

<b>Report to</b>	<b>Learning Disability STP Leadership Group</b>
<b>Report Title</b>	<b>Learning Disability Commissioning Strategy Engagement Report</b>
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## Introduction

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Living Well with a Learning Disability 2013 – 2016 was the Learning Disability Commissioning Strategy panning the Devon STP footprint. The Learning Disability STP Leadership group has commissioned the refresh of the strategy. To ensure the refreshed strategy meet the needs of the population a series of local consultation and engagement activity was undertaken.

Healthwatch Torbay, Healthwatch Plymouth and Living Options Devon and Devon County Council engaged Learning Disabled people, Carers and providers in their respective Local Authority areas. A systematic method of engagement was developed and replicated across the STP footprint. Living Well with a Learning Disability 2013 – 2016 established 15 commissioning intentions. The local engagement activity focused on these commissioning intentions and sought to understand the experiences of learning disabled people, carers and providers. The table below indicates which groups were targeted for their views against each commissioning intention.

This report provides an account of the local engagement as a means to inform the refresh of a Devon wide Learning Disability Commissioning Strategy. This document is set out in three ways to provide the reader with different levels of access to information collated via the engagement activity:

1. **Executive Summary** – highlights key themes which are common across the Devon STP footprint
2. **Summary of Local Engagement** – this section provides a more in-depth review, summarising key themes expressed by Learning Disabled People, Carers and Providers against each individual commissioning intention. To provide context for the reader, questions asked of each target group are provided under the commissioning intention.
3. **Appendix** – The appendix provides detailed Local Engagement reports provided by Healthwatch Torbay, Healthwatch Plymouth and Living Options Devon and Devon County Council.

*Table of Living Well with a Learning Disability 2013-2016 Commissioning intentions with engaged target group.*

Commissioning intention	Learning Disabled people	Carers	Providers
We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through a range of services that are least restrictive and maximise the independence of each person according to their needs.	✓	✓	✓
We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.	✓	✓	✓
We will develop effective local housing options and care and support responses	✓	✓	✓
We will ensure that people are supported to have relationships of their choosing	✓		✓
We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments		✓	✓
We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy		✓	✓
We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible		✓	✓
We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets		✓	✓
We will continue to support the use of the Mental Capacity Act in services		✓	✓
We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services		✓	✓
We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon			✓
We will support parents who have a learning disability by offering specialist support to agencies working with them			✓
*We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life	✓	✓	✓
We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon			✓
We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this			✓

\* Commissioning intention "We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life" was asked of all groups. Providers were the only group to respond.

*Table outlining target group response by Local Authority area.*

Area	Service Users	Carers	Providers
Devon	83	12	10
Plymouth	100	6	2
Torbay	91	28	10
<b>Total</b>	<b>274</b>	<b>46</b>	<b>22</b>

## Executive Summary

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### Housing

Whilst most adults with a learning disability stated they have chosen where they live, 74.2%. A large proportion of this group reside with a carer or in residential care. 23% would like to live somewhere else. The desire to have greater independence, living in their own flat or with people of a similar age is a motivating factor. Views from providers are mixed. Some providers see the benefit of people with a learning disability living with people of a similar age or ability. Others do not.

Location of accommodation is important in people feeling safe. Devon Home Choice, Sensitive Lettings and Torbay Supported Living are seen as positive steps forward. Supply of suitable social housing, quality of private rented and provision of wheel chair accessible accommodation were noted as concerns.

### Employment

8.42% of responses from people with a Learning Disability engaged stated they were currently in employment. Over 40% of people respondents would like a paid job. 70% of carers stated the person they care for have not been encouraged to seek employment.

People with a learning disability are often offered volunteering opportunities, largely in charity shops. Those in paid employment tend to be in retail. A broader range of employment opportunities is required across different job types and sectors.

Improvements are being made for employment support but more is needed. Providers recommend more work with potential employers needs to be undertaken to see the value of employing Learning Disabled people. Job coaches, on the job training, training for employers to work with people with a Learning Disability and schemes such as Project Search are seen as ways to increase employment.

