



The BOLD Report

Better Outcomes for Learning Disabilities



A report from Overview & Scrutiny







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Preface

By Councillor Len Clark

Chairman of the former Adults and Communities Overview and Scrutiny Committee



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

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

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

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

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

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

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

Councillor Len Clark



Summary

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

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

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

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

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

- Prevention - redirecting our focus towards stopping problems developing and reducing dependency;
- Targeting - protecting and nurturing vulnerable people and addressing the needs of our most disadvantaged communities; and
- Personalisation – enabling people to choose services tailored to their needs.

These principles have formed the basis of the approach to the Total Place pilot and should guide considerations when decisions need to be made about the development of potential new models of service delivery.



The move to integrated commissioning will help in shifting a higher proportion of spending towards independent living and community support services. Birmingham City Council and the three Birmingham Primary Care Trusts have been working with the Birmingham Health and Wellbeing Partnership to develop integrated commissioning arrangements underpinned by a pooled budget through a Section 75 agreement for learning disabilities and mental health. All partners will need to work together to promote the wellbeing of people with learning disabilities. This work should include education, help through the transition to adulthood, improved employment opportunities, access to an increased number of housing options and access to health and care services. Parallel work is under way to develop the service provider market and to seek better value from existing and new care packages. Utilising the potential of Personal – and eventually Individual - Budgets in social care to empower individuals to fit services to their needs will also be essential if the planned shift towards supported living and community support services is to succeed.

An integral part of the solution will be to ensure that people with learning disabilities are able to access the state-provided universal services such as education, leisure, transport and health. The evidence shows that in the past access to health services for people with learning disabilities has often been poor.

The transition to adulthood is another area where agencies will need to work together more effectively. Failure to do this in the past has sometimes meant that a young person is offered an expensive residential placement whilst potentially more suitable options such as supported living or adult placement are overlooked.

Most people with learning disabilities need access to employment, training and education. The Council's performance in supporting adults with learning disabilities into employment is abysmal compared not only with the target, but also with the performance of other Core Cities and local authorities. It is not the first time that this has been highlighted: recommendations were made in the Scrutiny Review of Day Services for Adults which went to Council in July 2006. The report said that the Disability Employment Service needed to be more closely aligned with social care and health priorities. That is still needed.

A joined up approach is required to commissioning employment support across all agencies and sectors. This needs to be accompanied by targeted strategies to promote employment for disabled people across the public sector in Birmingham and a renewed effort to stimulate social enterprise development and to engage private sector employers. An Integrated Employment Governance Board has been set up to provide the leadership needed to radically increase the numbers of people with learning disabilities into paid employment in Birmingham. This will provide a more joined-up approach to commissioning employment support and will provide a renewed impetus to stimulate social enterprise development.

Service users and carers find the changes confusing and many do not understand Personal or Individual Budgets. Carers need help to understand the changes and to navigate their way through the new arrangements. One of the key learning points from the evidence is the need for more effective communication and information sharing, both between organisations and in relation to individual carers and service users, especially those with the highest needs.

Whilst Birmingham undoubtedly faces major challenges in ensuring that learning disability service users have more independence and control, this also presents opportunities for organisations across the City to work together more effectively to produce **better** **o**utcomes for those with **l**earning **d**isabilities.



Summary of Recommendations

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



	employment schemes or support they offer in order to maximise the numbers of young people with learning disability in employment.	Cabinet Member for Children, Young People and Families	
R08	That the Learning Disabilities Commissioners develop in liaison with internal services and functions jobs to be filled by people with learning disabilities.	Cabinet Member for Adults and Communities	January 2011
R09	That a nominated senior manager monitors progress towards full implementation of the Transitions Pathway for all children likely to qualify for adult social care and all other children likely to be at risk if not supported.	Cabinet Member for Adults and Communities Cabinet Member for Children, Young People and Families	January 2011
R10	That resources be re-directed to facilitate the setting up of a Multi-Agency Integrated Transitions Team.	Cabinet Member for Adults and Communities Cabinet Member for Children, Young People and Families	January 2011
R11	That the Learning Disabilities Support Services Broker be tasked with compiling, developing and maintaining a database of the sources of support services; and giving information to field staff but also directly to service users and carers about the services available.	Cabinet Member for Adults and Communities	January 2011
R12	That, in light of the personalisation agenda and the scope for provider data sharing between functions, a review be undertaken of all Adults and Communities brokerage functions and resources to optimise their effectiveness in helping service users and carers to navigate the personalisation model.	Cabinet Member for Adults and Communities	March 2011
R13	That the Director of Joint Commissioning prepares and provides clear information to the Learning Disability Services Providers Forum on the types and estimated volumes of services the Council expects its learning disability service users to need – particularly move-on or step-down services to help people to develop their independence - and on the scope for creating social enterprises.	Cabinet Member for Adults and Communities	December 2010
R14	That progress towards achievement of these recommendations be reported to the Health and Adults Overview & Scrutiny Committee in January 2011. The Committee will schedule subsequent progress reports thereafter, until all recommendations are implemented.	Cabinet Member for Adults and Communities Cabinet Member for Children, Young People and Families	January 2011



1 Where we are now

1.1 Background to the Review

- 1.1.1 The Government's strategy for people with learning disabilities starts from the principle that people with learning disabilities are people first and have the same human rights as everyone else. It also recognises that people with learning disabilities are particularly vulnerable to breaches of their human rights ('Valuing People Now: a new three-year strategy for people with learning disabilities' Department of Health 2009).
- 1.1.2 Our approach seeks to give people with learning disability choice and control over the support services they receive and the lives they lead. They need to be involved in decisions, and to have information and support to understand the different options and their implications so that they can make informed decisions about their own lives. The Learning Disabilities Service should enable people to take control of their lives, and have employment and educational opportunities, choice about what they do during the day, better health, and improved access to housing. The challenge of personalisation is how to put the people we support at the heart of everything we do.
- 1.1.3 Currently, in providing services to people with learning disabilities the Council does not perform as well as most other local authorities, nor as well as it wishes to. The learning disability budget has a predicted overspend in the region of £11 million for 2009/10 and will come under further pressure over the next few years.
- 1.1.4 At present a high proportion of the budget is spent on residential and nursing care but whilst some service users will always need residential care, the emphasis will need to change towards community-based services. Achieving this will require a radical new look at how funding is being used and will challenge the existing configuration of services.
- 1.1.5 We undertook this review initially following up from a previous scrutiny review of Day Services for Adults that went to Council in July 2006. That review found that whilst there were limited pockets of good practice, day services were failing to meet the needs of many service users and carers. As a result the Review Group made numerous recommendations for improvement and modernisation of the day service provision. Since then, the Adults and Communities Overview & Scrutiny Committee has been tracking the implementation of the recommendations and has expressed concern about limited progress in some areas, particularly action aimed at increasing the numbers of service users in employment.



2 Learning Disabilities: National Picture

2.1 Definition

- 2.1.1 Many people in the general population have minor learning difficulties that are not a significant obstacle to learning: they only impact some of the time, or the person easily finds ways to compensate for them.
- 2.1.2 But if the difficulties are serious enough to have a disabling effect on learning they are better described as learning disabilities. There is a continuum from those with only mild learning difficulties to those with profound and multiple learning disabilities ('PMLD'), who may have other physical or mental health difficulties as well. Generally the greater the degree of learning disability the more support is needed from services. Learning disability is incurable and lifelong, though its impact can be reduced through appropriate support and assistance.
- 2.1.3 It is estimated that around a million people in the UK have learning disability. Amongst that million, two of the most common classifications of causes are autistic spectrum disorders ('ASD'), (320,000 people) and Down's syndrome (220,000 people). The remaining 460,000 have one or more other developmental factors that wholly or partly caused their learning disability.
- 2.1.4 ASD includes autism, high functioning autism, Asperger Syndrome and ADHD, and is four times more prevalent in men than it is in women.
- 2.1.5 Those with learning disabilities who have Down's syndrome can continue to learn and develop skills throughout their lives, but do so more slowly than others.
- 2.1.6 People with learning disabilities can be classified into three main groups:
- Those with profound and multiple learning disabilities, many of whom are in residential care, and all of whom meet the assessment criteria for adult social services. Some may also be eligible for funding from the NHS.
 - Others who might meet the level of assessment needed to be eligible for adult social services. Many of them currently get day centre services.
 - Those with mild to moderate needs who need some support but who are able to lead an independent life.

