



Cabinet Meeting

8 January 2014

Report title	All Age Disability Strategy	
Decision designation	AMBER	
Cabinet member with lead responsibility	Cllr Val Gibson, Children and Families Cllr Steve Evans – Adult Services	
Key decision	Yes	
In forward plan	Yes	
Wards affected	All	
Accountable director	Sarah Norman, Community	
Originating service	Health, Wellbeing and Disability	
Accountable employee(s)	Kathy Roper Tel Email	Head of Young Adult Commissioning Group 550975 Kathy.Roper@wolverhampton.gov.uk
Report to be/has been considered by	N/A	

Recommendation(s) for action or decision:

The Cabinet is recommended to:

Approve the revised All Age Disability strategy and agree the development of an implementation plan.

1.0 Purpose

- 1.1 The purpose of the report is to provide Cabinet with details of the consultation undertaken in relation to the All age disability strategy and to seek approval for the revised strategy.

2.0 Background

- 2.1 The aim of the All age disability strategy is to ensure that all disabled children, young people and adults are able to live full and fulfilling lives. This strategy is also about making sure that disabled people and their families are in control and supported in the way that they choose to achieve their own goals. The strategy will cover the positive contribution disabled people make to the city, and how this can be further developed through access to high quality universal services. For those disabled people who need it, the strategy covers the provision of specialist care and support to access education, employment, housing, and health care, and it also considered the needs of parents and carers.
- 2.2 The Council is changing the way that services are provided to vulnerable people. From April 2013 the Community directorate has integrated all disability services into one All Age Disability service. This brings together, care management, commissioning and services for disabled children, disabled adults, SEND (Special Educational Needs and Disability) and sensory impairments in line with the Children and Families Bill. The emphasis in each area will remain on supporting people to access universal services, supporting people to be as independent as possible as part of their communities and the provision of specialist services for those people who need more complex care and support.
- 2.3 The strategy will provide an overarching framework to support the delivery of key legislation and national and local policy including: The Children and Families Bill 2013, The Autism Act 2009, Valuing People Now, and Fulfilling Potential: Building a deeper understanding of disability in the UK. The strategy will support more detailed service developments that are specific to children, young people and adults who have particular disabilities.
- 2.4 The aim of this strategy is to make the priorities of the City Strategy and the Corporate Plan a reality for all disabled people. Early consultation with disabled adults has indicated that they welcome the strategy and the emphasis on access to universal services, personalised support and the focus on independence. The strategy has been developed in partnership with key stakeholders including parents and carers of disabled children young people and adults, disabled young people and adults, Parent Partnership, ASPIC (Association of Special Provision In the City), and the Aiming High for Disabled Children's Board.

3.0 Consultation

- 3.1 Consultation was undertaken with the following stakeholder groups:

- Learning Disability Partnership Board
- Including Everyone
- Long Term Impairments Partnership Board
- Aiming High for Disabled Children Board
- Voice for Parents
- Parent Partnership
- Special Educational Need and Disability Strategy group
- Experts by Experience group (users of Housing Related Support services)

- 3.2 These groups included disabled people and their family and carers, key professionals across health, housing, social care, regeneration, and service providers from across the sectors.
- 3.3 There was broad support for aims and aspirations outlined in the strategy. The consultation facilitated productive meetings across Council service areas, to expose those areas and its partners to the aspiration of disabled people, and showcase how engaging with disabled people can enhance the delivery of the corporate priorities.
- 3.4 A number of positive initiatives have been instigated as a result of the consultation. Following discussions with families of disabled children the lack of changing facilities for larger children and adults in the city were identified. We have therefore been able to develop plans for four changing places around the city, which will be funded with capital money allocated as part of the Aiming High for Disabled Children agenda.
- 3.5 The consultation process also opened up discussions with Carillion and Skills and Learning about the possibility of work placements, apprenticeships for disabled people and supported employment opportunities.

4.0 Financial implications

- 4.1 The strategic vision outlined in the document is compatible with the delivery of existing savings programmes and will support the delivery of future savings initiatives. The strategy will be delivered within the current and future budgets for the service including the savings targets allocated to all age disability services.

[MK/13012014/M]

5.0 Legal implications

- 5.1 Services to people with disabilities are provided as part of the Council's duties as a Social Services Authority under section 7 of the Local Authority Social Services Act 1970, otherwise there are no direct legal implications arising from this report.

[JH/08012014/D]

6.0 Equalities implications

6.1 An equalities analysis has been completed. This strategy seeks to redress the inequalities that disabled people experience and to promote social and financial inclusion in the city and to enable people to be as independent as possible as full and active citizens.

