

Reading Borough Council Strategy for People with Learning Disabilities

Part 1 - Strategic Vision

1. Summary

Key Focus Areas:

Re-shaping our accommodation offer to give people alternative options to residential care

Furthering Personalisation and independence within people's own communities

Developing support for carers

Embedding the Care Act 2014 requirements

The aim of this strategy is to outline our key priorities for the delivery of support for Learning Disabled people in Reading, incorporating the priorities expressed by the Learning Disability Partnership Board, the Corporate Plan and the Adult Social Care Strategy. These priorities are intended to meet the needs identified in the associated Needs Assessment.

Our vision is to enable people with learning disabilities in Reading to maximise their opportunity for inclusion within their local community and to support them to grow and develop as individuals. We will take a strengths based approach to our work, taking our starting point as considering what people can achieve now for themselves, what they could achieve with support and where possible, what they could achieve independently in the future.

People with Learning Disabilities have told us they want to be supported to live in their own homes, they want jobs and choice in their social lives. They want help to organise their support from commissioned care services, voluntary sector community organisations and/or family, friends and neighbours. There must be a person-centred approach to support meaningful, informed choices.

Reading has a slightly lower than average proportion of learning disabled people living in residential settings, but a higher number of people than comparable local authorities and four people live in hospitals. RBC spends almost 60% of its total adult learning disability budget on residential provision and our average weekly cost is higher than the average cost of our comparators. The balance of provision should be aligned with good practice expectations with fewer people in residential placements and more people living in the community, supported where appropriate.

We will achieve this by reviewing the needs of people with a learning disability and devising support plans that are proportionate to the level of need, ensuring that appropriate and efficient services are purchased to meet those needs. We will need more Supported Accommodation across the borough to achieve this aim.

We will offer a range of support from which service users can choose a mix to match their individual requirements. We recognise the range of needs is wide and varied, and that the choice of solutions and support may be found within clients' own support networks, local communities and universal services, as well as more specialist provision. Future provision will be firmly based on best value and best quality, putting the individual at the heart of decision making. We will consider alternative delivery models, most likely achieved through a mixed economy of in-house provision and external providers. We will develop easy ways for people to directly choose and purchase their individualised support.

2. National and Local Context

The principles under-pinning this strategy are published in **RBC's Corporate Plan 2015-18**:

Safeguarding and protecting those that are most vulnerable and promoting the best life through early help, education and healthy living. We want to enable people to live independently and also provide support when needed to families.

The vision for Adult Social Care in Reading:

- Our purpose is to **support**, care and help people to stay safe and well, and **recover/gain independence** so that they can live their lives with purpose and meaning.
- We will do this **collaboratively** with customers, carers, communities and partners; **tailoring** a response to meet needs and to **effectively** deliver targets and outcomes.
- In delivering these services we will be **fair**, **efficient** and **proportionate** in allocating our resources.

The main legal duties of the Local Authority are legislated through **the Care Act 2014**. Part 1 of the Act focuses on Adult Social Care reform. Section 2(1) places a duty on local authorities to provide or arrange services that reduce needs for support from people with care needs and their informal carers, and contribute towards preventing or delaying the development of such needs.

- Councils have a new duty to promote the physical, mental and emotional well-being of individuals. This duty - also referred to as the "well-being principle"- guides the way in which local authorities should perform their care and support functions.
- Local Authorities have duties to provide information and advice, promote quality and diversity in provision of services, co-operate with partners and promote integration with health services.
- Eligibility for Adult Social Care is determined on the basis of national criteria in place of locally determined thresholds.
- Unpaid/informal carers now have 'parity of esteem' with those they care for, meaning that more carers are entitled to an assessment of their own needs and local authorities are under a new duty (in place of a discretion previously) to meet carers' own eligible needs for support.
- The Care Act gives councils new obligations to shape the local care market to promote quality and choice.

The Children and Families Act 2014 places a duty on Local Authorities to work with young people with Special Educational Needs (including learning disabilities) to ensure smooth transition into adulthood across education, health and social care; working with families to encourage aspiration and promotion of independence.

The **National Health Service England “Transforming Care for People with Learning Disabilities - Next Steps”** Initiative for people with Learning Disabilities and complex needs has 5 key focus areas:

- a. Empowering individuals.
- b. The right care in the right place, including suitable accommodation in the community.
- c. Regulation and inspection of care provision.
- d. Workforce knowledge and skills.
- e. Data and information.

The **RBC Policy Committee** paper dated September 2014 puts ASC services within the context of the community and neighbourhood that the person who requires care lives within and:

- Sees service users who require support as being people who still contribute to their family and community.
- Is centred on the person - not the convenience of service providers.
- Promotes independence and focuses on what people can achieve.
- Values and recognises the central part that carers play.
- Safeguards people.

The **RBC Adult Social Care, Children’s Services and Education Committee** endorsed the proposals for the Learning Disability Transformation Project and supporting Strategy and approved the proposal to deliver the social care elements of the NHSE’s Transforming Care initiative. This strategy document, along with the accompanying Needs Analysis and Implementation Plan are the next steps.

The **Joint Strategic Needs Assessment** states:

- We know that people with a Learning Disability (LD) experience isolation and are dependent on others for support.
- Carers of people with LD are often parents and they experience difficulties with increasing age.
- We know that the numbers of people with a Learning Disability who have behaviours that challenge are increasing, as are those that use alcohol.
- We know that people with Learning Disability want the right to lead full and inclusive lives, learning the skills to enable them to reach their full potential.
- Having relationships, a home and employment is very important to a person with a Learning Disability.

Reading Autism Strategy 2015-18 details the priorities for developing provision for autistic people in Reading. There are approximately 100 autistic people eligible for adult social care, the majority of whom also have a learning disability.

3. What do we know about People with a Learning Disability living in Reading?

In 2014/15 RBC directly supported 441 adults and carers with a learning disability at a total cost of £15,623,000. This includes support provided for others in the town through funding voluntary sector services in the community.

Summary of Part 2 - Needs Analysis

- Population forecast: the number of 441 service users is predicted to rise by between 37 and 75 additional people by 2030. The increase in numbers of younger people will mostly be people with autism. There will be a significant increase in numbers of people over 55.
- There is a higher proportion of white British in the adult LD cohort and a lower proportion of Asian and Asian British compared to the general Reading population.
- There are up to 6 people a year with complex needs who require specialist care and accommodation to enable discharge from Assessment and Treatment units in hospital support.
- People with learning disabilities who responded to the most recent ASCOF survey feel less healthy than the general population but are no more likely to be in bad health.
- Reading has more DLA claimants but fewer carers than its neighbouring authorities.
- Reading although above the national average has a low but growing percentage of people with a learning disability in paid employment when compared to our neighbouring authorities.
- A third of people with a learning disability live in social rented and supported accommodation; 29% live with their families and 29% live in residential homes.
- Of those in residential care: one third are in Reading; one third live in another Berkshire authority and one third live outside of Berkshire.
- 60% of residential clients are aged over 45.

What do people with a learning disability tell us?

- Learning disabled service users are satisfied with the care and support they receive.
- People with a learning disability want to work. There needs to be more support through college, with recruitment and in retaining a job.
- People want support to make their own life choices. Choice and control is about having choice and control over where you live, who you live with, where you work, holidays, how you spend your money and how to use and find clubs and spend your leisure time.

- People want to stay safe by being aware of their own safety and knowing what to do if something isn't right.
- Being as healthy as healthy possible means looking at the whole person and ensuring people have the right support to live full and healthy lives.
- People want encouragement and support to use community facilities and public transport.
- 30% say information is hard to find.
- 25% do not get any regular practical help from family, friends or neighbours.
- Having a strong voice for both people with learning disabilities and their families is an essential way of ensuring that out voices are heard and that services are making reasonable adjustments that support people to be successful in their choices.

What do carers of people with learning disabilities tell us?

Of survey responders:

- A third of LD carers are dissatisfied with their support and services
- Carers are predominantly caring for LD people aged under 45.
- Most LD carers have been caring for over 20 years and 59% spend over 100 hours a week caring.
- 62% of LD carers are either retired or not in paid work. None surveyed worked full time and a third said that they didn't work because of their caring responsibilities.
- 50% say they don't look after themselves well enough and 20% feel they have no control over their daily life.
- 39% of carers say that information and advice is difficult to find.

4. Drivers

Promoting independence with outcome focussed support: As young people are transitioning to adult services and for people already being supported, we will seek to promote independence and teach the skills to enable them to live a fulfilling and independent life. All support that is commissioned by the council will be out-come focussed and possibly time-limited: training to travel, cook, shop, manage finances, arrange activities should be integral to care plans. Support and care services should support numeracy, literacy, healthy living and wellbeing. This will apply to residential, supported living and day activities commissioned by RBC. People with learning disabilities deserve the same choices in how they live, who they live with and where they live as people who are not disabled. Those who plan and those who deliver the care must help people with learning disabilities to understand their options and the longer term opportunities and impacts of their choices. There needs to be an understanding of risk management and allowance for reasonable risk to ensure that people can have choice and independence as adults.

Impact of Personalisation and Choice:

The Social Care Institute for Excellence (SCIE) publishes good practice examples and guidance. As a result of their research undertaken since the introduction of personalisation of Adult Social Care was introduced in the Government 2007 paper "Putting People First", SCIE states:

- Personal budgets and self-directed support can make a significant difference to someone with a learning disability, even if they are severely disabled.
- Families and carers can benefit when a service user has a personal budget.
- Personal budgets and self-directed support can improve life for all people with learning disabilities and can help prevent some people from going into residential care as adults.
- Social workers and local authority personnel need to work creatively and flexibly with people to make personal budgets a success.

The concept of personalisation and self-directed-support is now enshrined in law through the Children and families Act 2014 and The Care Act 2015.

Case Study

In his mid-teens “Tom’s” mother was unable to keep his younger siblings safe from his challenging autistic behaviour. He was admitted as an emergency placement into a specialist residential unit out of the borough. He moved from there to his own privately rented flat where a support worker encouraged independent living skills and for Tom to pursue his interest in music and to attend college. He still needed emotional support to help him learn strategies to be able cope in social situations so we found him a Shared Lives carer he could live with. This carer gives him the time and flexibility in a home where Tom feels valued. Now, at the age of 19, Tom has a job as a support worker at the college he attended and posts his music performances on YouTube.

Tom’s mum says “Tom is thriving in his work and life. He still needs a good deal of monitoring and guidance but is turning into a fabulous young man who I am extremely proud of!”

People should have flexibility to spend their personal budget in the way that suits them best. Direct Payments gives the most flexibility however learning disabled people often need support to handle their money. There are other options such as Individual Service Funds and we will explore integration with health services as they introduce Personal Health Budgets.

Advocacy

There is a new duty for local authorities under the Care Act to ensure independent advocacy support for people who have substantial difficulty engaging with assessment, care planning and review or taking part in adult Safeguarding processes with either: understanding information which the person needs in order to engage; or retaining it for long enough; or using or weighing it; or communicating their wishes and views. This is in addition to the existing statutory advocacy provision for people who do not have mental capacity. Reading has launched a new Care Act advocacy service for people who do not have anyone who can advocate on their behalf. These statutory services are different from that commonly termed “self-advocacy” where carers, care workers, care managers or voluntary sector organisations support learning disabled people to speak out for themselves to express their own needs and represent their own interests. Self Advocacy should be built into all aspects of care planning and support.

Community Based Models: There are many models of support that have developed in other areas that support people with learning disabilities to join in with their local communities, encourage socialisation and the subsequent support that friends and neighbours can bring. Reading is currently piloting the “Right for You” innovation programme in Whitley which is trying out a new way of working. Care managers will aim to support people firstly by linking them to their current local networks; then by dealing with crises in a proportionate and time-limited way. Finally, there is the option of long term support if the first two interventions are not enough. The programme aims to reduce dependence on, and the need for, long term support.

Employment: The Big Voice and Beyond identified that people want paid employment. Reading is a town with good employment rates across a wide range of industries and organisations. Employers need assistance in identifying suitable roles and job creation to promote opportunities for disabled people. People with learning disabilities need support in the recruitment process and both sides need support to maintain the employment as issues arise. RBC have set up and wish to build upon a Supported Employment service based in the Elevate Hub with other partners who are working with local employers to source, promote and support employment opportunities for vulnerable people in the town.

Ageing Population: In line with the rest of the population; people who have learning disabilities are living longer. This ageing population is inevitably impacting upon the need for the development of appropriate services in order to meet the needs of this group of people (and their older carers). This does not necessarily result in a need for the development of specialist services (although in some cases this will be required). Existing services for older people should be able to meet the needs of the majority of these people with some adaptations and development.

However current and future housing with care developments will need to be geared to offer services to this group of people. Existing learning disability providers will also need to acquire skills for supporting people who develop dementia. Staff training will need to be extended and environments will need to become ‘dementia-friendly’ e.g: doors being painted appropriate colours, pictorial signing etc.

Hospital admission and discharge procedures also need to become more ‘learning disability’ accessible. People with a learning disability traditionally fare very poorly in current acute hospital settings and their reliance on such services will inevitably increase as they live longer.

The Transforming Care programme:

Reading is part of the West of Berkshire Transforming Care programme (with the CCGs, BHFT, West Berkshire and Wokingham authorities). This programme is implementing the “Positive Living Model” for people with learning disabilities and challenging behaviour who are in, or at risk of admission to, Assessment and Treatment units (approximately 10 people each year in Reading). The model, centred on the person and their family, requires the partners to work together to develop:

- Person Led Planning
- Carer Support
- Advocacy

- Positive Behaviour Support
- Specialist Social Care
- Intensive Intervention

Assistive Technology and Telecare: ADASS research paper July 2015 “Better Care Technology, Results of Call for Evidence” details several local authorities who have both enabled independence and made budget savings by using technology solutions for people with learning disabilities. RBC are currently working towards supporting more LD service users in this way. There are new products (“tablet”, phone and watch based) suitable for younger people.

Reducing Social Care budgets at a time of increase in National Living Wage and the adoption of the Ethical Care Charter. As part of the savings required by national government, RBC proposes to reduce the ASC LD expenditure by £1,975,000 during the three years 2015-18. At the same time the National Living Wage is being phased in and the Living Wage Foundation is increasing the recommended hourly rate that Reading has aligned itself with as an ethical authority. We need to reduce costs where possible and reconfigure our provision to target those most in need. We must be seen to be fair and equitable in our allocation of reducing resource.

Market Analysis:

- The residential market is dominated by two providers who serve over one third of residential clients for 40% of the residential cost. The majority of other provision is spread across nearly 40 organisations with between 1 and 5 Reading clients.
- 55% of supported living packages are purchased through our SLASL framework of 12 providers. However we buy from 27 providers in total, of varying quality and price.
- There is a wide range of external day service provision of varying price and quality but our main provider is RBC’s in-house services.
- The community sector has traditionally been grant funded in blocks to provide a variety of socialisation and information services. Services have tended to specialise in disability or age related services rather than supporting integration with universal services and activities.

Carers provision and Respite (Care Act): The Care Act gives a new duty to the Council to meet carers own eligible needs for support. The needs analysis highlights that carers say they are struggling to take care of themselves and get the information they need. They need help to plan the future for themselves and those they care for. This starts at transition to adulthood and continues as carers age. Reading is currently recommissioning the support provision for Carers in line with the Care Act requirements.

Increasing accommodation in the thriving Reading property market: A high proportion of supported living accommodation is linked to care. This limits choice and control and is often not cost effective for the council. There is very little affordable housing available and we will maximise the opportunity of the new RBC supported living service property due to open August 2016.

5. Strategic Direction

Building on strengths

- We have the SLASL Framework of 12 providers who are keen to develop services in outcome focussed ways and to improve quality of care. We need to increase the skills of carer staff to be able to work in an outcome focussed way and to support people with complex needs.
- Range of day services, in-house respite, shared lives scheme.

There will be a transition to a more modernised, co-produced model of day support across Learning Disability, Physical Disability, Mental Health and Older People's services. This model may include centre-based services for those with most complex needs and a broader range of community based offers to promote independence, easily accessible for service users.

Respite is currently provided mostly through our in-house provision. There will be review of the current offer, making recommendations to meet assessed need in a cost effective way that supports family carers and provides an enjoyable break for people who are supported.

We will expand the successful Shared Lives scheme.

- There will be fair and equitable funding of individuals that can flex as their needs vary with circumstance, following national eligibility criteria. There will be more cost effective and suitable sharing of care and accommodation.
- We will build on the Reading Services Guide directory of information so that people with learning disabilities, their carers and those helping them plan their support have access to comprehensive, up to date details on activities and support within local communities. This information will be accessible to people with learning disabilities in easy read format and through support from their carers and care planners.
- Supported Employment - the service commissioned from Royal Mencap based in the Elevate Hub appears to be showing some success. This needs to be consolidated and expanded as more people with learning disabilities seek work.
- Co-production of services with people with learning disabilities and their carers across Reading's diverse population. We will continue to host the active Learning Disability Partnership Board and we will build on the LD Health auditing programme at the Royal Berks Hospital by adding a programme auditing residential and then other services.
- The Readibus service and public transport within Reading area is excellent. To make the most of this we need to increase travel training within and at transition from Children's Services. We will also build it into outcomes expected from residential and supported living care plans.
- The new Care Act Advocacy service has a range of advocates both qualified and in training. This is due to be re-commissioned in the coming year and will build on the successes and fill in gaps identified in its first year of operation.

Closing the Gaps

- Reduce reliance on residential care which is high cost and disempowering (26% of those receiving ASC support).
- Develop alternative suitable and cost effective models of accommodation with support for people with learning disabilities as they age. This might include residential homes suitable for changing needs of older residents and extra care housing.
- Negotiate cost effective rates based on well researched, bench-marked business models with key residential providers.
- More personalised care planning allowing choice and control to integrate people into their communities and promote independence, making better use of aids and assistive technology where appropriate. There will be an active review of individual packages of care, based on a measured risk model to ensure that support is appropriate to needs and national eligibility criteria, whilst ensuring that support packages are proportionate and equitable.
- Proactive work to encourage take up of Direct Payments and development of the ability to easily pay for a wide range of provision through Direct Payments or other processes.
- Forward planning and appropriate support for transition times e.g. from child to adult, becoming a parent and as people get older, living with elderly parents and family.
- More flexibility in ASC support; more in times of crisis, but easy to reduce when all is going well.
- More people supported into work and helped to maintain employment.
- Provision of care and accommodation for those with LD and challenging behaviour including forensic and substance misuse cases.
- Co production and peer audit of processes, design and accessibility of information and advice, especially for carers.
- Carers need to feel supported and able to look after themselves. Develop carers support and assessments.

More detailed information on needs and current provision can be found in Part 2 of the Strategy (Needs Analysis) and Part 3 (Implementation Plan) which outlines how we propose to achieve our strategic direction.

