

OVERVIEW AND SCRUTINY BOARD

A meeting of **Overview and Scrutiny Board** will be held on

Wednesday, 26 September 2018

commencing at **5.30 pm**

The meeting will be held in the Meadfoot Room, Town Hall, Castle Circus,
Torquay, TQ1 3DR

Members of the Board

Councillor Lewis (C) (Chairman)

Councillor Barnby
Councillor Bent
Councillor Bye
Councillor Darling (S)

Councillor Long
Councillor Morey
Councillor Sykes

Co-opted Members of the Board

John Searson, Diocese of Exeter

A prosperous and healthy Torbay

For information relating to this meeting or to request a copy in another format or language please contact:

Teresa Buckley, Town Hall, Castle Circus, Torquay, TQ1 3DR
01803 207014

Email: scrutiny@torbay.gov.uk

OVERVIEW AND SCRUTINY BOARD AGENDA

1. **Apologies**
To receive apologies for absence, including notifications of any changes to the membership of the Board.
2. **Minutes** (Pages 3 - 4)
To confirm as a correct record the minutes of the meeting of the Board held on 11 July 2018.
3. **Declarations of Interest**
 - a) To receive declarations of non pecuniary interests in respect of items on this agenda

For reference: Having declared their non pecuniary interest members may remain in the meeting and speak and, vote on the matter in question. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.
 - b) To receive declarations of disclosable pecuniary interests in respect of items on this agenda

For reference: Where a Member has a disclosable pecuniary interest he/she must leave the meeting during consideration of the item. However, the Member may remain in the meeting to make representations, answer questions or give evidence if the public have a right to do so, but having done so the Member must then immediately leave the meeting, may not vote and must not improperly seek to influence the outcome of the matter. A completed disclosure of interests form should be returned to the Clerk before the conclusion of the meeting.

(**Please Note:** If Members and Officers wish to seek advice on any potential interests they may have, they should contact Governance Support or Legal Services prior to the meeting.)
4. **Urgent Items**
To consider any other items that the Chairman decides are urgent.
5. **Paignton Townscape Call-In** (Pages 5 - 14)
To consider the call-in of the Elected Mayor's decision in respect of Paignton Townscape.
6. **Living Well with a Learning Disability in Devon** (Pages 15 - 140)
To consider the attached revised Learning Disability Strategy.



Minutes of the Overview and Scrutiny Board

11 July 2018

-: Present :-

Councillor Lewis (C) (Chairman)

Councillors Barnby, Bent, Bye, Long and Sykes

(Also in attendance: Councillors Ellery, Haddock and Stockman)

12. Apologies

Apologies for absence were received from Councillors Darling (S) and Morey.

13. Minutes

The minutes of the meeting of the Board held on 13 June 2018 were confirmed as a correct record and signed by the Chairman.

14. Urgent Items

The Board considered the item in Minute 15, and not included on the agenda, the Chairman being of the opinion that it was urgent by reason of special circumstances i.e. the matter having arisen since the agenda was prepared and it was unreasonable to delay a decision until the next meeting.

15. Roughsleeping and Anti-Social Behaviour in Torbay's Town Centres

Councillor Long requested that a Task and Finish Group be established to consider the issue of rough sleeping and anti-social behaviour in Torbay's town centres. He asked that consideration be given to:

- the effects of the issue on services such as the ambulance service and the Police
- how the Police are trying to tackle the matter
- the actions that the Council or other agencies could take resulting from the recent Crisis report on homelessness in Torbay.

The Board supported the establishment of a task-and-finish group and it was noted that, in the first instance, a briefing note would be prepared.

16. Integrating the Health and Care System in Devon

The Board received a briefing note from the South Devon and Torbay Clinical Commissioning Group on some of the national and local developments to support integrated care for people locally. The note included details of how the two Clinical Commissioning Groups in Devon were working together and the potential for the two bodies to merge.

Two members of the public made representations to the Board.

Resolved: that a further update be provided to the Board later in the year.

17. Destination Management Plan - Progress Report

Consideration of this item was deferred to a future meeting.

Chairman



Paignton Townscape – call-in of Decision taken by the Elected Mayor

Background

The above decision was called-in by Councillors Carter, Doggett, Darling (S), Darling (M) and Pentney on 12 September 2018.

The reasons for the call-in are:

Delaying the Paignton Town Regeneration will have a detrimental effect on the town and Crossways continues to be a blight on the town centre.

Failure to progress this town centre regeneration will reinforce the feeling that Paignton is the poor relation to the other towns in the Bay.

There is a fear from local residents that this project will never be progressed.

Members should note that in a motion put by the Liberal Democrats to Council in February 2016 it was noted that figures obtained by the Liberal Democrats demonstrated that there had only been £12 spent per head of population on such projects in Paignton over the last 9 years, compared to £161 in Torquay and £1,201 per head in Brixham.

The capital expenditure per town was as follows:

<u>Project</u>	<u>Total project cost £m</u>	<u>Approx. Dates</u>
Torquay		
Tqy Town Dock	1.20	2007/08-2008/09
Tqy Townscape Heritage	0.70	2008/09-2010/11
Mallock Memorial	0.20	2010/11
Princess Promenade	4.00	2011/12-2013/14
Haldon/Princess Piers	3.10	2009/10-2015/16
Princess Pier decking	0.40	2015/16
Inner Harbour Pontoons	0.90	2013/14-2015/16
	10.50	

Paignton		
Paignton Geopark	0.60	2011/12-2012/13
	0.60	
Brixham		
Bxm Harbour Regen	19.70	2007/08-2012/13
Harbours Major Repairs	0.30	2013/14
Bxm Breakwater	0.05	2013/14
	20.05	

Key documents

Record of Decision – Paignton Townscape

Paignton Townscape Officer report

Order of Business

Councillor Carter	To explain the reasons for calling-in the decision.
Other call-in supporters	To provide further information.
Members of the public	Members of the public who have registered with the clerk to be invited to make representations.
Elected Mayor	To be invited to respond.
Members of the Board	To debate and ask questions.
Any other Members	To make comments or ask questions
Members of the Board	To agree a way forward.

Options

The options open to the Board are:

- Take no further action.
- Refer the decision back to the Elected Mayor for reconsideration, setting out in writing the nature of the Board's concerns.
- In exceptional circumstances, refer the matter to the Council for scrutiny, giving reasons for why the matter is being referred to Council.

Record of Decision

Paignton Townscape

Decision Taker

Elected Mayor on 03 September 2018

Decision

- (i) That the decision taken by the Council to borrow £1.172m from PWLB for the Paignton Townscape scheme is postponed and that alternative sources of funding are explored and a detailed business case is produced before any further work is carried out on this scheme; and
- (ii) that the implementation of the Paignton Townscape scheme is considered as part of the 2019/20 budget setting process.

Reason for the Decision

Since the original decision was taken the Council has reviewed its financial position for 2018/2019 and is in the process of developing its budget for 2019/2020. The Council is projecting an overspend of circa £2.8m for 2018/2019 with continued pressures on its resources especially in children's social care. In light of the budget situation it was recommended that the decision taken by the Council to borrow £1.172m from PWLB for the Paignton Townscape scheme is not implemented and that alternative sources of funding are explored and a detailed business case is produced before any further work is carried out on this scheme.

Implementation

This decision will come into force and may be implemented on 18 September 2018 unless the call-in process is triggered (as set out in Standing Orders in relation to Overview and Scrutiny).

Information

The submitted report provided background to a decision taken by the Council on 22 February 2018 to borrow £1.72m from PWLB to fund a scheme for Paignton Townscape as part of £25m approved by the Council for town centre regeneration.

Whilst Town Centre Regeneration is a priority for the Council, current and future financial pressures mean that it would not be prudent for the Council to invest in this scheme at this time. There has been no detailed business case approved and there are currently no other income generating Town Centre Regeneration schemes in the pipeline which could be used to help fund the interest repayments.

The Elected Mayor considered the recommendations of the Policy Development and Decision Group (Joint Operations Team) at the meeting on 3 September 2018 and his decision is set out above.

Alternative Options considered and rejected at the time of the decision

To implement the decision of Council but this was not recommended due to current and ongoing financial pressures facing the Council.

Is this a Key Decision?

No

Does the call-in procedure apply?

Yes

Declarations of interest (including details of any relevant dispensations issued by the Standards Committee)

None

Published

10 September 2018

Signed: _____
The Elected Mayor of Torbay

Date: 10 September 2018



Meeting: Policy Development and Decision Group (Joint Operations Team)

Date: 3 September 2018

Wards Affected: Roundham with Hyde

Report Title: Paignton Townscape

Is the decision a key decision? No

When does the decision need to be implemented? As soon as possible

Executive Lead Contact Details: Elected Mayor Gordon Oliver, Elected Mayor and Executive Lead for Assets, Finance, Governance and Corporate Services, Economic Regeneration and Transformation, mayor@torbay.gov.uk

Supporting Officer Contact Details: Kevin Mowat, Executive Head for Assets and Business Services, (01803) 208435, kevin.mowat@torbay.gov.uk

1. Proposal and Introduction

- 1.1 At the Council meeting held on 22 February 2018 Members considered and approved (unanimously) the following Notice of Motion in respect of Paignton Townscape:

that Council note the overwhelming need for investment in Paignton Town Centre, and that the Town Centre Regeneration Board have been developing townscape improvement proposals in relation to the Station Square area of Paignton, which would cost £1.172 million to implement. Prudential borrowing would be required to fund the scheme which is to be considered as part of the £25 million approved by Council for Town Centre Regeneration which had anticipated that repayments for this scheme would come from surplus income from other Town Centre Regeneration Schemes.

That Council instructs Officers to implement those proposals and borrow £1.172m from PWLB, noting that repayments would not need to be made until the financial year 2019/20, and therefore need to be included within the budget for 2019/20 and beyond unless and until surplus income from other Town Centre Regeneration schemes is able to cover repayments.

- 1.2 In coming to their decision Members had regard to a briefing note which can be found at <http://www.torbay.gov.uk/DemocraticServices/documents/s47532/Briefing%20Report%20-%20Paignton%20Townscape.pdf>

2. Reason for Proposal and associated financial commitments

- 2.1 Since the decision was taken the Council has reviewed its financial position for 2018/2019 and is in the process of developing its budget for 2019/2020. The Council is projecting an overspend of circa £2.8m for 2018/2019 with continued pressures on its resources especially in children's social care. In light of the budget situation it is recommended to the Elected Mayor that the decision taken by the Council to borrow £1.172m from PWLB for the Paignton Townscape scheme is not implemented and that alternative sources of funding are explored and a detailed business case is produced before any further work is carried out on this scheme.
-

3. Recommendation(s) / Proposed Decision

- 3.1 That the elected Mayor be recommended:
- (i) that the decision taken by the Council to borrow £1.172m from PWLB for the Paignton Townscape scheme is not implemented and that alternative sources of funding are explored and a detailed business case is produced before any further work is carried out on this scheme.

Background Documents

Briefing Report to Council on 22 February 2018 -

<http://www.torbay.gov.uk/DemocraticServices/documents/s47532/Briefing%20Report%20-%20Paignton%20Townscape.pdf>

Section 1: Background Information

1.	<p>What is the proposal / issue?</p> <p>The Council approved borrowing of £1.72m from PWLB to fund a scheme for Paignton Townscape as part of £25m approved by the Council for Town Centre Regeneration. It was proposed that the repayments would be made during 2019/2020 and that this would need to be included in the budget for 2019/2020 and beyond.</p>
2.	<p>What is the current situation?</p> <p>Whilst Town Centre Regeneration is a priority for the Council, current and future financial pressures mean that it would not be prudent for the Council to invest in this scheme at this time. There has been no detailed business case approved and there are currently no other income generating Town Centre Regeneration schemes in the pipeline which could be used to help fund the interest repayments.</p>
3.	<p>What options have been considered?</p> <p>To implement the decision of Council but this is not recommended due to current and ongoing financial pressures facing the Council.</p>
4.	<p>How does this proposal support the ambitions, principles and delivery of the Corporate Plan?</p> <p>Principles:</p> <ul style="list-style-type: none">• Use reducing resources to best effect
5.	<p>How does this proposal contribute towards the Council's responsibilities as corporate parents?</p> <p>Not applicable.</p>
6.	<p>How does this proposal tackle deprivation?</p> <p>Not applicable.</p>
7.	<p>How does this proposal tackle inequalities?</p> <p>Not applicable.</p>

8.	<p>How does the proposal impact on people with learning disabilities?</p> <p>Not applicable.</p>
9.	<p>Who will be affected by this proposal and who do you need to consult with?</p> <p>Not applicable.</p>
10.	<p>How will you propose to consult?</p> <p>Not applicable.</p>

Section 2: Implications and Impact Assessment	
11.	<p>What are the financial and legal implications?</p> <p>The Council is required to ensure that it uses its resources to best effect. This proposal takes account of the Council's overall financial position which is why it is recommended not to progress the scheme at this time.</p>
12.	<p>What are the risks?</p> <p>There is a reputational risk to the Council that the decision to not progress the Paignton Townscape Scheme at this time will deter private investors from investing in Paignton Town Centre.</p>
13.	<p>Public Services Value (Social Value) Act 2012</p> <p>Not applicable.</p>
14.	<p>What evidence / data / research have you gathered in relation to this proposal?</p> <p>Not applicable.</p>
15.	<p>What are key findings from the consultation you have carried out?</p> <p>Not applicable.</p>
16.	<p>Amendments to Proposal / Mitigating Actions</p> <p>Not applicable.</p>

Equality Impacts

17.	Identify the potential positive and negative impacts on specific groups			
		Positive Impact	Negative Impact & Mitigating Actions	Neutral Impact
	Older or younger people			There is no differential impact.
	People with caring Responsibilities			There is no differential impact.
	People with a disability			There is no differential impact.
	Women or men			There is no differential impact.
	People who are black or from a minority ethnic background (BME) <i>(Please note Gypsies / Roma are within this community)</i>			There is no differential impact.
	Religion or belief (including lack of belief)			There is no differential impact.
	People who are lesbian, gay or bisexual			There is no differential impact.
	People who are transgendered			There is no differential impact.
	People who are in a marriage or civil partnership			There is no differential impact.
	Women who are pregnant / on maternity leave			There is no differential impact.

	Socio-economic impacts (Including impact on child poverty issues and deprivation)			There is no differential impact.
	Public Health impacts (How will your proposal impact on the general health of the population of Torbay)			There is no differential impact.
16	Cumulative Impacts – Council wide (proposed changes elsewhere which might worsen the impacts identified above)	None		
17	Cumulative Impacts – Other public services (proposed changes elsewhere which might worsen the impacts identified above)	None		



Meeting: Overview and Scrutiny

Date: 26 September 2018

Wards Affected: All

Report Title: Living Well with a Learning Disability in Devon

Is the decision a key decision? No

When does the decision need to be implemented? as soon as possible

Executive Lead Contact Details: Cllr Julien Parrott, Executive Lead for Adults

Supporting Officer Contact Details: Justin Wiggin, Strategic Commissioning Officer, 01803 208792, justin.wiggin@torbay.gov.uk

1. Proposal and Introduction

- 1.1 The attached draft strategy has been developed through the collaboration of partners in the STP Learning Disability and Autism programme. This strategy builds on the progress made since the publication of our previous joint strategy 2014-2017 and sets out our refreshed approach to improving the lives of adults who have a learning disability in wider Devon. It is deliberately high level in setting out the strategic intentions and desired outcomes for people with a learning disability in Devon to live well and thrive. The draft strategy that has been subject to engagement and includes the strategic themes from the STP 2 year update, but predates the System Strategy on a page. Nevertheless this strategy aligns with the five ambitious goals (from the “strategy on a page”) in setting out a vision based on 7 keys to citizenship together with key areas of focus that would enable these system goals to be realised. Further detail on implementation plans are described in the STP LD Programme mandate document and specific plans covering housing, market analysis, workforce and meeting the needs of people with complex needs through the Transforming Care Programme.
- 1.2 Equally it is acknowledged that the activity of other STP programmes will contribute to the aims described in this strategy, e.g. the Children & Young People’s Programme with regard to effective and integrated SEND provision including planning for transition.
- 1.3 Although there are common themes regarding promoting independence and enhanced access to mainstream services, the specific needs of people with autism are addressed through distinct project activity of the STP programme and this draft strategy attached is not intended to cover this.

2. Reason for Proposal and associated financial commitments

- 2.1 A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money - which affects someone for their whole life.
- 2.2 Across our health and care services in Devon, we want to promote the independence of people with learning disabilities and help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities live in the community of their choice, can access support when they need it that is close to home and helps them to achieve their goals, and are happy, healthy and safe.
- 2.3 People with learning disabilities are living longer and there are more people with complex health and care needs. Many young people with learning disabilities will require health and care support as adults and we want to support them to develop independent life skills so that they can lead fulfilling lives as adults and achieve their potential.
- 2.4 This refreshed strategy is informed by what people tell us about the support they need. It sets out our vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of our actions.
- 2.5 The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work undertaken by the two Clinical Commissioning Groups and three Local Authority areas. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.
- 2.6 Within the strategy, we have set out what we will do collectively across geographical Devon that is best enabled by working at scale. These areas of focus will be having more appropriate housing that meets the range of needs of people with learning disabilities, supporting more people with learning disabilities to have a job and reducing health inequalities. It also sets out what we will all commit to in our local areas to improve how people with learning disabilities are supported.

The refreshed approach will be underpinned by both local and wider Devon action plans.

2.7 Engagement Process

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 responses have informed the latest draft of this strategy. The strategy will be available in an Easy Read version.

3. Recommendation(s) / Proposed Decision

- 3.1 That the Overview and Scrutiny Board considers the submitted report and considers making recommendations to the Elector Mayor for consideration at the Policy Development and Decision Group (Joint Commissioning Team) on 1 October 2018.

Appendices

Appendix 1: Living Well with a Learning Disability 2018 – 2022

Appendix 2: Learning Disability Engagement Report

Appendix 3: Learning Disability Torbay Engagement Report

Appendix 4: Devon Learning Disability, Autism and Mental Health Housing Strategy

Appendix 5: LD Employment Campaign Summary



Living well with a learning disability in Devon

2018 – 2022

A joint strategy for adults with a learning disability in Devon, including young people who are approaching adulthood.

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Introduction

This strategy builds on the progress made since the publication of our 2014-2017 strategy and sets out our refreshed approach to improving the lives of adults who have a learning disability in Devon.

A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life.

Across our health and care services in Devon, we want to promote the independence of people with learning disabilities and help people to achieve what matters to them. We want Devon to be a place where people with learning disabilities are confident, resilient and connected.

This refreshed strategy is informed by what people tell us is important to them. It sets out our vision for adults with learning disabilities across Devon, where we are now, our key areas of focus and how we will measure the impact of what we do.

The strategy encompasses the geographical area of Devon, which includes Plymouth and Torbay, and spans the work of two Clinical



Commissioning Groups and three Local Authority areas. It will support Local Authorities and the NHS to commission quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

Our refreshed strategy sets out what we will do together across Devon, Plymouth and Torbay that is best enabled by working at scale.