7.0 Environmental implications

7.1 There are no environmental implications associated with this report.

8.0 Human resources implications

8.1 There are no human resource implications.

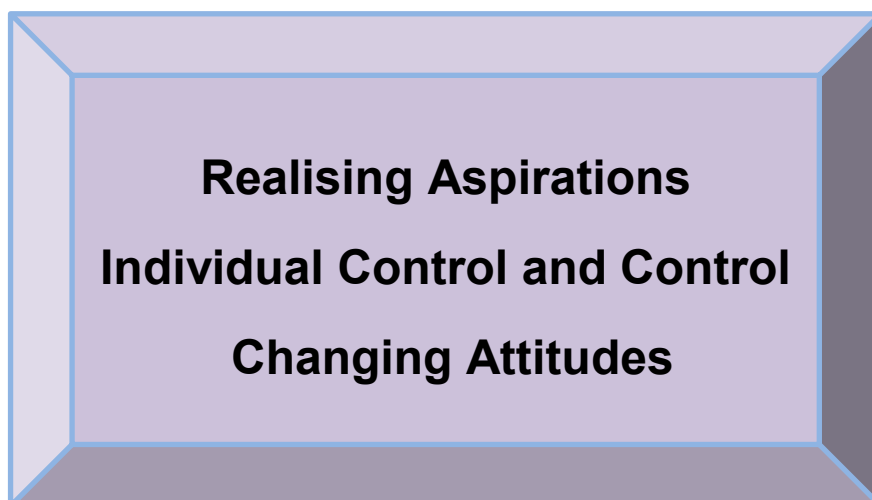
9.0 Schedule of background papers

9.1 Cabinet report - 24 July 2013 – All Age Disability Strategy 2013 – 2016.

Wolverhampton
City Council



All Age Disability Strategy 2013 -2016



FOREWORD

The aim of the All Age Disability Strategy is to recognize the diversity of disabled people and their aspirations, and to ensure that all disabled children, young people and adults are able to live active and fulfilling lives. This strategy is also about making sure that disabled people and their families are in control and supported in the way that they choose to achieve their own goals. The strategy will cover the positive contribution disabled people make to the city, and how this can be further developed through access to high quality universal services. For those disabled people who need it, the strategy covers the provision of specialist care and support.

Disabilities come in a wide variety of forms and degrees of severity, and can occur at different stages in our life. Only 3% of disabled people have their impairment from birth. It is likely that the majority of us will experience some degree of disability at some time in our lives, as 54% of people over 70 are disabled and most of us will live beyond this age.

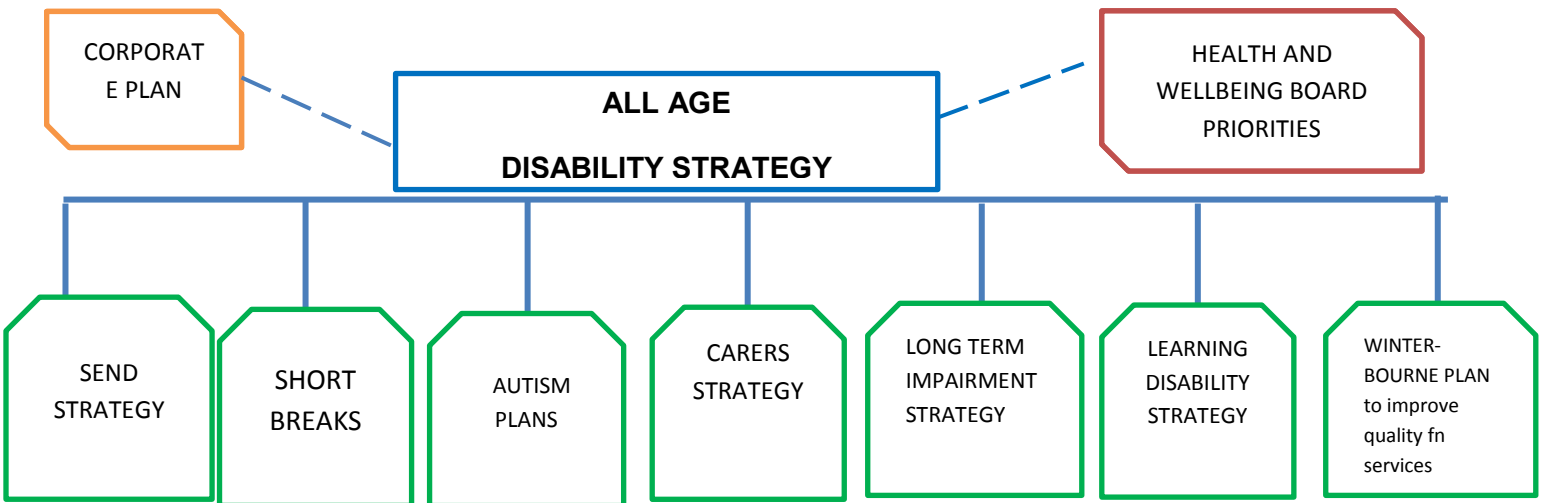
This strategy will cover all disabled people and their families, covered by the Equalities Act, whether they are part of the 1500 young people who have special educational needs (SEN), 3500 adults with some level of learning disability (2011) 14,500 adults with some level of physical or sensory disability (2012) and predicted 1500 adults with Autism (2012).

The strategy will provide an overarching framework (Table 1) to support the delivery of key national legislation, and policy including: The Green Paper: Support and Aspiration: A new approach to SEN and disability, The Children and Families Bill 2013, The Autism Act 2009, Valuing People Now, Think Local Act Personal, Making it Real, Towards, Excellence in Adult Social Care. This strategy draws on the priorities of the Corporate Plan, and the City Strategy, and will support the delivery of the Health and Wellbeing Board priorities, and enabled the Board to sign up to The Disabled Children's Charter, the Local Account and The Children Young Peoples and Families Plan. The strategy will support more detailed service developments that are specific to children, young people and adults who have particular disabilities, including autism, long term conditions and learning disabilities.

The City Council is changing the way that services are provided to vulnerable people. From April 2013 the Communities Directorate has integrated all disability services into one All Age Disability Service. This brings together, care management, commissioning and services for disabled children, disabled adults, SEND and sensory impairments. The remit of children services will be extended to include disabled children, CAMHs and sensory services for children and young people aged 0-25, in line with the Children and Families Bill. The emphasis in each area will remain on supporting people to access universal services, supporting people to be as independent as possible as part of their communities and the provision of specialist services for those people who need more complex care and support. Priority areas of work are:

• Transition for young people into adulthood	• Housing
• Employment	• Winterbourne
• Short Breaks	• Transformation of learning disability service
• Personalization	• Telecare

Table 1 Map of Strategies and their interdependencies



INTRODUCTION

Disabled people are integral to the success of our economy and society. Research published in The Department for Work and Pension (DWP) *Fulfilling Potential; a deeper understanding of disability in the UK today*, identified that disabled people make a huge contribution to society and the economy. More than three million disabled people have a job or work for themselves, approximately 5 of the 11 million people covered by the Equalities Act do **not** claim disability related benefits, and disabled peoples spending power in the UK is estimated to be at least £80 billion a year.