Reading Borough Council Strategy for People with Learning Disabilities

Part 2 - Needs Analysis

Section A : Overview of the client group

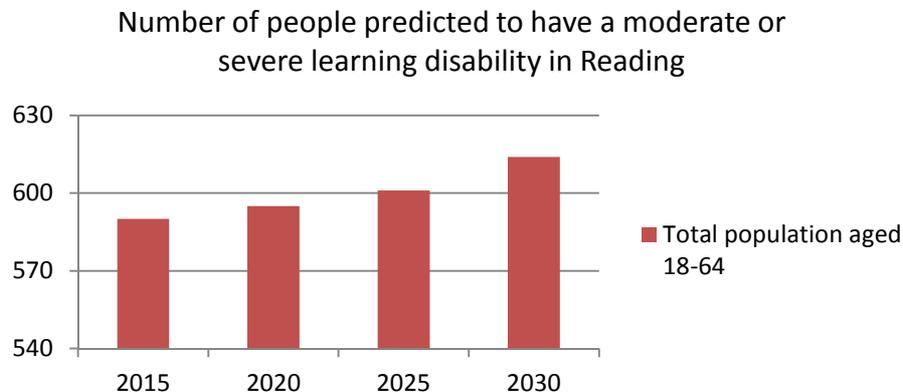
1. Introduction:

This Needs Analysis is one of a suite of 3 documents forming Reading Borough Council's overall approach to the future provision of Learning Disability services for adults and their carers, supporting individuals to be as independent as possible. It should be read in junction with the Strategic Vision (Part 1) and Implementation Plan (Part 3). There is also a complementary Accommodation with Care Strategy which looks in more detail at the accommodation issues for people with learning disabilities alongside other adult social care service users.

2. Population forecasts:

- There are currently 441 people with a learning disability receiving adult social care support in Reading. This will rise by between 37 and 75 additional people by 2030.

The total numbers of adults with a learning disability will rise over the next 15 years. This group represents 0.56% of working aged people in Reading Borough and mirrors the general population of this age group.



2015 PANSI data predicts 590 people in Reading have a moderate or severe learning disability. There were 441 people with LD known to ASC in March 2015 (SALT). This means that 75% of those with SLD/MLD are known to adult social care and meeting criteria for services. PANSI predicts an increase in the SLD/MLD cohort of 24 people by 2030. If 75% of these are eligible for ASC then there will be an extra 18 people aged 18-64 needing services by 2030.

However from RBC data approximately 15-20 young people will turn 18 each year, who are currently receiving a service from the Children and Young People's Disability team and may be eligible for adult social care. As an example: there were 80 children with a Statement of Special Educational Needs in Year 11 in the school census of October 2012. Of these, 16 are now receiving ASC services from RBC. An analysis of cases that closed on

Mosaic during the last few years implies that there are a maximum of 12 people leaving the ASC cohort each year (due to death, moving from the area or becoming ineligible for ASC services). So far in 2015 only one person has left the system. Assuming a net increase of 5 people per year this would predict an extra 75 people in the system by 2030.

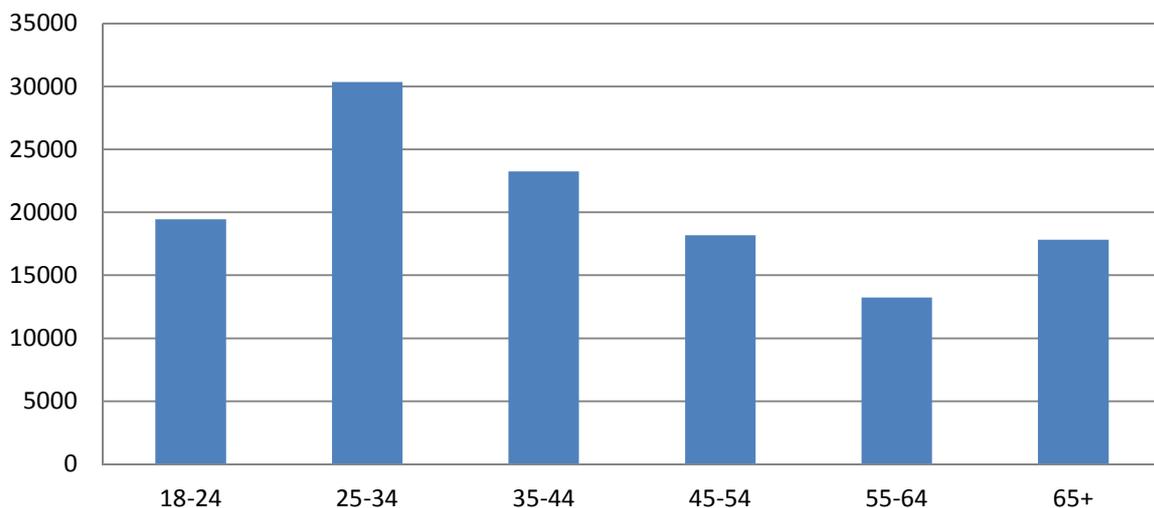
3. Age:

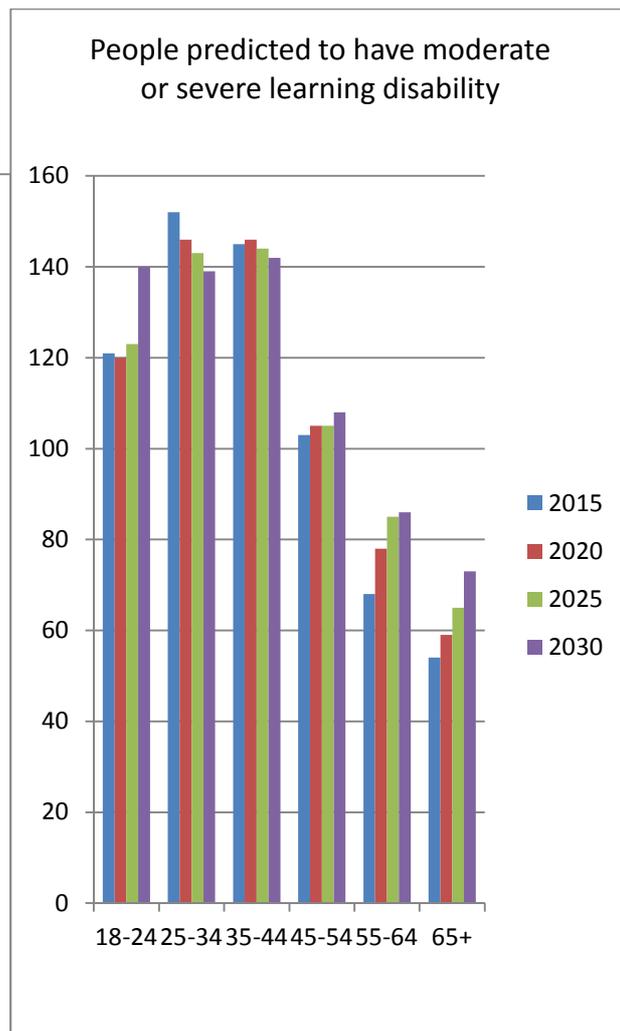
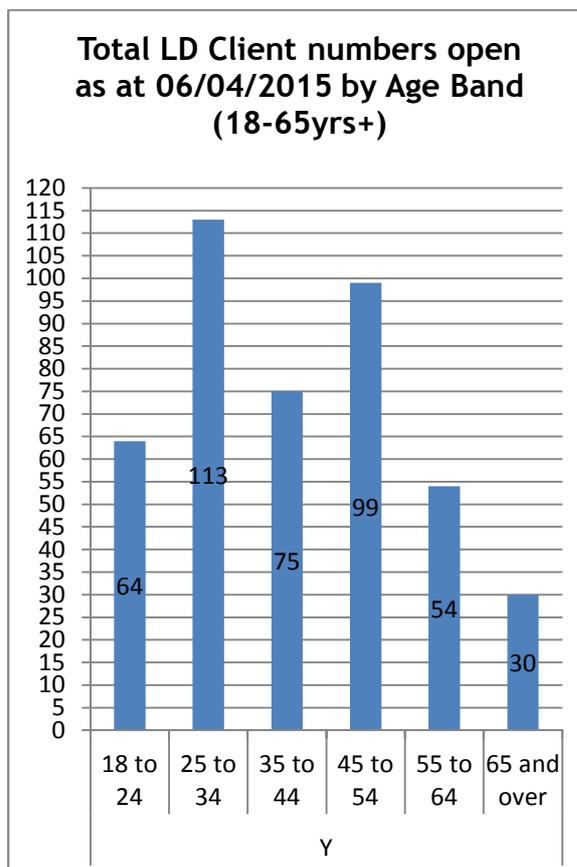
- The cohort of 18-24 year olds eligible for adult social care is predicted to expand by 10 people by 2020 to a total of approx. 74 clients. The increase will predominantly be made up of people with Autism.
- As individuals get older (over 45) they are more likely to be in receipt of services. The 45 to 64 cohort is expected to increase by 23 whilst the over 65 is expected to increase by 19 from 2015 to 2030.

PANSI data for people in Reading with a moderate or severe LD predicts that there will be an increase in older people (aged 55+) with LD over the next 15 years. There will be a decline of the 25-34 age group but the current school entry bulge will be coming through the 18-24 age range by 2030.

When comparing our current service users with the PANSI predictions it appears that we may have an under representation at 18-24 (just under 50% of the PANSI figure), whilst 75% of the 25-34 age group are known to the Adult Disability Team. The 35-44 age range shows an under representation with our current service users only making up 50% of the PANSI figures for 2015. With the older age groups (45-64) PANSI predictions and our current service users are very similar **suggesting that as the individuals get older they may then become eligible for services.** However, compared to the general age profile of Reading there is a higher proportion of 45 to 54 with LD known to ASC.

2011 Census Age Profile for Reading





The above graph indicates that over the next 15 years, we should expect to see an increase in the number of people aged 18-24yrs and also 44yrs+. This will inevitably lead to an increased demand for housing stock options in an already overloaded / challenging housing market.

Approximately 15-20 young people will turn 18 each year who are currently receiving a service from the Children and Young People’s Disability team and likely to be eligible for adult social care.

The 16 from the October 2012 SEN cohort who receive ASC services from RBC is comprised of 6 ASD (out of 21 who had a statement at school), the 1 with Profound Multiple Learning Disabilities of that year group, 3 of the 4 with Severe Learning Disabilities, 2 of the 9 with Physical Disabilities, 1 Behaviour Emotional Social Disabilities (via CAMHS), 1 with Speech, Language and Communication Needs and 2 with Moderate Learning Disabilities.

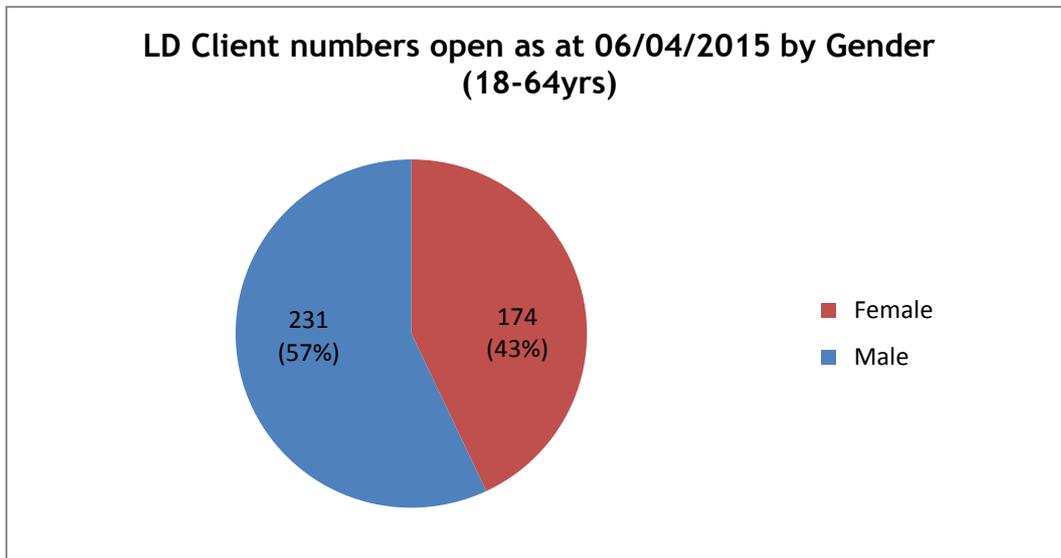
In 4 of the next 7 years there are forecast to be additional pupils with Education, Health and Care Plans reaching adulthood (2018, 2020-22). These years each see a rise of between 20-30% (up to 105 pupils) which equates to an extra 3-5 young people who are likely to be eligible for ASC in each of those years (in addition to the 2014 cohort numbers above). We should expect an additional 10 18-20 year olds by 2020.

The increased numbers will be those with Autism as a primary need. The only other primary need showing a significant increase in the future is Profound and Multiple Learning

Disabilities (often life-limiting) in pupils aged 13 and under (5-6 per year). These could enter adult social care in the years beginning 2020 onwards.

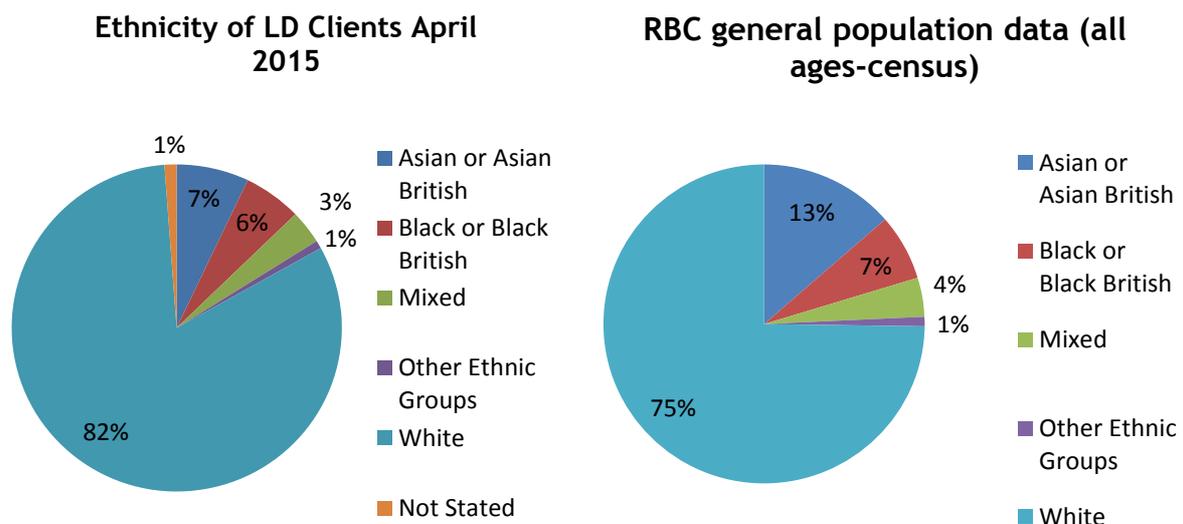
4. Gender

- There are more men than women known to adult social care LD team.



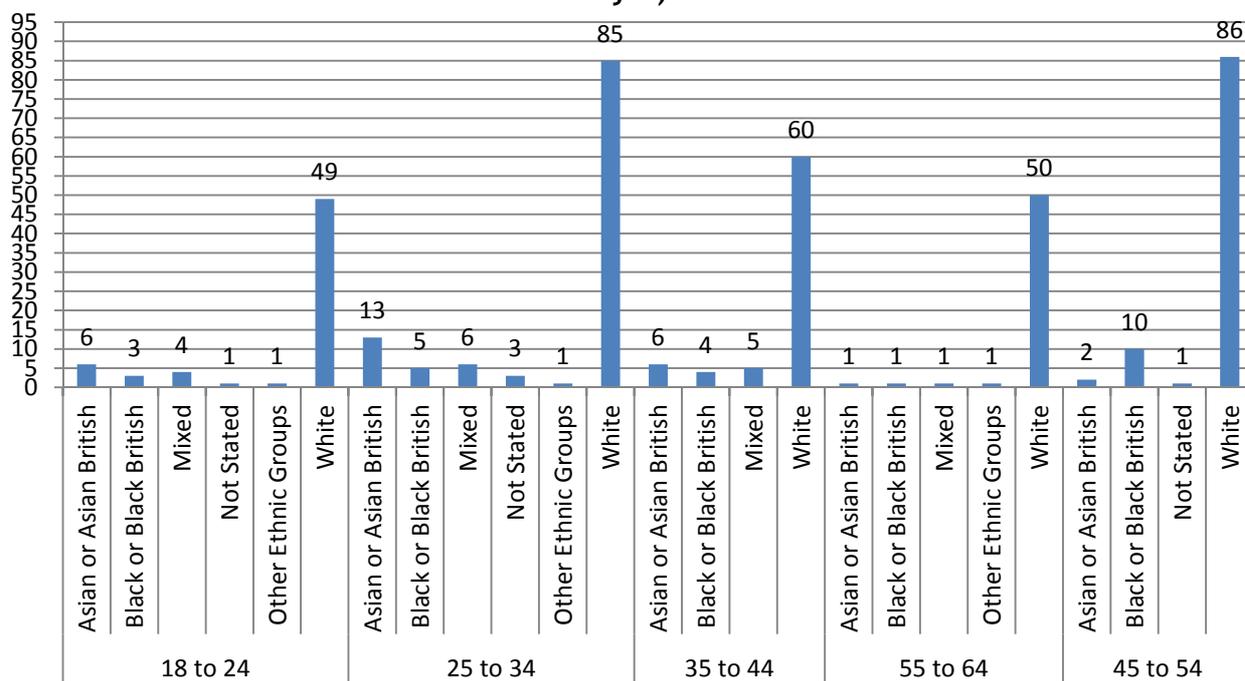
5. Ethnicity

- There is a higher proportion of white British in the adult LD cohort and a lower proportion of Asian or Asian British compared to the general population in Reading.



There are proportionately less Asian clients with learning disabilities known to adult social care.

Ethnicity by age of LD client numbers open as at 06/04/2015 (18-64yrs)



6. Transforming Care for people with learning disabilities and challenging behaviour

- 6 people a year are in the high needs cohort who need specialist accommodation and care to enable discharge from hospital assessment and treatment units due to their complex learning disabilities and challenging behaviour.

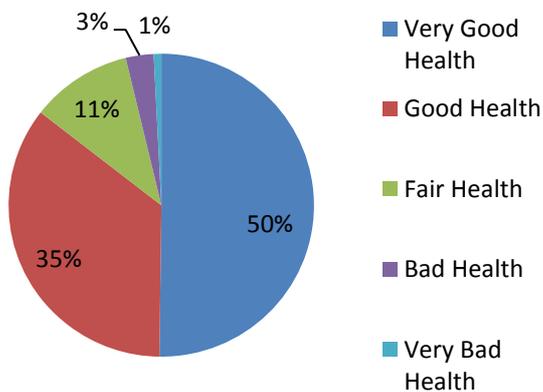
The following table shows numbers of people with learning disabilities with challenging behaviour admitted to Assessment and Treatment units. This is the cohort referred to in the Transforming Care programme (NHS England). There is a plan to reduce reliance on in-patient beds and increase specialised support in the community over the next couple of years. Accommodation will need to be found in the community for these people alongside suitable highly skilled prevention and care services. Across Berkshire 70% of admissions return to the home they came from. Therefore we need to find new homes for 30%: approximately 2 per year.

	People with admissions from Reading	People from that year who were subsequently discharged	Remaining as an inpatient	Location where not yet discharged
2015 (so far)	5	3	2 (plus 2 in Specialist forensic Commissioning)	BHFT inpatient services
2014	6	4	2	2x Out of area placements
2013	6	5	1	Out of area placement (ATU)

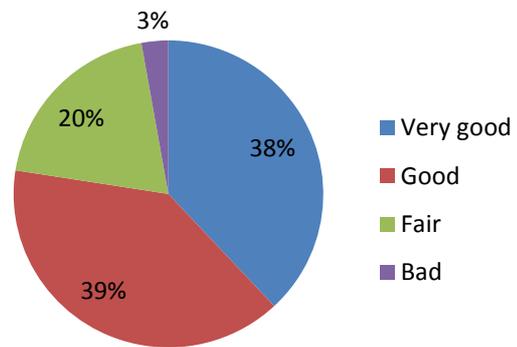
7. Health

- People with a learning disability feel less healthy than the general population but are no more likely to be in bad health.

