DERBYSHIRE COUNTY COUNCIL

CABINET

20 December 2018

Report of the Strategic Director for Adult Social Care and Health

RESHAPING THE LEARNING DISABILITY DAY CARE OFFER AND COMMENCING CONSULTATION ON THE FUTURE SERVICE MODEL FOR ALL OTHER SERVICES FOR PEOPLE WITH A LEARNING DISABILITY

ADULT SOCIAL CARE

1. Purpose of the Report

To seek Cabinet approval to:

- Commence formal consultation with people with a learning disability and/or Autism and their carers and with stakeholders on the proposed options for the future delivery of day time support
- Commence engagement and co-production with people with a learning disability and/or Autism and their carers to develop proposals for future service models in relation to other LD services.

2. Information and analysis

2.1 Introduction

The report presents data, analysis and feedback from our engagement in relation to the future delivery of day opportunities for people with a learning disability or Autism (ASD) in Derbyshire. The report draws upon relevant legislation, national and local drivers for change as well as a number of areas of good practice examples from other areas.

From the feedback we have received through the ‘My Life My Way’ engagement programme (summarised in Appendix 2) it is clear that it is not only day opportunities for people with a learning disability or ASD that require transformation. As this client group access a range of other learning disability specific services, including supported living, residential care, short breaks and community support services, many of which are also rooted in traditional approaches rather than supporting the progression model, it is clear that we
will need to look at how we can improve and refocus our offer across those services in order to meet people’s requirements for the future.

2.2 National Strategic Context

The challenging national agenda of change and the estimated growth in the number of young people with complex needs alongside an ageing learning disabled population means we have to ensure the resources available are used efficiently. Services need to meet individuals’ needs and promote independence not dependence. To do this we need to recognise people’s abilities, not disabilities, we need to recognise everyone with a learning disability can make a positive contribution to the community in which they live.

The vision remains as set out in Valuing People (2001) and Valuing People Now (2009): that all people with a learning disability are people first with the right to lead their lives like any others, with the same opportunities and responsibilities, and to be treated with the same dignity and respect. They and their families and carers are entitled to the same aspirations and life chances as other citizens.

To enable the vision to be achieved both commissioning and de-commissioning strategies will need to be developed that show how money will be drawn down from traditional services and re-invested in wider community opportunities.

The Care Act (2014)

- Strengthens the duties of local authorities to promote health and wellbeing, and to act to prevent or delay the onset of the need for support. People requiring support must be able to access a range of information and advice to enable them to remain independent and members of their local communities wherever possible.
- Places duties on local authorities to assess people’s needs for social care support, and if they are eligible, to develop a support plan with individuals that promotes the use of personal budgets, direct payments and maintaining options and choices for individuals through effective commissioning and the provision of information and advice on possible services.
- Requires local authorities to help develop a market that delivers a wide range of sustainable high-quality care and support services that will be available to their communities. When buying and arranging services, local authorities must consider how they might affect an individual’s wellbeing. This makes it clear that local authorities should think about whether their approaches to buying and arranging services support and promote the wellbeing of people receiving those services.
- Requires local authorities to make information and advice available for all people, and put in place universal services which are aimed at preventing,
reducing or delaying care and support needs in the context of community wellbeing and social inclusion. Preventative approaches foster a holistic approach that includes accessing universal services, early intervention, promoting choice and control, and the development of social capital. The provision of information and advice, and access to services that do not require a test of eligibility should be part of a ‘universal offer’.

2.3 Local Strategic Context

The Council Plan 2017-2021 sets out clear ambitions to be an efficient and high performing council delivering value for money services. Exploring creative ways to deliver better services for less and ensuring that the Council’s operating model is fit for purpose is critical to the Council achieving its ambitions and addressing the challenges that lie ahead.

Derbyshire County Council is moving towards an Enterprising Council approach which will require a programme of transformation over the next four years. This approach will result in wide reaching and long lasting culture change within the Council and would see a move away from more traditional and paternalistic approaches to service delivery together with fundamental changes to relationships with local people, communities and employees.

Our current day service offer for people with a learning disability and/or Autism is primarily building based and follows a traditional “day centre” model that provides services for adults.

Over the last six years Derbyshire Adult Care has made positive progress in relation to services and support to people with a learning disability and Autism, introducing more personalised approaches through the introduction of personal budgets. However in relation to day services Derbyshire has not yet responded sufficiently to national policy and drivers for change and continues to operate a segregated building based maintenance model rather than a progressive person centred community based model of support which supports and encourages social enterprise and social capital.

People with lower level support needs use the buildings as a base and may attend other community based activities. However, the offer to people with more complex needs and those with profound and multiple learning disability (PMLD) is mainly focused within building bases which, due to the numbers of people attending, have staffing ratios that do not facilitate a greater community presence and participation for this group.

Adult Care has undertaken some preparatory work in communities, developing initiatives such as Safe Places and Changing Places which are already in place in many parts of the County. The Community Connector Service operated by our in-house Direct Care service is now well established.
across the County and acts as a vehicle to support both eligible and non-eligible people with a learning disability and/or Autism to seek a life with greater independence in their local communities.

The roll out of Direct Payments has also provided people with greater choice and control over how they meet their outcomes. For example, by employing personal assistants people can choose to be supported to access community groups and education classes rather than attend traditional day services.

As a direct consequence of the personalisation agenda, individuals have more flexibility to achieve their outcomes and therefore the number of people accessing traditional day service provision has steadily fallen, particularly in relation to younger people who appear to be choosing non-traditional forms of services and support. As a result this means that across the county Direct Care learning disability day services are now experiencing an average of 36% underutilisation.

Derbyshire introduced the “Day Care and Support Service Framework” in April 2016 which aimed to develop and shape the independent market for day time support, and ensure a variety of different providers and different types of services. Registered providers include independent private providers, third sector and voluntary and community based organisations, including user-led organisations, mutual and small businesses. Despite this framework being in place the independent provider market remains underdeveloped and underutilised, which is a major risk to the market with some organisations struggling financially and therefore at risk of closure. Therefore the proposed development of the progression model will stimulate the wider care and support market to develop a range of opportunities for people with a learning disability and/or ASD to participate in instead of attending day centres.

The Adult Care Learning Disability Programme Plan sets out how Derbyshire County Council would meet these obligations. The programme is based upon the progression model, a person centred development approach for people with learning disabilities. This means the support offered is designed to help people do as much as they possibly can for themselves. This includes developing an employment first approach to promote and support people with learning disability wherever possible into meaningful employment opportunities. The Derbyshire County Council Disability Employment Strategy 2017-2022 also supports this ambition.

This change requires a move away from merely providing ‘services’ - one-size-fits-all solutions. Instead we need more innovative, flexible, community based solutions. The main focus of transformation will be supporting people to move away from traditional building based leisure activities towards services and support which promote greater independence and community engagement.
It is recognised that people with complex needs and PMLD sometimes require well equipped and supportive environments, but have the right levels of support to access the local community whenever possible.

