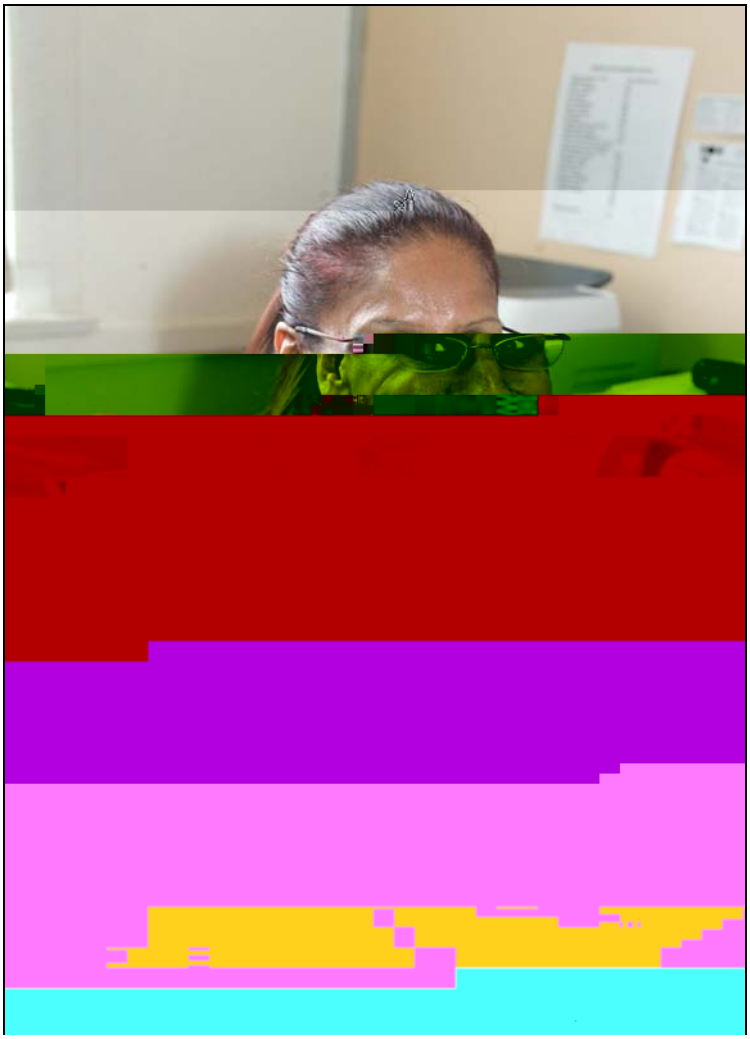
The BOLD Report

Better Outcomes for Learning Disabilities



A report from Overview & Scrutiny

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Preface

By Councillor Len Clark

Chairman of the former Adults and Communities Overview and Scrutiny Committee

I have been concerned for some time about how the Council, Health and third sector agencies can serve our Learning Disabilities service users better. Together, we ought to do the best we can in helping deliver fulfilling lives for them, because they have the same rights to seek happiness and fulfilment as every other citizen does.

A significant number of our Learning Disabilities service users have the potential to live in the community with a suitable support package, preferably under their own control, and I want to see us make progress towards that situation. Many of them have the potential to do some paid or volunteer work but need us to give them practical support to prepare for, get and keep a job. However far too few of our Learning Disabilities service users are in paid, meaningful work, and far too few have choice over where they live.

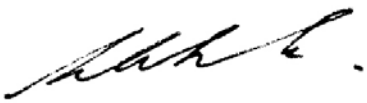
There are transition issues from when children pass from school age to adulthood. Children and Families Directorate and primary health care trusts give a lot of support to schoolchildren who have a Statement of Special Educational Needs. Many of those children have learning disabilities. However most children with learning disabilities who get support whilst they are at school suddenly receive none when they reach school leaving age, because they do not meet the Fair Access to Care criteria that determine eligibility for adult social care services.

Although we recognise that quality residential accommodation will remain the most suitable option for a small proportion of our service users with very severe learning disabilities, all too often others who could be happier and live more full lives in the community are expected and assumed, long before they leave school, to need to go straight into a residential home.

This BOLD Report makes fourteen recommendations, ranging from telling the third and private sectors about the services we need them to develop, to creating and implementing an employment strategy focused on those with learning disability, to expanding Birmingham Adult Placements Service.

The Council cannot make the difference alone, so the Report discusses inter-directorate and inter-agency working and partnerships, and acknowledges the exciting work taking place through Total Place and joint commissioning with Mental Health. We will need to work effectively with partner organisations, both to make most impact and to make best use of the available public funding.

I want the recommendations to spur more effective provision of support, so the Council and its partners act boldly to deliver BOLD results - **B**etter **O**utcomes for those with **L**earning **D**isabilities.



Councillor Len Clark

Summary

Everyone with a learning disability has the right to lead as independent a life as possible and services should aim to maximise this independence at every opportunity. Birmingham City Council has a recent history of being in the top quartile of local authorities in its investment in learning disability but this has not been reflected in high levels of service performance or user satisfaction. The Council does not perform as well as most other local authorities, nor as well as it wishes to, in providing services to people with learning disabilities. There has been an over-reliance on traditional residential placements and day care.