2.2 Health needs

- 2.2.1 People with learning disabilities are amongst the most vulnerable and many have some of the greatest health needs:
- Around one person in three with a learning disability is obese, compared with one in five of the general population.



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

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

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

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

3 The Challenges facing Birmingham

3.1 Growing numbers of service users

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



- 3.1.2 In 2008/2009 there were 899 people with learning disability in residential care, 1,888 who received community care, 184 who received a Direct Payment, 1128 who used a day centre, and 445 who received home care. Also 974 respite episodes were provided. Excluding respite episodes, these figures total 4,544 but probably include some double counting. The average of informed estimates is that there are currently about 4,200 people with a learning disability receiving services.
- 3.1.3 The numbers of people needing social care support is expected to increase significantly over the foreseeable future, for several reasons, principally the increasing average life spans. In learning disability the numbers will grow both in absolute terms and as a proportion of the total population. Improved health care is enabling more children with learning disability to survive birth and early years, and more adults with learning disability to live longer. Diagnosis has improved so that fewer incidences of learning disability are overlooked than they might have been in previous decades.
- 3.1.4 Most Birmingham people with mild or moderate learning disabilities are able to live without direct support from the Council, though many receive support from third sector agencies. Based on trends extrapolated from the 2001 census the numbers of learning disability service users will grow. Figures provided to the Committee showed a predicted 17% growth over the 20 years from 2001, of which 13% will have been in the first ten years.
- 3.1.5 The ethnicity and cultural patterns are changing. In 2001 19% of those aged 20 or over with learning disabilities had South Asian ethnicity. By 2011 that will have grown to 28%.
- 3.1.6 Most of the growth will be in children and young adults: by 2011 half of children and young people with learning disabilities, and 29% of new young adults with profound and multiple learning disabilities, will belong to ethnic minority groups.

3.2 Budget pressures

- 3.2.1 The learning disability budget has been overspent each year, by £6m in 2006/07; £9m in 2007/08; and nearly £5m in 2008/09. For 2009/2010 the predicted overspend is about £11m.
- 3.2.2 Birmingham has a larger proportion of its learning disability service users in residential placements than do many other local authorities. The Council's overall learning disability budget in 2009/2010 is £68m. About £48m is spent on residential and nursing care packages covering 877 people, averaging £54,566 each. Thus only £20m is available to serve all the other service users, averaging £6,018 each. This means that over 70% of the Learning Disabilities budget is spent on under 20% of service users.
- 3.2.3 Individual package costs vary widely. Two thirds of the packages – over 1,100 – cost under £1,000 per week. The other 560 packages cost more than £1,000 per week each. Of these, 422 are residential care packages, costing £35m per year, averaging almost £83,000 per year per resident with learning disabilities.



- 3.2.4 £15.8m is spent per year on home-based services, where care workers support 418 people with learning disabilities living independently in their own homes. The average cost is £37,891, equivalent to £728 per week. This is about 70% of the average cost of a residential placement.
- 3.2.5 £4.1m is spent on Direct Payments, in which the money is given to the learning disability service user to enable them to choose what support they want and to employ others to provide it. The Business Information Unit advised that the number of learning disabilities service users who get Direct Payments is 189.
- 3.2.6 A similar sum - £4.2m – is spent on learning disability day care, used by 216 service users. The average annual cost is £19,456, equivalent to £374 per week.
- 3.2.7 There needs to be a strategic approach to budget setting. Information provided to Members shows that, at least over the last few financial years, there has been little evidence of any link between strategy and budget, or between budget and spending. Members recognised that unless budgets are configured to reflect strategy, and reconfigured each year as the strategy develops, the strategy is very likely to fail. *Reference Recommendation R01.*
- 3.2.8 The commissioning strategy should also link, through budget configuration and spending control, to what is actually being bought by operational staff. *Reference Recommendation R02.*
- 3.2.9 In spite of increasing budgetary pressures, the Council cannot neglect its duty of care to people with learning disabilities and must ensure that our obligations are met to provide care services and support to the vulnerable people who need them.
- 3.2.10 The need to bring spending under control will continue to exist even after learning disability and mental health budgets are pooled: the learning disabilities budgets transferred from primary care trusts come with commitments, rather than bringing extra funding.

3.3 Poor performance against National Indicators

- 3.3.1 The Government produces National Indicators ('NIs') against which to measure local authorities' performance in delivering social care services to those either receiving services or known to services. Birmingham's performance is above average in many of the NI's. But it is below average in others, including the only two NIs that relate wholly to learning disability, namely NI145 and NI146.
- 3.3.2 NI145 measures the percentage of adults with learning disability in settled accommodation¹. The 2009/2010 target is 60%, and the average achieved by all local authorities in England is almost 70%, but Birmingham only achieved 46.5%. In terms of performance against the other Core Cities in England (Bristol, Leeds, Liverpool, Manchester, Newcastle, Nottingham, and Sheffield) Birmingham ranks sixth out of the eight on this indicator.

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



- 3.3.3 NI146 measures the average percentage of adults with a learning disability in employment. The 2009/2010 target is 5%, the average achieved by all local authorities in England is 8.4%, but Birmingham only achieved 1.5%. This outcome is worse than those achieved by the other Core Cities.
- 3.3.4 Changes in social care needs are normally picked up by annual assessments. All service users are supposed to have their care plan reassessed at least annually or more frequently if the care plan shows this is necessary, or if there is a significant change in their circumstances, or a safeguarding concern arises. However subsets of NI indicators, where data can be split down into learning disability and other service user groups, suggests in NI indicator D40 that Birmingham is below the average in the percentage of our learning disability service users who had an assessment during the last year. The Council's performance against this indicator is improving: the proportion of its service users with learning disabilities who have had an assessment has increased from 53.3% in 2007/08 to 64.4% in 2008/09 and an estimated 66.9% in 2009/10, but is still below average.
- 3.3.5 Another indicator, NI132, suggests the Council's performance is poor at doing social care assessments of learning disability service users within 28 days of initial referral, which was a concern expressed by carer witnesses who gave evidence to Members. The proportion of service users receiving assessments within that period was 28.8% in 2007/08 and 28.8% again in 2008/09. In 2009/10 there was a significant improvement to 50%. But that still means that half of those referred to Learning Disabilities are not assessed within the target time. The reasons reported to Members are pressure on social work teams caused by an historically high level of demand for assessments, and difficulties in recruiting and retaining social workers.
- 3.3.6 A recent Ombudsman report that was critical about the Council's failure to assess a vulnerable service user with learning disabilities was reported to Members at the Adults and Communities Overview and Scrutiny Committee on 14 October 2009. It picked up the need for more assessments to be done, and done on time. Carer witnesses also confirmed that need.
- 3.3.7 The Committee was provided with a copy of the following timetable, showing stretching Business Transformation targets already set in respect of 'Individual' (Personal) Budgets. Targets to increase the numbers of assessments done could be set according to the same timetable. This would avoid having multiple targets. Members would also wish to see year on year improvements in the proportion of service users assessed on time. *Reference Recommendation R03.*

