

Engaging With Learning Disability Residents In Torbay To Review The Past And Future Commissioning Intentions

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Contents

- Introduction..... 3**
 - Context3
 - System challenges with an impact on this response4
- Methodology 5**
 - Recruitment of expertise:5
 - Data collection:5
 - Survey construction.....5
- Findings..... 7**
 - Numbers engaged7
 - Engagement responses from the Service users - 91 responses8
 - Engagement responses: Carers - 28 responses..... 16
 - Engagement responses: Providers - 10 responses. 25
- Summary of Findings 38**
 - Service Users 38
 - Carers..... 38
 - Providers 38
- Thanks 39**
- Appendices..... 40**
 - Appendix A - Questionnaires used 40
 - Service User Survey 40
 - Carers Survey 42
 - Provider Survey 43
 - Appendix B - List of Learning Disability Providers..... 45
 - Appendix C Parent Carers Forum Evaluation about Annual Health Checks for Learning Disabilities in Torbay 46
- Contact us 47**

Introduction



Healthwatch Torbay (HWT) is the local consumer champion influencing, responding, improving and monitoring health and social care services in Torbay. It provides local people, community and voluntary groups with a voice to influence the planning, purchasing and provision of these services.

Context

The Joint Commissioning strategy for services for adults living with a learning disability in Devon 2014-17 is to be refreshed within the framework of the Sustainable Transformation Plan (STP) for Devon. Torbay Council, on behalf of the Learning Disability STP for Devon, asked HWT to bring together the voices of service users, family carers and service providers in Torbay. We were asked to collate evidence, opinion and stories to help discover if the original commissioning intentions have worked well and if not to identify suggestions for improvement. Where reliable evidence was brought to our attention, we have included what ‘good’ looks like.

To ensure HWT started this engagement work with local knowledge and expertise, we followed our standard practice by setting up a planning focus group, which included key voluntary groups, carers, and providers. As the time period to carry out the review was limited, we asked for and were given the generous support of local service providers, including the third sector and our own volunteers, especially those with lived experience of caring. Without their knowledge, skills and experience we could not have gained the insight we now have. We are especially grateful to people with lived experience of learning disability for their willingness to take part in the review. By working with their support carers and families they provided valuable insight into their life, living in Torbay.

The approach to supporting people within health and social care, in general, has shifted substantially since the previous 2013 strategy, including the introduction of integrated care and a new model of care for which Torbay is an early adopter. Personal wellbeing is now the agreed key target. To understand the background and the impact of this shift on people living with learning disability beyond 2018 we referred to:

- Department of Health, 2017. Strengths-based social work practice with adults: round-table report*
- National Institute for Health and Care Excellence, 2018. NICE guideline NG96: Care and support of people growing older with learning disabilities.
- NHS Improvement. 2018. The learning disability improvement standards for NHS trusts
- Office for National Statistics, 2018. Understanding well-being inequalities: Who has the poorest personal well-being?
- Parliament. Government Equalities Office. Equality and diversity forum. Equality Act 2010 What do I need to know? Quick start guide.
- Royal College of Speech and Language Therapists, 2013. Five good communication standards. London: RCSLT*
- Think Local Act Personal (TLAP). <https://www.thinklocalactpersonal.org.uk/About-us/> accessed July 2018.

- Torbay and Southern Devon Health and Care Trust, 2014. Operational Commissioning Strategy for People with Learning Disabilities.
- Torbay Council. Public Health. Joint Strategic Needs Assessment for Torbay 2018-2020 (and links to Public Health England Learning Disability profiles for Torbay)

(* Recommended by members of the steering group)

System challenges with an impact on this response

Contributors to our conversations emphasised that the reduction in funding for adult social care has challenged the capacity and capability of providers, the support given to carers and the personalised choices for service users, as it has nationally. They also emphasised that Torbay has additional challenges to the development of good practice and the sharing of innovation by:

- The lapse of the Learning Disability Partnership Board which provided a “round-table” for information sharing between commissioners and providers.
- The lack of a single point of contact, for families, the person and the network supporting them, giving practical information, emotional support and signposting to mainstream and specialist services available locally to support people as they grow older. (NG 96 1.2.3)



Methodology

Recruitment of expertise:

A manual search by the Torbay Disability Information Service gave 18 suitable organisations including Torbay Older Family Carers Initiative and Aspire (part of the employability hub created within Torbay and South Devon NHS Foundation Trust). All were informed (via e-mail or voice-mail) of the review and invited to participate in the planning workshop.

Data collection:

12 of these organisations became active as part of the planning focus group. (Appendix B)

- Workshops were organised either in their care home or in the place of day care/activity and across more than one location.
- HWT made contact with carers through mailing lists and group meetings.
- Expert HWT volunteers assisted by 1:1 conversations with service users using their knowledge of Makaton to do this.
- A “Have your say” was advertised using local media and social media, as drop-in sessions in the HWT office.
- A video chat kiosk was set up as a drop-in opportunity by Aspects in Paignton.
- The contributors recommended other specialist professionals or services able to add knowledge to the review.
- The recommended specialist professionals with additional expertise were followed up through telephone interviews.

Survey construction

The planning focus group participants, which also included carers, were invited to a workshop to share expertise and set the scene for the review. Subsequent workshops were used to refine the content of the survey questions. Following discussions with the LD Planning Focus Group, it was agreed that although the areas covering health inequalities and end of life are significant, it would be challenging to obtain this information via the existing survey format, and therefore the Group agreed to identify relevant related case studies to better highlight these areas.



The fifteen commissioning intentions from “Living well with a learning disability in Devon”

The 2014-2017 Joint Commissioning Strategy commissioning intentions were considered. It was agreed to ask the providers to comment on the full set. Carer responses would include comment on the issues important to the support they needed. The areas chosen were:

- Professional support
- Housing support
- Employment
- Health checks
- Crisis support
- Awareness of services
- Use of direct payments
- Legal powers
- Preparation for the future

It was agreed that a limited number of potentially high impact wellbeing statements would be chosen for response by people with lived experience of learning disability. These were:

- Support for independence
- Support for working or volunteering
- Support for housing
- Supporting positive relationships
- Support for End of Life
- Support for health inequalities

HWT and Healthwatch Plymouth (HWP) agreed a common approach to the format and production of the survey with HWP preparing a simplified easy read version. Volunteers and providers working with people with lived experience of learning disability were asked to engage in conversations covering the four wellbeing areas. Group responses would be valuable where 1 to 1 engagement was not achievable. Equally, responses written by or including the story of the individual person were to be encouraged.

Responses could be given by completing a paper copy of the survey, an online version or via summaries by e-mail. Most service users chose to complete a paper copy, usually working with support. All versions carried a statement about privacy and general data protection.



Findings

Numbers engaged

Number of service users: 91 individuals + Hollacombe Community Resource Centre as a group report. (It is estimated in the 2014-2017 Joint Commissioning Strategy that there are 810 adults known to services to be living with a learning disability in Torbay.)

Number of carer responses: 28

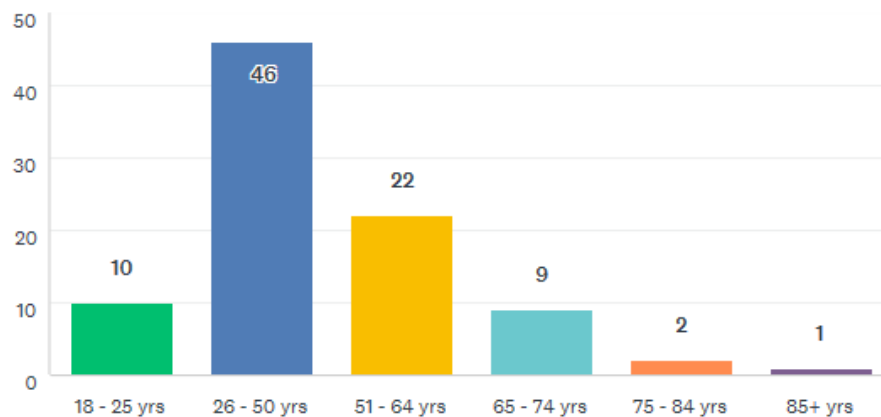
Number of organisations who responded to the survey: 10

19 providers/organisations (see Appendix B) actively promoted the survey and provided feedback from their service users. 8 other providers were also informed of the review. Although we cannot assess if this latter group contributed (collection anonymised) we noted responses which reflect some of these organisations. As the provider responses were anonymous, we could not include detailed information of provider here.