Personalisation will transform the services that people with learning disabilities receive by enabling them to take control of their lives through education and self-directed support.

Birmingham aims to become a high performing authority and to achieve better outcomes for people with learning disabilities by helping them to increase their independence. It plans to shift a higher proportion of spending towards supported and independent living, and community support services. This presents a major challenge: not simply to move people out of residential care but to do this in a way that is affordable and delivers transformational benefits for the users. Achieving this will require a radical departure from existing patterns of commissioning and spending. Social work staff will need to set more ambitious goals for service users and carers, through assessments and support planning that promote independence. Once set, the goals will need to be reviewed regularly to ensure that providers are meeting those outcomes.

This needs to be considered in the larger context of Total Place. Total Place looks at how a 'whole area' approach to public services can lead to delivering better services at lower cost. It seeks to identify and avoid overlap and duplication between organisations in order to deliver service improvement and increased efficiency at a local level. The emphasis is on investment in communities to prevent crises, producing eventual public savings. Birmingham is one of thirteen areas across the country taking part in the Total Place pilot scheme and there are six pilot themes in Birmingham. Two of the themes are Learning Disabilities and Mental Health. In both, personalisation and co-production of services will drive service improvements, and they will be tested in the context of large scale joint commissioning and pooled budgets. The intention is that the six pilot projects will demonstrate the potential for how Birmingham partner organisations can work together more effectively in the future, with the ambition of moving towards a single 'Budget for Birmingham' to deliver better outcomes for the City.

The Birmingham pilot is underpinned by principles which are set out in Birmingham's Sustainable Community Strategy, Birmingham 2026 – Our Vision for the Future. These include:

- Prevention - redirecting our focus towards stopping problems developing and reducing dependency;
- Targeting - protecting and nurturing vulnerable peo6 T5.4(anec ( )]T-5(vulllo6.7(n)- irmihd nurt)m)-

The move to integrated commissioning will help in shifting a higher proportion of spending towards independent living and community support services. Birmingham City Council and the three Birmingham Primary Care Trusts have been working with the Birmingham Health and Wellbeing Partnership to develop integrated commissioning arrangements underpinned by a pooled budget through a Section 75 agreement for learning disabilities and mental health. All partners will need to work together to promote the wellbeing of people with learning disabilities. This work should include education, help through the transition to adulthood, improved employment opportunities, access to an increased number of housing options and access to health and care services. Parallel work is under way to develop the service provider market and to seek better value from existing and new care

Summary of Recommendations

	Recommendation	Responsibility	Completion Date
R01	That the Learning Disabilities budget be reconfigured to be based on strategy, and annually reconfigured thereafter as the impact of strategy develops.	Cabinet Member for Adults and Communities	March 2011
R02	That Learning Disabilities expenditure be closely tied to budget and monitored to minimise overspending.	Cabinet Member for Adults and Communities	From April 2011
R03	That the Learning Disabilities function be required to deliver year on year increases in the percentage of service users assessed, and the percentage assessed on time, from 2010/2011 onwards, with total numbers assessed being at least those set out in the table in paragraph 3.3.7, until all users are assessed on time.	Cabinet Member for Adults and Communities	Progress to be made in each financial year and reported by the following June starting June 2011.
R04	That an objective about offering Personal Budgets to learning disability service users should be incorporated into the Performance and Development Review for Learning Disabilities Team Managers with the aim of ensuring that Personal Budgets are explained to and then offered to every service user or their carer and that records are kept of the date offers are made, the service user's decision to accept or decline the offer and key steps in the subsequent approval and implementation process.	Cabinet Member for Adults and Communities	Objectives to be incorporated into PDRs for 2010/2011 at mid-year review by December 2010. Progress to be reported by the following June starting June 2011.
R05	That the Birmingham Adult Placement Service model be developed and expanded as a matter of priority to provide a viable alternative to residential care, respite and daytime care for adults with a learning disability.	Cabinet Member for Adults and Communities	March 2011
R06	That the Assistant Director for Employment produce a strategy for improving the Council's performance in relation to National Indicator NI 146, (percentage of adults with a learning disability in employment) detailing methods, accountability and quantified outcome targets.	Cabinet Member for Adults and Communities	January 2011
R07	That Connexions establish and maintain active links with external service providers about the	Cabinet Member for Adults and Communities	January 2011

employment schemes or support they offer in order to maximise the numbers of young people with learning disability in employment.

2 Learning Disabilities: National Picture

2.1 Definition

2.1.1 Many people in the general population have minor learning difficulties that are not a significant obstacle to learning: they only impact some of the time, or the person easily finds ways to compensate for them.

2.1.2 But if the difficulties are serious enough to have a disabling effect on learning they are better described as learning disabilities. There is a continuum from those with only mild learning difficulties to those with profound and multiple learning disabilities ('PMLD'), who may have other physical or mental health difficulties as well. Generally the greater the degree of learning disability the more support is needed from services. Learning disability is incurable and lifelong, though its impact can be reduced through appropriate support and assistance.