We recognise that every individual will need to be supported to manage change and we are committed to work with people, providing the appropriate level of support and effecting individual changes at a reasonable and manageable pace.

For some people the ultimate aim of this investment will be to allow them to secure paid employment wherever possible. For carers, we want to ensure that their needs as carers are recognised.

This will require ongoing work with the community to develop community resilience so that individuals access the wide range of community led services independently through their natural support networks.

2.4 Overview of current demographic trends relating to people with learning disability and ASD

Adult care service data captures some key trends and provides a snapshot of the composition of how people with a learning disability are currently supported. A summary of key indicators and service information is provided below:

- Across Derbyshire the number of people with a learning disability in paid employment remains low.
- Derbyshire has a higher gap between those with a learning disability and the overall employment rate than that for East Midlands and England.
- Whilst many people with a Learning Disability are in settled accommodation and this has increased, it needs to remain an area of focus.
- The proportion of people with a learning disability who receive a NHS Health Check is similar to England as a whole.

In 2013, a Learning Disabilities Needs Assessment was undertaken by East Midlands Public Health Observatory and this is the latest needs assessment analysis of adults with a learning disability specific to Derbyshire. The needs assessment contains a number of key points which can inform the work of the Learning Disability Development Board.

- Approximately 0.5% of the population in Derbyshire are known to have a learning disability and this is similar to the national average. However it is estimated that the true prevalence is just over 2%.
- There are higher proportions of clients receiving both direct payments and services provided by the local authority than the national and regional averages.
There is a lower rate of clients receiving direct payments only in Derbyshire compared with other areas.

The proportion of people in Derbyshire is higher than the national average. The proportion of people who live independently, without support from family and friends, is also higher than the national average.

The percentage of people with learning disabilities using home care services is significantly lower in Derbyshire than Derby City, the reverse is true in use of day care services.

The population structure of Derbyshire suggests that increasingly there will be higher numbers of people with a learning disability reaching older age, and in other cases parents and carers of individuals with a learning disability will themselves become older and may require additional support.

<table>
<thead>
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<th>People</th>
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</thead>
<tbody>
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</tr>
<tr>
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<td>3</td>
</tr>
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Adult Care have also undertaken modelling to consider the potential change in the population of adults with a learning disability and Autism up to 2031. (See Appendix 1)

### 2.5 Overview of current provision of Learning Disability day services

Whilst Derbyshire does have a mixed market in relation to day opportunities the number and range of choices available is currently limited and the majority, some 67.5%, of people receive a service which is provided by Direct Care whilst the independent and voluntary sector support approximately 32.5% of the people receiving a service. Unlike many other local authority areas who have reduced their directly provided resources and grown the independent market offer, Derbyshire retains a sizeable in-house provider service and so the balance of directly provided service and independently provided service is significantly different.

**People using day services**

Currently 683 people attend learning disability day services, including in-house and external provision.

461 of these people currently attend DCC operated day services provided by Direct Care.
222 of these people currently attend independently operated day services

These figures include approximately 128 people who have Profound and Multiple Learning Disability and complex support needs.
It should be noted that some people attend both Direct Care and Independent sector provision.

The profile is:

<table>
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<tr>
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<td>65+</td>
<td>67</td>
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<tr>
<td>Total</td>
<td>683</td>
</tr>
</tbody>
</table>

There are approximately 409 younger people currently aged between 16-17 years with a known learning disability coming through transition. We don’t yet know exactly how many of these individuals would require Adult Care support in the future.

It is important to acknowledge the need to plan for people with a learning disability who are themselves older people. Like anyone else, they need to be prepared for all the issues that ageing might bring in terms of bereavement, loneliness and isolation, changes in functional ability and illness as well as conditions such as dementia.

**Day Services operated by Direct Care**

Derbyshire County Council is currently the main provider of day time support to people with learning disability in Derbyshire. The majority of people attend large building based day centres which support a range of people with different support needs, from those individuals requiring minimal support through to individuals with profound and multiple learning disability and behavioural support needs.

There are currently 15 Derbyshire County Council operated building based day services operating across the County (see map in Appendix 3). The five largest day centres have between 60 and 100 clients attending each centre per week. There are also a number of much smaller centres which have fewer than 20 clients attending each centre per week. Derbyshire County Council day services support large numbers of people typically in activity focussed groups within the centres. Activities include craft based (pottery, artwork, etc.), horticulture, music, drama, exercise, computer based activities, daily living skills, etc.
At times individuals are supported to access opportunities outside the building base but this is limited to staff availability and the numbers of clients attending the centre who have more complex needs who tend to spend the majority of the day supported within buildings and have limited community presence. The sole exception to this is “No Limits”, a specialist service in Chesterfield provided by Direct Care which supports people on a 1 to 1 basis who have a profound and multiple learning disability.

The majority of services operate over 5 days a week, 9:00 am until 4:00 pm Monday to Friday. People using the service will normally attend from 9:30 /10:00 am until 3:00 pm or 3:30 pm; this day time structure is inflexible and largely relates to the availability of arranged transport which the majority of clients use.

**Day Services operated by the Voluntary and Independent Sector**

There is currently a total of 24 day service providers registered on the day service framework who offer learning disability specific day services and support. People can use either personal budgets or direct payments to purchase the support which best meets their needs. However, there remains a lack of consistency of provision across the County and over the last 12 months a number of providers have ceased to offer a number of support options due to a lack of take up. In this respect the Independent market remains under developed and underutilised.

**Transport and Travel to Day Services**

There are a number of different transport arrangements for day opportunities across the County. In relation to Direct Care operated services, some services have their own minibuses and others have a contract with independent operators to support people to attend buildings.

Some transport is provided to clients according to the Transport Policy which defines eligibility. However this policy has not been applied consistently in the past and clients have been provided with transport which they would not be entitled to had the policy been applied more systematically. There appears to be some variation in expectations about the use of transport provision. Transport provision can tend to be costly and inflexible due to the distances which some people travel to and from services and coverage in some rural areas. In addition, the complex needs of some people using services require them to have passenger assistants working alongside drivers.

**Best practice examples from other comparator local authorities**

There are good examples of other local authorities who have adopted a new approach to delivering day services for people with a learning disability and
Autism. Learning from these other areas should be considered as part of the strategy development in Derbyshire to enable us to determine how we can use the considerable resources available more efficiently, to deliver the outcomes required in a way that is sustainable and can be future proofed. Most other local authorities have already responded, or are in the process of responding, to the national drivers for change by transforming their day time support offer to people with learning disability and Autism. In these areas, there has been a significant shift from the over concentration of building based day services towards more personalised community based day opportunities which offer more activities in settings such as workplaces, colleges, sports and leisure centres and community centres or local hubs based within local communities. This has been supported by investment alongside the independent and third sector to create partnerships and an employment first approach.