Choice, individual control and independence are as important to disabled people as they are to non-disabled people. Good health and family life are key to quality of life and family and friends are the main source of help for disabled people with everyday activities.

The barriers experienced by disabled people and their families are reducing, most people today have a positive attitude towards disability, the Paralympics had a positive impact on the way disabled people are viewed, and the gap between disabled peoples employment rate and the rest of the population has closed by nearly a third. Sadly these national improvements are not replicated in our city.

Parents of disabled children report their children face barriers not only to education but also to talking part in leisure and play. Academic research suggests that labelling children can have positive effects because it triggers extra support and also negative effects by lowering expectations. Young disabled people are more likely to experience bullying, and a family which includes a disabled person is a third more likely to live in poverty.

THE NEEDS OF DISABLED PEOPLE IN THE CITY

The information we have about disabled people in the city is inconsistent, the information about children with disabilities is very comprehensive, a register is maintained of all children who have a disability and it is updated regularly. However a similar data base is not maintained for adults with a disability for a number of reasons. Not all adults who fall within the parameters of the Equalities Act 2010, with a long term impairment consider themselves to be disabled, and many

people don't want to be labelled as disabled because of the negative connotations associated with it. We need to develop more sophisticated ways of gathering and using information to create personalised pathways and support mechanisms.

Wolverhampton is now one of the most densely populated local authority areas in England, with a population of 249,470 people (Census 2011) living in its 26.8 square miles, and is also one of the most deprived.

There are currently 63,000 children in the city. The Disabled Children and Young People team holds the register of disabled children and young people in the city. As of February 2013 934 children under the age of 18 were registered as having a disability, which equates to 1.66% of the child population. There are 1498 children and young people on the SEN register; this includes 706 pupils in mainstream schools and 792 special schools places.

Based on the current prevalence and incident data, the number of adults we could predict to have a moderate or serious physical or sensory disability will remain constant for the next twenty years at 3500 people with a serious disability and 11,000 having a moderate disability.

About 65% of all people who are visually impaired are aged 50 and older. There is a conservative increase predicted in the number of adults aged 18-64 with serious visual impairment in the city in 2011 after which the number of people remains consistent. There are currently 140 children with varying degrees of Visual Impairment. There are two Visual Impairment education Resource Bases. The primary school resource base is at Castlecroft School and the secondary school resource base is at Smestow School.

The prevalence of children with some degree of Hearing Impairment in the city is higher than the national average. This can be attributed to the provision of a comprehensive new-born screening programme. At the time of writing the strategy there are 233 children up to the age of 19 with some degree of hearing loss. The Office of National Statistics predicts the number of adults aged 18-64 with a moderate or severe hearing impairment in Wolverhampton will consistently rise over the next fifteen years peaking in 2025 and then shows a moderate fall.

There will be a steady rise in the number of people aged 18-64 who will have a moderate or serious personal care need across all client groups until 2025 peaking at 6800 people when it is predicted to steadily fall.

Since 2009 adult social care services have been substantially reshaped, giving people more choice and control over the support they receive and placing greater emphasis on reablement and rehabilitation services to enable as many people as possible to continue to live independently.

FAMILIES TOLD US

- Families often get information about services from other families who have had good experiences.
- There needs to be one place for families to get information from

- There is a lack of effective educational pathways for 16-25 year olds
- There is nowhere for young people to go once they have finished school

- There is not enough emphasis in assessments on the wider needs of young people
- There is a lack of information sharing between agencies and sectors
- Information needs to be available in different formats

The key message is: Having Information about the services that are available is really important to support day to day a life and planning for the future.

DISABLED CHILDREN AND YOUNG PEOPLE TOLD US.....

I Like.....

- *I would like to be able to meet up with friends, go to cinema, out for something to eat, go to gigs and concerts, meet up with other geeks for conventions"*
- *to do things in small groups, with my friends"*

"I like to.....

- *do activities all by my own*
- *do activities with other people"*
- *go to youth club in a big group with my friends"*
- *Sometimes I like to do activities with staff; sometimes not".*

I Like

- *to do playing on the xbox360 computer, xbox live"*
- *watching the same bits from films and tv at the same time and over again"*
- *listening to Coldplay and play with my (brothers and sisters) and my pet rabbit"*

The Key Message is ... Disabled children told us that they like to do the same things that children without disabilities like to do, they might just need extra help or more time to do them.

DISABLED PEOPLE TOLD US.....

- 1 in 5 disabled people in employment say that modified hours has helped them work

- I don't like want to have to keep repeating my story
- Continuity of staff is important

- Stop the range of referrals and arguing between services and professionals
- We need the correct range of experts to deal with issues

The key message is....We want to say it once and for people to listen to us

THE VISION

We believe that disabled people of all ages and their families know what is best for themselves and that enabling them to shape the help and support they need, is the best way to make disabled people equal citizens.

We want to move away from fitting people into services and towards empowering disabled people and their families to take control. We know that people who feel in control are less likely to become reliant on specialist help, and more able to assert themselves which can reduce the likelihood of vulnerability that results in abuse or poor care.

We want to further develop our practice of working with disabled people and their families, to co-produce the simplest possible solutions to achieve the outcomes that they and their families want. We are going to start this process by making a commitment to co-produce the 'Local Offer' for disabled children and young people, with young people and parents.

LIFELONG LEARNING

Young people said “Even though I have different needs, I want to have the same opportunities as everyone else. To be able learn basic skills for life i.e. writing, cooking and basic communication”.

School is a really important place for all children; its importance is magnified for disabled children and families, as it provides a single point of contact with trusted professionals over many years. It can be the one constant source of support families get.

The Building Schools for the Future programme has been a real success story for Wolverhampton City. A total of £270 million has been invested in the city's 25 secondary schools, with a further £16 million being spent on primary schools. This includes major investment in the special schools across the city which will provide 792 pupil places in 2013/14 for children with the most significant disabilities. The majority of Special Schools are now co-located on site with mainstream schools which promotes integration and reduces stigma.