2.1.3 It is estimated that around a million people in the UK have learning disability. Amongst that million, two of the most common classifications of causes are autistic spectrum disorders ('ASD'), (320,000 people) and Down's syndrome (220,000 people). The remaining 460,000 have one or more other developmental factors that wholly or partly caused their learning disability.

2.1.4 ASD includes autism, high functioning autism, Asperger Syndrome and ADHD, and is four times more prevalent in men than it is in women.

2.1.5

- Coronary heart disease is the second most common cause of death in people with a learning disability.
- The incidence of respiratory disease is three times higher in people with a learning disability than in the general population.
- Some 40% of people with a learning disability have a hearing impairment and many have common visual impairments.
- The rate of dementia is four times higher and tends to occur at an earlier age than in the general population.
- The rate of schizophrenia is three times higher than in the general population.
- People with learning disabilities tend to have substantially less bone density and experience higher levels of osteoporosis.
- Sudden unexplained death in epilepsy is five times more common in people with learning disabilities than in others with epilepsy.

2.2.2 Thus, most people with learning disabilities have worse health than the rest of the population and are likely to die at a younger age. There is clear evidence that their access to the NHS is often poor and characterised by problems that undermine dignity and safety.

2.2.3 Current policy is failing this vulnerable group and a number of reports in recent years have highlighted the low priority and focus given to health and healthcare for people with learning disabilities.

2.2.4 One recent national policy development will help to improve service users' health: the Department of Health has recently instructed primary care trusts to identify those patients known to them as having learning disabilities, and to offer each of them an overall medical examination at least annually from 2010-2011 onwards. Fortunately most people with learning disability will be known to their primary care trust because they are registered with a GP, so will be offered the annual medical examination. It is important that as many as possible are able to benefit from this. A wide range of health services are intended to be universally available: registration with a GP gives access to them, and can lead to improvements in the quality and length of life for those with learning disabilities.

3 The Challenges facing Birmingham

3.1 Growing numbers of service users

3.1.1 There are an estimated 28,500 people with learning disabilities in Birmingham. Around 24,500 have mild or moderate learning disabilities, and the other 4,000 have profound and multiple learning disabilities (PMLD). About a third of those with PMLD have an autistic spectrum disorder, and that proportion is increasing.

3.1.2 In 2008/2009 there were 899 people with learning disability in residential care, 1,888 who received community care, 184 who received a Di

3.2.4 £15.8m is spent per year on home-based services, where care workers support 418 people with learning disabilities living independently in their own homes. The average cost is £37,891, equivalent to £728 per week. This is about 70% of the average cost of a residential placement.

3.2.5 £4.1m is spent on Direct Payments, in which the money is given to the learning disability service user to enable them to choose what support they want and to employ others to provide it. The Business Information Unit advised that the number of learning disabilities service users who get Direct Payments is 189.

3.2.6 A similar sum - £4.2m – is spent on learning disability day care, used by 216 service users. The average annual cost is £19,456, equivalent to £374 per week.

3.2.7 There needs to be a strategic approach to budget setting. Information provided to Members shows that, at least over the last few financial years, there has been little evidence of any link between strategy and budget, or between budget and spending. Members recognised that unless budgets are configured to reflect strategy, and reconfigured each year as the strategy develops, the strategy is very likely to fail. *Reference Recommendation* ***R01***.

3.2.8 The commissioning strategy should also link, through budget configuration and spending control, to what is actually being bought by operational staff. *Reference Recommendation* ***R02***.

3.2.9 In spite of increasing budgetary pressures, the Council cannot neglect its duty of care to people with learning disabilities and must ensure that our obligations are met to provide care services and support to the vulnerable people who need them.

3.2.10 The need to bring spending under control will continue to exist even after learning disability and mental health budgets are pooled: the learning disabilities budgets transferred from primary care trusts come with commitments, rather than bringing extra funding.

3.3 Poor performance against National Indicators

3.3.1 The Government produces National Indicators ('NIs') against which to measure local authorities' performance in delivering social care services to those either receiving services or known to services. Birmingham's performance is above average in many of the NI's. But it is below average in others, including the only two NIs that relate wholly to learning disability, namely NI145 and NI146.

3.3.2 NI145 measures the percentage of adults with learning disability in settled accommodation[1]. The 2009/2010 target is 60%, and the average achieved by all local authorities in England is almost 70%, but Birmingham only achieved 46.5%. In terms of performance against the other Core Cities in England (Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield) Birmingham ranks sixth out of the eight on this indicator.

[1] An NHS website says settled accommodation "refers to secure, medium to long term accommodation. The principal characteristic is that the occupier has security of tenure/residence in their usual accommodation in the medium to long term, or is part of a household whose head holds such security or tenure/residence." The website address is www.datadictionary.nhs.uk/data_dictionary/attributes/s/settled_accommodation_indicator_de.asp?shownav=1

3.4 Policy context – prevention, targeting and personalisation

3.4.1 Learning disability services have been shaped by national guidance including 'Our Health Our Say – a new direction for community services', the 'Valuing People' White Paper (Department of Health, 2001) and in particular 'Valuing People Now: a new three-year strategy for people with learning disabilities' (Department of Health, 2009) which recognised that people with learning disabilities are among the groups most often excluded from society. Other guidance includes

a more personalised care model. It will increase the scope for a wide range of service users, including people with learning disabilities and their carers, to enjoy the same quality of life and exercise the same choices as their fellow citizens.