2011 Census good health indicator for Reading (general population)



LD Service User response to: How is your health in general?

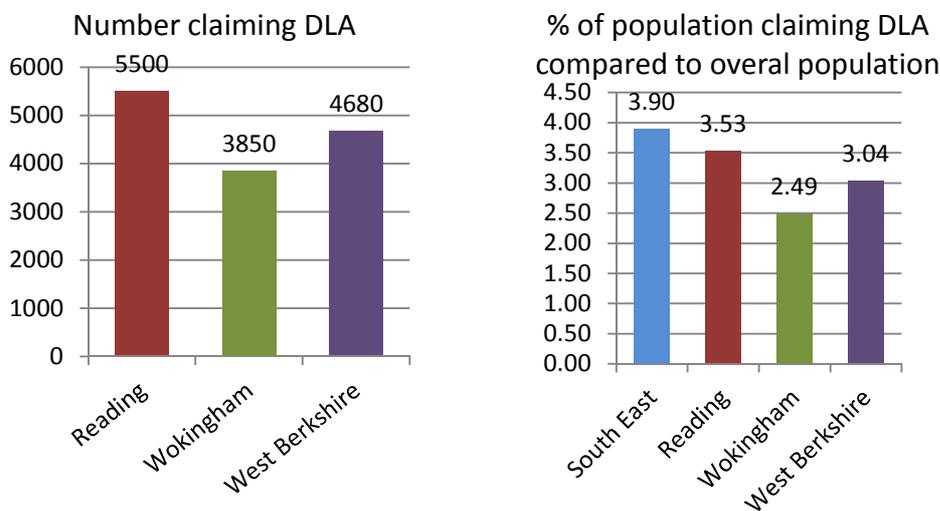


ASCOF (2014/15 data, service user questionnaire) found that only 3% of LD service users reported bad health and none reported very bad health. However, compared to the general population, more people with learning disabilities report only “fair” health and less are “very good”.

8. Disability Living Allowance

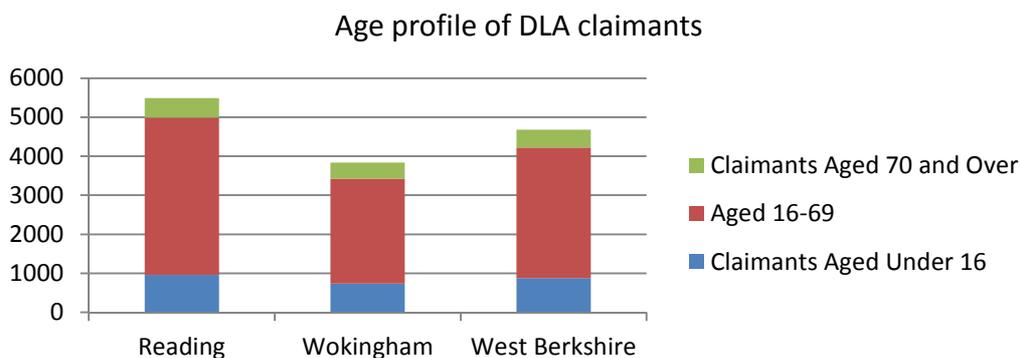
- Reading has more DLA claimants than its neighbours, particularly of working age. A contributing factor to these figures is thought to be the 3 year long joint working partnership project (Government Stretch Target) carried out between RBC and the Department for Work and Pensions throughout 2007-2010 to raise the profile and encourage the eligible claims of both Pension Credit and DLA/Attendance Allowance for the over 60s.

Reading borough had 5500 DLA claimants across all disability types in August 2012 (ONS) which is a higher than our neighbouring local authorities but a lower percentage of the population than the South East. Just under 2000 clients (all ages and support reasons) receive adult social care long term support. Although this is not just people with learning disabilities, it gives a background picture to adult disability in Reading.



When looking at the length of the claim Reading had less claims over 5 years old (63%) than our neighbours (both West Berkshire and Wokingham 66%) and the South East (67%), but did have a higher proportion of claims less than 5 years. This goes alongside Reading having a smaller proportion of high rate mobility aspect of DLA (42%) compared to Wokingham (48%) and West Berkshire (45%).

Reading borough has a larger proportion of DLA claimants in the 16-69 age range partly reflecting the age demographics in the borough.

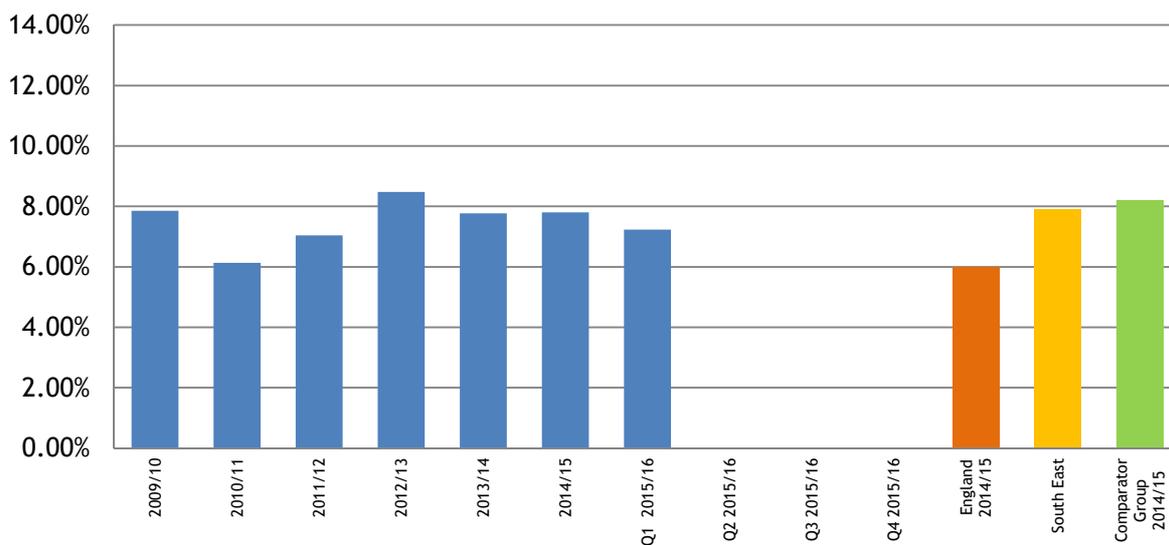


9. Employment

- Reading has a low but growing percentage of people with LD in paid employment.

In quarter 1 of 2015/16 there were 30 people in paid employment which equated to 7.2% of the learning disabled population. This compares with our comparator LAs (8.2%) and the South East region (7.5%)

Proportion of adults with LD in paid employment (ASCOF Q1)

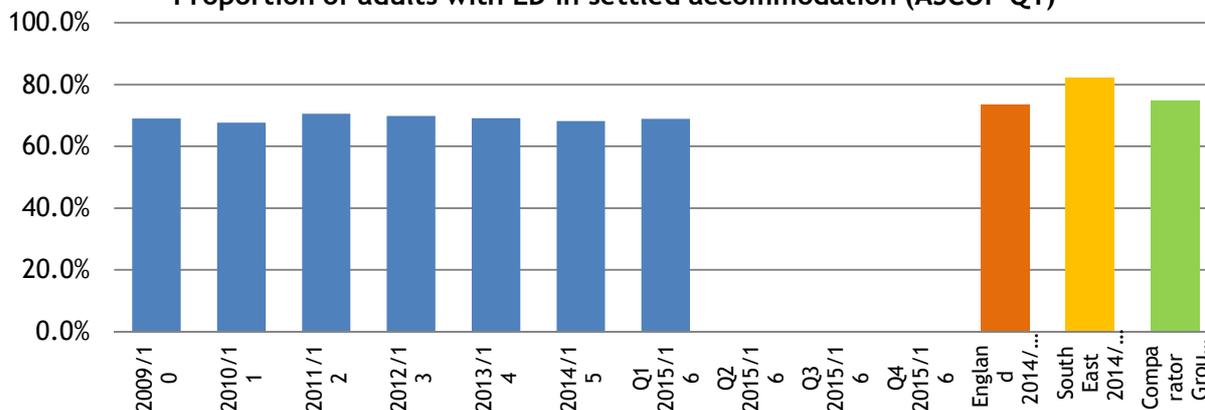


10. Accommodation

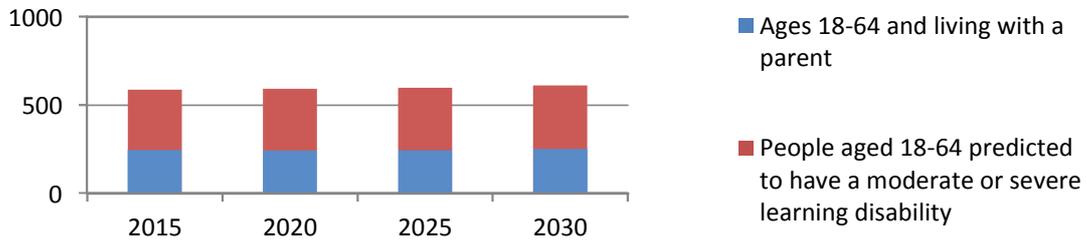
38% of those open to adult social care with a learning disability live in social rented and supported accommodation, 29% live with their families and 1% own their own homes. These are represented in the graph below. The remaining 29% live in residential homes. (N.B. we do not know the landlord of 30 of service users).

Settled accommodation is defined as owner occupied, social housing, private rented, settled with family or friends, supported accommodation, shared lives, approved premises, sheltered and extra care housing. Unsettled is defined as rough sleeping, refuge, homeless temporary accommodation, short term staying with family or friends, hospital, residential or nursing homes, prison and other temporary accommodation.

Proportion of adults with LD in settled accommodation (ASCOF Q1)



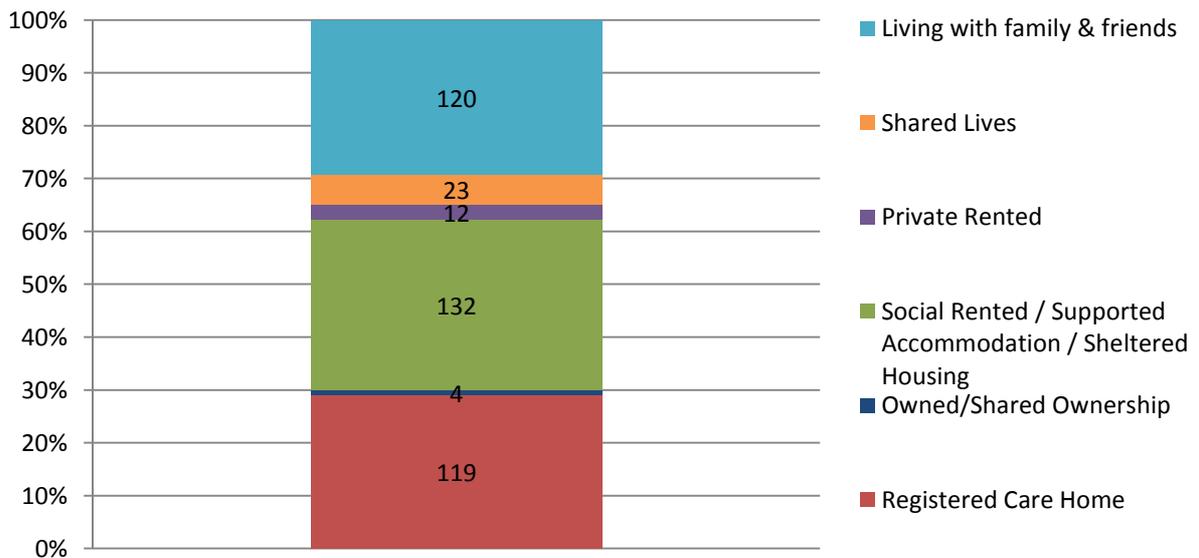
Number predicted to be living with a parent compared to those predicted to have a moderate or severe learning disability



Tenure type for general population by local authority from 2011 Census for Reading



Tenure Type for LD Clients April 2015



Section B: Services in Reading

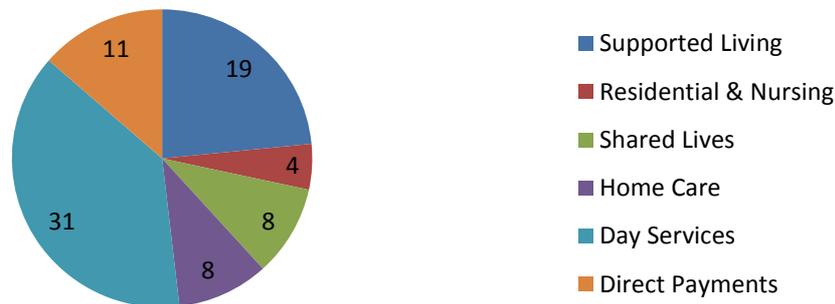
1. All services and total LD budget:

- Compared to our neighbours; Reading has a relatively high number of LD clients but an average proportion in residential. The average cost per client compares well with its neighbours.
- Bracknell Forest and Oxfordshire have models that are less dependent on residential care but not apparently cheaper per client.

Services	Number of adults open as at 6 th April 2015	£ 14/15 Net Expenditure
Residential Care	121	£9,568,000
Nursing Care	1	£55,000
Supported Living	177	£3,840,000
Live-in care	20	
Home Care (personal care)	24	£113,000
Extra Care	4	
Shared Lives	36	
Respite	34	
Day services	134	
Short term Reablement services	0	£28,000
Voluntary sector community services (grants)		
Direct Payments	41	£729,000
Equipment and assisted technology	22	
Transport	17	
Carers direct support	63	
Total Net Expenditure		£15,623,000

Client numbers compared to budget 2014/15 SALT and ASC-FR							
	Gross LD Budget £'000	Total LD Clients	Average spend per Client across whole budget	Nursing & Residential Clients	Nursing & Residential as %	Other services clients	Other as %
Reading	16,878	435	38,799	115	26%	320	74%
Wokingham	19,979	440	45,406	120	27%	320	73%
Windsor & Maidenhead	16,014	255	62,800	130	51%	125	49%
Bracknell Forest	12,780	320	39,938	35	11%	285	89%
West Berkshire	14,654	355	41,278	95	27%	260	73%
Slough	12,338	375	32,901	75	20%	300	80%
Oxfordshire	71,393	1715	41,629	275	16%	1440	84%

LD: Number of clients accessing a new service during 2014-15 (18-64yrs)



2. Forensic and Challenging Behaviour

- All complex cases have their own individual and specific needs. There is however a lack of specialist provision in Reading which is able to adapt services to the individual needs and provide appropriate accommodation.

There is no definitive data available on complex cases. They cross over with Mental Health and the Physical Disability teams and a person's primary support need might not be considered as LD. At any one time we have several complex cases in residential care and high cost supported living placements. Sometimes the community packages break down and clients are evicted from accommodation.

In April 2015 there were 6 complex cases with accommodation issues belonging to Adult Disability Team being considered by the Adult Social Care Supported Accommodation Panel. The individuals had been refused supported accommodation due to their high level needs, challenging behaviour and dual diagnosis. Whilst their behaviour can be complex they themselves can be vulnerable in their own right and hard to effectively engage.

"A was evicted from residential accommodation due to alleged assaults against more than one resident over a period of time. Due to these assaults and A's drug usage no other accommodation could be sourced in the area. After detailed discussions the housing department agreed to place A in the homeless pathway for a short period. A quickly became exploited by other residents in the homeless hostel and he left refusing to return. A's engagement with services are sporadic. A started rough sleeping".

In the majority of these cases whilst finding the 'bricks and mortar' can be difficult they are not eligible for large support packages or their level of needs fluctuates with crisis situations. Their complex behaviours make them hard to engage to ensure that when accommodation is sourced they can effectively manage it.

'B has a personality disorder and learning disability meaning that B is often has very limited insight into B's own behaviour, additionally B uses class C drugs. B was evicted from a homeless hostel and needed self-contained accommodation due to B's behaviour and past convictions. ASC were unable to find any suitable provider willing to be B's landlord. B is currently receiving a supported living package in a B&B funded by the housing department whilst suitable accommodation is being sought through the housing

register. However, there are fears about B's ability to maintain this accommodation in the future due to B's past behaviour.'

In other situations the support package is working but the accommodation is not suitable:

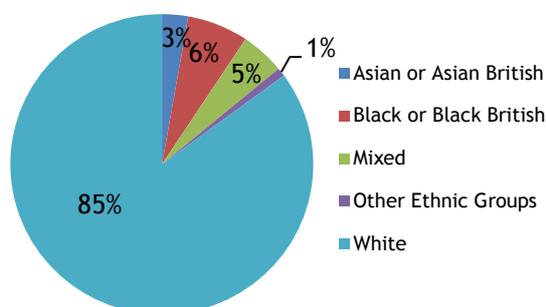
"C was evicted with her sibling from local authority accommodation. They were unable to maintain the accommodation, partly due to alcohol problems, and there were safeguarding concerns. As a temporary measure they were placed in a B&B out of Reading whilst all accommodation options were considered. However, whilst they do not want to be out of Reading, the disconnect to their associates and the landlord's 'no nonsense' approach has meant they have maintained and thrived in the B&B."

3. Residential

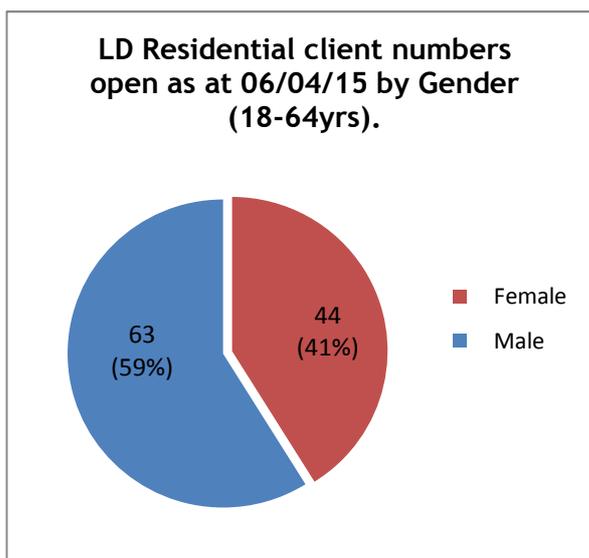
- One third of residential clients live in Reading Borough, one third elsewhere in Berkshire (including on the edge of Reading) and one third are beyond Berkshire.
- Clients in residential homes are more likely to be white males.
- Reading has a slightly lower than average proportion of learning disabled people living in residential homes, but a higher number of people than comparable local authorities.
- Reading's weekly unit cost for LD residential is £79 higher than the average for our comparator group.
- The range of weekly cost is £620 - £3800 per week. 20 clients cost over £2000 per week.
- 60% of LD residential clients are aged over 45.
- In 2015/16 more than one third of clients and over 40% of residential spend is with two providers.

In 2014/15 there were 5 learning disabled adults aged 18-64 who were permanently admitted into residential care homes. However in the first 5 months of 2015/16 there were already 4 learning disabled people placed into residential care homes (one of which is a move from one residential home to another).

LD Residential client numbers as at 06/04/2015 by Ethnicity (18-64yrs)

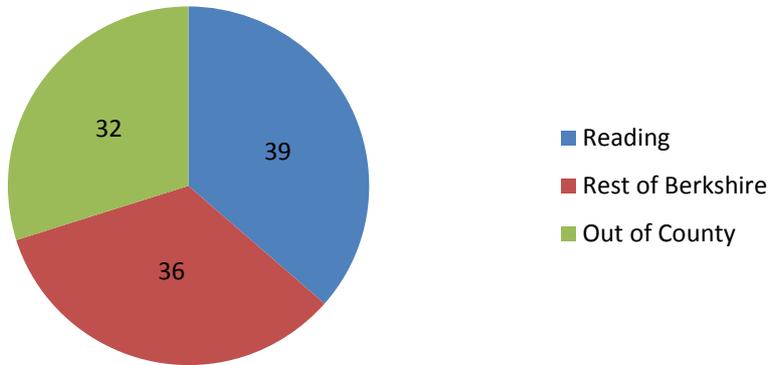


LD Residential client numbers open as at 06/04/15 by Gender (18-64yrs).