One of the main delivery models to support this change is the development of social enterprises. Social enterprises have long been established and often provide a range of products and services, whilst also delivering social value. With the right help, community enterprises and ventures can help councils to meet their statutory duties and play a key part in the development of a vibrant and diverse local market with a variety of business options, including theatres, arts, shops, garden centres, cafes etc. The social enterprise model has proved successful in supporting and improving the lives of people with a learning disability alongside other people with a sensory or physical disability, improving confidence and skills. Many social enterprises fall into a sub-category known as Work Integration Social Enterprises (WISE) or Social Firms. These provide employment opportunities for people who may find it difficult to get a job, including those with a learning disability or Autism.

Research and best practice shows that having a job is likely to significantly improve the life chances and independence of people with a learning disability, offering independence and choice over future outcomes. Therefore, the proposal is to strategically move towards this approach that supports better outcomes for Adult Care clients with a learning disability.

Findings from the My Life My Way engagement programme

The My Life My Way engagement process met with 450 people and was divided into two phases taking place in March, April and early May 2018.

During phase 1 we held nine workshops in nine different locations across Derbyshire for people with learning disabilities and Autism, their families and carers.

The second phase, involved a further ten days, comprising of five workshops taking place within day centres, one workshop at ‘No Limits’ in Chesterfield
and this phase focused on engaging with people with profound and multiple learning difficulties (PMLD) and a further four days of engagement for people with PMLD based around one to one discussion and small group discussions.

All information gathered in the engagement process has been collated and themes and trends have been identified and this is summarised in Appendix 2. The overall conclusions from the engagement programme are that people with learning disabilities and Autism in Derbyshire want:

- To be respected and valued citizens who contribute positively to their community through work, volunteering and through helping others.
- To be as physically active as possible, regularly taking part in a wide variety of sports and leisure activities.
- To be present and active in their local communities.
- To be able to see friends and family and to do so easily, without undue restrictions, particularly in terms of transport and staffing.
- To be supported by staff who understand them as people, can meet their needs and have the right attitudes and skills to provide great support.
- To be able to use their existing skills, to learn new ones and to explore a wide range of interests and hobbies which are meaningful to them.

Throughout the engagement about services for people with profound and multiple learning disabilities it was clear that above all else, five things were most important when supporting people to have a good day.

- **To have Consistent support by good staff who know them well.** Where learning disabilities are more profound, it is harder to build supportive relationships and to learn to understand communication which may be severely limited. All people supporting those with more profound disabilities noted the importance of consistent staffing to providing the right support.

- **For physical health needs to be met.** The majority of the people spoken to had significant physical health needs and required a high level of support with personal care. Not meeting these needs properly effectively prevents the possibility of having a good day. The implication of this is that facilities with enough space and the correct equipment need to be available and readily accessible.

- **For people to be able to move freely as much as is possible in a safe environment.** A frequently stated advantage of day centres is the environment allowing people to roam and find their own space when this would not be possible elsewhere. Barriers elsewhere include crowds, risk from falls and environments where steps/changes of level prevent the use of walking frames etc.
For hours of operation of services and other issues such as transport to not needlessly restrict people’s choices. Broadly speaking, the view was that there were enough restrictions on what people can do, without having further barriers put in people’s way.

To make the best use of available resources. This was particularly highlighted in relation to hydrotherapy which is very much in demand, can be supported by staff but in some cases appears to be needlessly restricted by the venues themselves.

The Adult Care Stakeholder Engagement Team also visited SEND (Special Education Needs and Disabilities) groups in order to ensure that the voice of young people with learning disabilities was taken into account as they will move into adult services in the near future and potentially be impacted by some of the proposed service changes. Key themes fed back by young people fell into three main categories: (see appendix 2)

To have access to further education and qualifications – many of the young people we spoke to were either already in further education, e.g. Sixth Form/college, or spoke about their intention to do so when reaching that age. All of these young people spoke about taking part in further education as a means of securing meaningful employment.

To have access to employment - almost all of the young people, whether they indicated or not if they would like to take part in further education and acquire further qualifications, spoke about having a working life. A wide variety of careers was mentioned: the majority of people saw themselves in a caring role working with children, other people with learning disabilities or animals.

To take part in Friendships/leisure activities - when we explored the young people’s interests, it became clear that friendships and leisure activities were of utmost importance to them. Many of the leisure activities involved keeping fit, the most popular reported to be:

- Swimming
- Horse riding
- Playing basketball
- Going to the gym
- Walking
- Playing football

Other activities that were important to them included the performing arts such as drama and dance including discos.

Several people told us that they were afraid that if the Youth Clubs were to no longer exist, or when they became too old to attend, they would become
isolated and struggle to maintain friendships. This was evidenced at two of the groups we attended, as young people who had become aged 25 were now volunteering at the clubs to maintain opportunities for socialising. These people reported to us that they were not aware of any other evening groups within the adult world for socialising unless they attended much older people’s provision.

These older young people also said that since leaving school or college it was hard to maintain friendships and they were not receiving sufficient support to progress their aspirations, both personal and career wise, and they were beginning to feel isolated.

Although we asked the question about what support the young people would require in the future, for those young people still within the education system it was a difficult concept for anyone to understand. The support they have had up to now is a given and there was no understanding that this level of support may no longer be available when they move to Adult Care services.

Throughout all the discussions and activities, it was clear that the young people we spoke to with a learning disability have been encouraged throughout their lives to think big, without limiting their aspirations, believing that they have a right to be a part of everyday society and communities and not be treated differently and to live the life they chose.

The SECT staff informed young people that current Adult Care support services include specialist day centres and asked the question, ‘is this something young people would want in the future?’ There was no indication that any of the young people saw themselves having separate specialist services or support once becoming an adult.

However, it was a difficult concept for the young people to understand as they had not experienced this type of service. On the whole, their aspirations suggest these type of services would not meet their needs unless services within them supported their progression and their personal future aspirations.

**Carers Feedback**

Carers comment cards were provided at every workshop, and a total of 85 cards were completed by carers. (See appendix 3)
Some key messages received from carers are:
- Importance of the respite from caring role that day services offer.
- Importance of travel training.
- Inconsistency of service provision.
- Not enough understanding of direct payments and personal budgets.
- Importance of transport provision, particularly in rural areas.
- Not knowing about what services are available.
• Not enough support and access to Social Workers.
• Not enough staff in day services, reducing the activities that can be offered.
• Importance of structured activities.
• Some carers felt there should be more places like Markham Vale and Bolsover Woodlands Enterprise which offer people with learning disability opportunities to undertake work based activities within a supported environment.

3 Next steps

The themes identified throughout the engagement period, as summarised above, can be used as a framework to shape future service provision, with objectives for all types of services based around achieving these themes/goals. Commissioners can be confident if services are successful in supporting people towards these goals they will be popular, valued and effective.

In order to achieve the above goals within a challenging funding framework, there will be a requirement for new ways of delivering support to be developed and far greater integration of service provision with local, mainstream community services.

