



**BIRMINGHAM LEARNING DISABILITIES
JOINT COMMISSIONING BOARD working
through the Birmingham Learning
Disabilities Partnership Board**

**JOINT COMMISSIONING STRATEGY FOR
SERVICES FOR PEOPLE WITH
LEARNING DISABILITIES**

2006 – 2011 and beyond



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Endorsement by the Birmingham Learning Disabilities Partnership Board

This is a strategy (plan) for improving the health and lives of people with learning disabilities in Birmingham and providing better support for their family carers. It brings together the hard work of all the agencies who are part of the Partnership Board.

We are very excited to see so much planned action to bring about the changes set out in Valuing People and we will publish reports on the progress that is made, on our website www.tellsusmore.org.



Ian McArdle



Andrew Comer

Partnership Board Co-Chairs

Birmingham Learning Disability Partnership Board

Foreword

Support and health care for people with learning disabilities and their carers are set to transform over the next 5 years, in a joint approach between the City Council, the NHS, the independent sector and local people that is outlined in our Joint Commissioning Strategy. Our vision is to guarantee better lives and key outcomes for people with learning disabilities in Birmingham, based on national and local priorities.

There are currently in the region of 28,000 people from Birmingham who have learning disabilities. About 4,000 people are receiving specialist services from the City Council Adults and Communities Directorate and the Birmingham NHS Primary Care Trusts. There is a shortage of some services in the City that means some people have to live away from Birmingham, breaking important links with family and friends. Few people have jobs, live in their own homes or have real choice over who cares for them. Many have few friends outside their families and those paid to care for them. This needs to change.

This strategy is designed to bring Birmingham, over the next five years, up to the level of the best performing local authorities and Primary Care Trusts in the country for services for people with learning disabilities as defined by the national performance framework.

We have listened to what people told us about our draft strategy and brought it more into line with what is important to local people. We are keen to put the planned changes into action and believe that people with learning disabilities and their family carers will shortly see improvements being made. By working together we will make the Government's White Papers 'Valuing People' and 'Our Health, Our Care, Our Say' happen in Birmingham. We are committed to ensuring integrated and seamless assessments and responses, which give people with learning disabilities more control and opportunities to live independent lifestyles in our communities. We hope everyone will sign up to this shared vision for the future, and work with us to make this a reality over the next 5 years.



Peter Hay
Strategic Director
B'ham Adults and Communities Directorate



Sophia Christie
Chief Executive
B'ham Eastern & North PCTs

JOINT WORKING IN BIRMINGHAM

1. The need for collaboration:

Many organisations are involved in meeting the needs of people with learning disabilities and their carers including the NHS, the City Council, the Department of Works and Pensions and independent sector providers of employment, housing, leisure, care and support.

Agencies working together with users of services and their carers are more likely to be effective in tackling intractable and complex social issues such as social exclusion that are a major feature of the lives of people with learning disabilities. By sharing a common vision, resources of all kinds can be used more efficiently, realising economies of scale and preventing gaps and overlaps. Service developments are better tracked and governed to ensure success. More joined up and innovative ways of working can be generated that better meet people's needs and improve the outcomes they experience. Integrated services can improve what people go through, in using services by streamlining access to information and assessment of needs and reducing the need to provide personal information on a range of issues to several people and in different locations.

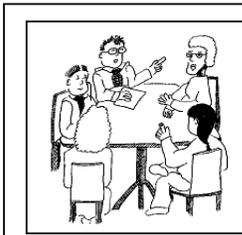
Some examples of formal joint working arrangements are given here but the publication of this strategy is intended to better inform the users and providers of services so that a wider audience of key players can join in the necessary changes to achieve the vision for the future.

2. Making sure changes are made:

The comprehensive corporate and inter-agency nature of this strategy will be governed by the Health and Well-Being Partnership, the Learning Disabilities Partnership Board, the Joint Commissioning Board for Learning Disabilities, the City Council as a whole and the Boards of the Primary Care Trusts.

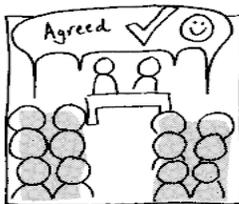
3. Health and Well-Being Partnership :

This is one of the four groups implementing the Local Area Agreement for Birmingham.



MEMBERSHIP

The Chief Executive from each of the Birmingham PCTs
The Strategic Director of the Birmingham City Council Adult and Communities Directorate
The Director of Housing
The Partnership Director



WHAT THE PARTNERSHIP HAS TO DO

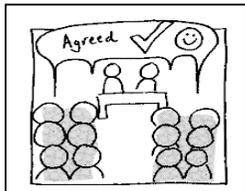
Bring PCTs and the Council together at senior levels to tackle the broader issues that impact on health.
Develop the health component of the Local Area Agreement.
Manage Local Performance Service Agreement targets, identify additional local priority areas and manage action plans to improve health and well-being.

4. Joint Commissioning Board:



MEMBERSHIP

- 4 Commissioners from Birmingham City Council Adults and Communities Directorate including Finance
- 4 Commissioners from Eastern Birmingham Primary Care Trust including Finance (on behalf of all the Primary Care Trusts in Birmingham)
- Chair of the Learning Disabilities Partnership Board



WHAT THE BOARD HAS TO DO

- Produce a Joint Commissioning Strategy and update it each year
- Oversee the changes to be made to health and social care services including new services to be set up, services that should be modernised and services that will stop being funded.
- Oversee how the Pooled Budget is used including the Learning Disability Development Fund

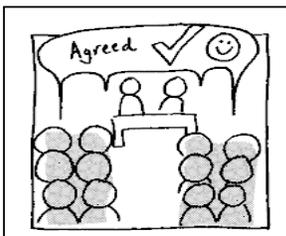
The Joint Commissioning Board is a monthly meeting for commissioners only.

5. Learning Disabilities Partnership Board with sub groups:



MEMBERSHIP

- Chair appointed by the City Council
- Co-chair is a person with learning disabilities
- The Cabinet member for the City Council Adults and Communities Directorate
- 5 people with learning disabilities (with 2 supporters)
- 2 representatives of family carer groups
- 4 representatives from Health
- 3 representatives from the voluntary sector
- 13 representatives from the Local Authority
 - 8 from Adults and Communities including adult education
 - 2 from Children and Families Directorate
 - 3 from other Council Departments – Housing, Employment, Leisure
 - 1 from Connexions
- 1 representative from the Learning and Skills Council
- Partnership Board Co-ordinator



WHAT THE BOARD HAS TO DO

- Check that Valuing People is put into action
- Influence plans for people with learning disabilities in Birmingham
- Check the right services and support are available and they are working properly
- Make sure that there are plans for change and that change can happen
- Pass information to people about the development of services
- Make sure everyone knows what is happening and what they have to do

The Partnership Board meets monthly but much of the detailed work is carried out in sub-groups that have multi agency, user and carer representation. There is a dedicated website www.tellusmore.org for further information.