Year	10/11	11/12	12/13	13/14	14/15	15/16	16/17	17/18
Existing users (to be) given IB through reviews	1,397	2,896	3,107	2,888	2,594	2,409	2,224	2,038
New users (to be) given IB	104	255	444	677	978	1,173	1,373	1,574



3.4 Policy context – prevention, targeting and personalisation

- 3.4.1 Learning disability services have been shaped by national guidance including ‘Our Health Our Say – a new direction for community services’, the ‘Valuing People’ White Paper (Department of Health, 2001) and in particular ‘Valuing People Now: a new three-year strategy for people with learning disabilities’ (Department of Health, 2009) which recognised that people with learning disabilities are among the groups most often excluded from society. Other guidance includes ‘Valuing Employment Now’ and the National Autism Strategy. The national guidance emphasises the need to develop personalisation, because it gives service users choice and control over the services they receive.
- 3.4.2 The strategy has the over-arching aim of designing and delivering public services and support which meets the individual needs of people with learning disabilities to give them and their carers the same opportunities as other people in society to lead a fulfilling life.
- 3.4.3 This is reflected in the key principles set out in Birmingham’s ‘Sustainable Community Strategy, Birmingham 2026 – Our Vision for the Future’, which outlines the key principles by which the City intends to operate including:
- Prevention: redirecting our focus towards stopping problems developing and reducing dependency, a long term ‘prevention’ approach rather than a short term ‘treatment’ one.
 - Targeting: protecting and nurturing vulnerable people and addressing the needs of our most disadvantaged communities.
 - Personalisation: enabling people to tailor services to effectively meet their needs.

3.5 People expect more

- 3.5.1 Public expectation has increased and will continue to do so. Individuals with learning disabilities and their families or carers expect services to be of a high quality and to be framed to meet their individual and diverse needs.
- 3.5.2 More people expect to have better health, a home of their own, and real opportunities to be educated; to be meaningfully employed in real paid jobs; and to form and sustain ordinary relationships. They expect the same access that everyone else has to ‘universal’ services, and they expect to be safe.

4 Business Transformation

4.1 Transforming care in Birmingham: personalisation

- 4.1.1 The Adults and Communities Directorate’s business transformation programme is a major programme of work which will be central to achieving the shift from traditional models of care to



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

- 4.1.2 The 10 year plan assumes a year on year shift from traditional models of care to more individually-tailored options.
- 4.1.3 At present Birmingham City Council and the three Birmingham Primary Care Trusts between them have a high level of spend on learning disability with 45% of the total spent on residential care. The target set by the Department of Health is 25% and below. This needs to be improved through the transformation of adult social care. A radical shift in expenditure from residential care towards community-based options will be needed to achieve this target. The challenge for the Directorate is not simply to move people out of residential care but to do this in a way that is affordable and delivers the transformational benefits for the user. Achieving this will require existing patterns of commissioning and spending in Birmingham to change.
- 4.1.4 This aim to shift more of the expenditure towards community-based options will depend in large part on the increased use of self directed support.

4.2 Individual budgets

- 4.2.1 The Individual Budgets Project is one of the main tools for achieving this shift within the transformational programme.
- 4.2.2 There is sometimes confusion about the differences between Direct Payments, Personal Budgets and Individual Budgets.
- 4.2.3 A Direct Payment is a cash payment given to a service user in lieu of community care services the service user has been assessed as needing under the Resource Allocation System criteria. Direct Payments are intended to give users greater choice in their care and must be spent on services that users need and which would otherwise have been provided by the Council – so they cannot, for example, be used to buy services that should be provided by health. Like commissioned care they are means tested and therefore people will often have to contribute to the cost of their care. They give responsibility to service users to employ people or commission services for themselves, including taking on all the responsibilities of an employer. An external agency, currently Penderels Trust, can provide support with employer duties such as payroll, to ensure that care assistants employed by the service user are paid correctly. At present Direct Payments can only be used to buy externally provided services so cannot be used to buy them directly from the Council. So far, from April 2009 to February 2010, there have been 219 service users and 82 carers in Learning Disabilities receiving and using Direct Payments, though some started and stopped. Over the same period the User Involvement Carers Unit issued 159 grants to learning disability carers.
- 4.2.4 A Personal Budget is an allocation of funding given to a user after assessment. Users can either take their personal budget as a direct payment or, alternatively, whilst still choosing how their care needs are met and by whom, they can leave the Council with the responsibility to



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

- 4.2.5 An Individual Budget covers everything a Personal Budget does and also a range of other funding streams including Independent Living Fund, Access to Work, Disabled Facilities Grant, Supporting People, and community equipment services. At the date of this report, the Government had not legislated to allow these other funding streams to be included, so no Individual Budgets can be offered.
- 4.2.6 Personal Budgets have been rolled out across the Adults and Communities Directorate since June 2009. This built on the lessons learned from the introduction for all older adults which had commenced in January 2008. Implementation was due to be completed in May 2010. The Individual Budgets project assumes total net savings of £95 million over 10 years.
- 4.2.7 The core idea behind each of the three schemes is that as far as possible service users should have the ability to spend some of the money allocated to them in a way that they choose.
- 4.2.8 'Putting People First' targets have been set for each local authority to have started to introduce Personal Budgets by April 2010, and Birmingham began to do this in June 2009. By October 2010 all new service users/carers with assessed need for ongoing support should be being offered Personal Budgets, and Birmingham has also started this. The other target is that at least 30% of service users or their carers should have a Personal Budget by April 2011.
- 4.2.9 It has been confirmed to Members that almost all teams, including all Learning Disability teams, have now been trained to offer Personal Budgets.
- 4.2.10 An analysis of Care First records shows that at the beginning of February 2010 1,645 Self Assessment Questionnaires – the first stage of the process towards getting a Personal Budget set up – had been issued to service users throughout Adults and Communities Directorate, except for service users covered by hospital or mental health teams. 166 of them were issued to learning disability service users.
- 4.2.11 Only about half – 837 - of the 1,645 Questionnaires sent out were completed and returned. Of those, only 127 have been approved for Personal Budgets, none of which are in Learning Disabilities. A further 29 were taken as Direct Payments. Care First does not record how many of the approved Personal Budgets are being paid: after approval there can be a delay whilst the detailed implementation arrangements are agreed and enacted, and there may be cases where the service user or carer changes their mind between approval and implementation. Some local authorities report all their Direct Payments as Personal Budgets, since a notional Personal Budget could be behind each Direct Payment. However Members were told that it has been decided that Birmingham City Council will not redesignate its Direct Payments to Personal Budgets.
- 4.2.12 Personal Budgets, and later Individual Budgets, are one of the key solutions that will help to relieve budget pressure. Yet so far no Personal Budgets are used in Learning Disabilities. This is a key challenge that needs to be addressed. In order to achieve the full benefits of the business case for transformation, Birmingham will have to develop a clear strategy for how it expects to



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

5 Total Place

5.1 The vision

- 5.1.1 In the summer of 2009 Birmingham was selected as one of thirteen Total Place pilots with a vision of optimising joint working between public agencies to improve the experience of residents and deliver better value.
- 5.1.2 Two of the six themes in the pilot are Learning Disabilities and Mental Health. The aim is that residents receive the health and social care services that they need in a fast, efficient and personalised manner. This clearly requires all public agencies to work more closely and efficiently together and to tailor the services that they provide to meet the needs of each individual. The pilots have shown that there is potential to reduce gaps and overlaps in services and to cut duplication and inefficiency.
- 5.1.3 The Birmingham Total Place Pilot Final Report estimates that Birmingham receives over £7.5 billion of public spending and investment each year and it says that “Whilst many services are well run individually, some critical outcomes have remained stubbornly poor for decades.”
- 5.1.4 One of the aspirations of the pilot is to look at the totality of spend in Birmingham and to jointly manage budgets at a local level. Ultimately the aspiration is to achieve integrated commissioning focused on service users with the aim of providing seamless services from one public purse. The aim is to enable citizens with needs to be able to make the same choices as everyone else in the City.