### Health inequalities

72% of carers stated the person they care for had received an annual health check. Carers and providers noted the value and importance of annual health checks. 17% of carers felt the health check had improved the health and wellbeing of the person they care for.

Concerns were raised by Carers and providers relating to Learning Disabled people being able to access GP surgeries. Use of telephone appointments, prescribing over the telephone, reluctance to see learning disabled patients and ability to work with people with a learning disabilities were all raised as points of concern.

Both Carer's and Providers expressed the need identify signs of Dementia earlier and to access initial / baseline Dementia screening.

Carers noted poor experience of CAMHS and crisis dental care. It was felt that some urgent and emergency care staff do not have sufficient understanding or training about the causes of challenging behaviour.

Experience of Rapid Response Teams was good and person centred. Ability to respond quickly, due to capacity issues were perceived to be an issue. Across all areas access to therapies was perceived to be an issue. It was noted that there are long waiting lists for Occupational Therapist and Speech and Language Therapy. Availability of mental health services for people with a Learning Disability was a concern. It was perceived that many people with a Learning Disability do not meet eligibility requirements for Intensive Assessment and Treatment Teams or Community Mental Health Teams. Experience of A&E and Paramedic services was reported as excellent.

### **Promoting citizenship and independence**

Learning Disabled people want to be independent, socially and physically active. There is a desire to live with people of a similar age and aspiration to gain meaningful employment. Friendships / relationships tend to be with family or with other residents. Connections and friendships independent of provider engaged activities or within the wider community is not evident. Learning disabled people want choice, to be involved in making decisions about what activities they do and not be offered the same activities.

Support from providers is recognised by Learning Disabled people as a key source of support to develop relationships. Carers noted in some cases reliability of support staff can issue.

Availability of funding to promote citizenship, independence and relationships in some cases is not flexible. Sufficiency of funding is also questioned. However, where care can be reduced due to a person's independence increasing, public sector partners can be hesitant to reduce levels of support.

39% of Carers utilise Direct Payments with the person they care for. Those who do not use Direct Payment's feel there needs to be more information provided and there is a perception that the process is too complicated. Increased choice of provision, monitoring and oversight is required.

There was no knowledge of specialist support for parents with a Learning Disability.

### **Transforming Care**

Providers perceive there to be a need for more specialist inpatient beds to avoid out of area placements.

### **Additional themes**

In addition to the above key themes training across public sector and provider organisations to effectively work with Learning Disabled people was highlighted as a need.

Better access to information, advice and guidance was also highlighted.

## Summary of Local Engagement

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- 1. Commissioning intention - We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through a range of services that are least restrictive and maximise the independence of each person according to their needs.**

*The following questions were asked of people with a learning disability:*

- ***What do you like to do during the day?***
- ***What don't you like to do during the day?***
- ***Is there anything you would like to do that you don't do at the moment?***

People with a learning disability across the STP footprint stated they enjoyed being socially and physically active, listening to music, watching DVD's, spending time with friends and family. These activities take place in people's homes, day centres and in the community.

Frequent responses within Plymouth highlighted the use of technology as a means for keeping in contact with friends and family. References to social network largely relate to organised activity with support providers with the individual's own family (parents, siblings, partners and their own children).

Support providers are valued by people with Learning Disabilities in supporting them to "get out". It is unclear from the responses if people are doing activities independently in the community outside of any organised support.

People with a Learning Disability state they dislike being told what to do, being bored, staying in and in cases receiving injections or disruption to routine. It was recognised that activities are offered but they tend to be the same activities. People with a learning disability want choice and the opportunity to be involved in decision and plan their own activities.

A strong theme from people with Learning Disability across Devon, Plymouth and Torbay is a desire to gain employment, develop new skills and attend courses.