This is likely to require:
• Improved assessment and care and support planning, delivering person-centred, creative plans that drive change by better identifying positive outcomes rather than focussing on a referral to services.
• Work to address barriers to accessing community facilities, both in terms of physical environment and of changing attitudes to people with Learning Disabilities, encouraging a more inclusive approach.
• Challenging limitations imposed, either overtly or inadvertently, by traditional service models, including shift patterns, use of buildings, transport arrangements and a reliance on group activities.
• Far greater use of mainstream community options (e.g. dance classes, rather than dance sessions in day centres) in order to maximise inclusion and to address the concerns over the lives of people with learning disabilities being determined by the availability of staff.
• Creative use of resources, particularly staffing based around shared interests of people supported, rather than around location and level of need.
• A fundamental change of approach in services towards work, volunteering and contributing to the community.
• Exploration of Asset Based Community based support, embracing ideas like ‘Circles of Support’ and the role of volunteering in meeting outcomes, which underpin the Progression Model.
Maximising the use of existing buildings and resources, particularly in terms of opportunities for people to work, participate and help, for example in maintenance, preparation of food, grounds works.

4 Human Resources Considerations

Any staffing structure changes arising from the approval of this report will be the subject of a further report to Cabinet and consultation with employees and trade unions.

5 Consultation requirements

Engagement has already been undertaken and this has given us a better understanding of what people with a Learning Disability and/or Autism want from services and support for the future. We have translated the themes from that feedback into a proposal which we now want to consult on.

Any changes to learning disability day services should be subject to full and active engagement and consultation with people with a learning disability and their family/carers. They should take into account all relevant national policies and drivers for change, be informed by examples of best practice and be co-produced. It is also extremely important that we work with people with a learning disability and their carers at a reasonable and supportive pace to ensure that future models of services and support are firstly what they want, and secondly that they really work.

It is important that the future provision of day opportunities for people with a learning disability is underpinned by the principles of “progression”, as outlined in Derbyshire’s Learning Disability programme Plan, enabling individuals to be as independent as possible in their own communities by focusing on people’s strengths, and the roll out of a more empowering, personalised and asset based approach across all communities. The ambition is to influence and drive the pace of change, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support.

6 Consultation proposals

Permission is requested to move forward with consultation on the following proposals.

(A) DCC start the transition to refocus the service model to deliver specialist building based day services to people with Profound and Multiple Disability (PMLD) and complex support needs. (see appendix 4)
It is proposed that this will be achieved by:

- Direct Care will only accept new referrals to Day Services which meet the access criteria relating to people with Profound and Multiple Disability (PMLD) and complex support needs. The proposed criteria are set out in Appendix 4 to this report.
- People who have attended Direct Care day services prior to this date who do not meet the new access criteria will have the option to receive a Direct Payment, or engage with Community Connectors to pursue alternative day time options, or should they choose to do so continue to receive a Direct Care Day Service. However it is intended that the new offer for this group of people will be more focused on a progression model, supporting individuals to be less reliant on the service and seek alternative day time options in their local communities. It is also intended that the Derbyshire County Council Transport policy will in the future be consistently applied for all people with a learning disability or Autism and that as a result many of the individuals in this group of people may not be eligible for free transport to and from services. This will mean that some people will in the future have to arrange their own transport to and from services. It is expected that this cohort of people will reduce over time.
- All new referrals for people not meeting the new access criteria will initially be screened for referral to the community Connector Service or employment training options. If these options are not appropriate, eligible people will be provided with a personal budget or direct payment and supported to purchase their services and support from independent providers that can meet their outcomes.
- Commissioners will work in partnership with independent day services providers in order to stimulate growth in the independent market and design service specifications which are based on the progression model of support.
- Direct Care will seek to further develop the Shared Lives service offer, expanding its capacity to provide alternative day time support options.
- Direct Care will enhance, grow and further develop the community connector service to be able to focus on supporting people to access work opportunities and pro-actively work with existing client’s to support them to become less reliant on building based day services.
- People with complex needs and PMLD meeting the criteria for DCC day opportunities, will also have choice to be supported to find other alternative services and support if this is their preference.
- Subject to approval of the proposals staffing structures would be remodelled to reflect the emphasis on meeting individual need, and providing practical support to promote independence. We need to make the most of the existing staff teams considerable skills, knowledge and experience, and create opportunities for staff to develop specialist knowledge and practice in several identified areas.
(B) Transformation of Work based day services operated by Direct Care

It is proposed that this will be achieved by:

- Re-modelling current services to become employment skills and training hubs equipped to offer people with a learning disability the opportunity to receive ‘time limited’ work based training options designed to support more people to become work ready and move on into paid employment.
- Working closely with DACES (Adult Education) to link work place training with classroom training to ensure people are equipped to be work ready.
- Work alongside the Disability Employment Service to support current service users in these settings to seek opportunities for paid employment utilising the skills already developed. Where this is not immediately possible, enable individuals to continue to attend the service as volunteers who can mentor and support other trainees as they progress through the training pathway.

A summary of consultation activity is included as Appendix 5.

7 Consultation Plan

Learning Disability Day opportunities Transformation Timeline

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<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Cabinet Report to Cabinet</td>
<td>20 December 18</td>
</tr>
<tr>
<td>Formal Consultation on proposed options</td>
<td>2 January 19 - 31 March 19</td>
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<tr>
<td>takes place</td>
<td></td>
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<tr>
<td>Report to Cabinet</td>
<td>June 19</td>
</tr>
<tr>
<td>Start Implementation of any agreed Option</td>
<td>1 September 19</td>
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Other possible developments to be considered alongside day services

- We believe that a number of other Learning Disability specific services also require redesign, so that they align to the same principles of progression, choice, control and community inclusion. This includes short term bed based services, respite care, community and crisis support, employment and housing. We seek permission to start the process of exploring options and ideas with people with a learning disability and their carers which will help to co-produce future models of support that better fit with what people have told us are their requirements for the future. This will mean a move away from traditional building based options and a greater focus on the models outlined in this report. However it is recognised that any proposals that emerge from this process which constitute a significant change will require further formal consultation to be undertaken.
- Development of a new community based enablement service. This would support people with a learning disability to develop the skills they need in order to improve the quality of their lives and be more independent within the communities in which they live.
- Develop a pool of Personal Assistants who people could purchase on a sessional basis using personal budgets and Direct Payments.
- Establish a Council grant to support the setting up and development of new social enterprise companies during the day service transformation process.
- Develop a website to allow people with a learning disability to explore options online and book support.
- Improve transition arrangements with a view to developing a transition process that ensures timely, consistent practice with the focus and expertise to help individuals maximise their potential and transition successfully to living and working independently.

8 Financial Considerations

The annual Adult Care spend on learning disability day services is currently £10.15m (including transport costs).