5.2 Learning Disabilities Partnership Board

- 5.2.1 ‘Valuing People Now’ required each local authority to set up a Learning Disabilities Partnership Board (‘LDPB’), to “oversee the inter-agency planning and commissioning of comprehensive integrated and inclusive services that provide a genuine choice of service options to people in their local community” and to assist implementation of the Valuing People Now strategy by overseeing, supporting, recommending and influencing services, policies and strategies.
- 5.2.2 The Council’s Cabinet Member for Adults and Communities serves on Birmingham’s LDPB. Most of the Board members are people with learning disability or carers, but it also includes



representatives from third sector organisations and Health, plus others from three of the Council's directorates, namely A&C; Children, Young People and Families; and Development.

- 5.2.3 It is supported by one member of staff and aims to promote co-operation between the agencies and to provide some services that can be accessed directly by people with learning disabilities and their carers.

5.3 Joint commissioning: learning disabilities and mental health

- 5.3.1 One of the key steps in aligning budgets to priorities is to build capacity for commissioning across the Council and its partners. Birmingham's Health and Wellbeing Partnership has identified integrated commissioning as one of its four priority work themes from 2009 to 2011.
- 5.3.2 Integrated commissioning will enable both the Council and the Birmingham Health and Wellbeing Partnership to deliver the shared vision as set out in the BHWP business plan, Birmingham's Sustainable Community Strategy, and the Local Area Agreement. This will also require effective partnership working with the independent and third sectors.
- 5.3.3 Birmingham's recent history of top quartile investment in learning disability services and high patterns of investment in mental health services are not matched by high levels of user satisfaction or service performance.
- 5.3.4 The urgent need to deliver better outcomes for citizens with learning disability and mental health needs has driven the decision to pool resources for learning disability and mental health and to introduce new arrangements for partnership delivery.
- 5.3.5 Commissioning activity in learning disability and mental health will be a pilot for the further development and implementation of this joint approach to commissioning.
- 5.3.6 This is underpinned by the establishment of pooled budgets for learning disability and mental health under S75 of the National Health Service Act 2006.

5.4 S75 Agreement

- 5.4.1 The 'S75 Agreement' deals with the establishment of pooled budgets to underpin joint commissioning for both mental health ('MH') and learning disability ('LD') with effect from 1 April 2010.
- 5.4.2 In Birmingham, up to 1 April 2009 NHS Birmingham East & North ('BENPCT') commissioned social care services for about 300 service users who were or had been in hospital. On that date responsibility for the commissioning of social care for adults with a learning disability was transferred from the NHS to local government together with the relevant funding. The funding transferred from BENPCT to the Council forms part of the pooled budget.



5.5 The pooled budget

- 5.5.1 The pooled budget will comprise the existing funding from Adults and Communities and the three Primary Care Trusts' budgets which will total over £315.9 million of annual expenditure. This is made up of £83m (LD) and £15.9m (MH) from the City Council and £60.7m (including the social care transfer - LD) and £156.3m (MH) from the NHS. So the total pooled budget for LD will be £144m, and the total pooled budget for MH will be £172m.
- 5.5.2 The budget contributions will have to reflect the financial positions of each partner year on year and will be agreed annually.
- 5.5.3 The City Council contribution will take full account of the business transformation service redesign and benefits identified in the revised full business case for the client groups to which the S75 arrangements will relate.

5.6 The joint arrangements

- 5.6.1 Birmingham City Council ('BCC') will be the host authority and lead commissioner for learning disability services.
- 5.6.2 BENPCT will be the host authority and lead commissioner for mental health services.
- 5.6.3 The agreement allows the partners to withdraw from it if necessary on six months notice. If this happened, each partner would retain responsibility for the commissioning of services in order to carry out their statutory functions.
- 5.6.4 An Integrated Governance Board ('IGB') will oversee the joint commissioning arrangements.

5.7 The Integrated Governance Board

- 5.7.1 Following commencement of the S75 Agreement, BCC will have six representatives on the IGB to ensure parity with the Primary Care Trusts which collectively will have six representatives. An independent chair will be appointed though he or she will not have voting rights.
- 5.7.2 The IGB will have a performance monitoring role over both the delivery of the services and the management of the pooled funds. It will produce an annual report to the Council and each of the PCTs.
- 5.7.3 It is currently expected that the three Primary Care Trusts in Birmingham – NHS Birmingham East & North; NHS South Birmingham; and Heart of Birmingham teaching Primary Care Trust - will merge into one commissioning body, probably from 1 April 2011. The combined primary care trust will inherit the obligations and rights accorded to the three current trusts in the S75 agreement.



6 From Residential to Community Living

6.1 Supported living

- 6.1.1 There is an ongoing closure programme which will mean that during 2010/2011 the remaining six long stay residential care homes will be closed and the majority of residents will move from residential care to community based services. This will mean that more people will need to be supported to live at home and there will also be a need to look at developing alternative types of facilities.
- 6.1.2 On behalf of the Council a large number of organisations have been providing care in the community to people with learning disability. The costs vary greatly and only a small number of these providers are contracted on the Council's Preferred Provider List. Work is taking place within the Shaping the Place project to consider how much costs of supported living providers can be reduced to achieve savings.
- 6.1.3 Some providers specialise in taking people with very complex care needs. Often the placements are jointly funded with health.

6.2 Developing more affordable models of supported housing

- 6.2.1 Everyone with a learning disability has the right to lead as independent a life as possible and services should aim to maximise this independence at every opportunity. Having somewhere to live that allows privacy and control and offers a more socially inclusive lifestyle is a key goal that partner agencies and community based providers could help the Council to work towards.
- 6.2.2 Many people with learning disabilities do not choose where they live or with whom. More than half live with their families and many of the remainder live in residential care. They need access to an increased range of housing options. Nevertheless there will always be some service users whose care and support needs are so great that a residential placement is or will be the best practical option.
- 6.2.3 In order to be able to reduce the numbers of service users in residential care there is a need to engage with providers; identify those that can offer the opportunity for people to develop the necessary skills to achieve more independent living arrangements; and enter into different arrangements with them.
- 6.2.4 Learning disability adult service users are those who meet the Fair Access to Care Services criteria for provision of adult social services. Their care plans define their social care needs.
- 6.2.5 But once they are ready to move out of the family home or a residential placement into living more independently they will need:
- A review of their care plan;
 - An assessment of their housing-related support needs;



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

6.2.6 Possible routes to supported living accommodation include:

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

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

6.2.8 Members have been told that carers need more help to find supported accommodation. Third sector organisations may provide 'step down' accommodation for service users moving out of residential placements or their family home. Options may include individual homes with shared facilities, and 'foyer' or 'move on' accommodation where service users can test their living skills for an agreed period in preparation for moving to live in more independent accommodation. This could either be in residential care or in a halfway house in the community. Residential care providers could potentially assist Learning Disabilities to develop this service in more locations.

6.2.9 Supporting People funding can cover the provision of housing-related support. This could be accommodation-based or, increasingly, floating support. If people with learning disabilities can access all the support they need, they can potentially choose from a wider range of accommodation types than they could if support were inadequate. A support services broker currently based at a housing association can provide information and signposting to accommodation-related support providers.

6.3 Supporting success – Birmingham Adult Placement Service

6.3.1 The City Council needs to realise the full potential of adult placement services. Further expansion of the Birmingham Adult Placement Service ('BAPS') would help to meet the needs of people who would otherwise live either in residential care or need relatively high cost support to live in the community.