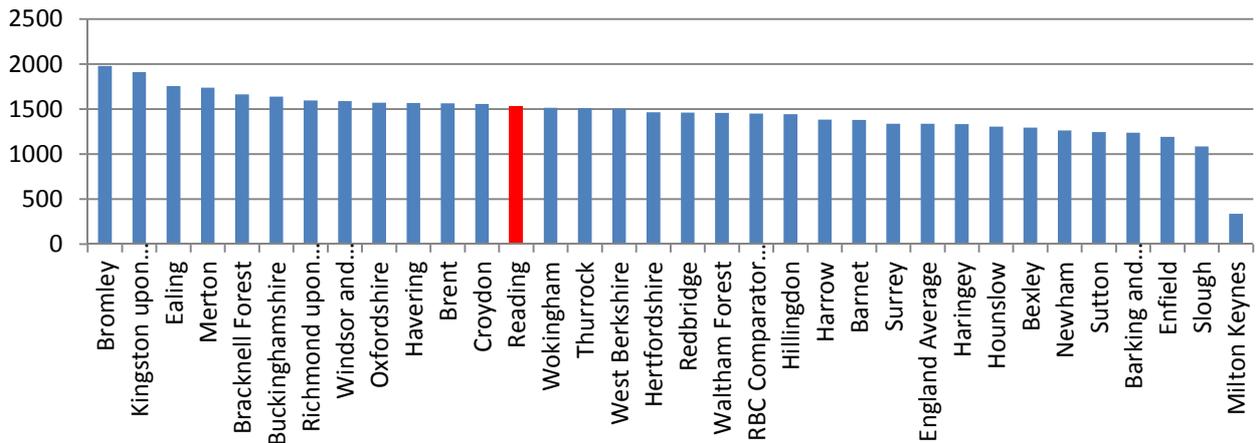


There are proportionately more Black or Black British clients with learning disabilities accessing Residential services and a higher proportion of males than females.

**LD Residential, in and out of Borough April 2015
(18-64yrs)**



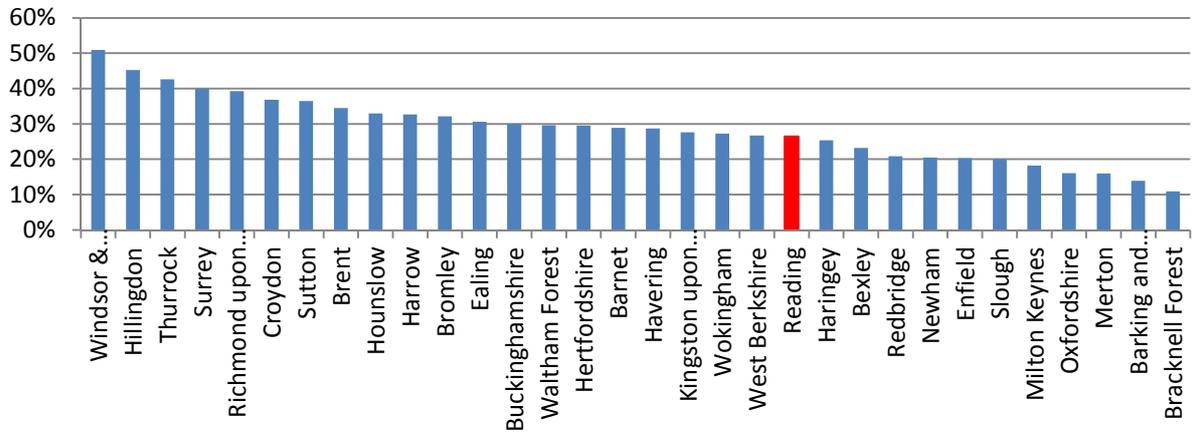
LD Residential Unit costs - £ per week



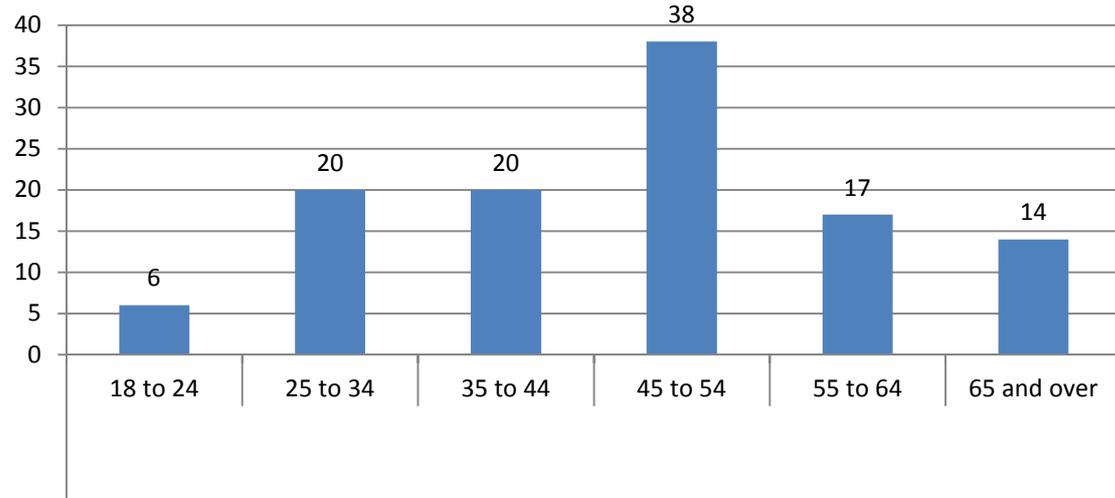
Reading's average unit cost of residential provision by others is £1528.41 per week. All of our provision is external. This is £78.78 per week higher than the average of our Area Cost Adjustment (ACA) comparator group and marginally higher (within £20) of Wokingham and West Berks. The average for England is £1343 per week.

Bracknell have far fewer clients in residential but at a higher rate. Wokingham's numbers and cost are almost identical to Reading's.

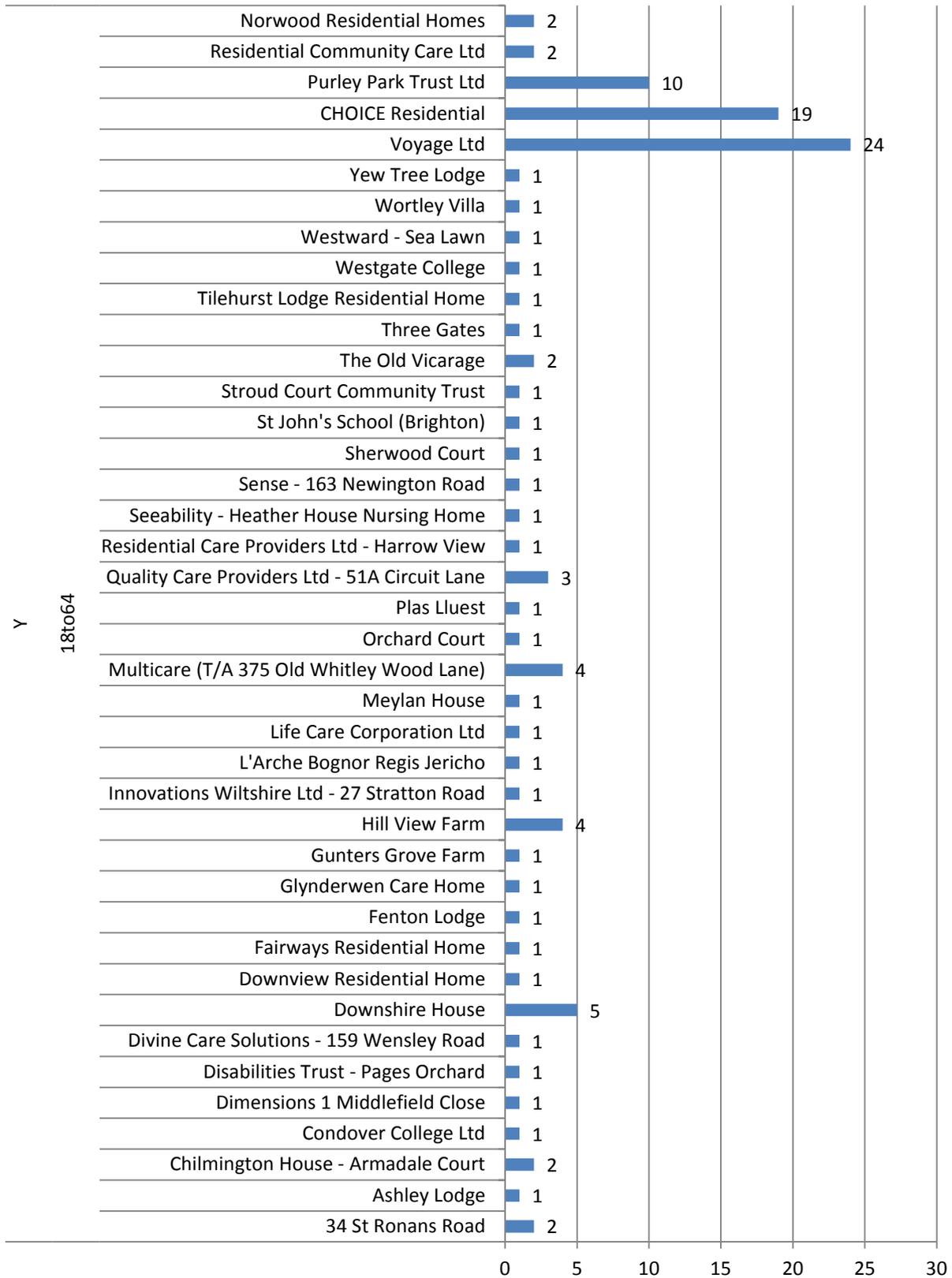
LD Residential and Nursing age 18+ as a % of all LD clients (SALT March 2015)



Total LD Residential client numbers open as at 06/04/2015 by Age Band (All Ages)



LD Residential clients open 06/04/15 by Provider (18-64yrs)



As at 06/04/2015; there were 20 Residential placements that were costing the council more than £2,000 per week.

LD Residential Providers and Estimated Weekly/Annual Spend 2015-16 (All Adults)			
Residential Provider	Sum of Total Gross Weekly Charge to RBC 2015/16 at April 2015	Sum of Estimated Yearly Spend for 2015/16	%
Voyage	£38,360.62	£2,000,232.33	20.56%
CHOICE	£36,904.81	£1,924,322.24	19.78%
Purley Park Trust	£12,604.31	£657,224.74	6.76%
Chilmington Homes Ltd	£9,028.60	£470,777.00	4.84%
Residential Community Care Ltd	£8,972.80	£467,867.43	4.81%
Aston Care Home (Downshire House)	£8,615.00	£449,210.71	4.62%
Southern Archway	£7,177.38	£374,249.10	3.85%
Quality Care Providers Ltd	£5,386.39	£280,861.76	2.89%
Multi Care	£4,220.90	£220,089.79	2.26%
The Royal School for the Blind	£4,170.19	£217,445.62	2.23%
Oakview Care (Berkshire) Ltd	£3,806.86	£198,500.56	2.04%
Norwood Ravenswood Services Ltd	£3,714.00	£193,658.57	1.99%
Prospects	£2,986.24	£155,711.09	1.60%
Dimensions UK	£2,541.00	£132,495.00	1.36%
Just Homes	£2,190.75	£114,231.96	1.17%
Rehabilitation Education & Community Homes Ltd	£2,158.49	£112,549.84	1.16%
T.C.M. Partnership	£2,039.76	£106,358.91	1.09%
Residential Care Providers Ltd	£1,911.63	£99,677.85	1.02%
TTCC Limited	£1,900.00	£99,071.43	1.02%
SENSE	£1,889.50	£98,523.93	1.01%
Gloucestershire Group Homes	£1,843.15	£96,107.11	0.99%
Condoover College Ltd	£1,665.00	£86,817.86	0.89%
Solar Care Group Ltd	£1,646.00	£85,827.14	0.88%
Westward	£1,613.35	£84,124.68	0.86%
BUPA Care Homes	£1,451.11	£75,665.02	0.78%
Ashley Lodge	£1,443.56	£75,271.34	0.77%
United Response	£1,367.35	£71,297.54	0.73%
Barchester Healthcare plc	£1,306.09	£68,103.26	0.70%
Mulberry Care Ltd	£1,242.30	£64,777.07	0.67%
Stroud Court Community Trust	£1,207.45	£62,959.89	0.65%
Affinity Trust	£1,190.00	£62,050.00	0.64%
The Disabilities Trust	£1,174.65	£61,249.61	0.63%
Downview	£1,093.25	£57,005.18	0.59%
Innovations Wiltshire	£1,087.53	£56,706.92	0.58%
The John Townsend Trust	£969.00	£50,526.43	0.52%
Derwen College	£930.98	£48,543.96	0.50%
Crispin Homes Ltd	£875.00	£45,625.00	0.47%
L'Arche	£836.28	£43,606.03	0.45%
CareTech Community Services Ltd	£808.73	£42,169.49	0.43%
Divine Care Solutions	£780.50	£40,697.50	0.42%
Care (UK) Mental Health Partnerships Ltd	£777.05	£40,517.61	0.42%
Life Care Corporation Ltd	£700.00	£36,500.00	0.38%
Grand Total	£186,587.56	£9,729,208.49	100.00%

4. Shared Lives

- Shared Lives as permanent and respite accommodation is used by 36 Reading clients, predominantly white.
- Further thought is required on culturally appropriate provision for BME groups.

The Reading Shared Lives Scheme supports Shared Lives Carers to offer a family based environment to individuals based upon unique interests, experiences and needs. Shared Lives Carers are self-employed and are recruited, trained and supported by the Shared Lives scheme to offer placements on behalf of Reading Borough Council.

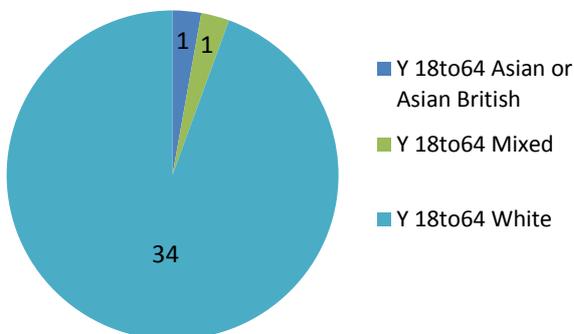
The scheme works with young people through transition into adult services. People living in Reading Borough Council Shared Lives placements will have the opportunity to share the daily life of the Shared Lives Carer and to live an ordinary domestic life in the same kind of home as others in the local community.

There are currently 69 carers. Between them they provide respite, day support placements and full time placements across 43 households.

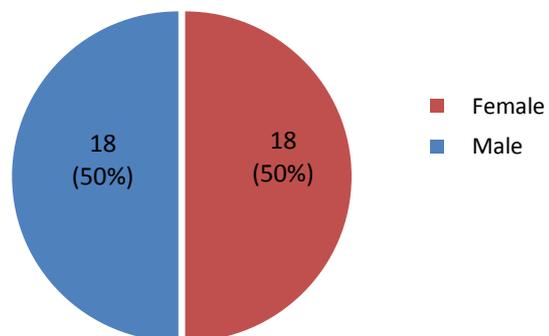
There is capacity for 91 places across 43 households (based on carers approval and maximum capacity) of these 91 places there are currently 32 FT, 2 provisional and 37 day support and respite placements. All placements are for LD customers apart from 1 MH and 2 PD

There are serious challenges with recruiting carers; however, there are discussions for a joint carers recruitment drive with neighbouring local authorities Shared Lives schemes.

LD Shared Lives client numbers as at 06/04/15 by Ethnicity (18-64yrs)



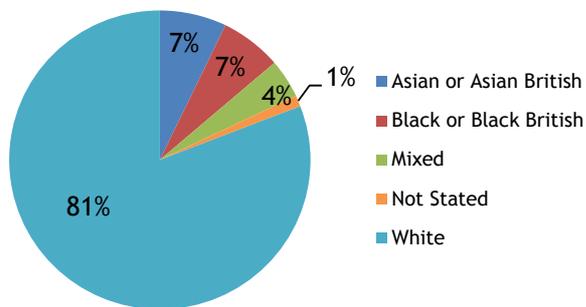
LD Shared Lives client numbers as at 06/04/15 by Gender (18-64yrs)



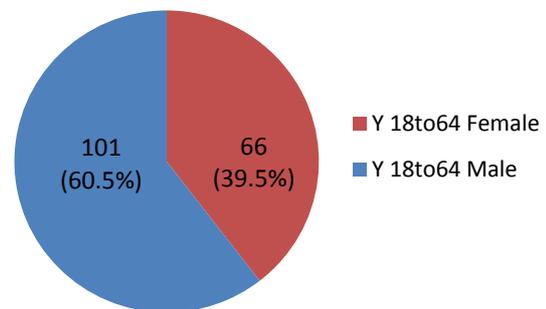
5. Supported Living

- 34% of clients with a learning disability receive a supported living service (25% of 2014/15 Net expenditure)
- Just over half of Supported Living clients receive support through the SLASL framework.
- Supported Living packages range from £1900 - £15 per week with at least 18 packages costing over £1000 per week. The cost of someone's package doesn't always reflect their level of need.

