reduced by 12% and 14% respectively though these reductions are offset by an increase in expenditure on Direct Payments.



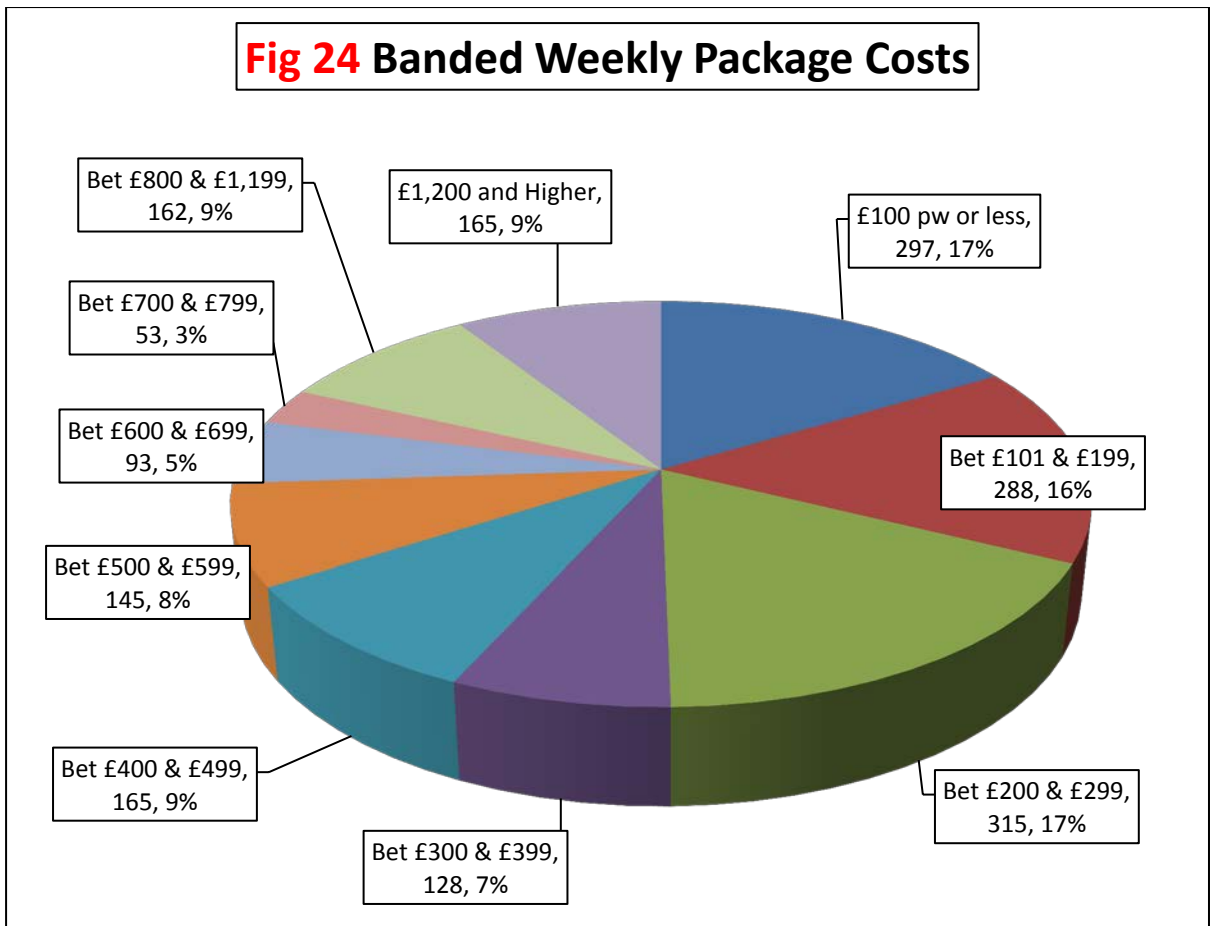


Figure 24 illustrates that:

- There is a very broad range of package costs per week. They start at £100 per week and less all the way up to over £1,200 per week and higher.
- Though the largest weekly package costs are the cheaper ones (£100 per week or less, and between £200 and £299 per week), which both account for 17%, there are significant proportions across all bands, although the more expensive ones tend to be lower in proportion.