4.1.2 The 10 year plan assumes a year on year shift from traditional models of care to more individually-tailored options.

4.1.3

commission services. Or they may choose to have some combination of the two – that is, part Direct Payment, part Council-commissioned services. Both the above only relate to services that the Council could otherwise provide or commission.

4.2.5 An Individual Budget covers everything a Personal Budget does and also a range of other funding streams including Independent Living Fund, Access to Work, Disabled Facilities Grant, Supporting People, and community equipment services. At the date of this report, the Government had not legislated to allow these other funding streams to be included, so no Individual Budgets can be offered.

4.2.6 Personal Budgets have been rolled out across the Adults and Communities Directorate since June 2009. This built on the lessons learned from the introduction for all older adults which had commenced in January 2008. Implementation was due to be completed in May 2010. The Individual Budgets project assumes total net savings of £95 million over 10 years.

4.2.7 The core idea behind each of the three schemes is that as far as possible service users should have the ability to spend some of the money allocated to them in a way that they choose.

4.2.8 'Putting People First' targets have been set for each local authority to have started to introduce Personal Budgets by April 2010, and Birmingham began to do this in June 2009. By October 2010 all new service users/carers with assessed need for ongoing support should be being offered Personal Budgets, and Birmingham has also started this. The other target is that at least 30% of service users or their carers should have a Personal Budget by April 2011.

4.2.9 It has been confirmed to Members that almost all teams, including all Learning Disability teams, have now been trained to offer Personal Budgets.

4.2.10 An analysis of Care First records shows that at the beginning of February 2010 1,645 Self Assessment Questionnaires – the first stage of the process towards getting a Personal Budget set up – had been issued to service users throughout Adults and Communities Directorate, except for service users covered by hospital or mental health teams. 166 of them were issued to learning disability service users.

4.2.11 Only about half – 837 - of the 1,645 Questionnaires sent out were completed and returned. Of those, only 127 have been approved for Personal Budgets, none of which are in Learning Disabilities. A further 29 were taken as Direct Payments. Care First does not record how many of the approved Personal Budgets are being paid: after approval there can be a delay whilst the detailed implementation arrangements are agreed and enacted, and there may be cases where the service user or carer changes their mind between approval and implementation. Some local authorities report all their Direct Payments as Personal Budgets, since a notional Personal Budget could be behind each Direct Payment. However Members were told that it has been decided that Birmingham City Council will not redesignate its Direct Payments to Personal Budgets.

4.2.12 Personal Budgets, and later Individual Budgets, are one of the key solutions that will help to relieve budget pressure. Yet so far no Personal Budgets are used in Learning Disabilities. This is a key challenge that needs to be addressed. In order to achieve the full benefits of the business case for transformation, Birmingham will have to develop a clear strategy for how it expects to

improve its current performance and also to outperform other local authorities on costs of care through Personal Budgets and eventually Individual Budgets. Initiatives already underway such as the work on joint commissioning and pooled budgets which are happening as part of the Total Place Learning Disabilities pilot may help towards this end, but there is still the need to ensure that Personal Budgets and Individual Budgets are being used to develop better outcomes for people with learning disabilities. A set of annual targets for the numbers of Personal Budgets to be offered has recently been established under the Business Transformation programme, as set out in the table in paragraph 3.3.7. *Reference Recommendation* ***R04***.

5 Total Place

5.1 The vision

5.1.1 In the summer of 2009 Birmingham was selected as one of thirteen Total Place pilots with a vision of optimising joint working between public agencies to improve the experience of residents and deliver better value.

5.1.2 Two of the six themes in the pilot are Learning Disabilities and Mental Health. The aim is that residents receive the health and social care services that they need in a fast, efficient and personalised manner. This clearly requires all public agencies to work more closely and efficiently together and to tailor the services that they provide to meet the needs of each individual. The pilots have shown that there is potential to reduce gaps and overlaps in services and to cut duplicatio.7( )]TJoffimmendation **h t**

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6 From Residential to Community Living

6.1 Supported living

6.1.1 There is an ongoing closure programme which will mean that during 2010/2011 the remaining six long stay residential care homes will be closed and the majority of residents will move from residential care to community based services. This will mean that more people will need to be supported to live at home and there will also be a need to look at developing alternative types of facilities.

6.1.2 On behalf of the Council a large number of organisations have been providing care in the community to people with learning disability. The costs vary greatly and only a small number of these providers are contracted on the Council's Preferred Provider List. Work is taking place within the Shaping the Place project to consider how much costs of supported living providers can be reduced to achieve savings.

6.1.3 Some providers specialise in taking people with very complex care needs. Often the placements are jointly funded with health.

6.2 Developing more affordable models of supported housing

6.2.1 Everyone with a learning disability has the right to lead as independent a life as possible and services should aim to maximise this independence at every opportunity. Having somewhere to live that allows privacy and control and offers a more socially inclusive lifestyle is a key goal that partner agencies and community based providers could help the Council to work towards.