Age of responders

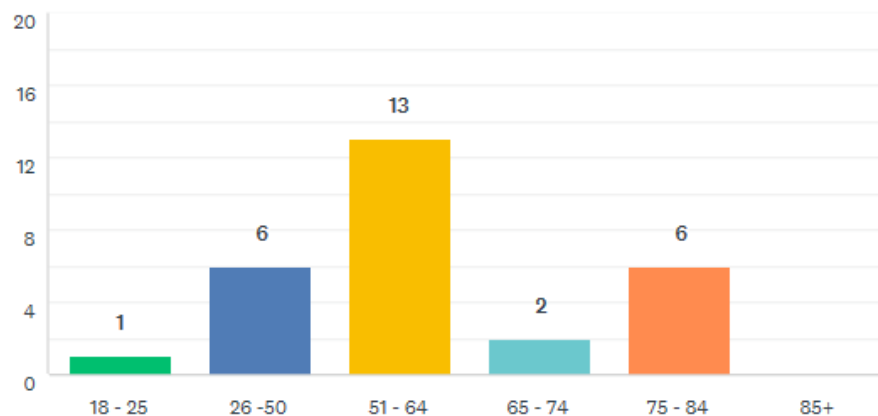
Service users:

Answered: 90 Skipped: 1



Carers:

Answered: 28 Skipped: 0



Engagement responses from the Service users - 91 responses

Of the 91 responses, 55 identified that the person answered with support from a carer or volunteer. Of the remaining 36 responses, there is no degree of certainty that all these were completed by the service user alone, but it is estimated that approximately 20 did complete the form themselves.

Commissioning Intention:

“We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.”

1. What do you like to do during the day?

Response Summary: of those surveyed, all appeared to be socially and physically active, based around craft and activities including music-based activities, hobbies and meeting friends. People attending Hollacombe reported the enjoyment of being able to choose what they want to do. Friendships and family are often identified as an essential part of the support network. Family may be parents or siblings but mention was also made of the person’s enjoyment of being with their own children. Organisations giving support were valued in enabling “getting out” and not being “bored”. The cost of travelling independently was identified as a barrier. Over 30% considered that they would like a job or to gain a new skill and knew what they would like to do. Concerns are similar to a public cross-section i.e. not understanding paperwork and needing help to complete, crowded buses and public attitudes.

18-25 age group (10 responses): socially active - indicative verbatim comments include:

“To be with my friends and family playing snooker, football, drinking with a splash, going to pubs, wine and cider”

“Walks, washing cars”

“Drama, classics, music”

“Bowling, walking, working, gardening with support”

26-50 age group (46 total responses): socially and physically active - including valuing day care which enabled activity and socialisation. There is a hint of loneliness in 2 comments. Indicative verbatim comments include:

“Meeting with friends. Coming to ROC, Creative photography”

“Going out with my dogs, playing samba, drama and doing my exercise. I like going to ROC”

“Samba band Gig, Drama, Dance. Swimming, beach, different pictures”

“Walking”

“See my friends, cup of tea”

“Getting out and about and enjoy club night is highlight of our week”

“Working for Torbay Council, Majorettes, Gateway”

“I like socialising and meeting friends I go to pubs to try and make friends”

“Walk dogs, travelling different towns going out with family in town doing shopping meeting friends going for meal music festivals”

“I like to go to SPOT on a Tuesday. I like to chill out in my bedroom”

51-64 age group (22 responses): although still active socially and physically, more introduce reports of sedentary activity. This group includes more responses referring to voluntary activity. Indicative verbatim responses include:

“I like to go shopping, listen to music, colouring, get my hair and nails done. I like going to SPOT every Tuesday. I like going to places like the discos”

“I like volunteering with support at a flower shop on a Monday, I like coming to SPOT on Tuesday I like to do lots of things. I go to co-ordin8 too. I like gardening I like helping out”

“I like to go out and meet people. I like going to the Wednesday night disco, summon bonum farm, SPOT and out for a drink with my brother. I enjoy karaoke”

“Listen to books, radio, TV.”

“Some time colouring, going out shopping, Day Services”

“Working”

65-74 age group (9 responses): socially active, perhaps indicative of a more sedentary life. Indicative verbatim responses include:

“Being active, working with people voluntary work being with people”

“Shopping, spending time with my bird, cooking, pub visits”

“Reading”

“Going out for drive”

75-84 age group (2 responses):

“Craft things e.g. knitting”

“Going out with ... and walking the dog and cleaning out rabbits going to Aspects and Cockington”

85+ 1 age response:

“Samba, Drama, Dance, Synagle, Watching DVD's”

2. What don't you like to do during the day?

Response Summary: Across all age groups the phrase “being bored” occurred on a regular basis. Negative comments indicate challenges to living. (81 total responses).

Indicative verbatim responses:

“I don't like staying in where I live I get bored. I live in a residential home. They don't do much”

“Going out on bus because we have to pay for tickets. Too much money staying at home, eat more food and get far because of bored at home, shop is bored in Torbay more this to look at”

Indication of the stresses of life:

“Arguments, tell me what to do”

“Sometimes I get scared when I get left on my own, in the weekend. Not enough staff”

“Sometimes buses are full so some time have to stand when we have sons when we have right to sit and then look at me and hubby say we need sit to all bus and things”

“Not having communal TV on day time”

“Don't like being indoors”

“Paperwork as I don't always understand it”

3. Is there anything you would like to do that you don't do at the moment? (78 total responses)

Response Summary: 21 stated “No” to this question. 24 indicated that they would like to do work, often indicating what they would like to do. This group also included those who wished to gain more skills. The remaining responses were related to hobbies and general activities.

Comments included:

“Would like to work”

“I would like to do a course at South Devon College”

“Singing”

“Swimming”

“Dog grooming”

“Work in a shop”

“Resume work (old people's home) College course (colour/design)”

“Would like to prepare veg.”

“Learn to tell time”

“Would like to do a bit more as I get bored at home. I would like to do volunteer work in an old people's home”

“Learn a hobby, learn a course, jobs, college.”

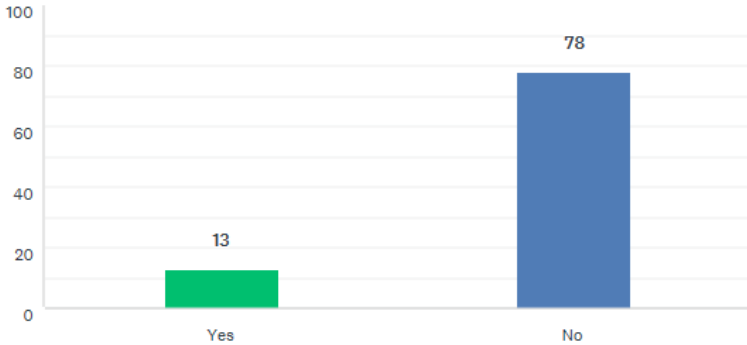
Commissioning Intention:

“We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.”

Response Summary: In the 65-74 age group (9), one person reported having a job and eight did not. No one in the 51-64 age group (22) reported having a job. In the 26-50 age group (46) ten had a job and 36 did not. In the 18-25 age group (10) two had a job and eight did not. 55% of responders (86) said they would like a paid job. This included those who had one already. 27% of all responders (91) reported having a volunteering role. One workshop asked to include studying amongst the range of options and the choice not to work.

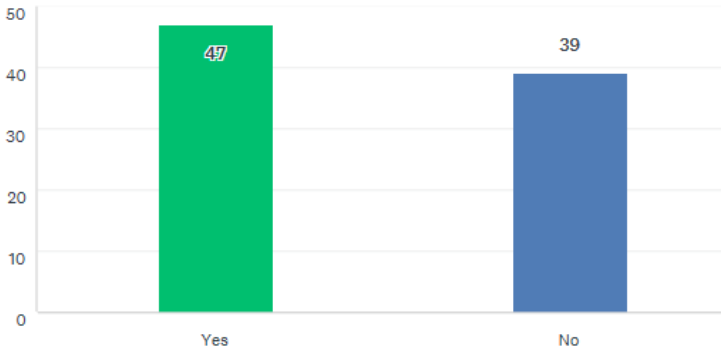
1. Do you have a paid job? (all responders)

Answered: 91 Skipped: 0



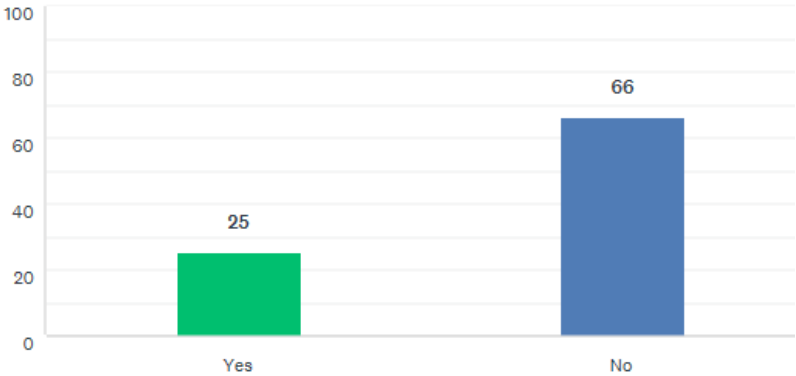
2. Would you like a paid job?