Adult Care spend approx. £82m on all Learning Disability Services as follows:-

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<th>Service</th>
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<th>Independent Sector</th>
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<tbody>
<tr>
<td></td>
<td>£m</td>
<td>£m</td>
<td>£m</td>
</tr>
<tr>
<td>Day Care</td>
<td>5.927</td>
<td>2.416</td>
<td>8.343</td>
</tr>
<tr>
<td>Transport (70% of Total Cost)</td>
<td>Inc in Day Care above</td>
<td>2.100</td>
<td>2.100</td>
</tr>
<tr>
<td>Corporate landlord management costs.</td>
<td>0.200</td>
<td>0.000</td>
<td>0.200</td>
</tr>
<tr>
<td>Residential</td>
<td>3.750</td>
<td>33.021</td>
<td>36.771</td>
</tr>
<tr>
<td>Home Care</td>
<td>0.000</td>
<td>1.546</td>
<td>1.546</td>
</tr>
<tr>
<td>Supported Living</td>
<td>1.431</td>
<td>22.684</td>
<td>24.115</td>
</tr>
<tr>
<td>Shared Lives</td>
<td>0.114</td>
<td>0.949</td>
<td>1.063</td>
</tr>
<tr>
<td>Direct Payments</td>
<td>0.000</td>
<td>7.724</td>
<td>7.724</td>
</tr>
<tr>
<td></td>
<td><strong>11.422</strong></td>
<td><strong>70.440</strong></td>
<td><strong>81.862</strong></td>
</tr>
</tbody>
</table>

For the period 2018-2021, Adult Care are required to make savings of £5.0m across all learning disability services. However, it is not anticipated that there will be any significant savings resulting from the consultation proposals which are contained in this report.
9 Legal and Human Rights Considerations

Since the proposals will potentially have a significant impact on services there is a legal obligation to consult with those who are affected or potentially affected by the proposed changes.

Certain legal principles apply to a fair consultation exercise.

Consultation must be at a time when proposals are still at a formative stage i.e. when a decision has not yet been made.
The proposer must give sufficient reasons for any proposal to permit of intelligent consideration and response.
Adequate time must be given for consideration and response; and the product of consultation must be conscientiously taken into account in finalising any proposals. Any specific statutory requirements to consult must also be complied with.

The Council must also comply with the Equality Act 2010 and in particular the Public Sector Equality Duty. This ensures that the Council considers the needs of all individuals in shaping policy and delivering services and seeks to ensure that the Council does not disadvantage protected individuals or groups. An Equality Impact Analysis (EIA) will be required to assess the potential impact of the proposed changes on protected groups, in particular persons with a disability.

10 Other Considerations

In preparing this report the relevance of the following factors has been considered: human resources, health, environmental, transport, property and crime and disorder considerations.

Key Decision

No

11 Is it required that the Call-in period be waived in respect of the decisions being proposed within this report?

No
12 Officer’s Recommendation

To seek Cabinet approval to:

- Commence formal consultation with people with a learning disability and/or Autism and their carers on the proposed options for the future delivery of day time support.
- Commence engagement and co-production with people with a learning disability and/or Autism and their carers to develop proposals for future service models in relation to other LD.
- A further report being made to Cabinet reporting the outcome of the consultation and the conclusions of the equality impact analysis before any decisions are made.

Helen Jones
Strategic Director – Adult Social Care and Health
County Hall
MATLOCK
**Appendix 1**

The table below summarises key trends:

Table 4 and 5: Baseline estimates for people aged 18 and over predicted to have a learning disability, by age group, projected to 2030

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24 years</td>
<td>1,590</td>
<td>1,570</td>
<td>1,534</td>
<td>1,501</td>
<td>1,468</td>
<td>1,396</td>
<td>1,335</td>
<td>1,452</td>
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<tr>
<td>25-34 years</td>
<td>2,149</td>
<td>2,176</td>
<td>2,211</td>
<td>2,253</td>
<td>2,286</td>
<td>2,326</td>
<td>2,298</td>
<td>2,129</td>
</tr>
<tr>
<td>35-44 years</td>
<td>2,401</td>
<td>2,351</td>
<td>2,295</td>
<td>2,248</td>
<td>2,222</td>
<td>2,222</td>
<td>2,384</td>
<td>2,533</td>
</tr>
<tr>
<td>45-55 years</td>
<td>2,832</td>
<td>2,858</td>
<td>2,878</td>
<td>2,877</td>
<td>2,841</td>
<td>2,719</td>
<td>2,363</td>
<td>2,267</td>
</tr>
<tr>
<td>55-65 years</td>
<td>2,293</td>
<td>2,306</td>
<td>2,341</td>
<td>2,390</td>
<td>2,447</td>
<td>2,571</td>
<td>2,777</td>
<td>2,638</td>
</tr>
<tr>
<td>65-74 years</td>
<td>1,935</td>
<td>1,992</td>
<td>2,043</td>
<td>2,084</td>
<td>2,103</td>
<td>2,104</td>
<td>2,068</td>
<td>2,316</td>
</tr>
<tr>
<td>75-84 years</td>
<td>997</td>
<td>1,016</td>
<td>1,031</td>
<td>1,056</td>
<td>1,104</td>
<td>1,214</td>
<td>1,519</td>
<td>1,599</td>
</tr>
<tr>
<td>85 years and over</td>
<td>382</td>
<td>395</td>
<td>411</td>
<td>427</td>
<td>441</td>
<td>476</td>
<td>590</td>
<td>765</td>
</tr>
<tr>
<td>Total aged 18 and over</td>
<td>14,579</td>
<td>14,662</td>
<td>14,744</td>
<td>14,836</td>
<td>14,911</td>
<td>15,029</td>
<td>15,334</td>
<td>15,700</td>
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Figures may not sum due to rounding
Crown copyright 2014
Table 6 and 7: People aged 18 and over predicted to have a moderate or severe learning disability, and hence likely to be in receipt of services, by age group, projected to 2030

<table>
<thead>
<tr>
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<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24 years</td>
<td>367</td>
<td>363</td>
<td>355</td>
<td>348</td>
<td>341</td>
<td>325</td>
<td>315</td>
<td>345</td>
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<tr>
<td>25-34 years</td>
<td>462</td>
<td>468</td>
<td>475</td>
<td>484</td>
<td>491</td>
<td>500</td>
<td>494</td>
<td>458</td>
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<tr>
<td>35-44 years</td>
<td>604</td>
<td>591</td>
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<td>565</td>
<td>558</td>
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<td>638</td>
</tr>
<tr>
<td>45-54 years</td>
<td>637</td>
<td>642</td>
<td>646</td>
<td>645</td>
<td>637</td>
<td>609</td>
<td>531</td>
<td>516</td>
</tr>
<tr>
<td>55-64 years</td>
<td>497</td>
<td>500</td>
<td>508</td>
<td>519</td>
<td>532</td>
<td>559</td>
<td>600</td>
<td>565</td>
</tr>
<tr>
<td>65-74 years</td>
<td>316</td>
<td>325</td>
<td>333</td>
<td>337</td>
<td>338</td>
<td>338</td>
<td>335</td>
<td>376</td>
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<tr>
<td>75-84 years</td>
<td>104</td>
<td>106</td>
<td>107</td>
<td>110</td>
<td>115</td>
<td>126</td>
<td>157</td>
<td>162</td>
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<tr>
<td>85 years and over</td>
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<td>37</td>
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<td>40</td>
<td>41</td>
<td>44</td>
<td>55</td>
<td>70</td>
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<tr>
<td>Total aged 18 and over</td>
<td>3,022</td>
<td>3,032</td>
<td>3,040</td>
<td>3,049</td>
<td>3,054</td>
<td>3,060</td>
<td>3,086</td>
<td>3,130</td>
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</table>