*The following questions were asked of carers:*

- ***How would you rate the level of professional support received in your role as a carer to someone who has a learning disability?***
- ***What extra support would increase your overall score above?***

65% of carers (30 of 46 responses) felt the level of professional support received was either satisfactory or better. This could be improved by:

- Better joined up working between health and education services.
- Improvement in information provided prior to and during the transition between child and adult services.
- Clarity for carers in knowing where to find and ask for help.
- Reliability of care and support workers also featured.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Across the Devon STP footprint there appears to be an inconsistent message and experience from providers. Across Torbay, Plymouth and Devon progress is being made to support people with a learning disability to be independent. All agree appropriate levels of funding are required to achieve this. Availability of funding is restricting flexibility. However some providers noted that public sector organisations appear reluctant to reduce packages of care when the person with a learning disability no longer requires a high level of support.

In one area access to GP surgeries for Learning Disabled people was raised as an area which could be improved. Providers have experienced GP surgeries only conducting phone appointments and prescribing over the telephone.

It was recognised the professionals which are in place are excellent but there are insufficient numbers of Primary Care Liaison Nurses, Physiotherapists and Occupational Therapists with the skills and knowledge to work with Learning Disabled people.

Support for people with a Learning Disability to gain meaningful employment was noted as an area which could be improved. Where this support is present there is a wider positive impact on a person's life.

## **2. Commissioning intention - We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.**

***The following questions were asked of people with a learning disability:***

- ***Do you currently have a paid job?***
- ***Would you like a paid job?***
- ***Do you volunteer?***

Only a small number of people with a Learning Disability stated they currently had a paid job. 273 people responded to this question across Devon, Torbay and Plymouth. 8.42% (23 of 273 responses) confirmed they currently had a paid job.



288 people responded to the question “would you like a paid job?” Approximately 43% of respondents (123 of 288 responses) wanted to gain employment. Based on the responses those wishing to gain employment are approximately:

16% Torbay,  
17% Plymouth,  
9% Devon

Analysis of Devon responses indicate that people would like to work in retail, café’s, drive coaches, work outside or be a quality assessor.

Volunteering appears to be undertaken more by people with a Learning Disability, 30% of respondents currently volunteer (81 of 266 responses). Due to the questions asked above we are unable to make assumptions on the motivation for undertaking voluntary opportunities. Where detail was provided regarding voluntary placements, these were largely linked to a charitable organisation e.g. Oxfam.

***The following questions were asked of carers?***

- ***Has the person you care for been encouraged to take up employment?***

43 carers responded to this question. 30% of carers responded that the person they care for has been encouraged to take up employment. 70% had not. Comments included those cared for undertaking cleaning jobs or being involved in work placements. Some carers discussed the person they care for undertaking volunteering which is not considered work. One comment suggested the need for support and guidance when a Learning Disabled person finds work to help them to sustain the position.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn’t worked well?***
- ***What could be improved?***

Across Devon, Plymouth and Torbay providers experience is varied when supporting people into employment or working with employment support organisations. Providers recognise there is effort to improve support but more is needed.

Providers recognise that learning disabled people tend to gain voluntary or work experience in charity shops and retail. A broader range of opportunities is required; suggestions include factories, working with machinery and landscape gardening. Working with employers is perceived to be a barrier to learning disabled people gaining meaningful employment.

Due to its structure and consistent nature, schemes such as Project Search are seen as a positive way to support Learning Disabled people in to employment. Providers recommend more work with potential employers needs to be undertaken to see the value of employing Learning Disabled

people. Job coaches, on the job training and training for employers to work with people with a Learning Disability were suggested as potential ways forward.

### **3. Commissioning intention - We will develop effective local housing options and care and support responses**

***The following questions were asked of people with a Learning Disability:***

- ***Did you choose where you are currently living?***
- ***Are you happy living there?***
- ***Would you like to live somewhere else?***

74.2% of people across the Devon STP footprint chose where they are currently living. 25.4% of people did not choose their accommodation and 0.4% did not know if they chose to live in their current accommodation. Torbay and Plymouth had a similar response rate to people with a learning disability choosing where to live, 26.9% and 26.5% respectively. 20.8% of people with a learning disability in Devon chose where to live.

