

Scrutiny

Independence without Isolation – follow up review



Independence without Isolation - A Scrutiny Review

Enabling people with a learning disability to actively participate in the wider aspects of community life



Key Findings

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EXECUTIVE SUMMARY

'Independence without Isolation' was a major project undertaken by the former Health Inequalities Scrutiny Panel over a period of 9 months. The project, which sought to be innovative in its approach, ensured that its findings were firmly rooted in the evidence provided by people with learning disabilities and their families and carers. They were fully involved throughout the investigation and the original report was also produced in an easy read format. The Scrutiny Panel hoped when their findings were published in June 2010, that the recommendations would lead to positive outcomes for learning disabled people in Kirklees and their families and carers.

Eighteen months on from the original project, the Scrutiny Panel has revisited each of its recommendations and spoken to all those commissioned to implement these, to challenge the progress that has been made.

The Panel has been delighted to learn of the critical improvements that have resulted from the Scrutiny investigation:

- The introduction of the Kirklees Multi Agency Transition Protocol, which will ensure that all young learning disabled people have a smooth and efficient transition, and that all disabled young people in Year 9 of each academic year are placed on a database for tracking through transition.
- The transfer of all staff within the community learning disability team onto a single IT system, which enables all professionals to access information about a service user from a single place and minimises the need for asking service users to repeat basic information and history.
- Commitment to introducing trial flats in new supported living schemes, so that learning disabled people can trial independent living prior to making a longer term commitment.
- Introduction of early screening for dementia as part of the annual health check for learning disabled people.
- Clarification on information sharing protocols between the local authority and NHS Kirklees to ensure that all parties are clear on the arrangements.
- Commitment to considering all Council vacancies for their suitability for job carving or more flexible arrangements in order to maximise the opportunities for learning disabled people to apply for employment.
- The introduction of bus station tours for groups of learning disabled people to help familiarise them with security features and encourage use of public transport.
- The commissioning of 'Luv to Meet U' – a friendship and dating agency for people with a learning disability.

All of these will have a positive impact on maximising a person's independence and minimising the social isolation this can bring.

Nevertheless, there are still areas where progress has not been made as the Panel would have hoped:

- Bus operators have not been willing to introduce a single concessionary pass for use at any time of day for people with learning disabilities; nor have they agreed to take up the offer of learning disability awareness training for drivers.

- The travel training strategy has not been developed as quickly as the Panel envisaged and the Council's directorates need to work together to deliver a strategy in partnership as soon as possible.
- An annual newsletter has not yet been commissioned for service users with learning disabilities setting out useful up to date information on services and key telephone numbers.

The Panel has therefore highlighted where progress still needs to be made and has also made a number of additional recommendations which have resulted from their recent investigations.

The Panel intends to revisit the progress made in 12 months.

1. BACKGROUND AND CONTEXT FOR THE REVIEW

- 1.1 There are an estimated 8,000–10,000 people living in Kirklees who have learning disabilities (approximately 2.5–3% of the population) and this number is increasing by an estimated 3% per year. This is significantly above the national increase of 1% per year.
- 1.2 In September 2009, Kirklees Council successfully applied for funding from the Centre for Public Scrutiny to carry out an innovative scrutiny review, which would demonstrate how health and well-being scrutiny could contribute to community cohesion.
- 1.3 The former Health Inequalities Scrutiny Panel determined that they would investigate the impact of social isolation on people with learning disabilities, when living independently.
- 1.4 Critical to the success of independent living is the opportunity to feel part of the community in which you live. Social networks are so important to people's general sense of well-being that *'people with good social networks live longer than those with poor networks'* [Kirklees Joint Strategic Needs Assessment 2009 referencing Acheson, D. (1998) *Independent Inquiry into Inequalities in Health Report*]. But, people with learning disabilities who are living in the wider community often have very limited social networks. Both nationally and locally, people with learning disabilities are far more likely to say that they feel isolated and not an integral part of the community in which they live [Joint Strategic Needs Assessment 2009]. This is thought to arise from a number of factors: communication difficulties, unemployment, low skill base, low confidence and self esteem, prejudice, discrimination, and stereotype.
- 1.5 The Panel asked, as the number of people with learning disabilities (including those that are more severe and complex) increases, and as the opportunities to live independently in ordinary community settings increase, what will be the effect on social isolation levels?
- 1.6 The Panel sought to ascertain what was being done to tackle the social isolation felt by learning disabled people and how they could achieve independence and choice over how they live their lives without facing isolation.
- 1.7 The review was carried out between October 2009 and April 2010, with the report and 26 recommendations being approved by the Cabinet in June 2010.
- 1.8 In September 2011, the Well-Being & Communities Scrutiny Panel established an Assigned Task Group to follow up the recommendations and ensure that progress had been made.

2. TERMS OF REFERENCE AND METHODOLOGY

- 2.1 The Assigned Task members were:
 - Councillor Liz Smaje (Lead)

- Councillor Viv Kendrick
- Liz Goldthorpe
- Nancy Tuke
- Karin Westeman

2.2 The Assigned Task was supported by Laura Ellis, Senior Scrutiny Officer. Additional support was also provided by Robert Ellis, a Politics student at Huddersfield University.

2.3 The following terms of reference were agreed:

1. To review the progress made in implementing the recommendations from the Independence without Isolation project.
2. To highlight areas where good progress has been made and the work of scrutiny has had an impact.
3. To identify where progress is still outstanding.
4. To make further recommendations, as appropriate.

2.4 The original project had considered a number of themes and it was agreed that the Assigned Task would review each of these themes in turn:

- Transition from Childhood to Adulthood
- Housing
- Health
- Further Education & Employment
- Transport
- Leisure

2.5 During the course of the project, the Assigned Task Group have held a number of meetings and received evidence from a number of witnesses:

Date of Meeting	Witnesses in Attendance
7 September 2011	No witnesses
14 November 2011	David Maxted, Group Manager - Access & Assessment, Well-Being & Communities Directorate, Kirklees Council
18 November 2011	Gary Wainwright, Partnership Commissioning Manager for Learning Disabilities, Kirklees Council Noreen Beck, Assistant Neighbourhood Operations Manager, Kirklees Neighbourhood Housing Kate Fleming, Adult Lifelong Learning Manager, Kirklees Council Sandra Burnhill, Kirklees College
28 November 2011	Gary Wainwright, Partnership Commissioning Manager for Learning Disabilities, Kirklees Council Erica Ward, Metro Gareth Watson, Sports Development Officer, Kirklees Active Leisure
12 December	Amanda McKie, Complex Needs Care Coordinator,

2011	Calderdale & Huddersfield NHS Foundation Trust
14 December 2011	Marie Gibb, Strategic Health Facilitator, Mid Yorkshire Hospitals NHS Trust Kate Firth, Assistant Director of Patient Experience, Mid Yorkshire Hospitals NHS Trust
13 January 2012	No witnesses

2.6 Written evidence has also been received from Job Centre Plus and the Council's HR Service.

3. TRANSITION FROM CHILDHOOD TO ADULTHOOD

3.1 Key Findings of Original Project

- 3.1.1 The Panel learned that information is collected about young people at Year 9 and at this point the authority knows virtually all 14 year olds with learning disabilities in Kirklees. Approximately 400 are identified each year.
- 3.1.2 The Transition Team focuses on those who are most likely to need support from Adult Services at the age of 18 – this includes looked after children and those with complex needs.
- 3.1.3 Those who are deemed to have low to moderate needs will not be eligible under the Fair Access to Care criteria to receive support. There are a range of well-being and preventative services on offer through the third sector and Gateway to Care although the Panel concluded that evidence from service users suggested that this was not well signposted.
- 3.1.4 The Panel felt that there was an opportunity during the transition period for the authority to maintain a record of all young people identified as having a learning disability. However this did not appear to happen. Evidence showed that in Kirklees there were between 8,000-10,000 people with a learning disability, yet the Council was aware of less than 2,000. The Panel were concerned that the majority of the 400 identified at the age of 14, did not go on to become 'known' to Adult Services.
- 3.1.5 The Panel recognised that at the age of 14, many individuals would not need to access Council services. However, their circumstances may change in the future, and evidence suggested that it was difficult to re-access services, often because they, or their families/carers, were unable to identify how to access Council services.
- 3.1.6 Once services had been accessed, if it was not a safeguarding issue, then assessment could take a long time. The Panel heard that it was necessary to repeat basic details and background each time the Council was contacted, which was frustrating, in some cases distressing, and unnecessary.

3.2 Recommendations Made in Original Review

1. That the Council puts in place mechanisms to ensure that all those identified in the Year 9 school census remain 'known' to Council services:
 - a. That a database of all those identified at Year 9 be maintained irrespective of level of need.
 - b. That a Transition Support Network be established, for those identified as having low to moderate level of needs. This will provide a mechanism for maintaining contact and providing information, periodically, on accessing services.
 - c. That a 'Passport to Care' be developed, to be issued during the transition process for those not eligible under Fair Access to Care

- criteria, providing information on services and contacts both within the Council, and its partners including the third sector.
- d. That an annual newsletter be issued to service users, and their families and carers, highlighting useful information on services.
2. That a system be put in place to ensure that service users and their families and carers, who ring the Council for help, do not have to go through their history and basic details again. This would include ensuring that IT systems are fit for purpose.
 3. That Adult Services publicise more widely the work of Gateway to Care and how it can support people with learning disabilities.

3.3 Recommendation 1 – Progress Update

That the Council puts in place mechanisms to ensure that all those identified in the Year 9 school census remain 'known' to Council services:

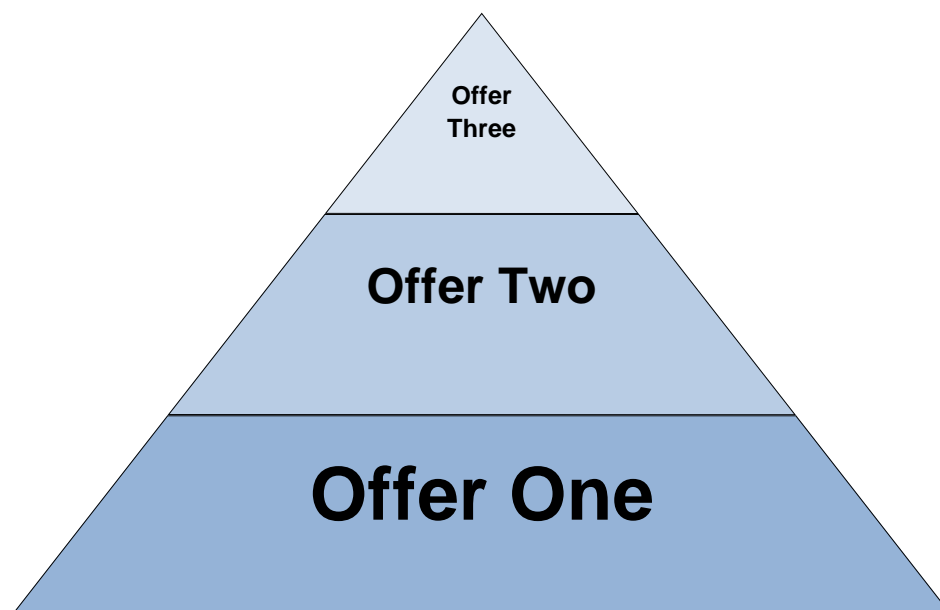
- a. That a database of all those identified at Year 9 be maintained irrespective of level of need.
- b. That a Transition Support Network be established, for those identified as having low to moderate level of needs. This will provide a mechanism for maintaining contact and providing information, periodically, on accessing services.
- c. That a 'Passport to Care' be developed, to be issued during the transition process for those not eligible under Fair Access to Care criteria, providing information on services and contacts both within the Council, and its partners including the third sector.
- d. That an annual newsletter be issued to service users, and their families and carers, highlighting useful information on services.

3.3.1 The Panel has had sight of the Kirklees Multi Agency Transition Protocol, which has been developed to bring together all of the key partner agencies from within Kirklees Council and NHS Kirklees who have a role to play in the transition process. It was introduced in June 2011 and it identifies the key agencies and states how they will gather and share information to ensure a smooth and efficient transition for all young disabled people entering adulthood, including those with learning disabilities.