Answered: 86 Skipped: 5



3. Do you currently volunteer?

Answered: 91 Skipped: 0



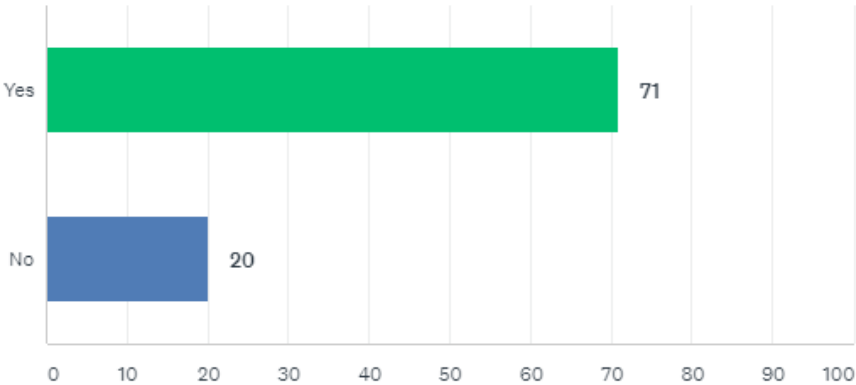
Commissioning Intention: (for questions 4 - 8)

“We will develop effective local housing options and care and support responses. What has worked well, what hasn’t worked well and what could be improved in the support offered to people with LD.”

4. Did you choose where you are currently living?

Response Summary: 78% (71 people) of all responders reported that they chose where they are currently living and are happy with their choice. Of those reporting that they did not make this choice (20), seven lived with their parents, five in a residential home and two lived alone.

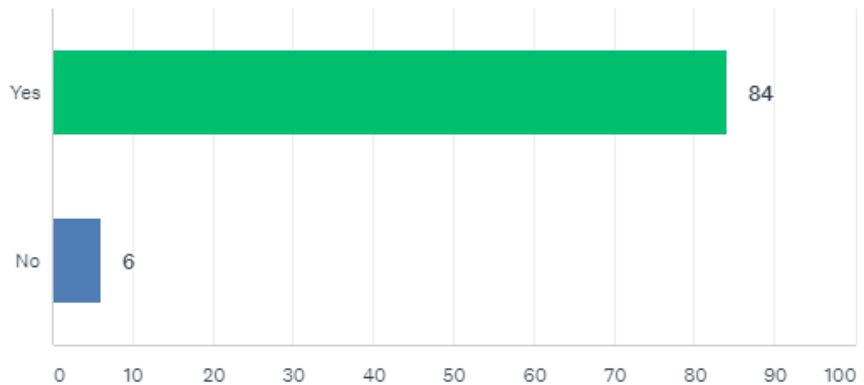
Answered: 91 Skipped: 0



5. Are you happy living there?

Response Summary: The significant majority (93%) of all responders (91) reported that they were happy living where they were.

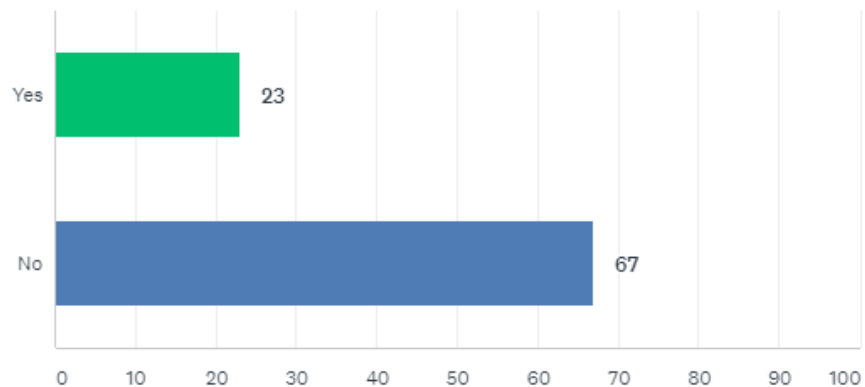
Answered: 90 Skipped: 1



6. Would you like to live somewhere else?

Response Summary: The majority (74%) of all responders (91) reported that they did not want to live somewhere else.

Answered: 90 Skipped: 1



7. Why would you like to live somewhere else? (free text)

Reasons for wishing to change where they lived (6 responders) were:

“Wishing to live with people of their own age group”

“Feeling unsafe in the area”

“Feeling lonely with poor support. Its lonely I find cooking really hard I have some support from ... but they turn up at different times and they only tell you on the day”

“Having their own space”

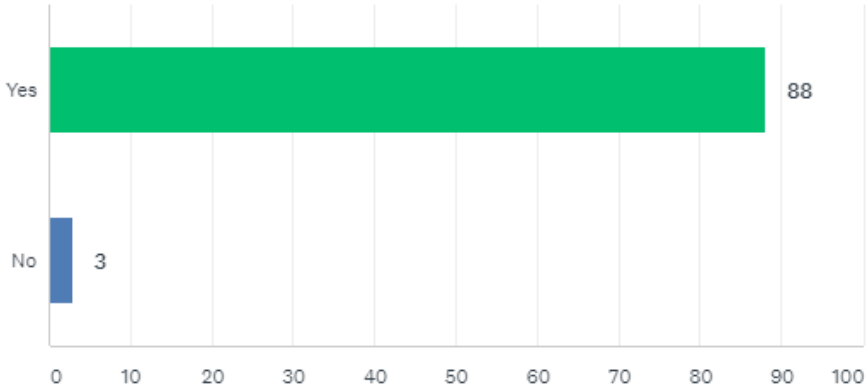
“Being nearer to parents”

“The cost of housing not being ‘affordable’”

8. Do you feel safe where you currently live?

Response Summary: 97% (88) of responders felt safe where they lived. Their reasons for this were, overwhelmingly, knowing familiar people and the kindness of those they lived amongst.

Answered: 91 Skipped: 0



Verbatim responses:

- “I feel safe because we have good staff and if I have any problems can go to staff anytime always”*
- “Staff lived here a long time.”*
- “I feel independent. I feel more safe now I have support”*
- “I know people in the area (Watcombe) that look out for me”*
- “Those attending Hollacombe CRC reported living at home, an interactive, happy life, mostly with parents or siblings”*
- “Feeling safe was also achieved by help to know the community they lived in.”*

Commissioning Intention: (for questions 9 & 10)
“We will ensure that people are supported to have relationships of their choosing.”

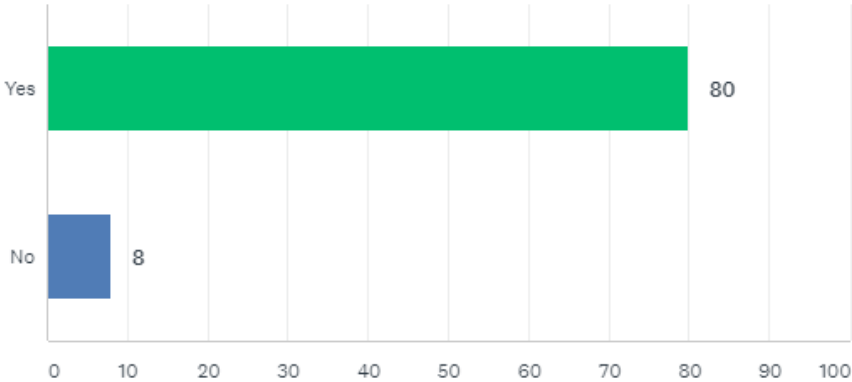
9. Who do you have relationships with? (free text)

Response Summary: Responders reported close networks of people whom they classed as friends. Most mentioned were parents and siblings and step-parents. Of the remainder this included close other family members - wife (1), fiancé (2), partner (7) and their own friends including mentioning boyfriends (3) and girlfriends (4). Although staff and carers were not mentioned in the prompt, “support worker” was identified (5) and carer (1). Friendships created at provider activities were also valued.

10. Do you feel that you have a choice of who to have a friendship/relationship with?

Response Summary: 91% (80) responders agreed that they had a choice of who to have a friendship/relationship with. Of those that did not have a choice, these also identified as lacking in friends and relationships.

Answered: 88 Skipped: 3



Comments:

- “Don’t see my family, don’t have many friends”*
- “Brother, I would like to have friends”*
- “Don’t know”*

When asked what support was needed to build friendships and relationships, responses included:

- “I want friends but I find it really hard. I’m shy”*
- “I would like support to make friends. Although I see people at the disco I don’t know how to make friends to see them outside of the disco”*
- “I have to put up with other people”*
- “Working through a relationship file”*
- “I am able to choose my friends, I sometimes need help to make arrangements to see them as I find this hard”*

Engagement responses: Carers - 28 responses

Responses to the survey specifically aimed at carers was low during this period of engagement. As per the engagement brief used elsewhere, we requested the assistance of specified local agencies to promote the survey across their wider service users. The same questions asked to service users were asked to carers of people with a learning disability.

Commissioning Intention: (for questions 1 - 4)

“We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.”

1. How would you rate the level of professional support you have received in your role as a carer to someone who has a learning disability?

Response Summary: 64% (18) of responses were positive. Reasons for poor rating included lack of continuity from carers, information not provided, inconsistency for health checks.