- We will work together to have more appropriate housing that meets the range of needs of people with learning disabilities. We will work together with Housing Authorities, District Councils and local communities to understand how people are currently supported. This will enable us to have a joint understanding of what is needed in the future to help people achieve what matters to them.
- We will support more people with a learning disability in Devon to have a job, helping people to develop their skills and also increasing the number of opportunities for employment across Devon, Plymouth and Torbay.
- We will work together to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

The refreshed strategy also sets out what we will commit to in our local areas to improve how people with learning disabilities live their lives.

- We will increase the opportunities in communities for people to live as independently as possible, which means that a wide range of services need to be easy to use for people with a learning disability.
- We will support young people to develop independent life skills, so that they can lead fulfilling lives as adults.
- We want people with learning disabilities to be safe in their communities and to make sure that we always listen to people and their families/carers about their care and what matters to them.
- We will support carers to be able to care throughout the different stages of their lives.

The refreshed strategy will be underpinned by both local and joint action plans across Devon, Plymouth and Torbay.

Context: How this fits within the Sustainability and Transformation Partnership for Devon

This refreshed strategy sits within the overarching context of the Sustainability and Transformation Partnership (STP) for Devon.

The STP is working towards an aligned health and care system across Devon; to continually improve the health and care of people living in Devon, Plymouth and Torbay. It seeks to address the three key aims of the NHS Five Year Forward View to improve people's health and wellbeing, experience of care and cost effectiveness.

Across Devon, the STP is working to deliver better and more equal outcomes for more people and to do it sustainably, harnessing the value of partners coming together to tackle problems together. This refreshed strategy for adults with learning disabilities is part of the work of the STP to improve the lives and address health inequalities of people with learning disabilities.

Through the overarching STP for Devon we will change the way we work together by delivering a range of activities and initiatives that will be planned around our four strategic priorities. These have informed the refreshed strategy for adults with learning disabilities.

PRIORITY ONE
Enabling more people to be and stay healthy

PRIORITY TWO
Enhancing self-care and community resilience

PRIORITY THREE
Integrating and improving community care and care in people's homes

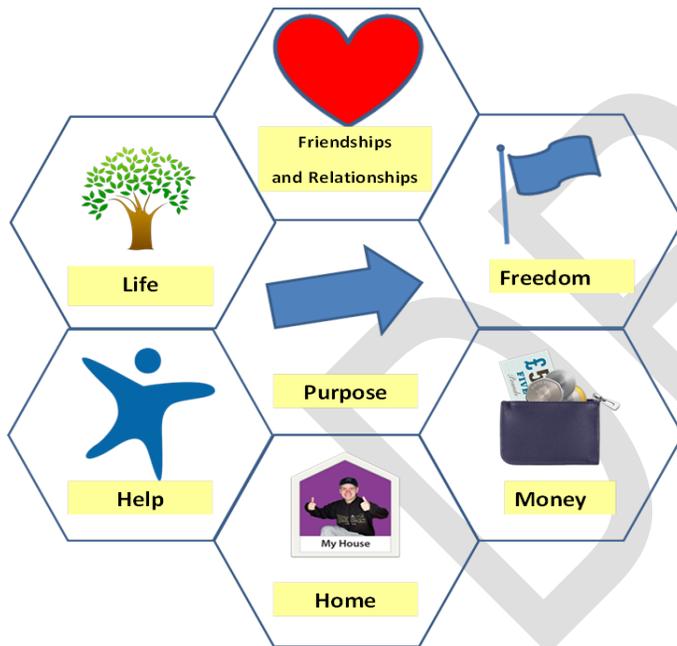
PRIORITY FOUR
Delivering modern, safe and sustainable services



Our vision

- We are ambitious for people with learning disabilities in Devon.
- We want people with learning disabilities to have the same opportunities as everyone else and to lead meaningful lives within their communities¹.
- What matters to people and how they achieve their potential will drive all we do.
- People with learning disabilities have the right to choice and control and to be treated with dignity and respect.
- Carers and families of people with learning disabilities have the right to the same hopes and choices as other families.

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¹ 7 keys to citizenship: Acknowledgement www.centreforwelfarereform.org a free on-line resource from the Centre of Welfare Reform Limited

Our Outcomes

There are eleven key outcomes that people want, which are expressed below as “I” statements.

- I am an active citizen and member of society.
- I have opportunities to meet friends, to join social groups and to benefit from community and leisure facilities.
- I can develop independent life skills to achieve my potential and use Technology Enabled Care and Support where appropriate.
- I have appropriate education and training opportunities to support me to learn the skills needed to have a job.
- I have information and advice that I can understand and access to support when I need it that is close to home and helps me to achieve my goals.
- I live in my own home, where possible, with appropriate accommodation and housing that meets my needs.
- I am supported to live an independent life that is right for me throughout my early life and as an adult.
- Where I have complex needs, specialist and intensive support is in place for when I need it.
- My family and/or carers are able to care for me if we both wish.
- I can access the healthcare I need and have improved physical and mental health outcomes and live longer as a result.
- I feel safe and can take positive risks because I am supported in the right way.

Why this is important and what people have told us

We know that people with disabilities and their families/carers do not generally want to be dependent on public services or be placed in a care setting if this can possibly be avoided. Instead, they tell us that they want to live with and/or be supported by their family and friends at home in the community, and remain connected to their interests.

In Devon we still have significantly more people using statutory services than the England average and the way that people with learning disabilities are supported is not always focused on enabling them to live as independently as possible.

Our understanding of the needs and experiences of people with learning disabilities and their families/carers both now and in the future has informed this strategy. We have highlighted throughout the strategy what people with learning disabilities and their families/carers have told us is important to them.

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There were 20,586 adults with a learning disability in Devon in 2017 (over 2% of the Devon population)

7% of adults with a learning disability are employed in Devon

There are 3530 adults living in Devon with a learning disability who receive social care services

£130m spend across Health and Social Care across Devon

What we have achieved so far

<h3>Transforming Care Partnership</h3> <p><i>Across Devon, care and treatment reviews have ensured thorough facilitated discussions between relevant professionals, families and helpful challenge from independent experts. Discharge planning for people is now more robust.</i></p> <p><i>Good practice examples in the development of local, person centred services for people with complex needs, including Beyond Limits and new housing development in Dawlish.</i></p> <p><i>Closer relationships between hospital and community providers.</i></p>		
<h4>Devon</h4> <p><i>Learning Disability Partnership Board and Council leaders committed to improving accessibility and support to promote people’s independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.</i></p> <p><i>Increased the number of internship places available in Devon to young people with disabilities. This included running Disability Confident meetings with Skills for Employment.</i></p> <p><i>Ran a targeted information campaign on dysphagia and choking risks.</i></p> <p><i>Agreed levels of shared support in Devon’s 90 Supported Living buildings, so that people can make more informed choices about where they live.</i></p>	<h4>Torbay</h4> <p><i>Learning Disabled people, commissioners and providers have coproduced a new Supported Living specification and framework for Torbay. Housing is separate from care and support. Learning disabled people have equal rights to tenancy agreements with clear outcomes based care and support.</i></p> <p><i>Project Aspire, delivered in partnership by South Devon College and Torbay and South Devon NHS Foundation Trust supports young people aged 18– 24 years to develop skills, gain qualifications and secure meaningful employment.</i></p> <p><i>SPACE an independent support planning service are working with Learning Disabled people in residential care to support them into greater independence. SPACE is also working with Learning Disabled people to support them into bespoke employment opportunities.</i></p>	<h4>Plymouth</h4> <p><i>Better housing with increased focus on promoting independence – 12 city centre flats with on-site support.</i></p> <p><i>Co-produced outcomes with people with learning disabilities and developed a quality mark to help people make informed decisions about their care.</i></p> <p><i>Invested in assistive technology to support people to live independently.</i></p> <p><i>Health and wellbeing hubs set up with time banking and volunteering opportunities for people with learning disabilities.</i></p> <p><i>Peer led project to educate young people with learning disabilities against sexual exploitation.</i></p> <p><i>Derriford Project Search and Funky Llama supported young people with learning disabilities to get paid employment.</i></p> <p><i>Plymouth Special Olympics supported people with learning disabilities to train as sports coaches and compete.</i></p>

Key area of focus: Opportunities in communities for people to live as independently as possible

It is very important that the outcomes underpinning this strategy are upheld in our local communities and also within the services we all use in our lives, such as support to have a job, accessible transport, leisure facilities and housing. This means that a wide range of services need to be easy to use for people who have a learning disability.

People have told us:

- I want to be accepted for who I am and to be able to get involved in my community.
- I want to have friendships like everyone else.

What we will do:

- We will work alongside local communities, bringing together people with skills, expertise and knowledge in an area to support people with learning disabilities to access the same opportunities as everyone else.
- We will create more opportunities for (unpaid) friendships and peer support in communities for people with learning disabilities. Friendship groups will include a matching service for people interested in the same type of activities.
- Devon County Council will develop an accessible website and online community for people with learning disabilities to better connect people with one another and their communities. Learning from this will be shared across Devon.
- Devon's Learning Disability Partnership Board will continue work to improve accessibility and support in communities to both promote people's independence and support integration in communities. This includes making bus routes more accessible, ensuring bus drivers receive learning disability awareness training and providing people with accessible information to help them understand the different types of road crossings.
- We will work with our partners to increase the number of Changing Places (toilets) in market towns across Devon and for information about recycling and refuse collections to be available in easy read format.
- We will work with universal services such as GP surgeries, hospitals, schools, businesses and employment support to ensure that they are easy to use for people who have a learning disability.
- We will consider how Technology Enabled Care and Support can either replace or complement the care and support that people receive, and to support them to live as independently as possible in their communities.

Key area of focus: More appropriate housing that meets needs

Independent living means all people with a learning disability having the same freedom, choice, dignity and control as other citizens at home, work and in the community. We want people to live in their own homes, where possible, and for there to be enough appropriate housing to meet need. **We will work together across Devon, Plymouth and Torbay to secure more appropriate housing that meets the range of needs of people with learning disabilities.** We will work together with housing authorities, District Councils and local communities to understand how people are currently supported and what is needed in the future to help people to achieve what matters to them.

People have told us:

- I want my own home and I want to live close to my friends and family.

What we will do:

- Many people with learning disabilities live in their own homes either alone or with family members or companions, and we will support them to continue to do so.
- Some people with learning disabilities, usually if they have significant support or care needs, require a different living environment to meet their health and care needs. Where this is the case, we want people to be supported in these settings to develop independent living skills.
- We do not want people with learning disabilities to be placed into a care home where their needs can be met elsewhere, or to remain in a care home unnecessarily. For those people currently living in care homes who have the potential to live more independently, we will help them to look at alternatives to residential care to better support them to achieve their goals.
- We will work with providers to develop supported living and extra care housing. These settings can promote independence in people while still providing up to 24 hours of support to meet their care needs.
- Across Devon, Plymouth and Torbay we will develop a housing plan to stimulate the development or sourcing of good quality accommodation for people with learning disabilities who display behaviours that challenge.
- We will improve our understanding of how providers support people with learning disabilities in Devon, to inform our work with the market to develop models that support people to develop independent living skills over time.
- People's needs change over time and we will work with providers to develop appropriate accommodation and housing that will support people through these changing circumstances. We will also consider the accommodation requirements of young people who will need health and social care support as adults.

Key area of focus: Support people to get a job where appropriate

Employment is one of the best ways to build on people's strengths and abilities, and to enable them to live independently within their communities. Yet, only 7% of adults with a learning disability in Devon, Plymouth and Torbay have a job. The recent National Development Team for Inclusion study into the effectiveness of different models of employment support for people with disabilities² concluded that supported employment is the most effective. This has been supported by a national focus on creating flexible employment opportunities for people with learning disabilities.

We will work together across Devon, Plymouth and Torbay to support more people with a learning disability to have a job. We will support people to develop their skills and also increase the number of opportunities for employment.

People have told us:

- I want to have a paid job so that I can help support myself and do the things I want.
- I find it difficult to get a job.

What we will do:

- Across wider Devon, we will increase the proportion of people with learning disabilities in Devon who are employed.
- We will create more supported employment opportunities and increase the number of Disability Confident employers across Devon.
- With our partners, we will promote the value that people with learning disabilities can bring to businesses and to the local community through a focused campaign across Devon.
- We will work with a range of partners, including Jobcentre Plus, Further Education colleges, Learn Devon, businesses and universities, to address the known barriers to employment and increase opportunities for volunteering, apprenticeships, internships and employment for people with learning disabilities. This work requires a multi-agency approach with all organisations taking responsibility for this ambition and taking steps to support people with learning disabilities to have and retain a meaningful job.
- The care and support that people receive will be focussed on supporting them to learn the skills they need to have a job, where appropriate.
- We will ensure that people have access to appropriate education and training opportunities to learn the skills they need to have a job.

² <https://www.ndti.org.uk/our-work/our-projects/employment1/employment-support-for-disabled-people>

Key area of focus: Tackling health inequalities

People with learning disabilities have markedly poorer health than their non-disabled peers and have a high prevalence of diagnosed health problems. They experience poorer physical and mental health, and significantly lower life expectancy. The recent study³ by the Learning Disabilities Mortality Review (LeDeR) programme into the deaths of people with learning disabilities indicated that this inequality continues.

We will work together across Devon, Plymouth and Torbay to improve access to healthcare for people with learning disabilities, so that they have improved physical and mental health outcomes and live longer as a result.

People have told us:

- I want to be understood.
- I don't know how to access health care when I need it.

What we will do:

- Increase the number of people with a learning disability on the GP learning disability register who have Annual Health Checks that lead to a Health Action Plan.
- Promote and implement the MENCAP campaigns of “Don't Miss Out” and “Treat me Right” and give particular focus on the inclusion of 14-17 year olds by working with schools.
- Promote and implement the STOMP anti-psychotic prescribing programme (Stop The Over Medication of People with a learning disability).
- Support people who have a learning disability to access those services that are appropriate to their needs as they grow older, including dementia related needs.
- Ensure that people with a learning disability and their families/carers have tailored support at the end of their life.
- Support and promote the process for learning from deaths of people with learning disabilities through the Devon Learning Disabilities Mortality Review (LeDeR) programme and will train more reviewers.
- Strengthen information sharing and effective communication between different care providers or agencies.
- Make sure that all people with learning disabilities with two or more long-term conditions (related to either their physical or mental health) have a local, named health care coordinator.
- Provide learning disability awareness training to staff, delivered in conjunction with people with learning disabilities.

³ <https://www.hqip.org.uk/resource/the-learning-disabilities-mortality-review-annual-report-2017/>

Key area of focus: Preparing young people for life as an adult

Many children and young people with learning disabilities will require health and care support as adults. However, young people and their families/carers regularly tell us that the transition from children to adult services is a challenging and uncertain time for them.

We want to support young people to develop independent life skills so that they can lead fulfilling lives as adults and achieve their potential.

People have told us:

- I don't want to have to fight for everything.
- I want to be listened to.
- I want someone to understand my situation.
- I want my young person/adult to be able to do things other young people their age are doing.

What we will do:

- We will work better together to support young people and their families/carers transitioning from children's services.
- We will make sure that support is focused on enabling young people with learning disabilities to live as independently as possible. This will include support for young people to develop independent living skill such as travel training, learning the skills needed to cook and, where appropriate, to have a job as an adult.
- Young people with learning disabilities and their families/carers will be able to access information and advice to support them to know what is available and to help them to live within their local communities.
- We will increase the number of young people who use Technology Enabled Care and Support to promote their independence.
- We will increase employment and training opportunities for young people, including within our own organisations.
- We will secure and use the information required to regularly plan for those young people with learning disabilities who will need health and care support as adults.
- We will help people to be steady and ready for the next real transition (not artificial or administrative transition) in their lives. This will include learning from testing new ways of working with young people to inform new approaches.
- We will build emotional resilience and increased ambitions of young people and their families as they move towards adulthood.

Key area of focus: Support for people with complex needs

The report stemming from the scandal of Winterbourne View⁴ highlights that: “*nationally there are still too many people placed in hospitals far away from home because their needs have not been met by local services*”. There are still people placed in care outside Devon when they have not chosen to be there.

Much progress has recently been made through our Devon- wide Transforming Care Partnership to ensure that more people with complex needs live in their own home, have choice over who supports them and are part of their communities. We want to increase the supply of the right skilled providers to support people with very complex needs.

People have told us:

- I want to be close to family and friends, and to go home.
- There is a lack of training, skills and support for families and carers in managing complex needs and behaviours.
- There is a lack of confidence in behaviour management and shared risk taking by practitioners, carers and families.
- We need to listen to carers and families as expert partners in care.

What we will do:

- We will reduce the number of people with learning disabilities placed in inpatient settings across the country.
- Our housing plan for people with learning disabilities who display behaviour that challenges will identify those likely to require accommodation on discharge from an out of area in-patient bed. We will work with local housing providers and the market to respond with housing and care solutions.
- We will develop Positive Behavioural Support services so that people get the right psychological support to help them manage crises without having to go to hospital.
- We will unblock the flow of patients in the Additional Support Unit (ASU) beds provided by Devon Partnership Trust (DPT) and Livewell so that the clinical teams can manage short term admissions when required.
- We will improve the planning of transition for young people and develop community forensic services.
- We will improve workforce development, recruitment and retention by closer working with partners, including Health Education England, Skills for Care, Universities and the National Learning Disability Nurse Consultant Network.
- We will work together as a system of services to put in place the right support for people whose needs touch a range of services, so that the support is seamless and focused on what matters to people.

⁴ The Winterbourne View inquiry occurred at Winterbourne View, a private hospital at Hambrook, South Gloucestershire. A 2011 Panorama investigation exposed the physical & psychological abuse suffered by people with learning disabilities & challenging behaviour at the care home.

Key area of focus: Keeping people safe

Keeping people with learning disabilities safe and helping them to stay safe is a key priority for us all. We need to ensure that staff are well trained to support prompt responses to any allegation of abuse and that the general public, volunteers and professionals have a good understanding of safeguarding. We will support individuals to speak out with the help of trained advocates if required.

People have told us:

- I do not always feel safe in Devon.
- I am worried about the care that my family member is receiving.

What we will do:

- Make sure that all services we provide or commission are fully up to date in training their staff, not only in safeguarding processes, but also in respect of the Mental Capacity Act in relation to the Deprivation of Liberty Safeguards.
- We will commission services that deliver kind and compassionate care that helps to keep people safe.
- We will carry out focus groups across Devon to understand the reasons why people don't feel safe.
- We will review how Local Authorities and safeguarding partners are managing safeguarding concerns to make sure that we are dealing with these quickly and proportionately.
- We will carry out a safeguarding publicity campaign to make sure people know what safeguarding is and how to get the help that they need when they need it.
- We will make sure that we are always listening to families and carers of people with a learning disability about the care their family member is receiving and what matters to them.

Key area of focus: Carers are able to care

People have told us:

- We want to be recognised and involved in planning with our family members.
- We want to understand what services are available for our family members and to be respected and involved by them, particularly in preparing for adulthood, living independently and preparing for later life
- We want to be put in touch with support which enables us as families and carers to maintain our health and wellbeing, resilience and to have a life of our own.

