

A Whole-Life Disability Strategy for Staffordshire

DRAFT

2018-2023



Foreword

We want Staffordshire's residents to live their lives to their full potential and this includes people who are living with a disability. We want people with disabilities to be independent and equal in society and have choice and control in their own lives. We want people to have dignity and self-respect and for those with more complex needs to have the support they need to maintain this.

Across Staffordshire, 3 in 100 people are currently living with a learning disability and 11 in 100 people with a physical disability. While drafting this strategy, we have spoken to many of these people and their families and carers.

What has become clear is that 'disability' is a label that is unhelpful. The way we support people in the future needs to be about ability, not disability, about focussing on what people **can** do and building on these strengths so that they can live full and independent lives for as long as possible.

Not only does evidence suggest that this approach leads to a better quality of life for people with disabilities, it is a principle that will ensure we can protect social care services for those who really need them in the future.

The Council is facing an unprecedented financial challenge with an ageing population, rising costs and a budget which is falling in real terms. This means that our approach to the provision of services and support for all residents, including people with disabilities, needs to balance meeting need with affordability.

In view of this, wherever possible, we intend to prevent, reduce or delay the need for long-term social care services. The reality is that most people with a disability do not actually need or want this kind of ongoing dependence.

We will continue to meet our responsibilities and encourage others to look at their own contribution. Supporting disabled people to live well in and be part of their communities is the responsibility of all of us - including people with disabilities, family members, carers, friends, neighbours, employers, educators, decision makers, funders and planners.

For the few people who have an ongoing eligible assessed care need, the Council will continue to provide appropriate and best value support under the Care Act, Children Act and the Mental Health Act.

We want to be clear here, that the support offered will be meet people's needs **and** represent good value for money. This means that the type of support some people currently receive may change, but their assessed eligible needs will always be met.

Together, we can ensure that people living with disabilities in Staffordshire can achieve their goals and enjoy happy, independent and successful lives, and that we are able to support those who most need it both now and for the future.