The number of children entering special educational provision has grown over the previous years and in the academic year 2013/14 there is no capacity in the special schools in Wolverhampton. However there are 27 children in Wolverhampton Special Schools who live outside of the city boundaries.

Since 2010/11 the number of children with high needs entering Independent Specialist Provision (ISP) at 18/19 has increased from 18 to 26. While the number of children accessing out of area educational provision has remained static at 16, the number of high needs learners accessing local college has grown from 3 to 10. This is as a result of increased local provision being developed to respond to increased demands and is a real success.

There are many benefits for young people and their families from having the opportunity to access to local provision. Contact with family, friends and the local community can be maintained, and continuity of health care is available. Evidence shows that this provides better health outcomes for people with long term health conditions, and it supports better future planning for the young person.

The majority of children with SEN leave school and move into local college provision. The pathway out of education for these young people (who will mostly not be eligible for social care services) is not clear, and leaves them vulnerable. Local Evidence shows that these young people are at risk of social isolation and developing mental health problems and are therefore likely to enter services at a later date. Once disabled young people leave education their chances of entering employment reduces, the gap starts to widen from 23 to 36 percentage points by the age of 24. Although there are more disabled apprentices, disabled young people are underrepresented nationally.

In May 2012 the Department of Education (DfE) published *Support and Aspiration: A new approach to special educational need and disability (Progress and next step)* to report progress following the 2011 Special Educational Needs and Disability (SEND) Green Paper. This has now progressed to The Children and Families Bill 2013

The Children and Families Bill 2013 provides proposals to reform provision for children and young people with special educational needs or with disabilities, and focuses on five key areas:

- Early Identification and Assessment
- Giving Parent Control
- Learning and Achieving
- Preparing for adulthood
- Services working together for families.

The Green Paper seeks to transform the experience for young people between the ages of 0-25, every child/young person will have an Education Health and Care Plan (EHCP) that is person centred and which describes the aspirations of the young person and how these aspirations will be achieved. The plan will be outcome led not service led.

Local Authorities will be required set out a 'Local Offer' of support that is available for children with SEN or who are disabled and their families. This needs to be co-produced with young people and parents/carers.

The 'Local Offer' is intended to be used to:

- Give confidence to parents about what they can expect to be available
- Enable joint planning and commissioning of services for disabled children and young people with SEND by Local Authorities and Clinical Commissioning Groups (CCG)
- Provide a baseline for improving progress and securing better outcomes for children and young people with SEND.

Wolverhampton Adult Education services have long and successful history of providing both recreational and work related courses with excellent take up by disabled adults.

CASE STUDIES

As part of the pilot to develop the Education Health and Care Plans, the city council is trialing the use of a phone App to support families to plan with their young person.

Wolverhampton city college has developed the local provision so that more young people with complex needs can stay in the city to complete their further education.

NEXT STEPS

Universal Services

- Access to on-going education needs to be an integral part of the range of options available for all disabled people
- Learning opportunities need to be available in two forms, either as part of a learning pathway (preferably towards employment) or for recreation and leisure
- We need to review the learning opportunities and the support available for disabled people to maximise their take up of appropriate learning activities
- We need to maximise the take up of apprenticeships and access to further education by young people with disabilities
- We need to develop a pathway into employment for young people 19+ who have learning difficulties and disabilities attending local college.

Specialist services

- Implement the SEND Green Paper
- Develop Education Health and Care Plans by September 2014
- Co-produce the Local Offer with families and young people by September 2014
- Increase local college provision so that young people don't have to go out of city
- Their Develop Individual Budgets for children and their families to increase choice and control
- Need to create capacity to support children with complex needs by reviewing the outreach service so that mainstream schools have the skills to support children with more complex needs
- Need to ensure appropriate re-charging of other local authorities and CCG's where children living outside of the city are accessing educational establishments in the city.

FAMILY AND FRIENDS

'People from all walks of life and backgrounds are carers - 3 in 5 people in the UK will become carers at some time in their lives. Caring can be a rewarding experience, yet many face isolation, poverty, discrimination and ill-health. (Carers UK 2009).

Although not always recognised the main source of help for disabled people is family and friends, and well over a million disabled people nationally are unpaid carers themselves.

It is important to recognise the important contribution unpaid carers make to society. Six thousand new people a day across the UK are taking on a caring role, where they will give a significant proportion of their time providing unpaid support.

The caring role can be thrust upon an individual following the birth of a disabled baby, by sudden illness or accident or it can be gradual as a person's health, physical wellbeing deteriorates.

From the 2001 census and local data for Wolverhampton the following information is available;

- Over 25,000 people in Wolverhampton, identified themselves as carers undertaking caring tasks for a significant amount of time, without payment
- One in every nine people was a carer
- Over 16,000 people provided between 1 and 19 hours care each week
- Over 3,000 people provided between 20 and 49 hours care each week
- Over 6,000 of those who identified themselves as carers said that they were providing 50 or more hours of care each week
- Whilst the majority of carers are under 65, significant proportions of carers continue their role over 70. There are 140 registered carers over the age of 70 caring for a disabled person
- The majority of carers are white and female with significant numbers of carers from BME communities including many for which English is not their first language.

The majority of people being cared for are older people who will either have a physical disability or dementia, followed by disability adults, adults with mental health and adults who have learning disabilities.

Information about the number of carers and those in receipt of services is complicated to report accurately. Many carers do not register themselves as 'carers' because they either do not feel they have a need to do so, or because they do not identify themselves as a carer. The most accurate way to account for the number of carers in need of a service is directly from the services the access.

Parents and Carers need to be universally recognised and valued as being fundamental to strong families and stable communities. Support needs to be tailored to meet individuals' needs, enabling carers to maintain a balance between their caring responsibilities and a life outside caring.