Answered: 28 Skipped: 0



2. What extra support would increase your overall score above? (free text)

Indicative comments include:

“Knowing where to find and who to ask for help.”

“We have had great support in our roles as carers for our child, but a lot more information as she approaches adult hood would be very welcome. Preferably a couple of years before her 18th Birthday would have been very helpful.”

“A good prompt care worker who didn't go on leave without notification of who replies to emails or telephone calls”

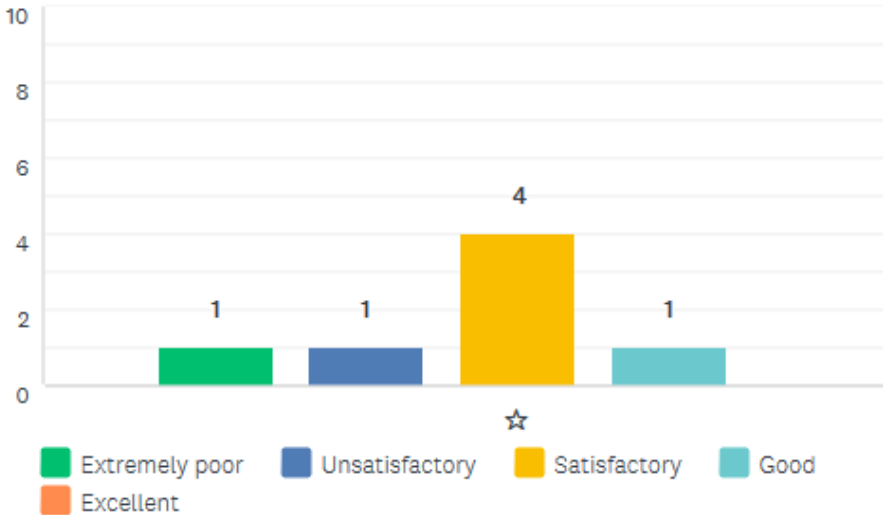
“GP support is poor, being usually generic advice and unsuitable for the person involved. They do not seem to have any in depth knowledge of the patient themselves.”

“Help, information and signposting to relevant groups post diagnosis.”

3. If you have accessed advice and support regarding housing for the person you care for, how would you rate this service?

Response Summary: 18% (5) answered positively, 7% (2) negatively and 75% (21) did not answer.

Answered: 7 Skipped: 21



4. Please describe which service you have used and why you have given the rating above? (free text)

No comments relating to satisfaction were provided. Verbatim negative indicative comments:

“Supported Living does not work for the profoundly handicapped. Using private companies to provide care has resulted in an unsatisfactory furnished building and a lack of qualified carers”

“No social housing available”

“Have been unable to access information regarding housing for my LD son”

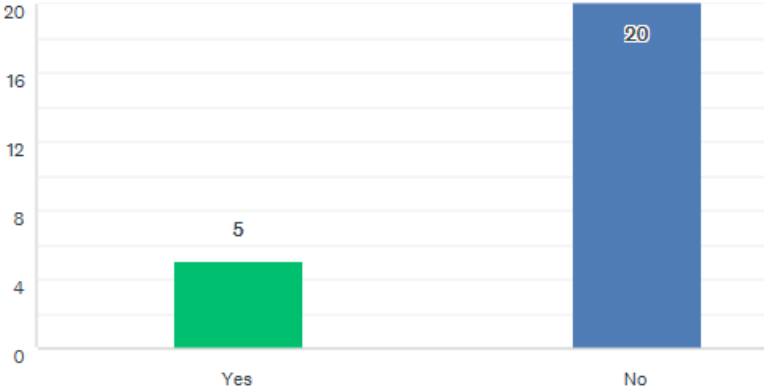
Commissioning Intention:

“We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.”

5. Has the person you care for been encouraged to take up any employment?

Response Summary: 18% (5) were encouraged, 71% (20) were not and 11% (3) did not answer.

Answered: 25 Skipped: 3



Comment:

“My college requested me as a parent to approach a local retailer as a placement for my son instead of the request coming from the College its self. (It was a No). They have not approached another branch under my request, but have offered my son work experience at the College shop for one week and only for 1 hour.”

Commissioning Intention:

“We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.”

6. Has the person you care for moved from children to adult services within the last 12 months? If yes, please rate below.

No responses received.

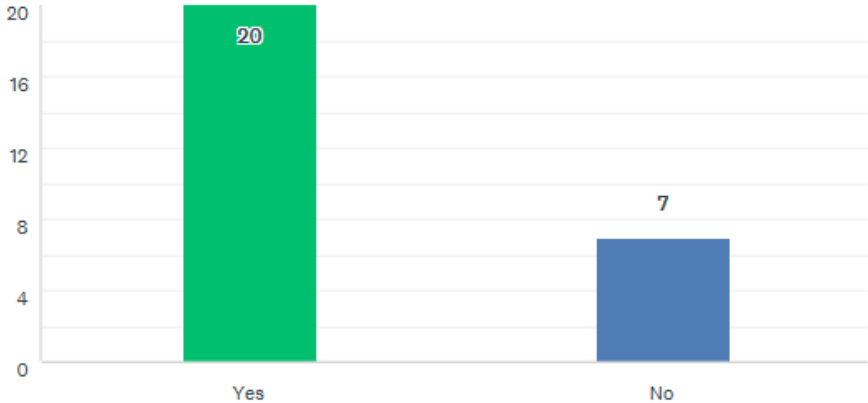
Commissioning Intention : (for questions 7 & 8)

“We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.”

7. Has the person you care for received annual health checks from your GP Practice?

Response Summary: 71% (20) said yes, 25% (7) said no and 4% (1) did not answer.

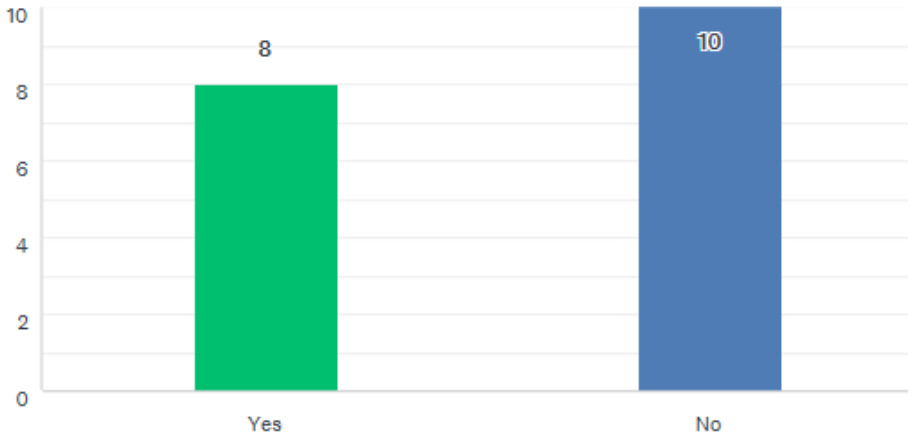
Answered: 27 Skipped: 1



8. Has the health check improved the quality of the health and wellbeing of the person you care for?

Response Summary: 28% (8) said yes, 36% (10) said no and 36% (10) did not answer.

Answered: 18 Skipped: 10



Comments were mixed but recognised that more than a health check is required:

“If they follow what the health team say yes, but most do not”

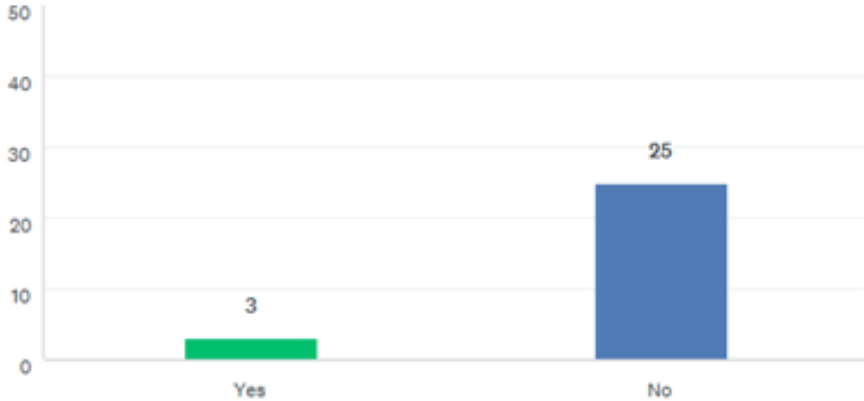
“On the whole it has been very good but there has been one or two problems.”

Commissioning Intention:
“We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.”

9. Have you had the need to access crisis/emergency support within the last 12 months?

Response Summary: 11% (3) said yes, 89% (25) said no.

Answered: 28 Skipped: 0



Comments:

“Crisis dental day care was a very bad experience. A&E and paramedic visits have been excellent.”

“They had problems with the availability of learning disability “passports” carrying information about medication”

“They felt that some urgent and emergency care staff have a lack of understanding or /training about the causes of challenging behaviour relevant to learning disability. This is more noticeable when staff are working under pressure.”