What we will do:

- The role of caring is important within the strategy and we acknowledge that whilst carers' needs are addressed in separate strategies, the needs of carers of people who have a learning disability are supported in tandem through the commissioning actions taken across Devon, Plymouth and Torbay.
- We will involve families and carers in the health and care support for people with learning disabilities.
- We will support carers to have a life of their own alongside caring, and to support them (and the people they care for) in any transition if they do not feel willing or able to continue caring.
- We will ensure a range of 'replacement care' solutions, to enable carers to have a break from caring
- We will support families and carers to plan for when they have gone or for a deterioration in their own health, wellbeing or ability to care and to build that planning into the support for their child.
- We will give help and information to families and carers as part of planning for support for people growing older with learning disabilities. For example, informing them of sources of support for people with learning disabilities after a family bereavement.
- We will support parents with disabilities to fulfil their parenting role for their children.
- We will offer every carer an assessment in their own right, proportionate to their need.

How we will measure our impact

Whilst there is much good work to build on, we recognise that this work is challenging in the context of limited resources across the health and care system in Devon. We need to commission and secure quality support that promotes the independence of people with learning disabilities, within the context of significant financial and capacity challenges.

It is really important that we continually monitor the impact of our work to better support people with learning disabilities across Devon.

We will review our progress in respect of the outcomes that we have developed with people with learning disabilities and their families/carers.

Alongside this, we will also consider the following indicators:

- Increased proportion of people with learning disabilities in employment.
- Increasing proportion of people with learning disabilities who are satisfied that they have a clear plan for progression.
- Fewer people in hospital and residential care/nursing provision, and independent out of county provision.
- Levels of support and associated costs reduce over time and fewer emergency placements/provision.
- Awareness by GPs of a young person's health needs going in to adulthood and as adults.
- Increased proportion of people with learning disabilities who have had an Annual Health Check.
- People with learning disabilities feel more able to be involved in their communities.
- Health and social care services are more effective and safer for people with learning disabilities, so they live for longer.
- Increased satisfaction of carers.

The improvements in care and support within this strategy will be monitored locally by each local authority and CCG, with regular reports to the Health and Wellbeing Boards in each Council area.

The Learning Disability Partnerships Boards will also have an important role in the monitoring of any local action plans, ensuring the full involvement of people who have a learning disability and their families and/or carers.

Getting involved

It is really important that we work closely with people with learning disabilities and their families and carers as we work to achieve our ambitions.

We want to understand what is important to people and to have regular conversations that inform the development and delivery of our work to improve support.

Devon, Plymouth and Torbay operate effective Learning Disability Partnership Boards, which include a range of service providers, carer representatives, commissioners and people who have a learning disability.

There are many ways that we monitor our progress and hear directly from families and carers and people with learning disabilities about what needs to be improved.

If you want to get involved, please get in touch.

Useful links

DEVON

<http://www.learningdisabilitydevon.co.uk>

<https://www.onesmallstep.org.uk>

<https://devoncarers.org.uk>

<https://www.pinpointdevon.co.uk>

Northern, Eastern and Western Devon CCG

<http://www.newdevonccg.nhs.uk/partnerships/learning-disabilities/100085>

Devon Partnership Trust

<http://www.devonpartnership.nhs.uk/Learning-Disabilities.68.0.html>

PLYMOUTH

Plymouth Council

<http://www.plymouth.gov.uk/learningdisabilities.htm>

Plymouth Community Healthcare

<http://www.plymouthcommunityhealthcare.co.uk/services/community-learning-disabilities>

TORBAY

Torbay Council

<http://www.torbay.gov.uk/index/adults-health/learningdisability>

Torbay and Southern Devon Health and Care Trust

http://www.tsdhc.nhs.uk/yourlife/adult_social_care/pages/learningdisabilityservices.aspx

Torbay and Southern Devon Clinical Commissioning Group

<http://www.southdevonandtorbayccg.nhs.uk>

Report to **Learning Disability STP Leadership Group**

Report Title **Learning Disability Commissioning Strategy Engagement Report**

Author **Justin Wiggin, Strategic Commissioning Officer, Torbay Council**

Engagement by **Healthwatch Torbay**
Healthwatch Plymouth
Living Options Devon
Devon County Council

Date of report **24 August 2018**

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Introduction

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
Total	274	46	22

Executive Summary

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

- 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 like 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

1	Local Engagement Report Torbay	 Torbay Local Engagement Report.1
2	Local Engagement Report Plymouth	 Plymouth Local Engagement Report.1
3	Local Engagement Report Devon	 Devon Local Engagement Report.1



Engaging With Learning Disability Residents In Torbay To Review The Past And Future Commissioning Intentions



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Introduction

Healthwatch Torbay (HWT) is the local consumer champion influencing, responding, improving and monitoring health and social care services in Torbay. It provides local people, community and voluntary groups with a voice to influence the planning, purchasing and provision of these services.

Context

The Joint Commissioning strategy for services for adults living with a learning disability in Devon 2014-17 is to be refreshed within the framework of the Sustainable Transformation Plan (STP) for Devon. Torbay Council, on behalf of the Learning Disability STP for Devon, asked HWT to bring together the voices of service users, family carers and service providers in Torbay. We were asked to collate evidence, opinion and stories to help discover if the original commissioning intentions have worked well and if not to identify suggestions for improvement. Where reliable evidence was brought to our attention, we have included what ‘good’ looks like.

To ensure HWT started this engagement work with local knowledge and expertise, we followed our standard practice by setting up a planning focus group, which included key voluntary groups, carers, and providers. As the time period to carry out the review was limited, we asked for and were given the generous support of local service providers, including the third sector and our own volunteers, especially those with lived experience of caring. Without their knowledge, skills and experience we could not have gained the insight we now have. We are especially grateful to people with lived experience of learning disability for their willingness to take part in the review. By working with their support carers and families they provided valuable insight into their life, living in Torbay.

The approach to supporting people within health and social care, in general, has shifted substantially since the previous 2013 strategy, including the introduction of integrated care and a new model of care for which Torbay is an early adopter. Personal wellbeing is now the agreed key target. To understand the background and the impact of this shift on people living with learning disability beyond 2018 we referred to:

- Department of Health, 2017. Strengths-based social work practice with adults: round-table report*
- National Institute for Health and Care Excellence, 2018. NICE guideline NG96: Care and support of people growing older with learning disabilities.
- NHS Improvement. 2018. The learning disability improvement standards for NHS trusts
- Office for National Statistics, 2018. Understanding well-being inequalities: Who has the poorest personal well-being?
- Parliament. Government Equalities Office. Equality and diversity forum. Equality Act 2010 What do I need to know? Quick start guide.
- Royal College of Speech and Language Therapists, 2013. Five good communication standards. London: RCSLT*
- Think Local Act Personal (TLAP). <https://www.thinklocalactpersonal.org.uk/About-us/> accessed July 2018.

- Torbay and Southern Devon Health and Care Trust, 2014. Operational Commissioning Strategy for People with Learning Disabilities.
- Torbay Council. Public Health. Joint Strategic Needs Assessment for Torbay 2018-2020 (and links to Public Health England Learning Disability profiles for Torbay)

(* Recommended by members of the steering group)

System challenges with an impact on this response

Contributors to our conversations emphasised that the reduction in funding for adult social care has challenged the capacity and capability of providers, the support given to carers and the personalised choices for service users, as it has nationally. They also emphasised that Torbay has additional challenges to the development of good practice and the sharing of innovation by:

- The lapse of the Learning Disability Partnership Board which provided a “round-table” for information sharing between commissioners and providers.
- The lack of a single point of contact, for families, the person and the network supporting them, giving practical information, emotional support and signposting to mainstream and specialist services available locally to support people as they grow older. (NG 96 1.2.3)



Methodology

Recruitment of expertise:

A manual search by the Torbay Disability Information Service gave 18 suitable organisations including Torbay Older Family Carers Initiative and Aspire (part of the employability hub created within Torbay and South Devon NHS Foundation Trust). All were informed (via e-mail or voice-mail) of the review and invited to participate in the planning workshop.

Data collection:

12 of these organisations became active as part of the planning focus group. (Appendix B)

- Workshops were organised either in their care home or in the place of day care/activity and across more than one location.
- HWT made contact with carers through mailing lists and group meetings.
- Expert HWT volunteers assisted by 1:1 conversations with service users using their knowledge of Makaton to do this.
- A “Have your say” was advertised using local media and social media, as drop-in sessions in the HWT office.
- A video chat kiosk was set up as a drop-in opportunity by Aspects in Paignton.
- The contributors recommended other specialist professionals or services able to add knowledge to the review.
- The recommended specialist professionals with additional expertise were followed up through telephone interviews.

Survey construction

The planning focus group participants, which also included carers, were invited to a workshop to share expertise and set the scene for the review. Subsequent workshops were used to refine the content of the survey questions. Following discussions with the LD Planning Focus Group, it was agreed that although the areas covering health inequalities and end of life are significant, it would be challenging to obtain this information via the existing survey format, and therefore the Group agreed to identify relevant related case studies to better highlight these areas.



The fifteen commissioning intentions from “Living well with a learning disability in Devon”

The 2014-2017 Joint Commissioning Strategy commissioning intentions were considered. It was agreed to ask the providers to comment on the full set. Carer responses would include comment on the issues important to the support they needed. The areas chosen were:

- Professional support
- Housing support
- Employment
- Health checks
- Crisis support
- Awareness of services
- Use of direct payments
- Legal powers
- Preparation for the future

It was agreed that a limited number of potentially high impact wellbeing statements would be chosen for response by people with lived experience of learning disability. These were:

- Support for independence
- Support for working or volunteering
- Support for housing
- Supporting positive relationships
- Support for End of Life
- Support for health inequalities

HWT and Healthwatch Plymouth (HWP) agreed a common approach to the format and production of the survey with HWP preparing a simplified easy read version. Volunteers and providers working with people with lived experience of learning disability were asked to engage in conversations covering the four wellbeing areas. Group responses would be valuable where 1 to 1 engagement was not achievable. Equally, responses written by or including the story of the individual person were to be encouraged.

Responses could be given by completing a paper copy of the survey, an online version or via summaries by e-mail. Most service users chose to complete a paper copy, usually working with support. All versions carried a statement about privacy and general data protection.



Findings

Numbers engaged

Number of service users: 91 individuals + Hollacombe Community Resource Centre as a group report. (It is estimated in the 2014-2017 Joint Commissioning Strategy that there are 810 adults known to services to be living with a learning disability in Torbay.)

Number of carer responses: 28

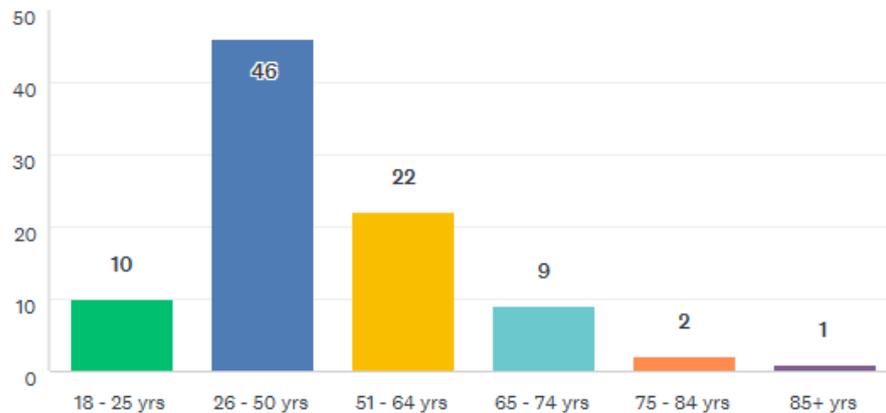
Number of organisations who responded to the survey: 10

19 providers/organisations (see Appendix B) actively promoted the survey and provided feedback from their service users. 8 other providers were also informed of the review. Although we cannot assess if this latter group contributed (collection anonymised) we noted responses which reflect some of these organisations. As the provider responses were anonymous, we could not include detailed information of provider here.

Age of responders

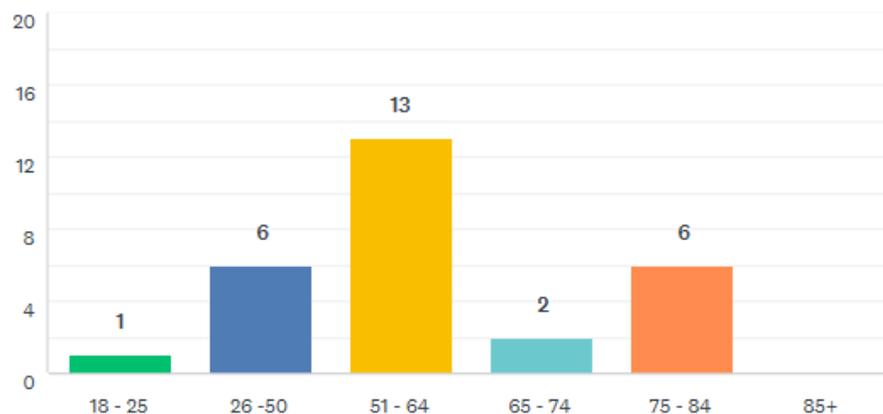
Service users:

Answered: 90 Skipped: 1



Carers:

Answered: 28 Skipped: 0



Engagement responses from the Service users - 91 responses

Of the 91 responses, 55 identified that the person answered with support from a carer or volunteer. Of the remaining 36 responses, there is no degree of certainty that all these were completed by the service user alone, but it is estimated that approximately 20 did complete the form themselves.

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 range of services that are least restrictive and maximise the independence of each person according to their needs.”

1. What do you like to do during the day?

Response Summary: of those surveyed, all appeared to be socially and physically active, based around craft and activities including music-based activities, hobbies and meeting friends. People attending Hollacombe reported the enjoyment of being able to choose what they want to do. Friendships and family are often identified as an essential part of the support network. Family may be parents or siblings but mention was also made of the person’s enjoyment of being with their own children. Organisations giving support were valued in enabling “getting out” and not being “bored”. The cost of travelling independently was identified as a barrier. Over 30% considered that they would like a job or to gain a new skill and knew what they would like to do. Concerns are similar to a public cross-section i.e. not understanding paperwork and needing help to complete, crowded buses and public attitudes.

18-25 age group (10 responses): socially active - indicative verbatim comments include:

“To be with my friends and family playing snooker, football, drinking with a splash, going to pubs, wine and cider”

“Walks, washing cars”

“Drama, classics, music”

“Bowling, walking, working, gardening with support”

26-50 age group (46 total responses): socially and physically active - including valuing day care which enabled activity and socialisation. There is a hint of loneliness in 2 comments. Indicative verbatim comments include:

“Meeting with friends. Coming to ROC, Creative photography”

“Going out with my dogs, playing samba, drama and doing my exercise. I like going to ROC”

“Samba band Gig, Drama, Dance. Swimming, beach, different pictures”

“Walking”

“See my friends, cup of tea”

“Getting out and about and enjoy club night is highlight of our week”

“Working for Torbay Council, Majorettes, Gateway”

“I like socialising and meeting friends I go to pubs to try and make friends”

“Walk dogs, travelling different towns going out with family in town doing shopping meeting friends going for meal music festivals”

“I like to go to SPOT on a Tuesday. I like to chill out in my bedroom”

51-64 age group (22 responses): although still active socially and physically, more introduce reports of sedentary activity. This group includes more responses referring to voluntary activity. Indicative verbatim responses include:

“I like to go shopping, listen to music, colouring, get my hair and nails done. I like going to SPOT every Tuesday. I like going to places like the discos”

“I like volunteering with support at a flower shop on a Monday, I like coming to SPOT on Tuesday I like to do lots of things. I go to co-ordin8 too. I like gardening I like helping out”

“I like to go out and meet people. I like going to the Wednesday night disco, summon bonum farm, SPOT and out for a drink with my brother. I enjoy karaoke”

“Listen to books, radio, TV.”

“Some time colouring, going out shopping, Day Services”

“Working”

65-74 age group (9 responses): socially active, perhaps indicative of a more sedentary life. Indicative verbatim responses include:

“Being active, working with people voluntary work being with people”

“Shopping, spending time with my bird, cooking, pub visits”

“Reading”

“Going out for drive”

75-84 age group (2 responses):

“Craft things e.g. knitting”

“Going out with ... and walking the dog and cleaning out rabbits going to Aspects and Cockington”

85+ 1 age response:

“Samba, Drama, Dance, Synagge, Watching DVD's”

2. What don't you like to do during the day?

Response Summary: Across all age groups the phrase “being bored” occurred on a regular basis. Negative comments indicate challenges to living. (81 total responses).

Indicative verbatim responses:

“I don't like staying in where I live I get bored. I live in a residential home. They don't do much”

“Going out on bus because we have to pay for tickets. Too much money staying at home, eat more food and get far because of bored at home, shop is bored in Torbay more this to look at”

Indication of the stresses of life:

“Arguments, tell me what to do”

“Sometimes I get scared when I get left on my own, in the weekend. Not enough staff”

“Sometimes buses are full so some time have to stand when we have sons when we have right to sit and then look at me and hubby say we need sit to all bus and things”

“Not having communal TV on day time”

“Don't like being indoors”

“Paperwork as I don't always understand it”

3. Is there anything you would like to do that you don't do at the moment? (78 total responses)

Response Summary: 21 stated “No” to this question. 24 indicated that they would like to do work, often indicating what they would like to do. This group also included those who wished to gain more skills. The remaining responses were related to hobbies and general activities.

Comments included:

“Would like to work”

“I would like to do a course at South Devon College”

“Singing”

“Swimming”

“Dog grooming”

“Work in a shop”

“Resume work (old people's home) College course (colour/design)”

“Would like to prepare veg.”

“Learn to tell time”

“Would like to do a bit more as I get bored at home. I would like to do volunteer work in an old people's home”

“Learn a hobby, learn a course, jobs, college.”

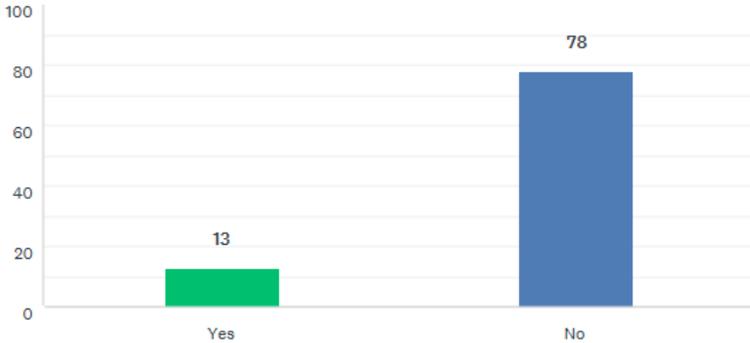
Commissioning Intention:

“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.”

Response Summary: In the 65-74 age group (9), one person reported having a job and eight did not. No one in the 51-64 age group (22) reported having a job. In the 26-50 age group (46) ten had a job and 36 did not. In the 18-25 age group (10) two had a job and eight did not. 55% of responders (86) said they would like a paid job. This included those who had one already. 27% of all responders (91) reported having a volunteering role. One workshop asked to include studying amongst the range of options and the choice not to work.