Analysis of data provided by Devon and Plymouth reported a high number of people who chose where to live currently reside with their parents / carers or in a residential care home. Supported living and extra care housing were also key housing types but were not as prominent.

92% (175 of 192 responses) of people were happy with their current living arrangements. Torbay and Plymouth responses. This question was not asked in Devon. 77% (204 of 264 responses) of people would not live to live somewhere else. 23% would like to live somewhere else. The desire to have greater independence, living in their own flat or with people of a similar age were key reasons. Location of accommodation, being close to family and amenities was important. Feeling safe was attributed to good support networks. These were either people in the local community, friends / family / carers and support workers.

Whilst most people felt safe in their current accommodation a small number did not. In cases where people felt unsafe this was largely linked to other clients / residents being distressed, shouting or being aggressive. The location of where a person lived also featured in the response which contributes to people feeling unsafe.

***The following questions were asked of carers:***

- ***If you have accessed advice and support regarding housing for the person you care for, how would you rate this service?***

20 carers responded to this question. 65% responded positively to accessing advice and support regarding housing. Of those who provided commentary to this question, carers found communication to be a barrier to accessing advice and support. In addition to this lack of “social housing”, poor quality private rented properties and the need for a central register for those in wheelchairs requiring ground floor accommodation was also noted.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

The sensitive lettings offer via Devon Home Choice was identified as an area which has worked well but requires more properties.

There is a lack of suitable, affordable and appropriate properties across Devon, Plymouth and Torbay. Some providers feel having people of a similar age or ability living together is not inclusive, whereas other providers see the benefit of this.

One provider suggests a large facility, with 24 hour care has worked in the past and if planned properly "does not have to be an institution".

Development of Support Living in Torbay was noted as a positive step. Working with landlords to accept people with a Learning Disability as tenants was suggested as a way of accessing more housing. Ensuring consistency of provision and quality of housing and support were also stated as things which could be improved.

#### **4. Commissioning intention - We will ensure that people are supported to have relationships of their choosing.**

***The following questions were asked of Learning Disabled people:***

- ***Who do you have relationships with?***
- ***Do you feel you have a choice of who to have a friendship / relationship with?***
- ***Is there any support or information you need to help you make decisions about friendships / relationships you have?***

91% of respondents (241 of 264 responses) stated they had choice of who they have friendships / relationships with.

Based on the response to this question, adults with a learning disability almost exclusively consider their immediate family to be the people they have friendships / relationships with. This includes parents, siblings and partners. Support staff and people they live with or attend arranged activities with also featured. There was no reference to independent friendships within the community or within activities not arranged by support providers.

There was an indication that some support or information would be valuable in helping people with friendships or relationships, although most felt comfortable in developing relationships. Help from support workers or family featured in the response as a way to develop friendships. Barriers to developing relationships were individuals' being "shy" and "having to put up with other people" were noted.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers see this as a positive and important part of an individual's independence. One provider noted a couple with Learning Disabilities had been supported to get married. Supporting people to have relationships of their choosing can take longer than expected and can be challenging. Providers suggested training for support staff would be welcomed. Programmes for Learning Disabled People to understand relationships and sexual relationships would help. Providers suggested building based services are a good way to support people to have relationships.

## **5. Commissioning intention - We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.**

***The following question was asked of carers:***

- ***Has the person you care for moved from children to adult services within the last 12 months? If yes please rate.***

Across Devon, Plymouth and Torbay only 1 carer responded to this question and rated their experience as satisfactory.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers' feedback in this area was limited. Providers' experience of young people transitioning between child to adult services differs across the Devon STP footprint, but also within Local Authority areas.

Of the limited response Providers suggest; start working on transition earlier, provide information to families about what services are available and include vocational work based providers in the transition process as an additional way to support employment.