- 6.3.2 This model offers people a real home and family life living with a host carer and provides an alternative to residential care. The Council currently only commissions this service for adults with severe learning disability. It can be described as the “adult version of foster care”. The service recruits and checks families or carers and, if they are approved, places adults with learning disabilities with them. BAPS currently supports around 49 people across 35 different homes. It also offers short respite breaks with carers, day time support, and outreach support where the carer acts as an ‘extended family’ to one or more service users living in their own home.
- 6.3.3 This model of care offers a more individualised option for residents than residential care and currently on average an adult placement home costs 60% less than residential care. The full potential of adult placement has not been realised in Birmingham. Many other Local Authorities offer a mixture of care provision within their Adult Placement Service, including long term, respite and daytime care. This is a high quality service which delivers excellent outcomes for service users who need lots of support to live more independently. *Reference Recommendation R05.*

7 Developing the Market

7.1 Engaging with providers

- 7.1.1 Birmingham aspires to improving the quality of life enjoyed by people with learning disabilities in line with national policies. Currently the Council is a relatively high spender: it is in the top quartile of local authorities in its spending per learning disabilities service user. A high proportion of the total spend is on residential care. The Learning Disabilities service plans to redirect spending towards supported and independent living. To facilitate this, intensive work is needed to develop the market and move towards integrated commissioning.
- 7.1.2 The introduction of Personal - and eventually Individual - Budgets will be key steps in achieving this. They have the potential to empower individuals and personalise services. But the Council has a responsibility to ensure that there is sufficient supply in the market to meet the likely growth in demand from service users, many of whom will be commissioning services directly.
- 7.1.3 Service Provider witnesses told Members that they wanted the Council to tell them clearly the types of services it needs, and the opportunities that may be available to develop social enterprises. There is a need to engage better with both existing and new providers and to be clear with them about the types of alternative provision that will be needed. This matter is developed in section 11 of this report.



7.2 Decommissioning first...

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

8 Improving Employment Opportunities

8.1 Missing the employment target

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

8.2 Employment strategy for people with learning disabilities

- 8.2.1 In January 2010 the Regeneration Overview and Scrutiny Committee received a 26-page Overview Report on the Integrated Employment and Skills Strategy from the Assistant Director for Employment. The emphases of that report were on partnerships and the use of Government funding programmes.
- 8.2.2 It mentions a national indicator, NI152, a City Region wide target that aims to reduce the gap between working age population in receipt of work benefits and the national average. But it does not mention NI146, which covers the average percentage of adults with a learning disability in employment, and on which the Council performs very badly, as outlined in section 3 of this report.
- 8.2.3 And though it mentions disadvantaged communities in particular areas of the City it does not mention learning disabilities service users who are seriously disadvantaged in respect of employment, but who are thinly spread across all areas of the City.
- 8.2.4 One of the Government's Valuing People Now key policy objectives for 2009-12 is that "All people with learning disabilities (and their families) will...be supported into paid work (including those with complex needs)".



- 8.2.5 A targeted strategy is needed to address this issue and bring about improvement. *Reference Recommendation R06.*

8.3 The Disability Employment Solutions Service

- 8.3.1 The Members heard evidence from the Head of Disability Employment Solutions about the customised training programmes and employment development support for people with learning disabilities. They were told about partnerships with the public sector, the voluntary and private sector and with large employers such as large supermarket chains to ensure job opportunities are available to priority client groups. The service supports employers to structure their recruitment processes so all members of society can participate. Members noted that in addition to mainstream funded services the Disability Employment Solutions service operates a range of time-limited funding contract schemes, rarely for longer than three years, and each with its own spending rules set by the Government. This hampers the service from long term planning. Unfortunately despite hard work being done to manage Disability Employment Solutions, the Council still only has 1.5% of its learning disability service users in employment.
- 8.3.2 This situation is not new. The Scrutiny report on Day Services for Adults approved by the full Council in July 2006 included recommendations about reviewing the place of Disability Employment Solutions in the organisational structure and creating an effective employment pathway into paid employment. Scrutiny has tracked these recommendations to encourage and check progress on implementation, but they have not been implemented, which was the initial trigger for this review. Something must change, or the Council will continue to fail its learning disability service users in this respect.
- 8.3.3 The service should become responsive to transitional arrangements. It needs to design training to support young people into employment which should be integrated with the support provided by the proposed Transition Team.

8.4 The Connexions Service

- 8.4.1 The Connexions service has a role in helping all young people aged 13-19 and from 13-25 for all those with learning difficulties or disability. The help is intended to advise and support young people into employment, education or training.
- 8.4.2 But it is not clear that the Connexions service keeps aware of all the support available in the market. One large service provider told Members that it runs a supported employment scheme for people with learning disabilities. It initially assumed that Connexions would know about the scheme and nominate people to benefit from it. Then it contacted Connexions and told them that places on the scheme were available. However the scheme remains under-utilised. *Reference Recommendation R07.*



8.5 'Job carving' within the Council

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

8.6 Examples of good practice from elsewhere

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

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

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

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

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

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

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

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



8.7 Social Enterprises

- 8.7.1 Sometimes a whole business can be run as a social enterprise. Where a clear role can be identified for each person, and risks are assessed and managed, the company or council can set up a social enterprise staffed – and sometimes led - wholly or mainly by service users. Social enterprises provide and sell one or more goods or services, and their staff are paid. Members were told of several cases where this had been done by third sector organisations or by other local authorities, for example to create a meals service. Some Members had seen or visited a good model of a social enterprise, the Matchbox Café in Moseley Road, Highgate, in which the staff have learning disabilities.
- 8.7.2 The 'social' in social enterprise is the benefit to the self-confidence and quality of life for the staff. However some social enterprises can succeed in creating social good but not succeed as commercial enterprises. The ideal is that they succeed in both.
- 8.7.3 In most social enterprises the local authority or other sponsoring organisation bears the set-up costs but aims to make the enterprise economically viable, so that its sales income covers most or all of its running costs and preferably makes a surplus as well, to be used for improving the business and/or repaying part of the set-up costs. The factors determining the commercial success or failure of a social enterprise are similar to those determining the viability of other commercial enterprises.

9 Transition to Adulthood

9.1 Background

- 9.1.1 Transition to adulthood is a wide ranging issue affecting many areas of the operation of social care services as well as health and education. It directly impacts on the opportunities that vulnerable young people and adults take up throughout their lives.
- 9.1.2 There are approximately 6,000 children with a Statement of Special Educational Need aged between 5 and 19 in Birmingham schools. Approximately 600 are in each year group.
- 9.1.3 A significant, but varying, proportion of the 600 in each year group have a learning disability which would qualify them for Social Care services. All of the 600 are known to Children Young People and Family services through schools and educational support services. Whilst almost all of the children known to the Disabled Children's Social Work Team ('DCSWT') have a Statement of Special Educational Need the majority of these children will not require or be eligible for an ongoing Social Work service. In each year group there are approximately 200/250 children receiving a direct service from the DCSWT.
- 9.1.4 As they become 18 years old, about 60-100 of the 600 in each year group are likely to meet the Fair Access to Care Services ('FACS') criteria that determine eligibility for adult social care



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

- 9.1.5 The remaining 500-540 who were Statemented at school are not likely to meet the FACS criteria. On leaving school their situation can change abruptly from receiving support from several sources to receiving no support, except from their family. The approach is that this group is invited to information events and supported to identify appropriate activities as they become young adults. However those who do not attend information events or maintain contact in some other way may only come to the attention of the agencies if something goes wrong.
- 9.1.6 The wider groups of children per year who have a learning difficulty rather than a learning disability and are not Statemented are also unlikely to meet the FACS criteria. They are also, with the other groups, invited to information events to help plan their transition to adulthood.
- 9.1.7 Increasingly young people likely to benefit from living independently will already have been provided with or need to be able to access the following:
- Life coping skills, such as washing, cooking, buying, using public transport, and gaining and keeping tenancies;
 - Guidance about the adult world – for examples that most goods and services need to be paid for, the potential sources of income, and that adults may not always tell the truth;
 - Information, particularly on the location and contact details of services;
 - Advocacy;
 - A meeting with someone with learning disabilities who has already made the transition to adulthood and relative independence – to get them past the psychological disbelief and denial phase and to start planning how they will cope themselves during and after transition; and
 - A 'moving on' or 'foyer' facility to enable them to test living independently.
- 9.1.8 The evidence highlighted two groups where problems with transitional arrangements often arise and these are:
- Individuals known to children's services who do not satisfy the threshold for support as adults and
 - Individuals not known to children's services because their needs were taken care of through education or health but who need support when a child leaves school or college.
- 9.1.9 More effective support should be provided during transition. The challenge is to ensure that an integrated service is provided to support disabled children from early years into adulthood based on a robust analysis of need and development and with the close involvement of parents, children and young people, and agencies including health and education.