3.3.2 The Protocol applies to any young person who meets one or more of the following criteria before their 18th birthday:

- Receives a service from Children & Young People's Service, Children with a Disability Team, is a disabled looked after child, is a disabled child in need.
- Is on the Special Education Needs (SEN) register.
- Receives an on-going Children's Health Service that needs to transfer to an appropriate Adult Health Service.
- May meet Adult Social Care – Fair Access to Care Services (FACS) Criteria at 18 years of age for Adult Social Care funded support.

3.3.3 The diagram below summarises the transitions offer to every disabled child moving into adulthood:



Offer One – aims to provide information and advice to every disabled young person leaving Education Services and Children & Young People’s Service at the right time to make an informed choice regarding future options available to them.

Offer Two – aims to provide the above plus co-ordinated support and advice between Children & Young People’s Service and Adult Services for young people with more complex needs.

Offer Three – aims to provide all the above plus a close co-ordinated multi agency approach between all agencies involved in the life of the young person with the most complex needs.

3.3.4 At the time of part (a) of the recommendation being made, i.e. to maintain a database of all those identified at Year 9, irrespective of level of need, the Children & Young People’s Service advised that they already held this information. Adult Services advised that adequate existing mechanisms were in place to ensure that Adult Services were aware of young people who might require support at transition.

3.3.5 The Protocol now confirms that all disabled young people in Year 9 of each academic year are identified and placed on a database for tracking throughout their transition by the Transition Team.

3.3.6 The Panel had originally proposed that a Transition Support Network should be established to support those identified as having a low to moderate level of need. It was envisaged that this would provide a mechanism for maintaining contact with people with learning disabilities and provide information,

periodically, on accessing services. It was further recommended that a 'Passport to Care' should be issued during transition to those not eligible under FACS providing information on services and contacts.

- 3.3.7 Although an actual Network and Passport have not been introduced, the Panel is satisfied that the Protocol makes provision for all those in transition to receive information and support. The broad Offer One is available to those who have low to moderate level of needs i.e. universal services that are predominantly available through Gateway to Care for everyone.
- 3.3.8 It is envisaged that the mechanism set out in the Protocol may need to change as a result of the SEN Green Paper published earlier this year. This proposes a new approach to identifying Special Educational Needs, with a single assessment process and an 'Education, Health and Care Plan'.
- 3.3.9 All young people identified as having a statement of special educational needs will be required to have an 'Education, Health and Care Plan', and this will incorporate a specific written transitions plan. This represents a change to the current process in place within Kirklees. At present, whilst all children with a statement of special educational needs are given information in respect of the future, this does not necessarily take the form of a written transitions plan.
- 3.3.10 As all children with statements are currently identified as part of the Year 9 census, the Service does not envisage that there will be an increase in the number of people requiring a service. However, close work with Children & Young People's Service will be needed to ensure that everyone with a statement of special educational need does get a detailed support plan.
- 3.3.11 The Panel is concerned that the Green Paper proposes changes to the identification of special educational needs, as the Department for Education feel that there is currently over identification of SEN. It is envisaged that more pupils' needs will be met by their school without the need of a statement. The Panel is concerned that this will impact on the identification of people needing support at transition in Kirklees and would like to request an update in 12 months time on the implications and how procedures are working in Kirklees.
- 3.3.12 The Green Paper envisages that SEN will be identified early, during an early years setting – however, if an individual is not stated at this point, the Panel feels it is difficult to see how the Council could possibly identify them at the age of 16. The Panel would like to request an update in 12 months time, as the implications of the changes become known, on the potential impact in Kirklees.
- 3.3.13 There is an ongoing need for the Council to work closely with Health – for example, children may be known to CAMHS (Child & Adolescent Mental Health Services) or to their GP, and may have additional support needs, but not be known to children's services or have a statement of special educational needs.

3.3.14 The Panel had also originally proposed that an annual newsletter should be issued to service users, and their families and carers, highlighting useful information on services. The Panel is disappointed that this has not been implemented and would like to reiterate the recommendation.

3.3.15 The Panel has been briefed on the Supported Volunteering Project, which has been introduced to help people who need extra support to volunteer. Closer working has taken place between Gateway to Care and Learning Disability Day Services to support people with additional support needs to access volunteering opportunities.

3.4 Recommendation 2 – Progress Update

That a system be put in place to ensure that service users and their families and carers, who ring the Council for help, do not have to go through their history and basic details again. This would include ensuring that IT systems are fit for purpose.

3.4.1 During the original investigation, the Panel had been concerned to learn that service users and their families and carers were having to repeat their history and basic details every time they made contact with the Council.

3.4.2 The Panel felt very strongly that it should be possible to put a system in place to rectify this.

3.4.3 In their response to the recommendation in June 2010, Adult Services advised that a new care pathway had been developed and a working group was in place to implement this and then review its effectiveness.

3.4.4 There has been work within the community learning disability team over the last 18 months, which has entailed all staff within the integrated services moving onto the Council's IT database CareFirst. This enables all professionals in the team to access information regarding a service user from one place – in the past, a service user with a learning disability may have had to access a physiotherapist through Mid Yorkshire Hospitals NHS Trust, an Occupational Therapist and a Nurse through South West Yorkshire Partnership Foundation Trust, and a Care Manager through Kirklees Council. Each of these had their own IT system to record information, with the result that none of the IT systems were able to integrate with each other and clients were required to repeat their details over and over again.

3.4.5 This has seen positive benefits for service users and staff as all professionals have a full view of details that have been previously given and who is involved. If a service user or carer contact Gateway to Care they can now see if there is a worker involved to pass the individual onto irrespective of whether they are a health or social care staff member.

3.4.6 The service has incrementally implemented this change and as time progresses the information on the system will be built up. Where an individual

hasn't had contact with the service for a number of years they may have to go through their details and history as not all historic information was able to be scanned into the system, due to the volume of information. However the individual's paper files can be retrieved within 24 hours to access this information where needed and the system indicates where there is a historic paper file. Individuals will only be asked information on a need to know basis.

3.4.7 The IT system relates to the health care provided by the Learning Disability Service, and not the wider health service. However, as staff from Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership Foundation Trust are within the team, those organisations have provided read only access of their systems. Unfortunately this does not currently extend to Calderdale & Huddersfield NHS Foundation Trust.

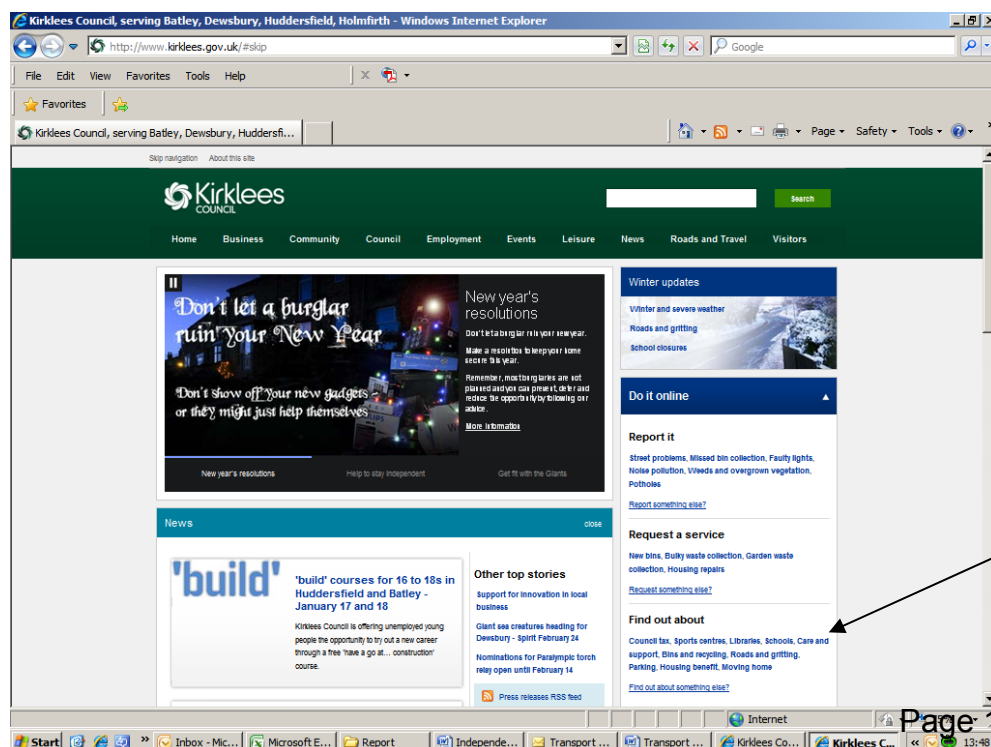
3.5 Recommendation 3 – Progress Update

That Adult Services publicise more widely the work of Gateway to Care and how it can support people with learning disabilities.

3.5.1 At the time of the original investigation, the Panel was concerned that a number of members of the public, who contacted the Panel, did not appear to understand the role of Gateway to Care or appreciate how it could help them. It was therefore recommended that more publicity should be undertaken.

3.5.2 The Panel remain concerned that this issue has not been adequately addressed. Although generic publicity has been undertaken, nothing has specifically publicised how Gateway could support people with learning disabilities and their carers.

3.5.3 There is no immediately obvious Gateway to Care presence on the Council's website and it is felt that this could be more visible. The Council's website is an obvious first port of call for someone looking for assistance, but there is only a small link, which is not quickly visible, and nothing on the main toolbar.



3.5.4 The Panel feel that there is also potential for more promotion in the windows of Gateway to Care, which has a high footfall each day.

3.6 Conclusions

3.6.1 The Panel welcome the introduction of the Kirklees Multi Agency Transition Protocol and the commitment this brings to ensuring a positive transition experience for young people entering adulthood.

3.6.2 The maintenance of the database of those identified at Year 9 should ensure that in future the Council holds a more comprehensive record of people with learning disabilities in Kirklees.

3.6.3 The proposals contained in the Green Paper on special educational needs present an opportunity to ensure that all young people on the database receive a written transitions plan.

3.6.4 However, the Panel are concerned that the Green Paper proposals could result in less people being identified and that those with a low to moderate level of need may in the future be 'unknown' to the Council. The effect of this may need to be mitigated.

3.6.5 The Panel's original recommendation to introduce an annual newsletter for service users with learning disabilities and their carers, highlighting useful information on services, has not been actioned. The Panel would like to reiterate that this would be a useful tool.

3.6.6 More integrated working with Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership Foundation Trust (SWYPFT), and the introduction of a new care pathway, has had positive outcomes for service users. The introduction of a single IT system means that information can be shared and it is not necessary for service users or their carers to repeat basic information and their history each time they make contact.

3.6.7 Mid Yorkshire and SWYPFT have also provided read only access to their systems, which the Panel recognises is because they have staff within the Learning Disability Service. Although Calderdale & Huddersfield NHS Foundation Trust do not have staff within the Service, the Panel still feel that in order to maximise the effectiveness of this approach, the Council should liaise with the Trust to seek a similar agreement for read only access.

3.6.8 The Panel remain concerned that there is a branding issue in respect of Gateway to Care. It is not universally recognised as the place to go to for assistance and support, either by people with learning disabilities or the wider community. A greater website presence is needed and use should be made of Gateway's prime location on the high street.

3.7 Recommendations

1. That the Council monitor the introduction of any changes to the identification of young people with special educational needs to ensure that all those known to have disabilities at 14+ continue to be able to access appropriate support into adult life.
2. That the Council issue an annual newsletter to service users with learning disabilities, and their families and carers, highlighting useful information on services. (Previously approved June 2010)
3. That the Council investigate the possibility, in conjunction with Calderdale & Huddersfield NHS Foundation Trust, of allowing read only access to their systems on a similar basis to the arrangement with Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership Foundation Trust.
4. That the Council look at the branding of Gateway to Care, to maximise awareness of the service's role amongst the general public. This should include consideration of the website homepage presence and the use of displays in Gateway's windows.