6.2.2 Many people with learning disabilities do not choose where they live or with whom. More than half live with their families and many of the remainder live in residential care. They need access to an increased range of housing options. Nevertheless there will always be some service users whose care and support needs are so great that a residential placement is or will be the best practical option.

6.2.3 In order to be able to reduce the numbers of service users in residential care there is a need to engage with providers; identify those that can offer the opportunity for people to develop the necessary skills to achieve more independent living arrangements; and enter into different arrangements with them.

6.2.4 Learning disability adult service users are those who meet the Fair Access to Care Services criteria for provision of adult social services. Their care plans define their social care needs.

6.2.5 But once they are ready to move out of the family home or a residential placement into living more independently they will need:

- A review of their care plan;
- An assessment of their housing-related support needs;

- Access to housing-related support services via a brokerage service;
- Supporting People funding for housing-related support that needs a support worker's time; and
- Access to the available supported living accommodation that best meets their needs.

6.2.6 Possible routes to supported living accommodation include:

- Some of the large private service providers offer a range of support to help service users find a suitable place to live.
- Direct approaches to Registered Social Landlords (most of which are housing associations); and
- Applying for a Social Housing Tenancy via the Home Options and Choice Based Lettings scheme. This can be accessed via the Council's web site www.birmingham.gov.uk

6.2.7 The services that should be developed further to meet anticipated need include an extensive range of housing options across the City to cater for the increasing numbers of people with a learning disability. This should include shared rented accommodation from a range of different reliable landlords, and larger group living arrangements where several people can live together economically with a team of staff supporting them. For example this could be in groups of three in a street, or in a larger group setting like sheltered housing. These facilities are unlikely to be

6.3.2 This model offers people a real home and family life living with a host carer and provides an alternative to residential care. The Council currently only commissions this service for adults with severe learning disability. It can be described as the “adult version of foster care”. The service recruits and checks families or carers and, if they are approved, places adults with learning disabilities with them. BAPS currently supports around 49 people across 35 different homes. It also offers short8( )-5hn.3(e).2(7/e8( )-5breaks)-7.7(with) , day pt, and each support where e4(h)0.1(e)-5.5(carer acts as an ‘extend)option for d family’ e)2(4(o)1.7(8m)-5.3(e.0012)TC potential of adult placement has not been realised in B offer a mixture8( )-5of r

7.2 Decommissioning first...

7.2.1 The commissioning role and shaping the market are intrinsically linked. The need to influence the market is one of the factors driving the move to integrated commissioning and pooled budgets for learning disability and mental health.

7.2.2 Unless significant extra funding could be obtained for the Learning Disabilities service – and that seems unlikely – there will first need to be decommissioning to release funds for commissioning. Some decommissioning is already taking place from the closures of in-house care homes and day centres and the reduction in the number of residential placements. There may be scope for releasing funds from the pooling of budgets under the S75 agreement, but it might take time to tease out overlapping funding, and the Learning Disability service starts off with an £11m overspend, so is some way off balancing its budgets.

8 Improving Employment Opportunities

8.1 Missing the employment target

8.1.1 The Council's performance is abysmal in supporting people with learning disabilities into paid employment, compared with both the target and other local authorities, as indicated in section 3 of this report. The Council needs to help more people with learning disabilities into paid work.

8.2 Employment strategy for people with learning disabilities

8.2.1 In January 2010 the Regeneration Overview and Scrutiny Committee received a 26-page Overview Report on the Integrated Employment and Skills Strategy from the Assistant Director for Employment. The emphases of that report were on partnerships and the use of Government funding programmes.

8.2.2 It mentions a national indicator, NI152, a City Region wide target that aims to reduce the gap between working age population in receipt of work benefits and the national average. But it does not mention NI146, which covers the average percentage of adults with a learning disability in employment, and on which the Council performs very badly, as outlined in section 3 of this report.

8.2.3 And though it mentions disadvantaged communities in particular areas of the City it does not mention learning disabilities service users who are seriously disadvantaged in respect of employment, but who are thinly spread across all areas of the City.

8.2.4 One of the Government's Valuing People Now key policy objectives for 2009-12 is that "All people with learning disabilities (and their families) will...be supported into paid work (including those with complex needs)".

8.5 'Job carving' within the Council

8.5.1 There are examples from other local authorities where the work is designed to suit the skills people have. The Learning Disabilities service could move to modelling jobs to fit the skills people have: this is sometimes called 'job carving'. In view of the many examples across England of people with learning disabilities doing paid work in catering organisations it seems likely that the Council's catering organisation has potential to provide an initial lead in this area by employing a higher percentage of people with a disability. There may also be scope for job carving in other Council functions. *Reference Recommendation **R08**.*

8.6 Examples of good practice from elsewhere

8.6.1 There are several examples of imaginative ventures by private companies and other local authorities to increase employment options for those with learning disabilities. Most emphasise the value of service users volunteering to work beside experienced staff. The volunteers, who may have previously spent most of their waking hours at home or at a day centre, get:

- A change of environment;
- Training and experience of using job skills;
- A sense of being useful and providing a service to the public;
- Greater self-confidence, and
- The opportunity to interact with people who are not service users or staff, and who appreciate the service.