Carers must be respected as expert care partners and have access to the integrated and personalised services they need to support them in their caring role, and carers need to be supported to stay mentally and physically well and treated with dignity.

Parents of disabled children often report feeling like they are 'falling off the edge of a cliff' as their child moves from children to adults services. This is not just because of the change of services and professionals, but also because of the change of ethos between children and adult services. In broadest terms this is the difference between children services where the focus is on nurturing and supporting children to grow, learn and develop and adult's services where the emphasis is on choice, control and empowerment. Children and young people need be protected from inappropriate caring and have the support they need to learn, develop and thrive, to enjoy positive childhoods and to achieve.

The Council has a duty to provide short breaks provision for disabled children and their families, as part of the Children's Act 2008. The city council with the Clinical Commissioning Group funds a range of short breaks service to support parents and carers. These services are provided either in the community, the family home, a residential unit or via a direct payment. However parent of disabled children report feeling like they have 'fallen off a cliff' when they

move from children's to adults services as the range and amount of short breaks on offer reduces considerably.

Parents and carers value short breaks provision and recognise it has benefits for all family members: It has many benefits for disabled children and young people; it allows them to develop independence and time away from home, have opportunities to socialise and make friends, develop new skills and interests and have fun. It allows parents and carers the opportunity to recharge their batteries, have a break or a rest, and catch up on everyday activities like the weekly shop and to have time to spend with other family members and children.

CASE STUDIES

Wolverhampton Young carer's project has contact with a hundred carers, aged six to eighteen years old, all of whom come to get a break from the heavy responsibilities of caring that they have at home. The Project offers two groups that meet every week and offer activities including arts and crafts, cookery and music.

Carer Emergency Home Based Respite – Provided by an external care agency, although it's not heavily used when it has been used it has made a difference and the cared for person has been supported to remain in their home environment.
E.g. Carer at GP needed a hospital admission but would not leave the person they cared for – this service enabled them to go to hospital for treatment.

NEXT STEPS

Universal Services

- Co-produce with carers, an information service for carers
- Re-design the Parent Partnership service in line with the SEND green paper
- Publish information about the range of carer services available and the access criteria where applicable
- Encourage older carers to actively plan for the future
- Refresh the Carers Strategy.

Specialist services

- Redesign, with parents, the short breaks service for children with disabilities to reflect the move towards services available for 0-25 year olds
- Review and redesign, with carers, the short break services for adults aged 25+
- Develop 'Individual Budgets' for parent and carers.

ACHIEVING INDEPENDENT WITH CHOICE AND CONTROL

“I want to have the right support so I can achieve the best that I can out of my future” - young person with a learning disability.

The government has a long term ambition of a fair and equal society, the aim is to create equal opportunities for all, devolving power to people and supporting social action and embedding equality. Over half of disabled people play an active role in civic society e.g. voluntary work, local councillor, school governor.

Personalisation has become a unifying theme and a dominant narrative across public services in England. Whilst personalisation was first developed in the social care setting it is now being applied to other service areas. As with all Local Authorities Wolverhampton City Council (WCC) was given broad guidance and requirements by successive Governments to implement a 'personalisation agenda'. The agenda does have a certain ambiguity but that ambiguity has helped us to be creative and implement at a desired pace.

Much research has been carried out on the implementation of the personalisation agenda and the experience of City Council fits in with previously documented themes:

- Personalisation works, transforming people's lives for the better
- Person-centred approaches reflect the way people live their lives, rather than artificial departmental boundaries
- Personalisation is applicable to everyone , not just to people with social care needs
- People are experts on their own lives.

The latest research through 'Think Local, Act Personal' discusses marking progress on Personalisation and highlights key themes and criteria:

- Information and advice
- Active and supportive communities
- Flexible integrated care and support
- Workforce
- Risk enablement
- Personal budgets and self-funding.

The City Council is working towards the goal of becoming a 'Making it Real' organisation initially through its implementation of a Self-Directed Support process. This includes use of a Resource Allocation System for defining an Indicative Personal Budget followed by a Support Planning process where those seeking support can exercise choice and control over the final support package they wish to see in place to meet their desired outcomes.

Personalisation is very much an iterative process and the City Council will be looking in the future to expand on its current 'offer' through market stimulation and enhanced support planning across all client groups.

The development of personalised support is a fundamental part of Education, Health and Care Plans for disabled children with Individual Budgets being a key to the delivery of these plans from 2014. At present the personalisation process is being developed separately between children

and adult services. For continuity for families and the delivery of better outcomes for disabled children and adults the personalisation agenda needs to develop consistently across all ages.

Fundamental to the delivery of personalised services is Person Centred Planning (PCP). Person Centred Planning is a way of supporting people to plan their lives in a structured and supported way, and with the people who are important to them. It is rooted in the belief in all people as equal citizens who can make a positive contribution to their communities.

PCP is concerned with the whole of a person's life (things that are important now, along with aspirations for the future) and not just their needs or entitlement to services. This sets it apart from the function of care management.

It is now widely acknowledged that most disabled people are able to live in a range of accommodation with the appropriate support. This support can come from a variety of sources including family, friends, paid carers, the use of Tele-care and other equipment in conjunction with having access to the right type of accommodation.

The Draft Wolverhampton Housing Strategy recognises the housing needs of vulnerable people and is committed to providing a range of housing options, and support to enable vulnerable and disabled people to live independently in our City.

We know that some disabled people may need support to achieve what they want to do in terms of education, work, health, housing etc. Disabled people in receipt of personal budgets say that they feel that they have more choice and control, but often find the process of managing them very complex. Some disabled people may need significant support from advocates, family, and carers to make decisions.

CASE STUDIES

The Peoples Parliament: Run by 'Changing Our Lives' The Peoples Parliament is a self-advocacy model for adults with a learning disability that challenges decision making at the highest level. Shortlisted for a Guardian Public Sector Award in 2012 this service empowers disabled children and adults to challenge poor practice and to champion change.