6. Assessment and care management:

Social workers and specialist community learning disability nurses are working in a more integrated way to assess needs and in working with individuals to plan how to meet needs. There is close contact with commissioners of services to feedback service pressures and changes in the demand for services.

7. Involving People with Learning Disabilities and their carers:

Users and carers are included in all planning work through the Partnership Board structure and consulted through User and Carer Forums. Person Centred Planning is used to make sure services are individualised and meet cultural needs and preferences. Individual Health Action Plans are available so that people and their carers can better look after their own health.

8. Working with Providers:

There are strong partnerships between commissioners and providers of services to reconfigure both health and social care services in line with this strategy. The Local Authority has identified an initial set of strategic partners for specific areas of development and will build on this jointly with the NHS. There are regular forums held with other providers.

**BIRMINGHAM'S JOINT COMMISSIONING STRATEGY FOR SERVICES FOR PEOPLE
WITH LEARNING DISABILITIES
2006 – 2011**

1. INTRODUCTION:

1.1 This is the strategy of the Directorates of Birmingham City Council and the Primary Care Trusts in Birmingham for the development of services for adults with learning disabilities for the next five years and beyond. It was produced following public consultation on a set of draft Joint Commissioning Intentions and incorporates as far as possible the feedback received.

1.2 It focuses on implementing the White Paper: 'Valuing People' and the outcomes outlined in the White Paper: 'Our Health, Our Care, Our Say' (Ref: DoH, 2000 and 2006). It contains an updated summary of learning disability population needs and trends, including future predicted numbers likely to be in contact with services.

1.3 The strategy is formulated to achieve a number of goals:

- a) To respond to what people with learning disabilities and their carers said about how their needs should be met now and in the future.
- b) To enable people with learning disabilities to live as independently as possible and as full and equal citizens of Birmingham and their local communities.
- c) To give full implementation to:
 - the White Paper 'Valuing People', namely rights, choices, independence and inclusion of people with learning disabilities
 - the White Paper 'Our Health, Our Care, Our Say', that emphasises early and preventative intervention and community based services
 - the principles of modern health care that promote choice, person centred services, self management and services in the community and close to home.
- d) To ensure that service developments are made public within a comprehensive commissioning strategy, as required by the Care Services Improvement Partnership (CSIP), delivered within available resources.
- e) To ensure that resources are used as cost effectively as possible and in line with evidence based practice.

1.4 The City Council has a leading role in promoting economic, social and environmental well-being, working with Strategic Partners where appropriate. Ownership of their contribution by all the Directorates of the Council, by Health and the non-statutory sector is important to the success of this strategy and is being worked on further. No one single agency can bring about the policy changes on its own. There is already a very high degree of joint commitment from Health, Adults and Communities, other Council Directorates and the independent sector. This strategy will be fully joined up with the strategies for other service user groups, the wider Community Strategies and Local Area Agreements.

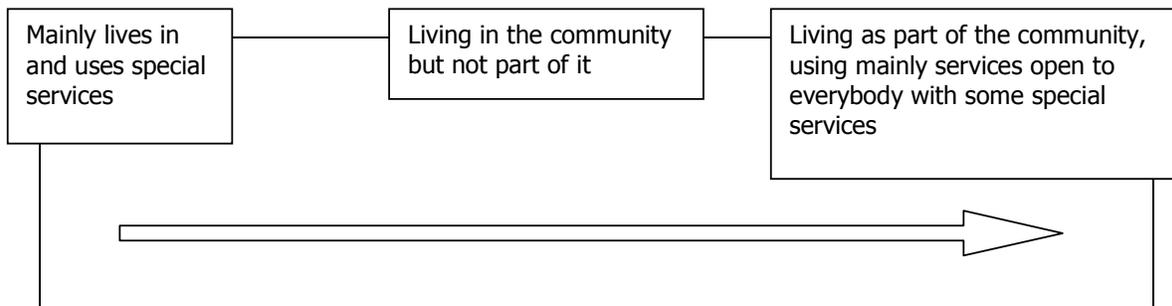
1.5 Currently, there are 2 major funding streams - the NHS and the Adults and Communities Directorate of the City Council - and Best Value can only be secured by joint working. This requires transparency in the way that services are funded and commissioned and both organisations are committed to working in this way. In future, it is intended to better harness other sources of funding such as Welfare Benefits, Independent Living Fund, Housing Benefit, Supporting People and private investment as people are able to move into independent living in supported accommodation.

2. VISION FOR THE FUTURE:

2.1 This strategy is based on a joint commitment to put people with learning disabilities and their carers in control of important areas of their lives including service and support arrangements. It is designed to meet the needs and preferences of the changing population of adults with learning disabilities in Birmingham now and in the future.

2.2 The Birmingham City Council and Primary Care Trusts are keen that services should enable people with a learning disability to take up the same opportunities on offer to any other person living in Birmingham. This is about people using their rights, making choices, leading independent lives and being included in society.

2.3 Direction of travel for meeting needs:



2.4 Services that are open to everyone may have to change to make it easier for people with learning disabilities and their carers to use them. The amount of specialist services that only people with learning disabilities and their carers will use, will be kept to a required minimum. People's needs will be met in the least restrictive settings possible, based on risk assessment.

2.5 Together, better outcomes will be achieved for individuals and the following will be used to demonstrate the progress made in Birmingham:

- a) **Improved health and emotional well-being – 'I am as healthy as I can be':**
People living longer and with better physical, mental and emotional health.
More people living healthier lifestyles.
- b) **Improved quality of life – 'I am able to live a fulfilled life':**
Better access to ordinary housing, transport, leisure, information, life long learning and support that promotes well-being. More people living in a cohesive community with a good environment and little crime.

- c) Making a positive contribution – ‘I can participate as a full and equal member of my community’:**
 People living, working, learning and taking part in community life as equal members. More people involved in planning and decision making about the direction of services. More people reporting a positive experience of using services and increased support and recognition for carers.
- d) Exercise of choice and control – ‘I have the same life chances as other adults’:**
 People with learning disabilities with a Person Centred Plan, determining for themselves where they live, how they are supported and how they spend their day. Reliable information and advice available in accessible formats. More people accessing equipment and assistive technology and fair and equitable complaints systems. More people getting Direct Payments and Individualised Budgets
- e) Freedom from discrimination and harassment – ‘I have an equal chance to live free from avoidable harm, fear, discrimination and prejudice’:**
 Action is taken against maltreatment, neglect and exploitation including hate crime. More people report reduced discrimination, harassment and abuse. Opportunities to build and sustain valued relationships and raise a family.
- f) Economic well-being – ‘I am financially stable and have as much control as possible over my money’:**
 More people have access to financial information, welfare benefits and employment opportunities.
- g) Maintaining personal dignity – ‘I feel valued by others’:**
 More people experience secure, stable and good quality care. People experience privacy in all settings – home, residential care and hospital and appropriate levels of confidentiality. People feel they are treated with respect and listened to, have a sense of self worth and are valued by others.

3. PRIORITIES TO ADDRESS LOCALLY IN THE NEXT 5 YEARS:

3.1 These priorities are selected because they represent the most significant service and cost pressures for health and social care, the main areas of disadvantage identified by the Impact Assessment, Department of Health national performance indicators and what was found to be most important to local people during the recent consultation.