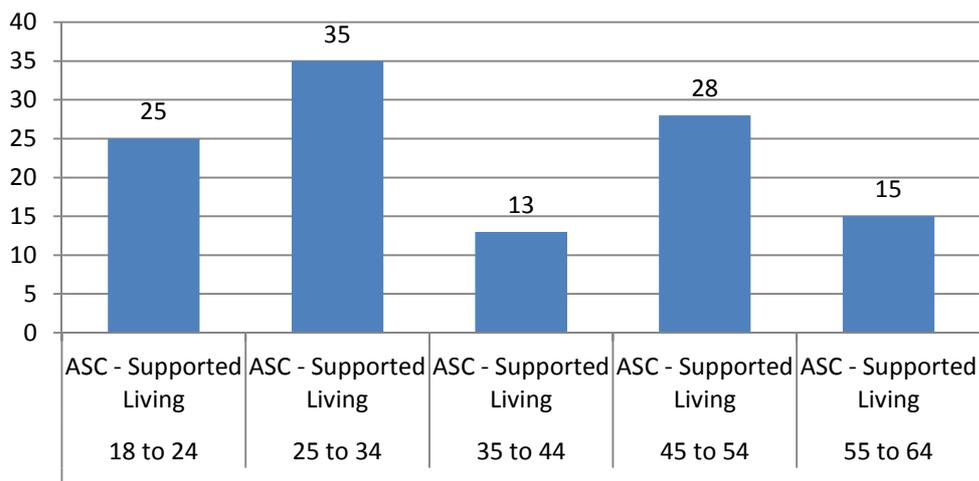
LD Supported Living clients as at 06/04/2015 by Ethnicity (18-64yrs)



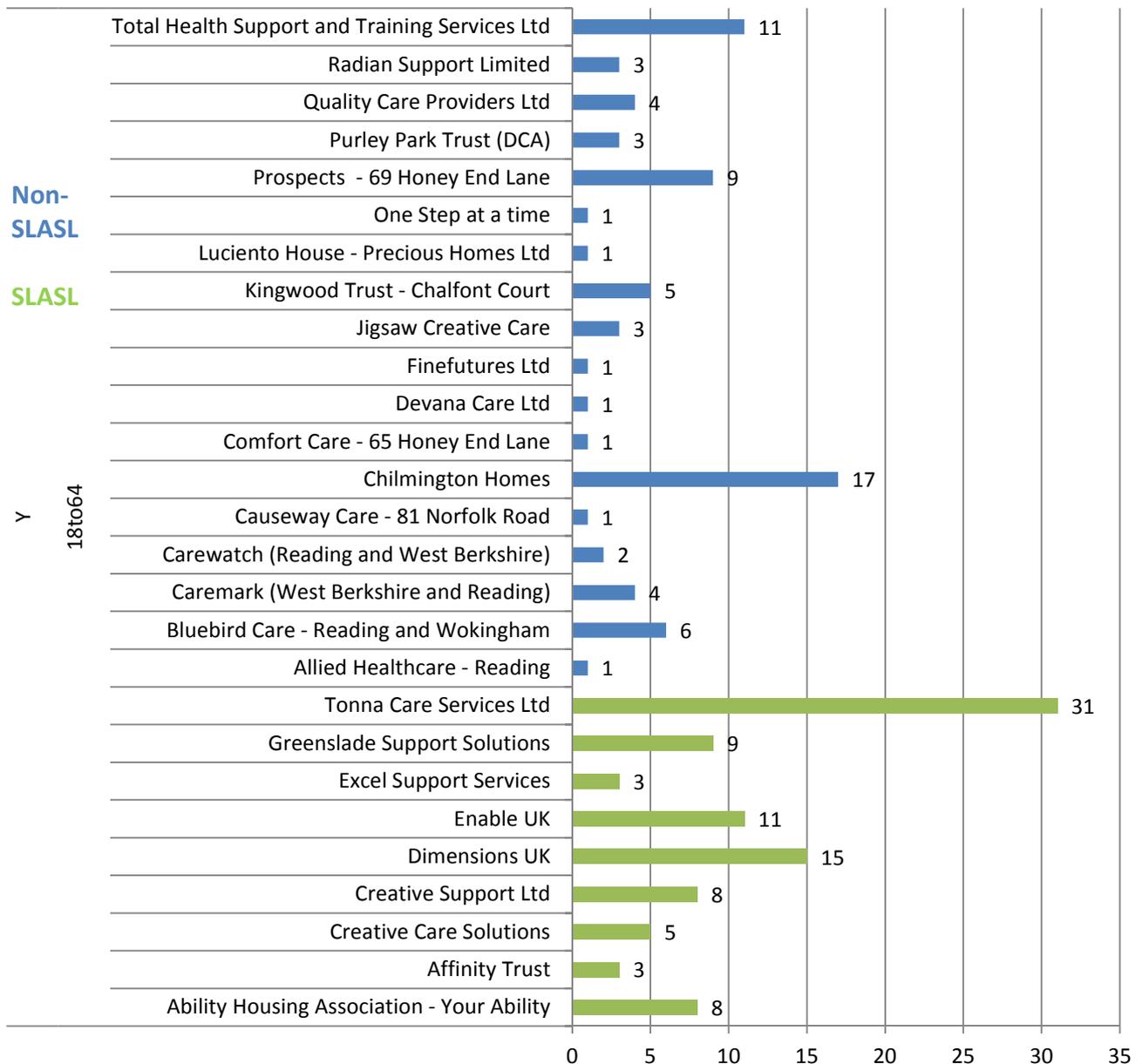
LD Supported Living client numbers by Gender (18-64yrs)



Total LD Supported Living client numbers open as at 06/04/2015 by Age Band (18-64yrs)



LD Supported Living clients receiving a service on 06/04/15 by provider (18-64yrs)

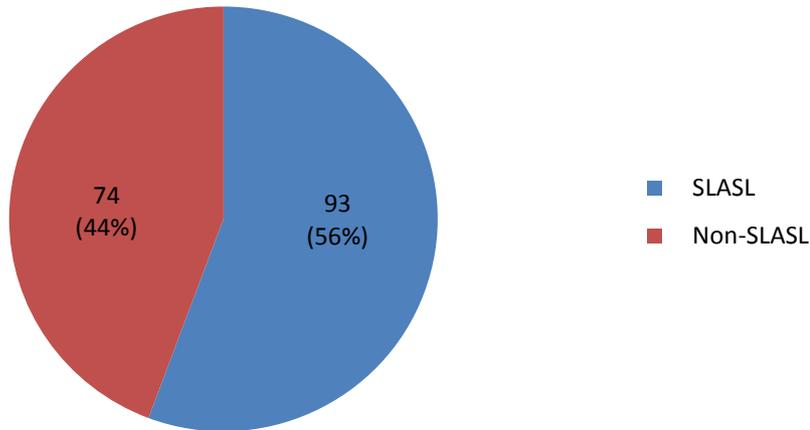


Over 40 supported living packages (out of the above 161) are directly linked to the landlord of the property. Many have tenancies that tie care to accommodation by one provider and often dictate a minimum number of care hours. This takes away choice from the service user and is not cost effective as RBC cannot reduce hours of support to suit people's changing needs. There are houses where the constant staff presence is not dissimilar to a residential home.

Similarly, not all providers are putting person centred, outcome focused working into practice, so that (where appropriate) packages can be reduced over time.

A new build block of 11 one-bedroom flats is being built by RBC, due to open August 2016. This gives an opportunity to move some clients from residential settings and some from unreasonable supported living tied properties.

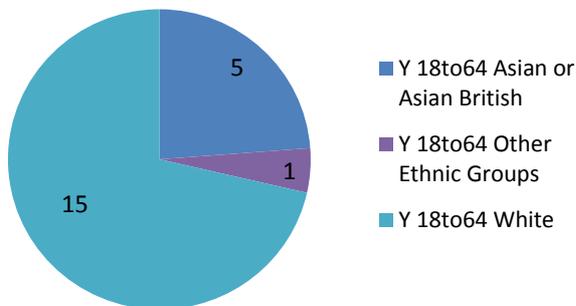
LD Client numbers open as at 06/04/2015 with SLASL and Non-SLASL Providers (18-64yrs)



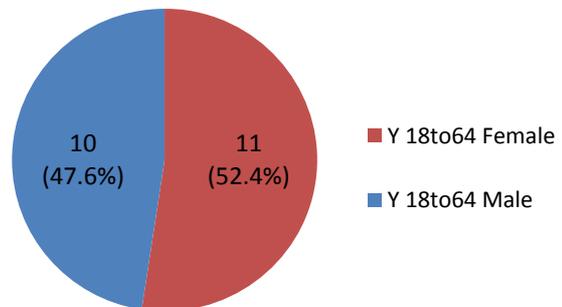
6. Home Care Services

- Home Care is used by very few LD clients (Reading allocates it for those with personal care needs only)

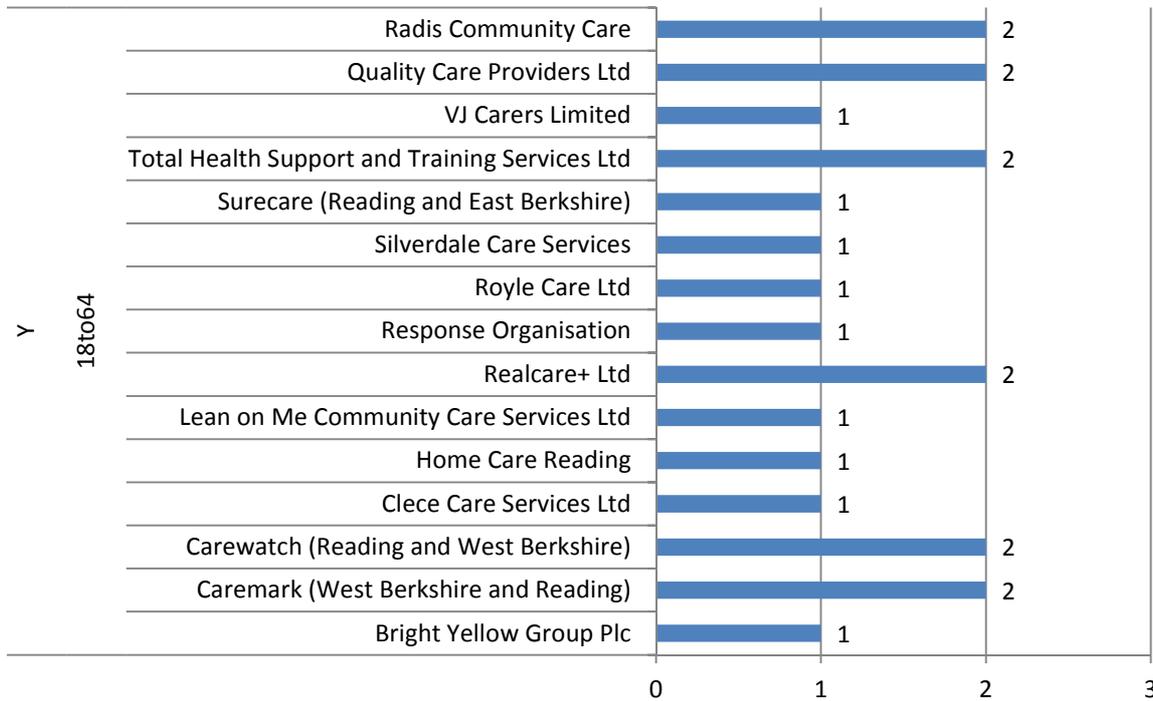
LD Home Care client numbers as at 06/04/15 by Ethnicity (18-64yrs)



LD Home Care client numbers as at 06/04/15 by Gender (18-64yrs)



LD Home Care client numbers by provider throughout 2014-15 (18-64yrs)



Six of the above Home Care providers (one third of clients) are on the Home Care Framework. The framework started after this period so the proportion will be changing.

7. Day Services

Internal

61 people attend our in-house LD day service with costs ranging between £148.62 and £39.72. Over the past 10 years the number of customers has reduced from nearly 200 on the books to 68 (including 7 out of borough placements). The recent reduction in numbers is primarily due to working with external providers to develop and offer a range of outcome focused, competitively priced alternatives for customers to choose from. Therefore the internal day services find that the majority of the customers being referred to them are people with profound and complex needs needing higher levels of staff support due to their physical needs.

Most travel to their day service by using in-house RBC transport, however there are a small amount of people that travel by Readibus and independently.

Although the service is open 9am - 4pm, customers who use RBC transport can only access the service until 3pm as this is the only time they can be picked up due to Readibus's commitments to other groups.

People attend for between 1 and 5 days per week (only 2 have a 5 day package) and 18 people have a daily cost over £50 for 1:1 and 1:2 provision.

32 older people with learning disabilities attend the in-house Maples Day Service and 4 attend other older people's day services.

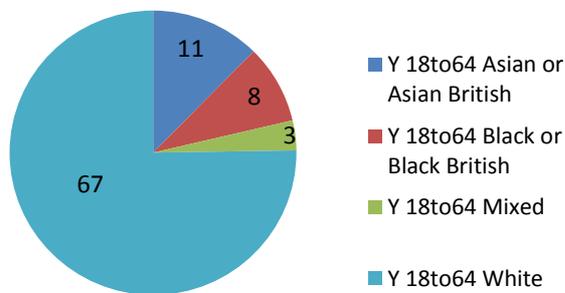
Some people attend more than one service so the above numbers are not mutually exclusive.

External

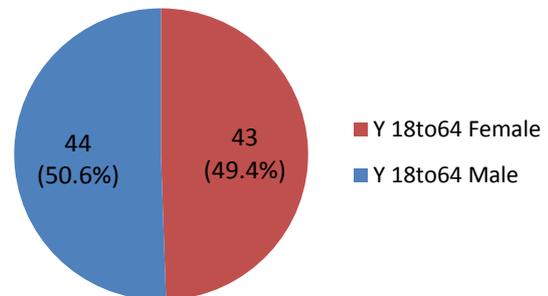
There were approximately 70 clients attending externally run Day Services paid direct by RBC in April 2015, across 18 providers.

Prices range between £27 - £107 per day and 12 people have a daily cost over £50 per day.

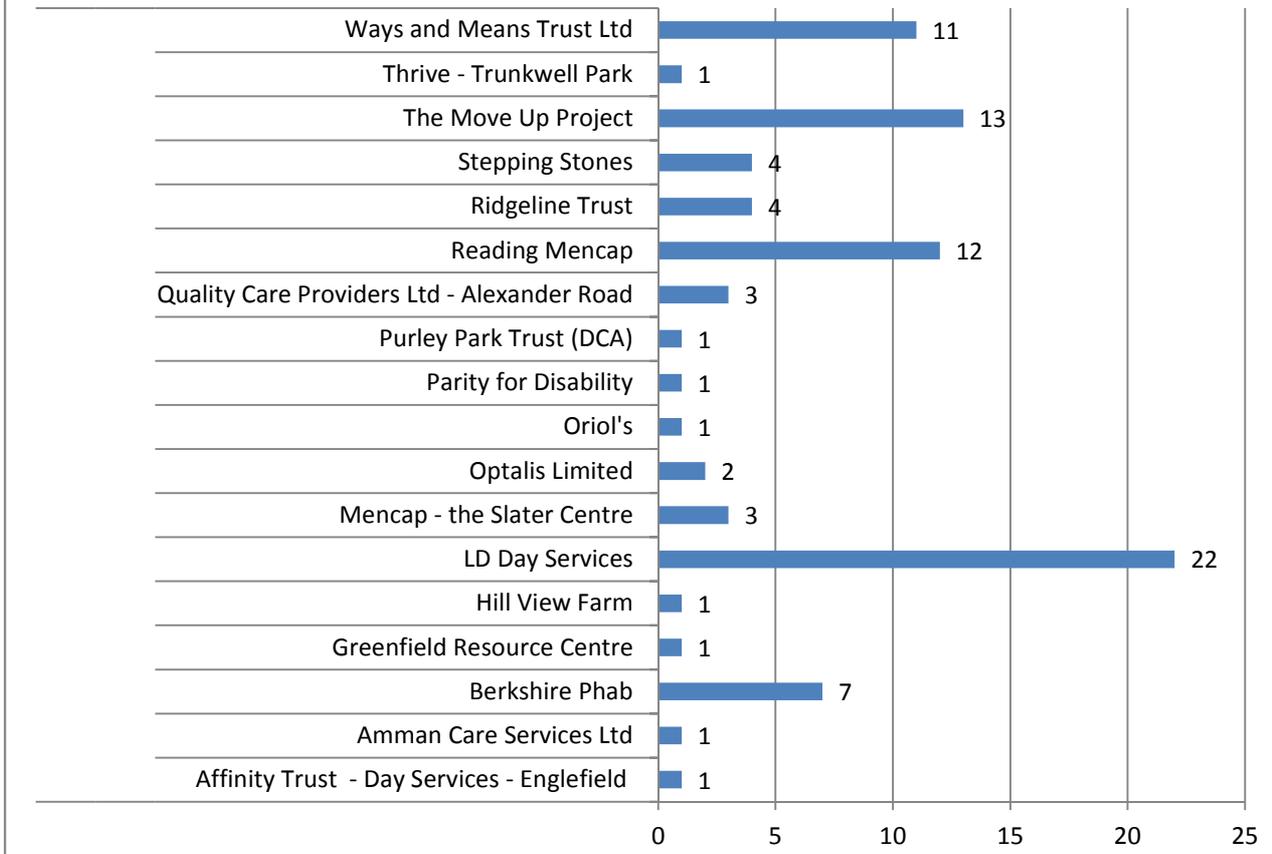
**LD Day Service client numbers
as at 06/04/2015 by Ethnicity
(18-64yrs)**



**LD Day Service client numbers
as at 06/04/2015 by Gender
(18-64yrs)**



LD Day Services purchased by client as of 06/04/15 (excluding grant funded) 18-64yrs



NB: The above chart and figures used are not comprehensive as there are an additional 39 people thought to be attending the internal LD day service. However, these did not feature on our day services report from Mosaic. There may also be other people missing from other services listed above who are not funded directly through Mosaic.

There will be a day services review taking place early in 2016 which should give a more accurate account.

8. Respite

Our in-house respite service is a six bedded respite unit and works in tandem with the in-house day service. It is currently open 24 hrs a day 365 days per year. Customers are allocated their individual respite allowance through the council's assessment process. People book their allocation directly through the managers within the service on a quarterly basis. There are peaks and troughs in occupancy which is currently under review by managers. There are currently 29 customers with an allocation of 1,212 nights p.a. The total capacity is 2,190 (6 beds x 365 days).

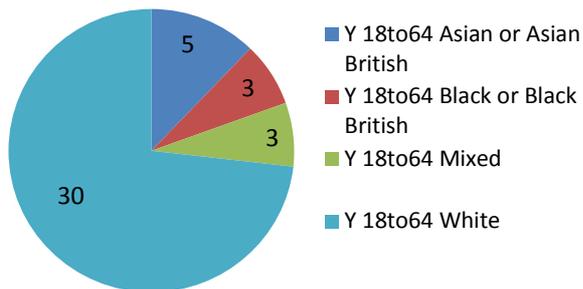
In addition to this, the respite service offers emergency beds and in the period from December 2014 - August 2015 18 customers used the Respite service for an "emergency" and have blocked beds for 345 days in during this period.

There are few alternative respite services in the local area.

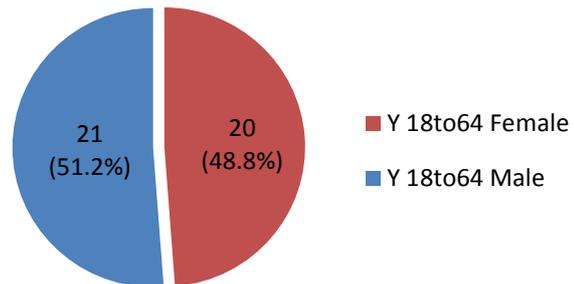
9. Direct Payments

- Reading has a very low take up of Direct Payments across all disability types. At 9.8% we have the lowest take up of our comparator Local Authorities who average 21.8% while the England average is 26.6%.
- At 31st march 2015 there were 39 people with learning disabilities receiving a Direct Payment (8.8% of those with learning disabilities known to ASC)
- All Carers that have financial support in Reading are given a DP.
- Carers' services report that there is now greater flexibility for some carers to arrange DPs for LD clients. However, there are still some carers that struggle and more can be done to overcome the difficulties this cohort encounter.