4. HOUSING

4.1 Key Findings of Original Project

- 4.1.1 The Kirklees Accommodation Strategy's vision was to provide choice and opportunities for people to live as independently as possible in ordinary community settings. The Panel found that there was evidence that all Council services were signed up to this approach and that it formed the basis of their approach to housing. However, it was recognised that whilst the emphasis was on choice, it simply was not possible to provide housing that met everybody's choice all of the time.
- 4.1.2 The Panel noted that suitable accommodation was critical, particularly its location which could be influenced by a number of factors including: physical location in relation to accessing shops, transport routes, families and friends. However, suitable accommodation on its own was not sufficient to meet the needs of people with learning disabilities – an appropriate package of support was also imperative.
- 4.1.3 Three quarters of the people known to Adult Services lived with their parents, families or carers. The Panel therefore made the assumption that of those who were not known, that the majority either lived with parents, relatives or carers, or lived independently within the community.
- 4.1.4 The Panel felt that whilst there were a wide range of housing options available to a person with a learning disability, it could be a big step for someone to go

from living with their parent/carer to living independently (irrespective of the living and support arrangement). Parents could also be very apprehensive about allowing their child to take this first step towards independence.

- 4.1.5 Shared Lives was recognised as an excellent scheme, providing a valuable opportunity for people with learning disabilities to be part of ordinary family life and providing a welcome respite break for carers. The Panel commended the Shared Lives carers for their commitment and dedication and welcomed the introduction of a new model of payments which recognised the contribution of the carers.
- 4.1.6 In North Kirklees, Brighton Street and Wilton Terrace provided supported living accommodation in partnership with Chevin Housing Association. However there was no similar scheme in South Kirklees.
- 4.1.7 The Panel was concerned that the strict time limit imposed on people accepting offers of housing through Kirklees Neighbourhood Housing, placed people with a learning disability at a potential disadvantage. Whilst it was recognised that the timescale was enforced to minimise rent loss, it failed to recognise the difficulties that may be faced by a learning disabled person. For someone who struggled with spontaneity, needing to make a decision of this magnitude under tight time constraints was very difficult. There was also a need to ensure that support arrangements were established, which would be critical to the success of the tenancy.

4.2 Recommendations made in Original Review

1. That Adult Services and Kirklees Neighbourhood Housing work together to develop a scheme which would enable learning disabled people to trial independent living, prior to committing long term to such an arrangement.
2. That Adult Services and Kirklees Neighbourhood Housing work together to develop a scheme, similar to that in place for young people, where a first property would be part-furnished.
3. That a report be brought to the Health Inequalities Scrutiny Panel in September 2010 explaining the impact that the new model of payments has had on recruitment and retention of Shared Lives carers.
4. That the Council look to develop a similar scheme to Brighton Street and Wilton Terrace across the rest of the district.
5. That Adult Services and Kirklees Neighbourhood Housing work together to develop a scheme, similar in style to older people's sheltered accommodation, which would enable learning disabled people to live independently within a safe environment. This would provide their own living space but also communal areas and activities.

6. That the Learning Disability Partnership Board work with the Housing Options and Support Service to implement the use of Boardtalk by this service.
7. That Kirklees Neighbourhood Housing should extend the timescale available to people with learning disabilities when asking them to make a decision over accepting a tenancy.

4.3 Recommendation 1 – Progress Update

That Adult Services and Kirklees Neighbourhood Housing work together to develop a scheme which would enable learning disabled people to trial independent living, prior to committing long term to such an arrangement.

- 4.3.1 Three new supported living accommodation schemes are being developed over the next 15 months:
 - Kings Mill Lodge, Newsome – 12 flats with communal facilities and 24 hour on site support for people with more complex needs.
 - Bankview, Mirfield – 7/8 flats, which could have communal facilities if needed for people with complex needs.
 - Laurel Court, Primrose Hill – extra care facility for people with low level needs, in the region of 20 beds, with onsite support and communal facilities.
- 4.3.2 It has been agreed that trial flats can be set up in all of these schemes, with the intention that if someone likes living in a flat, they will be allowed to stay there rather than having to move on.
- 4.3.3 There will also be a dedicated trial flat at Laurel Court, Primrose Hill, which would be there permanently.
- 4.3.4 Discussions remain ongoing in respect of finding a suitable KNH property to run as a trial flat.

4.4 Recommendation 2 – Progress Update

That Adult Services and Kirklees Neighbourhood Housing work together to develop a scheme, similar to that in place for young people, where a first property would be part-furnished.

- 4.4.1 Adult Services and KNH have worked together to provide two schemes where part furnished properties are available for people with learning disabilities – Cartwright Gardens and Woodside Lane.
- 4.4.2 KNH have agreed to extend the scheme that provides furnished accommodation for younger people to people with learning disabilities.
- 4.4.3 A scaled furniture package is available from KNH, and is dependent on need. For example, at Cartwright Gardens a furniture package was provided for each tenant. KNH purchased the furniture and the cost is repaid via a service

charge over a three year period. The charge is around £11 a week and each tenant chose furniture from a brochure. The charge includes insurance and replacement of faulty items. A similar scheme is being implemented at Woodside Lane.

- 4.4.4 The service charge is eligible for housing benefits; the Panel are concerned that this may be affected by welfare benefit reforms.

4.5 Recommendation 3 – Progress Update

That a report be brought to the Health Inequalities Scrutiny Panel in September 2010 explaining the impact that the new model of payments has had on recruitment and retention of Shared Lives carers.

- 4.5.1 Shared Lives aims to keep learning disabled people in the community within a family setting, providing an opportunity for people to maintain their independence and lead the lives they want, with support. It offers both long term placements and short term breaks and has a very personalised approach with the Team taking time to establish matches.
- 4.5.2 Long term placements offer the opportunity for learning disabled people to live in 'ordinary' households, each offering something different. Carers range in age from late 20s to early 70s and placements may be with families, single people or couples. Long term placements can be used to: establish routines and develop social skills; provide a stepping stone to more independent living; provide a supportive family environment and help to develop relationships with the service user's biological family.
- 4.5.3 Short term breaks originally saw learning disabled people going to a carer's home, to give their regular carers a break. However this has evolved over time, and taken into account that many people said that it was better for their relative to remain at home and the Shared Lives carer come to them.
- 4.5.4 At the time of the original investigation, the structure of payment had been in place since the 1980s and was based on the rate the Council used to pay for placements in residential care homes. The structure was no longer felt to be appropriate and carers were indicating that they might have to leave the scheme as the payments did not fully acknowledge the support provided or the costs associated with supporting an individual.
- 4.5.5 During the original investigation, members of the Panel had been very impressed by the Shared Lives carers and towards the end of the project it was confirmed that a new model of payments had been agreed. It was hoped that this would aid recruitment of new carers and the retention of existing carers.
- 4.5.6 A copy of the briefing paper, provided by Shared Lives, is attached at Appendix 1.

4.6 Recommendation 4 – Progress Update

That the Council look to develop a similar scheme to Brighton Street and Wilton Terrace across the rest of the district.

- 4.6.1 Brighton Street and Wilton Terrace are supported living accommodation schemes, developed by the Council in partnership with Chevin Housing Association. Each scheme provides six self contained flats and provides up to 24 hour support.
- 4.6.2 As outlined in paragraph 4.3.1, three new schemes are being developed over the next 15 months.

4.7 Recommendation 5 – Progress Update

That Adult Services and Kirklees Neighbourhood Housing work together to develop a scheme, similar in style to older people's sheltered accommodation, which would enable learning disabled people to live independently within a safe environment. This would provide their own living space but also communal areas and activities.

- 4.7.1 The Council have advised that negotiations are currently taking place with Riverside, a registered social landlord, to develop one of their properties as a learning disabled specific sheltered accommodation scheme.
- 4.7.2 The Panel look forward to the outcome of these negotiations.

4.8 Recommendation 6 – Progress Update

That the Learning Disability Partnership Board work with the Housing Options and Support Service to implement the use of Boardtalk by this service.

- 4.8.1 BoardTalk boards use symbols, photographs and words to try and help people who cannot talk or have speech that is difficult to understand. The boards can also be used to help other people tell someone what is going to happen or what they need to do.
- 4.8.2 The boards are used in a number of Council venues including libraries and sports centres. In each location there is a sign on the door or a poster at reception, and a person can point to this to indicate that they wish to use BoardTalk.
- 4.8.3 At the time of the original investigation, BoardTalk was not available within the Housing Options and Support Service and the Panel recommended that this be introduced.
- 4.8.4 The LDPB has given consideration to this recommendation, and it was felt that as most people who would be liaising with KNH would have at least some

communication ability, it would be more appropriate to invest in Photosymbols licences to help produce easy read documents.

4.8.5 100 licences have been bought, for distribution across the Council and including KNH. These are being used to produce easy read versions of critical documents, such as the recently completed tenancy pack.

4.8.6 The Partnership Board have advised that they are happy to work with services to support the development of accessible information.

4.8.7 KNH has also advised that when working with new tenants, they always ask about communication needs. If someone was to say that they struggled to read, then telephone communication could be used. Similarly, if a new tenant asked that photo symbols be used, then this could also be facilitated.

4.9 Recommendation 7 – Progress Update

That Kirklees Neighbourhood Housing should extend the timescale available to people with learning disabilities when asking them to make a decision over accepting a tenancy.

4.9.1 At both Cartwright Gardens and Woodside Lane there have been long lead in periods before a decision on taking up a tenancy is made. At the forthcoming letting of Woodside Lane, for example, prospective tenants have visited the property on a number of occasions, and will continue to do so until the property is ready to let in mid February.

4.9.2 KNH also have a project group currently looking at sign up procedures and as part of this work consideration will be given to specific issues facing tenants with vulnerabilities (including those with learning disabilities) to see how improvements can be made.

4.10 Conclusions

4.10.1 The Panel welcome the excellent progress that has been made by both the Council and Kirklees Neighbourhood Housing in respect of the recommendations in the original report.

4.10.2 Key areas of progress include:

- Offering trial flats as part of the new supportive living accommodation schemes. The Panel look forward to further progress from KNH in identifying a property for use as a trial flat.
- Two schemes where part furnished properties are available.
- The extension of the young people's furnished accommodation scheme to people with learning disabilities.
- The increase in the number of Shared Lives carers following the introduction of the new model of payments.
- Negotiations with Riverside to develop a property as a learning disabled sheltered accommodation scheme.

- The production of easy read documents, for example, a tenancy pack. The Panel look forward to additional documents being produced in an easy read format.

4.10.3 The Panel is aware that changes are being proposed by the Welfare Reform Act that may impact on people with learning disabilities who are living independently. As the impact of these reforms becomes clearer, the Panel will revisit this issue to assess the implications for people with learning disabilities.

4.11 Recommendations

The Panel has not identified any further recommendations in respect of housing and is satisfied that sufficient progress has been made on the original recommendations.

5. HEALTH

5.1 Key Findings of Original Project

5.1.1 People with learning disabilities are often pre-disposed to a wide range of health problems such as epilepsy, mental health issues, and dementia.

5.1.2 Uptake of health screening services, such as breast and cervical screening, is particularly poor amongst people with learning disabilities. This is due to a number of factors including: irregular attendance at doctor's surgeries; limited understanding of the purpose of screening; and difficulties in reading and understanding appointment letters.

5.1.3 Although GPs were required to complete a learning disability register, the Panel found that it was impossible to ascertain with any certainty whether this was happening in practice.

5.1.4 The Panel were very concerned to see that information was not flowing between the Council and its health partners. Although there were information sharing protocols for children's services, the same duty did not apply to adults. Whilst the local authority did share the information it held on people with learning disabilities, this was not reciprocated by health partners. Health partners attributed this to data protection legislation; however the Panel remained unconvinced that this was correct.

5.1.5 It was recognised that in some cases, GPs were respecting the wishes of parents by not sharing personal information – but in removing this aspect of the information it rendered it of little use.

5.1.6 The Panel recognised that the Health Action Plans were a valuable tool in assessing the health needs of people with learning disabilities. However, the Plans were not fully implemented across all of Kirklees and awareness of them was limited.

5.1.7 The means by which health partners communicated with learning disabled people was inconsistent and did not always take into account their individual situation. Although there were examples of letters being sent in easy read formats or telephone calls – this was patchy and appeared to be dependent on the compatibility of computer systems. This was of particular concern in respect of health screening, where if appointments were missed, individuals could be taken off registers.