ISSUE TO ADDRESS	PRIORITY AREAS OF DEVELOPMENT
Poor access to routine health checks and services leading to preventable illness and early death. Health assessment and treatment services that offer little choice and require lengthy stays in hospital.	Modernisation of health promotion and health screening to be more accessible and prevent health breakdown. Modernisation of specialist assessment and treatment services to develop community based options.
Overuse of traditional models of care with many people living in care homes and having to live away from Birmingham to receive services. High use of traditional day centres and poor access to mainstream social activities and few work opportunities	Review of all people living in care homes to identify those ready for more independent living. The Local Area Agreement estimates that 400 people will be able to move into their own homes by 2008. Re-provision of local authority day and residential services to address issues of quality, choice,

	community integration and independence. Services to prevent adults and young people being placed outside the West Midlands area.
Little connection between services for children and adults with learning disabilities resulting in little continuity in meeting needs.	Effective transition planning for young people and their families. Development of 6 th form college within the Birmingham for people with complex needs.
A growing population and changing demography of people with learning disabilities that is enjoying much greater life expectancy than before and includes the greater survival of people born with very complex needs.	Services for the growing populations of people from Black and Minority ethnic communities and older people with learning disabilities and / or dementia. Development of services for carers to extend their ability to continue to care.
Significant budget pressures on both agencies in meeting the current and expected growth in demand for services. There is an imbalance of spend between people living in their own home and those living in care homes with approximately 60% of the Adults and Communities budget for people with learning disabilities spent on 900 placements in care homes.	Services will be modernised to make better use of current resources especially arising from high cost social care and health placements and draw on other sources of funding.
Little say or control over many aspects of their lives. Lack of dignity and respect in the way people are treated.	Self directed services including individualised budgets and Person Centred Planning.

4. JOINT FINANCIAL STATEMENT:

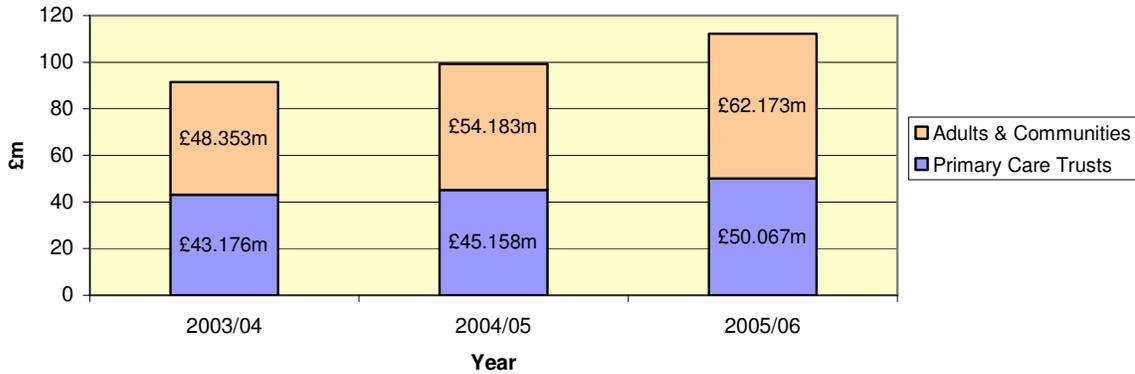
4.1 The resources for learning disability services are managed through the Joint Commissioning Board to ensure there are shared priorities for the use of both the Primary Care Trust and Local Authority budgets. Table 1 shows the breakdown of the joint gross expenditure on learning disability services in 2005-06. There has been steady growth of investment in services for people with learning disabilities over time as shown by Charts 1 and 2. There is full agreement on the need to modernise the way in which needs are met to obtain Best Value. Budgets will be transparently aligned and commissioning will take place within a jointly agreed performance assessment framework.

Table 1: Gross Expenditure on services for adults with learning disabilities 2005 / 06

Area of activity	Adults and Communities (Ref: Glamis Finance Report)	Birmingham Primary Care Trusts (Ref: Financial Report)
Care homes and care homes with nursing including people resettled from long stay hospitals (excluding joint packages)	£37.2m	£14.8m
Continuing care and jointly funded packages of care	£3.4m	£4.1m
Other services incl. professional services, therapies, assessment and treatment, care management etc.	£21.3	£31.1m
Total:	£61.9m	£50m

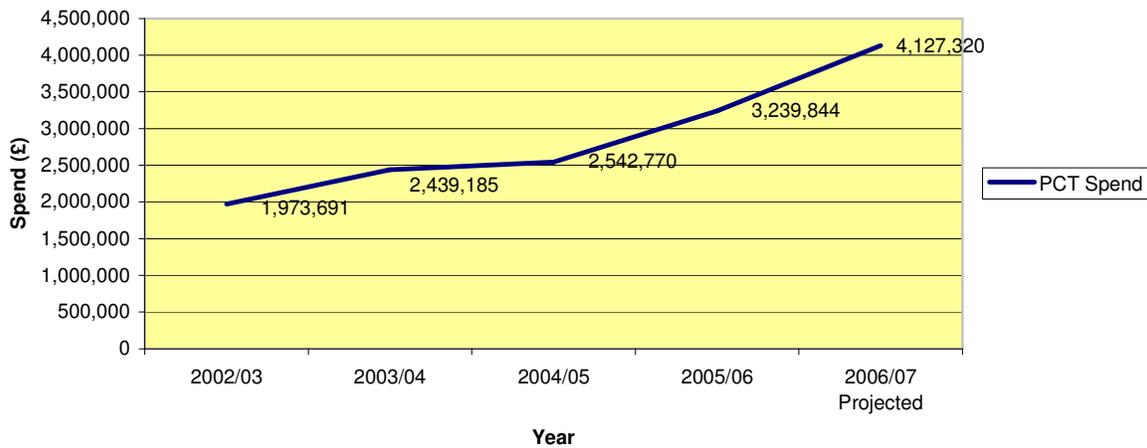
4.2 The annual expenditure on care packages taken as Direct Payments by adults with a learning disability is currently £878k across 52 people; just under 14% of the total spend taken as Direct Payments by all client groups (Ref. CareFirst 2006).

Chart 1: Trends in Joint Gross Expenditure on Learning Disability Services in Birmingham 2003-2006



4.3 The City will receive back as Learning Disability Development Fund in 2006 / 7 only 23% of the funding that was clawed back from Birmingham by the Department of Health from people deemed as old long stay patients and resettled before 1972.

Chart 2: Growth in Primary Care Trust spend on Continuing Healthcare for adults with learning disabilities in Birmingham from financial year 2002/03



4.4 For 2006 / 7, £4.492m will be spent on providing 300 accommodation based units of Supporting People funded services for people with learning disabilities and a projected increase from 187 to 400 units of floating support services. Central Government has reduced by 2% the Supporting People Grant to Birmingham for 2006 / 7 but the City is unlikely to apply this in full to services for adults with learning disabilities.