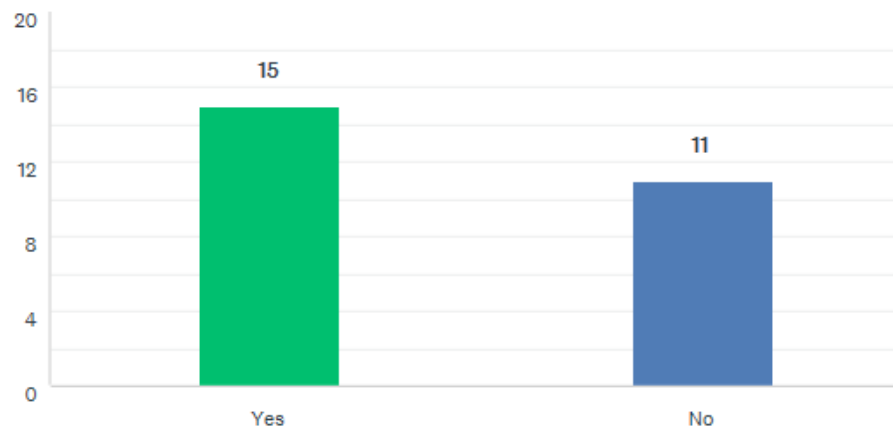
Commissioning Intention : (for questions 10 - 13)
“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

10. Are you aware of the services available to support you as a carer and the person you care for and how to access them?

Response Summary: 54% (15) said yes, 39% (11) said no, 7% (2) did not answer.

Findings

Answered: 26 Skipped: 2



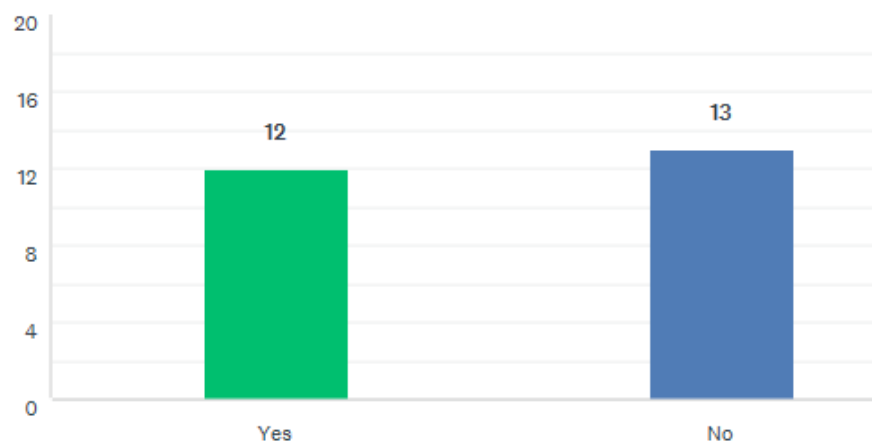
11. Please provide details about your experience of the service? (free text)

Comments indicated that Older Family Carers Service and GP support worker is used by those who are aware.

12. Does the person you care for use direct payments?

Response Summary: 43% (12) said yes, 46% (13) said no, 11% (3) did not answer.

Answered: 25 Skipped: 3



13. If no, have you received information about direct payments, please provide details including why you have not proceeded with this route. (free text)

Negative comments indicated that either little is known about the process, or that initial contact to discuss has not been followed through, or that it is just too much complexity to add to a caring role.

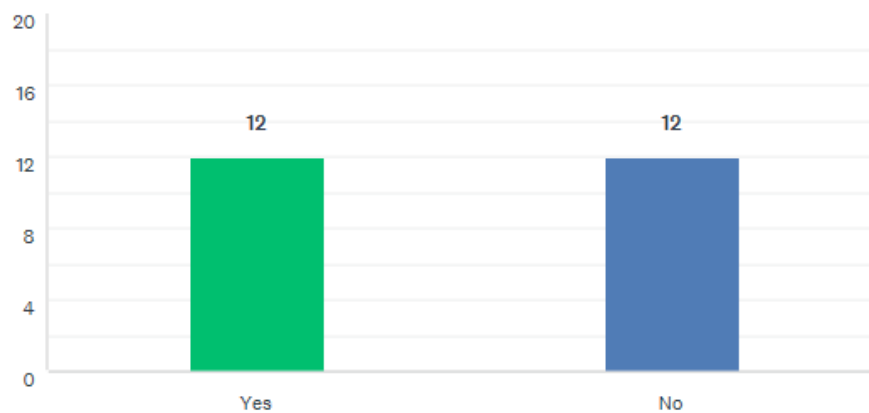
Commissioning Intention:

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

14. Do you have power of attorney or deputyship for financial and/or health for the person you care for?

Response Summary: 43% (12) said yes, 43% (12) said no, 14% (4) did not answer.

Answered: 24 Skipped: 4



15. If no, have you received information or been advised about the pros/cons for having this in place for the person you care for? (free text)

Comments indicate that of those who do not, they have delayed taking action or have not sought out information or believe that without formal powers or consent they are still able to speak for the one they care for.

“Don't have anything formally in writing but all doctors and benefits know to contact me.”

“When I say yes I can speak on behalf of her, but don't have legal power of attorney.”

“Too young”

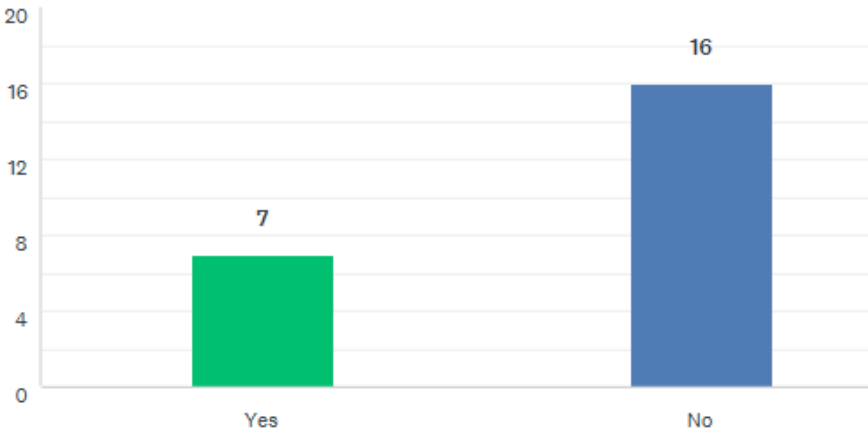
“We have not received information about this yet.”

Commissioning Intention:
“We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.”

16. As you and the person you care for grow older, are you aware of appropriate service to support you both in planning and preparing for the future? E.g. dementia services, end of life, housing support options, etc.

Response Summary: 25% (7) said yes, 57% (16) said no, 18% (5) did not answer.

Answered: 23 Skipped: 5



17. Please share your thoughts or concerns about this. (free text)

Comments for those without provision showed anxiety and lack of knowledge on the correct approach or who would give advice. There were concerns about people living in families where the main carers are themselves elderly.

“I do not want her to be alone as it will be very lonely as things are going or taken advantage of. I want her in a safe place.”

“Recognising signs of dementia in both the carer and the cared for”

“Lack of availability of appropriate respite care”

“Accommodating changing health and accommodation needs for both the carer and the cared for person.”

18. Finally, please feel free to share any other information/comments that are important to you as a carer to someone with a learning disability.

Verbatim comments:

“As long as I care, no one else will. When I stop, then the ????? will have to. Simple.”

“Nobody explains or tells you what services are out there.”

“Needed more emotional support when my son was first diagnosed (10 years ago). The process was very 'cold' and I suffered anxiety and guilt.”

“Please do not even think of closing the day centres, they are vital to the wellbeing of my daughter without them she would be left sitting, watching television, which she doesn't actually watching television, all day, carers lack imagination or energy to do anything about normal living, going out meeting people exploring their parameters”

“As a carer I constantly worry that my daughter will have her services cut hence putting more pressure on me. I do receive respite but I was given 6 less vouchers last year and now I have to contact someone to argue my case. It feels like life is one constant battle and all I want is what is best for my daughter, and not to feel under constant threat. Professionals will never understand, unless they live the life carers live, all that most carers want is a break and not to feel that we are a burden”

“I am a carer for my daughter. She has disability and learning difficulties. I think maybe in about six years' time I would like to look into this to help her for the future.”

“We have had very good support while caring for our child, but we literally have no idea what is available when she becomes as adult in the Autumn. If we were given this information a couple of years in advance of adulthood it would have helped with planning for her future.”

“Wish the agencies would listen to you, return phone calls or answer letters, and that you did not need to threaten them with the ombudsman, before they do anything. It is hard enough caring for somebody without the endless paperwork that seems to be constantly turning up in the letter box, regarding benefits, etc. The fab team now also send out assessment forms for you to fill in, so they don't have to make a home visit, which means you also have to send photo copies of documents, which when they came to carry out a home assessment they only had to see them. If you have been a Carer over a long period of time, you are get tired of the endless paperwork.”

“I worry about my daughter after I have gone!”