5.2 **Recommendations made in Original Review**

1. That NHS Kirklees introduce early screening for dementia, for people identified as having a learning disability.
2. That the Director of Public Health, in her dual role with the local authority and NHS Kirklees, develops an information sharing protocol based on reciprocal arrangements.
3. That NHS Kirklees put in place promotional activity around the Health Action Plans, to raise awareness and increase the take up of this valuable resource.
4. That the Director of Public Health facilitate the sharing of good practice amongst health partners in respect of appropriate communication with learning disabled people. This will help to minimise health inequalities, whereby those in North Kirklees receive one service, and those in South Kirklees receive another.

5.3 **Recommendation 1 – Progress Update**

That NHS Kirklees introduce early screening for dementia, for people identified as having a learning disability.

5.3.1 The Panel learned in the original investigation about the predisposition of learning disabled people to dementia – this is particularly evident for people with Down's Syndrome.

5.3.2 The Alzheimer's Society identify that people with a learning disability are at greater risk of developing dementia at a younger age – particularly those with Down's Syndrome – and often show different symptoms in the early stages of dementia. They are also less likely to receive a correct or early diagnosis and may not be able to understand the diagnosis. It is also known that they may experience a more rapid progression of dementia and that it may develop at a younger age.

5.3.3 The Alzheimer's Society publish the following figures:

People with Down's Syndrome who have Alzheimer's Disease:

- 1 in 50 of those aged 30 to 39 years
- 1 in 10 of those aged 40 to 49 years
- 1 in 3 of those aged 50 to 59 years

- More than half of those who live to 60 or over

These figures show a greatly increased risk for dementia compared with the general population.

People with other learning disabilities:

- 1 in 10 of those aged 50 to 65
- 1 in 7 of those aged 65 to 75
- 1 in 4 of those aged 75 to 85
- Nearly three quarters of those aged 85 or over

These figures indicate a risk about three to four times higher than in the general population.

5.3.4 NHS Kirklees have advised that they have worked in partnership across systems to improve the early detection of dementia, and that indicators and trajectories have been included within all statutory NHS acute, mental health and community contracts.

5.3.5 A needs mapping exercise was carried out by NHS Kirklees to support projections for service developments and this identified dementia needs and early onset dementia rates.

5.3.6 The learning disability health subgroup has a rolling work programme which is reviewed annually and dementia is a priority area for the current 2011/12 financial year. The GP clinical lead is to support the promotion of early detection within primary care.

5.3.7 Initial screening assessments have also been included within the annual health check requirements.

5.3.8 NHS Kirklees use a model of predictive risk within primary care, which includes the identification at practice level of individuals with learning disabilities, at risk of dementia and the impact analysis of this. Primary care are using this to support the improvement and quality of services delivered and offered.

5.4 Recommendation 2 – Progress Update

That the Director of Public Health, in her dual role with the local authority and NHS Kirklees, develops an information sharing protocol based on reciprocal arrangements.

5.4.1 At the time of the original investigation, the Panel had been very concerned about the lack of information sharing between the local authority and NHS Kirklees. While the local authority was able to share the information it held with health organisations, this arrangement was not reciprocal.

5.4.2 An example was given in the original report that health partners were aware of 600 people in the South Asian community in Kirklees with learning disabilities,

who were not known to the Council. As information could not be shared, the Council was unable to ascertain if these individuals were in need of support.

- 5.4.3 When responding to the recommendation at the time of the original investigation, NHS Kirklees had advised that they did not feel there were any information sharing issues in respect of caring for patients. They suggested that it may be that not all parts of the NHS were aware of such arrangements and that it would be more appropriate to focus on achieving clarity regarding information sharing protocols to ensure they were widely disseminated and acted upon.
- 5.4.4 NHS Kirklees has advised that work on improving information sharing was undertaken across statutory partners during 2010/11, which supported improvements in the identification of individuals in transition and those accessing a range of services across a number of providers. Service user surveys have indicated improvement, specifically in relation to the speed of access of services and the support given when accessing mainstream services.
- 5.4.5 Indicators were also included within the 2010/11 contracts with specialist mental health and learning disability providers, with trajectories monitored quarterly for achievement, and this standard was achieved.
- 5.4.6 NHS Kirklees are confident that the agreed information sharing protocols evidence wide dissemination and sign up and that through inclusion in the 2011/12 audit plan, this will be sustained.

5.5 Recommendation 3 – Progress Update

That NHS Kirklees put in place promotional activity around the Health Action Plans, to raise awareness and increase the take up of this valuable resource.

- 5.5.1 The Panel heard in their original investigation that the Government had introduced the Direct Enhanced Service which required GPs to keep a learning disabilities register. It was aimed at targeting the provision of health checks towards adults with a learning disability who had the most complex needs and were therefore at the highest risk from undetected health conditions and would benefit most from receiving an annual health check.
- 5.5.2 The Government also required that from June 2005 all people with learning disabilities should be offered a Health Action Plan, which would require a medical health check and thorough assessment of health needs.
- 5.5.3 The Panel felt at the time that they were unable to ascertain with any certainty the extent to which GPs were keeping registers. Information was subsequently provided, after the report had been completed, which advised that in 2008/9, 82.6% of primary care practices had participated and 100% of those individuals that had been identified had received a Health Action Plan by the end of the year.

- 5.5.4 NHS Kirklees has advised that they coordinate an annual learning disability event for the promotion of services and to share best practice. Service users and carers are encouraged to provide feedback on the services through a range of innovative approaches. Health Action Plans are made freely available at these events.
- 5.5.5 An annual audit of GP learning disability lists is undertaken and this includes the number of individuals who have Health Action Plans.
- 5.5.6 For 2011/12, NHS Kirklees has also included a performance measure for all out of area placements in relation to these individuals having Health Action Plans and receiving annual health checks.
- 5.5.7 In 2011/12 statutory contracts, NHS Kirklees has also identified a number of wellbeing indicators for learning disabilities including nutrition, physical activity, smoking and obesity.
- 5.5.8 NHS Kirklees have advised that in July 2011 they received a letter from the Strategic Health Authority commending them on the work they had undertaken in relation to Health Action Plans, annual health checks, supporting individuals within mainstream services, and the annual learning disability event.

5.6 Recommendation 4 – Progress Update

That the Director of Public Health facilitate the sharing of good practice amongst health partners in respect of appropriate communication with learning disabled people. This will help to minimise health inequalities, whereby those in North Kirklees receive one service, and those in South Kirklees receive another.

- 5.6.1 At the time of the original investigation, the Panel were concerned that due to the split in Kirklees between two different acute trusts, people were receiving a different standard of service.
- 5.6.2 It is clear that Calderdale & Huddersfield NHS Foundation Trust and Mid Yorkshire Hospitals NHS Trust do communicate regularly and are willing to share good practice – for example, the VIP card.
- 5.6.3 NHS Kirklees themselves do provide information and fact sheets in an easy read format and have built in indicators within contracts in respect of the provision of appropriate information.
- 5.6.4 During 2011/12 work has taken place across primary care services to introduce BoardTalk.
- 5.6.5 NHS Kirklees has advised that they have been commended by the Strategic Health Authority for the work they have undertaken in relation to ‘equal access for people with a learning disability’.

5.7 Additional Health Comments

5.7.1 The Panel has also chosen to follow up the latest position with Mid Yorkshire Hospitals NHS Trust and Calderdale & Huddersfield NHS Foundation Trust.

5.7.2 Mid Yorkshire Hospitals NHS Trust

5.7.3 The Panel have met with the Strategic Health Facilitator and Assistant Director of Patient Experience to ascertain the current offer from Mid Yorkshire Hospitals NHS Trust.

5.7.4 At the time of the original investigation, a number of observations and areas for improvement were made by the Trust:

- 45 learning disability champions had been appointed across the Trust;
- Work needed to be done to 'flag' patients with learning disabilities when entering the system;
- There was a gap on site when the Strategic Health Facilitator was not available and an acute liaison nurse service was needed;
- Appointment letters could not be sent out in an alternative format;
- Information on common procedures in hospital was not readily available.

5.7.5 Mid Yorkshire have advised that considerable progress has been made over the last 18 months. This includes:

- Increased number of learning disability champions – 80 are now in place across all three Trust sites (28 in Dewsbury). There is a waiting list for the learning disability awareness course, which is run three times a year. The ultimate aim is to have a champion on every ward and department across the Trust.
- Learning disability awareness has also been incorporated into other training across the Trust including: safeguarding level 2; health care support workers induction; and the corporate induction.
- A learning disability acute liaison nurse was appointed and this has been very successful. Unfortunately the funding for the post will be coming to an end in March 2012 and funding to continue has not yet been identified. The Panel feels that it is important that contingency plans are in place for if a source of funding cannot be identified.
- Everyone admitted into hospital with a VIP card is automatically flagged on the patient administration system as having a learning disability. This generates a paper referral to the learning disability acute liaison nurse, who will then work directly with the ward concerned to see if support is needed. Champions in the appointment centres are proactive in looking for indicators of a person with learning disability and flag that they may need to follow the VIP route. Champions are also present in Pre-Assessment and will ensure a 'Patient with Learning Disability' form is completed if they have not previously been flagged.
- Referrals are also made by GPs and the Community Team Learning Disabilities (CTLDD) and work has taken place with GPs in respect of referrals and ensuring that it is flagged that a patient has learning disabilities.

- Pathways are also in place in emergency situations and champions in A&E will ensure that a 'Patient with Learning Disability' form is filled in. Night time admissions are also handled by the night matrons.
- Easy read discharge questionnaires have also been produced for patients with learning disabilities seeking their views on their experience. The Trust has seen it as positive that complaints have been received from people with learning disabilities as this indicates that they have been empowered to use the procedure.
- A bespoke appointments system has been put together to offer alternative ways of communicating with patients – easy read letters; duplicate letters to carers; or telephone calls are all on offer.
- The Champions are responsible within their department to look at information and ensure that this is accessible. The Patient Experience Group are helping to produce easy read leaflets and a course is available for making information accessible. The Panel were impressed by the day surgery leaflet, which they felt was very easy to follow and informative.

5.7.6 Calderdale & Huddersfield NHS Foundation Trust

5.7.7 The Panel has met with the Matron Complex Needs Care Coordinator to ascertain the current offer from Calderdale & Huddersfield NHS Foundation Trust.

5.7.8 At the time of the original investigation, the Trust advised of a number of initiatives that were being undertaken:

- When a person with a learning disability was admitted, the Matron received an e-mail alert to inform her of the admission of pending outpatient appointment. The Matron could then support the individual and their carers as necessary, and make any adjustments in the care pathway.
- The Matron expected to have access to completed GP learning disability registers from April 2010, so that this could be cross referenced to identify patients with learning disabilities. There were plans to put an alert on patients on the Patient Admission System and the A&E system (EDIS).
- Work was underway with clinical records to look at how appointment letters could be issued and at other ways of communication including telephone calls and text messages.
- The Trust had developed Vulnerable In-Patient (VIP) Cards, which were pocket sized cards containing vital personal information.

5.7.9 Calderdale & Huddersfield have provided an update on the current position:

- A training strategy is now in place including an e-learning package for junior doctors in the Medical Assessment Unit, A&E and Short Stay.
- A learning disability awareness leaflet has been produced for staff induction; and a DVD is available on the Trust intranet.
- The Complex Needs Matron, Dementia Matron, and Safeguarding Adults Lead Nurse will be working much more closely from April 2012, and it is envisaged that this could have a positive impact in providing support to people with learning disabilities.