9.2 The Transition to Adulthood Framework

9.2.1 **The Transition Framework** was designed to ease and facilitate the transition of those with disabilities from childhood to adulthood. It sets out to achieve four key objectives. These are:

- Improved identification;
- Improved person centred plans and activities which lead to fulfilling outcomes;
- Increased take up of education, training and employment opportunities; and
- Improved and more consistent information, advice and guidance.

Work is underway to deliver all these objectives. Information events and data-sharing are helping to improve identification, which in turn helps to enable person-centred planning. Effort is being put into increasing the take-up of education, training and employment opportunities. The information events are thought to have succeeded in improving the information about transition available to professionals, parents, and young people or adults. Over time the impacts of this work should be reflected in the Council's performance on the four National Indicators relating to service users with learning disabilities.

9.2.2 **The Transition Pathway** is a person-centred planning tool which is being implemented across the City to improve transition arrangements for disabled young people aged 13-19.

9.2.3 Training in the Pathway has been delivered to many schools and 20 other partner agencies and over 260 young people have Pathway Plans. In December Members attended the Learning Disabilities Service Provider Forum at Aston University, made up of delegates from over 50 private and third sector organisations who provide services to people with learning disability. Providers were aware of the Transition Pathway and were very complimentary about it as a tool. However they said that they do not yet see evidence that it is being implemented. *Reference recommendation R09.*

9.3 Multi-Agency Integrated Transition Team

9.3.1 Where a child is likely to become eligible to receive adult social services, ideally Adults and Communities social workers would be involved well before the child reaches adulthood, to enable joint planning and preparation to start early and be completed. Carer witnesses asked for better co-ordination between services. However usually Adults and Communities social workers are not involved until children are 18, so can only start to contribute to planning once they leave school. A process and structure is needed to ensure that adult services' contribution starts earlier.

9.3.2 Members were advised that it is intended to establish a discrete multi-agency integrated Transition Team. The initial plan is that the Team will include Adults and Communities staff, namely social workers, occupational therapists, review officers, person centred planners and social work assistants.

9.3.3 A planned second stage will be to achieve joint working with district nurses, community psychiatric nurses, therapists, psychologists and consultant psychiatrists.



- 9.3.4 The planned third stage will be to include other relevant professionals such as job coaches, Connexions advisors, and benefits agency staff.
- 9.3.5 The Team Manager (Transitions) is likely to be a social worker, and will have three priorities. The first is to ensure that joint working on individual cases is effective. The second is to liaise with schools, colleges and children's social care to ensure that transition planning is effective and that young people with disabilities are being picked up at an early stage in their transition to adulthood. The third responsibility will be to maximise the use of Personal Budgets and eventually Individual Budgets so that each pound spent on services delivers greatest positive impact for users.
- 9.3.6 This work, which is at an early stage, needs to continue and develop if we are to see a further improvement in service delivery and in the working between children's and adults social care.
Reference Recommendation R10.

10 Advocacy

10.1 Supply and demand

- 10.1.1 People with learning disabilities need support to enable them to speak up and be heard about what they want when it comes to big decisions in their lives. They should be able to get this support from an advocate. Whilst some service users have a carer, relative or friend who can fulfil this role effectively, many do not, and need help from a professional advocate.
- 10.1.2 The current supply of advocacy services does not meet demand: for example there is no health advocacy, despite learning disability service users on average having poor health and low engagement with health services. And the demand for advocacy services is likely to increase in the next few years, partly because of the expected growth in diversity in the learning disabled population, but also because of service users' and carers' increased awareness of advocacy.
- 10.1.3 Advocacy already plays vital roles. The move towards increased personalisation will make these roles even more important in helping people with learning disability to communicate to others their choice of how they want to spend their Personal or Individual Budgets.

10.2 Current advocacy arrangements and a recent review

- 10.2.1 There are currently four providers of advocacy services within Birmingham. These are:
- People First (dedicated self advocacy service only);
 - Advocacy Matters (crisis advocacy, including parents advocacy and self advocacy);
 - Citizen Advocacy South Birmingham Area (CASBA - crisis advocacy- including parents advocacy and self advocacy); and
 - People in Partnership (PIP -crisis advocacy and self advocacy- and a separately funded family advocacy service).



All providers' contracts, due to expire on 31 March 2010, have been extended until June 2010.

10.2.2 Advocacy services for people with learning disabilities commissioned in Birmingham were reviewed in early 2010 and the findings of the review were reported to the Review Group.

10.2.3 The review's suggestions about how advocacy should develop to meet future demand included:

- The need to shift from a crisis model to a more preventative model, especially for advocacy around child protection. Early advocacy intervention reduces the likelihood of costly crises.
- Using peer and self advocacy services to cover non-urgent but important work such as health, housing, employment, and developing personal relationships.
- The need to expand advocacy to respond to personalisation. An advocacy role should be developed to meet the needs of learning disabled people holding Direct Payments, Personal Budgets and Individual Budgets and to ensure access to advocacy through personalisation.
- Signposting people who want to become advocates – or better advocates – to training courses. Learning Disabilities Commissioners could require advocacy firms to train their staff and volunteers as a condition of bidding for new tenders. Or current and prospective advocates could use any of several training courses found via the Internet. These vary in entry requirements, costs, contents, length and whether they lead to a certificate or diploma or not. The range is from a free interactive computer-based self-teaching course that can be done in an hour, up to courses only open to those who have done at least a year's advocacy or delivered 1,000 advocacy hours. Some carers, many of whom will have had to do unofficial advocacy on behalf of their service user, may wish to train to raise their own skills.
- Use of volunteers to take over non crisis advocacy and office work, monitor progress or chase services after the initial crisis advocate has completed the urgent work, to support peer advocacy and to share good practice.
- The need for City wide transition advocacy.
- More self advocacy for people whose day centres are closing.
- Health advocacy to be incorporated into every advocacy partnership.
- Need to meet the increasing demand from BME people with various cultural/language needs. By 2011 the proportion of South Asian people will make up 42% of those with learning disabilities aged 20 to 30.
- It was also noted that advocacy organisations have some of the competencies required for the role of a support broker. However brokerage is discussed in the next section of this report.



11 Communications

11.1 Communications with families and carers

- 11.1.1 There is an issue about how people get information about available services. Evidence from carer witnesses was that many carers don't understand the new personalisation initiatives. Direct Payments, Personal Budgets and Individual Budgets need to be explained to all carers and easily accessible guidance should be provided.