4.5 Birmingham will learn from the national Care Services Improvement Partnership initiative known as 'Getting to Grips with the Money' that aims to help councils and the

NHS respond to the spending pressures in learning disability services and meet projected future needs for services.

5. RE-FOCUSSING THE APPROACH AND THE WAY FORWARD:

5.1 In recent years, the government policy initiatives Valuing People and Our Health, Our Care, Our Say have stimulated new thinking about the development of services for people with learning disabilities. They point to a move away from the narrow focus on people most in need, usually only seen after a crisis, the segregation of people with learning disabilities into specialist services for most of their needs, the making of plans on people's behalf rather than based on their aspirations and over protection that does not allow people to learn through taking managed risks.

5.2 In Birmingham, people with learning disabilities will be enabled to take their place, as independently as they can, in the general community particularly in where they live and how they spend their time. Opportunities of all kinds will be opened up and made more accessible.

5.3 The strategy aims to reverse the current pattern of spend in both agencies away from institutional models of service to more independence promoting and integrated models. The extent and pace of change will be affected by both the availability of pump priming money to maintain current services whilst more cost effective alternatives are developed and the degree of partnership working.

5.4 The joint challenge is to develop systems to achieve the vision and changes set out in Valuing People. This will include:

- a) Commissioning of health and social care services based on good information on changing needs and preferences in how needs are met, anticipating changes rather than reacting as needs are found.
- b) Identifying strategic partners from the outset to implement each area of change, jointly sharing the risks and addressing obstacles.
- c) Encouraging local communities to build networks of mutual support especially through partnerships between the public and independent sectors.
- d) Full use of new technology to complement support and personal care packages to keep people safe.
- e) A joint financial framework to underpin the Strategy.

5.5 In carrying through the programme of change outlined here, the Adults and Communities Directorate and the Primary Care Trusts will work in partnership with individuals with learning disabilities and their carers, rather than make plans on their behalf. This will include developing more individualised responses to needs with a greater emphasis on self-directed support. Both looking after a person's health and providing care and support will be seen as requiring the resources of the people with learning disabilities, their families and the local community as well as those of public services.

5.6 There are three levels of services that will be needed:

- a) **Universal services** that are community based and open to the general population e.g. leisure, work, primary and other health care, health promotion, self care in health, transport and lifelong learning opportunities. There will be a need to address barriers facing people with learning disabilities such as making information easier to understand and training generic staff.
- b) **Targeted services** aimed at specific vulnerable groups including people with learning disabilities such as housing finder services, preparation for work, advocacy, dementia services. These are often provided by the voluntary sector usually with funding from the public sector.
- c) **Services based on assessments of need for named individuals** with more complex needs. Currently these are largely assessed and care managed by the Adults and Communities Directorate and the Specialised NHS Learning Disability Services. In future, following new government initiatives, individuals will be put more in control of planning and directing how their needs are met (Ref: In-Control, 2006).

5.7 Individual people with learning disabilities require differing combinations of the three levels of service at different times in their lives. The challenge for the commissioning strategy is to bring together the right combination of opportunities and services.

6. IMPORTANT CHANGES THAT HAPPENED LAST YEAR (IN 2005 – 6):

Commissioning Strategy	Draft strategy went out for consultation. Responses were independently collated and analysed.
Advocacy	Services were changed to ensure better access to advocacy for people undergoing major life changes and to increase availability of self advocacy
Carers	New carers centre being prepared in the City Centre (and opened June 06) Courses in challenging behaviour set up New system agreed by the Local Authority for the fair allocation of short breaks
Places to Live	About 100 people moved from care homes to their own supported accommodation
Finance	Better systems put in place for ensuring best use of money and staff
Tackling discrimination	Easy words and pictures leaflet agreed with the Police to make it easier for people with learning disabilities to approach the Police for help including to report hate crime Senior level working group with users and carers was set up to address the needs of people from Black and Minority Ethnic communities.

7. WHAT PEOPLE SAY THEY WANT:

7.1 Public Consultation on the Draft Strategy:

7.1.1 In putting together this Strategy there was wide consultation to get an extensive range of views and gauge levels of support for the proposals. The results of over 360 responses that were received and independently collated and analysed are summarised here.

7.1.2 Staff, carers and people with learning disabilities were generally supportive, with high levels of sign up to the intentions linked to health and greater choice over places to live and how to be supported. Reservations were evident from those involved with people with severe learning disability about independent living. There was support to provide greater choice and control over people's lives and better transition planning for teenagers although these were deemed a lower priority compared with other issues.

7.1.3 There were notable concerns with commissioning intentions linked to what people do with their time, the availability of day centres and support for carers. Changes to day services attracted the highest level of comment, particularly from respondents involved with people with severe learning disability. Comments focussed on making appropriate, supported employment more available, minimising closure of day centres and increasing the availability of short breaks for carers.

7.1.4 There were additional issues raised about difficulty accessing social workers, wanting extra help with Direct Payments, person centred planning not being sufficiently available and wanting more provision for people with complex needs who may need specialist health services.

7.2 Valuing People Support Team:

7.2.1 The local Valuing People Support Team pointed out the need to recognise that, nationally, the greatest change in services has happened where there is clear partnership working between agencies, strong self advocacy organisations and active family carers who champion the modernisation of services. The development of strong partnership working between health and social services is seen as critical to improving services, as well as identifying how the growing needs of Black and Minority Ethnic groups will be met.

7.2.2 They recommended that Birmingham follow the national policy direction regarding individualised budgets, self-directed support and better control of costs.

7.3 Person Centred Planning and User Forums:

7.3.1 Many people have expressed a wish to live more independently with or close to friends and to have a more varied set of day activities that may include attendance at a day centre. There is strong wish expressed by carers to have more certainty, equity and flexibility with regard to short breaks and to be able to take breaks at times that are most useful (Ref: Ashton, 2005). Users and carers from Black and Minority Ethnic communities have generally preferred to stay within the family home but have asked for more women only services and access to short breaks for carers.

7.4 Making use of the findings:

7.4.1 Birmingham has listened to the wide range of views expressed as part of the consultation and arising from individual Person Centred Plans and has made significant efforts to address them in the revised strategy.

8. PROFILE AND NEEDS OF PEOPLE WITH LEARNING DISABILITIES FROM BIRMINGHAM:

8.1 A strategy for future service developments is based on the likely changes to the population of people with learning disabilities requiring health or social care services over the next ten years. Data is presented here that brings together national trends in the learning disability population applied to the most recent Census for Birmingham, with local information taken from various research projects. It is intended as a guide only and will be kept under annual review.