Cllr Alan White

**Deputy Leader of the Council and Cabinet
Member for Health, Care and Wellbeing**



Cllr Mark Sutton

**Cabinet Member for Children and Young
People**

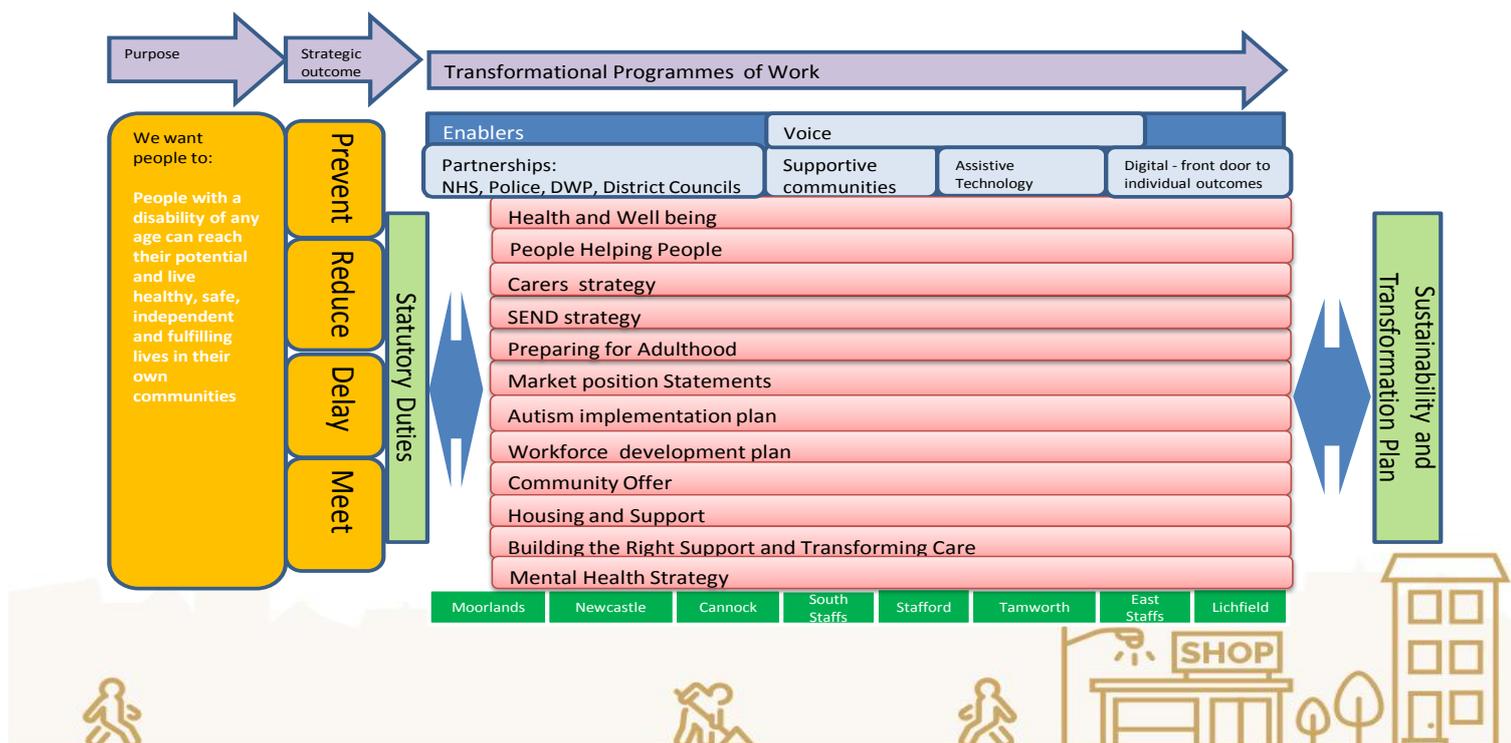
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Plan on a Page- the framework for making the strategy work

Whole Life Disability Strategy- Plan on a Page



This diagram sets out the main ambitions, links, implementation plans and processes the Council seeks to employ to deliver this strategy.

Vision

1. Our vision is to take a whole life approach to ensure that:
“People with a disability of any age can reach their potential and live healthy, safe, independent and fulfilling lives in their own communities”.
2. The introduction of new legislation and guidance (See appendix2) means that whilst many of the ambitions of the previous strategy, “My Life My Way” are still relevant the way we operate will need to change.
3. People experience their disability in different ways. This strategy sets out the vision for how we want all people who have a disability to be able to live their lives. We will make sure we respond to their individual circumstances, their support networks, their conditions and the communities in which they live which will be different for each person



4. In order to deliver our vision, we will:
 - **Build a Healthy Staffordshire**, with an environment that improves health and wellbeing for all.
 - **Help people to help themselves**, by giving simple, clear information and advice to enable and empower (PH) them to take responsibility for keeping themselves healthy, safe and prosperous.

- **Grow communities to support people**, and which help people to live independently in their own home, with care and support from family, friends and the whole community.
 - **Offer extra help for those who need it**, to prevent and respond at times of crisis to get people back to independence.
 - **Be honest about the options available**, so that people understand who is eligible for support and who will pay for it, and talk to people affected by any changes before they are implemented..
 - **Maintain long term care services**, working with our partners and providers to ensure that when people do require support, we can offer quality and safe services that meet people's needs.
5. This will inform a new approach to supporting people with disabilities of all ages. **The guiding principles** of our new approach are:
- Individuals with a disability will be able to access and participate fully in family and community life to meet their needs
 - Individuals and their families will have access to good quality, accessible information, advice and guidance to help **prevent** needs escalating
 - We will apply approaches that consider an individuals' strengths, talents and circles of support as part of assessment processes; a focus on ability not disability to **delay** or **reduce** increased needs later on.
 - Some people might need a little extra help and support. Those individuals will receive the right support, in the right place, at the right price to maximise their independence, underpinned by plans that reduce or delay additional longer term needs.
 - A small number of individuals may need ongoing, longer term support. For those individuals we will continue to assess and review their needs, develop markets that provide choice and control and the best possible value for money to meet eligible needs.
 - We will meet needs in a way that is financially sustainable, both in the short term and the long term, as well as being statutorily compliant
 - If people need to change their services to meet eligible needs, we will do this sensitively giving time for people to adjust to the new services. This will always involve a reassessment of their needs and local discussions with the people involved.
 - If services need to change, alternatives will be in place before this happens unless there is an emergency.
 - Safeguarding considerations for individuals of any age with a disability will be paramount at all times.