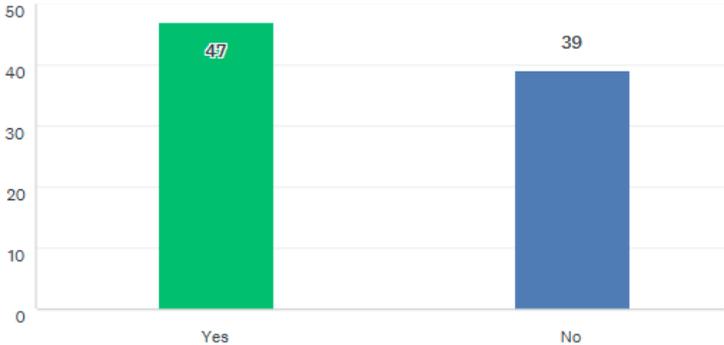
1. Do you have a paid job? (all responders)

Answered: 91 Skipped: 0



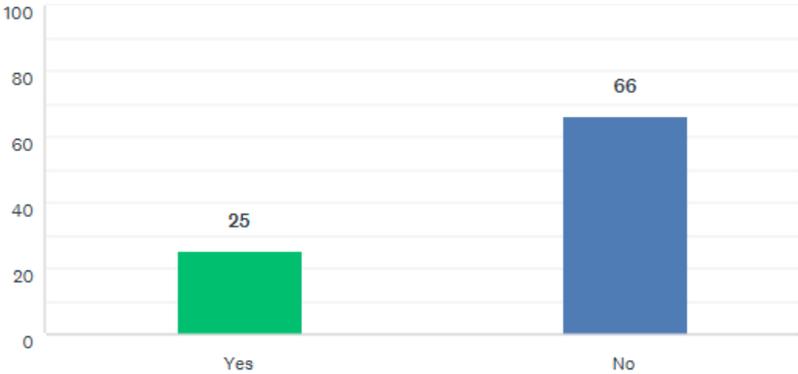
2. Would you like a paid job?

Answered: 86 Skipped: 5



3. Do you currently volunteer?

Answered: 91 Skipped: 0



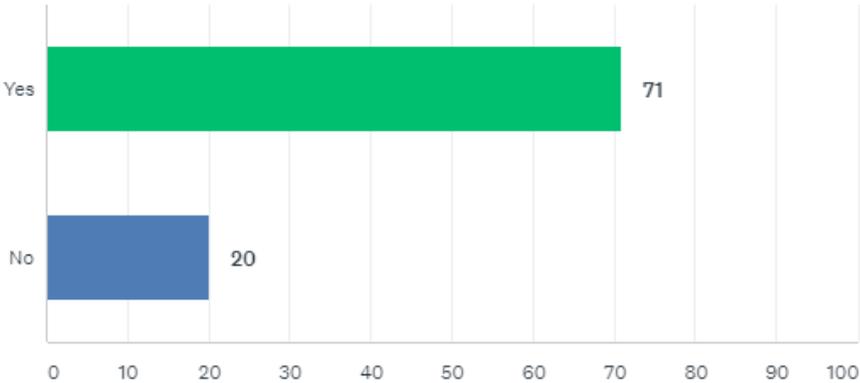
Commissioning Intention: (for questions 4 - 8)

“We will develop effective local housing options and care and support responses. What has worked well, what hasn’t worked well and what could be improved in the support offered to people with LD.”

4. Did you choose where you are currently living?

Response Summary: 78% (71 people) of all responders reported that they chose where they are currently living and are happy with their choice. Of those reporting that they did not make this choice (20), seven lived with their parents, five in a residential home and two lived alone.

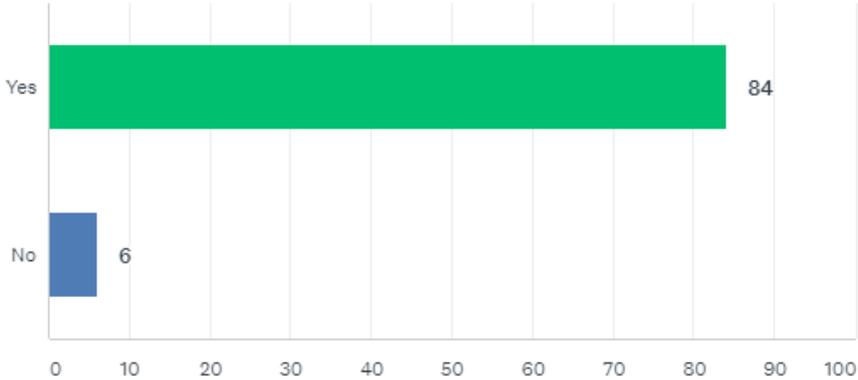
Answered: 91 Skipped: 0



5. Are you happy living there?

Response Summary: The significant majority (93%) of all responders (91) reported that they were happy living where they were.

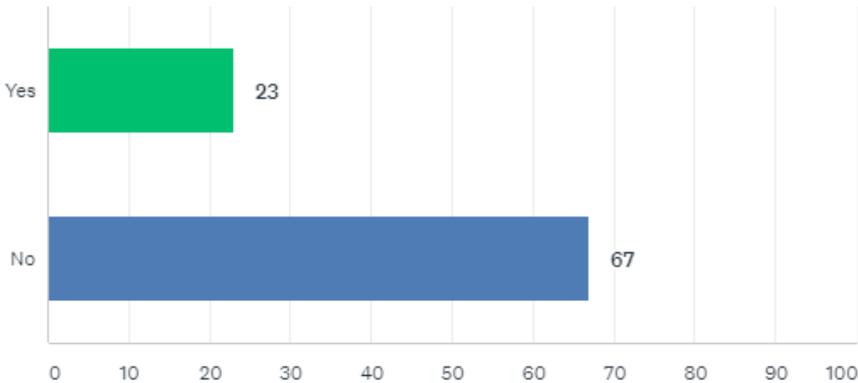
Answered: 90 Skipped: 1



6. Would you like to live somewhere else?

Response Summary: The majority (74%) of all responders (91) reported that they did not want to live somewhere else.

Answered: 90 Skipped: 1



7. Why would you like to live somewhere else? (free text)

Reasons for wishing to change where they lived (6 responders) were:

“Wishing to live with people of their own age group”

“Feeling unsafe in the area”

“Feeling lonely with poor support. Its lonely I find cooking really hard I have some support from ... but they turn up at different times and they only tell you on the day”

“Having their own space”

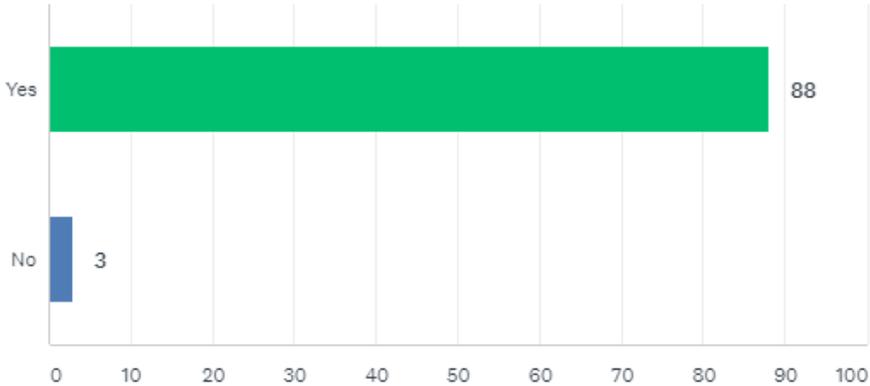
“Being nearer to parents”

“The cost of housing not being ‘affordable’”

8. Do you feel safe where you currently live?

Response Summary: 97% (88) of responders felt safe where they lived. Their reasons for this were, overwhelmingly, knowing familiar people and the kindness of those they lived amongst.

Answered: 91 Skipped: 0



Verbatim responses:

“I feel safe because we have good staff and if I have any problems can go to staff anytime always”

“Staff lived here a long time.”

“I feel independent. I feel more safe now I have support”

“I know people in the area (Watcombe) that look out for me”

“Those attending Hollacombe CRC reported living at home, an interactive, happy life, mostly with parents or siblings”

“Feeling safe was also achieved by help to know the community they lived in.”

Commissioning Intention: (for questions 9 & 10)
“We will ensure that people are supported to have relationships of their choosing.”

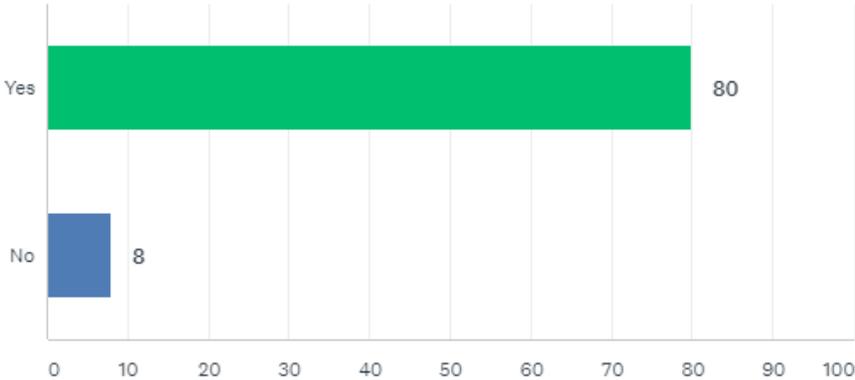
9. Who do you have relationships with? (free text)

Response Summary: Responders reported close networks of people whom they classed as friends. Most mentioned were parents and siblings and step-parents. Of the remainder this included close other family members - wife (1), fiancé (2), partner (7) and their own friends including mentioning boyfriends (3) and girlfriends (4). Although staff and carers were not mentioned in the prompt, “support worker” was identified (5) and carer (1). Friendships created at provider activities were also valued.

10. Do you feel that you have a choice of who to have a friendship/relationship with?

Response Summary: 91% (80) responders agreed that they had a choice of who to have a friendship/relationship with. Of those that did not have a choice, these also identified as lacking in friends and relationships.

Answered: 88 Skipped: 3



Comments:

- “Don’t see my family, don’t have many friends”*
- “Brother, I would like to have friends”*
- “Don’t know”*

When asked what support was needed to build friendships and relationships, responses included:

- “I want friends but I find it really hard. I’m shy”*
- “I would like support to make friends. Although I see people at the disco I don’t know how to make friends to see them outside of the disco”*
- “I have to put up with other people”*
- “Working through a relationship file”*
- “I am able to choose my friends, I sometimes need help to make arrangements to see them as I find this hard”*

Engagement responses: Carers - 28 responses

Responses to the survey specifically aimed at carers was low during this period of engagement. As per the engagement brief used elsewhere, we requested the assistance of specified local agencies to promote the survey across their wider service users. The same questions asked to service users were asked to carers of people with a learning disability.

Commissioning Intention: (for questions 1 - 4)

“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 range of services that are least restrictive and maximise the independence of each person according to their needs.”

1. How would you rate the level of professional support you have received in your role as a carer to someone who has a learning disability?

Response Summary: 64% (18) of responses were positive. Reasons for poor rating included lack of continuity from carers, information not provided, inconsistency for health checks.

Answered: 28 Skipped: 0



2. What extra support would increase your overall score above? (free text)

Indicative comments include:

“Knowing where to find and who to ask for help.”

“We have had great support in our roles as carers for our child, but a lot more information as she approaches adult hood would be very welcome. Preferably a couple of years before her 18th Birthday would have been very helpful.”

“A good prompt care worker who didn't go on leave without notification of who replies to emails or telephone calls”

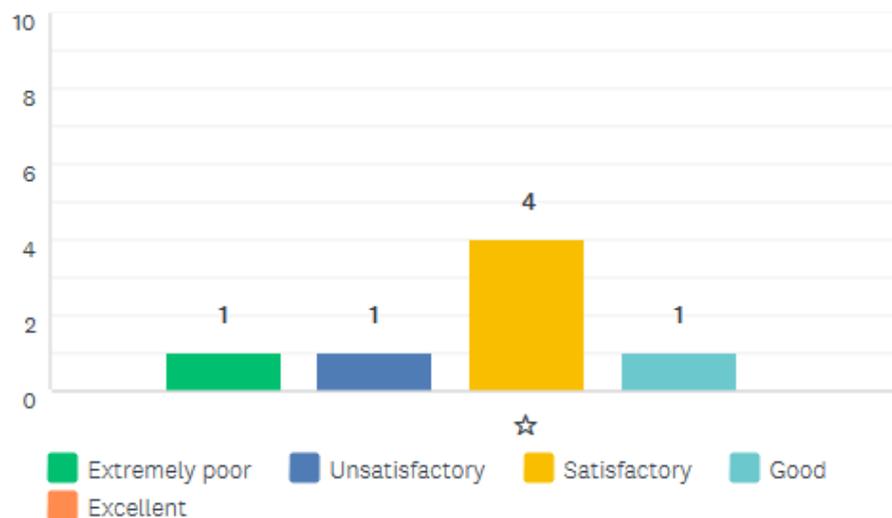
“GP support is poor, being usually generic advice and unsuitable for the person involved. They do not seem to have any in depth knowledge of the patient themselves.”

“Help, information and signposting to relevant groups post diagnosis.”

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

Response Summary: 18% (5) answered positively, 7% (2) negatively and 75% (21) did not answer.

Answered: 7 Skipped: 21



4. Please describe which service you have used and why you have given the rating above? (free text)

No comments relating to satisfaction were provided. Verbatim negative indicative comments:

“Supported Living does not work for the profoundly handicapped. Using private companies to provide care has resulted in an unsatisfactory furnished building and a lack of qualified carers”

“No social housing available”

“Have been unable to access information regarding housing for my LD son”

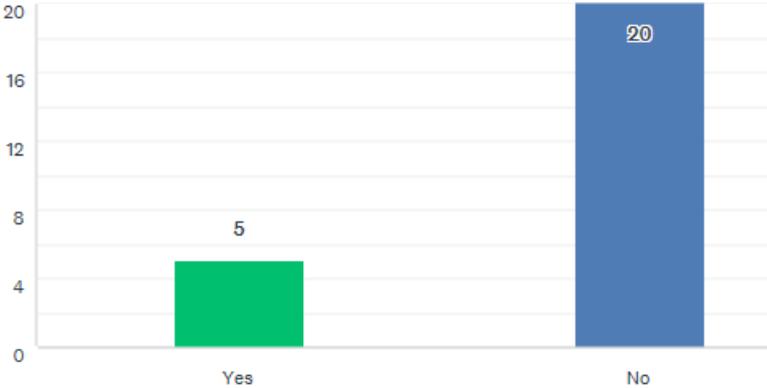
Commissioning Intention:

“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.”

5. Has the person you care for been encouraged to take up any employment?

Response Summary: 18% (5) were encouraged, 71% (20) were not and 11% (3) did not answer.

Answered: 25 Skipped: 3



Comment:

“My college requested me as a parent to approach a local retailer as a placement for my son instead of the request coming from the College its self. (It was a No). They have not approached another branch under my request, but have offered my son work experience at the College shop for one week and only for 1 hour.”

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.”

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

No responses received.

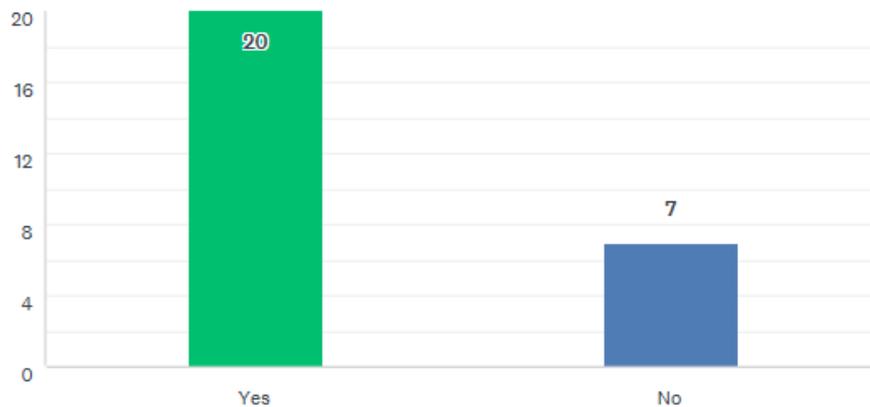
Commissioning Intention : (for questions 7 & 8)

“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.”

7. Has the person you care for received annual health checks from your GP Practice?

Response Summary: 71% (20) said yes, 25% (7) said no and 4% (1) did not answer.

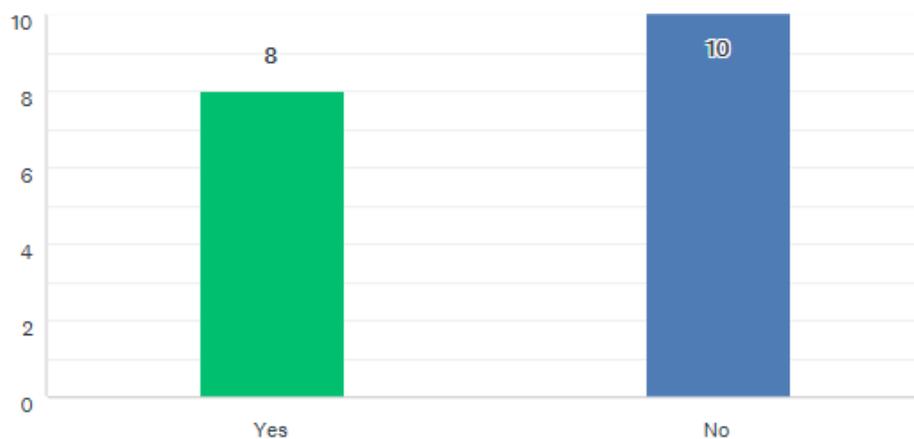
Answered: 27 Skipped: 1



8. Has the health check improved the quality of the health and wellbeing of the person you care for?

Response Summary: 28% (8) said yes, 36% (10) said no and 36% (10) did not answer.

Answered: 18 Skipped: 10



Comments were mixed but recognised that more than a health check is required:

“If they follow what the health team say yes, but most do not”

“On the whole it has been very good but there has been one or two problems.”

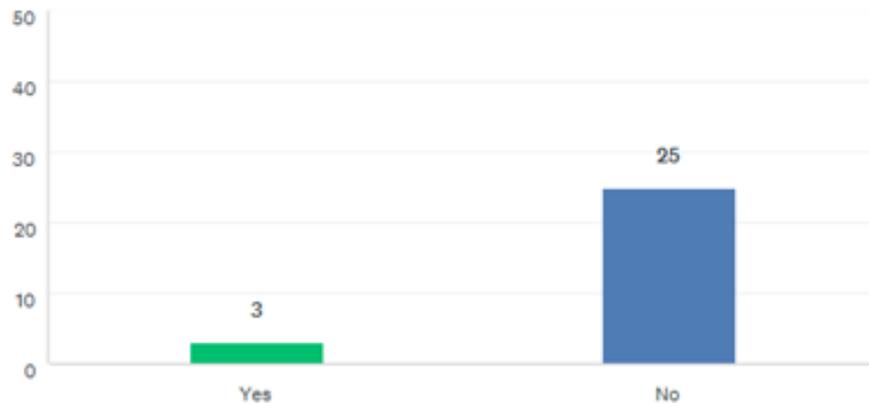
Commissioning Intention:

“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.”

9. *Have you had the need to access crisis/emergency support within the last 12 months?*

Response Summary: 11% (3) said yes, 89% (25) said no.