<table>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-64 years</td>
<td>2566</td>
<td>2563</td>
<td>2562</td>
<td>2562</td>
<td>2559</td>
<td>2551</td>
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<tr>
<td>65 years and over</td>
<td>457</td>
<td>468</td>
<td>479</td>
<td>487</td>
<td>495</td>
<td>509</td>
<td>547</td>
<td>608</td>
</tr>
<tr>
<td>Total aged 18 and over</td>
<td>3,022</td>
<td>3,032</td>
<td>3,040</td>
<td>3,049</td>
<td>3,054</td>
<td>3,060</td>
<td>3,086</td>
<td>3,130</td>
</tr>
</tbody>
</table>

Figures may not sum due to rounding
Crown copyright 2014
Table 8: People aged 18-64 years predicted to have a severe learning disability, and hence likely to be in receipt of services, by age group, projected to 2030

<table>
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<th></th>
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<td>18-24 years</td>
<td>121</td>
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<td>117</td>
<td>115</td>
<td>112</td>
<td>107</td>
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<td>25-34 years</td>
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<td>131</td>
<td>133</td>
<td>136</td>
<td>138</td>
<td>140</td>
<td>138</td>
<td>128</td>
</tr>
<tr>
<td>35-44 years</td>
<td>163</td>
<td>160</td>
<td>156</td>
<td>153</td>
<td>151</td>
<td>151</td>
<td>162</td>
<td>172</td>
</tr>
<tr>
<td>45-54 years</td>
<td>141</td>
<td>142</td>
<td>143</td>
<td>143</td>
<td>141</td>
<td>134</td>
<td>117</td>
<td>115</td>
</tr>
<tr>
<td>55-64 years</td>
<td>117</td>
<td>118</td>
<td>119</td>
<td>122</td>
<td>125</td>
<td>131</td>
<td>142</td>
<td>134</td>
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<tr>
<td>Total aged 18-64 years</td>
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<td>668</td>
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<td>666</td>
<td>663</td>
<td>662</td>
<td>663</td>
</tr>
</tbody>
</table>

Figures may not sum due to rounding
Crown copyright 2014
Table 9: People aged 18-64 years predicted to have a moderate or severe learning disability, and hence likely to be living with a parent, by age group, projected to 2030

<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>18-24 years</td>
<td>243</td>
<td>240</td>
<td>235</td>
<td>231</td>
<td>226</td>
<td>215</td>
<td>210</td>
<td>229</td>
</tr>
<tr>
<td>25-34 years</td>
<td>238</td>
<td>241</td>
<td>245</td>
<td>250</td>
<td>253</td>
<td>257</td>
<td>254</td>
<td>235</td>
</tr>
<tr>
<td>35-44 years</td>
<td>233</td>
<td>228</td>
<td>224</td>
<td>220</td>
<td>218</td>
<td>218</td>
<td>234</td>
<td>249</td>
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<tr>
<td>45-54 years</td>
<td>146</td>
<td>147</td>
<td>147</td>
<td>147</td>
<td>144</td>
<td>137</td>
<td>119</td>
<td>118</td>
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<tr>
<td>55-64 years</td>
<td>45</td>
<td>45</td>
<td>46</td>
<td>47</td>
<td>49</td>
<td>51</td>
<td>54</td>
<td>49</td>
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<tr>
<td>Total aged 18-64 years</td>
<td>905</td>
<td>902</td>
<td>898</td>
<td>894</td>
<td>890</td>
<td>878</td>
<td>870</td>
<td>880</td>
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</tbody>
</table>

Figures may not sum due to rounding
Crown copyright 2014

**NOTES:** The above tables have been reproduced from [www.pansi.org.uk](http://www.pansi.org.uk); these projections have been based on prevalence rates defined by Emerson and Hatton (Estimating Future Need/Demand for Supports for Adults with Learning Disabilities in England, 2004). These prevalence base rates were adjusted to take account of the increased prevalence of learning disabilities in South Asian communities, the increasing survival rates of young people with severe and complex disabilities and the reducing mortality among older adults with learning disabilities. The figures are based on an estimate of prevalence across the national population; locally there may therefore be a degree of overestimation because the South Asian community is smaller in Derbyshire than is seen nationally.
- Projections of prevalence of autism in Derbyshire from 2001 to 2031

Table 3: Estimated numbers of people in Derbyshire aged 14-17, by category

<table>
<thead>
<tr>
<th>Category</th>
<th>Derbyshire 2011</th>
<th>Derbyshire 2021</th>
<th>Derbyshire 2031</th>
<th>% change 2001-2031 Derbyshire</th>
<th>% change 2001-2031 East Midlands</th>
<th>% change 2001-2031 England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic spectrum</td>
<td>440</td>
<td>400</td>
<td>430</td>
<td>-2.3%</td>
<td>8.4%</td>
<td>7.8%</td>
</tr>
<tr>
<td>Asperger's/HFA</td>
<td>200</td>
<td>180</td>
<td>200</td>
<td>0.0%</td>
<td>8.5%</td>
<td>7.8%</td>
</tr>
</tbody>
</table>

Table 4: Estimated numbers of adults in Derbyshire aged 18-64, by category

<table>
<thead>
<tr>
<th>Category</th>
<th>Derbyshire 2011</th>
<th>Derbyshire 2021</th>
<th>Derbyshire 2031</th>
<th>% change 2001-2031 Derbyshire</th>
<th>% change 2001-2031 East Midlands</th>
<th>% change 2001-2031 England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic spectrum</td>
<td>5,530</td>
<td>5,560</td>
<td>5,560</td>
<td>0.5%</td>
<td>6.0%</td>
<td>6.2%</td>
</tr>
<tr>
<td>Asperger’s/HFA</td>
<td>2,490</td>
<td>2,500</td>
<td>2,500</td>
<td>0.4%</td>
<td>6.0%</td>
<td>6.2%</td>
</tr>
</tbody>
</table>

Table 5: Estimated numbers of adults in Derbyshire 65 and over, by category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Derbyshire 2011</th>
<th>Derbyshire 2021</th>
<th>Derbyshire 2031</th>
<th>% change 2001-2031 Derbyshire</th>
<th>% change 2001-2031 East Midlands</th>
<th>% change 2001-2031 England</th>
</tr>
</thead>
<tbody>
<tr>
<td>Autistic spectrum</td>
<td>1,630</td>
<td>2,110</td>
<td>2,620</td>
<td>60.7%</td>
<td>61.3%</td>
<td>53.7%</td>
</tr>
<tr>
<td>Asperger’s/HFA</td>
<td>730</td>
<td>950</td>
<td>1,180</td>
<td>61.6%</td>
<td>61.3%</td>
<td>53.7%</td>
</tr>
</tbody>
</table>

Source of data for tables 3, 4 and 5: Planning4care: Learning Disability Needs Assessment Derbyshire (2011). Projections have not been made for Derby City due to a lack of data.