Ensuring that services are sustainable

6. The financial challenge facing local authorities and the public sector more generally continues to grow. If the Council runs out of money we will not be able to continue to fund services for those most in need
7. As a well-run Council, we will continue to modernise services, and find more efficient ways of working. However, our growing, ageing population, increasing demand for services and rising costs mean that more fundamental changes will be required. The Council has changed significantly over the last eight years and that pace of change will accelerate over the coming years if we are to live within our means. We will of course continue to meet our statutory duties, and work effectively with partners to achieve this.
8. We need to find different ways of working that help people to help themselves, take greater personal responsibility for their own lives, health and wellbeing, and greater responsibility for improving their own communities. If we succeed in this and reduce demand on public services, the Council can target taxpayer's money to supporting the people who really need help. If we do not do so we risk compromising not only our ability to support those with the highest needs now and in the future.

Joint working with the NHS, education and partners

9. Whilst this strategy sets out the Council's vision and objectives for people who have disabilities in Staffordshire we recognise the importance of effective, joined up working with the National Health Service in ensuring well planned, effective care and coordinated support. The main drivers are set out in the Sustainability and Transformation Plan (STP) [Together We're Better](#).
10. Quality, sustainability, and the price of services are common challenges in all our work. The Council is a full partner in the approaches to relieve the critical pressures on our local Health and Care economy. All our implementation plans have consequences for NHS services. Our commitment is to make those consequences positive for the local population.
11. To that end we are already progressing plans with Staffordshire's NHS Clinical Commissioning Groups and our commissioned providers, to improve integrated working. The work includes services for:
 - people with mental health problems through the Joint Mental Health Strategy;
 - people of all ages who have a variety of physical and sensory disabilities through our commitment to collaborative service delivery and the STP, various clinical pathways and services;

- those with highly complex needs and challenging behaviours through the Building the Right Support/Transforming Care programme;
 - people who are autistic through the Autism Implementation Plan;
 - children and young people through the SEND strategy ;
 - people with a learning disability in receipt of community services to meet eligible needs through The Community Offer;
 - people who require some form of accommodation through the Housing and Support plan;
 - for all staff working with people who may have needs through the Workforce development;
 - for providers interested in developing or changing services in Staffordshire in the Market Position Statements published by the Council;
 - for people who undertake caring duties for someone through the carers pathway;
12. Links to these pieces of work, and their publication dates, are in the Appendix accompanying this strategy.

Engaging with people to develop this work

13. This strategy has been developed following engagement processes started in 2017.
14. There have been conversations with hundreds of people affected by a variety of disabilities, services delivered for those people and with partners through our other strategy work.
15. A full report on the themes, responses and a record of the engagement processes is available here: [Whole Life Disability Strategy Webpage](#)

The needs of people with a disability in Staffordshire



16. The latest (for 2016/17) published information on how many adults use services and what it costs is available here: [National Performance Data](#) .