Answered: 28 Skipped: 0



Comments:

“Crisis dental day care was a very bad experience. A&E and paramedic visits have been excellent.”

“They had problems with the availability of learning disability “passports” carrying information about medication”

“They felt that some urgent and emergency care staff have a lack of understanding or /training about the causes of challenging behaviour relevant to learning disability. This is more noticeable when staff are working under pressure.”

Commissioning Intention : (for questions 10 - 13)

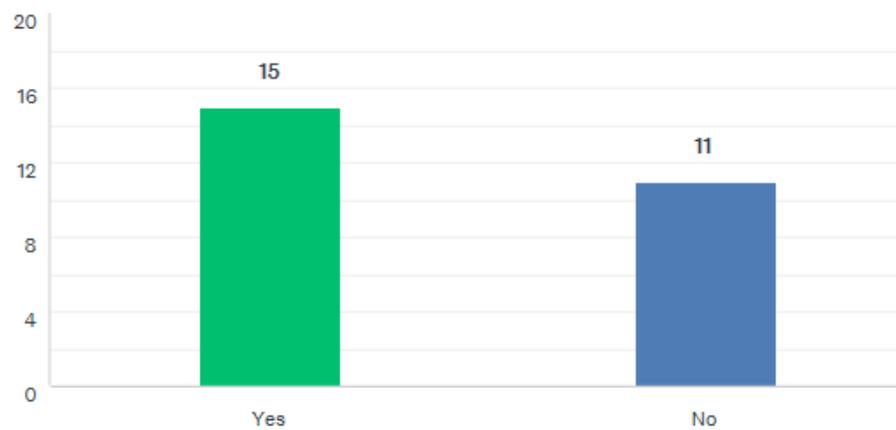
“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

10. *Are you aware of the services available to support you as a carer and the person you care for and how to access them?*

Response Summary: 54% (15) said yes, 39% (11) said no, 7% (2) did not answer.

Findings

Answered: 26 Skipped: 2



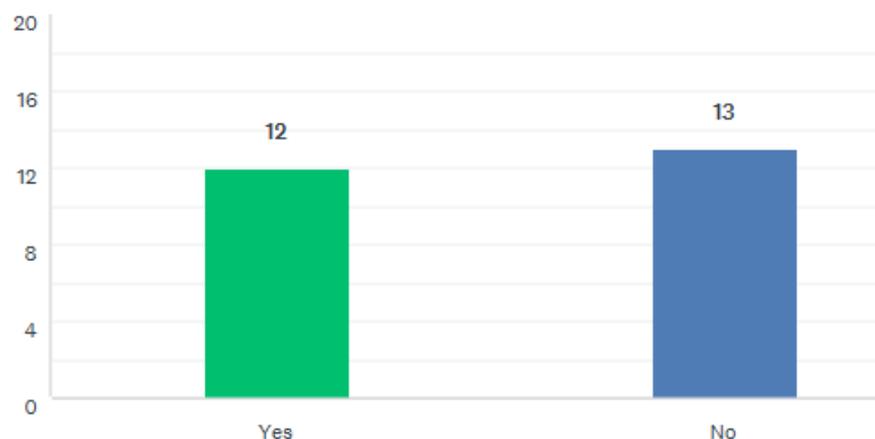
11. Please provide details about your experience of the service? (free text)

Comments indicated that Older Family Carers Service and GP support worker is used by those who are aware.

12. Does the person you care for use direct payments?

Response Summary: 43% (12) said yes, 46% (13) said no, 11% (3) did not answer.

Answered: 25 Skipped: 3



13. If no, have you received information about direct payments, please provide details including why you have not proceeded with this route. (free text)

Negative comments indicated that either little is known about the process, or that initial contact to discuss has not been followed through, or that it is just too much complexity to add to a caring role.

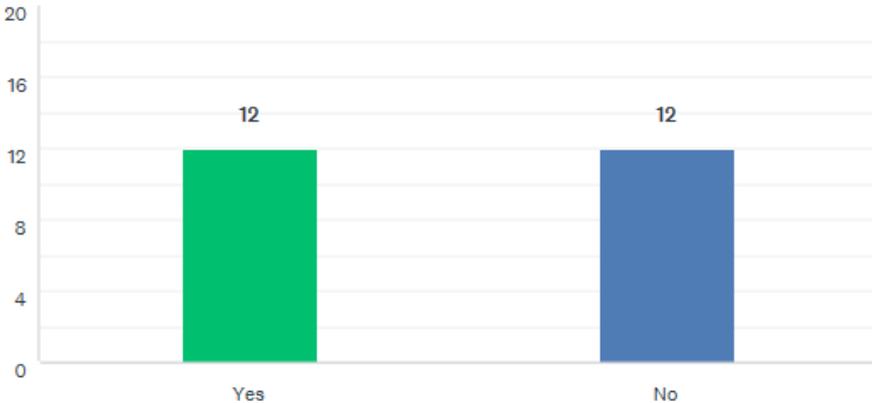
Commissioning Intention:

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

14. Do you have power of attorney or deputyship for financial and/or health for the person you care for?

Response Summary: 43% (12) said yes, 43% (12) said no, 14% (4) did not answer.

Answered: 24 Skipped: 4



15. If no, have you received information or been advised about the pros/cons for having this in place for the person you care for? (free text)

Comments indicate that of those who do not, they have delayed taking action or have not sought out information or believe that without formal powers or consent they are still able to speak for the one they care for.

“Don't have anything formally in writing but all doctors and benefits know to contact me.”

“When I say yes I can speak on behalf of her, but don't have legal power of attorney.”

“Too young”

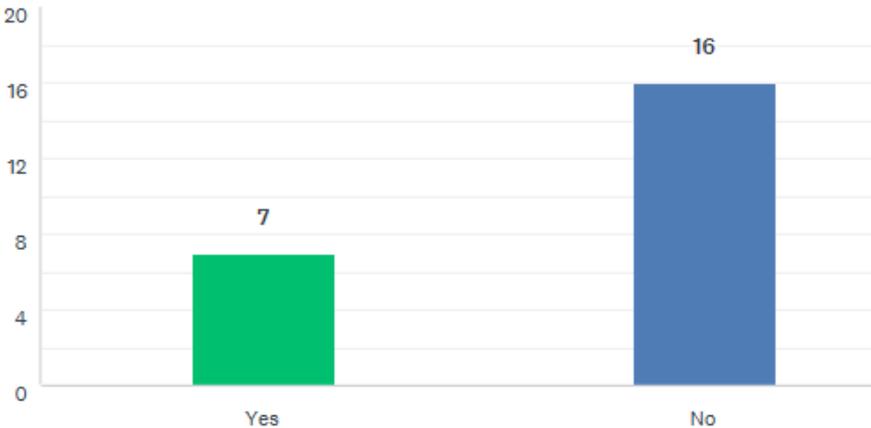
“We have not received information about this yet.”

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.”

16. As you and the person you care for grow older, are you aware of appropriate service to support you both in planning and preparing for the future? E.g. dementia services, end of life, housing support options, etc.

Response Summary: 25% (7) said yes, 57% (16) said no, 18% (5) did not answer.

Answered: 23 Skipped: 5



17. Please share your thoughts or concerns about this. (free text)

Comments for those without provision showed anxiety and lack of knowledge on the correct approach or who would give advice. There were concerns about people living in families where the main carers are themselves elderly.

“I do not want her to be alone as it will be very lonely as things are going or taken advantage of. I want her in a safe place.”

“Recognising signs of dementia in both the carer and the cared for”

“Lack of availability of appropriate respite care”

“Accommodating changing health and accommodation needs for both the carer and the cared for person.”

18. Finally, please feel free to share any other information/comments that are important to you as a carer to someone with a learning disability.

Verbatim comments:

“As long as I care, no one else will. When I stop, then the ????? will have to. Simple.”

“Nobody explains or tells you what services are out there.”

“Needed more emotional support when my son was first diagnosed (10 years ago). The process was very 'cold' and I suffered anxiety and guilt.”

“Please do not even think of closing the day centres, they are vital to the wellbeing of my daughter without them she would be left sitting, watching television, which she doesn't actually watching television, all day, carers lack imagination or energy to do anything about normal living, going out meeting people exploring their parameters”

“As a carer I constantly worry that my daughter will have her services cut hence putting more pressure on me. I do receive respite but I was given 6 less vouchers last year and now I have to contact someone to argue my case. It feels like life is one constant battle and all I want is what is best for my daughter, and not to feel under constant threat. Professionals will never understand, unless they live the life carers live, all that most carers want is a break and not to feel that we are a burden”

“I am a carer for my daughter. She has disability and learning difficulties. I think maybe in about six years' time I would like to look into this to help her for the future.”

“We have had very good support while caring for our child, but we literally have no idea what is available when she becomes as adult in the Autumn. If we were given this information a couple of years in advance of adulthood it would have helped with planning for her future.”

“Wish the agencies would listen to you, return phone calls or answer letters, and that you did not need to threaten them with the ombudsman, before they do anything. It is hard enough caring for somebody without the endless paperwork that seems to be constantly turning up in the letter box, regarding benefits, etc. The fab team now also send out assessment forms for you to fill in, so they don't have to make a home visit, which means you also have to send photo copies of documents, which when they came to carry out a home assessment they only had to see them. If you have been a Carer over a long period of time, you are get tired of the endless paperwork.”

“I worry about my daughter after I have gone!”

“There is a very small amount of support/guidance offered to carers. It feels very isolating and can have a negative impact on the carer as well as the individual who requires care.”

Engagement responses: Providers - 10 responses.

We asked the providers to comment on all of the fifteen commissioning intentions from the “Living well with a learning disability in Devon” 2014-2017 Joint Commissioning Strategy. 21 providers were invited to participate in the provider’s survey, of which, ten anonymous providers actively responded. Their concerns and verbatim comments are included below:

Commissioning statement 1 :

“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 range of services that are least restrictive and maximise the independence of each person according to their needs.”

What has worked well?

- Some progress had been made here.

Comment:

“Good progress here, [but] funding needs to be individual, as shared funding does not work and restricts people moving forward.”

What hasn’t worked well?

- The lack of willingness to address personalisation and individual wellbeing.

Comment:

“If you can get the funding to support people to do this. As assessments aren't based on client need it is about how much it costs and if social workers can reduce packages then they do. I was told that going to the cinema was a WANT not a NEED and so any socialisation funding wasn't required. This person cannot leave the house without support so by not putting funding in they were massively restricting the person. Social workers need training around what is practical. I was told that a person should get a cleaner so funding could be cut as then they won't need support around maintaining their house! How is this promoting independence?”

- An inconsistent approach to prevention.

Comment:

“GP often won't see the person, they will prescribe over the phone. One surgery is very reluctant to for the person with an L/D to see the doctor and has to go through several appointments with other professional who cannot change or issue prescriptions. L/D yearly health check reviews are often a loose chat with carer. More follow ups often needed but pushed aside as they have a LD.”

What could be improved?

- **Specialist support from the primary/community care professionals.**

Comments:

“There is a lack of professionals (Primary Care Liaison Nurses, Physiotherapists, Occupational Therapists) with the skills and knowledge to work with people who have a learning disability and therefore the small few there are, are very stretched. The professionals that are in place are excellent.”

“Training, expectations of employees, standards are all different”

- **A forum for sharing knowledge and awareness of key issues.**

Comment:

“There is no 'overarching' body that is collating what goes on and what is on offer for individuals. The provision is patchy but more importantly most people would argue that they just don't know what is on offer for them to access.”

Commissioning statement 2 :

“We will develop effective local housing options and care and support responses. What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD.”

What has worked well?

- **Sensitive lettings offering additional support.**

Comment:

“There are some sensitive lettings that offer additional support but not many”

What hasn't worked well?

- **Lack of provision and respite providers leading to potential for poor quality lettings**

Comments:

“There is a lack of housing and organisations providing housing in the bay to ensure people have a good choice including, who they live with and where they live.”

“No competition between them to make them better.”

“Family carers do not complain about poor service in case it is withheld.”

- **Repeated concerns about isolation resulting in loneliness and vulnerability.**

Comments:

“The move to ensure people of similar abilities live together is not always conducive to ensure harmony or a balanced setting as most of us live in mixed groups regarding ages and abilities, for example more able people benefit from supporting less able and enjoy

noise /stimulating of a mixed group. People living alone can be very isolated and become deskilled by anxiety levels.”

“Pushing the need for people with an L/D to live independently in a flat on their own, opens up a whole can of worms for seclusion and possible abuse of many types.”

What could be improved?

- **Forward planning.**

Comment:

“The new supported living strategy looks promising. Concerned that recently people are just being placed according to budget rather than a person centred approach. Commissioners need to be aware of the numbers and needs of people with LD living in family home and their potential future housing and care needs.”

- **Communication and raising awareness.**

Comment:

“Work closer with landlords, awareness sessions etc. too many landlords do not understand and will not take if on benefits. Something needs to change.”

- **A more consistent approach.**

Comment:

“There is no consistency over the provision and quality of the housing and supported care. There is also no consistent pricing.”

Commissioning statement 3 :

“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.”

What has worked well?

A positive response stated that *“this has worked well”*; however, of the seven responses, five were negative.

What hasn't worked well?

- **Lack of support.**

Comments:

“This needs drastically improving and more support offered to individuals to find meaningful employment.”

“It is hard to get jobs under normal circumstances let alone having a LD, more coaches to work alongside and support ongoing is needed.”

“The benefit side of things is too confusing and there is no central drive from Torbay to change this situation. Too many people with disabilities are unemployed and not represented in businesses.”

What could be improved?

- **Engagement with employers.**

Comments:

“Employers are not very willing to take a chance on someone with an LD that’s the difficulty”

“There is very little engagement by local employers in Torbay to work with people with disabilities.”

Commissioning statement 4:

“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.”

What has worked well?

- **Transitioning from child to adult services**

Comments:

“Working with one individual to transition from child services to adult services ... its early days but appears to have a lot of support and multi-disciplinary approach.”

“Transitioning between Mayfield School and Hollacombe seems to work well.”

What hasn’t worked well?

- **Lack of social worker support**

Comment:

“Transition from school to adult services is messy. Parents often express the lack of support from social workers.”

- **Lack of information for parents**

Comment:

“We have found that most families do not have the information they need regarding the move into adult services - with our short break service it’s been more word and mouth than active input from social work teams.”

What could be improved?

- **More information on what is available**

Comment:

“There needs to be more information about what is available to the child as they transfer into adult social care as this seems to be lacking.”

- **More transition staff**

Comment:

“In the past we had great transition staff, this was stopped. People need to be supported forward from child to adult.”

Commissioning statement 5 :

“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.”

What has worked well?

Positive response stated that “no improvement needed”; however, most responses highlighted the inconsistency of GP Practices.

What hasn't worked well?

- **Inconsistency across primary care**

Comments:

“We have a good relationship with the GP surgeries that our clients use although it can be difficult to get appointments at times that are suitable to our clients' needs due to the new booking in systems that they introduce.”

“We have found this is very dependent on the GP and the practice involved.”

“This varies depending on the GP. Some GP's are very good at supporting people who have an LD and others aren't.”

- **Communication**

Comment:

“There is a lack of communication/multidisciplinary approach. Decisions made within their particular area but nobody is looking at the overall picture and the consequence of changes to care without information being shared.”

What could be improved?

- **Regular health checks**

Comments:

“For this to be improved all GP’s need to ensure the person is having regular checks and following up on reviews such as asthma and diabetes - and highlight it if the person has missed appointments. GP’s need to review more frequently medication that is being given on repeat prescription and also be more mindful of prescribing medication over the phone without seeing the person.”

“We have an obese population of people with learning disabilities especially in supported living. We need to address this ASAP.”

- **Screening for Dementia**

Comment:

“Improved screening for dementia needed. GP’s seem reluctant to do base line screen for LD and it is not always easy to get a parents concerns about the person they care for showing possible signs of dementia heard. As a significant percentage of people with LD develop early onset dementia there should be better access to a baseline assessment.”

Commissioning statement 6:

“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.”

What has worked well?

Positive response stated that *““Rapid Response Team have provided excellent support at home for families in crisis”*”.

What hasn’t worked well?

- **Lack of respite support**

Comments:

“Closure of Baytree has worried many families. There is a concern about where an emergency bed may be found in event of a crisis.”

“Lack of respite support available to help in crisis situations.”

“On the two occasions I have worked with someone who became very stressed and had to be moved from their home one person was moved to Wales and the other to Cornwall. Therefore in my opinion there are not enough specialised support services in the area.”

“A person with profound learning disability and physical disability was in respite care due to go home. His parent was unable to care for him as she had ‘flu and was concerned about the risk to him. He had complex care needs and no other member of the family was able to support him. The respite provider was unable to continue his care. The extent of illness of the mother was challenged by senior staff who dismissed her concerns without empathy. No support care was provided. The person returned home and his sister cared for both on her own.”

What could be improved?

- **Communication**

Comments:

“Making a referral for someone considered to be reaching crisis point can be difficult due to 'gate keeping' when contacting 01803 219700 - would be easy for a family member to be put off asking for much needed help”

“Each person needs to have clear idea of who is their social team lead so they can contact, people do not see to know who to call and call support workers when not supported.”

Commissioning statement 7 :

“We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon.”

What has worked well?

Of the seven providers responding, two considered that there were no issues to report.

What hasn't worked well?

- **Service closures leading to long waiting lists**

Comment:

“All services seem to be closing ... huge waiting lists for OT (Occupational Therapist) Speech and language etc.”

- **Information available**

Comment:

“Dependent on social workers and their knowledge of facilities and opportunities.”

- **Cost of therapies**

Comment:

“The provision of therapies are patchy at best plus the cost prohibits universal access.”

What could be improved?

- **More LD therapy specialists**

Comment:

“Many of our clients don't fit into IATT (Intensive Assessment and Treatment Teams) or mental health remits and the DAS (Depression and Anxiety Service) service doesn't offer the longer term therapies they need so end up without any therapeutic treatment.”

Commissioning statement 8 :

“We will ensure that people are supported to have relationships of their choosing.”

What has worked well?

- **Level of support**

Comment:

“Good when relationships have been supported. Aware of a couple who have now been supported to get married after years of being discouraged due to their LD.”

“I believe as a provider we support people to do this well.”

What hasn't worked well?

- **Difficult to promote positive relationships**

Comments:

“We do what we can to promote positive relationships with family friends and the community but it can be difficult.”

“From what I have seen this is good, even when families may disagree.”

What could be improved?

- **Not ‘categorising’ people**

Comment:

“[This] will be hampered by banding people into categories of who they can live with.”

Commissioning statement 9 :

“We will support parents who have a learning disability by offering specialist support to agencies working with them.”

What has worked well?

Of the seven providers responding, two considered that there were no issues to report and that it “works well”.

What hasn't worked well?

- **Lack of Support**

Comment:

“LD Team Community Nurses previously provided good support for parents with LD. Loss of team seemed to create a gap. Understand that Devon Linkup are now providing support which is much needed and needs to be continued.”

What could be improved?

- **Flexibility of support**

Comment:

“There are events and courses put on during the day but this excludes many parents and carers who work. Also, these courses do not target what parents actually want.”