**6. Commissioning intention - We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.**

*The following questions were asked of carers:*

- ***Has the person you care for received annual health checks from your GP Practice?***
- ***Has the health check improved the quality of the health and wellbeing of the person you care for?***

Of 43 responses, 72% stated the person they care for has received an annual health check from their GP. 17% (17 of 32 responses) stated the health check had improved the quality of health and wellbeing for the person they care for.

Comments by carers were positive about health checks and the importance of undertaking them. Where negative comments were made they were linked to difficulties a carer has experienced in receiving a “firm diagnosis” of Learning Disability.

*The following questions were asked of service providers:*

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers recognise the benefit of annual health checks. Access to GP's and quality of service lacks consistency. Follow up appointments are required after health checks are undertaken and providers require time to implement changes and support clients following recommendations from annual health checks. Some providers suggest better access to Dementia baseline screening and assessment is required.

**7. Commissioning intention - We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.**

*The following question was asked of carers:*

- ***Have you had the need to access crisis / emergency support in the last 12 months?***

44 carers responded to this question. 13.6% confirmed they needed to access crisis / emergency support in the last 12 months.

Access to services was reported as an issue. Access to beds with people being placed 300 miles away was referred to. Poor quality of experience with CAHMS and crisis dental day care was

noted in the response. Availability of learning disability passports carrying information about medication was reported as an issue. It was felt that some urgent and emergency care staff do not have sufficient understanding or training about the causes of challenging behaviour. It was reported that this was more pronounced when staff were working under pressure.

Experience of A&E and paramedic visit was reported as excellent.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers highlight varied experiences. Comments from Devon and Torbay highlight good experiences of Rapid Response Teams. Plymouth providers suggest establishing a crisis team. Knowing who to contact in a time of crisis was raised as an issue. Ability of public sector services being able to respond quickly in a time of crisis, due to capacity issues was raised as a concern. Experience of services is person centred. Access and availability of mental health services for Learning Disabled people was raised as an issue. Providers also raised concerns over availability of specialist services in area and noted people with a Learning Disability having to access beds out of Devon in times of crisis.

## **8. Commissioning intention - We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.**

***The following questions were asked of carers:***

- ***Are you aware of the services available to support you as a carer and the person you care for and how to access them?***
- ***Please provide details about your experience of the service?***
- ***Does the person you care for use direct payments?***
- ***If no, have you received information about direct payments, please provide details including why you have not proceeded with this route.***

54.5% (24 of 44 responses) of carers stated they were aware of services available to support them as a carer and the person they care for. A consistent area of support across the STP footprint relate to carer support agencies such as Torbay Older Family Carers Service, Devon Carers and Plymouth Parent Carer Voice.

39% of people cared for use a direct payment (17 of 43 responses). Consistent themes linked to why people have not pursued a direct payment include:

- Lack of information provided about direct payments.
- The process of using a direct payment is too complicated.

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers see the use of direct payments as a positive way of supporting people with a Learning Disability to have choice. Some providers commented on the ability of learning Disabled people to combine commissioned services and direct payments would offer improved choice.

Providers noted concerns that there is sufficient choice of provision to meet a person's needs. Effective monitoring and support for clients who use direct payments is required. Coordination / matching of people and support providers is needed.

## **9. Commissioning intention – We will continue to support the use of the Mental Capacity Act in services.**

***The following questions were asked of carers:***

- ***Do you have power of attorney or deputyship for financial and / or health for the person you care for?***
- ***If no, have you received information or been advised about the pros / cons for having this in place for the person you care for?***

52% (22 of 42 responses) of carers responded "yes" to the question do you have power of attorney or deputyship for financial and / or health for the person you care for? Of the 48% who stated no, reasons for not having power of attorney of deputyship were:

- Carers not having access to information.
- More paperwork.
- Cost of Deputyship being prohibitive.

Some carers noted they speak on behalf of the person they care for but do not have legal power of attorney. Others stated they "have nothing in writing but all doctors and benefits know to contact me".