Person Centred Planning support has been available to adults with learning disabilities in Wolverhampton through a contract with an independent (charitable) provider since 2009. It has supported people with learning disabilities to share their aspirations, raise their expectations and be clear about the support they might need to reach certain goals.

NEXT STEPS

Universal Services

- To provide accurate and up to date information about the range of universal services and how to access them, making maximum use of the City Council App and the remodelled website
- To make sure that all City Council customer focused staff have a good understanding about the needs of disabled children and families and can support them appropriately
- To further influence the corporate housing strategy to ensure that sufficient social housing is developed in the city for disabled people and families that include a disabled person.

Specialist Services

- To develop a consistent range of alternative ways to receive an Individual Budget across children and adults services, including Individual Service Funds, and Provider Managed Accounts in addition to Direct payments, to increase the take up
- To develop a single consistent Direct Payments process across children and adults services
- To increase the use of Tele-care by disabled children and adults
- To increase the range of advocacy services available to support people
- To increase the range of housing options available, including access to family homes to support families that include a disabled person.

BEING ECONOMICALLY ACTIVE

“When I started work in March after being unemployed for a year I realised how hard it is to find work and especially harder if you have a disability or health problem”. Disabled person living in Wolverhampton.

Disabled People’s spending power in the UK is estimated to be at least £80 billion a year. More than three million disabled people have a job or work for themselves in the UK, not all disabled people are in receipt of disability related benefits, and fewer than half the families with a disabled child nationally receive health or disability related benefits. Disabled people want to be economically active, disabled young people aspire to get a job, despite this disabled workers earn on average 8% less than non-disabled people.

Among Wolverhampton’s general population 61.3% of people aged 16 – 64 are counted as economically active (in employment). 52.5% being employed and 8.5% being self-employed. 69.9 % of people in employment working ‘full time’ and 30.4% part time. Among people with learning disabilities living in Wolverhampton it is estimated that just 2.1% of people are working and of these 0.3% full time and 1.8% part time, and 10% of disabled people in the city work.

There is a significant disparity between the employment rates of disabled people nationally and locally. Evidence from research shows that access to work or employment activities increase peoples self-esteem reduces social isolation and prevents the need for more intense social care services at a later date. Wolverhampton's Corporate Plan aims to encourage enterprise and business by building a prosperous economy. The employment of disabled people must be a key strand of the delivery of this ambition.

Recent evidence suggests that national Work Programme schemes to support people into employment are not effective for disabled people. The pathways into employment will vary for people with different disabilities and at different ages. However support to access employment needs to form a fundamental part of assessments and Individual Budgets for all people coming into contact with statutory services. A suitable individualised employment pathway needs to be developed, which include access to appropriate support if required or signposting to the right agency.

If we can support disabled people to work as a real alternative to accessing long term care services, they will more be economically active in the city. Initiatives such as Job Carving (where one or more jobs are carved to create a specialised job role for a disabled person) access to job coaches (who work alongside the disabled person while they learning the job) and modified hour of work and reasonable adjustments are all proved to support disabled people into paid work.

Although there has been little national research into the financial value of the 'Disability Market' other than in its widest terms (which estimates the UK spending power to be around £80 billion) there are now a growing number of individual pieces of evidence to support the need to invest in this area.

Example

- Pure Innovations (Stockport) provided Valuing Employment Now with three costed case studies each looking at the potential lifetime savings of supporting people different of ages into and to remain in employment rather than traditional day services – predicating savings of £440,000 over 2 years, £60,344 over 4 years and £176,204 over 14 years
- Research commissioned from Deloittes in 2008 as part of the Night Time Economy Review of Wolverhampton demonstrated that investment in the city to make it accessible could produce £0.6m Gross Value Added return over a 5 year period.

Research needs to be commissioned not only into the Social Return on Investment but also the financial return of supporting a disabled people into work instead of into long term care, to support the city's economic regeneration programme.

Welfare Reform

The implementation of the Welfare Reform Act 2012 has wide ranging implications for disabled people. From October 2013 anyone of working age who is unemployed, to sick to work, a carer, a lone parent or low paid will need to claim Universal Credit instead of the range of benefits they would have previously claimed.

The Personal Independence Payment (PIP) replaces Disability Living Allowance (DLA) for people aged between 16 and 64. It is estimate that there are c15,880 DLA claimants in the city of which c1690 are under 16, c9500 are aged between 16-64 and c4680 are aged over 65. It is estimated that c1902 people will lose benefits as a result of this change which could represent a loss of income to the city of c£7 million per year.

The fewer disabled people who qualify for PIP or who have an award of PIP below DLA levels, the more people will become dependent on local authorities for adults social care services.

From February 2011 people who are too sick to work are being migrated from Incapacity Benefit/Severe Disablement Allowance to Employment and Support Allowance (ESA) which has a more stringent eligibility test. There are 13,200 people claiming Incapacity Benefit of which 5000 have a mental illness or learning disability. To date 44% of those people who have been reassessed have been found capable of work, and will cease to receive benefits. This is one of the highest medical failure rates in the country.

One third of children (17,925) in the city live in child poverty, and national research indicates families that include a disabled person are a third more likely to live in poverty.

There are two priority areas of work that need to be undertaken. Firstly to support disabled people into a range of employment opportunities with appropriate support both to offset the impact of the Welfare Reform and to support the regeneration of the city. Secondly to monitor the impact of the Welfare Reforms so that the disproportionate impact on disabled people can be mitigated.

Case Studies

Access 2 Business: The SEED project was a jointly funded programme run by Access 2 Business to support disabled people into paid work. The A2B employed a disabled person to run the project which worked with 68 unemployed disabled people of which 12 moved into paid employment by the end of the project.