**Fig 25 Banded Weekly Package Costs per Area 2012/13**

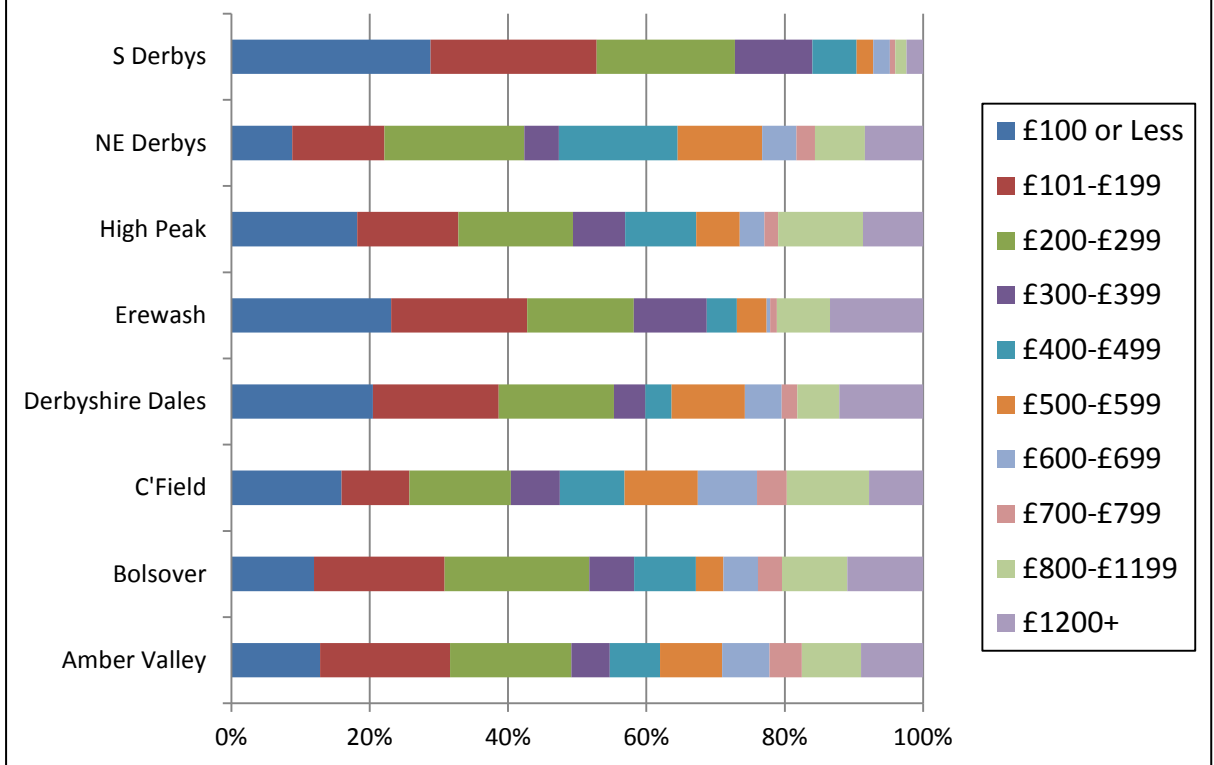


Figure 25 illustrates that:

- All Adult Care districts have a similar weekly package cost profiles, apart from perhaps South Derbyshire, which has higher proportions of the lower cost packages (the first four bands up to £399 per week) and lower proportions of the higher cost packages (the remaining bands).
- Chesterfield tends to have the consistently highest proportions across all of the cost bands. This is probably because Chesterfield is the district with the highest numbers of people with a learning disability and so services are arguably more developed and established in that district.
- All districts, apart from South Derbyshire, have some very high cost packages which account for about 20% of weekly expenditure. Some of the high-cost packages are in excess of £1,200 per week.