***The following questions were asked of service providers:***

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers experience varies across Devon, Plymouth and Torbay as well as within individual Local Authority areas. Whilst some note an improvement others feel there is less understanding of MCA.

Timeliness to access services is important. Ability to offer information in a format that Learning Disabled people can access was also suggested.

## **10. Commissioning intention - We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.**

*The following questions were asked of carers:*

- *As you and the person you care for grow older, are you aware of appropriate services to support you both in planning and preparing for the future?*
- *Please share your thoughts and concerns about this?*

37.5% of carers (15 of 40 responses) stated they were aware of appropriate services to support planning and preparing for the future. Carers acknowledged the need to identify signs of dementia at an earlier stage. Linked to this is professional's awareness of the need to support carers to arrange lasting power of attorney at an early point in someone's dementia diagnosis.

Carers are anxious about the future due to carers becoming older and uncertainty of who will then take on the caring responsibility.

*The following questions were asked of service providers:*

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

There was limited feedback from providers relating to this commissioning intention. Where providers did comment it was linked to the need for access to initial dementia screening, with follow up appointment and appropriate medication. Timely access to bereavement counselling who are Learning Disability aware and access to Will writing and funeral planning services for Learning Disabled people.

## **11. Commissioning intention - We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon**

*The following questions were asked of service providers:*

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

Across all areas, providers stated access to therapies is an issue for people with a Learning Disability. Concerns raised link to what are perceived to be long waiting lists for Occupational Therapists, Speech and Language Therapists. Providers feel many of their clients don't meet the eligibility criteria to access Intensive Assessment and Treatment Teams (IATT) or Community Mental Health Teams.



Providers commented on some treatment services offering a set number of sessions. Some clients require more sessions and have to be re-referred in to the service rather than continuing with the treatment.

Availability of building therapy services are located in do not enable easy access. Providers suggest specific counselling for bereavement, sexual relationships would be good to offer.

## **12. Commissioning intention - We will support parents who have a learning disability by offering specialist support to agencies working with them.**

*The following questions were asked of service providers:*

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Providers across Devon, Plymouth and Torbay were not aware of any specialist support provided to agencies to support parents who have a learning disability. It was commented that a move away from specialist LD teams within social care has created a gap in this support.

Providers suggested parenting classes for people with a Learning Disability be provided. Where specialist services do exist more awareness of these services is required.

## **13. Commissioning intention - We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.**

*The following questions were asked of service providers:*

- ***What has worked well?***
- ***What hasn't worked well?***
- ***What could be improved?***

Across all areas only one provider in Torbay commented with direct experience; "Life Books have provided for people with LD to carry information provided by family carers before the carer dies. This can be a great help in helping person with LD to have a good care plan and keep some sense of their family history for future care providers to have a better understanding of their personality and care needs. Have seen direct payments work very well and reduce cost of care package when family have good input on care plan."

**14. Commissioning intention - We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon.**

*The following questions were asked of service providers:*

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

There were no consistent themes across the Devon STP footprint relating to this commissioning intention. Comments included:

- The need for LDPB's, Provider Engagement Networks and opportunity for Learning Disabled people's voice to be heard.
- Access to GP's and services in times of crisis to be improved
- Inclusion in work – greater employment opportunities to be offered for Learning Disabled people across Local Authorities, Hospitals, Colleges, Police and DWP

**15. Commissioning intention - We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.**




*The following questions were asked of service providers:*

- *What has worked well?*
- *What hasn't worked well?*
- *What could be improved?*

Providers responded positively to improvements in safeguarding processes. It was suggested carers reporting safeguarding concerns can be difficult. Training for Police when the alleged offender has a Learning Disability is required to enable prosecution. Training for Police and other public services to deal with safeguarding issues which include Learning Disabled people is required.

## Appendix

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<b>1</b>	Local Engagement Report Torbay	 Torbay Local Engagement Report.1
<b>2</b>	Local Engagement Report Plymouth	 Plymouth Local Engagement Report.1
<b>3</b>	Local Engagement Report Devon	 Devon Local Engagement Report.1