- In conjunction with this, it is intended that the Learning Disability Champions that have been in place for some time, will be relaunched to incorporate learning disabilities, dementia, dignity and safeguarding.
- Communication toolkits have been developed for each ward and include: picture charts, pens, paper, and communication aids. 79 members of staff have been trained to use the kit and two further dates have been set for training.
- The VIP Hospital Passport has been developed, which is a step beyond the VIP card, and provides additional information for people who become inpatients. The VIP card continues and version 3 is about to be available.
- Work has been done on pathways in different departments, including key triggers for staff to think about.
- All data is now being monitored so that a report can be produced on all incidents and complaints regarding patients with learning disabilities. Trends are focused on and actions taken if necessary.
- The Trust has continued to work closely with Mid Yorkshire and to share good practice.
- The VIP Card, VIP Hospital Passport, Communication Toolkit and Champions have all been included within the requirements for wards to achieve the Exemplar Award. This ensures that they remain an important focus for wards.
- The Trust recognise that targeted promotion needs to be undertaken to ensure that people with learning disabilities and their carers know what is available when they come into hospital.
- Work is also required with GPs to raise awareness of the VIP referral route and to emphasise the importance of providing sufficient information when referring a patient with learning disabilities. When training is provided, it is often the practice nurses that attend, and it is important that GPs are also trained. It is hoped that the GP Champion for Huddersfield will be able to provide advice about the best way to engage GPs.
- The Matron now has access to the GP learning disability registers and that data has been used to set up the flagging system. This enables her to receive referrals of inpatient activity.
- Appointment letters can now be provided in different sizes and text messages can be sent. It is hoped to trial using letters with more symbols, such as a clock face.

5.8 Conclusions

- 5.8.1 The Panel welcome the incorporation of initial screening assessments for dementia into the annual health check.
- 5.8.2 The information sharing protocols between statutory partners have been confirmed and recommunicated since the original investigation and service user surveys have indicated an improvement in this area.
- 5.8.3 The take up of Health Action Plans has increased since the time of the original report, and the Plans continue to be a valuable tool for both the patient and

the care provider. NHS Kirklees has advised that they have been commended by the Strategic Health Authority for their work on the Health Action Plans.

- 5.8.4 The use of BoardTalk across primary care services is a positive development.
- 5.8.5 Mid Yorkshire Hospitals NHS Trust have made significant progress since the time of the original investigation, and are to be commended for this. Critical to the success has been the appointment of the Learning Disability Acute Liaison Nurse, and the Panel are concerned that the funding for this post will come to an end in March 2012. The Panel hope that the Trust is able to identify a source of funding for this crucial role; and would also like to urge the development of robust contingency plans in the event that funding cannot be sourced.
- 5.8.6 Calderdale & Huddersfield NHS Foundation Trust's enthusiasm and commitment remains impressive and considerable progress has been made.

5.9 Recommendations

- 1a) That Mid Yorkshire Hospitals NHS Trust and the NHS Cluster work together to identify funding for the Learning Disability Acute Liaison Nurse post to continue beyond March 2012.
- 1b) That Mid Yorkshire Hospitals NHS Trust develop robust contingency plans in the event that funding cannot be identified for the Learning Disability Acute Liaison Nurse post to continue.

6. FURTHER EDUCATION AND EMPLOYMENT

6.1 Key Findings of Original Project

- 6.1.1 The Panel heard evidence from carers that indicated that changes to further education rules and cutbacks to adult education had had a negative impact on people with learning disabilities in relation to their ability to access further education.
- 6.1.2 There is a statutory duty to provide education to people with special educational needs up to the age of 25, if they have a clearly identified educational need.
- 6.1.3 The Panel were advised that personalised budgets should provide the opportunity for people with a learning disability to fund their own personal development in respect of further education.
- 6.1.4 The Panel learned that although life skill classes were still available, there were less of these. This meant that the courses that were available were oversubscribed.

- 6.1.5 The central government directive 'Valuing Employment Now', which was aimed at encouraging employers and people with a learning disability into employment, did not recognise that for many the reality was that employment was not a viable option. On the other hand, there were also a significant number of learning disabled people in Kirklees who would welcome the opportunity to work. This required employers to be creative and flexible in the way they offered job opportunities, for example, job carving. However, the Panel recognised that many employers were not as willing to make these compromises in the existing economic climate.
- 6.1.6 Whilst employment was an aspiration for many people with a learning disability, it could have an impact on their eligibility for benefits. The eligibility criteria was not straightforward and there was anecdotal evidence to suggest that advice from employment agencies could tend towards the easier option of claiming incapacity benefit and not working.
- 6.1.7 There was evidence that the public sector did employ a number of people with learning disabilities, however it was also universally acknowledged that more could be done. Again, the economic situation and the reality of public sector finances was impacting upon the ability to provide opportunities.
- 6.1.8 Careers advice which signposted learning disabled people to further education courses and employment opportunities was lacking, although work was clearly being undertaken by the Children & Young People's Service, in conjunction with local colleges and the SEN Project Board.

6.2 Recommendations made in Original Review

1. That the Children & Young People's Service work with local colleges to ensure that life skill classes are available for all, but that additional weighting should be given to people with a learning disability who wish to access them.
2. That Job Centre Plus investigate the feasibility of implementing adjustments to their signing on processes for learning disabled people, enabling them to sign on with their Disability Employment Advisor on a less frequent basis. It is recognised that this may involve lobbying central government for a change in rules.
3. That the Council and its partners assess all vacancies, as they arise, to identify if they would be suitable for job carving or more flexible arrangements in order to make them accessible for people with a learning disability.
4. That Job Centre Plus and the employment agencies ensure that they actively promote employment opportunities for learning disabled people, rather than taking the easier option of claiming incapacity benefit.

6.3 Recommendation 1 – Progress Update

That the Children & Young People’s Service work with local colleges to ensure that life skill classes are available for all, but that additional weighting should be given to people with a learning disability who wish to access them.

6.3.1 The Panel has met with the Children & Young People’s Service and Kirklees College to discuss the availability of further education for people with learning disabilities.

6.3.2 The Panel has been provided with the following destination data (as at November 2011) for Kirklees Year 11 leavers with a statement:

Employment	6
Apprenticeships	3
Other Government funded training	3
Foundation learning	13
Custodial	1
Sixth Form	21
College	74
Specialist residential college	2
Independent school	1
School	29
Not available - other	1
NEET – not yet ready for EET	4
NEET seeking	11
Unknown	3
Refused information	1
Total	173

6.3.3 The Panel has also been provided with the following destination data for Year 11 Special School leavers in 2011.

	Lydgate	Nortonthorpe	Ravenshall	Longley	Castle Hill	Fairfield
Kirklees College - Hudds	6	3	-	2	-	-
Extra year	1	-	1	-	-	-
Special 6 th Form	2	-	5	3	7	1
Foundation Learning	1	1	1	2	-	-
Refused help	1	-	-	-	-	-
Special residential	-	1	-	-	-	-
Employment	-	1	2	-	-	-

Kirklees College - Dews	-	1	13	5	-	-
Leeds College	-	1	-	-	-	-
Moved away	-	-	4	1	-	-
NEET seeking	-	-	1	-	-	-
Sixth form	-	-	2	2	-	-
Other	-	-	-	1	-	-

6.3.4 Kirklees College have provided the following information on learners who identify themselves as having learning difficulties and disability/health problems (it should be noted that disclosures are not a head count, and one individual may identify themselves as having multiple conditions). The third column separates out those who are at Entry to Learning or Foundation Learning Level:

Learning Difficulty / Disability	Total No. at all Levels	At Entry to Learning/ Foundation Learning Level
Aspergers Syndrome	31	7
Autism Spectrum Disorder	53	32
Disability affecting Mobility	100	40
Dyscalculia	15	-
Dyslexia	562	23
Emotional / Behavioural Difficulties	183	46
Hearing Impairment	99	14
Mental Health Difficulty	80	13
Moderate Learning Difficulty	467	227
Multiple Learning Difficulties	40	23
Multiple Disabilities	56	23
No Disability	776	127
No Learning Difficulty	651	23
Not known / Information not provided	141	10
Other	343	32
Other Medical Condition (e.g. epilepsy, asthma, diabetes)	314	36
Other Physical Disability	53	15
Other Specific Learning Difficulty	21	5
Profound Complex Disabilities	12	10
Severe Learning Difficulty	48	43
Temporary Disability after Illness or Accident	11	1
Visual Impairment	120	24
Grand Total	4176	774

- 6.3.6 The Panel remain concerned that access to life skills classes for people with a learning disability is not easy.
- 6.3.7 The Panel has been provided with a wide range of data in respect of young people with learning disabilities accessing further education. However it is felt that this data has not yet been robustly tested and that further discussion will be needed for the Panel to fully understand the position.

6.4 Recommendation 2 – Progress Update

That Job Centre Plus investigate the feasibility of implementing adjustments to their signing on processes for learning disabled people, enabling them to sign on with their Disability Employment Advisor on a less frequent basis. It is recognised that this may involve lobbying central government for a change in rules.

- 6.4.1 The Panel recognised at the time of making this recommendation, that it would not be possible to make changes at a local level, as it would require amending Social Security legislation at a national level. Nevertheless, the local Job Centre Plus agreed that they would endeavour to bring this to national attention and have subsequently advised that they continue to do this.
- 6.4.2 The Panel has now been advised that from November 2011 a series of trials is taking place in different parts of the country to test the effectiveness of alternative signing methods. This includes online signing and a flexible approach to signing based on adviser assessments of individuals. The local Job Centre Plus have advised that whilst fortnightly signing will continue for the time being, there is a possibility of positive change in this respect once the trials have been evaluated.

6.5 Recommendation 3 – Progress Update

That the Council and its partners assess all vacancies, as they arise, to identify if they would be suitable for job carving or more flexible arrangements in order to make them accessible for people with a learning disability.

- 6.5.1 In response to the original recommendation, the Council outlined its commitment to making reasonable adjustments and being flexible with jobs and working arrangements to accommodate any potential disabled employees. The Council agreed that it would be possible to consider posts as they arose to determine if they could be flexibly adapted to accommodate learning disabled applicants.
- 6.5.2 The Council also suggested that it might be of greater benefit to forge regular contact with employment organisations supporting people with learning disabilities – for example, REAL employment – and broadly identify those jobs

that would lend themselves to modifications and work with service managers to respond positively to learning disabled candidates. They felt that working in regular partnership would enable liaison at the point of recruitment to consider whether particular posts hold any interest and potential for particular candidates.

6.5.3 The Panel sought a written briefing on the current position from the Council's HR Service and have been assured that the Council continues to be committed to making reasonable adjustments to support people with disabilities into work. However, the wider context has changed since the original project, and due to recessionary pressures and the savings that the Council is committed to making in this respect, recruitment activity has been considerably reduced and those vacancies that do arise are being used to sustain employment for existing employees.

6.5.4 The REAL employment service, which is dedicated to supporting those with learning disabilities into work, continues to work to support customers who are seeking work and is available to any learning disabled people who wish to apply for any of the jobs that do occur with the Council.

6.6 Recommendation 4 – Progress Update

That Job Centre Plus and the employment agencies ensure that they actively promote employment opportunities for learning disabled people, rather than taking the easier option of claiming incapacity benefit.

6.6.1 Jobcentre Plus advised at the time of making this recommendation, that they were taking forward a 'Personalisation' agenda, which would look at everyone as an individual and at their specific needs and barriers to employment. They offered assurances that employment opportunities would therefore be considered for every individual.

6.6.2 The Panel has now been advised that Jobcentre Plus has continued to introduce the 'Personalisation' agenda and to work constructively with partners such as REAL Employment to ensure that work is always promoted as the best option.

6.7 Conclusions

6.7.1 The Panel has received detailed information from the Children & Young People's Service and Kirklees College and feels that further work will be needed by Scrutiny to evaluate this information.

6.7.2 The Panel welcome the national trials testing the effectiveness of alternative signing on methods, including a flexible approach to signing based on adviser assessment, and look forward to seeing how the outcomes of these trials could transform the process for people with learning disabilities.

6.7.3 The Panel are also encouraged by Jobcentre Plus' work with partners such as REAL Employment to ensure that work is always promoted as the best option.

6.7.4 The Council remains committed to making adjustments to support people with disabilities into work, and whilst the current financial situation means that there are very few job vacancies, the Panel are confident that this approach will be sustained into the future when there may be more opportunities.

6.8 Recommendations

There are no specific recommendations in respect of Further Education and Employment; however the Panel do intend to revisit the information on young people accessing further education in order to determine a more accurate picture of the current situation.

7. TRANSPORT

7.1 Key Findings of Original Project

7.1.1 There was clear evidence that bus stations around Kirklees, and particularly Huddersfield, were not seen as safe places to be on an evening. This was despite a range of security measures. Metro advised the Panel that they believed that it was a perception shared by all sectors of the community rather than borne out by actual incident figures. However there was no doubt that it was deterring people with a learning disability from utilising public transport on an evening.