Self-employed advocates: The service is commissioned to be organised and delivered by disabled people. Advocacy delivered by trained advocates all with a disability who were previously unemployed, all have received training and after a period of shadowing act as advocates supporting a range of issues. Advocates are supported to earn an amount from sessional work that does not affect their benefits. Over 20 advocates now trained and this effective model has enabled this disability user led organisation to successfully bid for and secure other contracts. More disabled people are being recruited and 2 have gone on to secure full time permanent work.

Next Steps

Universal support

- To have effective information, advice, guidance and signposting for people
- To improve links with the regeneration team to ensure that disabled people are included in the city wide regeneration plans
- Commission Social Return on Investment and Financial Return on Investment analysis to fully understand the spending power of Disability Market
- To promote the Welfare Reform Helpline to disability people, to monitor the impact of the Welfare Reform on disabled people to understand the impact and plan service developments.

Specialist support

- To develop and implement an Employment Pathway for young people in transition to support the delivery of young people's Education Health and Care Plans
- To increase the number of people in 'Job Carved' roles
- To include employment support in assessments and the Resource Allocation System

AN ACCESSIBLE CITY

"The ambition to build inclusive communities is an important national initiative that will greatly improve the lives of disabled people" Professor Jeremy Myerson.

We need to change the way we view disability, demographic trends mean that increasingly we will all experience disability either as individuals or through family and friends.

There are also few locations nationally that actively provide or promote 'an offer' to attract the disability community. This is a community that continues to expand and if considered alongside older people and people with dementia forms a significant proportion of our local population, who are increasingly economically active.

Wolverhampton City Council recognises British Sign Language (BSL) as a recognised language that is a living language that grows and develops in the same way as other languages.

Key drivers in 'Valuing People Now' and 'Fulfilling Potential' advocate for greater emphasis to be put on supporting people to access their local community, and in 2012 the Prime Minister laid down the following challenge:

'By 2015, up to 20 cities, towns and villages will have signed up to become more dementia friendly..... Leading national organisations will look at how they and others can play a part in creating a more dementia friendly society and raise awareness on dementia '

(Prime Minister's Challenge on Dementia 2012)

Wolverhampton has taken up the Challenge on Dementia and aims to create a city where people with dementia are better understood and offered the help and support they need. This challenge needs to be expanded out to cover all disabled people as part of the city's commitment to its citizens.

Improved accessibility for local disabled residents and the development of a city wide culture that promotes a positive view of disability can support the delivery of the Corporate Plan objective to create an attractive, accessible and lively city of choice. However real accessibility is not just about adaptations to buildings, it is about changing people's attitudes and perceptions about disabled people.

Initiatives such as The Safe Places Scheme, Dementia Opera, and Autism friendly performance of the pantomime at the Grand Theatre in 2013 are excellent examples of how our community, including the business and leisure sectors are embracing the disability agenda and changing the way they work to be inclusive of disabled people.

Recent consultation with families of children and young people with disabilities identified that the lack of accessible affordable transport in the city is a key barrier to them using all of the sports leisure and recreational activities available as a family, and is a barrier to them being active citizens in the city. Adults with disabilities report feeling vulnerable on public transport and this also prevents them going 'out and about'.

A further barrier for disabled people of all ages accessing the city centre is the lack fully accessible toilet changing facilities. For many years Mencap has run a campaign to increase the availability of adult changing facilities. With the current level of regeneration in and around the city centre, this would be the best opportunity for many years to have a 'Changing Places' standard changing toilet.

Case Studies

Safe Places Scheme:

The Learning Disability Peoples Parliament have worked with the Police to find places like shops and businesses, who will support people who are in need of help.

As a result of good strategic partnerships with the police they agreed to manage its implementation. The Community Wardens lead the project in partnership with adults with a learning disability.

There are now: 150 Safe Places in the city, 100 staff trained about Hate Crime 'Safe Places' include Bus Terminal, retail chains, council buildings and leisure facilities. The 'Safe Places' logo has a high profile in shops in Wolverhampton high street.

The Grand Theatre has a programme of Accessible performances, including performances that are Audio Description, Signed Performance, Captioned and a relaxed performance for people with autism.

Dementia Opera: 30 people with dementia were invited to work with a writer, composer and musicians. People with dementia wrote their own songs which will be brought together in the final performance staged in front of a specially-invited audience of family and friends at the Grand Theatre on 17 April 2013. Not only it was therapeutic for those involved, but it also send out a message to others that a diagnosis of dementia is not the end and people with dementia can still have an interest in life and engage in new and extraordinary activities.

Next Steps

Universal Services

- To work more closely with partners leading the city regeneration agenda to make sure the needs of disabled people and their family are fully considered
- To improve the accessible information available for disabled people using a variety of media including social networking, websites, Wolverhampton City App etc.
- To develop a local disability Quality Mark that can be awarded to disability aware organisations who as a minimum have been trained to recognise and report hate crime in the city
- To work with local transport providers to develop more accessible and affordable transport.

Specialist Services

- To expand the remit of the Prime Minister challenge to create a disability and dementia friendly city
- To continue to work with the local police to further expansion of the Safe Places scheme, this will encourage vulnerable people to come into the city centre
- To create one or more Changing Places toilets in or around the city centre to support families with a disabled person to access all of the facilities and increase footfall into the city centre.

HEALTH AND WELLBEING

As a result of receiving unequal healthcare, people with a learning disability are dying when their lives could be saved.

The Health and Wellbeing Board aims to:

- Improve the health and wellbeing of our most disadvantaged people and reduce inequalities in health and well-being across the city
- Raise the aspirations of people so they are motivated to take healthy choices to enable them to live longer, healthier and happier lives
- Create environments where the healthy choice is the easiest choice and support improvement in the wider determinants of health such as employment, poverty and housing that affect people's health and their ability to make healthier choices.

Wolverhampton faces considerable needs around health and wellbeing. We know this, because our JSNA process reviewed the national outcomes frameworks and highlighted 51 indicators (out of a total of 105 where we had local data) where we can be sure that Wolverhampton is performing worse than the England average.