The Assessment of need used to develop this strategy is available here: [Whole Life Disability Webpage](#)

17. The key findings of this needs assessment are:

- The Council is relatively good at supporting people to help themselves and in supporting people to access services generally available in communities rather than paid for services.
- The average weekly costs for people with disabilities shows some indications that Staffordshire pays about £115 per week more for people aged 18 to 64 with a learning disability or a mental health problem as their primary need in long term care compared to similar Councils.
- There is a wide a range of price in the different service types – Day Opportunities, Housing with Support, Residential Care, which the Council believes accounts for the bulk of the difference in the spend per head compared to other local authorities.
- The Council has to think about value for money and sustainability of all our services. This differential in price paid for services will need to be addressed. The plan is not to reduce the numbers of people receiving services but will be to concentrate on reducing the variation in prices paid for services given to people with similar, eligible needs so they are sustainable and affordable.
- This is the major focus of the “Community Offer” and “Housing and Support” plans and the approach in many of the implementation plans for the STP.
- The SEND strategy will seek to address the differences highlighted in Staffordshire for rates of use of Special Schools, academic attainment for pupils within SEND, and a focus on living life to the full as well as academic attainment.

How we plan to achieve our vision

The plans on how we do this will be in:

Wellbeing strategy	Preparing for Adulthood
People Helping People	Autism implementation Plan
Carers pathway	Workforce development plan
SEND Strategy	Community Offer
Market Position Statements	Building the right support and Transforming Care plan
Housing and Support Plan	

PREVENT NEEDS

How it works now

- 18. People often don't know how to find the information they want or what support is available, either through formal services or within their local communities or to plan for their lives.
- 19. Too many people rely upon formal education, health and care services for support rather than accessing community based support and services. This is often because they don't know what is available within their community, and the people who run those services don't always know how to promote them, or make them accessible and welcoming to people with disabilities.
- 20. Educational outcomes for children and young people with SEND are below national averages. Consequently, intervention and support in universal services, in early year's settings, schools and FE colleges needs to be improved.
- 21. People with disabilities are more likely to experience poor health, irrespective of their disability.

Helping people to help themselves; Growing communities to support people

GOOD PRACTICE: One service provider is working to take over the running of a local library to offer a service to the community, offer job experience to people with a disability and offer a place for people to meet. We know there are other services doing similar things.

22. There are several examples of local services springing up to meet needs in the community as well those of people with a disability.

To prevent needs arising or getting worse we will:

23. Work with NHS colleagues to check the right support and information is made available to help ensure women have a healthy pregnancy and identify potential issues for parents and children as early as possible.
24. Ensure that all staff working with people with a disability understand the vision and are confident to promote it.
25. Work with local services, employers and others to make 'reasonable adjustments' to help people access community facilities and support, training, work and leisure opportunities.
26. Improve the training for staff in first contact centres so they can offer even better advice and guidance to people who need it
27. Ensure we have an internet based 'Local Offer' that is easy to navigate and provides good quality, up to date information for children with a disability and their parents, now and into their adult life. These are accessible via:
 - SEND Local Offer (for 0-25's and their Parents/Carers): [SEND Local Offer](#)
 - Staffordshire Connects (primarily for adults with a disability): [Staffordshire connects](#)
28. Plan to taper support gradually for those young people who will not be eligible for services at the age of 18 so the impact of change is reduced and that we collectively fulfil our statutory obligations relating to Transition, set out in the Care Act 2014.
29. Encourage local services who are meeting eligible needs to increase their presence in the communities they serve.
30. Develop a new carers pathway to support carers carry on caring as well as offer appropriate responses when they can't care anymore.

REDUCE NEED

How it works now

31. Very few people with disabilities known to services are in paid employment.
32. We don't know enough about those young people who are likely to need extra help when they get older, or the kinds of support they will need.
33. We sometimes have low expectations of what people can do for themselves or could achieve with a little bit of help. For example, get a job, or travel by themselves.
34. We support people to look for paid support rather than use what is already in their communities, which would make their personal budgets go further.
35. We don't always offer support to people quickly enough when they ask for help so they end up in crisis. Sometimes that causes extra stress or may even mean families are separated or people have to leave their home.
36. People don't always know where to look for the right help, or equipment that would help them manage on a day to day basis.

Offering extra help for those who need it

GOOD PRACTICE: Several services and families have support to help people do things like working in stores or as volunteers that enhance their lives as well as adding to their communities.