8.2 According to 'Valuing People' (2001), and based on the 2006 projection from the November 2004 Office for National Statistics (ONS) sub-national population projections (2003 base), it is estimated that Birmingham has:

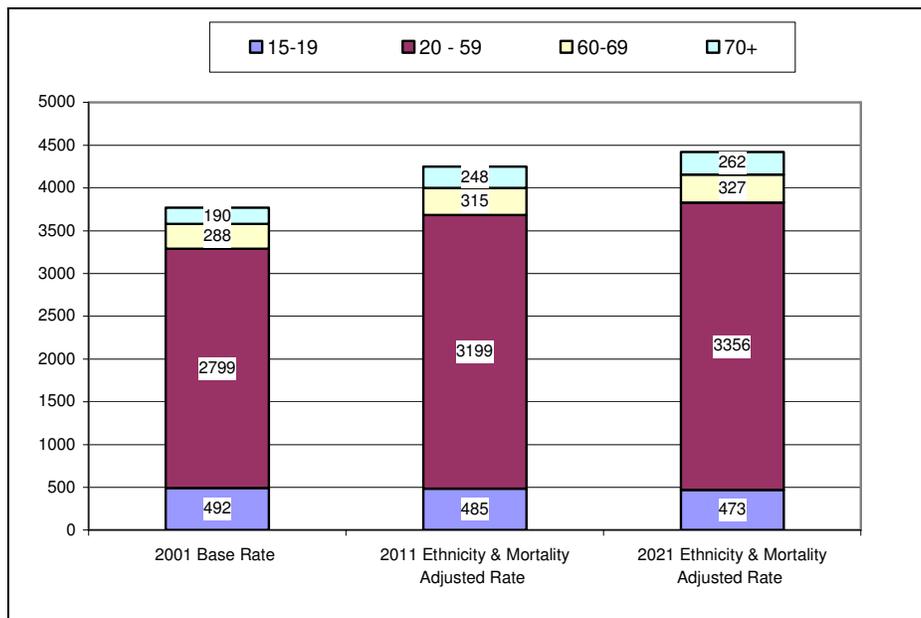
25,115 people with a mild or moderate learning disability

4,020 people with a severe or profound learning disability.

People with mild / moderate learning disabilities will usually be able to live independently with support.

People with severe learning disabilities are those who need significant help with daily living.

Chart 3: Number of Adults with a learning disability needing individualised health or social care services in Birmingham by age group from 2001 – 2021



Ref: Emerson & Hatton, 2004 applied to population from the 2001 Census, based on 2001 base rates compared to ethnicity and mortality adjusted rates.

8.3 There is expected to be a sustained 13% growth in the people aged 15yrs+ likely to be known to learning disabilities services between 2001 and 2011 to an estimated figure of 4,247; and 17% between 2001 and 2021 to an estimated figure of 4,418. (Ref: Emerson & Hatton, 2004 applied to population from the 2001 Census, based on 2001 base rates compared to ethnicity and mortality adjusted rates).

8.4 A significant change in the learning disability population is the rising numbers of people aged 60 or over who are likely to require services as shown in Chart 3. As health care and standards of living improve, the life expectancy of the population with learning disabilities is moving towards that of the general population although many will experience the problems of ageing earlier than their counterparts in the general population and there is still an increased risk of early death. (Ref: Hollins et al 1998; Carter & Jancar, 1983, Jenkins et al 1994).

8.5 About a third of people with a severe or profound learning disability currently using services have an autistic spectrum disorder (Ref: Harker and King 2004). A recent study found evidence that the proportion of children diagnosed with autistic spectrum disorders aged 5 in special needs schools in the West Midlands, is over 4 times that of the current 15 years olds in the same schools. The increases are greater than can be explained by better diagnosis and widening of the diagnostic criteria. (Ref: Pritchard, 2003)

18.6 In 2001 there were very few adults with learning disabilities from black and minority ethnic communities in Birmingham aged over 60 but this picture is likely to change over time. The proportion of South Asian people aged 20 or over with a learning disability between 2001 and 2011 is expected to increase from 19% to 28% of the overall population of people with a learning disability. (Ref: Emerson & Robertson, 2001)

8.7 Chart 4 shows that the proportion of people with learning disabilities from the South Asian (mainly Pakistani) community, who are likely to need a service, is increasing over time as children born 30 - 40 years ago move through the age bands. Currently half of the group aged 15 to 19 are South Asian and by 2011 they will make up 42% of those aged 20 to 39.

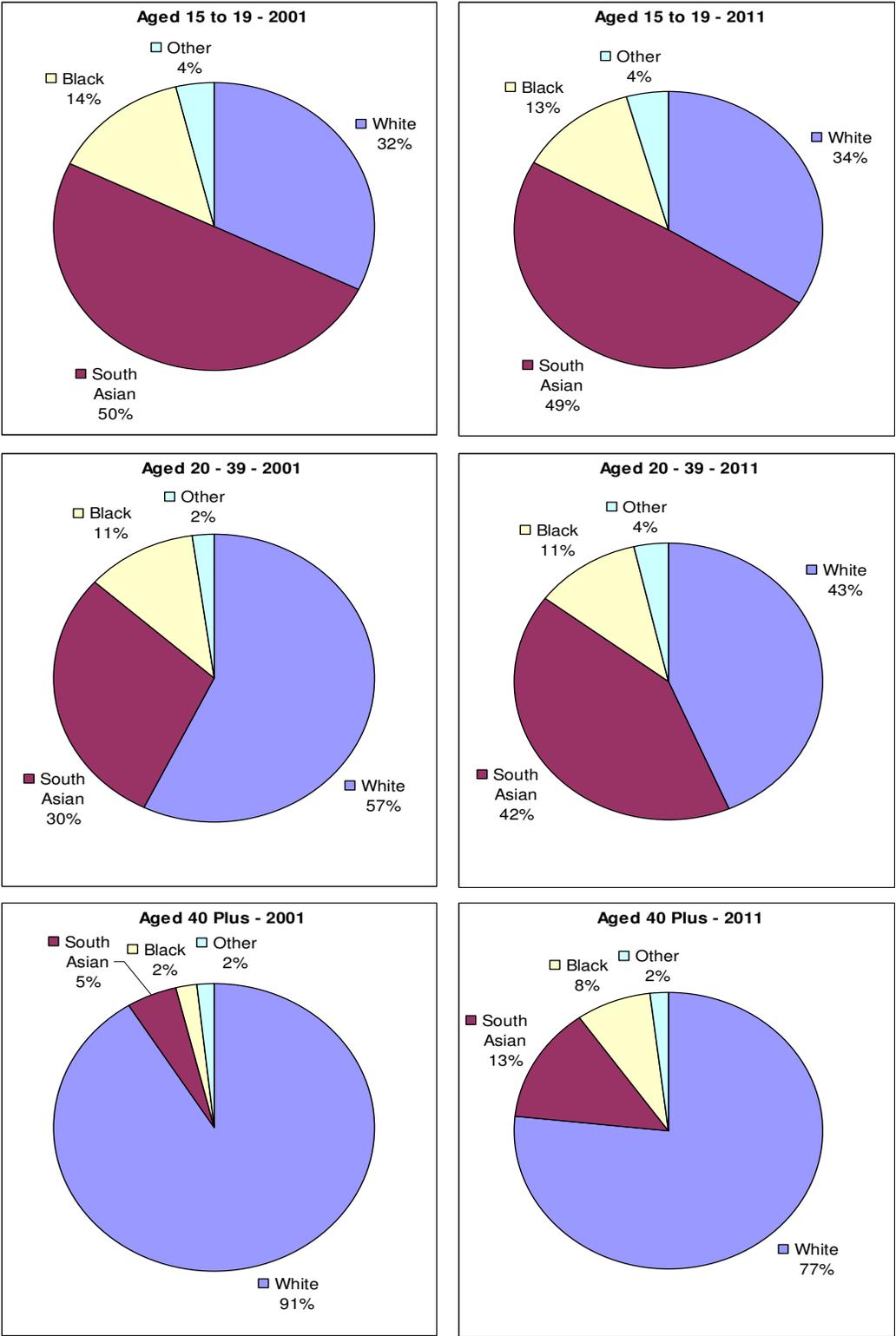
8.8 Care demands on South Asian families of children and adults with learning disabilities are high with many requiring high levels of help with basic self-care and challenging behaviours. These demands mean that over half the carers cannot leave their son or daughter alone for a moment. (Ref: Emerson & Robertson, 2001).