The health and wellbeing priorities have been selected to provide a number of high level evidenced based priorities which are a challenge to resolve and span organisational responsibilities. The Boards strategic priority outcomes are:

- Increase life expectancy
- Improve quality of life
- Reduce child poverty.

Some people are more likely to experience disabilities than others. For example people above the state pension age, people with low or no qualifications, and people on low incomes.

Within the disability population there are groups of people who are more likely to experience health inequalities. People with learning disabilities have a poor history of accessing services such as dentistry, screening, sexual health and general primary care.

Mencap has launched a charter to eliminate health inequalities for adults with a learning disability in the NHS, as new research reveals that over 1,200 people with a learning disability die prematurely every year in NHS care. The charity has aimed the charter at GP-led Clinical Commissioning Groups (CCGs), which replaced Primary Care Trusts on 1st April. Mencap believes that CCGs will be key to eliminating the health inequalities within the NHS which mean that on average, people with a learning disability die 16 years earlier than people in the general population.

The charter, Getting it right for people with a learning disability, a charter for Clinical Commissioning Groups, will see CCGs sign up to a number of pledges, including ongoing learning disability awareness training for NHS staff in their area; supporting all GP surgeries to offer annual health checks to people with a learning disability; and providing evidence of what

they have done to meaningfully involve patients and their families in the planning of health services.

The existence of Joint Commissioning in the area of learning disability has successfully supported improved understanding of the health needs of adults with a learning disability across the health economy and should mean that the CCG is well placed to sign Mencap's Health Charter.

Winterbourne View, an independent hospital provided by Castlebeck Care, was featured in a Panorama documentary in 2011 and showed adults with learning disabilities and autism being assaulted and mistreated by staff. Initially brought to the attention of the TV programme makers by a whistle blower, an undercover reporter spent five weeks at Winterbourne View as a paid care worker and filmed his observations of systematic bullying, ill treatment and abuse of patients by staff.

Between now and June 2014 all Local Authorities and PCTs/CCGs must take action to transform the way services are commissioned and delivered to stop people being placed in hospital inappropriately, provide the right model of care, and drive up the quality of care and support for all people with behaviour that challenges. It is envisaged that significantly fewer inpatient and institutional-type beds (e.g. residential and nursing) will be purchased in the future.

Wolverhampton currently commissions 5 Assessment and Treatment places for people with learning disabilities, these all being provided by Black Country Partnership Foundation Trust (BCPFT) as part of the mental health contract. They are all at Pond Lane, in Parkfields, Wolverhampton. We have rarely purchased out-of-city Assessment and Treatment services for people with learning disabilities.

The Joint Commissioning Unit (JCU) have been working with Black Country Commissioners and colleagues across the West Midlands region to ensure that we have robust ways of monitoring and safeguarding people placed in Assessment and Treatment facilities. A multi-agency steering group is overseeing the implementation of the action plan in response to Winterbourne Concordat.

Obesity in people with learning disabilities is common. (Bhaumik, Watson, et al). Causes may be medical E.g.: some learning disabilities are the result of syndromes which also cause weight gain and many learning disabilities are associated with low base metabolic rate, hypotonia and hyperthyroidism. Other reasons may include limited understanding about health risks, limited opportunities to gain appropriate knowledge, reliance on ready-meals, low levels of physical activity and possibly the use of food as an emotional tool. In addition learning disabilities may exist alongside lower income with associated increased risk for obesity.

An audit of GP notes found that GPs report obesity for 39% of those on the learning disability register but only 13% of the general population.

CASE STUDIES

Adults with a learning disability and downs syndrome. There is now a dementia screening project in place, which screens people with Down's syndrome over the age of 30. The aim of the project is to get good base line information about the person so that any changes can be quickly identified. Adults with a learning disability are accessing the same dementia drugs to, and with early identification their quality of life is being extended.

Carer health liaison worker; Within the carer support team there is a dedicated worker who links with GP surgeries to raise awareness of the health needs of family carers. They support monthly drop in sessions at 8 surgeries including West Park hospital, attend doctors and front line staff team meetings being the link to the Carers Service, support the Expert Patient Programme and the Dementia Carer support group run at New cross hospital., and attended team meetings for the district nurses and stroke coordinator.

They also link up with Parkfields medical centre who run a Carer support group for their patients, and talk to Team W and the CCG to encourage other Doctors to set up their own carers support groups.

Through these connections G P's have a better understanding of the health and support needs carers have and the best way to support them.

NEXT STEPS

Universal Services

- Support to continue to be given to GP practices to help them to identify patients with learning disabilities to enable them to more proactively promote access to annual health checks and the range of preventative and re-enablement services available through primary care
- To continue the work with oral health services to ensure that mainstream services are more able to meet the needs of people with learning disabilities
- Work with the CCG to sign up to Mencap's Charter
- To work with the health economy to increase the take up of health screening and health promotional projects by disabled people.

Specialist Services

- Develop and implement the strategic plan in response to the Winterbourne Concordat to improve the quality of local care services
- Re-model specialist health services for adults with a learning disabilities to increase access to mainstream health and reduce the number of specialist assessment and treatment beds
- To support the on-going work between specialist Learning disability health services and mainstream dementia services to increase dementia screening for adults with downs syndrome and improve access to mainstream clinical interventions
- Recommend that the Health and Wellbeing Board endorses the Disabled Children's Charter

MONITORING THE IMPACT OF THE STRATEGY

Impact of the strategy will be overseen by The Health and Wellbeing Board. The strategies effectiveness will be evaluated by undertaking a series of 'Quality of Life' Audits. These audits will be completed by disabled young people and adults who will be trained to use the tool, and they will include disabled children and adults in the 0-25 age range and the 25 plus age range. They will be undertaken annually and reported to the Health and Wellbeing Board.