To help reduce needs later in life we will:

37. Strengthen early help and pre-school provision for children with disabilities to ensure they are in a position to begin school ready to learn.
38. Work with schools and education settings to offer the right kind of education provision and support so that children and young people with disabilities can have their education needs met closer to home.
39. Work with early years providers, school and college systems to develop ways to meet the lifelong needs of young people with a disability.
40. Work with Partner agencies, particularly our Police colleagues to develop better responses to bullying and harassment in the community.
41. Support initiatives alongside our partners, which can help people to be active members of their communities.
42. Work with partners to develop arrangements to support people with disabilities into sustainable employment. As part of the development we will look at the

support that is available to people with disabilities and employers, both from the Council and other organisations such as Job Centre Plus, the Department for Work and Pensions and the NHS and encourage employers to make reasonable adjustments to help support people with a disability, ASD or mental health condition to enter, and stay, in employment.

43. Seek to broker relationships with major employers in Staffordshire to improve the percentage of people with a disability in paid employment
44. Continue to promote and implement the use of new/assistive technology such as seizure alarms, bathroom aids, medication dispensers etc. to help keep people with a disability safe and well and reduce their need to rely on outside agencies for their care and support.
45. Utilise mainstream community services such as gyms and exercise classes, leisure establishments and classes, libraries, community groups to meet the eligible needs of people who have a disability, reducing reliance upon specialist services.
46. Support individuals and families earlier in managing difficult behaviours through the use of positive behavioural support and other forms of programmes.
47. Support carers to identify their own support needs so they can remain mentally, emotionally and physically well and confident to keep caring.
48. Work with providers to implement ways of working that promote independence and reduce needs for formal support.

DELAY NEEDS

How it works now

49. We sometimes look at people's disabilities and the things they can't do, rather than build plans around those things they can.
50. We do not yet have clear unequivocal evidence about what the most effective kinds of services and support are to help reduce need for long term care.
51. It can sometimes take a long time to get the support people need as they have to wait for an assessment and then for the right support to be put in place.
52. The assessment and review of needs for adults is variable. Some people get a good assessment and get copies, some people have to wait a long time to get a review and not all believe they get a copy of the review
53. Some of the services we run or pay for support people in the same way over a long period of time, rather than adapting and changing to help them to grow, develop and is as independent as they can be. But we have heard several examples where the services have done exactly what we would hope for.

Offering extra help for those who need it

GOOD PRACTICE: Many people told us that they get a good response from their local Assessment and review service.

To help delay further needs we will:

54. Streamline assessment processes and develop information sharing arrangements with our partners so that people don't have to tell their story lots of times to get the support they need.
55. Develop new ways to help more people undertake self-assessment of their care and support needs.
56. Work with partners to ensure we have the right plans and services in place to support people in crisis.
57. Ensure that the services we commission promote inclusion, dignity, self-respect, and independence.
58. Ensure there is an appropriate range and types of short breaks and respite care, and ensure they support people to develop their independence, as well as provide families with a break from one another.

MEET ELGIBLE NEEDS

How it works now

59. Many people have reported that they are getting help in line with the aspirations of this strategy, but there is more to do.
60. We often focus on meeting people's needs through paid support and traditional "specialist" services which often means that community resources and opportunities are not fully explored.
61. People sometimes expect that the Council will fund their choice of service or support regardless of the cost when in reality, this is not possible
62. Services sometimes are continued whether they are effective at supporting people towards their goals or ambitions or not, in the absence of more suitable (and potentially cost effective) means of support.
63. Some of the services and the ways we work with people do not focus on supporting and promoting independence and positive risk-taking, but instead can create dependence, over-reliance and avoidance of risk.