7.1.2 Lack of awareness amongst some bus drivers that people with a learning disability may find it difficult to effectively communicate their travel needs, for example stating their destination or providing the correct fare, could make travelling less than a positive experience.

7.1.3 The rules on concessionary passes were confusing and this made it unnecessarily difficult for learning disabled people to use public transport. The Panel felt that there was an opportunity for this to be rectified with the introduction of a single pass for use at all times of day. Clearer guidance could also be provided on whether a companion was eligible to travel free of charge.

7.1.4 The Learning Disability Partnership Board had developed a travel training strategy, however this was awaiting consultation with management and agreement on implementation.

7.2 Recommendations made in Original Review

1. That the Learning Disability Partnership Board work with Metro to develop opportunities for people with a learning disability to tour Huddersfield Bus Station and familiarise themselves with security features.

2. That Metro should review the security arrangements at bus stations across Kirklees to ensure that there is a more visible presence, in order to alleviate the perception of an unsafe environment.
3. That Metro implement a single concessionary pass for people with learning disabilities that can be used at any time, subject to a nominal fee in line with similar arrangements for the off peak concessionary passes. This should include free travel for a companion.
4. That the Learning Disability Partnership Board work with Metro and the bus companies to develop their approach to driver training. This could include using people with a learning disability and their families/carers to raise awareness.
5. That Adult Services progress the travel training strategy as a priority and ensure that there is a clear implementation plan.

7.3 Recommendation 1 – Progress Update

That the Learning Disability Partnership Board work with Metro to develop opportunities for people with a learning disability to tour Huddersfield Bus Station and familiarise themselves with security features.

- 7.3.1 At the time of the original investigation, the Panel felt that tours of Huddersfield Bus Station would be an excellent way to help people with learning disabilities to feel safe and familiarise themselves with staff and security features. Several people that the Panel had spoken to expressed fear of Huddersfield Bus Station, particularly in the evening, and had experienced difficulties with young people.
- 7.3.2 Metro has agreed with its bus station managers that tours will be introduced in all staffed bus stations across West Yorkshire, to help people with learning disabilities feel more confident.
- 7.3.3 Tours will address safety concerns and ensure that learning disabled people are made aware of CCTV, the help points, the security staff, and all points at which help is available if needed. As the bus stations work closely with PCSOs, they are also hoping to include them in part of the visit.
- 7.3.4 It has been agreed that tours will be given in small groups, in order to avoid disruption and to ensure that everybody can hear. There will be 10 tours a year in Huddersfield and in Dewsbury, led by the bus station managers, with 10 people on each tour. Consideration will be given to demand and more tours may be possible if needed.
- 7.3.5 The Panel feel that it will be necessary to work closely with carers as well as learning disabled people, as at the time of the original investigation they raised significant concerns. The Panel is therefore suggesting that Metro keep the numbers as flexible as possible to ensure that carers could also be included in tours.

7.3.6 Metro has been trialling filming of videos, and it is envisaged that this technology could be used to complement the bus tours by including a virtual bus station tour on the Metro website. A link could also be included from the Partnership Board website.

7.4 Recommendation 2 – Progress Update

That Metro should review the security arrangements at bus stations across Kirklees to ensure that there is a more visible presence, in order to alleviate the perception of an unsafe environment.

7.4.1 Funding has been secured for Safe Place Schemes to be introduced in Kirklees. These are places where people with learning disabilities can go if they are feeling unsafe or are experiencing a hate crime. The plan is to pilot the scheme in Huddersfield and Dewsbury Bus Stations initially and then use the feedback from the pilot to roll out to other locations identified as safe places.

7.4.2 A Safe Place location is indicated by a sticker with a smiling face and the Kirklees Safeguarding logo. Staff at these locations are trained to provide support and it will also be possible for people to report abuse or hate crimes – which is often underreported by people with learning disabilities. The Panel has suggested in its discussions with the Council and with Metro that the stickers need to be prominently located and of a sufficient size to be easily visible.

7.4.3 Metro, following the pilot, will also look more widely at other staffed bus stations across West Yorkshire, so that when people travel outside of the district, the same scheme is in place.

7.4.4 The contract to develop the Safe Places scheme will be awarded on 20 January 2012 and work will then commence on the pilots. It is envisaged that the scheme will commence by April at the very latest, and potentially sooner, and carers and people with learning disabilities will be engaged with to ensure that the scheme is visible.

7.5 Recommendation 3 – Progress Update

That Metro implement a single concessionary pass for people with learning disabilities that can be used at any time, subject to a nominal fee in line with similar arrangements for the off peak concessionary passes. This should include free travel for a companion.

7.5.1 At the time of the original investigation, the Panel observed that the different fare rules for peak and off peak travel for people with learning disabilities was confusing. Off peak bus travel is available free of charge for those with a moderate to severe learning disability, following application for a pass. But at peak times, the pass is not valid, and individuals must pay the full fare.

- 7.5.2 Following the Panel's recommendation that a single concessionary pass be introduced for people with learning disabilities, Metro agreed to investigate this and discussed a business case with bus operators at the TICCO (West Yorkshire Ticketing Company) meeting. The majority of members of the group were not in favour of the proposals, however it was noted that the introduction of smartcard technology might allow this subject to be reconsidered.
- 7.5.3 Smartcard ticketing is now being introduced in West Yorkshire and the scheme will eventually enable passengers to charge up their cards at a network of retail outlets or online, with cash to be used for journeys across West Yorkshire and beyond. The cards can also be used to show the concessions to which people are entitled.
- 7.5.4 It is envisaged that concessionary permit holders could pre-load their permit/smartcard with money, show their permit to the smart card reader on the bus for all journeys made at any time of day – and those journeys that were before 9.30am would be paid for through the smartcard; and those journeys after 9.30am would be free. This would go some way towards overcoming the confusion that is created by having different fares at different times of day.
- 7.5.5 It is envisaged that it will be another 12 months before smartcard ticketing is operational across West Yorkshire and the Panel would like to receive an update on this in 12 months time.

7.6 Recommendation 4 – Progress Update

That the Learning Disability Partnership Board works with Metro and the bus companies to develop their approach to driver training. This could include using people with a learning disability and their families/carers to raise awareness.

- 7.6.1 Driver training remains a difficult issue as individual bus operators are responsible for their own drivers and their training. Metro can make representations to bus operators and recommend more intensive disability awareness training but cannot enforce it.
- 7.6.2 Since the original investigation, Metro has sent a report to the bus operator group and has reiterated its offer to provide learning disability awareness training to any bus drivers. However no bus operator in this area has expressed interest.
- 7.6.3 The Panel has queried whether a requirement to provide this training could be built into quality contracts. Driver CPC training, which has fairly recently become a requirement, is a specific qualification that new drivers must pass, and that existing drivers must undertake periodically. As this does include some elements of customer service and disability awareness training, Metro have agreed to look into whether this could be a route to ensure learning disability awareness training is addressed.

- 7.6.4 There is also European legislation coming forward in 2013 in respect of disabled people and transport and this may present opportunities.
- 7.6.5 Metro has ensured that all of their frontline staff have received learning disability awareness training and also hate crime awareness training. MENCAP and people with learning disabilities were involved in delivering the training.
- 7.6.6 Learning disability awareness training has also been undertaken in Huddersfield Bus Station, which included travel centre staff, bus station managers, customer care staff and PCSOs. The training was done as a bite size training session of 20 minutes addressing issues that people with learning disabilities face when using public transport.
- 7.6.7 Metro has also advised that they will look into developing an online training course for staff.
- 7.6.8 Metro advised the Panel that consideration was being given to producing cards with key messages, to fit into the bus pass wallets – for example: *'please wait until I have sat down to set off because I am not steady on my feet'*. Something similar had been done at a national level by First during National Falls Awareness Week. The Panel would like to encourage that this idea is pursued.

7.7 Recommendation 5 – Progress Update

That Adult Services progress the travel training strategy as a priority and ensure that there is a clear implementation plan.

- 7.7.1 The Panel has been advised that the travel training strategy has been approved in principle by the Well-Being & Communities Directorate but that it is awaiting confirmation from the Children & Young People's Service (ChYPS). This would ensure that one travel training strategy could be developed in partnership, rather than two separate strategies.
- 7.7.2 ChYPS has advised that support to fund transport for young people with learning disabilities, who may otherwise not be able to access learning opportunities, has previously been part funded by the Young People's Learning Agency. However, this support has now ceased and the ChYPS budget proposals for 2012/13 include a proposal to increase the budget for post 16 transport. This would sustain the delivery of transport which enables young people with complex needs to access learning and to introduce a travel training programme which will enable young people to develop the skills and confidence to travel independently where appropriate.
- 7.7.3 The Panel remains concerned as the Well-Being & Communities Directorate advised that finance would be coming from the 2011/12 prevention funding budget for this scheme. However, the ChYPS budget would be sourced from their 2012/13 budget.

7.7.4 The Panel would like to urge the two services to work together productively to ensure that a travel training strategy is developed quickly.

7.8 Conclusions

7.8.1 The Panel welcome the introduction of bus station tours in Huddersfield and Dewsbury and commend Metro for continuing to identify ways of increasing the confidence of people with learning disabilities to use public transport.

7.8.2 The introduction of the Safe Places Scheme in the bus stations will also contribute to increasing the feeling of security and the Panel look forward to the Scheme being expanded across the district.

7.8.3 The Panel are disappointed that the bus operators were not willing to consider introducing a single concessionary pass but are encouraged by the potential offered through the new Smartcard technology.

7.8.4 The Panel are also disappointed that bus operators have not shown an interest in the learning disability awareness training that Metro have offered. The Panel would like to encourage Metro to liaise with bus operators to understand what disability and learning disability awareness training they currently provide for staff and work to ensure that drivers receive training.

7.8.5 The Panel is also concerned that the travel training strategy has not been able to progress as quickly as it should, and urge the Well-Being & Communities Directorate and Children & Young People's Service to work together to ensure that it is implemented.

7.9 Recommendations

1. That Metro develop the bus station tours to also facilitate the participation of carers.
2. That Metro provide an update to the Scrutiny Panel in 12 months time on the development of Smartcard technology and how this can be used to address the confusion being experienced by people with learning disabilities.
3. That Metro liaise with bus operators to understand what disability and learning disability awareness training they currently provide for staff; and play a positive role in working with bus operators to ensure that drivers receive learning disability awareness training.
4. That Metro consider the introduction of small cards for insertion in bus pass wallets, to carry critical advisory messages for bus drivers.
5. That the Well-Being & Communities Directorate and Children & Young People's Service work together to ensure that a travel training strategy is implemented quickly.

8. LEISURE

8.1 Key Findings of Original Project

- 8.1.1 The Panel identified that there were a wide range of activities available within Kirklees, both mainstream and specifically targeted at people with learning disabilities, but that there were barriers to access. These included:
- Travelling to and from activities;
 - Most activities taking place during the daytime;
 - Fear of travelling at certain times including evenings and school finishing times;
 - Financial restraints as not all activities were free or subsidised;
 - Inadequate support mechanisms, which may be as individuals only received infrequent support visits, or had little or no family contact;
 - Lack of confidence and social skills and low self esteem;
 - The need for routine;
 - Lack of spontaneity as socialising had to be planned well in advance.
- 8.1.2 Hate crime was identified as still being a major issue within Kirklees and there was under-reporting of incidents from people with learning disabilities. This was linked to the fact that many learning disabled people do not identify incidents as hate crime.
- 8.1.3 It was acknowledged that whilst Kirklees Active Leisure offered a comprehensive programme of activities, these were not broadly accessible for people with a learning disability, who might require specific support at least initially to participate. It was also felt that activities were not widely promoted to learning disabled people.
- 8.1.4 Specifically constituted groups, for example, Kirklees Disabled Sports Club, did utilise leisure centre facilities. However, there was no evidence of Kirklees Active Leisure providing dedicated sessions for learning disabled people.
- 8.1.5 The Panel noted that the Kirklees Passport did provide access to leisure facilities for reduced fees.
- 8.1.6 Personalised budgets were opening up opportunities for people to choose to access a wider range of activities.
- 8.1.7 The Panel saw the Duke of Edinburgh scheme as a flagship, providing excellent opportunities for learning disabled people to integrate into a mainstream activity. They noted that they did not struggle to recruit volunteers, however the capacity of premises was an issue.
- 8.1.8 Funding remained an issue for leisure activities provided by the voluntary and community sector. It could be difficult to maintain the viability of a project when initial funding ceased, or when match funding was required.
- 8.1.9 The Adult Services' Community Liaison Team advised that they did fund projects with organisations specifically targeted at learning disabled people.