8.6.2 Volunteers are unpaid, even though they may be doing real work. Volunteer roles include working in café bars; assisting with running a heritage/museum/art space; staffing a radio station; working with a town centre care and repair team clearing litter and pruning bushes; working with park rangers; and doing grounds maintenance work at schools.

8.6.3 Sometimes the training is structured and leads to a qualification, often linked to a time-limited move on scheme preparing the service user to compete on the open jobs market. Whilst the service user is gaining the skills and experience, the company or council negotiates with local employers to directly employ the service user once they have completed the training.

8.6.4 Some paid jobs are created directly. Service users have obtained paid jobs in cafes, cinemas, garden centres, shops, and data entry roles in offices.

8.6.5 More information on three examples of service users doing volunteering or paid work can be found at the following Web site addresses:

www.pureinnovations.co.uk/pure-community-projects.html (Based in Stockport)

www.brandontrust.org/employment-training-units.asp (Based in Bristol)

www.optionsforlife.info/ (Sandwell Council)

8.7 Social Enterprises

8.7.1 Sometimes a whole business can be run as a social enterprise. Where a clear role can be identified for each person, and risks are assessed and managed, the company or council can set up a social enterprise staffed – and sometimes led - wholly or mainly by service users. Social enterprises provide and sell one or more goods or services, and their staff are paid. Members were told of several cases where this had been done by third sector organisations or by other local authorities, for example to create a meals service. Some Members had seen or visited a good model of a social enterprise, the Matchbox Café in Moseley Road, Highgate, in which the staff have learning disabilities.

8.7.2 The 'social' in social enterprise is the benefit to the self-confidence and quality of life for the staff. However some social enterprises can succeed in creating social good but not succeed as commercial enterprises. The ideal is that they succeed in both.

8.7.3 In most social enterprises the local authority or other sponsoring organisation bears the set-up costs but aims to make the enterprise economically viable, so that its sales income covers most or all of its running costs and preferably makes 8.7.3

services. Almost all are known to and directly served by the DCSWT. For this group there is assessment and support to identify and plan how to maintain and meet the needs of these young people.

9.1.5 The remaining 500-540 who were Statemented at school are not likely to meet the FACS criteria. On leaving school their situation can change abruptly from receiving support from several sources to receiving no support, except from their family. The approach is that this group is invited to information events and supported to identify appropriate activities as they become young adults. However those who do not attend information events or maintain contact in some other way may only come to the attention of the agencies if something goes wrong.

9.1.6 The wider groups of children per year who have a learning difficulty rather than a learning disability and are not Statemented are also unlikely to meet the FACS criteria. They are also, with the other groups, invited to information events to help plan their transition to adulthood.

9.1.7 Increasingly young people likely to benefit from living independently will already have been provided with or need to be able to access the following:

- Life coping skills, such as washing, cooking, buying, using publ

9.2 The Transition to Adulthood Framework

9.2.1

11.3 Communications with external service providers

11.3.1 Many of the providers who gave evidence made the same point about the need for the Council to engage and communicate with both existing and new providers to tell them what it needs. They said they would be happy to expand their existing services or diversify into new ones if there will be a market for them. *Reference Recommendation* ***R13***.

12 Conclusion

12.1 Raising the profile, and 'BOLD' results

12.1.1 To succeed in shifting from traditional models of care to more individually-tailored options requires an ambitious programme of change. This will mean finding more creative ways of meeting needs so that average costs of care are reduced and there are new opportunities for people with learning disabilities to shape their own care.

12.1.2 The City spends the largest proportion of resources available to people with a learning disability on residential placements. Changing this will require a radical new look at how existing funding is being used and will require the development of affordable alternatives to residential care.

12.1.3 Whilst it is the case that there are areas of good practice where the Council is developing innovative ways of delivering more personalised and preventative services to better support service users at lower costs, it is also true that certain outcomes for people with learning disabilities have remained poor over a number of years.

12.1.4 This report sets out some of the ways in which the Council can improve services to its learning disabilities service users. Publication of the report will raise their profile, bringing their needs back onto agendas from which they may have slipped. Implementation of the recommendations will mean that many people with learning disabilities will have more choice over the types and sources of support they need; will have better access to information and advocacy services; more will have settled accommodation in the community rather than staying in residential home placements or living with their relatives; and more will be in work. These will be significantly better outcomes for those with learning disabilities.

Elaine Boyden, Chief Executive Officer, Advocacy Matters

Sir Robert Dowling, Chief Executive, Care through the Millennium

Gerard Dunnigan, Chief Executive, Jaffray Care

Sue Durrant, Chief Executive, Birmingham Multi-Care

Cathy Dale, In Control and Transitions Manager, Midlands MENCAP.

Paul Graham, Director of Care, Aspects for Care Ltd.

Dillon Hamilton, Project Manager and Behaviour Specialist, Unity Care

Ken Holland, Development Manager-Better Lives, Better Communities, British Institute of Learning Disabilities

Tina Mitchell, Director of Customer Finance & Contracts, Craegmoor

Dave Rogers, Chief Executive, Midlands MENCAP

Christine Sholl, 'Valuing People Now' Lead, Department of Health

Also about 60 others representing housing associations, large and small charities, private sector homes and advocacy services, who gave oral evidence at a meeting of the Learning Disabilities Service Providers Forum.