11.2 Support services brokerage

- 11.2.1 As personalisation develops, service users and carers will need information about potential sources of support, ideally provided from a single reference point, a brokerage function. Carer witnesses said the information currently available to carers is piecemeal and fragmented. The broker post in Learning Disabilities is currently filled by a temporary worker, but until now he has only had to respond to information enquiries from staff, whereas in future he will increasingly need to respond to enquiries directly from service users and carers, and from advocacy service providers.
- 11.2.2 Brokerage is usually done most effectively as a centralised full time office based role for one or more people rather than by several agencies that compete with each other or by many staff or volunteers who have other priorities. The broker(s) will need to gather information about how to contact field staff and their managers, and can then maintain links with them, and with support service providers, including advocacy service providers, as well as responding to direct requests from service users or carers. Effectiveness will depend on whether field staff and suppliers (prompted by the brokerage function) remember to provide updates on new services or those that have changed, and how much information the brokerage function has on record about each service, for examples on the types of support it can give, the areas it can cover, its prices and how to contact it. Each advocacy firm should provide its staff with leaflets and training about the brokerage function, the types of services that are available from it, and the need to help keep the brokerage function's data base up to date.
- 11.2.3 Brokerage should become able to develop a City-wide picture and spot where a good low-cost service in one area could expand into others, or where an organisation is charging more for services to one area than it is for equivalent services to another. The broker(s) should refer the facts to the Business Transformation Market Shaping Team, who can negotiate price reductions.
- 11.2.4 There is likely to be common ground between provider data bases for service users in all social care functions, so brokers should maintain close links and compare and share information across services. It would be appropriate for a review to be undertaken of all Adults and Communities brokerage functions to optimise effectiveness in light of the personalisation agenda and the potential for data sharing. *Reference Recommendations R11 and R12.*



11.3 Communications with external service providers

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

12 Conclusion

12.1 Raising the profile, and 'BOLD' results

- 12.1.1 To succeed in shifting from traditional models of care to more individually-tailored options requires an ambitious programme of change. This will mean finding more creative ways of meeting needs so that average costs of care are reduced and there are new opportunities for people with learning disabilities to shape their own care.
- 12.1.2 The City spends the largest proportion of resources available to people with a learning disability on residential placements. Changing this will require a radical new look at how existing funding is being used and will require the development of affordable alternatives to residential care.
- 12.1.3 Whilst it is the case that there are areas of good practice where the Council is developing innovative ways of delivering more personalised and preventative services to better support service users at lower costs, it is also true that certain outcomes for people with learning disabilities have remained poor over a number of years.
- 12.1.4 This report sets out some of the ways in which the Council can improve services to its learning disabilities service users. Publication of the report will raise their profile, bringing their needs back onto agendas from which they may have slipped. Implementation of the recommendations will mean that many people with learning disabilities will have more choice over the types and sources of support they need; will have better access to information and advocacy services; more will have settled accommodation in the community rather than staying in residential home placements or living with their relatives; and more will be in work. These will be significantly better outcomes for those with learning disabilities.



Appendices

Appendix 1 – Witnesses

The Review Group members wish to thank the following witnesses for taking the time and trouble to provide evidence, either by attending and giving evidence in person or by providing reports or both.

Link Officers from Adults and Communities Directorate:

Sheila Rochester, Service Director, Younger Adults

Jon Tomlinson, Director of Joint Commissioning, Learning Disabilities & Mental Health

Others from Adults and Communities Directorate:

Sharon Bailey MBE, Head of Service (Assessment and Care Management, Learning Disabilities)

Jon Caan, Head of Strategic Commissioning (Learning Disabilities)

Tony Lloyd, Principal Administrative Officer, Executive & Scrutiny Support, Joint Commissioning

Dipak Mohan, Informed Choice Manager, Business Transformation

Lynn Porter, Registered Manager, Birmingham Adult Placements Service

Sue Vincent, Head of Disability Employment Solutions

Bethan Welch, Operational Manager, Learning Disabilities Assessments, Safeguarding, Transitions

From Children, Young People and Families Directorate:

Chris Atkinson, Assistant Director (Special Educational Needs and Disability)

Chris Bush, Head of Transitions

From Housing Directorate:

Kalvinder Kohli, Lead Officer, Supporting People

Anne-Marie Powell, Head of Housing Strategy and Commissioning

From external organisations:

Chris Bates, Chief Executive, Birmingham Rathbone Society



Elaine Boyden, Chief Executive Officer, Advocacy Matters

Sir Robert Dowling, Chief Executive, Care through the Millennium

Gerard Dunnigan, Chief Executive, Jaffray Care

Sue Durrant, Chief Executive, Birmingham Multi-Care

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

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

Dillon Hamilton, Project Manager and Behaviour Specialist, Unity Care

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

Tina Mitchell, Director of Customer Finance & Contracts, Craegmoor

Dave Rogers, Chief Executive, Midlands MENCAP

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

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

From Carers' Organisations

Adella Carty - Carers Incorporated

Danny Dempsey - Carers Incorporated

Yasmin Maghani - Carers Incorporated

Maureen Parker - Carers Incorporated

Tina Donovan - Manager, Birmingham Carers Centre

Sally Evans - Parents Views Count

Kristin Sanders - Parents Views Count

Committee Manager Viv Smith supported the review group.



Appendix 2 – Evidence gathering

1 October 2009.

Councillors: Clark, Neilly and Whorwood.

Witnesses: Sheila Rochester, Service Director, Younger Adults.

Tony Lloyd, Principal Admin Officer, Executive & Scrutiny Support, Joint Commissioning, Adults and Communities, also attended.

Key findings

The numbers of people with LD are growing, both in Birmingham and nationally. More survive birth, more live longer, and diagnosis is more efficient.

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

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

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

29 October 2009.

Councillors: Clark, Dring and Evans.

Witnesses: Sheila Rochester and Jon Tomlinson, Director of Joint Commissioning (Learning Disability & Mental Health).

Key findings

LD service provision has to change because the current provision is no longer affordable.

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

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

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

11 November 2009

Councillors: Clark, Dring and Evans.

Witnesses: Jon Tomlinson, Chris Bush, Head of Transition, Lynn Porter, Registered Manager, Birmingham Adult Placements Scheme and Sue Vincent, Head of Disability Employment Solutions.

Key findings

The Transitions Pathway seems well designed and to fit what is needed. But Members would like more information about the implementation programme because it does not seem to be fully in place yet.

Birmingham Adult Placements Service achieves very positive outcomes both for service users but also in respect of keeping costs down. But the limited size of its current resources restricts the number of placements it can make and support. Further investment would help it do more. It focuses on Service Users with severe LD who would otherwise need a residential placement. On average its costs per patient are only 60% of the cost of the residential placements that would otherwise be needed.

The Council is a poor performer in terms of the numbers of people with LD in employment. Very few service users have paid, meaningful work, so there is a need for better marketing, liaison with potential employers, targeted job skills training, and support for those who are in work to keep their jobs. Disability



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

25 November 2009

Councillors: Clark, Dring and Grundy

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

Key findings:

Parents Views Count

Members received a presentation from representatives of Parents Views Count setting out parents' views on services for people with disabilities. Witnesses responded to Members' questions as follows:-

Parents Views Count had been established in 2006 with around 20 members and is an organisation helping parents to influence planning for children with special needs in Birmingham. Membership had now grown to around 400. Barnardos was currently the accountable body for Parents Views Count and the organisation also had an engagement co-ordinator who was employed by the Council. The Parents Views Count Board was currently considering the lines on which the organisation might develop in terms of being an independent association. Representatives undertook to provide Scrutiny Members with more detailed information about the organisation e.g. terms of reference, mission statement etc.

Parents Views Count was open to all parents who cared for a person with a disability irrespective of age.

Services which were felt to be working well included training for schools in the transition pathway and the involvement of children with complex needs in the short breaks initiative.