Commissioning statement 10 :

“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.”

What has worked well?

- **Availability of some services**

Comments:

“There are a lot of Dementia services accessible to us even though we don't use them currently.”

What hasn't worked well?

- **Access to services**

Comments:

“Need clear access to support and when people can access. Bereavement counselling that can have waiting lists over 6 months and not LD aware.”

“Where are these services??”

What could be improved?

- **Screening for Dementia**

Comment:

“Initial dementia screening is needed and then follow ups with access to appropriate medication.”

- **Personalisation of services**

Comment:

“Important that services suit the individual and not just fit a label of 'LD' or 'Dementia’”

Commissioning statement 11 :

“We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.”

Only one service provider response was able to comment on this statement. Others expressed no knowledge. The one response was largely positive regarding ‘Life Books’ and ‘Direct Payments’. Comment:

“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.”

Commissioning statement 12 :

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

What has worked well?

Of the seven providers responding, one considered that there were “no issues”.

What hasn’t worked well?

- **Lack of Choice**

Comments:

“Due to the lack/choice of providers, some people have to access services which are not able to fully meet their needs, but there are no other alternatives.”

- **Lack of Support**

Comments:

“There is very little support for people to get help with this and those that are there to help are so overstretched. There is a real concern within our charity that people are missing out on money that they are entitled to and services suffer as a result.”

“Some carers find it difficult to know where to go to find someone to support the person they look after”

“As long as there is someone to help them manage this budget then that is ok, but there is a lot of room for abuse in this situation, i.e. not providing the hours expected, letting the person down by not turning up etc. without an organisation behind them.”

“There is a lack of coordination/organisation matching the right person to support someone who wants to purchase support through a direct payment.”

What could be improved?

- **Personalisation**

Comments:

“A truly personalised service can improve life of person and reduce costs.”

Commissioning statement 13 :

“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.”

What has worked well?

Of the six providers responding, one considered that there were “no issues”.

What hasn't worked well?

- **Lack of public consultation**

Comments:

“Lack of LDPB (Learning Disability Partnership Board) has limited communication and opportunity for people to have their say.”

“Often decisions are made amongst senior managers but they have not consulted with providers, carers and people who use services and therefore there is still work to be done in this area.”

“Things happening in isolation need opportunity to bring people together to influence things within the community”

What could be improved?

- **Stronger community voice to speak out**

Comments:

“More speaking out groups and advocacy needed to ensure decision makers are hearing the voice of LD.”

“Who is championing these people? Where is the local and national voice?”

Commissioning statement 14 :

“We will continue to support the use of the Mental Capacity Act in services.”

What has worked well?

- **Carer Assessments**

Comment:

“More carers are being offered an assessment in their own right ensuring they get any support they need.”

What hasn't worked well?

- **Implementation of the Act**

Comment:

“Can be poorly implemented, recent example of an end of service questionnaire that was not accessible to people with LD but could not provide an easy read version as it had to be 'academically rigorous'. Did not give people with LD opportunity to complete and they were deemed to lack capacity when MCA says that information should be given in alternate format to give every opportunity to understand.”

What could be improved?

- **Funding**

Comment:

“The money and funding needs to be in place to successfully do this.”

Commissioning statement 15 :

“We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.”

What has worked well?

- **Response to Safeguarding Alerts**

Comment:

“Yes I have no concerns with the safeguarding team ... they are quick to respond and guide on incidents/ issues raised to them”

What hasn't worked well?

- **Safeguarding Processes**

Comments:

“Safeguarding processes are in place however they can take a long time to make changes for the person”

“Have found that reporting safeguarding issues through 01803 219700 can be difficult for family members particularly if they are raising a concern about the person they care for - 'gate keeping' again can be difficult”

“The police have no idea how to work with LD clients. They hide behind the capacity card and in many instances where we have reported assaults say that the person didn't have capacity to understand their actions. It's like they are immune from any prosecution”

What could be improved?

- **Support for vulnerable people**

Comment:

“Client lost his home... [after it was]...deemed too big for him, his benefits were stopped because he was confused about the situation and he did not get the right support. He got into debt and ended up in a hostel with loss of his flat and most of his possessions.”

Summary of Findings

Service Users

Of the 91 service user responses, all service users surveyed appeared to be socially and physically active, with friendships and family often identified as an essential part of the support network. Service users value organisations that enable them to ‘get out’ and not ‘be bored’, however, the cost of travelling independently was identified as a barrier.

Over 30% (of 91 people) considered that they would like a job or to gain a new skill and knew what they would like to do. Concerns included not understanding paperwork and needing help to complete, crowded buses and public attitudes.

The majority (78%, 71 people) of all responders reported that they chose where they are currently living and are happy with their choice. 97% (88) of responders felt safe where they lived, mainly due to knowing familiar people.

Responders reported close networks of people whom they classed as friends. Most mentioned were parents, siblings, step-parents and other family members. Friendships created at provider activities were also valued, with 91% (80) responders agreeing that they had a choice of who to have a friendship/relationship with.

Carers

64% (19) of the 28 carer responses rated the level of professional support they receive as positive. Reasons for poor rating included lack of continuity from carers, information not provided, and inconsistency for health checks. Housing advice and support was rated more positively than not by carer responders.

18% (5) of the 28 carer responders said the person they care for had been encouraged to take up employment. 71% (20) said the person they care for had received an annual health check from their GP, with 28% (8) saying it had improved their health and wellbeing. 43% (12) of carer responders said the person they care for used direct payments, with 43% (12) again saying they have power of attorney or deputyship for financial and/or health for the person they care for.

11% (3) of carer responders had needed to access crisis/emergency support within the last 12 months.

54% (15) of carer responders were aware of the services available to support them as a carer and the person they care for, and how to access them. 25% (7) were aware of appropriate services to support them both in planning and preparing for the future.

Providers

Of the ten providers who responded to this survey, there were mixed responses throughout to whether the fifteen commissioning intentions had worked well and what improvements were required.

Some providers commented positively regarding the progress that has been made, particularly praising some of the support services offered (e.g. sensitive lettings, transitioning from child to adult services, direct payments and dementia services).

The majority highlighted areas that weren't working so well, including a lack of support and lack of communication throughout the commissioning intentions. A lack of provider choice, available information, public consultation and personalisation to the individual were also mentioned, as well as inconsistencies in prevention and primary care.

When asked to identify what needs to improve, providers frequently commented on the need for improved communication and information available on services and how to access them, not just for service users but also for parents, carers, providers and employers. The need for more consistent, flexible and specialised LD support services (e.g. Dementia Screening, therapists) was also identified, as was the need for forward planning using the voice of the very people who access LD support services.

Thanks

HWT would like to thank the Planning Focus Group, which included:

- Volunteers
- 2 x local carer representatives
- Hollicombe Day Service
- Mayfield GP Practice Care Support Worker
- Torbay Older Family Carers for Mencap
- Torbay Mencap
- Secretary and Vice Chair for Torbay Mencap (local) Society and carer
- SPOT (Speaking Out In Torbay) Representative
- Parent representative supporting someone with LD
- Chief Officer Devon Link Up
- Co-ordin8
- ROC services manager
- Down South representative
- Project coordinator with national Mencap
- Healthwatch Torbay staff and volunteers

We would also like to thank all the service users, carers and providers who participated in this consultation to give us their valuable feedback.

Appendices

Appendix A - Questionnaires used

Service User Survey

Learning Disability Survey for people with lived experience

Healthwatch Torbay is working in partnership with the Learning Disability Sustainability and Transformation Partnership (STP) across Devon to undertake an independent survey to review and refresh the Devon wide Learning Disability Commissioning Strategy “Living Well with a Learning Disability in Devon 2014 – 17 to find out what has worked well, areas that could be improved and to ensure it supports your vision for your future. Healthwatch Torbay is an independent consumer champion for Health and Social Care services in Torbay, ensuring the voice of the community is used to influence and improve services for local people.

To have your say in shaping and improving the Living Well with a Learning Disability Strategy over the next three years, please could you complete and return this questionnaire. If you would like to speak to us direct then you can contact the Healthwatch Torbay office, Monday - Friday, 9.30am - 12pm, on the Freephone number 08000 520 029 and someone will complete the questionnaire with you over the phone.

If you wish to complete this online please use <https://www.surveymonkey.co.uk/r/LDLivedExperience>

Please note that all responses will be anonymous and the information you provide will be used in our report at the end when all the feedback is gathered and shared with commissioners.

Please complete the questions that are relevant to you, and submit the questionnaire even if you haven't completed all the questions as all of your input is important to us.

Please indicate your relationship to the person with learning disability e.g. key worker, carer, volunteer (you do not need to specify name)

To be completed on behalf of the person with learning disabilities

Please indicate your age range.

- 18 – 25 yrs
- 26 – 50 yrs
- 51 – 64 yrs
- 65 – 74 yrs
- 75 - 84 yrs
- 85+ yrs

Q1 - What do you do during the day?

E.G. What do you like to do during the day? What don't you like doing during the day? Is there anything you would like to do that you don't do at the moment?

Q1

E.G. - Do you have a paid job? Do you volunteer?

Q3 - Where do you live and are you happy living there?

E.G. - Did you choose where you are living? Who do you live with? Would you like to live somewhere else? Why? Do you feel safe where you live? What makes you feel safe/unsafe where you live?

Q4 - Do you see and friends or family?

E.G. - Who do you have relationships with e.g. family, friends, partner? Do you feel that you have the choice of who to have a friendship/relationship with? Is there any support or information you need to help you make decisions about relationships you have?

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revised strategy.

Carers Survey

1. Please indicate your age range.

18 - 25

26 -50

51 - 64

65 - 74

75 - 84

85+

Extremely poor Unsatisfactory Satisfactory Good Excellent

What extra support would increase your overall score above?

2. How would you rate the level of professional support you have received in your role as a carer to someone who has a learning disability?



Extremely poor Unsatisfactory Satisfactory Good Excellent

Please describe which service you have used and why you have given the rating above

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



Comment

4. Has the person you care for been encouraged to take up any employment?

Yes

No

Extremely poor Unsatisfactory Satisfactory Good Excellent

What worked well or could be improved?

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



6. Has the person you care for received annual health checks from your GP Practice?

Yes

No

Please provide details

7. Has the health check improved the quality of the health and wellbeing of the person you care for?

Yes

No

If yes, please provide details about your experience of the service

8. Have you had the need to access crisis/emergency support within the last 12 months?

Yes

No

Please list the services you use or are aware of

9. Are you aware of the services available to support you as a carer and the person you care for and how to access them?

Yes

No

If no, have you received information about direct payments, please provide details including why you have not proceeded with this route

10. Does the person you care for use direct payments?

Yes

No

If no, have you received information or been advised about the pros/cons for having this in place for the person you care for? Please provide any comments

11. Do you have power of attorney or deputyship for financial and/or health for the person you care for?

Yes

No

Please share you thoughts/concerns

12. As you and the person you care for grow older, are you aware of appropriate service to support you both in planning and preparing for the future? e.g. dementia services, end of life, housing support options etc

Yes

No

13. Finally, please feel free to share any other information/comments that are important to you as a carer to someone with a learning disability

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revise strategy

Provider Survey

1. Commissioning statement- 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 range of services that are least restrictive and maximise the independence of each person according to their needs.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

2. Commissioning statement- We will develop effective local housing options and care and support responses.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

3. Commissioning statement- 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.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

4. Commissioning statement- 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.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

5. Commissioning statement- 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.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

6. Commissioning statement- 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.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

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

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

8. Commissioning statement- We will ensure that people are supported to have relationships of their choosing.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

9. Commissioning statement- We will support parents who have a learning disability by offering specialist support to agencies working with them.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

10. Commissioning statement- 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.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

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

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

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

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

13. Commissioning statement- 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.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

14. Commissioning statement- We will continue to support the use of the Mental Capacity Act in services.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

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

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revised strategy.

All information given will be kept in accordance with the General Data Protection Regulation 2016/679 (GDPR). Healthwatch Torbay follows standard security procedures to protect your data.

Please be aware you have the right to see the records Healthwatch Torbay holds about you and to be supported to have access to these.
Our Privacy Statement and Terms & Conditions can be found at www.healthwatchtorbay.org.uk

Appendix B - List of Learning Disability Providers

List of key organisations/providers who were given the opportunity to engage with Healthwatch Torbay and the Planning Focus Group during this consultation.

- United Response (ROC)
- Coordin8
- Hollacombe
- Mencap - Gateway
- St Michaels
- Braemar House
- Arundel House
- Burrow Down
- Maidencombe Manor
- Potins
- Summerlands
- Renaissance
- Aspire
- Mencap Society
- Down South Group
- Torbay Older Family Carers Initiative
- SPOT
- Devon Link Up
- Modus Care Ltd
- New Redvers

Details of engagement activity undertaken to gather feedback for Healthwatch Torbay by organisations and providers

- United Response (ROC) - attended Planning Focus Group, completed surveys and had video box at Aspects in Paignton Hyde Road.
- Coordin8 - ran a workshop with service users to gather feedback (supported by HWT Volunteer)
- Hollacombe - attended Planning Focus Group, gathered feedback, case studies and other national/local report, and invited HWT to attend their event in June

- Torbay Mencap - attended Planning Focus Group, gathered surveys through Gateway Club support by HWT volunteers
- St Michaels - SPOT and HWT volunteer completed surveys at St Michaels
- Summerlands - SPOT completed surveys at Summerland
- Renaissance Residential and St John's Supported Living - completed surveys with service users in both locations
- Summon Bonum -SPOT completed surveys at Summon Bonum
- Down South Group - provided valuable information HWT CEO
- Torbay Older Family Carers - attended Planning Focus Group, completed surveys with carers
- New Redvers - completed surveys with service users supported by HWT volunteer
- Torbay Carers Service - circulated survey online to all carers with an email address. HWT used recently completed report with carers for elements of this LD report
- Devon Link Up - attended Planning Focus Group, provided case studies, feedback from recent engagement held, feedback around advocacy and end of life,
- FAB (employment Support Group) - attended Planning Focus Group, gather feedback from service users.
- SPOT -attended planning Focus Group, completed surveys at 3 locations
- Carers - 2 local carers attended the Planning Focus Group and gathered feedback from Roc Creative
- LD Nurse Torbay Hospital - Shared information with HWT
- HWT ran drop in session for one week during the consultation period.

Appendix C Parent Carers Forum Evaluation about Annual Health Checks for Learning Disabilities in Torbay

Click on the image below to download the PDF of the report or visit

<https://healthwatchtorbay.org.uk/annual-health-checks-for-learning-disabilities-report/>



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Devon TCP/learning disability/mental health housing plan

2018/19 – 2020/21

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1. Introduction

Transforming Care Partnerships (TCP) are required to develop a housing plan to support the aims of the programme by helping people to remain living in their local community.

This document is the Devon Transforming Care Partnership's housing plan for people with learning disabilities and/or autism who display behaviour that challenges, including those with mental health needs.

The purpose of the housing plan is:

1. To identify the immediate cohort of inpatients likely to require accommodation on discharge from an out of area in-patient bed.
2. To consider planning for the long-term housing requirements of this cohort of people.
3. To stimulate the development or sourcing of good quality accommodation for people with learning disabilities and/or autism who display behaviour that challenges including those with mental health needs.
4. To identify local housing providers for this cohort of people and to work with the local housing market and invite them to respond with housing solutions.
5. To work with local authority (LA) colleagues and utilise the expertise of housing departments in delivery of the identified housing requirements.
6. To inform capital investment plans in relation to identified housing requirements and to take account of any changes in the future funding arrangements for supported housing.

Transforming Care is one of the four strands of work within the Learning Disability and Autism components of the Devon Sustainability and Transformation Plan (STP).

2. National context

This strategy is based on the principles of recent guidance "*Building the right support*¹" (2015) and "*Build the right home*²" (2015)

Building the Right Support identified three aims for Transforming Care:

- 1) Reduce the number of people who have a learning disability and or autism who also have challenging behaviour in hospital.
- 2) Ensure that people are only admitted if they have a clear need and for the shortest time possible
- 3) Ensure that people have good lives in our community

Building the Right Support and the National Service Model state that people should have choice about where they live and who they live with. Inappropriate accommodation and a lack of robust support arrangements could potentially lead to placement breakdown and may result in an admission or readmission to hospital.

Increasing housing options for people with a learning disability, autism, or both will enable access to the right accommodation with personalised care and support provided to offer sustainable solutions. It is anticipated that this underpinned by the necessary community infrastructure will reduce reliance on inpatient services. In order to do this, it is necessary that people have the right accommodation to meet their needs.

¹ <https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf>

² <https://www.england.nhs.uk/learningdisabilities/wp-content/uploads/sites/34/2015/11/building-right-home-guidance-housing.pdf>

3. Existing provision of accommodation and housing

This section summarises the current accommodation circumstances of the cohorts of people this plan covers.

TCP cohort (Devon wide)

These are individuals currently living in inpatient settings. There are currently 38 people in this cohort including:

- 20 individuals placed and funded by Devon Clinical Commissioning Groups/local authorities
- 18 people placed by NHS England specialist commissioning services.

Clients at risk of in-patient admission (Devon wide)

These individuals are living in the community in a mix of accommodation including residential care and supported living.

People with learning disabilities/autism (excluding the TCP cohort and those at risk of inpatient admission)

Devon

In 2017/18 there were 2,670 people with learning disabilities aged 18 years and over who have been assessed by Devon County Council as being eligible for a service. Table 1 shows the current accommodation/housing arrangements for these people.

Table 1. Adults with learning disabilities: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in nursing care (in and out of borough)	19
Living in residential care (in and out of borough)	544
Living with family carers (of these, estimated no. living with family carers aged 70+)	920 (176)
Living in supported living	487
Living in extra care housing	1
Living in Shared Lives	95
Other (Not recorded elsewhere, including supported housing where recorded as care through the front door)	604
Total	2670

Source: Devon County Council

Residential care/nursing care services are 'spot purchased' placements in and outside of Devon.

People across the age-spectrum from 18+ are living with family carers, however the number of people living with family carers aged 70+ has been identified in terms of the likelihood of future need for alternative housing (section 4).

Supported living in Devon uses a mix of:

- Shared housing models with some level of on-site support
- Self-contained units within a block, i.e. individuals with learning disabilities each occupy a flat within the same building with some level of on-site support
- Self-contained units, i.e. single occupancy (this is applicable to only a small number of individuals in supported living arrangements).

The support arrangements in relation to supported living are categorised as follows:

- Permanent Care need, 2 people, one awake at night
- Permanent Care need, awake at night
- Permanent Care, 2 people, sleep in
- Permanent Care, sleep in
- Shared hours during day, sleep in
- Shared Sleep in
- Shared hours during day only

The percentage of existing supported living arrangement by different support arrangement are shown in table 2.

Table 2. Supported living by support categories.

Type of support arrangement	Percentage
Permanent Care need, 2 people, one awake at night	3
Permanent Care need, awake at night	8
Permanent Care, 2 people, sleep in	20
Permanent Care, sleep in	46
Shared hours during day, sleep in/Shared Sleep in	1
Shared hours during day only	22
Total	100

Source: Devon County Council

Shared Lives: this is a service provided by Shared Lives South West, an independent charity contracted by the local authorities in Devon and Cornwall.