From Carers' Organisations

Adella Carty - Carers Incorporated

Danny Dempsey - Carers Incorporated

Yasmin Maghani - Carers Incorporated

Maureen Parker - Carers Incorporated

Tina Donovan - Manager, Birmingham Carers Centre

Sally Evans - Parents Views Count

Kristin Sanders - Parents Views Count

Committee Manager Viv Smith supported the review group.

Appendix 2- Evidence gathering

1 October 2009.
Councillors: Clark, Neilly and Whorwood.
Witnesses: Sheila Rochester, Service Director, Younger Adults.
Tony Lloyd, Principal Admin Officer, Executive & Scrutiny Support, Joint Commissioning, Adults and Communities, also attended.
Key findings
The numbers of people with LD are growing, both in Birmingham and nationally. More survive birth, more live longer, and diagnosis is more efficient.

The budget has been overspent for several years, with the overspend growing each year.

The current model of care, which relies heavily on residential placements, is already unaffordable, and will be even less affordable as numbers of service users grow.

The proportion of LD service users from cultural minorities – particularly south Asian – is increasing.

29 October 2009.
Councillors: Clark, Dring and Evans.
Witnesses: Sheila Rochester and Jon Tomlinson, Director of Joint Commissioning (Learning Disability & Mental Health).
Key findings
LD service provision has to change because the current provision is no longer affordable.

Personalisation will need to be implemented as quickly as possible as it will reduce costs and give Service Users more choice over how they receive support.

Further economies will be achieved by the s.75 partnership between the Council and Primary Care Trusts. This will be based on pooled budgets to cover both LD, for which the Council is the larger spender and will be lead joint commissioner, and mental health, for which PCTs are the larger spender and will be lead joint commissioner.

It is hoped that both the above will enable services to improve and LD budgets to be balanced.

11 November 2009
Councillors: Clark, Dring and Evans.
Witnesses: Jon Tomlinson, Chris Bush, Head of Transition, Lynn Porter, Registered Manager, Birmingham Adult Placements Scheme and Sue Vincent, Head of Disability Employment Solutions.
Key findings
The Transitions Pathway seems well designed and to fit what is needed. But Members would like more information about the implementation programme because it does not seem to be fully in place yet.

Birmingham Adult Placements Service achieves very positive outcomes bot

Employment Solutions may be able to meet some of these needs. However it runs a range of time-limited schemes and has to operate within the terms of the schemes. Because of short term funding, it cannot easily plan ahead. What it cannot provide may need to be bought in.

25 November 2009
Councillors: Clark, Dring and Grundy
Witnesses: From Carers Incorporated - Adella Carty, Danny Dempsey, Yasmin Maghani, and Maureen Parker; Tina Donovan, Manager, Birmingham Carers Centre; From Parents Views Count - Sally Evans and Kristin Sanders; and Sheila Rochester - Service Director, Younger Adults.

and real employment for young adults and to consult with both the young adults and their carers on that provision.

Transport services needed to be improved and entitlement should be extended to include transport to a youth club or respite break.

Health, social care and transition services needed to be better co-ordinated and there should be 1, 2 and 3 year plans for young people with disabilities.

At present the information made available to parents and carers was piecemeal and fragmented. Parents' organisations were often given insufficient time in which to properly consult parents and carers and managing expectation within a consultation process was difficult. The activities of the various parents' organisations needed to be better co-ordinated and publicised more widely.

Members requested detailed data and examples to support the views expressed above, including areas of good practice, to enable some analysis to take place.

Carers Incorporated

Carers Incorporated is a forum for parents of adults and teenagers with learning disabilities. Witnesses identified the following concerns:-

Carers were extremely concerned about the revised formula for respite care. The population of carers was ageing and many were themselves over 80 and caring for older adults with learning disabilities who would be without a placement when their carers' died. It was therefore important to support carers to enable them to continue caring for as long as possible.

People with learning disabilities required a routine and could regress if that routine was removed therefore the majority of carers were in favour of retaining and developing day centres and operating different sessions at different times of day in order to maximise their use.

Many carers felt that direct payments were inappropriate because the types of services they required were not available in the community. They found Direct Payments and Personal Budgets complex and confusing and as yet there was no pathway to assist carers to make a choice.

There were no lists or information available about agencies, the services which they provided or costs.

It was vital that carers received information on the supported accommodation available and how to access

had been noted, however, he pointed out that the Council was unable to remove the professional liability indemnification from private companies.

The Chairman stated that it was necessary to increase opportunities and choice in order to produce better outcomes for everyone. It was necessary to make a long term shift towards supported living in order to control both the demand and expenditure as the alternative would be to restrict services.

8 December 2009 at the Learning Disabilities Service Provider Forum at Aston University.
Councillors: Clark and Dring.
Witnesses: about 70 people representing housing associations, large and small charities, and private sector homes and advocacy services, all of whom provide services to people with LD.
Key findings:
All who spoke said they respect the Council's aim to provide or secure better services for those with LD.