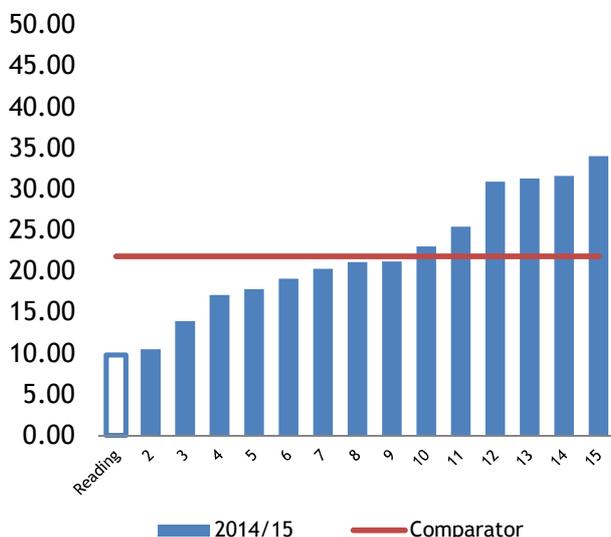
LD Direct Payment client numbers as at 06/04/15 by Ethnicity (18-64yrs)



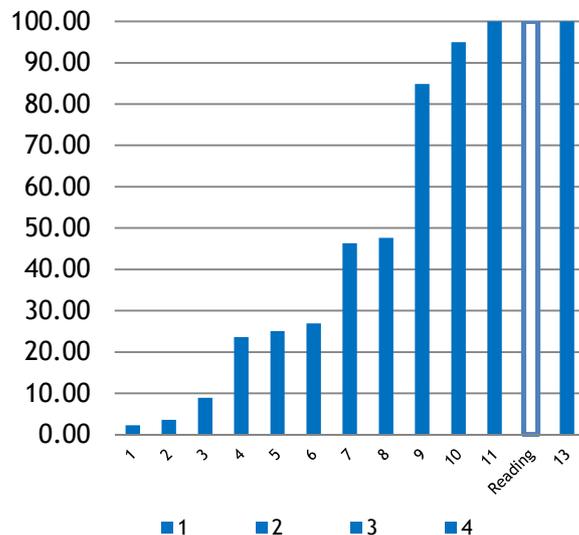
LD Direct Payment client numbers as at 06/04/15 by Gender (18-64yrs)



Proportion of clients receiving DPs Comparison with other authorities (source NASCIS)



Proportion of carers receiving DPs Comparison with other authorities (source NASCIS)



Feedback from 33 current DP service users suggests that people have gained the following:

- **Independence** - DP allowed clients to avoid care homes, through being able to employ a carer whenever/wherever one is needed.
- **Consistency** - clients can hire the same carer every time, rather than risk getting different people on different days.
- **Reassurance** - people know exactly how much money they have every month. This makes it easier to plan & obtain support.

Clients would like the opportunity to take part in additional, group-based activities, such as:

- Indoor and outdoor sports and fitness.
- Computers - particularly learning how to use them.
- Trips - cinema, theatre, pantomimes.
- Socialising - beverages with friends, following things like football with people who share their interests, listening to music.
- Learning new (home) skills - cooking / making meals, washing, dusting.
- Communal activities - arts & crafts, drawing, gardening.
- Shopping trips - in a relaxed and non-rushed way.

However, clients have identified the following issues that are barriers to take up:

- **Financial responsibility** → the majority of clients find cash-handling too complex and challenging to take responsibility for.
- **Choice** → The current system does not offer much freedom to service users.
- **Process & options** → the process of issuing DPs is lengthy and can leave clients without provision / payments for up to 12 weeks.
- **Support** → It is also seen as being confusing and difficult to navigate without assistance - how does one complete the paperwork and go about arranging/procuring their own services?

People would like to see a commissioned, external service that offered total navigation of Direct Payments - from completing the paperwork, to choosing support options, setting up payments, and jointly visiting the providers one might purchase services from before setting up a payment etc. These views suggested that an external service would be seen as a more accessible alternative to engaging with the Council.

10. Community Services

Although some community services are purchased through personal budgets, most provision in the town has been grant funded. RBC has extensively consulted on the Narrowing the Gap Framework for funding community services from April 2016 and has planned the current bidding process against the following seven themes:

- Targeted information and advice provision for people with current or emerging care and support needs:
 - Current LD services: Two services currently commissioned (Mencap & Communicare).

- Shape after the bidding process: there will be more consistent and higher quality provision, with a stronger set of outcomes and more robust monitoring. Given the possibility of joint bidding, we may end up with fewer or more providers.
- Self-advocacy provision for adults with a learning disability:
 - Current LD services: One service at present (Talkback).
 - Gaps: partnerships with schools could be stronger so that we're offering more support at the point of transition; in-sufficient support for some adults
 - Shape after the bidding process: SLA's and outcomes will have more of a stated focus on supporting people at the point of transition.
- Services to facilitate peer support and/or enablement training for adults affected by long term health conditions (and their families where relevant)
 - Current LD services: Reading Mencap, Talkback and Berkshire Autistic Society currently provide these services in the town and are an important resource but are not all funded by ASC.
 - Gaps: There is scope to strengthen the focus on empowerment and to further develop service users' resilience.
 - Shape after the bidding process: we will be commissioning the same range of provision, but the SLAs will place a greater focus and more outcomes on empowering clients.
- Replacement care (respite) services delivered at home or in the community, which provide opportunities for unpaid carers to take time away from caring or enjoy social contact:
 - Current LD services: we commission Reading Mencap and Crossroads.
 - Shape after the bidding process: the SLAs will require a more equitable offer across client groups / ages, with a more flexible range of provision to suit the needs of different demographics and ethnicities.
- Supporting people to re-settle at home following a period of hospitalisation
 - We currently commission two organisations (Age UK Berkshire and British Red Cross) to deliver these services. They are non-specific and cut across all client groups.
 - Gaps: there is no weekend and evening provision.
 - Shape after the bidding process: there will be streamlined service. However there is no additional funding for out of hours provision. This could be secured if Health contribute additional funding.
- Handyperson services
 - Aster are currently commissioned to deliver this service across all client groups.
 - Gaps: strain on capacity; there is more demand than the service is geared up to support.
 - Shape after the bidding process: no change to funding level or provision but an expectation that a trusted provider would increase their business in clients paying for non-emergency works.
- Opportunities for adults with current or emerging care needs to enjoy social contact and so reduce their risk of loneliness
 - Current services (LD) = we currently commission services from Mencap, Berkshire Phab and Enrych.

- Shape after the bidding process: services will be more outcomes-driven with more focus on socialisation and increasing clients' independence.

11. Equipment/Telecare

There are very few Telecare or assisted technology packages in Reading for people with a learning disability. The service has traditionally been seen as for older people.

12. Transport

Transport funded by the council is not a service in its own right - it is a means of accessing services or support. The overriding principle is that the decision to provide transport is based on needs, risks and outcomes and on promoting independence.

Funded transport will only be provided if, in the opinion of the assessor, it is the only reasonable means of ensuring that the service user can be safely transported to a service/means of support which has been assessed as meeting an eligible need. Where there is appropriate transport available (either personal eg Motability vehicle or public transport), it will be assumed that the service user will use this as a first option. Transport will only be provided if alternatives are unavailable or inappropriate for some reason.

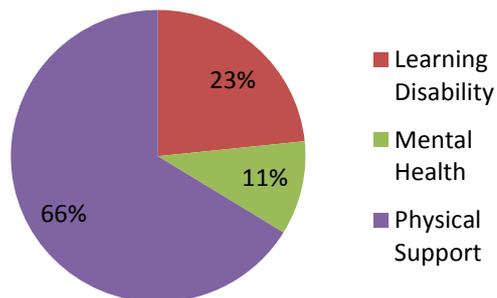
There is a very good Readibus service for vulnerable people run in Reading. There is also a very comprehensive Reading Buses service across the town. There is no specific service that covers travel training although it can be provided as young people become adults by schools, the Youth Service or the Play Ranger service. It is covered under the Supported Living contracts for adults. Adults can have transport specified in a care plan for supported living or day services.

Section C: What Service Users Tell Us

- Learning Disabled Service Users tell us that are satisfied with their care and support services.
- People with a learning disability want to work.
- People want support to make their own choices in life.
- People want to be safe, healthy and be active in their communities.
- 29% say information and advice is difficult to find.
- 25% do not get any regular practical help from family, friends or neighbours.

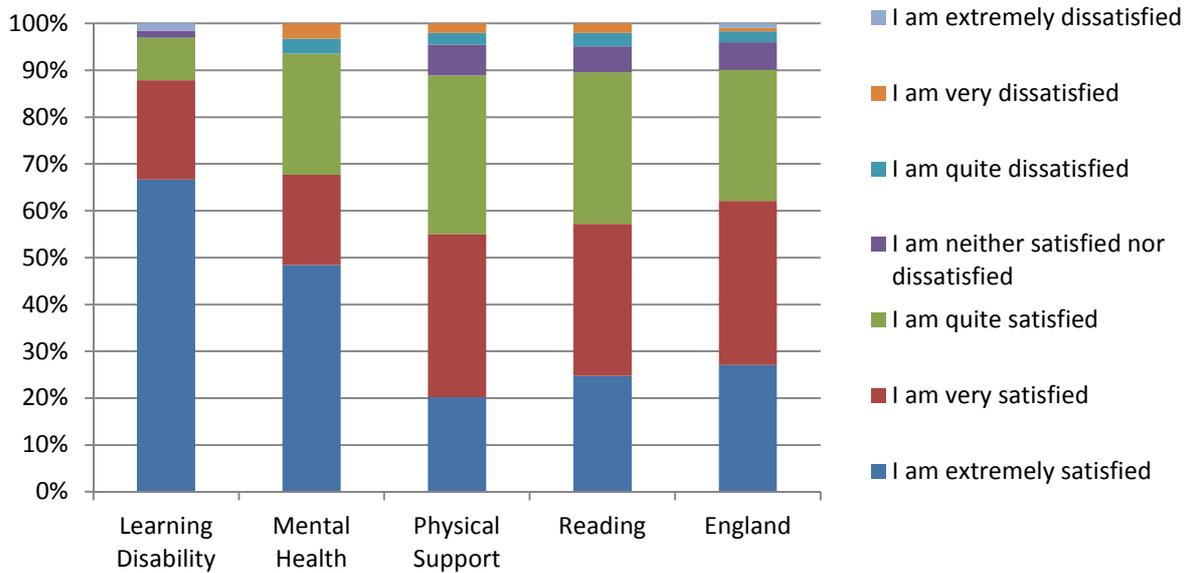
Customer feedback was gathered as part of the **Personal Social Services Adult Social Care Survey 2014-15**. There was a 40% response rate but the responses are not broken down by age of the service users.

Percentage of responses by service area



Service users with learning disabilities showed a very high level of satisfaction with services and only one respondent said they were extremely dissatisfied.

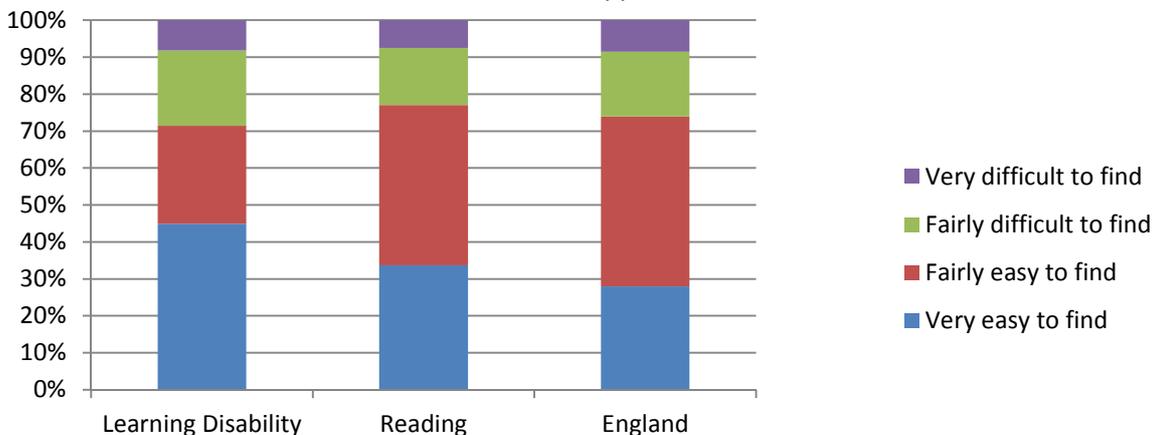
Overall, how satisfied or dissatisfied are you with the care and support services you receive



With regards to wellbeing, learning disabled services users had positive feedback with 96% reporting that care and support services help them to have a better quality of life compared to 92% across England. 89% of service users reported that care and support services help them in having control over their daily life which was the same as across England. 92% reported that care and support services help them in feeling safe compared to 85% in England. This dropped down to 79% when asking if care and support services help them in having social contact with people, but this was still higher than the England average of 66%.

When looking at how easy it is for Reading’s service users to access information, 29% of learning disabled service users reported having difficulties. This is slightly higher than the England average response (26%) but a lot higher than the average Reading response (23%).

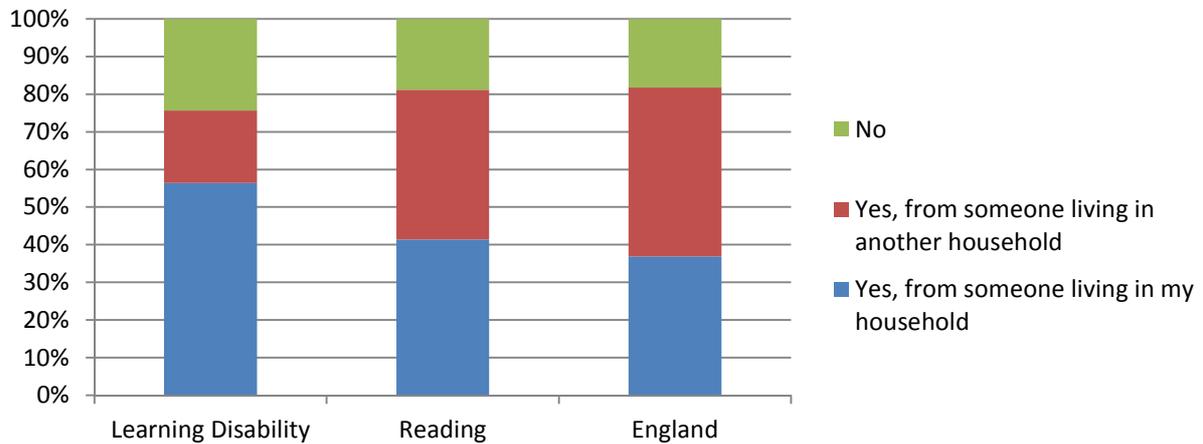
In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?



Reading appears to have a similar number of service users reporting that they have regular help from family or friends in the same household than the England average, but this

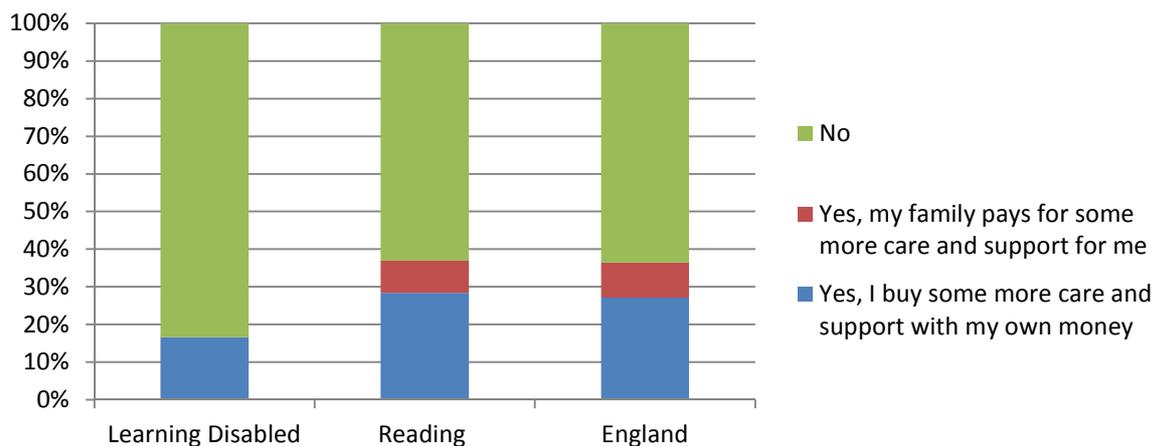
number increases when looking at learning disabled service users. This reflects the carers feedback that many learning disabled people get a lot of unpaid care. However there is a higher proportion of learning disabled people than other disabilities who get no help from family and friends.

Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?



When looking at private funders (that we are aware of) it appears that Reading (37%) and England (36%) have similar levels of self-funders. But when comparing to Reading's learning disability service users, this drops off to 17%. Part of this could be age related, as the overall Reading and England averages will include those over 65 years old who are more likely to be self-funders needing older people's care rather than those who have a life-long disability and been unable to build up savings.

Do you buy any additional care or support privately or pay more to 'top up' your care and support?



Reading Learning Disability Partnership Board “Big Voice and Beyond”.

The LDPB has good representation from individuals with learning disabilities, carers, provider organisations, the voluntary sector and departments across the Council. The LDPB refreshed its strategic plan in 2014. The issues were grouped into the 6 themes below:

Choice and Control

Choice and control is about having choice and control over where you live, who you live with, where you work, holidays, how you spend your money, and how to use and find clubs and spend your leisure time.

Issues:

- More support is needed to help move from learning to earning and then to help people remain in employment.
- Information about socialising, work benefits is not always easy read.
- People should be involved in the recruitment of their support carers and support provider.
- It is important that people have an opportunity to talk about and plan their social life, who they live with, making safe choices in relationships, friendships and work life.

Being as Healthy as we Can

Being as healthy as we can means looking at the whole person and ensuring that people have the right support in order to live full and healthy lives.

Issues:

- Not everyone in the health service seems to understand learning disability and the support we might need.
- Screening and Health checks—some of us have had them, but it’s difficult to know whether we all understand what they are for.
- Not all of us have a healthy diet, and not all of us understand what that can mean for our health.
- Support for people to find suitable sport and lifestyle activities that are accessible for all.

Community Opportunities

For people to be encouraged wherever possible to use community facilities and to use public transport and be able to travel either within Reading or outside the local boundary. Being aware of your own safety in the community.

Issues

- Sometimes strangers might be unfriendly. We need support workers/carers to support us to go out, to show us how to be more independent
- Information in formats everyone can understand
- More support needed to use taxis, Readibus and public buses.
- Limited opportunities to travel outside Reading

Staying Safe

Being aware of your own safety, knowing who to go to if something is not right. Police being aware of issues and situations that may be difficult.

Issues:

- Having healthy relationships with people. Knowing the difference between right and wrong, what is a good relationship and helping everyone to understand especially in families and shared houses.
- Knowing what to do in a crisis and practical day to day health and safety issues at home.
- Raising awareness of bullying and “Mate Crime”.

Lifelong learning

More school leavers with learning disabilities are aspiring to want to go out to work. There needs to be more support in place in order for people to have the right training through college or through the job centre or specific supported employment schemes to enable this to happen.

Issues:

- Some of us want to work, we want to have paid work not just voluntary. We want a way of looking towards doing this. We want choices in work and more employers to be willing to take on and pay people with a learning disability.
- We need support to stay in employment. Its not about working, it’s how to get to work, accessing travel training, finding other ways of getting to work, e.g. walking,
- Having easy read leaflets to help us to understand money, benefits, working generally and budgeting.
- To link in with local colleges to see how these college courses can be recognised by employers and used in any work placements or employment.