They were also confident that people with a learning disability were accessing other mainstream projects. However, it was very difficult to identify where this was happening as there were approximately 200 organisations receiving funding.

8.2 Recommendations Made in Original Review

1. That the Learning Disability Partnership Board commission a scheme similar to Stars in the Sky Yorkshire in Kirklees.
2. That Kirklees Active Leisure nominate a member of staff, who has an understanding of the issues facing learning disabled people, to act as a learning disabilities champion.
3. That Kirklees Active Leisure introduce dedicated sessions in leisure centres across Kirklees, taking into account the specific support needs, at least initially, of people with learning disabilities. This could be in line with sessions provided for other groups, for example, the over 50s.

8.3 Recommendation 1 - Progress Update

That the Learning Disability Partnership Board commission a scheme similar to Stars in the Sky Yorkshire in Kirklees.

- 8.3.1 This recommendation has been actioned and 'Luv to Meet U' (previously Stars in the Sky) has been commissioned from HFT to provide a friendship and dating agency for people with a learning disability aged over 18 in the Kirklees area.
- 8.3.2 Two services have been commissioned – one in Huddersfield and one in Dewsbury. Experience in Calderdale has indicated that two groups would be needed in order to ensure that learning disabled people did not have to travel too far.
- 8.3.3 The scheme is available both to individuals identified as not being FACS eligible, but also for those who are also receiving a small amount of support. It is felt that someone receiving 3 or 4 hours a week to manage a tenancy, can still be lonely and isolated and should not be excluded from the scheme. Gateway to Care have a pathway in place to ensure that when people are assessed, they are made aware of the scheme.
- 8.3.4 A launch event took place on 8 December 2011.
- 8.3.5 Each Group will determine what is important to them and the activities they want to undertake. Examples elsewhere include: a nightclub group in Sheffield and speed dating type events in Leeds.
- 8.3.6 HFT have a regional infrastructure in place and do run regional events which members from all groups are invited to attend.

8.3.7 The Council's decision to focus on prevention measures, has presented the Service with an opportunity to be proactive in looking to establish further groups, including some with more of a focus on particular sectors of the community, and a number of funding bids have been submitted. The outcome of these is due imminently.

8.3.8 Hum Tum is exactly the same as Luv to Meet U but for south asian communities, enabling isolated people from minority backgrounds to have a healthy social life making friends and having fun in an environment that is familiar and comfortable for them. Hum Tum has been successful in Leeds where it has offered friendship opportunities for adults with learning disabilities in the Asian community. It organises events that consider religious and cultural needs of individuals for instance, going to a restaurant where no alcohol is served, watching Bollywood at the cinemas, and male/female only events where preferred.

8.3.9 Other funding bids include:

- Mencap's 'Muddy Boots' – a learning disability specific walking group.
- Star Enterprise Work & Play Ltd – to encourage greater participation in football, dance and gymnastics by individuals with learning disabilities and/or mental health needs.
- Pinnacle Solutions – to develop and deliver disability awareness training to statutory and non-statutory services who work directly with BME individuals who have a learning disability.
- A specialist autism service offering life skills training and well-being support.

8.3.10 If the bids are successful then this will transform the range of options available for people to access.

8.3.11 Panel members have been very encouraged to learn that the findings in the original Scrutiny report, which highlighted gaps in provision of social opportunities, have added weight to the applications.

8.4 Recommendation 2 – Progress Update

That Kirklees Active Leisure nominate a member of staff, who has an understanding of the issues facing learning disabled people, to act as a learning disabilities champion.

8.4.1 At the end of the original investigation, Kirklees Active Leisure (KAL) accepted the recommendation in principle but felt that this could be most effectively implemented if a specific member of staff could be dedicated to this role over a period of time. They envisaged that such a post would be in a position to liaise with relevant local agencies and develop a suitable programme of leisure activities across KAL sites, as well as coordinating necessary training for staff, suitable marketing of such a programme and establish an effective monitoring and evaluation system.

- 8.4.2 The resources to develop such a post were not available in April 2010 and it was envisaged that additional funding would need to be provided. This funding has not since materialised and there are still insufficient resources in place to enable the recommendation to be implemented.
- 8.4.3 KAL has advised that in the absence of a nominated person, they have taken the approach of increasing the awareness of all staff and providing them with the skills to handle a customer with learning disabilities. Training has been given to all operations managers and then filtered down to business managers and receptionists.
- 8.4.4 BoardTalk is available and in use in Sports Centres.
- 8.4.5 Members have been interested to hear about NHS Kirklees' Learning Disability Friendly Awards, which provide a service user evaluation of primary care services. The initial mystery shopping is being undertaken in GPs and dentists. They will then offer feedback on their findings and if GPs and dentists meet a number of criteria, they will be given a Friendly Award. For example, if a person rings a GP and states that they have a learning disability, they should automatically be given a double appointment, and they should be asked if they want the first appointment of the day so they are not waiting. The Panel look forward to being briefed on the findings of this exercise.
- 8.4.6 KAL has advised that they do undertake mystery shopping and it has been acknowledged that questions could be incorporated within this in respect of learning disabilities. This would help to test whether the training undertaken has improved the service provided on the frontline.

8.5 Recommendation 3 – Progress Update

That Kirklees Active Leisure introduce dedicated sessions in leisure centres across Kirklees, taking into account the specific support needs, at least initially, of people with learning disabilities. This could be in line with sessions provided for other groups, for example, the over 50s.

- 8.5.1 At the time of the original report, KAL advised that they would implement a number of actions in order to enhance the use of KAL facilities by people with learning disabilities. This included:
- KAL's Head of Development joining the Kirklees Learning Disability Partnership Board;
 - The continuation of an extensive awareness raising programme between KAL and Adult Social Care staff to ensure an improved approach to accommodating and supporting customers with learning disabilities when using KAL sites.
 - The continuation of preparatory work with Adult Social Care to engage and train staff at both Dewsbury Sports Centre and, in the future, Huddersfield Sports Centres, as both looked to integrate adult day centre provision into the sports centres.

- 8.5.2 KAL believed that there was considerable potential for increased use of KAL sites by the disabled and that the personalisation agenda would greatly help to encourage the independent, positive use of local sports centres and swimming pools. KAL were keen to support such activity and said that they would continue to develop links with the Council's Adult Social Care teams to ensure any opportunities could be effectively developed.
- 8.5.3 In November 2011, members met with Gareth Watson, Sports Development Officer, to discuss the progress that had been made.
- 8.5.4 It was confirmed that KAL's Head of Development has joined the Kirklees Learning Disability Partnership Board and this has helped them to start developing links with other partners.
- 8.5.5 A representative from KAL also attends the Kirklees Involvement Network (KIN), which is a self advocacy group for people with a learning disability, in order to raise awareness of what is on offer at the sports centres.
- 8.5.6 KAL has also continued to work with Adult Social Care and this has resulted in:
- Two taster days being held in the sports centres – one in Dewsbury and one in Huddersfield.
 - Specific sessions being run e.g. adapted bike sessions at Spennings Dale track, which are quite heavily subsidised, for daycare services and weekend sessions targeting young people with learning disabilities. It is also known that a number of voluntary and community groups do use KAL's centres e.g. MENCAP use the swimming pool.
- 8.5.7 Ready Steady Go, which is a project aimed at targeting inactive people who are unsure of how to get into regular exercise, is also available. Participants are invited to an initial welcome meeting and a dedicated member of staff will outline the different facilities on offer. The scheme is available to everyone, but KAL is working with learning disability partners to ensure that they are aware of the scheme and how to access it. KAL recognise that more work is needed to raise awareness of the project amongst partners, so that they in turn can promote it to their membership.
- 8.5.8 KAL is also working with the Council's Sport Development Team and Gateway to Care to set up a Buddy Scheme. As part of the Council's wider volunteering scheme, members of the public will be encouraged to volunteer to be a buddy to a learning disabled person, and the Council will carry out the necessary safeguarding checks. KAL will then allow a Buddy to attend a centre for free, when they are supporting a person on the scheme to access a physical activity e.g. swimming. The Buddy would otherwise be expected to pay in full.
- 8.5.9 Members have raised concern that a similar benefit should be offered to members of other buddy schemes, for example, MENCAP's buddy scheme. KAL has agreed that they would be willing to look at other schemes and that the same benefits could be offered, with the proviso that they should be

working towards the same aims. However it is recognised that they would need to be aware of what schemes are available.

8.5.10 There are a number of other routes for a learning disabled person to access free or discounted leisure activities:

- The Kirklees Passport + 1 – the Passport is a council-run discount scheme, and if a person receives either the high or mid care component of Disability Living Allowance or Attendance Allowance or is registered blind, they can ask for a +1 sticker to be placed on their passport. This enables someone to accompany them, free of charge, to certain sporting activities.
- KAL Card – launched in April 2011, and costing £2 per year per person, this gives access to reduced prices for the majority of activities, priority booking for classes and courts and free sessions for example.
- KNH's Excel Card – a discount card jointly developed by Kirklees Federation of Tenants and Residents Associations and KNH to be used by all tenants, leaseholders and staff.

8.5.11 KAL is also working with the Kirklees Disability Sports Club at Huddersfield Sports Centre to deliver a disability event as part of the KAL Olympics in the Spring.

8.6 Conclusions

8.6.1 The Panel is delighted that 'Luv to Meet U' has been commissioned to provide a friendship and dating agency for people with a learning disability aged over 18 in Kirklees. This was very important to a number of people with learning disabilities that the Panel spoke to during the original investigation. It is encouraging that bids for funding are also being considered for additional schemes and the Panel hopes that these are successful.

8.6.2 The Panel recognises that Kirklees Active Leisure has not had sufficient resource to be able to appoint a dedicated Learning Disability Champion, however they are encouraged that work has taken place to increase the awareness of all staff.

8.6.3 KAL has also developed links with the Learning Disability Partnership Board, Kirklees Involvement Network, and is working closely with the Council's Well-Being & Communities Directorate.

8.6.4 The Panel has been very interested to hear of NHS Kirklees' Friendly Awards and would like to ask that a report on the outcomes of their mystery shopping is brought back to Scrutiny.

8.6.5 The Panel also welcome KAL's suggestion that questions be incorporated within their mystery shopping on learning disabilities, to ensure that training has resulted in an improved frontline service.

8.6.6 The introduction of KAL's buddy scheme, which will enable a learning disabled person to be accompanied by a volunteer Buddy free of charge, is an

excellent idea. The Panel feel strongly that this offer should be extended to members of other buddy schemes, for example, MENCAP's scheme, and welcome KAL's willingness to look at doing this.

8.7 Recommendations

- 1a. That a report be brought back to the Scrutiny Panel outlining the progress and outcomes of the implementation of the Learning Disability Friendly Awards, within primary care.
- 1b. That Kirklees Active Leisure incorporate customers with a learning disability into their mystery shopping programme.
2. That KAL extend their scheme to enable volunteer buddies to accompany learning disabled people to sports centres free of charge, to other official buddy schemes.

Summary of Recommendations

1. That the Council monitor the introduction of any changes to the identification of young people with special educational needs to ensure that all those known to have disabilities at 14+ continue to be able to access appropriate support into adult life.
2. That the Council issue an annual newsletter to service users with learning disabilities, and their families and carers, highlighting useful information on services (previously approved June 2010).
3. That the Council investigate the possibility, in conjunction with Calderdale & Huddersfield NHS Foundation Trust, of allowing read only access to their systems on a similar basis to the arrangement with Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership Foundation Trust.
4. That the Council look at the branding of Gateway to Care, to maximise awareness of the service's role amongst the general public. This should include consideration of the website homepage presence and the use of displays in Gateway's windows.
5. (a) That Mid Yorkshire Hospitals NHS Trust and the NHS Cluster work together to identify funding for the Learning Disability Acute Liaison Nurse post to continue beyond March 2012.