“There is a very small amount of support/guidance offered to carers. It feels very isolating and can have a negative impact on the carer as well as the individual who requires care.”

Engagement responses: Providers - 10 responses.

We asked the providers to comment on all of the fifteen commissioning intentions from the “Living well with a learning disability in Devon” 2014-2017 Joint Commissioning Strategy. 21 providers were invited to participate in the provider’s survey, of which, ten anonymous providers actively responded. Their concerns and verbatim comments are included below:

Commissioning statement 1 :

“We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.”

What has worked well?

- Some progress had been made here.

Comment:

“Good progress here, [but] funding needs to be individual, as shared funding does not work and restricts people moving forward.”

What hasn’t worked well?

- The lack of willingness to address personalisation and individual wellbeing.

Comment:

“If you can get the funding to support people to do this. As assessments aren't based on client need it is about how much it costs and if social workers can reduce packages then they do. I was told that going to the cinema was a WANT not a NEED and so any socialisation funding wasn't required. This person cannot leave the house without support so by not putting funding in they were massively restricting the person. Social workers need training around what is practical. I was told that a person should get a cleaner so funding could be cut as then they won't need support around maintaining their house! How is this promoting independence?”

- An inconsistent approach to prevention.

Comment:

“GP often won't see the person, they will prescribe over the phone. One surgery is very reluctant to for the person with an L/D to see the doctor and has to go through several appointments with other professional who cannot change or issue prescriptions. L/D yearly health check reviews are often a loose chat with carer. More follow ups often needed but pushed aside as they have a LD.”

What could be improved?

- **Specialist support from the primary/community care professionals.**

Comments:

“There is a lack of professionals (Primary Care Liaison Nurses, Physiotherapists, Occupational Therapists) with the skills and knowledge to work with people who have a learning disability and therefore the small few there are, are very stretched. The professionals that are in place are excellent.”

“Training, expectations of employees, standards are all different”

- **A forum for sharing knowledge and awareness of key issues.**

Comment:

“There is no 'overarching' body that is collating what goes on and what is on offer for individuals. The provision is patchy but more importantly most people would argue that they just don't know what is on offer for them to access.”

Commissioning statement 2 :

“We will develop effective local housing options and care and support responses. What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD.”

What has worked well?

- **Sensitive lettings offering additional support.**

Comment:

“There are some sensitive lettings that offer additional support but not many”

What hasn't worked well?

- **Lack of provision and respite providers leading to potential for poor quality lettings**

Comments:

“There is a lack of housing and organisations providing housing in the bay to ensure people have a good choice including, who they live with and where they live.”

“No competition between them to make them better.”

“Family carers do not complain about poor service in case it is withheld.”

- **Repeated concerns about isolation resulting in loneliness and vulnerability.**

Comments:

“The move to ensure people of similar abilities live together is not always conducive to ensure harmony or a balanced setting as most of us live in mixed groups regarding ages and abilities, for example more able people benefit from supporting less able and enjoy

noise /stimulating of a mixed group. People living alone can be very isolated and become deskilled by anxiety levels.”

“Pushing the need for people with an L/D to live independently in a flat on their own, opens up a whole can of worms for seclusion and possible abuse of many types.”

What could be improved?

- **Forward planning.**

Comment:

“The new supported living strategy looks promising. Concerned that recently people are just being placed according to budget rather than a person centred approach. Commissioners need to be aware of the numbers and needs of people with LD living in family home and their potential future housing and care needs.”

- **Communication and raising awareness.**

Comment:

“Work closer with landlords, awareness sessions etc. too many landlords do not understand and will not take if on benefits. Something needs to change.”

- **A more consistent approach.**

Comment:

“There is no consistency over the provision and quality of the housing and supported care. There is also no consistent pricing.”

Commissioning statement 3 :

“We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.”

What has worked well?

A positive response stated that *“this has worked well”*; however, of the seven responses, five were negative.

What hasn't worked well?

- **Lack of support.**

Comments:

“This needs drastically improving and more support offered to individuals to find meaningful employment.”

“It is hard to get jobs under normal circumstances let alone having a LD, more coaches to work alongside and support ongoing is needed.”

“The benefit side of things is too confusing and there is no central drive from Torbay to change this situation. Too many people with disabilities are unemployed and not represented in businesses.”

What could be improved?

- **Engagement with employers.**

Comments:

“Employers are not very willing to take a chance on someone with an LD that’s the difficulty”

“There is very little engagement by local employers in Torbay to work with people with disabilities.”

Commissioning statement 4:

“We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.”

What has worked well?

- **Transitioning from child to adult services**

Comments:

“Working with one individual to transition from child services to adult services ... its early days but appears to have a lot of support and multi-disciplinary approach.”

“Transitioning between Mayfield School and Hollacombe seems to work well.”

What hasn’t worked well?

- **Lack of social worker support**

Comment:

“Transition from school to adult services is messy. Parents often express the lack of support from social workers.”

- **Lack of information for parents**

Comment:

“We have found that most families do not have the information they need regarding the move into adult services - with our short break service it’s been more word and mouth than active input from social work teams.”

What could be improved?

- **More information on what is available**

Comment:

“There needs to be more information about what is available to the child as they transfer into adult social care as this seems to be lacking.”

- **More transition staff**

Comment:

“In the past we had great transition staff, this was stopped. People need to be supported forward from child to adult.”

Commissioning statement 5 :

“We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment. Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.”

What has worked well?

Positive response stated that *“no improvement needed”*; however, most responses highlighted the inconsistency of GP Practices.

What hasn't worked well?

- **Inconsistency across primary care**

Comments:

“We have a good relationship with the GP surgeries that our clients use although it can be difficult to get appointments at times that are suitable to our clients' needs due to the new booking in systems that they introduce.”

“We have found this is very dependent on the GP and the practice involved.”

“This varies depending on the GP. Some GP's are very good at supporting people who have an LD and others aren't.”

- **Communication**

Comment:

“There is a lack of communication/multidisciplinary approach. Decisions made within their particular area but nobody is looking at the overall picture and the consequence of changes to care without information being shared.”

What could be improved?

- **Regular health checks**

Comments:

“For this to be improved all GP’s need to ensure the person is having regular checks and following up on reviews such as asthma and diabetes - and highlight it if the person has missed appointments. GP’s need to review more frequently medication that is being given on repeat prescription and also be more mindful of prescribing medication over the phone without seeing the person.”

“We have an obese population of people with learning disabilities especially in supported living. We need to address this ASAP.”

- **Screening for Dementia**

Comment:

“Improved screening for dementia needed. GP’s seem reluctant to do base line screen for LD and it is not always easy to get a parents concerns about the person they care for showing possible signs of dementia heard. As a significant percentage of people with LD develop early onset dementia there should be better access to a baseline assessment.”

Commissioning statement 6:

“We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.”

What has worked well?

Positive response stated that *““Rapid Response Team have provided excellent support at home for families in crisis”*”.

What hasn’t worked well?

- **Lack of respite support**

Comments:

“Closure of Baytree has worried many families. There is a concern about where an emergency bed may be found in event of a crisis.”

“Lack of respite support available to help in crisis situations.”

“On the two occasions I have worked with someone who became very stressed and had to be moved from their home one person was moved to Wales and the other to Cornwall. Therefore in my opinion there are not enough specialised support services in the area.”

“A person with profound learning disability and physical disability was in respite care due to go home. His parent was unable to care for him as she had ‘flu and was concerned about the risk to him. He had complex care needs and no other member of the family was able to support him. The respite provider was unable to continue his care. The extent of illness of the mother was challenged by senior staff who dismissed her concerns without empathy. No support care was provided. The person returned home and his sister cared for both on her own.”

What could be improved?

- **Communication**

Comments:

“Making a referral for someone considered to be reaching crisis point can be difficult due to 'gate keeping' when contacting 01803 219700 - would be easy for a family member to be put off asking for much needed help”

“Each person needs to have clear idea of who is their social team lead so they can contact, people do not see to know who to call and call support workers when not supported.”

Commissioning statement 7 :

“We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon.”

What has worked well?

Of the seven providers responding, two considered that there were no issues to report.

What hasn't worked well?

- **Service closures leading to long waiting lists**

Comment:

“All services seem to be closing ... huge waiting lists for OT (Occupational Therapist) Speech and language etc.”

- **Information available**

Comment:

“Dependent on social workers and their knowledge of facilities and opportunities.”

- **Cost of therapies**

Comment:

“The provision of therapies are patchy at best plus the cost prohibits universal access.”

What could be improved?

- **More LD therapy specialists**

Comment:

“Many of our clients don't fit into IATT (Intensive Assessment and Treatment Teams) or mental health remits and the DAS (Depression and Anxiety Service) service doesn't offer the longer term therapies they need so end up without any therapeutic treatment.”

Commissioning statement 8 :

“We will ensure that people are supported to have relationships of their choosing.”

What has worked well?

- **Level of support**

Comment:

“Good when relationships have been supported. Aware of a couple who have now been supported to get married after years of being discouraged due to their LD.”