8.9 Comparing the information in Chart 4 with Table 3 reveals a significant shortfall in the numbers of adults with learning disabilities from South Asian communities in receipt of the support and services they are expected to need. There is little information on the reasons for this but it is likely that the unmet needs found amongst family carers of children with learning disabilities continue to be a problem when they reach adulthood.

8.10 People with learning disabilities have an increased risk of early death compared to the general population (Ref: Hollins et al, 1998, McGuigan et al, 1995) and health screening shows high levels of unmet physical, sensory and mental health needs (Ref: Barr et al, 1999, Howells, 1986).

8.11 The Clinical Nurse Lead for Health Facilitation in the South Birmingham Primary Care Trust Specialist Learning Disability Service has set a target of about 3,750 adults with learning disabilities in Birmingham who are considered to have significant health risks and would be appropriate to be registered with primary care services for a 3-yearly health check. This is based on the outcome of an initial research pilot conducted in Birmingham. (Ref: Brady, 2004).

Chart 4 – Percentage of people with a learning disability needing individualised health or social care services in Birmingham by Age Group and Ethnic Group from 2001 – 2011



9. CURRENT SERVICE TAKE UP:

9.1 Adults with learning disabilities – social care:

Tables 2 and 3 give details of the people with a learning disability who were receiving services from the City Council Adults and Communities Directorate in 2004 / 5.

Table 2 – People with a learning disability aged 18+ receiving services provided by or commissioned by Birmingham City Council Adults and Communities Directorate on 31st March 2005 (Ref: RAP and SR1 Statistical Returns for 2004/05)

Type of service	Age	Number
Community based services	18 – 64	1,337
	65+	63
Care homes and care homes with nursing. Includes people in NHS funded placements where Birmingham City Council oversees the contract.	18 – 64	874
	65+	116
Total:		2390

Table 3 – Ethnicity of people with a learning disability aged 18+ receiving services provided by or commissioned by Birmingham City Council Adults and Communities Directorate between 1st April 2004 and 31st March 2005 (Ref: RAP 2004/05)

Ethnicity	
White UK	77%
Asian or Asian British	10%
Black or Black British	9%
Other	4%

9.2 People with learning disabilities – specialist health care:

Table 4 gives the numbers of people who received assistance in 2005/6 from the specialist learning disability services commissioned by Eastern Birmingham Primary Care Trust. Just under half of the city-wide services are commissioned from the Learning Disability Directorate of South Birmingham Primary Care Trust with the rest commissioned from other NHS providers and the independent sector.

Increasingly specialist services provide a consultancy service to staff from other services and carers on the best ways of working with people with a learning disability. Direct work with service users is reserved for those with the most complex needs.

Table 4 – People from Birmingham who received a specialist learning disability health service in 2005/6 (Ref: Internal data). NB: People may have received more than one service in the year.

Type of service	Under 18's	18-64	65+	Total
South B'ham PCT specialist LD health services:				
Active complex cases using LD community nursing services.	170	567	26	763
Specialist LD hospital assessment and treatment places		14		14
Psychiatry	350	1,300		1650
Clinical Psychology	1,300	9,800	1,200	12,300
Physiotherapy	52	199	38	289
Occupational Therapy	1	140	9	150
Dietetics	1	446	34	481
SLOT supported living packages		16		16
Forensic services		69		69

Adult day centres		28		28
Adult respite care		186		186
People in care homes and care homes with nursing funded by the NHS using care services provided by South B'ham PCT		60	24	104
Other providers:				
Specialist LD hospital assessment and treatment places	3	28		31
People in care homes / care homes with nursing funded by the NHS with care provided by independent providers		196	51	247
Adult day services		6		6

9.3 Projected needs of young people with learning disabilities in transition:

Table 4 gives the results of an analysis of the likely future needs for adult care and support services of the current population of teenagers with learning disabilities and complex needs.

Table 5: Numbers by age on the Birmingham Special Needs Register in 2005 receiving children's services and likely to require care and support as adults.

Age Group	Number
13 years	15
14 years	25
15 years	39
16 years	52
17 years	57
18 years	53
19 years	33
20 years	14
21 years	1
Total	289

9.4 Most significant Health Service pressures:

Between 2002 and 2005 the number and complexity of referrals of dysphagia (swallowing problems) has increased by about 30% each year with no indication that it has plateaued. At the same time, the number of people using Home Enteral Tube Feeding (taking nutrients by tube) has increased by over 500% in 4 years from 9 to 55 people including 10 early deaths. There are a further 10 children aged 18 years in transition requiring these services when they transfer to adult services. There are no other sources of help for this group who are at high risk of early death and services are stretched to capacity (Ref: Craven and Mould 2005).

10. FUTURE SERVICE PRIORITIES AND COMMISSIONING INTENTIONS:

This section gives the key priorities for delivering the vision set out above and the commissioning intentions for the changes in services. It also shows proposed partner agencies where appropriate.

10.1 Improved health and emotional well-being:

To ensure there is appropriate diagnosis and treatment of health needs that arise directly from a person's learning disability and better access to mainstream health services.