Torbay

These are people aged 18 years and over who have been assessed by Torbay Council/Torbay and South Devon NHS Foundation Trust as being eligible for a service. In 2017/18 there were

573 people with learning disabilities in this 'cohort'. Table 3 shows the current accommodation/housing arrangements for these people.

Table 3. Adults with learning disabilities: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	116
Living with family carers (of these, no. living with family carers aged 70+)	163 (37)
Living in supported housing/supported living/extra care housing	136 (including 7 in extra care housing)
Living in Shared Lives	29
Other ³	129
Total	573

Source: Torbay Council

Residential care/nursing care services are 'spot purchased' placements in and outside of Torbay.

People across the age-spectrum from 18+ are living with family carers, however the number of people living with family carers aged 70+ has been identified in terms of the likelihood of future need for alternative housing (section 4).

Supported living in Torbay uses a mix of:

- Shared housing models with some level of on-site support
- Self-contained units within a block, i.e. individuals with learning disabilities each occupy a flat within the same building with some level of on-site support
- Self-contained units, i.e. single occupancy (this is applicable to only a small number of individuals in supported living arrangements).

Shared supported housing provides 81% of the supported living provision.

Self-contained housing provides 19% of the supported living provision.

Shared Lives: this is a service provided by Shared Lives South West, an independent charity contracted by the local authorities in Devon and Cornwall.

Plymouth

There are 982 people aged 18 years and over with a primary support reason of learning disability who have been assessed by Plymouth City Council as being eligible for care and support and in receipt of a service in 2017/18. Table 4 shows the current accommodation/housing arrangements for these people.

³ This will include people living in mainstream housing with a package of support and/or people whose circumstances have not been recorded within any of the other categories.

Table 4. Adults with learning disabilities: current housing arrangements (2017/18)

Housing/accommodation arrangement (ASC and Health)	Number of people
Living in nursing care	36
Living in residential care	171
Living with family carers (of these, estimated no. living with family carers aged 70+)	167 (27)
Living in supported living	442
Living in extra care housing	13
Living in Shared Lives	12
Other (Not recorded elsewhere)	141
Total	982

Source: Plymouth City Council

Residential care/nursing care services include placements in and outside of Plymouth.

People across the age-spectrum from 18+ are living with family carers; however the number of people likely to require alternative housing under this strategy has been identified from those people living with family carers aged 70+ (section 4)⁴.

Supported living in Plymouth uses a mix of:

- Shared housing models with some level of on-site support. Analysis completed in 2015/16 of shared housing allowed us to conclude that 158 people were living in 52 shared houses, with 36 sleep in staff being deployed.
- Self-contained units within a block, i.e. individuals with learning disabilities each occupy a flat within the same building with some level of on-site support this would include core and cluster models
- Self-contained housing; i.e. the persons own home in the community with support
- People living at home with families with a Supported Living package and a plan to move to their own home

Shared Lives: this is a service provided by Shared Lives South West, an independent charity contracted by the local authorities in Devon and Cornwall.

Extra Care: Plymouth benefits from a purpose built extra care scheme for people with a learning disability. The scheme comprises 8 x 1 bedroom flats with communal area and staff facilities. In addition, a further scheme of 12 x 1 bedroom flats is currently in development. A number of extra care schemes for older people are also available.

People with mental health needs

⁴ Number estimated living with family aged 70+ is based on clients aged 50+

Devon

These are people with mental health related needs who are known to Devon County Council and Devon Partnership NHS Trust. Table 5 shows the current accommodation/housing arrangements for these people.

Table 5. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of County)	172
Living in supported housing/supported living	217
Other ⁵	33
TOTAL	422

Source: Devon County Council

People living in supported housing/supported living are accommodated in a mix of shared housing and self-contained housing.

Torbay

These are people with mental health related needs who are known to Torbay Council and Devon Partnership NHS Trust. Table 6 shows the current accommodation/housing arrangements for these people.

Table 6. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	39
Living in supported housing/supported living	41
Other ⁶	7
TOTAL	87

Source: Torbay Council

People living in supported housing/supported living are accommodated in a mix of shared housing and self-contained housing.

Plymouth

There are 559 people with a primary support reason of 'mental health support' who are known to Plymouth City Council. Table 7 shows the current accommodation/housing arrangements for these people.

Table 7. Adults with mental health needs: current housing arrangements (2017/18)

⁵ This number includes clients who are supported as part of the enhanced community recovery service

⁶ This number includes clients who are supported as part of the enhanced community recovery service

Housing/accommodation arrangement	Number of people
Living in residential care	102
Living in supported living	64
Living in Extra Care	4
Living in Shared Lives	5
Other	384
TOTAL	559

Source: Plymouth City Council

People living in supported housing/supported living are accommodated in a mix of shared housing and self-contained housing.

Existing provision: summary headlines

There are 38 people in the TCP cohort current living in a variety of inpatient settings who need to be rehoused within the Devon STP 'footprint'.

Amongst the wider cohort of people with learning disabilities/autism:

- 21% are living in residential care (including nursing care) placements.
- 29% are living with family carers.
- 25% live in supported living. The most common type of supported living across Devon is small scale shared supported housing (up to 4-5 people sharing) with 24/7 on-site support.
- 3% live in shared lives.
- 21% live in 'other'⁷ arrangements.

Amongst people with mental health needs:

- 29% are living in residential care (including nursing care) placements.
- 31% live in supported housing. The most common type across Devon is small scale shared supported housing (up to 4-5 people sharing) with 24/7 on-site support
- 40% live in other housing arrangements, typically mainstream housing.

⁷ This is likely to include, due to coding differences, people living with family carers; people living in supported housing that has not been categorised as 'supported living'; people living in mainstream housing with a care package.

4. Housing demand assessment 2018/19-2020/21

Evidence in relation to housing demand has been identified and reviewed. This has been based on available client-level data from Devon local authorities and NHS organisations. This reflects NHSE guidelines and specific local requirements including future housing need for:

- Inpatients, i.e. the TCP 'cohort'.
- People who are not inpatients but who may be at risk of being admitted to inpatient settings.
- People with learning disabilities and people with autism (not covered by the above groups).
- Young people with learning disabilities/physical disabilities/mental health needs in 'transition' who may need housing.
- People with mental health needs including people leaving hospital settings or living in residential care.

This is set out for the Torbay, Plymouth and Devon (county) local authority areas.

TCP cohort

These are people who are identified as being part of the TCP 'cohort'.

There are 6 South Devon and Torbay CCG clients in this cohort in 2017/18. Most of these individuals have identified hospital discharge dates and, to varying degrees, an assessment of housing/accommodation requirements at discharge. Table 8 summarises:

- When are they due to be discharged, i.e. when housing required.
- The housing requirements for each individual (where currently determined).

Table 8. Future housing need for inpatient (TCP) cohort

Client	When housing required	Housing requirements
1	End of Q3 2018/19	Possible bespoke house/bungalow, good line of sight, enough space in garden for a sensory den (shed), close to family in East Devon close to countryside/seaside.
2	End of Q4 2018/19	Bespoke single person placement; no mobility specific requirements; not within walking distance of schools/parks.
3	End of Q1 2018/19	Residential care; living with others, needs access to community e.g. shops, gym
4	End of Q1 2018/19	Residential care; closer to family in Cornwall
5	End of Q2 2018/19	Residential care. Location to be agreed unlikely to be Devon
6	tbc	Unknown at present – individual life plan commissioned – await outcome.

Source: South Devon and Torbay CCG

These are people who are identified as being part of the TCP 'cohort'. There are 14 NEW Devon CCG clients in this cohort in 2017/18. Most of these individuals have identified hospital discharge dates and, to varying degrees, an assessment of housing/accommodation requirements at discharge. Table 9 summarises:

- When are they due to be discharged, i.e. when housing required.
- The housing requirements for each individual (where currently determined).

Table 9. Future housing need for inpatient (TCP) cohort

Client	When housing required	Housing requirements
1.	End of Q4 2018/19	Residential in Cullompton/Tiverton/Honiton area with easy access to Taunton.
2	tbc	Will not be discharged before the end of the programme, still requiring treatment. Could require bespoke accommodation in a remote location with a staff team. No preference on location.
3.	tbc	Needs to remain in hospital
4.	Unlikely to be discharged before end of Q4 2018/2019	Will be returning to supported living in Plymouth area
5.	Q1 2018/2019	Transferring to residential care
6.	Q1 2018/2019	Transition commenced to supported living in Exeter.
7	Q4 2018/2019	Supported living or residential care. Could be in Plymouth area
8.	Q1 2018/2019	Flat annexe to family home in Torquay
9	Q2 2018/2019	Bungalow in Exmouth area
10	Q1 2018/2019	Transfer to residential care. Then bungalow in Barnstaple area
11	tbc	MOJ involved. Potentially residential care in Devon
12	Q2 2018/2019	Essex
13	Q3 2018/2019	Detached bungalow in Plymouth
14	Unlikely to be discharged before end of Q4 2018/2019	Possibly supported living in Devon

Source: NEW Devon CCG.

In addition, there are 18 people in placements currently commissioned and funded by NHS England specialist commissioning services who need to be rehoused in Devon

Torbay

Context

Evidence from *Identifying the need for specialist housing in Torbay (2016)*⁸ provides contextual data in relation to the local population of people with learning disabilities and people with mental health needs in Torbay.

Table 10 shows the predicted population of people with learning disabilities, disaggregated by age range, to 2035. It should be noted that the number of people with learning disabilities who will be assessed by Torbay Council/Torbay and South Devon NHS Foundation Trust as eligible for a service will be a lower subset of this predicted population. However, this does show an estimated slight decrease in the learning disability population.

Table 10. Torbay: Number of people predicted to have a learning disability to 2035

	2017	2020	2025	2030	2035
People aged 18-24 predicted to have a learning disability	252	232	226	249	257
People aged 25-34 predicted to have a learning disability	346	354	354	329	336
People aged 35-44 predicted to have a learning disability	327	323	341	359	356
People aged 45-54 predicted to have a learning disability	443	416	364	351	377
People aged 55-64 predicted to have a learning disability	422	452	477	447	400
Total population aged 18-64 predicted to have a learning disability	1,790	1,777	1,761	1,736	1,726

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Table 11 shows the predicted population of adults with mental health problems which shows an overall projected decrease in numbers by 2035. However, it should be noted that the majority of people with mental health problems will not be seen by specialist mental health services and it is likely that only a small minority would need supported housing.

⁸ <http://www.torbay.gov.uk/media/8980/specialist-housing-need-report.pdf>

Table 11. Torbay: Number of people aged 18-64 predicted to have a mental health problem to 2035

	2017	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	11,939	11,880	11,739	11,539	11,415
People aged 18-64 predicted to have a borderline personality disorder	335	333	329	323	320
People aged 18-64 predicted to have an antisocial personality disorder	254	254	251	247	245
People aged 18-64 predicted to have psychotic disorder	297	295	292	287	284
People aged 18-64 predicted to have two or more psychiatric disorders	5,318	5,296	5,231	5,144	5,093

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Evidence of future housing demand

Evidence of housing demand is summarised below for each client cohort.

People who are not inpatients who may be at risk of being admitted to inpatient settings

These are people who would meet the TCP criteria and who are known to Torbay Council/Torbay and South Devon NHS Foundation Trust and are also likely to be supported by Devon Partnership NHS Trust due to the complex nature of their support needs.

Torbay Council has 21 people identified within this category.

The current housing/accommodation position for these 21 individuals is:

- 11 live in residential care services.
- 6 live in supported housing/living arrangements.
- 4 people in settings where they are supported by Devon Partnership Trust due to their complex needs.

In relation to future housing/accommodation need, it is likely that up to 15% of those people living in residential care, i.e. 2 people, will require a supported housing/living alternative in Torbay during the next 3 years.

People with learning disabilities and people with autism (not covered by the above groups).

These are people aged 18 years and over who have been assessed by Torbay Council/Torbay and South Devon NHS Foundation Trust as being eligible for a service. In 2017/18 there are 573 people with learning disabilities in this 'cohort'. Table x3 in section 3 shows the current accommodation/housing arrangements for these people.

Work undertaken by Torbay Council/ Torbay and South Devon NHS Foundation Trust that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%, approximately 17 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

Amongst people currently living with family carers, particularly those adults with learning disabilities living with carers aged 70+, it is estimated that 20%, approximately 7 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 19 people. Some of this demand will be for general needs housing, including through choice based lettings (CBL), although it is recognised that there are issues in using CBL for some people with learning disabilities.

Demand for shared lives is estimated to remain relatively static, apart from potential demand from some adults with learning disabilities living with older carers. However, it is intended to review the purpose, capability and future capacity of the Shared Lives service in 2018/19.

The demand for fully wheelchair adapted housing amongst this cohort is estimated to be 18% of future demand (of those moving from residential care and family homes) based on work done by another south west unitary local authority (based on a client case sample of 30% of adults with learning disabilities known to the authority).

Table 12 summarises the estimated future housing demand amongst people with learning disabilities/autism known to Torbay Council over the period 2018/19 – 2020/21.

Table 12. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Number of additional units
1	No. in residential care who require supported housing/living	17
2	No. living with older family carers who require supported housing/living	7
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	4-5
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	19
	TOTAL	43

Young people in 'transition'

These are young people aged 15-18 years with learning disabilities/physical disabilities/mental health needs who are known to Torbay Council Children's Services and are likely to be eligible for adult services when they reach 18 years.

Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have 'transitioned' to adult services over the last three years.

Table 13 summarises the estimated future housing demand amongst young people in 'transition' known to Torbay Council over the period 2018/19 – 2020/21.

Table 13. Young people in 'transition': estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. of young people who will 'transition' to Adults Services	39
No. young people requiring housing	12

Source: Torbay Council

People with mental health needs including people leaving hospital settings or living in residential care.

These are people with mental health related needs who are known to Torbay Council and Devon Partnership NHS Trust. Table 14 shows the current accommodation/housing arrangements for these people.

Table 14. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	39
Living in supported housing/supported living	41
Other ⁹	7

Source: Torbay Council

Work undertaken by Torbay Council that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%, approximately 6 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

⁹ This number includes clients who are supported as part of the enhanced community recovery service

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 6 people. There is currently a brokerage service reviewing these clients' needs including future housing need.

Table 15 summarises the estimated future housing demand amongst people with mental health needs known to Torbay Council over the period 2018/19 – 2020/21.

Table 15. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. in residential care who require supported housing/living	6
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	6
Total	12

Plymouth

Context

Table 16 shows the predicted population of people with learning disabilities, disaggregated by age range, to 2035. It should be noted that the number of people with learning disabilities who will be assessed by Plymouth City Council as eligible for a service will be a lower subset of this predicted population. However, this does show an estimated very slight increase in the learning disability population.

Table 16. Plymouth: Number of people predicted to have a learning disability to 2035

	2017	2020	2025	2030	2035
People aged 18-24 predicted to have a learning disability	955	935	919	1,027	1,040
People aged 25-34 predicted to have a learning disability	906	894	896	864	894
People aged 35-44 predicted to have a learning disability	738	759	796	798	798
People aged 45-54 predicted to have a learning disability	798	757	678	687	725
People aged 55-64 predicted to have a learning disability	679	720	739	691	624
Total population aged 18-64 predicted to have a learning disability	4,076	4,064	4,027	4,068	4,080

Source: www.pansi.org.uk , prevalence rates have been applied to ONS population projections

Table 17 shows the predicted population of adults with mental health problems which shows an overall projected decrease in numbers by 2035. However, it should be noted that the majority of people with mental health problems will not be seen by specialist mental health services and it is likely that only a small minority would need supported housing.

Table 17. Plymouth: Number of people aged 18-64 predicted to have a mental health problem to 2035

	2017	2020	2025	2030	2035
People aged 18-64 predicted to have a common mental disorder	26,581	26,443	26,198	26,303	26,202
People aged 18-64 predicted to have a borderline personality disorder	742	737	731	733	730
People aged 18-64 predicted to have an antisocial personality disorder	587	586	581	587	588
People aged 18-64 predicted to have psychotic disorder	660	657	651	653	650
People aged 18-64 predicted to have two or more psychiatric disorders	11,922	11,870	11,762	11,823	11,791

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Evidence of future housing demand

Evidence of housing demand is summarised below for each client cohort.

People who are not inpatients who may be at risk of being admitted to inpatient settings

These are people who would meet the TCP criteria and who are known to Plymouth City Council and are also likely to be supported by Livewell Southwest NHS Trust due to the complex nature of their support needs. Plymouth City Council has 20 people identified within this category.

Table 18. Individuals at risk of admission to inpatient settings. Housing need.

People who are not inpatients but may be at risk of admission	Total number of people	Housing requirement
People on the risk register for May 18	20, of which 9 people are considered to have a red status and 11 amber	One person requires a bespoke individual placement

Source: Plymouth City Council

In relation to future housing/accommodation need, it is assessed that the majority of these individuals are suitably accommodated, however one individual is assessed as requiring a 'single person' placement in Plymouth during the next 3 years.

People with learning disabilities and people with autism (not covered by the above groups).

These are people aged 18 years and over who have been assessed by Plymouth City Council as being eligible for a service. In 2017/18 there are 982 people with learning disabilities in

this 'cohort'. Table 4 in section 3 shows the current accommodation/housing arrangements for these people.

Work undertaken by Plymouth City Council that provides evidence of future housing demand among these cohorts indicates the following:

The number of people living in residential care services is estimated to remain stable over the next 3 years, i.e. no estimated net increase/decrease.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 24 people.

Amongst people currently living with older family carers (aged 70+), it is estimated that 20%, approximately 5 people¹⁰, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years.

The need for shared lives provision is expected to increase, due in part from people living with older carers seeking alternative provision. The purpose, capability and future capacity of the Shared Lives service is currently being reviewed (May 2018/19).

The demand for fully wheelchair adapted housing amongst this cohort is estimated to be 18% of future demand (of those moving from residential care and family homes) based on work done by another south west unitary local authority (based on a client case sample of 30% of adults with learning disabilities known to the authority).

Table 19 summarises the estimated future housing demand amongst people with learning disabilities/autism known to Plymouth City Council over the period 2018/19 – 2020/21.

Table 19. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Number of additional units
1	No. in residential care who require supported housing/living	0
2	No. living with older family carers who require supported housing/living	5
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	1
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	24
	TOTAL	29

Young people in 'transition'

¹⁰ Estimated based on 70+ carer population assumptions applied in Torbay (20% of total 'living with family carers').

These are young people aged 15-18 years with learning disabilities/physical disabilities/mental health needs who are known to Plymouth City Council Children’s Services and are likely to be eligible for adult services when they reach 18 years. Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have ‘transitioned’ to adult services over the last three years. Table 20 summarises the estimated future housing demand amongst young people in ‘transition’ known to Plymouth City Council over the period 2018/19 – 2020/21.

Table 20. Young people in ‘transition’: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. of young people requiring residential care	2
No. young people requiring supported housing	10

Source: Plymouth City Council

People with mental health needs including people leaving hospital settings or living in residential care.

These are people with mental health related needs who are known to Plymouth City Council. Table 21 shows the current accommodation/housing arrangements for these people.