**Table 3 What do Clients say about services?**

Theme	What needs to change	Adult Care's future Market planning objective
<p><b>Individually tailored support</b></p> <p><i>“The right support to do things I like,” LD Service User, WTFC</i></p> <p><i>“Commissioners – social care and health need to be closer to the services,” family carers, WTFC (Erewash).</i></p> <p><i>“Staff need to be flexible and trained to cope with people’s routines and health requirements,” LD Service User, ASCS 2012</i></p>	<p>Some people with a learning disability say that they can’t always do the things they want to because of staff resourcing either through there not being enough staff, the support not being flexible enough, or the supporter not being skilled in the right areas.</p> <p>It was felt that society had a role to play too and that there should be more emphasis on raising awareness of disability matters across the whole of the community and not just in specialist services.</p>	<p>Staff training</p> <p>Preparing the market by raising awareness of disability matters</p>
<p><b>Choice and control - when, how and where users want</b></p> <p><i>“I want to make my own choices,” LD Service User, WTFC</i></p> <p><i>“Fear of letting go/will they manage and information on how do we do it?” family carers, WTFC, (Chesterfield)</i></p> <p><i>“I can’t choose when to see our friends because my support worker hasn’t</i></p>	<p>Some people with learning disabilities including people with profound and multiple learning disabilities feel that they needed to be allowed and empowered to take risks as a way of exercising real choice and control.</p>	<p>Staff training</p> <p>Active advocacy and open access to information</p> <p>Carers’ toolkit</p> <p>Community connector project to an opportunity to try things out ‘before you buy’ or taster sessions</p>

Theme	What needs to change	Adult Care's future Market planning objective
<p><i>a car and we have to share the support with others we live with," LD Service User, ASCS 2012</i></p>		
<p><b>Wellbeing – staying healthy, holidays, beliefs, pets, shopping</b></p> <p><i>"I found support with Direct Payments a lifeline, it kept me sane," Carer survey 2013</i></p>		<p>Direct Payments roll out</p> <p>Providers ensuring access to appropriate health care</p>
<p><b>A variety of activities</b></p> <p><i>"I like doing different things," LD Service User, WTFC</i></p>		<p>Encouraging micro providers to set up. Working with local small providers in the community.</p> <p>Universal services responding to the needs of people with LD</p> <p>Community Connector project</p>
<p><b>Future opportunities – new skills, jobs</b></p> <p><i>"I want job opportunities," LD Service User, WTFC</i></p>	<p>The desire to stay healthy enjoying things that enhance people's wellbeing is important to those with a learning disability.</p> <p>Good and regular postural care for people with profound and multiple disabilities was highlighted as fundamental to maintaining their health and wellbeing.</p>	<p>Staff training</p> <p>Employment project prepare people to develop new skills in becoming more independent and prepare people for employment</p> <p>Community lives project</p> <p>Community capacity to provide natural support</p>

Theme	What needs to change	Adult Care's future Market planning objective
<p><b>Dignity and Respect - treat me with respect and the same.</b></p> <p><i>"I need others to understand and respect and value what is important to me," LD Service User, WTFC</i></p> <p><i>"Treat others as we wish to be treated," LD Service User, WTFC</i></p> <p><i>"Staff should learn to take time to whilst working we me," LD Service User, ASCS 2012</i></p> <p><i>"Social workers tend to be rather lax in their assessments of situations and have an enormous lack of empathy for carers in general. Educate social workers to a far higher standard in dealing with individuals and families," LD service user, ASCS 2012</i></p>	<p>People with a learning disability say that they enjoyed going to their day centres but there isn't enough variety of activities.</p>	<p>Staff Training</p>
<p><b>Friendship - miss my old friends, I don't make or meet new friends</b></p> <p><i>"I want friendships and relationships," LD Service User, WTFC</i></p> <p><i>"Not all staff see it as part of their job to support people to make relationships," family</i></p>	<p>Many people with a learning disability have highlighted the importance of having a wide circle of friends, being able to make friends and keep in touch with old friends.</p> <p>Intentionally Blank</p>	<p>Befriending, advocacy services that help people make networks and friendships</p> <p>Intentionally Blank</p>