Strong Voice

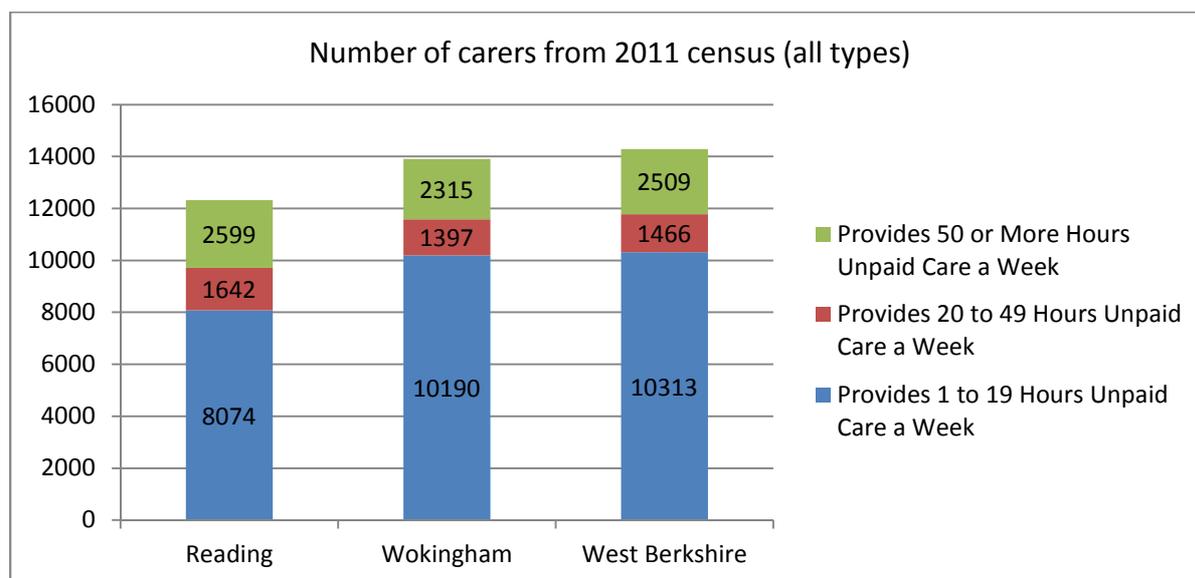
Having a strong voice for both people with a learning disability and their families is an essential way of ensuring that our voices are heard and that services are making reasonable adjustments that support people to be successful in their choices.

Issues:

- We should have a choice about who supports us and we need regular attendance on any interview panel. We need to share best practise of recruiting staff
- We need to make sure that we involve parents and carers and families when a person is over 18
- Some families need support to navigate the system. Understanding all the changes from child/adult isn't always clear
- We need to make sure that training involves people with learning disabilities
- We need to be doing quality inspections of services with people doing the inspecting.

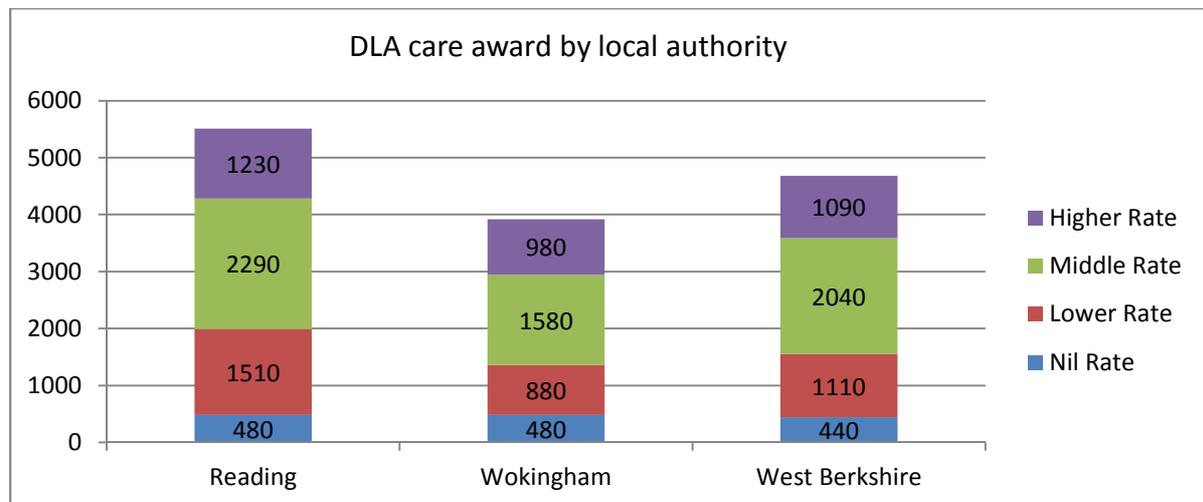
Section D: Carers

- Reading has fewer carers than its neighbours
- Of survey responders:
 - a third of LD carers are dissatisfied with their support and services
 - Carers are predominantly caring for LD people aged under 45.
 - Most LD carers have been caring for over 20 years and 59% spend over 100 hours a week caring.
 - 62% of LD carers are either retired or not in paid work. None surveyed worked full time and a third of those surveyed said that they didn't work because of their caring responsibilities.
 - 50% say they don't look after themselves well enough and 20% feel they have no control over their daily life.
 - 39% of carers say that information and advice is difficult to find.



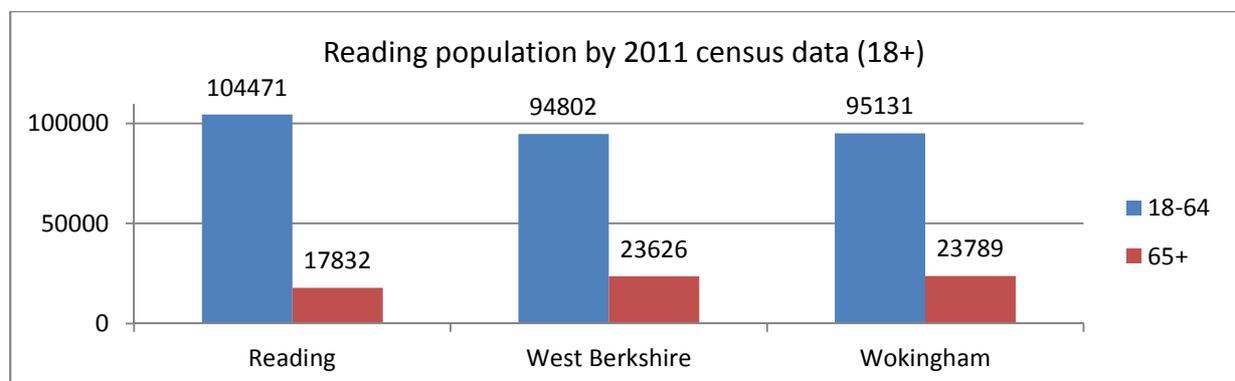
From the 2011 census Reading borough has less carers of all disabilities and ages than neighbouring local authorities. From the census data the percentage of unpaid carers has remained the same from the 2001 census in the Reading borough (8%) but has slightly increased in Wokingham and West Berkshire (8% to 9% of the local population).

Despite having less carers, the Reading borough has a higher number of DLA care awards than the neighbouring boroughs according to ONS August 2012 data.



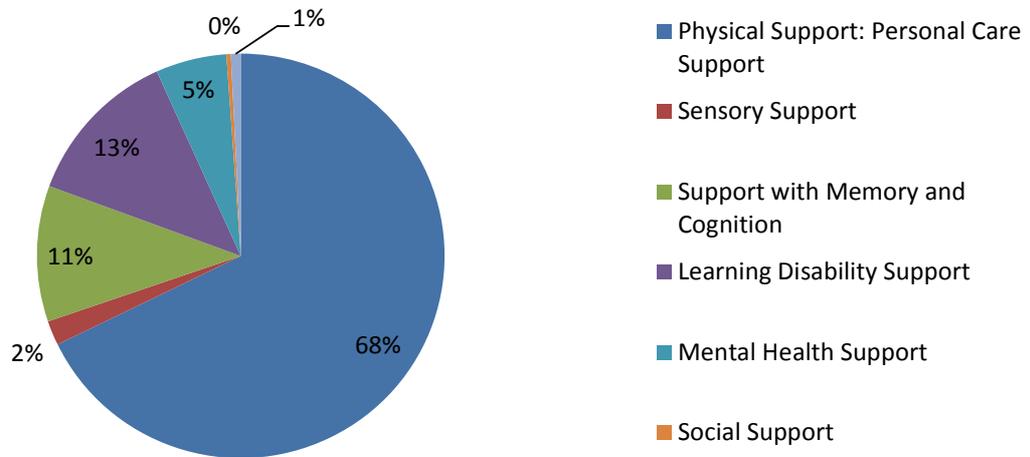
Part of the reason for the for the Reading borough shortfall could be partly due to the age demographics as the neighbouring boroughs have more people over 65 than Reading.

This is supported by the ONS August 2012 DLA rates that show that Reading has a higher proportion of people claiming DLA in the 16-69 age range (73% of claims) than West Berkshire (71%) and Wokingham (70%).



This shows that 13% of carers assessed or reviewed in 2014/15 were supporting LD clients. There were 132 carers of people with a learning disability supported by RBC in 2014/15.

SALT 2014-2015: carer support provided during the year broken down by primary support reason of the client

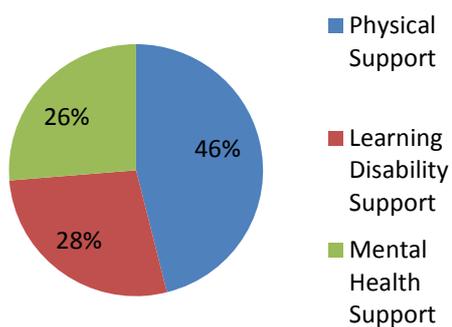


Carer’s feedback:

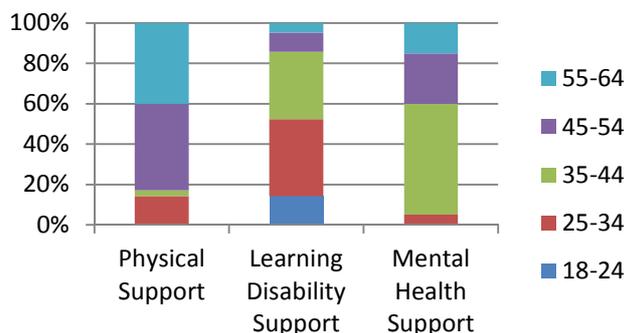
Reading data for Personal Social Services Survey of Adult Carers, 2014-15

In 2014-15 of the 132 LD carers, 70 were sent surveys, of these 22 responded. Although this is not a statistically significant sample size the themes of their responses are worthy of note.

Carer responses from those caring for 18-64 years old



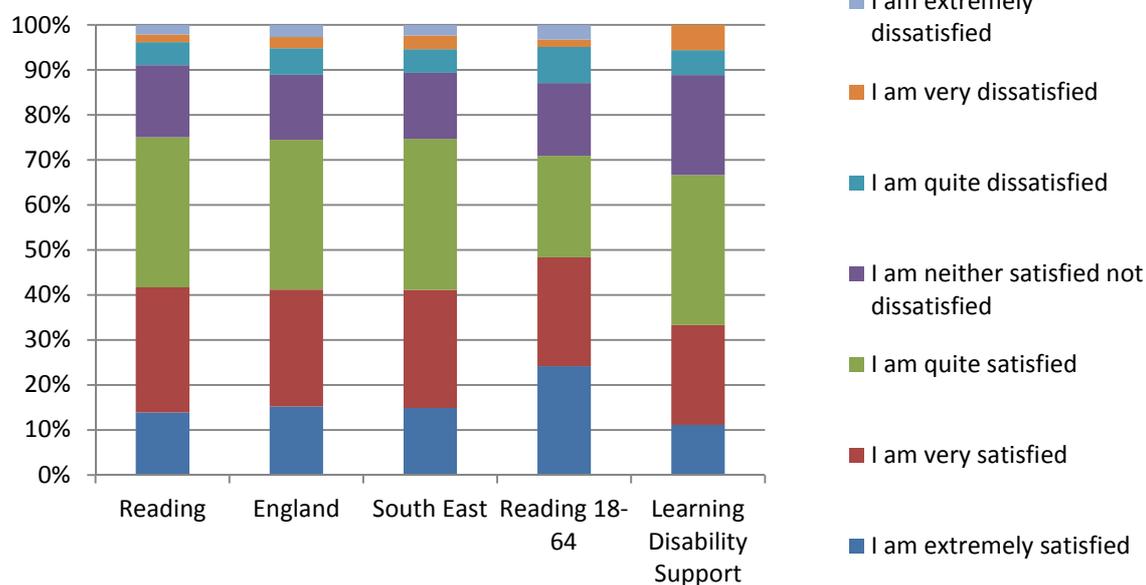
Age breakdown of the person being cared for 18-64



The carers of LD clients who responded were predominantly caring for people under 45. This mirrors the earlier data showing that the majority of over 45s are receiving ASC services.

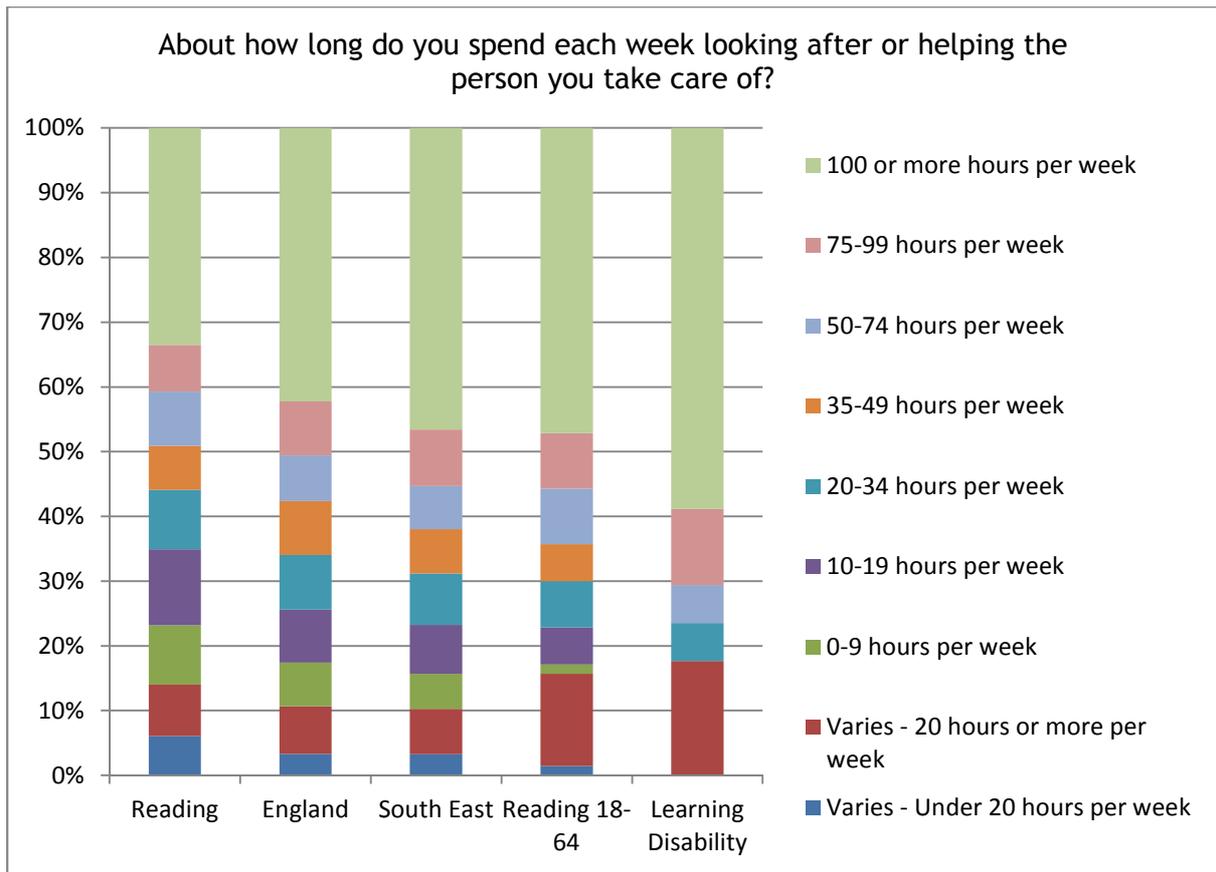
Below shows how satisfied or dissatisfied carer service users are with services provided in comparison to our neighbours, with all unpaid carers caring for individuals in 18-64 age range and 18-64 with learning disabilities.

Overall, how satisfied or dissatisfied are you with the support or services you and the person you care for received from social services in the last 12 months

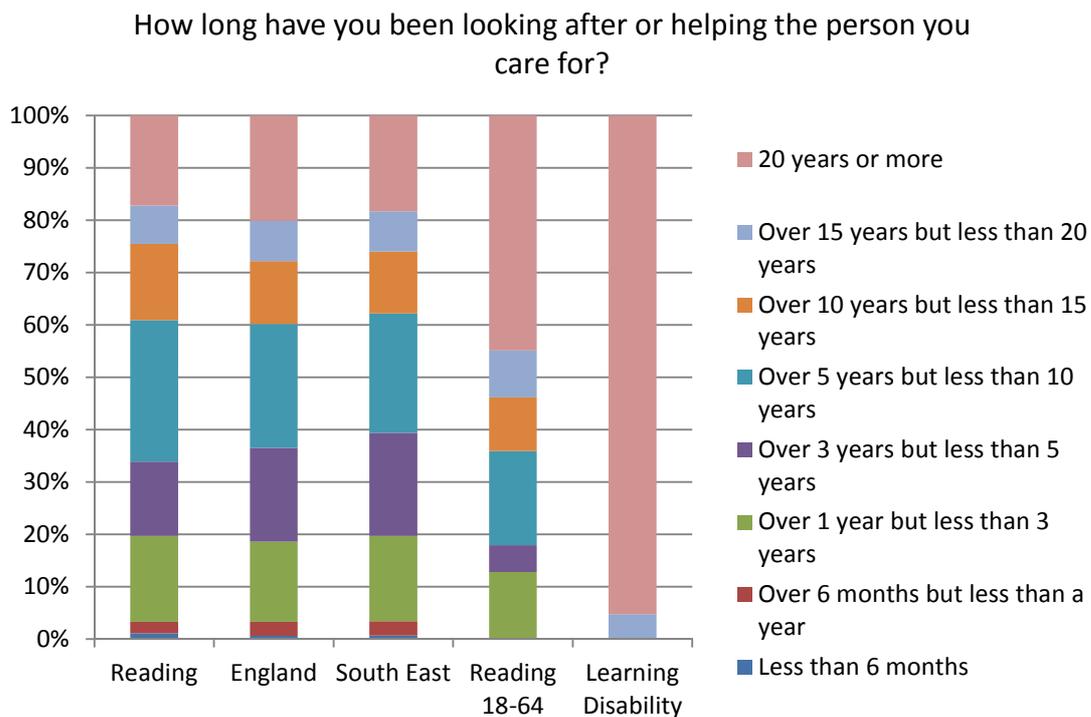


Learning disability adult carers from the 18-64 age range had a low level of response.

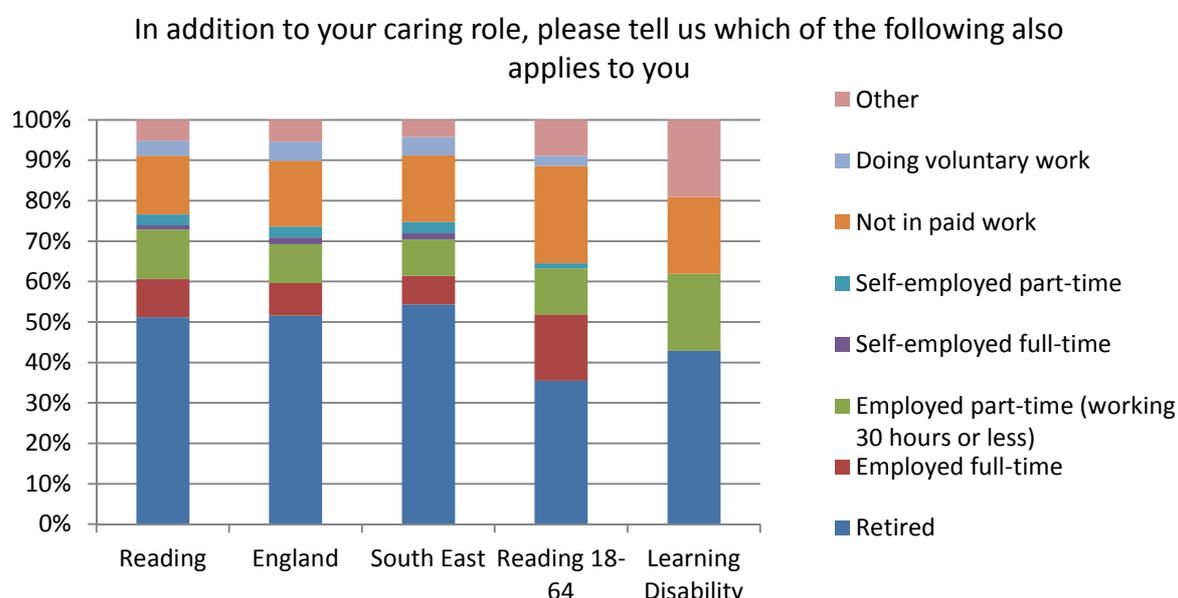
The figures show that a higher proportion of working aged learning disability carers are providing over 100 or more hours per week of unpaid care (59%) in comparison to other areas and disability types in Reading.