The projections show that over the next 20 years in Derbyshire we anticipate relative stability in the number of people with ASD between the ages of 14 – 17 and 18 – 64.

There is however projected to be a substantial increase in the number of people with ASD aged 65 or over by 2031, with numbers rising from 1,630 to 2,620; an estimated 61% increase.
Appendix 2

My Life My Way
Engagement with Young People

Introduction

As part of the Co-production of an engagement plan, for the overarching Derbyshire offer to people with a learning disability, the SECT (Stakeholder Engagement and Consultation Team) planned to engage with young people with learning disabilities from around Derbyshire. This would be achieved by visiting SEND (Special Education Needs and Disabilities) groups in order to ensure that the voice of young people with learning disabilities was included in a set of recommendations on the future shape of learning disability provision. Adult Care Commissioning intend to include this information in their report that will go to Cabinet in 2018, under the My Life My Way engagement programme.

Method

The SEND Clubs that SECT attended were spread across the County, and there were a broad scope of abilities and age ranges.

SEND Club                   Young People who took part
Multi Space SEND Club, Peter Webster Centre  20
Vibes SEND Club, Glossop        6
Open Doors Youth Club, Heanor  6

The SECT produced publicity that was distributed by the managers of the individual SEND groups. The invite outlined the purpose of the engagement and invited young people and their carers to take part.

Young people took part as above, however, no carers attended. This may be in some part due to the fact that several carers reported to us that they were aware of the planned workshop events in the community and had booked to attend one of those.

The engagement was carried out in a workshop style. Staff from SECT began by explaining the reason for attending and what was hoped to be achieved, which was to ascertain what the young people enjoy doing and what makes a good day, as well as their aspirations for the future and any support they felt they would require as they moved into adulthood.

The young people then worked individually with the support of the staff from SECT and the SEND Club staff to illustrate the above.
Analysis
Analysis of the information obtained through discussion and the workshop activity fell into three main categories:

Further education and qualifications – many of the young people we spoke to were either already in further education, e.g. 6th Form/college, or spoke about their intention to do so when reaching that age. All of these young people spoke about taking part in further education as a means to securing meaningful employment.

Work - almost all of the young people, whether they indicated or not if they would like to take part in further education and acquire further qualifications, spoke about having a working life. There were a wide variety of careers mentioned the majority of people saw themselves in a caring role working with children, other people with learning disabilities or animals. Other professions included working in a café, hairdresser/beautician, as a policeman and as a football referee.

Friendships/leisure activities - when we explored the young people’s interests, it became clear that friendships and leisure activities were of utmost importance to them. Many of the leisure activities involved keeping fit, the most popular reported to be:

- Swimming
- Horse riding
- Playing basketball
- Going to the gym
- Walking
- Playing football

Other activities that were important to them included the performing arts such as drama and dance including discos.

Several people told us that they were afraid that if the Youth Clubs were to no longer exist, or when they became too old to attend they would become isolated and struggle to maintain friendships. This was evidenced at two of the groups we attended, as young people who had become aged 25 were now volunteering at the clubs to maintain opportunities for socialising. These people reported to us that they were not aware of any other evening groups within the adult world for socialising unless they attended much older people’s provision.
These older young people also said that since leaving school or college that it was hard to maintain friendships and they were not receiving sufficient support to progress their aspirations, both personal and career wise, and they were beginning to feel isolated.

Although we asked the question about what support the young people would require in the future, for those young people still within the education system it was a difficult concept for anyone to understand. The support they have had up to now is a given and there was no understanding that this level of support may no longer be available when they move to Adult Care services.

Throughout all the discussions and activities, it was clear that the young people we spoke to with a learning disability have been encouraged throughout their lives to think big, without limiting their aspirations, believing that they have a right to be a part of everyday society and communities and not be treated differently and to live the life they chose.

The SECT staff informed young people that current Adult Care support services include specialist day centres and asked the question, ‘is this something young people would want in the future?’ There was no indication that any of the young people saw themselves having separate specialist services or support once becoming an adult.

However, it was a difficult concept for the young people to understand as they had not experienced this type of service. On the whole, their aspirations suggest these type of services would not meet their needs unless services within them supported their progression and their personal future aspirations.
Appendix 3
Carers & Family Comments

- When it comes down to activities in community who is going to provide 1-1 hours
- Using Direct payment money.

1) Lack of P.A.s available in area.
2) Transport not permitted on direct payment new provision/ clubs/services cannot be accessed because taxi costs are too high.
3) Co-funding issue. County council policy is that direct payment assessment is paid in full – the recipient is then sent a bill for the element of Co-funding that is paid out of their other benefits or own money. There is a problem with this namely that this is unethical and unjust. Co-funding = theft. The direct payment money is in an account that the LA has control of. If it is not spent they will/can remove it. However the Co-funding payment must still be paid, reducing the persons' personal funds. Change the system so that the direct payment is simply reduced by the Co-funding element. We cannot find enough suitable things in the area to spend the money on without paying too much extra on transport. Include transport costs in direct payment

- I was involved in the choice & control some 10 years ago at great cost to DCC, this is just the same. How much will this exercise cost?

- Allowing direct payments to be used for mainstream clubs/activities and not restricting spending to clubs/activities specifically for disabled young people. How can our young people be fully integrated if this is not allowed?

- As a carer I write 'What a load of rubbish!' Trying to get enough hours for my son to visit cinema once a month in Chesterfield is impossible. It takes 3 and a half hours from Buxton to Chesterfield on a bus and 3 and a half hours back plus the film that totals 10 hours. That only leaves him 3 hours left for the rest of the week. The last thing is the bus service only allows 27 minutes in Chesterfield

- Direct Payments
  1) There is an administrative burden
  2) DCC – Given with one hand & heavily reduced by Co-funding

- People who attended the events signed in so you have the name and contact details. I would not be happy to have invested time in the engagement events and yet not receive any report on the outcomes, prior to the cabinet report being published.
Staffing issues (Root problem) leads to letting service users down.
Disappointment

My son couldn’t have sat through this – 20 minutes maximum to concentrate

Expect people to travel long distances to access suitable services

Communicate, Communicate, And Communicate!

Will this really change things?

Would like some outside activities brought into the centre, i.e. college courses for cookery, using a computer, storytelling, etc. sewing. More out of 09:30-15:00 activities employ DSW on flexible hours

DCC Officer – video of her speaking might be better, shorter sentences, less jargon, not very accessible

Cost? - Benefit implications

Travel training accessible/available transport e.g. community transport

Parent support will often be underestimated. Good idea

Not the full picture of a day in the life of LD (few hours per day)

Wish list - Stress free, trouble free, happiness, some ‘my time’

Inconsistency in service provisions, Stress, Loneliness

Is there enough support to give people who are not so able?