Table 21. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of borough)	130
Living in supported housing/supported living	71
Living in Shared Lives	4
Living in extra care	9
Other ¹¹	152
TOTAL	366

Source: Plymouth City Council

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%¹², approximately 19 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15%¹³ of this cohort, i.e. up to 11 people. The Mental Health Programme Board in Plymouth will be completing a review of the housing needs of people who require support related to their mental health needs over the next 12 months.

¹¹ This number includes clients who are supported as part of the enhanced community recovery service

¹² Estimate based on Torbay percentage of need for alternative housing

¹³ Estimate based on Torbay percentage of need for alternative housing

Table 22 summarises the estimated future housing demand amongst people with mental health needs known to Plymouth City Council over the period 2018/19 – 2020/21.

Table 22. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. in residential care who require supported housing/living	19
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	11
TOTAL	30

Devon

Context

Table 23 shows the predicted population of people with learning disabilities, disaggregated by age range, to 2035. It should be noted that the number of people with learning disabilities who will be assessed by Devon County Council as eligible for a service will be a lower subset of this predicted population. However, this does show an estimated very slight increase in the learning disability population.

Table 23. Devon: Number of people predicted to have a learning disability to 2030

	2017	2020	2025	2030	2035
Devon: People aged 18-24 predicted to have a learning disability	1,655	1,571	1,549	1,716	1,739
Devon: People aged 25-34 predicted to have a learning disability	2,047	2,109	2,077	1,955	2,012
Devon: People aged 35-44 predicted to have a learning disability	1,989	2,015	2,179	2,303	2,283
Devon: People aged 45-54 predicted to have a learning disability	2,546	2,400	2,164	2,151	2,318
Devon: People aged 55-64 predicted to have a learning disability	2,399	2,551	2,693	2,544	2,318
Devon: Total population aged 18-64 predicted to have a learning disability	10,636	10,647	10,663	10,669	10,670

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Table 24 shows the predicted population of adults with mental health problems which shows an overall projected decrease in numbers by 2035. However, it should be noted that the majority of people with mental health problems will not be seen by specialist mental health services and it is likely that only a small minority would need supported housing.

Table 24. Devon: Number of people aged 18-64 predicted to have a mental health problem to 2030

	2017	2020	2025	2030	2035
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Devon: People aged 18-64 predicted to have a common mental disorder	70,881	70,811	70,798	70,556	70,170
Devon: People aged 18-64 predicted to have a borderline personality disorder	1,984	1,981	1,980	1,972	1,960
Devon: People aged 18-64 predicted to have an antisocial personality disorder	1,523	1,526	1,531	1,535	1,537
Devon: People aged 18-64 predicted to have psychotic disorder	1,762	1,760	1,759	1,753	1,743
Devon: People aged 18-64 predicted to have two or more psychiatric disorders	31,625	31,613	31,630	31,557	31,425

Source: www.pansi.org.uk, prevalence rates have been applied to ONS population projections

Evidence of future housing demand

Evidence of housing demand is summarised below for each client cohort.

People who are not inpatients who may be at risk of being admitted to inpatient settings

These are people who would meet the TCP criteria and who are known to Devon County Council and are supported by Devon Partnership NHS Trust due to the complex nature of their support needs.

There are 13 clients with a 'red status' people identified within this category¹⁴. In relation to future housing/accommodation need, it is likely that up to 15%¹⁵ of these people, i.e. approximately 2 people, will require a supported housing/living alternative in Devon during the next 3 years.

People with learning disabilities and people with autism (not covered by the above groups).

These are people aged 18 years and over who have been assessed by Devon County Council as being eligible for a service. In 2017/18 there are 2,670 people with learning disabilities in this 'cohort'. Table 1 in section 3 shows the current accommodation/housing arrangements for these people.

Work undertaken by Devon County that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, it is estimated that 15%, approximately 82 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

¹⁴ As at May 2018

¹⁵ Based on same assumptions applied to this cohort for Torbay

Amongst people currently living with family carers, particularly those adults with learning disabilities living with carers aged 70+, it is estimated that 20%, approximately 35 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be 10-15% of this cohort, i.e. up to 73 people. Some of this demand will be for general needs housing, including through choice-based lettings (CBL), although it is recognised that there are issues in using CBL for some people with learning disabilities.

Demand for shared lives is estimated to remain relatively static, apart from potential demand from some adults with learning disabilities living with older carers. However, it is intended to review the purpose, capability and future capacity of the Shared Lives service in 2018/19.

The demand for fully wheelchair adapted housing amongst this cohort is estimated to be 18% of future demand (of those moving from residential care and family homes) based on work done by another south west unitary local authority (based on a client case sample of 30% of adults with learning disabilities known to the authority).

Table 25 summarises the estimated future housing demand amongst people with learning disabilities/autism known to Devon County Council over the period 2018/19 – 2020/21.

Table 25. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Number of additional units
1	No. in residential care who require supported housing/living	82
2	No. living with older family carers who require supported housing/living	35
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	21
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	73
	TOTAL	190

The estimated housing demand is shown by District Council area in table 26. It should be noted that this disaggregation of estimated housing need by District is tentative at this stage.

Table 26. Adults with learning disabilities: estimated housing demand by District (2018/19-2020/21)

District	Need: Residential to	Need: Living with	Need: Supported
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	Supported Housing/Living	older family carer that may need to move	Living to self-contained Supported Housing or General Needs Housing
East Devon	8	6	15 (21% of placements currently in East Devon)
Exeter	6	5	14 (19%)
Mid Devon	8	4	8 (11%)
North Devon	10	4	2 (2%)
South Hams	8	4	7 (10%)
Teignbridge	19	6	15 (21%)
Torridge	10	3	5 (5%)
West Devon	13	3	7 (10%)
TOTAL	82	35	73

Young people in 'transition'

These are young people aged 15-18 years with learning disabilities/physical disabilities/mental health needs who are known to Devon County Council Children's Services and are likely to be eligible for adult services when they reach 18 years.

Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have 'transitioned' to adult services over the last three years.

Table 27 summarises the estimated future housing demand amongst young people in 'transition' known to Devon County City Council over the period 2018/19 – 2020/21.

Table 27. Young people in 'transition': estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. of young people who will 'transition' to Adults Services	250-300
No. young people requiring housing	75-90

Source: Devon County Council

People with mental health needs including people leaving hospital settings or living in residential care.

These are people with mental health related needs who are known to Devon County Council and Devon Partnership NHS Trust. Table 28 shows the current accommodation/housing arrangements for these people.

Table 28. Adults with mental health needs: current housing arrangements (2017/18)

Housing/accommodation arrangement	Number of people
Living in residential care (in and out of County)	172

Living in supported housing/supported living	217
Other ¹⁶	33
TOTAL	422

Source: Devon County Council

Work undertaken by Devon County Council that provides evidence of future housing demand among these cohorts indicates the following.

There is not anticipated to be additional growth in the number of people living in residential care services. Amongst people living in residential care services currently, based on analysis of QAP review work and other analysis of client need, it is estimated that approximately 18-33 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years.

There is estimated to be demand from people living in shared supported housing to move to either self-contained supported housing or general needs housing; this is estimated to be approximately 22-33 people.

Table 29 summarises the estimated future housing demand amongst people with mental health needs known to Devon County Council over the period 2018/19 – 2020/21.

Table 29. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Number of units
No. in residential care who require supported housing/living	18-33
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	22-33
TOTAL	40-66

The estimated housing demand is shown by District Council area in table 30. It should be noted that this disaggregation of estimated housing need by District is tentative at this stage.

¹⁶ This number includes clients who are supported as part of the enhanced community recovery service

Table 30. Adults with mental health needs: estimated housing demand by District (2018/19-2020/21)

District	Number Residential to Supported Housing/Living	Number Supported Living to self-contained Supported Housing or General Needs Housing
East Devon	1-2	1-3
Exeter	7-14	10-14
Mid Devon	1-2	1
North Devon and Torridge	4-8	7-9
South Hams	2-3	1-2
Teignbridge	2-3	1-2
West Devon	1	1-2
TOTAL	18-33	22-33

5. Future need and gaps

Evidence of housing demand is summarised below for each client cohort.

Inpatient cohort

Table 31. Future housing need for inpatient (TCP) cohort

Client	When housing required	Housing requirements
1	End of Q3 2018/19	Possible bespoke house/bungalow, good line of sight, enough space in garden for a sensory den (shed), close to family in East Devon close to countryside/seaside.
2	End of Q4 2018/19	Bespoke single person placement; no mobility specific requirements; not within walking distance of schools/parks.
3	End of Q1 2018/19	Residential care; living with others, needs access to community e.g. shops, gym
4	End of Q1 2018/19	Residential care; closer to family in Cornwall
5	End of Q2 2018/19	Residential care. Location to be agreed unlikely to be Devon
6	tbc	Unknown at present – individual life plan commissioned – await outcome.
7.	End of Q4 2018/19	Residential in Cullompton/Tiverton/Honiton area with easy access to Taunton.
8	tbc	Will not be discharged before the end of the programme,

Client	When housing required	Housing requirements
		still requiring treatment. Could require bespoke accommodation in a remote location with a staff team. No preference on location.
9.	tbc	Needs to remain in hospital
10.	Unlikely to be discharged before end of Q4 2018/2019	Will be returning to supported living in Plymouth area
11.	Q1 2018/2019	Transferring to residential care
12.	Q1 2018/2019	Transition commenced to supported living in Exeter.
13	Q4 2018/2019	Supported living or residential care. Could be in Plymouth area
14.	Q1 2018/2019	Flat annexe to family home in Torquay
15	Q2 2018/2019	Bungalow in Exmouth area
16	Q1 2018/2019	Transfer to residential care. Then bungalow in Barnstaple area
17	tbc	MOJ involved. Potentially residential care in Devon
18	Q2 2018/2019	Essex
19	Q3 2018/2019	Detached bungalow in Plymouth
20	Unlikely to be discharged before end of Q4 2018/2019	Possibly supported living in Devon

Source: NEW Devon CCG/South Devon and Torbay CCG

In addition, there are 18 people in placements currently commissioned and funded by NHS England specialist commissioning services who need to be rehoused in Devon

People who are not inpatients who may be at risk of being admitted to inpatient settings

Table 32. Future housing need for clients at risk of inpatient admission (2018/19-2020/21)

Torbay	Plymouth	Devon	Total
2	1	2	5

It is anticipated that these individuals will require a mix of 'bespoke' individual housing solutions or access to existing supported housing/living options.

People with learning disabilities and people with autism (not covered by the above groups).

Table 33. Adults with learning disabilities: estimated housing demand (2018/19-2020/21)

	Type of housing/accommodation	Torbay: Number of additional units	Plymouth: Number of additional units	Devon: Number of additional units	Total
1	No. in residential care who require supported housing/living	17	0	82	99
2	No. living with older family carers who require supported housing/living	7	5	35	62
	Of which no. of units required to be fully wheelchair adapted (of those moving from residential care and family homes)	4-5	1	21	26-27
3	No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	19	24	73	116
	TOTAL	43	29	190	262

Amongst people living in residential care services currently, it is estimated that:

- Approximately 99 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years. Of these:
 - 17 people need alternative housing in Torbay
 - 82 people need alternative housing in Devon (locations identified at section 4)

Amongst people currently living with family carers, particularly those adults with learning disabilities living with carers aged 70+, it is estimated that:

- Approximately 47 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support, or Shared Lives within the next 3 years. Of these:
 - 7 people need alternative housing in Torbay
 - 35 people need alternative housing in Devon (locations identified at section 4)
 - 5 people need alternative housing in Plymouth

It is estimated that 26-27 will need fully wheelchair adapted housing.

Amongst people living in shared supported housing it is estimated that:

- Approximately 116 people could potentially move to self-contained supported housing or general needs housing, including through choice-based lettings (CBL), although it is recognised that there are issues in using CBL for many people with learning disabilities. Of these:

- 19 people need alternative housing in Torbay
- 73 people need alternative housing in Devon
- 24 people need alternative housing in Plymouth

Young people in 'transition'

Table 34. Young people in 'transition': estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Torbay: Number of additional units	Plymouth: Number of additional units	Devon: Number of additional units	Total
No. of young people who will 'transition' to Adults Services	39	200-250	250-300	489-589
No. young people requiring housing	12	10 <i>tbc</i>	75-90	97-112

Evidence of future housing demand is based on current client assessment data and evidence of past housing requirements from young people who have 'transitioned' to adult services over the last three years.

Between 489-589 young people with disabilities will 'transition' to Adult Services. It is estimated that 97-112 of these young people will need housing/supported living. Of these, approximately:

- 12 young people need alternative housing in Torbay
- 75-90 people need alternative housing in Devon (locations identified at section 4)
- 10 people need alternative housing in Plymouth

People with mental health needs including people leaving hospital settings or living in residential care.

Table 35. Adults with mental health needs: estimated housing demand (2018/19-2020/21)

Type of housing/accommodation	Torbay: Number of additional units	Plymouth: Number of additional units	Devon: Number of additional units	Total
No. in residential care who require supported housing/living	6	19	18-33	43-58
No. living in shared supported housing who could move to self-contained supported housing or general needs housing.	6	11	22-33	39-50
Total	12	30	40-66	82-108

Amongst people living in residential care services currently, it is estimated that:

- Approximately 43-58 people, could move to supported housing/living alternatives, including both shared housing and self-contained housing (e.g. within a small cluster of flats) with on-site support within the next 3 years. Of these:
 - 6 people need alternative housing in Torbay
 - 18-33 people need alternative housing in Devon (locations identified at section 4)
 - 19 people need alternative housing in Plymouth

Amongst people living in shared supported housing it is estimated that:

- Approximately 39-50 people could move to self-contained supported housing or general needs housing, including through choice-based lettings (CBL). Of these:
 - 6 people need alternative housing in Torbay
 - 22-33 people need alternative housing in Devon (locations identified at section 4)
 - 11 people need alternative housing in Plymouth

6. Approach to housing delivery

To be drafted following 'roundtable' event with housing providers



Ready When You Are is a campaign to support businesses to attract , recruit and retain more people with learning disabilities, autism and mental health needs in Devon

The campaign is part of a wider programme of work in Devon to create conditions which provide people with disabilities better opportunities to fulfil their potential and live the life they choose

- **Why** - People have told us that they would really like a job but are put off applying through fear of the stigma faced in recruitment selection processes.
- **Aims** - Challenge preconceived ideas and **build positive perceptions**

Inspire employers to think differently about recruitment and their future workforce and benefit from the free support from Job Centre Plus's employer engagement team and **sign up** to the **Disability Confident** scheme.
- **How** - Using a range of real life stories and testimonies from employers, employees and job seekers showing they are committed, skilled and ready to work. All advertising will direct employers to a **dedicated webpage** and bespoke support from Job Centre Plus

Campaign Delivery

A three month media plan, using a mix of digital and external advertising.

Website

www.readydevon.org.uk

Advertising will be targeted at business decision makers and HR personnel

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Media Coverage

Local Press

- Western Morning News
- Exeter Express & Echo
- Mid Devon Gazette
- North Devon Journal

To tap into local interest

Social Media

Using the platforms of LinkedIn and Facebook to promote blog posts, video views and website clicks.

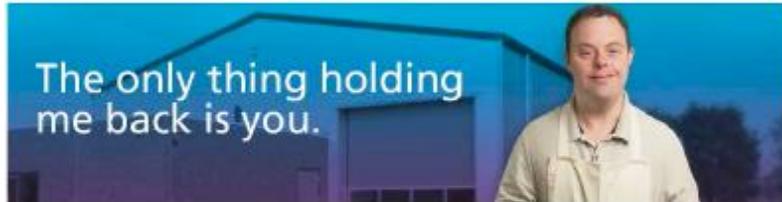
All advertisement drives traffic to the webpage.

Radio

To reach people during their daily commutes advertising in breakfast and evening rush hours.

Delivered through Heart South West

Campaign Delivery



Google Paid Advertising

AdWords

Keyword search terms associated with the campaign to ensure **readydevon.org.uk** ranks highly in searches

Ad Display Network

Ads will appear in popular places and media sites, targeting people looking for related information

YouTube Pre-roll

The 30 second video will be targeted to YouTube users based on their interests and websites visited



Billboards

Located in Devon, Plymouth and Torbay

Cinema

- Exeter Picturehouse
- Ilfracombe Embassy
- Lynton Cinema
- Merlin Cinema Kingsbridge
- Okehampton Carlton Cinema
- Plymouth Reel
- Tiverton Tivoli
- Torquay Central Cinema
- Torrington Plough Arts Centre
- Vue Plymouth
- Vue Torbay (Paignton)

Advertising on buses is a great way to spread the message

Areas and routes covered

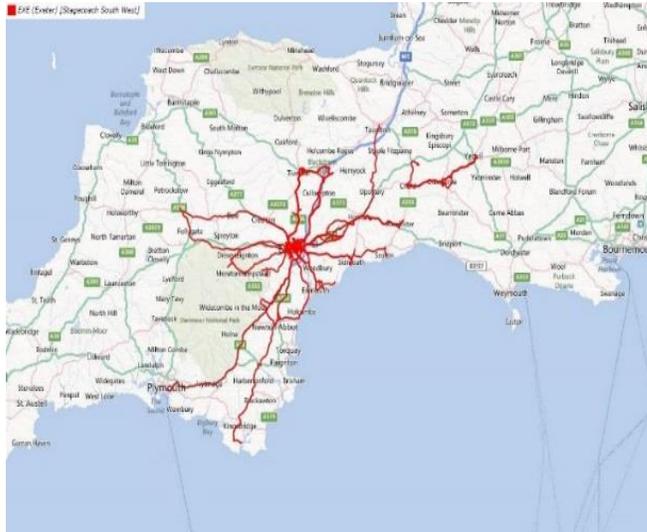


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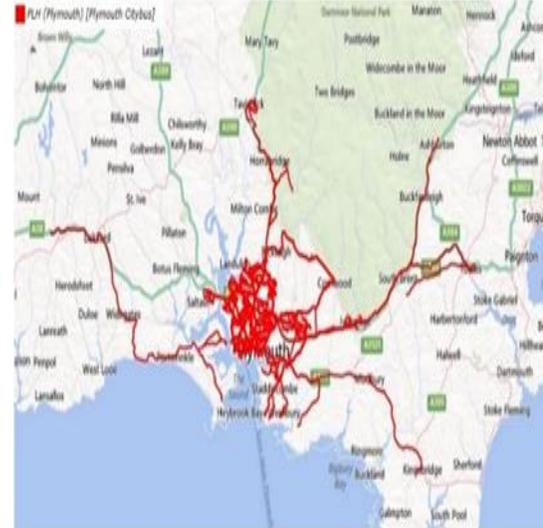
Barnstaple



Exeter



Plymouth



Torquay



Please
promote the
campaign!

Thank you 😊



Please like / share / retweet social media messages with your own Facebook, Twitter, LinkedIn or Instagram accounts and encourage friends to do the same.

It's easy and can be done when you check your own social media feed.

Just make sure you are following Devon County Council on Twitter (@DevonCC), Facebook (@OfficialDevonCC), Instagram (devoncountycouncil) and LinkedIn (Devon County Council), and look out for any messages that mention **Ready Devon** and use the hashtag **#disabilityconfident**.

Encourage people to visit the website

www.readydevon.org.uk