“I believe as a provider we support people to do this well.”

What hasn't worked well?

- **Difficult to promote positive relationships**

Comments:

“We do what we can to promote positive relationships with family friends and the community but it can be difficult.”

“From what I have seen this is good, even when families may disagree.”

What could be improved?

- **Not ‘categorising’ people**

Comment:

“[This] will be hampered by banding people into categories of who they can live with.”

Commissioning statement 9 :

“We will support parents who have a learning disability by offering specialist support to agencies working with them.”

What has worked well?

Of the seven providers responding, two considered that there were no issues to report and that it “works well”.

What hasn't worked well?

- **Lack of Support**

Comment:

“LD Team Community Nurses previously provided good support for parents with LD. Loss of team seemed to create a gap. Understand that Devon Linkup are now providing support which is much needed and needs to be continued.”

What could be improved?

- **Flexibility of support**

Comment:

“There are events and courses put on during the day but this excludes many parents and carers who work. Also, these courses do not target what parents actually want.”

Commissioning statement 10 :

“We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.”

What has worked well?

- **Availability of some services**

Comments:

“There are a lot of Dementia services accessible to us even though we don't use them currently.”

What hasn't worked well?

- **Access to services**

Comments:

“Need clear access to support and when people can access. Bereavement counselling that can have waiting lists over 6 months and not LD aware.”

“Where are these services??”

What could be improved?

- **Screening for Dementia**

Comment:

“Initial dementia screening is needed and then follow ups with access to appropriate medication.”

- **Personalisation of services**

Comment:

“Important that services suit the individual and not just fit a label of 'LD' or 'Dementia’”

Commissioning statement 11 :

“We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.”

Only one service provider response was able to comment on this statement. Others expressed no knowledge. The one response was largely positive regarding ‘Life Books’ and ‘Direct Payments’. Comment:

“Life Books have provided for people with LD to carry information provided by family carers before the carer dies. This can be a great help in helping person with LD to have a good care plan and keep some sense of their family history for future care providers to have a better understanding of their personality and care needs. Have seen direct payments work very well and reduce cost of care package when family have good input on care plan.”

Commissioning statement 12 :

“We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.”

What has worked well?

Of the seven providers responding, one considered that there were “no issues”.

What hasn’t worked well?

- **Lack of Choice**

Comments:

“Due to the lack/choice of providers, some people have to access services which are not able to fully meet their needs, but there are no other alternatives.”

- **Lack of Support**

Comments:

“There is very little support for people to get help with this and those that are there to help are so overstretched. There is a real concern within our charity that people are missing out on money that they are entitled to and services suffer as a result.”

“Some carers find it difficult to know where to go to find someone to support the person they look after”

“As long as there is someone to help them manage this budget then that is ok, but there is a lot of room for abuse in this situation, i.e. not providing the hours expected, letting the person down by not turning up etc. without an organisation behind them.”

“There is a lack of coordination/organisation matching the right person to support someone who wants to purchase support through a direct payment.”

What could be improved?

- **Personalisation**

Comments:

“A truly personalised service can improve life of person and reduce costs.”

Commissioning statement 13 :

“We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon.”

What has worked well?

Of the six providers responding, one considered that there were “no issues”.

What hasn't worked well?

- **Lack of public consultation**

Comments:

“Lack of LDPB (Learning Disability Partnership Board) has limited communication and opportunity for people to have their say.”

“Often decisions are made amongst senior managers but they have not consulted with providers, carers and people who use services and therefore there is still work to be done in this area.”

“Things happening in isolation need opportunity to bring people together to influence things within the community”

What could be improved?

- **Stronger community voice to speak out**

Comments:

“More speaking out groups and advocacy needed to ensure decision makers are hearing the voice of LD.”

“Who is championing these people? Where is the local and national voice?”

Commissioning statement 14 :

“We will continue to support the use of the Mental Capacity Act in services.”

What has worked well?

- **Carer Assessments**

Comment:

“More carers are being offered an assessment in their own right ensuring they get any support they need.”

What hasn't worked well?

- **Implementation of the Act**

Comment:

“Can be poorly implemented, recent example of an end of service questionnaire that was not accessible to people with LD but could not provide an easy read version as it had to be 'academically rigorous'. Did not give people with LD opportunity to complete and they were deemed to lack capacity when MCA says that information should be given in alternate format to give every opportunity to understand.”

What could be improved?

- **Funding**

Comment:

“The money and funding needs to be in place to successfully do this.”

Commissioning statement 15 :

“We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.”

What has worked well?

- **Response to Safeguarding Alerts**

Comment:

“Yes I have no concerns with the safeguarding team ... they are quick to respond and guide on incidents/ issues raised to them”

What hasn't worked well?

- **Safeguarding Processes**

Comments:

“Safeguarding processes are in place however they can take a long time to make changes for the person”

“Have found that reporting safeguarding issues through 01803 219700 can be difficult for family members particularly if they are raising a concern about the person they care for - 'gate keeping' again can be difficult”

“The police have no idea how to work with LD clients. They hide behind the capacity card and in many instances where we have reported assaults say that the person didn't have capacity to understand their actions. It's like they are immune from any prosecution”

What could be improved?

- **Support for vulnerable people**

Comment:

“Client lost his home... [after it was]...deemed too big for him, his benefits were stopped because he was confused about the situation and he did not get the right support. He got into debt and ended up in a hostel with loss of his flat and most of his possessions.”

Summary of Findings

Service Users

Of the 91 service user responses, all service users surveyed appeared to be socially and physically active, with friendships and family often identified as an essential part of the support network. Service users value organisations that enable them to ‘get out’ and not ‘be bored’, however, the cost of travelling independently was identified as a barrier.

Over 30% (of 91 people) considered that they would like a job or to gain a new skill and knew what they would like to do. Concerns included not understanding paperwork and needing help to complete, crowded buses and public attitudes.

The majority (78%, 71 people) of all responders reported that they chose where they are currently living and are happy with their choice. 97% (88) of responders felt safe where they lived, mainly due to knowing familiar people.

Responders reported close networks of people whom they classed as friends. Most mentioned were parents, siblings, step-parents and other family members. Friendships created at provider activities were also valued, with 91% (80) responders agreeing that they had a choice of who to have a friendship/relationship with.

Carers

64% (19) of the 28 carer responses rated the level of professional support they receive as positive. Reasons for poor rating included lack of continuity from carers, information not provided, and inconsistency for health checks. Housing advice and support was rated more positively than not by carer responders.

18% (5) of the 28 carer responders said the person they care for had been encouraged to take up employment. 71% (20) said the person they care for had received an annual health check from their GP, with 28% (8) saying it had improved their health and wellbeing. 43% (12) of carer responders said the person they care for used direct payments, with 43% (12) again saying they have power of attorney or deputyship for financial and/or health for the person they care for.

11% (3) of carer responders had needed to access crisis/emergency support within the last 12 months.

54% (15) of carer responders were aware of the services available to support them as a carer and the person they care for, and how to access them. 25% (7) were aware of appropriate services to support them both in planning and preparing for the future.

Providers

Of the ten providers who responded to this survey, there were mixed responses throughout to whether the fifteen commissioning intentions had worked well and what improvements were required.

Some providers commented positively regarding the progress that has been made, particularly praising some of the support services offered (e.g. sensitive lettings, transitioning from child to adult services, direct payments and dementia services).

The majority highlighted areas that weren't working so well, including a lack of support and lack of communication throughout the commissioning intentions. A lack of provider choice, available information, public consultation and personalisation to the individual were also mentioned, as well as inconsistencies in prevention and primary care.

When asked to identify what needs to improve, providers frequently commented on the need for improved communication and information available on services and how to access them, not just for service users but also for parents, carers, providers and employers. The need for more consistent, flexible and specialised LD support services (e.g. Dementia Screening, therapists) was also identified, as was the need for forward planning using the voice of the very people who access LD support services.

Thanks

HWT would like to thank the Planning Focus Group, which included:

- Volunteers
- 2 x local carer representatives
- Hollicombe Day Service
- Mayfield GP Practice Care Support Worker
- Torbay Older Family Carers for Mencap
- Torbay Mencap
- Secretary and Vice Chair for Torbay Mencap (local) Society and carer
- SPOT (Speaking Out In Torbay) Representative
- Parent representative supporting someone with LD
- Chief Officer Devon Link Up
- Co-ordin8
- ROC services manager
- Down South representative
- Project coordinator with national Mencap
- Healthwatch Torbay staff and volunteers

We would also like to thank all the service users, carers and providers who participated in this consultation to give us their valuable feedback.

Appendices

Appendix A - Questionnaires used

Service User Survey

Learning Disability Survey for people with lived experience

Healthwatch Torbay is working in partnership with the Learning Disability Sustainability and Transformation Partnership (STP) across Devon to undertake an independent survey to review and refresh the Devon wide Learning Disability Commissioning Strategy “Living Well with a Learning Disability in Devon 2014 – 17 to find out what has worked well, areas that could be improved and to ensure it supports your vision for your future. Healthwatch Torbay is an independent consumer champion for Health and Social Care services in Torbay, ensuring the voice of the community is used to influence and improve services for local people.