Not enough understanding about Direct Payments by parents and social workers

How are you going to ensure DCC staff buy into this?

Staff need to understand about co-production (doing it together)

Keep Bolsover Woodlands open for the people who need this service

Good to see this happening have to choose the right carers

Finding out about support/agencies carers services how to find out?
Need this in South Derbyshire, Social enterprise, Enabling, fears are very restrictive and also a fact of life based on previous experience.

Services passing the buck e.g. with travel training. Services not working together

More transport for people with a disability

Keep Bolsover Woodlands open. Daycentres won’t give the same fulfilment

I have to speak out on my son and daughters' behalf

Feel anxious for his safety if he is out alone. Incidence of bullying.

Carer break keeps me going

Transport – benefits – all the worries about doing things

Why do we have to fight for everything?

Does the hourly rate we can pay P.A.s take into account the need for specialist skills like BSL?

Re: all the films. Are all projects, activities, jobs etc. sustainable in the long term? What happens if it all goes pear shaped as often happens in life?

Regular checks on shared lives carers

Feels like I’m constantly juggling things but not improving our lives

Too many ‘Grey’ areas with direct payments. Some can use for a reason that others cannot. Decision makers can and do take services away from users

Need to feel that my daughter is respected as a person and so is her home & property. Being a carer should not just be ‘a job’

Not aware of the connection service

Good to know there is someone else (besides the parent) out there helping to look after them.

Not knowing about services available – not knowing who your social worker is – Not having any contact with social worker/social care.
 I would love to see fully trained staff in our daycentres and also bringing in or taking people out to access projects, courses, social, health, activities.

 KEEP DAYCENTRE

 She would hate being taken out somewhere every day – only being at home wouldn’t do her any good.

 Day services led by staff not person centred. Same clients go out to bowling, swimming, and leisure centre. Too many large group activities (nursing\care home mind-set). Activities planned for majority not individuals. Use the Wii for stimulation.

 No activities for clients unless they go to pub or shop. Use the Wii for armchair exercises to stimulate minds ( & day services)

 Talk to more people with learning disabilities. Listen as well

 If stays at home, budget is a lot less/nothing in certain cases. Compared to independent living budget regardless of amount of care that carers are prepared to do.

 We have to fund extra support for my son

 Services are not accessible for all people

 Not enough realistic financial support

 Feel like I’ve been to meetings like this before & nothing changes

 Need more than 12 hours with a person with same interests

 Most services are aimed at the most sever learning disabilities should be more places like Woodlands and Markham Vale because they give the ‘lads’ a sense of pride doing jobs for communities

 Feel like this doesn’t help. Just keep talking about the same thing over and over & nothing changes. What’s new this time?

 Paid carers let us down on arrangements at late notice. Too late to arrange.

 Whitemoor Day Centre is perfect for our son as it is. He has PMLD and we, his parents know that he is well looked after and happy he knows
everyone there and feels safe. The support from staff is outstanding. Please do not consider closing day centres. Visit them yourselves to see the choice of activities on offer.

- Good communication is required between the different support services to ensure that all of the service users’ needs and requirements are met.

- Social workers when visiting persons in care speak to them on their own to give them a chance to speak in confidence.

- Make projects such as Bolsover Woodlands Enterprise accessible to people with learning difficulties who are not in receipt of care and support from DCC. Liked it. Fantastic. I like it. Like doing the things I want to do.

- DCC officer introduction was condescending and crass. Use her salary to put more services. Does she think we are stupid? We have been parenting and caring for many years and try our very best to provide a good life for our sons/daughters.

- I am grateful for the opportunity to participate in an event that will help to decide how DCC budget will be spent in the future. Asking people with learning disabilities what they would like/want in their lives is a great starting point.

- I came to the workshop with an open mind. However the video presentation was poor and had a negative impact on the carers in the room. Very poor judgement on her part. Reduced confidence in the process.

- In some carer comments day centre groups are too small to enable access to a fuller range of wished for/asked for activities. E.g. 2 people may want to go for a long countryside walk. Not enough staff to cover or transport to get out and about.

- People with complex needs but not profound so my son so eager to please the person in front of him becomes a chameleon and no one will know what he wants until they have worked with him for a long time. Carers come and go so he’s never understood. As his parent I feel I’m the only one able to put his ideas forward.

- We want more things going off in Killamarsh as we have to travel if we want to go anywhere. There is nothing I the village.

- There is real cynicism that the whole process is about cuts/reducing budgets for day care services. All within the context of engagement.
Continuity between school and after is non-existent. E.g. at Holbrook Centre for Autism they had an Enterprise scheme, gardening in the community, sandwich making, car washing etc. My son actively participated in this and enjoyed it but then it ceases once he left school other than gardening at his Day Centre.

My son needs structured activities and to go out to access them e.g. school/day centre. If he accessed community activities from home he would just stay in bed all day. Because of his behaviour and support he needs a daycentre and the choices that they offer for him. Suits him best (and us as carers).

Would like to look into opportunities for widening social life with chances to make friends of a similar age and to take part in activities which are appropriate to age and ability.

My concern is that services that are working for some will be taken away to fund activities for others, rather than having a variety of activities that include day centres so that they can offer more opportunities.

Be aware that for some people with learning disabilities, especially the older age groups that being able to express a choice with no options given is or can be extremely difficult as it may be a whole new concept for them. For many years people have been done to with no consultation with the person. Makes it difficult to draw out true answers.

It concerns me, as a parent who will be my boy’s facilitator in life when I’m not able to do it anymore.

Consideration and flexibility is needed for a population who are getting older and who do not want to go to daycentres every day or at all, there needs to be the choice to stay home where activities can be more timely and at leisure (particularly for people in supported living schemes).

We need more community connectors and carers. There is a massive waiting list and the service is wonderful but it takes too long to access this service.
Appendix 4

Proposed eligibility definition for Direct Care provided Day Services

The Council proposes to provide services that support people with the most complex needs, often termed Profound and Multiple Learning Disabilities. In order to ensure that the right level of support is provided by the Council to this cohort of the population, we need to develop a definition of what is meant by this term.

By Profound and Multiple Learning Disabilities (PMLD) the Council is referring to:

- People with profound and multiple learning disabilities (PMLD) are among the people with the highest care and support needs in our community.
- They have a profound learning disability which means that they have severely limited understanding.
- In addition, they have multiple disabilities, which may include impairments of vision, hearing and movement as well as other challenges such as epilepsy and Autism.
- Most people in this group are unable to walk unaided and many people have complex physical health needs requiring extensive help and support to enable them to meet their daily living needs.
- Most 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 through using a few words or symbols.
- Some people need support with behaviour that is seen as challenging, such as self-injury.
- People with profound and multiple learning disabilities need high levels of support with most aspects of daily living: help to eat, to wash, to dress, to use the toilet, to move about and participate in any aspect of everyday life, including identifying and managing everyday risks.

Despite such serious impairments it is very important to say that people with profound and multiple learning disabilities can form relationships, make choices and enjoy community activities, and should be supported to do this as often as possible.