(b) That Mid Yorkshire Hospitals NHS Trust develop robust contingency plans in the event that funding cannot be identified for the Learning Disability Acute Liaison Nurse post to continue.
6. That Metro develop the bus station tours to also facilitate the participation of carers.
7. That Metro provide an update to the Scrutiny Panel in 12 months time on the development of Smartcard technology and how this can be used to address the confusion being experienced by people with learning disabilities.
8. That Metro liaise with bus operators to understand what disability and learning disability awareness training they currently provide for staff; and play a positive role in working with bus operators to ensure that drivers receive learning disability awareness training.
9. That Metro consider the introduction of small cards for insertion in bus pass wallets, to carry critical advisory messages for bus drivers.
10. That Well-Being & Communities Directorate and Children & Young People's Service work together to ensure that a travel training strategy is developed quickly.

11. a. That a report be brought back to the Scrutiny Panel outlining the progress and outcomes of the implementation of the Learning Disability Friendly Awards, within primary care.

b. That Kirklees Active Leisure incorporate customers with a learning disability into their mystery shopping programme.
12. That KAL extend their scheme to enable volunteer buddies to accompany learning disabled people to sports centres free of charge, to other official buddy schemes.
13. That an update on the above recommendations be brought to the Panel in 12 months.

Briefing paper – Update for scrutiny Shared Lives

Background

Shared Lives recruits, trains and approves carers to provide support for vulnerable adults in ordinary households. Shared Lives provides Long Term Placements for people with Learning Disabilities, short breaks in Shared Lives carers homes or the service users' homes and Home Based or Sessional care, where a Shared Lives carer can support a vulnerable person in the persons home or the community in order to provide a break for their own carers. The service is extremely flexible and person centred, meeting a range of needs.

Shared Lives aims to support people in their own communities, maintain service user independence and support them in leading the lives they want , thus reducing social isolation.

The service covers the Kirklees area and is generic, providing support to people from all user groups, (people with learning disabilities, mental health problems, physical disabilities and older people).

In September 2010, the payment rate for Long Term carers was increased in line with the payments to foster carers. The new payment structure included a weekly "board" payment to the carers, (paid weekly by the service user from their DWP benefits), and a "skill" payment paid to the carer based upon their assessed competencies and levels of skills as a Shared Lives carer.

The increase in payment to long term carers was agreed to encourage new people to come forward as potential carers, and retain foster carers who wish to continue caring for an adult.

In Sept 2010 there were:

- 35 carers (29 are couples) carers providing long term placements to 28 users
- 40 carers (18 are couples) providing respite placements (overnights) to 31 users
- 42 carers (3 are couples) providing sessional support (up to three hours, max twice a week) to 54 service users

Progress and developments

The increase in payments to carers has had a very positive impact across all aspect of the service, making the service a more attractive opportunity to potential carers across the board.

- 1) In December 2011 there were 37 Long Term Placements.
- 2) From Jan –Dec 2011, 2 Long Term placements ended due to retirement of carers or breakdown, and the service users affected by this were successfully matched with new long term carers who had vacancies. There are 7 approved Long Term carers, either being "matched" to a service user, or awaiting a match at present. The team works closely with the Community Learning Disability Team to make long term placements.
- 3) The service has had excellent publicity this year, as a result of which we have approved an additional 23 carers.
- 4) We have 9 potential carers attending a preparation course on 17th January 2012, and a waiting list of 13 for the next preparation course. Our "conversion rate" of carers who have expressed an interest in the scheme and who then go on to be approved is in excess of 50%.
- 5) We have approved ex – foster carers to be a Shared Lives carers when the young man they were caring for reached 18. This man has extreme challenging behaviour and whilst we are paying the Shared Lives carers an enhanced payment rate, there is a considerable saving in what would have been spent on placement costs, as the individual would have required a very specialist residential placement. He has also has continuity of care and has remained in his home of 12 years.

- 6) We have also placed a young man with Intermittent Explosive Disorder and Aspergers Syndrome from Copthorne House (children's home) in the home of Shared Lives carers, and a young man with Mental Health problems in Long Term placements.
- 7) We have developed assessment criteria for prospective carers to be used as part of the approval process, and also an evidence grid for carers to complete with staff in order to progress to receiving Level 2 skills payments. The system is therefore much more open and transparent, and carers have a sense of progression and an incentive to continue to be carers as part of the scheme.
- 8) The numbers of service users receiving services at 1st January 2012 is as detailed below

People with Learning Disabilities	62
People with Mental health problems	12
People with Physical disabilities	6
Older people	40
Long Term Placements (S/U)	37
Respite Placements	41
Sessional Placements	64
No Long Term Carers	35 (63 –figure for couples)
No Sessional Carers	54

- 9) Customer satisfaction in every part of the service remains high. This is evaluated through the review process.
- 10) The service was set a savings target of 96K in 2010-2011 and generated savings in excess of £137,000. These savings are the difference in the cost of a Shared Lives placement and a mainstream service. The savings target for 2011-2012 is £137,000. Up until 1st January 2012 the savings stood at £134,833, so it is likely that this target will be exceeded.
- 11) Changes to the payments structure for Long Term carers has led to far greater empowerment for service users who now have the responsibility for paying their board payment from their benefits on a weekly basis, and having far more independence choice and control of how they spend their money.
- 12) Other service developments in 2011-12 include:
- Reviewing all preparation course materials to make more generic,
 - Reviewing policies and procedures for carers and the development of new procedures and guidelines including smoking, financial management, substance misuse, support carers, criteria for referrals, management of medication, panel guidance etc
- 13) Development of a database so we can ensure that mandatory training for carers is kept up to date.
- 14) The service has had excellent publicity in 2011, and we have found it easy to recruit and retain carers in all areas of the service, or indeed to work with any service user group. Carers express great satisfaction with the support they receive from the scheme. Any publicity initiatives, eg features in Kirklees Together, or attendance at outreach events generates significant numbers of enquiries from prospective carers. We have noticed, over the year that the number of enquiries from care workers and other professionals is increasing.

- 15) Shared Lives has also provided a total of 2,691 sessions in 2011 to support family carers, funded through Carers Special grant, and provided 25 new placements for older people.

SCRUTINY ACTION PLAN

Project: Independence without Isolation – Review of Progress

Lead Scrutiny Officer: Laura Ellis

			FOR COMPLETION			
No.	Recommendation	Directorate/ Cabinet Member(s)/ Organisations asked to coordinate the response to the recommendation?	Do you agree with the recommendation? If no, please explain why.	How will this be implemented?	Who will be responsible for implementation?	What is the estimated timescale for implementation?
1	That the Council monitor the introduction of any changes to the identification of young people with special educational needs to ensure that all those known to have disabilities at 14+ continue to be able to access appropriate support into adult life.	<p>Cllr Cath Harris Cabinet Member for Children & Young People</p> <p>Alison O'Sullivan Director of Children & Young People</p>	Yes	<p>Strengthen the arrangements for a multi agency collaborative approach to assessments for young people with special educational needs in year 9 and 11</p> <p>Review arrangements for transition plans at 19 & bring recommendations to 14-19 Learning Progression Board</p> <p>Continue to monitor the take up of learning opportunities at Kirklees College of people 19+ with learning disabilities to establish participation trends so that impact of future policies can be measured effectively through an annual report</p>	<p>Sue Dixon Victoria Taylor Learning Service</p> <p>Chris Matenczuk Learning Service</p> <p>Sandra Burnhill Kirklees College</p> <p>Kate Fleming Learning Service</p>	<p>July 2012</p> <p>October 2012</p>

2	That the Council issue an annual newsletter to service users with learning disabilities, and their families and carers, highlighting useful information on services (previously approved June 2010).	Cllr Molly Walton, Cabinet Member for Health, Well-Being & Communities Merran McRae, Director for Well-Being & Communities	No	The Cabinet Members have raised concern about information overload and the importance of ensuring needs are met. It is suggested that key contact numbers could be included in other publications, if appropriate.	Gary Wainwright /Karen Colman	
3	That the Council investigate the possibility, in conjunction with Calderdale & Huddersfield NHS Foundation Trust, of allowing read only access to their systems on a similar basis to the arrangement with Mid Yorkshire Hospitals NHS Trust and South West Yorkshire Partnership Foundation Trust.	Cllr Molly Walton, Cabinet Member for Health, Well-Being & Communities Merran McRae, Director for Well-Being & Communities Diane Whittingham, Chief Executive, Calderdale & Huddersfield NHS Trust	No Council response - CHFT do not provide any specialist community LD services. The benefits this would bring would be very limited and not proportionate to the complexities of requiring access and IT for the staff in the CLDT team.	- Calderdale & Huddersfield NHS Trust response – I can confirm that the Calderdale and Huddersfield NHS Foundation Trust remains committed to partnership working and service improvement for these clients. We accept the recommendations in the report and Amanda McKie, Matron for complex care patients will be the Trust contact and lead for implementation.	-	-
4	That the Council look at the branding of Gateway to Care, to maximise awareness of the service's role amongst the general public. This should include consideration of the	Cllr Molly Walton, Cabinet Member for Health, Well-Being & Communities	Yes	The council will re-look at the access, information and re-consider the brand of Gateway. Links will be considered to other service initiatives and the e-marketplace developments coming on line in the summer	Dianne Green /David MacDonald	September 2012

	on the development of Smartcard technology and how this can be used to address the confusion being experienced by people with learning disabilities.					
8	That Metro liaise with bus operators to understand what disability and learning disability awareness training they currently provide for staff; and play a positive role in working with bus operators to ensure that drivers receive learning disability awareness training.	Erica Ward, Accessibility Officer, Metro	Yes		Erica Ward	February 2013
9	That Metro consider the introduction of small cards for insertion in bus pass wallets, to carry critical advisory messages for bus drivers.	Erica Ward, Accessibility Officer, Metro	Yes	Investigate other similar schemes and identify best practice, seek feedback from passengers, seek approvals to implement.	Erica Ward	August 2012
10	That Well-Being & Communities Directorate and Children & Young People's Service work together to ensure that a travel training strategy is developed quickly.	Cllr Cath Harris Cabinet Member for Children & Young People Alison O'Sullivan Director of Children & Young People Cllr Molly	Yes	<u>Health, Well-Being & Communities</u> A service specification is under development. The Transition Board will oversee progress on this development. Discussions between services will continue in March when the council's budget has been set. <u>Children & Young People</u> A service specification is under	Gary Wainwright Gary	July 2012 To commission

		Walton, Cabinet Member for Health, Well-Being & Communities Merran McRae, Director for Well-Being & Communities		development. The Transition Board will oversee progress on this development. Discussions between services will continue in March when the council's budget has been set.	Wainwright Chris Matenczuk	and have in place a provider by the end September 2012.
11	(a) That a report be brought back to the Scrutiny Panel outlining the progress and outcomes of the implementation of the Learning Disability Friendly Awards, within primary care.	Mike Potts Chief Executive, NHS Cluster – Calderdale, Kirklees & Wakefield	Yes	We will bring a report to the Scrutiny Panel outlining progress and outcomes.	Vicky Dutchburn	September 2012
	(b) That Kirklees Active Leisure incorporate customers with a learning disability into their mystery shopping programme.	Alasdair Brown, Chief Executive, KAL	Yes	This may be in the form of individuals or approach organisations such as KIN to complete a questionnaires.	Gareth Watson (KAL)	tbc
12	That KAL extend their scheme to enable volunteer buddies to accompany learning disabled people to sports centres free of charge, to other official buddy schemes.	Alasdair Brown, Chief Executive, KAL	Yes	Working with groups to ensure all buddy schemes are known to KAL and are made aware of the Buddy scheme operated at KAL centres	Gareth Watson (KAL)/ Kirklees Council Sport Dev/ Gateway to Care	September 2012

13	That an update on the above recommendations be brought to the Panel in 12 months.	-	Yes	This will be added to the Panel's work programme.	Scrutiny Team	March 2013
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