The Transitions pathway was highly praised but providers could not yet see signs that it is being implemented. Some young people with LD are not assessed before transition to adulthood. Most who receive services before adulthood do not meet the FACS criteria that would make them eligible for adult social services. Even those that do meet FACS criteria sometimes don't have an A&C Social Worker assigned to them, or if they do, the Social Worker doesn't contact them until very late.

Several providers asked the Council to say what services it wanted, so that provider organisations can arrange to deliver the services. This implies that the provider sector has spare capacity and/or the potential to expand the range and volume of services.

Despite that, though many service providers want to help the Council, some of them are small businesses that operate in a limited geographical area and/or offer small 'niche' services that they cannot broaden easily.

Cllr Clark invited those who would like to provide evidence to the LD Opportunities Review on 6 January to put their contact details on a list. Representatives of eleven providers left their details, though due to bad weather, personal illness and a non-renewed contract four were unable to present on 6 January.

6 January 2010
Councillors Clark, Axford, Evans, Green, Grundy, Neilly and Underwood
Witnesses: Dave Rogers, Chief Executive, Midlands MENCAP, Cathy Dale, In Control and Transitions Manager, Midlands MENCAP, Chris Bates, Chief Executive, Birmingham Rathbone Society, Sue Durrant, Chief Executive, Birmingham Multi-Care, Paul Graham, Director of Care, Aspects for Care Ltd., Dillon Hamilton, Project Manager and Behaviour Specialist, Unity Care, Sir Robert Dowling, Chief Executive, Care through the Millennium, Elaine Boyden, Chief Executive Officer, Advocacy Matters
Key findings:
Midland MENCAP works closely with the Council, from which it receives much of its income. It provides support in accessing voluntary work, employment and education; supported housing and domiciliary care; a housing pathway; a carers support service; a carers short break service; support for BME children and families; Apni Marzie – a means of engaging with South Asian women of 18+ with a learning disability; a Saturday play scheme for children with a learning disability aged 5–12 years; a youth club for young people with a learning disability aged 12-25 years; adult social and leisure clubs; and other information, advice and guidance services.

Birmingham Rathbone Society serves an average of 1,000 people with mild to moderate LD. It provides some sheltered employment, a school, a further education college, housing support services, and targeted employment support. Rathbone said they would have expected Connexions to have known about and taken up all the places on a sheltered employment scheme Rathbone ran (or runs) for those with mild to moderate LD, but there are still vacant places on the scheme.

Birmingham Multi-Care, Aspects for Care, Unity Care, Care through the Millennium, Craegmoor and Jaffray Care each runs one or more residential care homes for people with learning disability.

Advocacy Matters is one of four advocacy firms, each covering part of Birmingham. It provides general advocacy services but offers to provide further services such as those when a service user is detained by the police, or when they need or want to change accommodation, or to get or keep a job, or to act as employer with a direct payment, personal budget or individual budget.

Two other witnesses were unable to attend because of bad road conditions from snow on the day. They were Tina Mitchell, Director of Customer Finance & Contract, of Craegmoor Co. UK and Gerard Dunnigan, Chief Executive of Jaffray Care Co. Ltd. Tina emailed a 60-slide presentation on 06.01.2010 and Gerard promised to post details of what he had planned to present.

28 January 2010
Officer meeting between Rose Kiely and Tony Green from Scrutiny and Jon Caan, Head of Strategic Commissioning, Learning Disabilities.

From discussions it emerged that current LD strategy has been 'under review' for several years. Budget setting has been and is still based on 'last year's plus or minus a bit' not on commissioning strategy. These two factors partly explain why strategy has not been implemented.

10 February 2010
Councillors: Clark, Axford, Dring, Evans, Green, Neilly, Underwood and Whorwood.
Witnesses: Sharon Bailey, Head of Service (Assessment and Care Management, Learning Disability), Bethan Welch, Operational Manager (LD Assessments /Safeguarding /Transitions), Jon Tomlinson, Dipak Mohan, Informed Choice Manager, Business Transformation, and Chris Atkinson, Assistant Director, Special Educational Needs & Disability.
Key findings:
All recognised the 'care & support cliff'. Children with LD receive support from many sources as required, including special needs teachers, classroom/teaching assistants, education social workers (formerly known as education welfare officers), children's social workers, educational psychologists, and health staff who visit schools. But when they are classed as adults most do not meet the adult FACS criteria and suddenly drop from receiving many services to receiving none. And some families who were supporting their children with LD find it harder to provide that support because the respite they had when the child was at school suddenly ceases. Anything the Council or its partners can do to shape expectations and prepare children for transition, and support them afterwards, will help.

Costs per unit of service are intended to reduce by small percentages each year for another nine years, because of work by Dipak's team in Business Transformation. The overall target reduction will be 35%. This should help towards balancing the budget. Dipak's team has no power to invite tenders or award contracts, and no power over LD or other service budgets. The team uses a range of techniques including finding where a contractor charges more to one service than it does to another, and inviting it to charge the same (lower) price to all services, and by contacting firms that offer good value and inviting them to expand into other areas.

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16 March 2010
Informal meeting between Cllr Clark and Chris Atkinson and Chris Bush
Key Findings:
There are about 14,000 children in each year group at schools, so 14,000 leave school each year.