Being honest about the options available; Maintaining long term care services

GOOD PRACTICE: Many people have good working relationships with local providers of services that often respond in times of crisis

To meet eligible need we will:

64. Make clearer guidance available on the statutory duties that apply to people with a disability and what the Council's role is in meeting assessed eligible needs and charging for services.
65. Work with staff, providers and individuals, and where appropriate their families, to ensure that everyone understands what we are trying to achieve when we work together, to set goals as part of support planning and check regularly to see if they have been met.
66. Continue to promote independent travel from childhood, where appropriate and the use other innovative and cost effective ways of helping people with disabilities get around.
67. Seek to develop partnerships within schools, local providers of care and support and communities to meet needs locally without the need to resort to specialist/high cost placements.
68. Review our approach to preparing for adulthood to ensure it is enabling young people to lead an independent life as a young person and an adult

69. Fund support which meets eligible needs and if individuals wish to access services in addition to this they will need to consider other ways of funding them.
70. Where it is appropriate to do so we will support people to remain in their own home if this is a cost effective approach to meeting eligible needs. Where people cannot stay at home, we will seek to find the most suitable and cost effective alternative which meets eligible care and support needs.
71. Ask citizens and their families to contribute to the cost of their support in accordance with the Care Act and the Fairer Charging Policy of the Council.
72. Where provision to meet need is identified, but the family choose to access a provider that charges a higher rate, the citizen will need to pay for the shortfall. This will be tested to ensure that it is affordable.
73. Citizens may not be able to have their preferred choice if it is more expensive than another service which meets their needs.
74. Work with District and Borough Councils to secure appropriate access to housing for people with disabilities. This may include approaches to using parents' homes for housing their children in the long term if so desired.
75. Further analysis on the secondary issues arising in older age for those with specific conditions, for example the most effective responses to the earlier onset and higher prevalence of dementia in people with Downs Syndrome.
76. Only work with providers who support individuals to increase their independence and, where appropriate, reduce the level of support required over time to meet their eligible needs and develop quality monitoring to support this.
77. Review our in house services and independent sector provision, in order to ensure that there are good outcomes and value for money for the Council under its Community Offer programme for Adults with Learning Disabilities
78. Above all, we will be honest about what we will and will not do.

Monitoring our performance and accountability

79. The Council will commission a range of activity to deliver this strategy, and seek to influence partners and the public to help deliver the elements which we do not have direct responsibility for. There will be regular opportunities for relevant stakeholders to have their say on the issues that are important to them.
80. We will monitor how well we are doing in a number of ways. As well as the traditional routes of the business plan, yearly performance report and local accounts, we will work with the All Age Disability Executive Group to track progress and delivery against the strategy and make relevant monitoring information available.
81. Delivery of the commitments in the strategy will be overseen by the **All-Age Disability Executive Board**. This high level group, consisting of the Lead Member for Health and Care, the Lead Member Children and Young People, as well as service directors and senior staff responsible for the delivery and commissioning of the Councils services and support for people with disabilities, will oversee and hold to account officers responsible for making the commitments happen on the ground.
82. The Board will also ensure work with partners such as the NHS, police, private, voluntary and community sectors is coordinated and progressed where the Council does not deliver those elements itself.
83. A performance dashboard and comprehensive reporting arrangements will be developed to better performance and contract-manage commissioned arrangements.

Appendix: glossary and implementation plans

We use some terms in this strategy that are explained in the following links:

- [Eligible needs](#)
- [Care Act \(Easy Read version\)](#)
- [The Care Act and You](#)
- [Paying for your care](#)

Links to the implementation plans can be found here:

- Sustainability and Transformation Plan [Together We're Better](#)
- Joint Mental Health Strategy [Mental Health is Everybody's Business](#)
- Collaborative service delivery; [social work in SSSFT](#) ; [North Staffs Combined Trust community teams](#) ; [SSOTP](#)
- Building the Right Support/Transforming Care programme [Transforming Care Plan](#)
- Autism Implementation Plan [to be published July 2018](#)
- SEND strategy [to be published December 2018](#)
- The Community Offer [to be published July 2018](#)
- Housing and Support plan [to be published September 2018](#)
- Workforce development [to be published October 2018](#)
- Market Position Statements [Learning Disabilities](#) [Information for Providers of Service](#)
- Carers pathway [to be published September 2018](#)
- People Helping People [website](#)
- [Health and Well Being Strategy](#)