The survey responses demonstrate that most learning disability carers are likely to be long term family members as the vast majority of carers having been caring for 20 or more years.



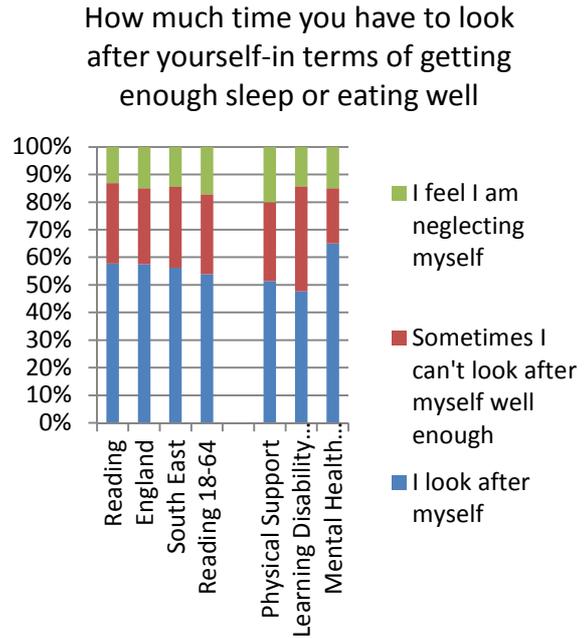
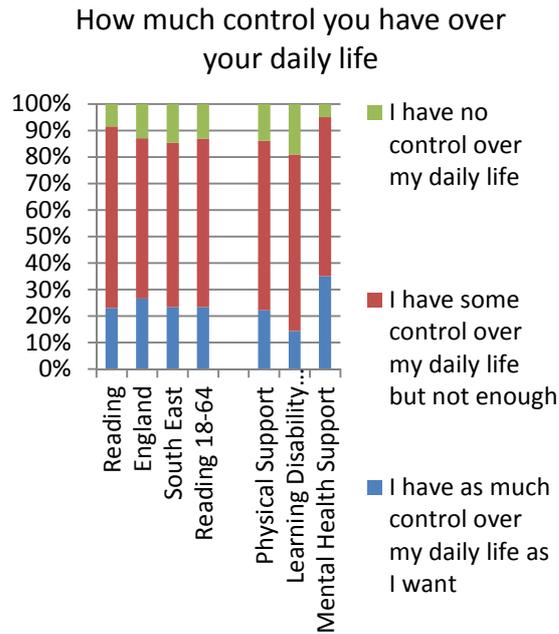
Overall, most carers in Reading are retired. This drops significantly when caring for working aged adults, but increased when looking solely at working aged adults with learning disabilities. It is not surprising when comparing the length of time caring and the number of unpaid hours provided, none of carers of working aged adults with learning disabilities (who responded to the questionnaire) worked full time.



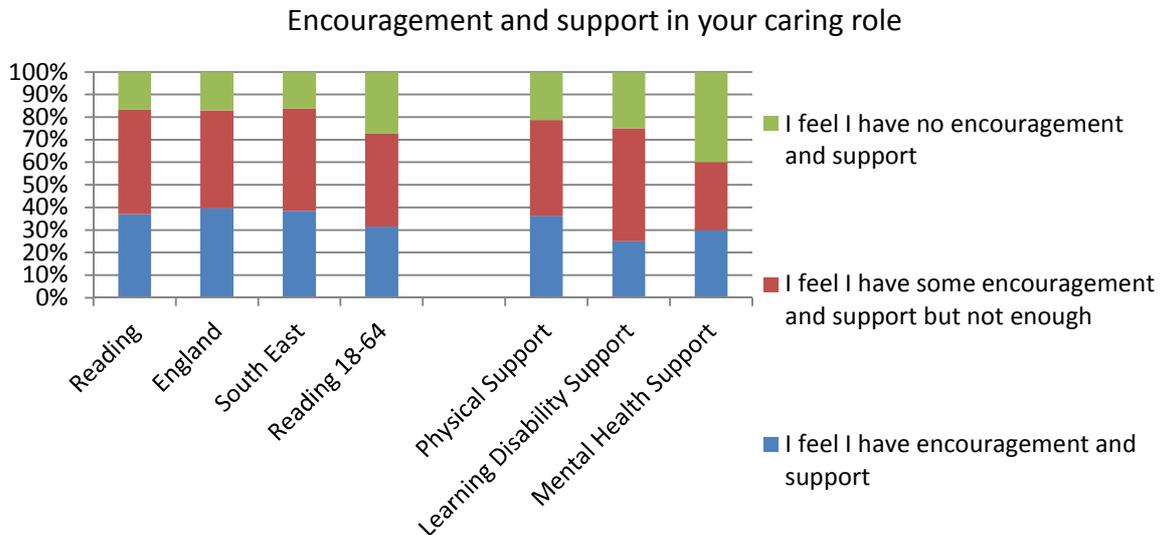
When we consider the average number of years spent caring and the number of unpaid hours that carers report they spend on unpaid care; it is unsurprising that none of the respondents supporting working aged adults with learning disabilities are in full time employment.

When asked about combining paid work and caring 21% of carers of working aged adults with learning disabilities who responded described their current situation as ‘I am in paid employment and supported by my employer’ and 32% said ‘I am not in paid employment because of my caring responsibilities’. None felt they were not supported by their employer, but all were only working part time. 62% of carers are either retired or not in paid work.

Just under five percent of the carers of learning disabled adults advised that they ‘do not do anything I value or enjoy in my time’, this is better than the overall Reading figures. In contrast to this almost 20% advised that ‘I have no control over my daily life’. This is a weak area in comparison to other disabilities and the overall local authority figure. Additionally, fewer carers who support learning disabled people responded that they look after themselves. With over 50% advising that they feel they sometimes cannot look after themselves or feel they neglect themselves. This is supported with the number of hours they say they care each week.

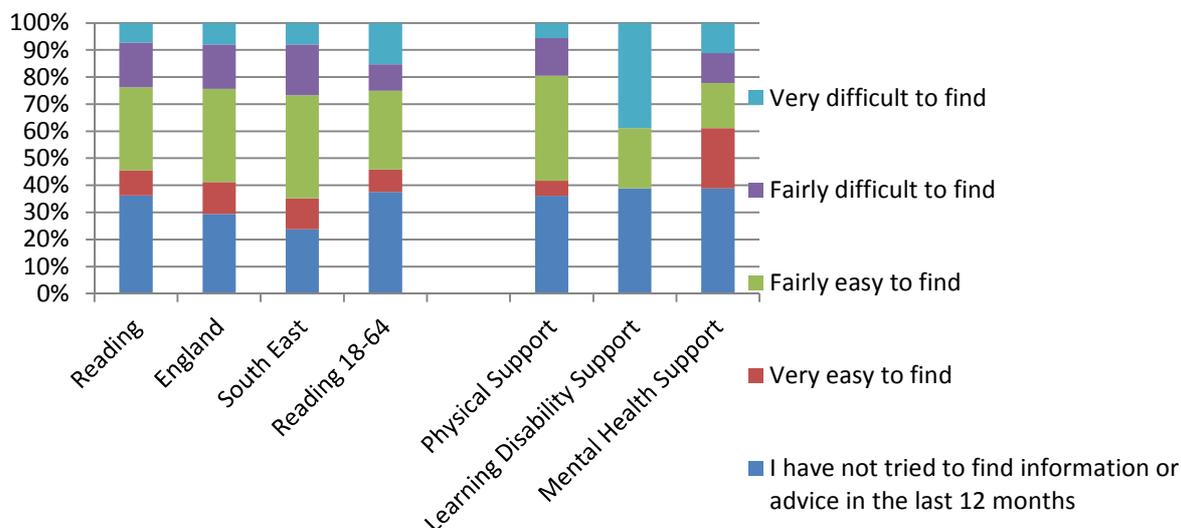


When asked about the support provided, the carers of learning disabled adults reported the least amount of support in comparison to other working aged disabilities and Reading overall, with only 25% feeling that they have encouragement and support.



Alongside this, these carers found it the hardest to find information and advice about support, services or benefits, with 39% of respondents saying they have found it very difficult to find. However, of those who had received information 11% said they found it quite or very unhelpful.

In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits?



The carer's feedback is limited due to the low number of responses. However, if the number of unpaid care hours and length of time they provide care is reflective of the wider cohort, then this raises significant questions relating to carer well-being and accessibility of information and advice.

The Local Offer Consultation November 2013 - Transition section.

We asked parents of children and young people with special educational needs about the area of transitioning to Adulthood and they asked for:

- Support from care manager/broker on what is available for young adults when they go into adult services and a key worker to support through transition.
- Help towards independence, shared housing, careers and employment advice and guidance, information about colleges, support in college and employment.
- Advice for coping with challenging behaviour and social support and opportunities for older teenagers.

Services they and their children accessed were:

- Advisa Careers information and guidance service.
- Transition plan.
- Reading College, skills for living course.
- Reading University disability service.
- Socom specialist unit for ASD.
- Support worker and respite care.
- CAMHS.
- Readibus.

Section E: Summary of Needs that are not being addressed

Below is a list of themes identified through the development of the documents and through consultation with providers, service users, carers, families and our partner organisations. These themes are further developed in the two sister documents to this Needs Analysis (Strategic Vision - Part 1 and Implementation Plan - Part 3):

- Choice & control - All non-residential clients are offered self-directed support, but we need to get better at personalisation with the appropriate support from the council and others to access greater flexibility Eg: Direct Payments.
- Integration into community - access to community and universal services.
- Support to gain and sustain employment.
- Care and accommodation for those with learning difficulties and challenging behaviour.
- Range of affordable accommodation not tied to care.
- Promoting independence - outcomes-focused work for supported living and day activities; step-down from residential.
- Provision (including accommodation) suitable for an aging population.
- Information and support for people with learning disabilities and their carers
- Advocacy.
- Identification and support for Asian people with learning disabilities.
- Support for young people as they transition to adulthood.
- Telecare and assistive technology
- Clarity on transport funding and support to use public transport

Section F: Glossary

1. Glossary

ACA Comparator Group	The Area Cost Adjustment (ACA) comparator groups should be used for Social Care expenditure data from the PSS-EX1 return. For the ACA comparator groups, each council has an ACA factor determined from a number of characteristics such as education, police, fire, highways, social care and geographic area. Used by NASCIS.
ASC	Adult Social Care
ASC-FR	-Adult Social Care Finance Return. This forms part of the Adult Social Care National Data Collection published by NASCIS
ASCOF	Adult Social Care Outcomes Framework. This information is annually published data, collected from local authorities by NASCIS.
BHFT	Berkshire Health Foundation Trust.
CCGs	Clinical Commissioning Groups.
JSNA	Joint Strategic Needs Analysis
MLD	Moderate Learning Disability.
MOSAIC	Reading Borough Council's Social Care Information Technology System
NASCIS	National Adult Social Care Intelligence Service
PANSI	Projecting Adult Needs and Service Information
POPPI	Projecting Older People Population Information
SALT	A breakdown/summary of Short and Long Term services provided by local authorities. Among other information; this forms part of the National Data collected from local authorities by the Health and Social Care Information Centre (HSCIC).
SLA	Service Level Agreement. This is the agreement between a service provider (either internal or external) and the end user that defines the level of service expected from the service provider and defines what the customer will receive
SLASL	Supported Living Accredited Select List
SLD	Severe Learning Disability
Universal Services	Those services open to all people in the community regardless of need

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- Paid/voluntary work carried out in addition to caring role (Personal Social Services Survey of Adult Carers 2014-15) - Page 38
- How much control carers thought they had over their daily life(Personal Social Services Survey of Adult Carers 2014-15) - Page 39
- Whether carers felt they had enough time to look after themselves (Personal Social Services Survey of Adult Carers 2014-15) - Page 39
- Encouragement and support in caring role (Personal Social Services Survey of Adult Carers 2014-15) - Page 39
- Ease/difficulty in obtaining information and advice about support, services and benefits over past 12 months (Personal Social Services Survey of Adult Carers 2014-15) - Page 40

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	Workstream	Strategic Direction	Key Milestones	Lead Officers	Completion Date
	Residential	<ul style="list-style-type: none"> • Reduce numbers in residential accommodation. • Negotiate reduced costs. • Develop accommodation more suited to older people with LD. 	<ul style="list-style-type: none"> • Complete a review of current residential cases with a view to step-down care planning. • Open the new SLS using this as an opportunity for residential clients to have their own home. • Complete a project to negotiate a reduction in care home costs. • Complete a project to develop provision for older LD clients. 		
	Day Services	<ul style="list-style-type: none"> • Ensure Value for money with day services. • Greater use of direct payments. • Reduce reliance on services by enabling customers through choice. 	<ul style="list-style-type: none"> • Structured Review of Day Services customers with a view to hearing what they want from their lives and reducing reliance (where appropriate) on the traditional centre-based services. • Review days attended to work with the customer to move them to the best outcome based and cost effective service (where appropriate). • Improve take up of Direct Payments and investigate prepayment cards as an option. • Review employment, and day opportunities marketplace to ensure sufficiency of choice and quality. Publish full offer on the Reading Services Guide. • Benchmarking provision against other authorities and 'best in class'. • Review of current transport provision and travel training in light of any changes arising from other work. • Plan and support the transition of customers to move to a new provision with the support of existing key workers. 		

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			<ul style="list-style-type: none"> • Review staffing establishment and reduce reliance on agency staff. • Review day service market place, including neighbouring provision, identify gaps, and ensure there is a range of opportunities, for a range of needs covering all areas within Reading. • Meet providers to share knowledge and develop partnership working. 		
	Respite	<ul style="list-style-type: none"> • Develop respite options to meet local need. • Ensure value for money and best use of resources. 	<ul style="list-style-type: none"> • Review capacity/usage of current provision to include: alternative booking process/ allocation, unit costs, occupancy, benchmarking. • Develop short breaks options. • Review individual packages, who is it for and why? • Compare unit costs/types of provision with other LAs. • Develop options appraisal. 		
	Shared Lives	<ul style="list-style-type: none"> • Develop shared lives to meet local need. • Ensure value for money and best use of resources. • Ensure culturally appropriate provision for BME groups. 	<ul style="list-style-type: none"> • Review current systems and processes, benchmark against other schemes. • Consideration of service developments for those with MH / dementia and to increase LD. • Financial analysis comparing traditional respite and day service model. • Review and/or identify cohort of carers in Shared Lives with view to recruiting to culturally specific roles. 		
	Workforce development	To enable providers to deal with a wide range of needs including complex, challenging behaviour and autism.	<ul style="list-style-type: none"> • Work force development plan to improve carer knowledge and skills (linked to transforming care NHSE project-see below). • Upskill ASC teams around assessment and care planning for autistic people. 		

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	SLASL Reviews (Supported Living Accredited Select List)	Reduce the numbers with non-SLASL providers.	<ul style="list-style-type: none"> Transferring clients to providers on the SLASL using a dedicated review team. 		
	Supported Living accommodation	Increase quantity of affordable quality supported living to suit a range of needs, including autism.	<ul style="list-style-type: none"> Review of current accommodation provision, analysis of future needs and research on what other LAs are doing. Focus on use of assistive technology in future service planning. Meet with providers to discuss cost effective models of delivery of good quality accommodation. 		
	Alignment with OPPD Day Services & accommodation with support projects	Integration of resources across ASC services.	<ul style="list-style-type: none"> Align continued development of LD day services and accommodation with support with that of OPPD work to maximise synergies and integration opportunities where appropriate. 		
	Engagement with the NHSE led Transforming Care for people with LD/MH/autism and challenging behaviour		<ul style="list-style-type: none"> Establish skilled support in the community to work with health colleagues to reduce hospital admission and where admission is necessary reduce the length of that admission. Establish accommodation with support for people whose current support breaks down and is unable to meet their needs. Work in a person centred way to ensure people and their families have confidence in our responses. 		
	Project Group Communication Plan	To detail consultation, information and co-production throughout the LD Transformation Project.	<ul style="list-style-type: none"> Proposals for engagement with staff, service users, carers and families, partners and other stakeholders. Ensure information available on a range of subjects in easy read and other accessible formats for both learning disabled people and 		

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			their carers.		
	Active review of individual packages of care based on measured risk model		<ul style="list-style-type: none"> To ensure support is proportionate to needs and national eligibility criteria, maximising use of assistive technology whilst ensuring packages are proportionate and equitable. 		
	Co-production	All service users and their families to be involved with co-producing services.	<ul style="list-style-type: none"> Establish a quality inspection/audit team of people with learning disabilities building on the LDPB Royal Berks audit team. Co production and peer audit of design and accessibility of information and advice, especially for carers. 		
	Transition to adulthood	Smooth transition between child's and adult services with outcome focused care planning.	<ul style="list-style-type: none"> Adult services to work with children and health services to identify and effectively plan in partnership the transition between services to ensure the best use of resources. Develop appropriate support towards independence, suitable accommodation, further education and employment. Early identification of gaps within the market for individual or small groups of young people entering adulthood. 		
	Supported Employment	Everyone with a learning disability can be helped towards work, supported through recruitment process and helped to sustain a job.	<ul style="list-style-type: none"> Build on the successes of the Supported Employment Service in the Elevate Hub. Secure budget to continue and grow the service. 		
	Advocacy	Everyone with a learning disability has access to advocacy where appropriate.	<ul style="list-style-type: none"> Re-commissioning of Care Act, IMCA and other advocacy services. 		
	R4U	Enabling individuals to harness support from their community. More flexibility in support; especially in times of crisis.	<ul style="list-style-type: none"> RG2 innovation pilot. 		

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	Carers	Carers need to feel supported and able to look after themselves.	<ul style="list-style-type: none"> • Develop carers support and assessments. 		
	Ageing Population	Forward planning and appropriate support as people get older, living with elderly parents and family.	<ul style="list-style-type: none"> • Equipment and Telecare review for older people with LD and their carers. • Develop Extra Care accommodation for older people with LD. 		
	Telecare and assistive technology	Use Telecare and assistive technology to maximise independence.	<ul style="list-style-type: none"> • Review how Telecare and equipment can be used for people with learning disabilities in Reading. • Incorporate into care planning. 		
	Information and Advice	All people with LD and their carers should find information and advice comprehensive and easy to access.	<ul style="list-style-type: none"> • Develop the Reading Services Guide for people with LD and their carers. • Promote the RSG to all care workers, managers and those supporting people with learning disabilities. 		
	Transport	Clear guidance on when transport would be funded by ASC based on an agreed transport policy.	<ul style="list-style-type: none"> • Draft Transport policy and Guidance to be progressed through RBC governance procedure. 		