To have your say in shaping and improving the Living Well with a Learning Disability Strategy over the next three years, please could you complete and return this questionnaire. If you would like to speak to us direct then you can contact the Healthwatch Torbay office, Monday - Friday, 9.30am - 12pm, on the Freephone number 08000 520 029 and someone will complete the questionnaire with you over the phone.

If you wish to complete this online please use <https://www.surveymonkey.co.uk/r/LDLivedExperience>

Please note that all responses will be anonymous and the information you provide will be used in our report at the end when all the feedback is gathered and shared with commissioners.

Please complete the questions that are relevant to you, and submit the questionnaire even if you haven't completed all the questions as all of your input is important to us.

Please indicate your relationship to the person with learning disability e.g. key worker, carer, volunteer (you do not need to specify name)

To be completed on behalf of the person with learning disabilities

Please indicate your age range.

- 18 – 25 yrs
- 26 – 50 yrs
- 51 – 64 yrs
- 65 – 74 yrs
- 75 - 84 yrs
- 85+ yrs

Q1 - What do you do during the day?

E.G. What do you like to do during the day? What don't you like doing during the day? Is there anything you would like to do that you don't do at the moment?

Q1

E.G. - Do you have a paid job? Do you volunteer?

Q3 - Where do you live and are you happy living there?

E.G. - Did you choose where you are living? Who do you live with? Would you like to live somewhere else? Why? Do you feel safe where you live? What makes you feel safe/unsafe where you live?

Q4 - Do you see and friends or family?

E.G. - Who do you have relationships with e.g. family, friends, partner? Do you feel that you have the choice of who to have a friendship/relationship with? Is there any support or information you need to help you make decisions about relationships you have?

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revised strategy.

Carers Survey

1. Please indicate your age range.

18 - 25

26 -50

51 - 64

65 - 74

75 - 84

85+

Extremely poor Unsatisfactory Satisfactory Good Excellent

What extra support would increase your overall score above?

2. How would you rate the level of professional support you have received in your role as a carer to someone who has a learning disability?



Extremely poor Unsatisfactory Satisfactory Good Excellent

Please describe which service you have used and why you have given the rating above

3. If you have accessed advice and support regarding housing for the person you care for, how would you rate this service?



Comment

4. Has the person you care for been encouraged to take up any employment?

Yes

No

Extremely poor Unsatisfactory Satisfactory Good Excellent

What worked well or could be improved?

5. Has the person you care for moved from children to adult services within the last 12 months? If yes, please rate below



6. Has the person you care for received annual health checks from your GP Practice?

Yes

No

Please provide details

7. Has the health check improved the quality of the health and wellbeing of the person you care for?

Yes

No

If yes, please provide details about your experience of the service

8. Have you had the need to access crisis/emergency support within the last 12 months?

Yes

No

Please list the services you use or are aware of

9. Are you aware of the services available to support you as a carer and the person you care for and how to access them?

Yes

No

If no, have you received information about direct payments, please provide details including why you have not proceeded with this route

10. Does the person you care for use direct payments?

Yes

No

If no, have you received information or been advised about the pros/cons for having this in place for the person you care for? Please provide any comments

11. Do you have power of attorney or deputyship for financial and/or health for the person you care for?

Yes

No

Please share you thoughts/concerns

12. As you and the person you care for grow older, are you aware of appropriate service to support you both in planning and preparing for the future? e.g. dementia services, end of life, housing support options etc

Yes

No

13. Finally, please feel free to share any other information/comments that are important to you as a carer to someone with a learning disability

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revise strategy

Provider Survey

1. Commissioning statement- We will support people to be independent and self-reliant. We need to take a long-term view of care by supporting individuals by the use of good prevention approaches. We will ensure that people are supported in their communities and through range of services that are least restrictive and maximise the independence of each person according to their needs.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

2. Commissioning statement- We will develop effective local housing options and care and support responses.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

3. Commissioning statement- We will work with the Department of Work and Pensions and relevant partners to help people into employment that can offer income as well as other social benefits. This requires employment support agencies to offer the right help to get people into work.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

4. Commissioning statement- We will improve the experience of young people and their carers as they move between child and adult services. This work will span health and social services together with benefits and direct payments.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

5. Commissioning statement- We will address the health inequalities of people who have a learning disability by ensuring that reasonable adjustments are made in services to enable faster diagnosis and treatment Ensure LD clients are identified within GP Practices by ID marker and other services informed. In addition, we note that access to disease prevention needs to be improved in relation to obesity, diabetes, cardiovascular disease and epilepsy.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

6. Commissioning statement- We will provide fast and targeted help for people in times of crisis, with the aim of supporting each person as close to home as possible.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

7. Commissioning statement- We will review the provision of therapies for people who have a learning disability, concentrating on access and equity across Devon.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

8. Commissioning statement- We will ensure that people are supported to have relationships of their choosing.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

9. Commissioning statement- We will support parents who have a learning disability by offering specialist support to agencies working with them.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

10. Commissioning statement- We will support people who have a learning disability to access those services that they may need as they grow older, including dementia age appropriate services.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

11. Commissioning statement- We will ensure that people who have a learning disability and their carers will have effective and tailored support at the end of life.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

12. Commissioning statement- We will continue to support people to access personalised services across health and social care, including access to direct payments or personal health budgets.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

13. Commissioning statement- We will seek to influence other decision makers to ensure that citizens who have a learning disability will have improved access within our communities across Devon.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

14. Commissioning statement- We will continue to support the use of the Mental Capacity Act in services.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

15. Commissioning statement- We will continue to help people keep safe, working within safeguarding processes and working closely with police and other public services to achieve this.

What has worked well, what hasn't worked well and what could be improved in the support offered to people with LD? (please provide details)

Thank you for taking the time to complete this questionnaire. Your feedback and responses are important to informing the revised strategy.

All information given will be kept in accordance with the General Data Protection Regulation 2016/679 (GDPR). Healthwatch Torbay follows standard security procedures to protect your data.

Please be aware you have the right to see the records Healthwatch Torbay holds about you and to be supported to have access to these.
Our Privacy Statement and Terms & Conditions can be found at www.healthwatchtorbay.org.uk

Appendix B - List of Learning Disability Providers

List of key organisations/providers who were given the opportunity to engage with Healthwatch Torbay and the Planning Focus Group during this consultation.

- United Response (ROC)
- Coordin8
- Hollacombe
- Mencap - Gateway
- St Michaels
- Braemar House
- Arundel House
- Burrow Down
- Maidencombe Manor
- Potins
- Summerlands
- Renaissance
- Aspire
- Mencap Society
- Down South Group
- Torbay Older Family Carers Initiative
- SPOT
- Devon Link Up
- Modus Care Ltd
- New Redvers

Details of engagement activity undertaken to gather feedback for Healthwatch Torbay by organisations and providers

- United Response (ROC) - attended Planning Focus Group, completed surveys and had video box at Aspects in Paignton Hyde Road.
- Coordin8 - ran a workshop with service users to gather feedback (supported by HWT Volunteer)
- Hollacombe - attended Planning Focus Group, gathered feedback, case studies and other national/local report, and invited HWT to attend their event in June

- Torbay Mencap - attended Planning Focus Group, gathered surveys through Gateway Club support by HWT volunteers
- St Michaels - SPOT and HWT volunteer completed surveys at St Michaels
- Summerlands - SPOT completed surveys at Summerland
- Renaissance Residential and St John's Supported Living - completed surveys with service users in both locations
- Summon Bonum -SPOT completed surveys at Summon Bonum
- Down South Group - provided valuable information HWT CEO
- Torbay Older Family Carers - attended Planning Focus Group, completed surveys with carers
- New Redvers - completed surveys with service users supported by HWT volunteer
- Torbay Carers Service - circulated survey online to all carers with an email address. HWT used recently completed report with carers for elements of this LD report
- Devon Link Up - attended Planning Focus Group, provided case studies, feedback from recent engagement held, feedback around advocacy and end of life,
- FAB (employment Support Group) - attended Planning Focus Group, gather feedback from service users.
- SPOT -attended planning Focus Group, completed surveys at 3 locations
- Carers - 2 local carers attended the Planning Focus Group and gathered feedback from Roc Creative
- LD Nurse Torbay Hospital - Shared information with HWT
- HWT ran drop in session for one week during the consultation period.

Appendix C Parent Carers Forum Evaluation about Annual Health Checks for Learning Disabilities in Torbay

Click on the image below to download the PDF of the report or visit

<https://healthwatchtorbay.org.uk/annual-health-checks-for-learning-disabilities-report/>



Contact us

Address: Healthwatch Torbay
Paignton Library,
Room 17,
Great Western Road,
Paignton,
Devon
TQ4 5AG



Healthwatch Torbay @HWTorbay

Phone number: 0800 052 0029

Email: info@healthwatchtorbay.org.uk

Website: www.healthwatchtorbay.org.uk

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