Services which were not felt to be working so well included lack of provision for 16-25 year olds and lack of support for children with disabilities attending mainstream schools. Other issues raised included:

The possible loss of breaks when funding ended. Parents felt that short breaks for young people in Birmingham should continue beyond the age of 19.

Referral routes were complicated and advice to parents was often confusing.

Waiting lists for assessments were too long and there were gaps in provision for young people who did not meet the eligibility criteria for transferring from children's to adults' services. The eligibility criteria for young adult social care needed to be reviewed and a support network developed.

Attitudes to children with disabilities in mainstream schools were often poor, particularly in respect of children with behavioural and emotional difficulties, however, there were some examples of good practice which it was felt should be replicated in other schools.

Colleges offered limited options e.g. young people were often offered only part time placements. Facilities within colleges, particularly personal care facilities, should be more accessible for people with complex/special care needs.

There was felt to be a shortage of social workers and a tendency to operate at crisis level with insufficient emphasis on preventative actions. Annual reviews were not carried out on time.

There was a shortage of occupational, physical, speech and language therapy.

Parents felt that services for children with disabilities were not adequately resourced and that most resources were targeted towards disadvantaged children. There was a need to create lifelong opportunities



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

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

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

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

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

Carers Incorporated

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

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

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

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

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

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

Representatives requested a review on manual handling as many clients were unable to use equipment.

The Chairman acknowledged that some building based services would always be required but suggested that it was necessary to change the characteristics of day activities to make services more appropriate to the individual. The aim was to broaden the range of services available for people with learning disabilities and to enable clients to access services beyond 5pm. It was pointed out that, of the £68 million which the Council spent on learning disability services, £48 million was spent on residential services and it was necessary to direct a greater proportion of that expenditure to provide more community based services and activities.

Representatives were advised that consultation on how to shape the revised formula for respite care had commenced. The Chairman assured carers' representatives that their comments on the need for a phased approach and the need to provide more information to assist carers in adapting to the new arrangements



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

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

8 December 2009 at the Learning Disabilities Service Provider Forum at Aston University.

Councillors: Clark and Dring.

Witnesses: about 70 people representing housing associations, large and small charities, and private sector homes and advocacy services, all of whom provide services to people with LD.

Key findings:

All who spoke said they respect the Council's aim to provide or secure better services for those with LD.

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

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

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

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

6 January 2010

Councillors: Clark, Axford, Evans, Green, Grundy, Neilly and Underwood

Witnesses: Dave Rogers, Chief Executive, Midlands MENCAP, Cathy Dale, In Control and Transitions Manager, Midlands MENCAP, Chris Bates, Chief Executive, Birmingham Rathbone Society, Sue Durrant, Chief Executive, Birmingham Multi-Care, Paul Graham, Director of Care, Aspects for Care Ltd., Dillon Hamilton, Project Manager and Behaviour Specialist, Unity Care, Sir Robert Dowling, Chief Executive, Care through the Millennium, Elaine Boyden, Chief Executive Officer, Advocacy Matters

Key findings:

Midland MENCAP works closely with the Council, from which it receives much of its income. It provides support in accessing voluntary work, employment and education; supported housing and domiciliary care; a housing pathway; a carers support service; a carers short break service; support for BME children and families; Apni Marzie – a means of engaging with South Asian women of 18+ with a learning disability; a Saturday play scheme for children with a learning disability aged 5–12 years; a youth club for young people with a learning disability aged 12–25 years; adult social and leisure clubs; and other information, advice and guidance services.

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



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

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

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

28 January 2010

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

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

10 February 2010

Councillors: Clark, Axford, Dring, Evans, Green, Neilly, Underwood and Whorwood.

Witnesses: Sharon Bailey, Head of Service (Assessment and Care Management, Learning Disability), Bethan Welch, Operational Manager (LD Assessments /Safeguarding /Transitions), Jon Tomlinson, Dipak Mohan, Informed Choice Manager, Business Transformation, and Chris Atkinson, Assistant Director, Special Educational Needs & Disability.

Key findings:

All recognised the 'care & support cliff'. Children with LD receive support from many sources as required, including special needs teachers, classroom/teaching assistants, education social workers (formerly known as education welfare officers), children's social workers, educational psychologists, and health staff who visit schools. But when they are classed as adults most do not meet the adult FACS criteria and suddenly drop from receiving many services to receiving none. And some families who were supporting their children with LD find it harder to provide that support because the respite they had when the child was at school suddenly ceases. Anything the Council or its partners can do to shape expectations and prepare children for transition, and support them afterwards, will help.

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

16 March 2010

Informal meeting between Cllr Clark and Chris Atkinson and Chris Bush

Key Findings:

There are about 14,000 children in each year group at schools, so 14,000 leave school each year.



Of these, 600 or so are Statemented, of whom 200 are in special schools and known to but not directly covered by the Disabled Children's Social Work Team. Some – a minority – of the service users are likely to meet the FACS criteria.

Of them, an estimated 60-100 children per year have severe LD, and often other disabilities, and will almost certainly meet the FACS criteria. Most of them will have been supported by the Disabled Children's Social Work Team.

Triaging into these three categories (namely not eligible, possibly eligible and almost certainly eligible) is currently done at 17. Ideally provisional triaging would also take place earlier, say at 15 or 16, so that constructive planning and preparation can be done and there is still time to put the preparation into effect.

A transitions team may be needed, with an office-based data-handling team and a field team to ensure all aspects of transition are addressed. This would ensure that each young person unlikely to meet FACS criteria is given life coping skills; guidance on the adult world; information (location and full contact details of service providers and summaries of what they provide); advocacy; to get past the disbelief/denial stage, one or more visits to other young people who have coped through transition; and a moving-on stage where they can practice and test their independent living skills. The field team would work with key professionals and carers to shape expectations and ensure adequate signposting, and liaise with housing providers.

Service users need a wide(r) range of accommodation options. Possible providers include the Housing Directorate, Registered Social Landlords (housing associations), certain large third sector organisations such as Midland MENCAP, and private landlords.

14 April 2010

Informal meeting: Scrutiny officers met two officers from the Housing Directorate: Kalvinder Kohli, Lead Officer, Supporting People and Anne-Marie Powell, Head of Housing Strategy and Commissioning.

Key Findings:

Supporting People ('SP') covers only housing-related support. Under the Prevention agenda, the 2007 review of socially excluded groups resulted in a £51.9m programme of 3-5 year contracts. The contracts are based on hours of support: if the service user moves, the support moves with them. The support worker, social worker and service user agree between them a programme of teaching and skill development. The staff who deliver the teaching and training are highly skilled. SP can commission site-based services. It can also commission and fund support for up to 125 extra beds this year. Transition support is given for children or young people moving out of children's care homes, or out of City accommodation, or from living with aged parents, or from registered care. SP also has 'taster flats' where individuals can test their independent living skills. There is a Housing Broker, based at Trident Housing Association, who can provide information about housing, housing-related support, and the Housing Pathway. A few service users have money and shared ownership. SP has its own Service User Involvement Team of ex-service users. Fircroft College trains service users as lay assessors to do quality assessments of SP funded services.

In late 2009 Scrutiny officers contacted The British Institute for Learning Disabilities ('BILD') and had a reply from Ken Holland, Development Manager – Better Lives, Better Communities on 17.12.2009. Ken said BILD could not send anyone (staff, people with learning disability or carers) to give evidence. But he recommended keeping in touch with Christine Sholl at the Department of Health who is the Valuing People Now Regional Lead. Christine emailed Scrutiny officers on 06.01.2010, attaching a report. Ken also recommended close working with the Birmingham Learning Disability Partnership Board, for whom the contact is Linda Jackson, Learning Disability Partnership Board Co-ordinator, based in Joint LD & MH Commissioning.