Theme	What needs to change	Adult Care's future Market planning objective
<p><i>carers, WTFC</i></p> <p><i>"I'm afraid to meet new friends," LD Service User, ASCS 2012</i></p>		
<p><b>Communication – I want to communicate with people</b></p> <p><i>"Talk to me and involve me in communication," LD Service User, WTFC</i></p> <p><i>"Rather than just occupy me....meaningful activity and communication is important to me," LD Service User, WTFC</i></p> <p><i>"Information isn't in easy read format," Carer survey 2013</i></p> <p><i>"Value what the client communicates as important to them and include support plan," Carer survey 2013</i></p> <p><i>"I have looked on web for help with training, getting in employment and grants, without any use. A newsletter with this information in or a fact sheet would help," Carer survey 2013</i></p> <p><i>"I wanted to find out about carers' respite but found a lack of response from senior management in Adult Care. I gave up in the end and did without. I ended up</i></p>	<p>Many people with a learning disability are very clear that they wanted to be understood, that they wanted people to learn how to communicate with them and some felt that they needed help to communicate.</p> <p>Intentionally Blank</p>	<p>Staff training</p> <p>Information – Easy read formats</p> <p>Intentionally Blank</p>

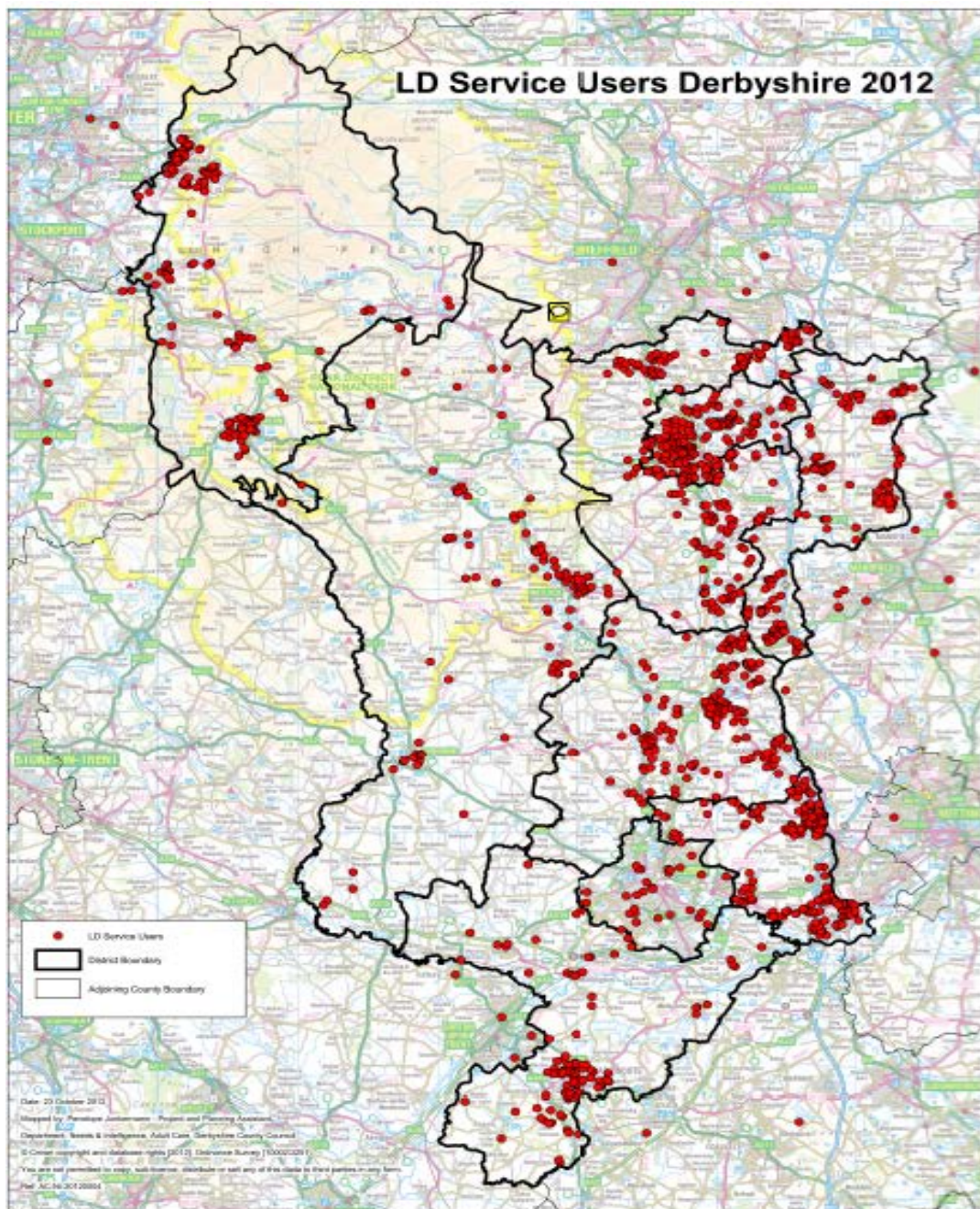
Theme	What needs to change	Adult Care's future Market planning objective
<p><i>having an interview with a High Peak MP who was unaware of the situation thinking that vacancies were kept open at nursing homes," Carer survey 2013</i></p> <p><i>"Once in the system it would be useful for a carer/care manager to undertake regular follow up /offer advice - for example once a quarter," Carer survey 2013</i></p> <p><i>"GPs should be made for more aware of services offered by such groups as Sane, Rethink, and especially in my case, Derbyshire Carers Association," Carer survey 2013</i></p> <p><i>"I would like information on getting in work as a carer, training for carers grants for carers, e.g. carers break grant," Carer survey 2013</i></p>	<p>Intentionally Blank</p>	<p>Intentionally Blank</p>
<p><b>Transport - accessible, flexible and safe</b></p> <p><i>"I need accessible, flexible and safe transport" LD Service User, WTFC</i></p> <p><i>"I have no transport; there seems nothing in Buxton that is of use to</i></p>	<p>Public transport is said to not always be available and accessible for wheelchair users. Transport costs and the time spent travelling to and from day centres.</p>	<p>Raise awareness of the needs of people with a learning disability amongst public transport users and operators.</p> <p>Gold Card</p>