	Commissioning Intentions:	Target completion date	Sources of funding
1.	GPs will keep a special register of adults with significant health	9,000 people	Re-configuration of

	risks and the specialist Learning Disability Health Services will support GPs to carry out regular health checks. Access to mainstream sight and hearing services, mental health and dentistry will be opened up.	by April 2009	existing health resources GP contract LDDF SeeAbility Grant
2.	Health education and health promotion will be developed on a floating outreach basis with special attention to weight control, diet and oral hygiene. People will be offered Health Action Plans and included in the Expert Patient / Expert Carer and Self-Care programmes so they can take charge of their own health.	2007/8	Re-configuration of existing health resources LDDF
3.	The Community Forensic and Supported Living Outreach Teams will be made permanent.	2006/7	LDP growth
4.	Further develop specialist and preventative services for complex eating disorders such as dysphagia and enteral tube feeding. Carers will be trained under the Expert Carer programme to prevent and manage emergency situations.	2008/9	Re-configuration of existing health resources LDDF
5.	Increased capacity in the Learning Disability psychiatric services. Increased capacity in the Assessment and Treatment services that will be available to prevent placement breakdown by providing new dedicated day hospital, home treatment and crisis resolution services.	2008/9	Re-configuration of existing health resources LDDF LDP growth
6.	Day services and information leaflets will be developed for people growing older with learning disabilities, staff and carers. There will be a special emphasis on support for people with dementia.	2008/9	Re-configuration of existing resources. LDDF
7.	CAMHS to set up a specialist mental health and challenging behaviour team for young people with disabilities.	2008/9	Re-configuration of existing health resources CAMHS grant

10.2 Improved quality of life

	Commissioning Intentions:	Target completion date	Sources of funding
1.	<p>Work with the Housing Directorate, Registered Social Landlords and the private sector to expand the range of housing available in Birmingham including</p> <ul style="list-style-type: none"> - rental, shared ownership and full ownership. - small congregated / clusters of and dispersed housing - a network of extra care sheltered housing and KeyRing housing - adult family placements and Homeshare <p>This will directly replace care home living for many.</p> <p>Support and guidance available for families and people with learning disabilities to purchase property in full or in part. Birmingham Mencap Housing Pathway services to provide easier access to housing of all types.</p>	<p>September 2006 – plans in place for housing need</p> <p>Dec 2006 – housing provider agreements</p> <p>2007/08</p>	<p>Re-configuration of existing health, housing and social care resources LDDF</p> <p>Supporting People Income Support interest only mortgage payments Independent sector investment</p>
2.	Through a review and reassessment programme, people living in care homes will be given the opportunity to live more independently with changes on the basis of person centred	Dec 2007 – de-commissioning of Council long	Re-configuration of existing health and social care

	<p>planning. Those living in Council run care homes will be a priority group as the homes do not meet national standards.</p> <p>Long stay care homes will be de-commissioned with sites identified for redevelopment to provide more suitable supported housing for people with complex needs.</p>	<p>stay care homes</p> <p>2010/11</p>	<p>resources Housing Benefit Independent Living Fund</p>
3.	<p>A systematic move to prevent people having to live Out of City including young people in transition.</p> <p>Development of services through strategic partners to enable people living Out of City to move back to the Birmingham area.</p>	<p>Development of taster units 2007/8</p>	<p>Strategic Health Authority Capital LDDF. Re-configuration of existing health and social care resources Independent sector investment</p>
4.	<p>Expansion in the range, volume and quality of care and support services available to switch the balance to supported living. A Preferred Provider List of independent support and care providers will be established for expertise in meeting the needs of all people with learning disabilities including those with complex and behavioural needs.</p> <p>The Supporting People Team will commission growth in the volume of 'floating' housing related support services for people with learning disabilities in preference to less flexible accommodation based support.</p> <p>Expansion in use of Assistive Technology to support people to live more independently.</p>	<p>August 2006 – establishment of the Preferred Provider List</p>	<p>Re-configuration of existing health and social care resources</p> <p>Supporting People</p> <p>Department of Health grant.</p>

10.3 Making a positive contribution

	Commissioning Intentions:	Target completion date	Sources of funding
1.	<p>Adults and Communities will implement the Day Services Scrutiny Review recommendations including the development of a flagship service. In conjunction with Health and the voluntary sector, services will be re-designed to make better use of resources that are person centred and flexible, whilst acknowledging the important role they play in providing a break for carers.</p>	<p>2007/8 – New flagship day care service</p>	<p>LDDF Reconfiguration of existing services</p>
2.	<p>Adult Education will operate more inclusively including targeting people with learning disabilities to develop greater personal and independent living skills. Working with Community and Leisure Services support will be given to user led, voluntary and community groups to take a lead role to provide a fuller range of day-time opportunities.</p>	<p>2006/7</p>	<p>Re-configuration of existing services</p>
3.	<p>Appoint a person with learning disabilities as co-chair of the Partnership Board</p>	<p>2006/7</p>	<p>LDDF</p>

10.4 Exercise of choice and control

	Commissioning Intentions:	Target completion date	Sources of funding

1.	Piloting a new way of working so people with learning disabilities can have greater control over directing their own services using individualised budgets.	Start of pilot 2006	Re-configuration of existing social care resources LDDF
2.	The Council and Health will jointly improve and integrate assessment and care planning. Commencing with a pilot, we will integrate care management processes, using a single shared assessment, person centred planning and aligned budget decision and contracting processes. A programme of reviews and re-assessments will be established for all service users to ensure individuals are appropriately placed in quality safe services that promote independence and ensure choice. Users and carers will be more involved to influence and drive how services are improved at all levels. There will be further expansion of Person Centred Planning services.	July 06 – New Joint Review & Assessment Team 2007/8: Review of care management & the Single Assessment Process	Re-configuration of existing social care and health resources
3.	Smoothen transitions from child to adult services for young people with learning disabilities and their families from ages 14 to 25 years, underpinned by person centred planning and access to information to make important decisions about the future. Joint work across the Strategic Health Authority to develop new services including taster opportunities for independent living and creation of a 6 th form college for young people with complex needs within Birmingham	Nov 2006 – Transition Commissioner 2008/9	Strategic Health Authority LDDF capital
4.	A carer on a full time basis (or as a job share) will be funded to act as a Carer's Champion to lead on the development of services for carers and to work on the reshaping of current services.	2006/7	LDDF

10.5 Freedom from discrimination and harassment

	Commissioning Intentions:	Target completion date	Sources of funding
1.	Support for people with learning disabilities to exercise their rights to form personal and social relationships. The City Council Directorates of Adults & Communities and Children & Families will work with Health to improve the capacity of parents with learning disabilities to raise their children and plan their families.	2007/8	LDDF
2.	Services will be sought within generic older people's services where this is more appropriate for older people with learning disabilities. Care will be taken to ensure that individuals are not isolated or marginalized.	On-going	Use of existing resources
3.	Women's only services will be sought to meet the cultural needs of people from all ethnic communities.	2007/8	LDDF Use of existing resources
4.	Work will continue with West Midlands Police to tackle hate crime	On-going	Use of existing resources

10.6 Economic well-being

	Commissioning Intentions:	Target completion date	Sources of funding
1.	Adults and Communities will review its strategy for funding voluntary sector agencies to ensure there is a network of targeted and preventative services available locally for adults with learning disabilities who do not need an assessed health or social care service.	2007/8	Re-configuration of existing resources
2.	Adults and Communities will ensure greater control for individuals over their care packages and finances with the development of individualised budgets to purchase services and the promotion of Direct Payments. Guidance will be provided to carers on setting up User Independent Trusts to take on some of the more complex tasks in operating Direct Payments.	2006/7	LDDF Re-configuration of existing resources
3.	Health, Adults and Communities and the Department of Works and Pensions will produce guidance and training for appointees to increase their skills in administering welfare benefits on behalf of people unable to manage their finances.	2007/8	Within current resources
4.	Planning and Regeneration Directorate will lead on identifying a range of ways of enabling people to prepare for and gain paid employment. Opportunities will be identified for working within statutory agencies.	On-going	LDDF Private sector resources Re-configuration of existing resources

10.7 Personal dignity

	Commissioning Intentions:	Target completion date	Sources of funding
1.	Health and Adults and Communities will introduce a fairer system for allocation of short breaks for carers, along with the extended use of Direct Payments and a voucher scheme so that a wider choice of predictable, flexible and timely short breaks can be accessed. A range of advice, training and information services for carers will be commissioned and support given to the One Stop Shop for Carers.	2010	Re-configuration of existing health and social care resources. Carers Grant
2.	Health and Adults and Communities will work with specialist advocacy agencies on re-configuring services to have greater focus on promoting self-advocacy, empowering people with learning disabilities to speak up for themselves and make a valued contribution. Other self advocacy courses will be developed through Occupational Therapy. Independent Mental Capacity Advocacy services will be commissioned in line with new guidance.	July 2006 – Service Level Agreements implemented 2008 April 2007	Re-configuration of existing health and social care resources. LDDF IMCA grant

11. IMPLEMENTATION AND ACTION PLANNING:

11.1 The process will be driven by a clear action plan that will be overseen by the Joint Commissioning Board. This will guide the commissioning of new services and the de-commissioning of services that are no longer required or fit for purpose. The needs of

people with a learning disability will also be integrated into the commissioning strategies for the entire range of other client groups prepared by each of the agencies involved.

11.2 The focus of staff, agencies and the use of resources will be kept on measurable outcomes, agreed with service users and their carers, and set out in spending programmes, service level agreements, contracts and care plans. These outcomes will be systematically reviewed for their contribution to the agreed direction for meeting needs.

11.3 Quality assurance and clinical governance systems will be strengthened to prevent poor quality in services and to detect shortfalls in standards at a early point. Detailed service specifications will make standards explicit and service providers will be selected for their commitment to best practice and value for money. Complaints procedures will be accessible and readily available to users of services and their carers.

11.4 Performance returns, service monitoring visits and performance monitoring meetings will be supplemented by regular satisfaction surveys and consultation with service user and carer forums and feedback from providers. This will make sure that the strategy and its implementation stays in tune with evolving needs and expectations.

11.5 Following the Cornwall Report, there will be strengthening of the policies and procedures for the detection, reporting and investigation of abuse of vulnerable adults across all services. Improved governance arrangements overseen by the Health and Wellbeing Partnership and the Learning Disability Partnership Board; integrated approaches to care management; monitoring including service audit; will all ensure that lessons are learned and changes are implemented in Birmingham.

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14. GLOSSARY - HELPING YOU TO UNDERSTAND THE WORDS USED IN THE STRATEGY

Actions	Things we have to do
Adult Family Placements	Living with another family who is paid to support you
Advocacy	Getting your voice heard and being able to say your views and concerns
Approaches	The way of doing something and often makes sure that people work in the same way
Assessment	Finding out what someone's needs are
Assistive Technology	Alarms and other equipment that can be fitted in the home to get help in an emergency
Best Value	Making sure that services are good enough and use money well
Black and minority ethnic communities	People who are not white. People who have not been born in Great Britain.
Carer / carers	A person who provides support and looks after someone. In this document we mean family carers and this can also mean people with learning disabilities who care for other family members.
Carer's Champion	A person whose job it is to make sure everyone knows what is important to carers.
Changing demography	How the population is changing over time.
Commissioning	Planning and buying services.
Community integration	Living, working and taking part in the same things as the general population
Continuing Healthcare	Services paid for by health for people with the most complex needs
Consultation	Asking for people's views on something
Cost effective	Something works well for the least amount of money
Cost Pressures	The amount of requests for more money
Cultural needs	The way people like to live and have their needs met.
Direct Payment	Having the money from the Council to buy your own services
Diversity	Seeing that there are lots of different people and treating them as individuals. Seeing that people have their own different needs, things they believe in or are important to them.
Economies of scale	Bigger services can often be cheaper
Enabling	Making it possible or supporting someone to make something happen. Doing with rather than for someone.
Formulated	Put together
Forum	A meeting
Framework	A plan
Fulfilled life	Having lots of choices and opportunities

Health Action Plan	A list of how someone will look after their own health.
High support needs	People who need a lot of help with their health and care needs.
Homeshare	Having people to live rent free in your home who agree to give you some hours of help a week
Impact Assessment	A check on whether some groups of people are left out
Implement	To put into action or carry out something
Independence	Having choice and control over your own life.
Independent Living Fund (ILF)	Money that can be given to help with the costs of people with lots of needs becoming more independent
Independent sector	Term for services run by voluntary and private / profit making agencies.
Individualised	Finding out how each person wants their needs met
Inequalities	People who should receive the same but don't
Integrated services	Putting the money and staff from different services together
Involvement	Being part of something like a meeting or having your say
Life Expectancy	How long you may live
Local Area Agreements	A plan for the most important things to change in Birmingham
Monitor	Get information on how things are working
National key outcomes	A list of outcomes that are set by government as the most important.
National performance indicators	The measures used by government to grade the work of health and the local authority.
Objectives	The things we need or want to do
Outcomes	The difference that a service makes to someone's life
Package of care (Care Package)	All the services that are arranged for a person
Participation	To share or take part in such as meetings
Partnership Board	A planning group set up by the Local Authority in line with 'Valuing People'.
Person Centred	Making sure that everything we do for individuals involves the person concerned and is based on their wishes.
Placements	Having a service arranged for you
Quality	Making sure that services are good at meeting people's needs
Re-configuration of current resources	Using the money and staff we have now in a different way
References	The people who provided the information mentioned.
Registered Social Landlords (RSLs)	People who run a business that provides homes for people to live in but does not make profits
Re-provision of services	Getting new and better services
Review	Looking back in the past to see how well things worked and making changes if needed

Scrutiny Review	A report by city councillors on the way forward for a service
Self management	Knowing ways of looking after yourself
Service Pressures	The amount of people wanting a service
Single Assessment Process	A way of sharing the information given by people between health and social services.
Social exclusion	Not finding it easy to use the services or enjoy the same things as the general population
Specialist	Someone or a service with extra knowledge, training or experience in an area of work.
Strategy	A plan showing how things will change in the future
Streamlining (access to)	Making it easier to use something
Supported accommodation	Being able to live in your own home, either on your own or with others, and having the right support to make a success of it
Supported employment	Having the right support to be able to do a job – paid or unpaid
Supporting People	Services to help with learning to run your own home
Traditional model of care	A type of service that has been used for a long time and may keep people apart from the rest of the community
Transition	A time of change. It applies to those moving from being a child at school to being a adult and going to work or college. It also applies to people who have become old enough to retire from work and have needs because they are getting older.
Valuing People, White Paper	A document written by the Government with help from people with learning disabilities and their carers. It tells us how we can work better to ensure the people have a better quality of life with Rights, Choices, Independence and Inclusion.

With thanks to Coventry Learning Disability Partnership Board for allowing us to adapt this part of their strategy.

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