Theme	What needs to change	Adult Care's future Market planning objective
<i>me,” Carer survey 2013</i>		
<p><b>Listen to me – I can help you understand me</b></p> <p><i>“I know what I want, please listen to me,” LD Service User, WTFC</i></p> <p><i>“I would feel more confident to speak – take time to express how I communicate and people not taking me for granted” LD Service User, WTFC</i></p> <p><i>“Carers aren't taken seriously and there is very little help from the County Council,” Carer survey 2013</i></p>	<p>People with a learning disability have highlighted the importance of being fully involved in assessments and review processes. They want their views to be properly listened to, respected and thus reflected in their support plans.</p>	<p>Personal centre thinking</p> <p>Engagement and Co-production – learning disability networks</p> <p>Complaints procedure</p>
<p><b>Safety- I want to feel safe</b></p> <p><i>“I need to be in an environment where I feel safe and secure,” LD Service User, WTFC</i></p>	<p>People with a learning disability and their family carers desired a future where they felt safe. This includes contingency planning and good quality support plans which cover variations in availability of community resources.</p>	<p>Intentionally Blank</p>

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**Figure 26 Learning Disabled Clients by Home District**



**Note.**

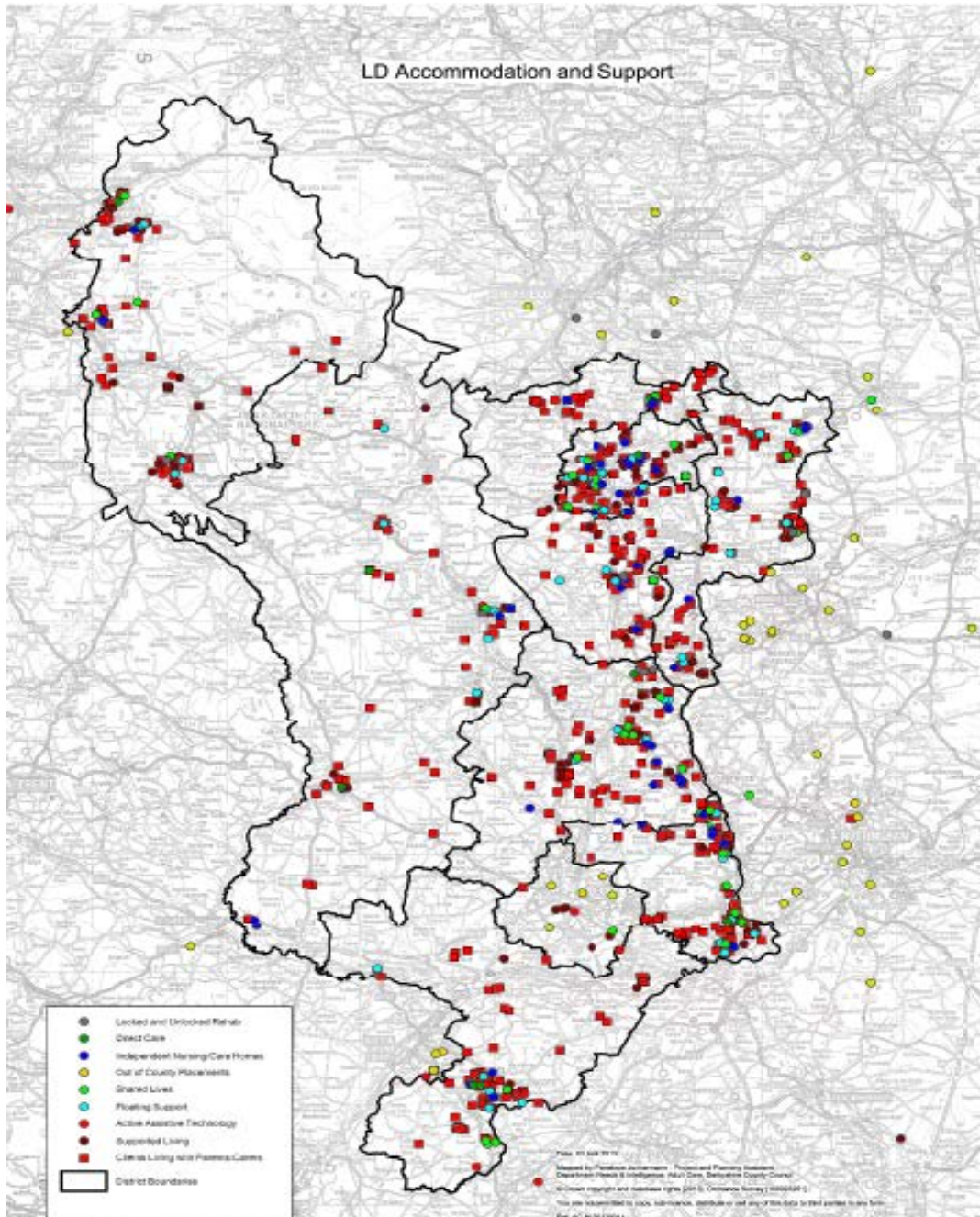
Each data point on the map represents at least one client with a learning disability. Many of the data points actually represent more than one client receiving a service commissioned by Derbyshire County Council's Adult Care Department.

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**Figure 27 Learning Disability Accommodation and Support**



**Note.**

Each data point on the map represents at least one client with a learning disability. Many of the data points actually represent more than one client receiving a service commissioned by Derbyshire County Council's Adult Care Department.

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